

# PROMOTING HEALTHY DIETS, FOOD SECURITY, AND SUSTAINABLE DEVELOPMENT IN THE CARIBBEAN THROUGH JOINT POLICY ACTION

## CARICOM Technical Brief

High Level Meeting to Develop a Roadmap on Multi-Sectoral Action in Countries to Prevent Childhood Obesity through Improved Food and Nutrition Security

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## 1. FOOD LABELING

### Summary of policy options and recommendations:

1.1 Mandatory, uniform **Nutrition Facts Panels (NFP)** on all packaged retail grocery foods and beverages sold within region, to support informed consumer choice.

#### **Recommendations:**

- Review existing standards on labeling and packaging that exist in the region (revise CRS).
- Undertake awareness, communication and advocacy campaigns to better inform consumers to make good choices.

1.2 Standardize, interpretive/graphical nutrition labels on all packaged retail grocery foods and beverages, for use in conjunction with nutrition facts panels.

#### **Recommendations:**

- Conduct qualitative consumer research to identify the best type of interpretative label for use in the Caribbean.
- Regional consultation, sensitization with private sector food manufacturers and distributors.

1.3 Regulate all on pack marketing, including nutrient content, nutrient function, and health claims, and promotional offers and characters, on all packaged retail grocery foods and beverages sold within the region.

#### **Recommendations:**

- Countries adopt the revised CR 5 as a mandatory standard, as recommended by COTED.
- Conduct monitoring and evaluation to determine the compliance with new regulations.

1.4 Mandatory nutrition labeling on menus and menu boards in chain restaurants, vending machines, movie theatres and other entertainment venues.

#### **Recommendations:**

- Draft guidelines for menu boards in restaurants in order to ensure consumers are able to make and understand the healthy choices available.

## 1.1 Mandatory, uniform Nutrition Facts Panels (NFP) on all packaged retail grocery foods and beverages sold within region

### **Recommendations:**

- Review existing standards on labeling and packaging that exist in the region (revise CRS).
- Undertake awareness, communication and advocacy campaigns to better inform consumers to make good choices.

### **Objective:**

- To enable consumers to make informed food choices and to prevent misleading claims about nutrition and health benefits.

### **Links to international/regional commitments:**

- POS Declaration (2007) and annual progress monitoring: Mandatory labeling of packaged foods for nutrition content.
- WHO Global Action Plan (2013-2020): Promote nutrition labelling.
- Caribbean Private Sector Statement in support of POS Declaration (2008): Food manufacturers commit to the labelling of foods to indicate their nutritional content.

### **Rationale:**

- Strong rationale for government regulation: Voluntary schemes used by some food companies and limited to a minority of products can exacerbate inequities in healthy eating if they target health-conscious consumers who are willing to pay premium prices for more healthy options.
- Potential for synergies: highly complementary to, and supportive of, other public health nutrition policies, including those aimed at improving the nutritional quality of the food supply.
- Codex Alimentarius Commission recommends mandatory nutrient declarations on all packaged foods, even in the absence of nutrition content or health claims.

### **Evidence of effectiveness:**

- One of the most cost-effective policy measures available to promote healthy diets; potentially cost saving<sup>1,2</sup>
- Modest, positive impact on consumer purchasing, and on product innovation and reformulation<sup>3</sup>.

### **Implementation:**

- Widespread: Nutrition facts panels are mandatory in all EU, MERCOSUR and SICA Member States, USA, Canada, Mexico, China, Malaysia, Thailand, India, Hong Kong, South Korea.

### **Sector considerations:**

#### Trade:

- SPS Article 3: Conform to Codex General Standard for the Labeling of Prepackaged Foods and Guidelines on Nutrition Labeling\_(CAC/GL 2-1985) (including exemptions)\_
- Protect flexibilities in future trade negotiations to ensure that stronger regulatory coherence and standards harmonization measures do not constrain freedom to develop stronger standards. Standards in Codex or at subregional/regional blocks set minimum common requirements (a common denominator), countries can develop and adopt stronger standards that go beyond the common denominator.

## 1.2 Regional guideline for standardized, interpretive nutrition labels on all packaged retail grocery foods and beverages, for use in conjunction with nutrition facts panels

### **Recommendations:**

- Conduct qualitative consumer research to identify the best type of interpretative label for use in the Caribbean.
- Regional consultation, sensitization with private sector food manufacturers and distributors.

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<sup>1</sup> Cecchini M et al (2010). *Tackling of unhealthy diets, physical inactivity, and obesity: health effects and cost-effectiveness*. *Lancet* 376 (1775-84).

<sup>2</sup> Lehnert T et al (2012). The long-term cost-effectiveness of obesity prevention interventions: systematic literature review. *Obesity Reviews* 13: 537-553

<sup>3</sup> Vyth, E. L., Steenhuis, I. H., Roodenburg, A. J., Brug, J. and Seidell, J. C. (2010). Front-of-pack nutrition label stimulates healthier product development: a quantitative analysis. *International Journal of Behavioral Nutrition Physical Activity* 7: 65.

## Objectives:

- To enable consumers to make informed food choices and to prevent misleading claims about nutrition and health benefits.

## Rationale:

- Strong rationale for government regulation: Evidence that multiple formats is confusing for consumers<sup>4</sup> and that industry self-regulation has limited compliance<sup>5</sup>.
- Some consumers find nutrition facts panels confusing and difficult to use. Use and understanding is lower among lower literacy and lower socioeconomic groups, and older adults<sup>6</sup>.

## Evidence of effectiveness:

- Consistent evidence from systematic reviews: Simple, interpretative labels, with low density of information and incorporating text and colour, are the format most consistently preferred and understood by consumers and improve purchasing and consumption behaviours<sup>7</sup>.
- Stimulates reformulation of less healthy foods<sup>8</sup>.
- A highly cost-effective public health measure<sup>9, 10</sup>.

## Implementation:

- Textual warnings: Chile<sup>11</sup>.
- Text and color coded: UK, Ecuador.
- Facts-based (nutrient or food group) (e.g. Guideline Daily Amount (GDAs), do not provide interpretation): Mexico<sup>12</sup>, Peru, Australia and NZ,<sup>13</sup> EU, USA, and Canada.

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<sup>4</sup> Draper AK, Adamson AJ, Clegg S, Malam S, Duncan S (2013). Front of pack nutrition labelling: Are multiple formats a problem for consumers? *The European Journal of Public Health* 23(3): 517-521.

<sup>5</sup> Carter OBJ, Mills BW, Lloyd E, Phan T (2013). *An independent audit of the Australian food industry's voluntary front-of-pack nutrition labelling scheme for energy-dense nutrition-poor foods. European Journal of Clinical Nutrition* 67, 31-35

<sup>6</sup> Campos S, Doxey J, Hammond D (2011). Nutrition labels on prepackaged foods: A systematic review. *Public Health Nutrition* 14(8): 1496-1506.

<sup>7</sup> Hersey 2013; Hawley 2013; Campos 2011; van Kleef 2014; Graham 2012. Recent papers: Bialkova 2013; van Herpen 2012; Siegrist 2014; Roberto 2012, Maubach 2014; Babio et al 2014

<sup>8</sup> Vyth EL et al (2010). Front-of-pack nutrition label stimulates healthier product development: A quantitative analysis. *International Journal of Behavioral Nutrition and Physical Activity*: 7:65.

<sup>9</sup> Sacks et al 2011

<sup>10</sup> Cobiac, Vos and Veerman 2010

<sup>11</sup> <http://web.minsal.cl/ley-de-alimentos-nuevo-etiquetado-de-alimentos/>

<sup>12</sup> [http://gain.fas.usda.gov/Recent%20GAIN%20Publications/Mexico%E2%80%99s%20New%20Front-of-Pack%20Labeling%20Regulations%20Mexico%20ATO\\_Mexico\\_8-5-2014.pdf](http://gain.fas.usda.gov/Recent%20GAIN%20Publications/Mexico%E2%80%99s%20New%20Front-of-Pack%20Labeling%20Regulations%20Mexico%20ATO_Mexico_8-5-2014.pdf)

<sup>13</sup> <http://www.foodsafety.govt.nz/industry/general/labelling-composition/health-star-rating/>

- Positive nutrition scoring / 'Better for you' summary indicators: Australia and NZ (Heart Foundation Tick), USA (Smart Choices), Netherlands (Choices)<sup>14</sup>.
- Hybrids: Thailand (mandatory GDA's combined with warning labels ('should consume less') on snack foods commonly consumed by children).
- USA: New rules introduced in 2016 requiring calorie labeling on food packaging and menus/menu boards in fast food chains.

### **Sector considerations**

#### Trade:

- No Codex or other international guideline on Front of Package (FOP) or interpretive labeling available.
- SPS Article 2: Base on scientific evidence and a risk assessment, demonstrate a legitimate public health and consumer protection objective.
- SPS and TBT Article 2: Demonstrate that the Codex standard does not provide sufficient protection or is an ineffective or inappropriate means of fulfilling that objective.
- SPS, TBT, GATT: Demonstrate that measure is not more trade-restrictive than necessary and does not discriminate against imported products.
- TBT Article 5 (Conformity assessment procedures).
- Compliance burden likely to be highest for SMEs.

1.3 Regulate nutrient content, nutrient function, health claims, and on-pack marketing, including promotions and characters, for use in conjunction with nutrition facts panels (see 1.1.)

#### **Recommendations:**

- Countries adopt the revised CR 5 as a mandatory standard, as recommended by COTED.
- Conduct monitoring and evaluation to determine the compliance with new regulations.

#### **Objectives:**

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<sup>14</sup> <http://www.choicesprogramme.org/>

- To enable consumers to make informed food choices and to prevent misleading claims about nutrition and health benefits.

**Rationale:**

- Nutrition marketing on food packaging (including health and nutrient content claims, use of cartoon and other popular children’s characters, and other persuasive elements such as images of fresh ingredients) is widespread, and can influence perceptions about products and intent to purchase.

**Evidence of effectiveness:**

- Nutrient claims, cartoons and other characters induce children’s intent to purchase, or induce them to prefer or like more non-recommended products<sup>15,16,17</sup>

**Implementation:**

- Ecuador, Colombia, MERCOSUR countries: Scientific proof is required to approve the use of health claims.
- Australia and NZ Health Claims Standard (2013): Health claims & nutrition function claims can only be used on foods with a healthier nutrient profile; requires approval for disease risk reduction health claims.

**Sector considerations:**

Trade:

- Conform to Codex Guideline for Use of Nutrition and Health Claims (CAC/GL 23-1997) and General Guidelines on Claims (CAC/GL 1-1979)

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<sup>15</sup> Lapierre MA, Vaala SE, Linebarger DL. Influence of licensed spokescharacters and health cues on children’s ratings of cereal taste. *Arch Pediatr Adolesc Med* 2011; 165(3):229-234.

<sup>16</sup> Ares G, et al. Influence of label design on children’s perception of two snack foods: comparison of rating and choice-based conjoint analysis. *Food Quality and Preference* 2016; 53: 1-8.

<sup>17</sup> Roberto CA, Baik J, Harris JL, Brownell KD. Influence of Licensed Characters on Children’s Taste and Snack Preferences. *Pediatrics* 2010; 126(1): 88-93.

## 1.4 Guideline for mandatory nutrition labelling on menus and menu boards in restaurants, movie theatres, and other entertainment venues

### Recommendations:

- Draft guidelines for menu boards in restaurants in order to ensure consumers are able to make and understand the healthy choices available.

### Objectives:

- To enable consumers to make informed food choices and to prevent misleading claims about nutrition and health benefits.

### Rationale:

- Many prepared food items offered/sold to consumers do not provide adequate information on the nutritional content so they can make an informed choice.

### Evidence of effectiveness:

- Menu labels reduce the purchase and consumption of foods and drink products that are high in energy, free sugars, fats, sodium.<sup>18,19</sup>

### Implementation:

- USA: New FDA rules requiring calorie labeling on menus and menu boards in all chain restaurants and vending machines with >20 locations under 2010 Patient Protection and Affordable Care Act.

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<sup>18</sup> [Sinclair SE, Cooper M, Mansfield ED](#). The influence of menu labeling on calories selected or consumed: a systematic review and meta-analysis. *J Acad Nutr Diet*. 2014 Sep;114(9):1375-1388.e15. doi: 10.1016/j.jand.2014.05.014. Epub 2014 Jul 16

<sup>19</sup> Roberto CA, Larsen PD, Agnew H, Baik J, Brownell KD. [Evaluating the impact of menu labeling on food choices and intake](#). *Am J Public Health*. 2010 Feb;100(2):312-8. doi: 10.2105/AJPH.2009.160226.

## 2. NUTRITION STANDARDS AND GUIDELINES FOR SCHOOLS AND OTHER INSTITUTIONS

### Summary of policy options and recommendations:

2.1 Mandatory national nutrition standards for all foods provided and sold in schools and early childhood services, based on generic regional guideline.

#### **Recommendations:**

- Ban sale of provision of ultra-processed food and drink products that do not meet the PAHO Nutrient Profile Model (Cover foods provided as well as sold in schools, including school meals, vending machines, school events and fund-raising activities) and make safe drinking water available in all schools.
- Provide technical support to countries to Adapt and adopt regional model guidelines for food environments in schools.
- Prepare evidence brief for use at national level to advocate with national parliaments and cabinet.
- Develop regional advocacy campaign to promote agenda.
- Convene Public consultations on regulation of food environment in school.
- Work and provide technical support to national media houses to develop and implement public awareness campaigns.
- Develop regional framework for a monitoring and enforcement mechanism.
- Document and collating information and provide platform for information dissemination.
- Conduct survey to measure impact of measures
- Ensure nutrition education is being integrated into Health and Family Life (HFLE); Home Economics; Physical Education; and Food and Nutrition etc. Curricula (including teachers and parents).
- Review curriculum to make inclusions to promote behaviour change in children through activities that promote nutrition, physical activity etc.

### 2.1 Mandatory national nutrition standards for all foods provided and sold in schools and early childhood services, based on regional guideline

#### **Recommendations:**

- Ban sale of provision of ultra-processed food and drink products that do not meet the PAHO Nutrient Profile Model (Cover foods provided as well as sold in schools, including school meals, vending machines, school events and fund-raising activities) and make safe drinking water available in all schools.
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- Conduct survey to measure impact of measures
- Ensure nutrition education is being integrated into Health and Family Life (HFLE); Home Economics; Physical Education; and Food and Nutrition etc. Curricula (including teachers and parents).
- Review curriculum to make inclusions to promote behaviour change in children through activities that promote nutrition, physical activity etc.

**Objective:**

- To ensure that food provision in government-funded settings, encourages dietary choices that are aligned with dietary guidelines.

**Links to international/regional commitments:**

- POS Declaration (2007) and annual progress monitoring: Policies and standards promoting healthy eating in schools.
- WHO NCD Global Monitoring Framework Indicators: Low fruit and vegetable intake; Salt intake; Physical inactivity; Saturated fat intake; Overweight and obesity; Policies to limit saturated fats and virtually eliminate trans-fats; Marketing to children.

**Rationale:**

- School feeding programmes provide excellent opportunity to influence children's food tastes and preferences early in life, and to develop lifelong healthy eating habits.

**Evidence of effectiveness:**

- Consistent evidence that whole-of-school approaches combining nutrition education, improvements in nutritional quality of foods

available, including menu changes, support for teachers and other staff, and parent support and home activities, can be highly effective in changing children's eating behaviors<sup>20</sup>.

- Preliminary results from CIFSRRF/CARICOM Farm-to-Fork project (2011-2014) show significantly better results when nutrition education was combined with menu modification, than menu modification alone<sup>21</sup>.
- Acceptability frequently higher for fruits in children<sup>22</sup>.

### **Implementation:**

- Mandatory school nutrition standards and farm-to-school programs: Mexico, Peru, Chile, Brazil, Uruguay, UK, USA, Australia.
- Poland: Junk food banned in schools from 2015.
- Soft drink bans: Bermuda, Slovenia.
- St Kitts-Nevis: MOU between ministries of Health, Education and Agriculture to tackle childhood obesity through school policy changes and linking school feeding program to local farmers. Joint communications committee established to enhance public awareness of initiative<sup>22</sup>.
- Trinidad: National School Dietary Services Ltd. (NSDSL) introduced systems for tracking the use of local produce in school meals, and designated specific staff to facilitate procurement from local farmers<sup>23</sup>.

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<sup>20</sup> Waters E, de Silva-Sanigorski A, Hall BJ, Brown T, Campbell KJ, Gao Y, Armstrong R, Prosser L, Summerbell CD (2011). Interventions for preventing obesity in children. *Cochrane Database of Systematic Reviews* 12.

<sup>21</sup> UWI and McGill University (2014). *Improving the nutrition and health of CARICOM populations through sustainable agricultural technologies that increase food availability and diversity of food choices: Our Project Outcomes*. CIFSRRF CARICOM Food Security Project.

<sup>22</sup> Phillip L, Johnston D, Granderson I (2014). *A farm to fork approach for nutritious school meals: Tackling childhood obesity in the Caribbean*. WRENmedia.

**Sector considerations:**

Trade:

- Demonstrate legitimate public health objective and demonstrate that the measure does not discriminate against imported products.

Education:

- Ensure sufficient equipment, infrastructure, space and facilities for food storage and preparation.

Agriculture:

- Develop and strengthen farmer/farmer group capacities, in particular of smaller scale farmers, to meet market demands and quality control requirements.

### 3. FOOD MARKETING

#### Summary of policy options and recommendations:

3.1 Reduces children's overall exposure to unhealthy food advertising through all channels.

#### **Recommendations:**

- Develop regional guideline to reduce children's exposure to unhealthy food and beverage advertising through all channels. These guidelines should be linked to school nutrition standards and guidelines. They should cover the restriction of outdoor promotion of unhealthy foods and beverages in and around schools and the banning of unhealthy food advertisement at sport and community events.
- Develop guidelines to reduce instore promotion of unhealthy food and beverages and radio and television during children's prime time viewing.
- Support countries to develop Action Plans evolving from the guidelines.
- Develop a regional toolkit for healthy food advertising.

#### 3.1 Regional guideline to reduce children's overall exposure to unhealthy food advertising through all channels

#### **Recommendations:**

- Develop regional guideline to reduce children's exposure to unhealthy food and beverage advertising through all channels. These guidelines should be linked to school nutrition standards and guidelines. They should cover the restriction of outdoor promotion of unhealthy foods and beverages in and around schools and the banning of unhealthy food advertisement at sport and community events.
- Develop guidelines to reduce instore promotion of unhealthy food and beverages and radio and television during children's prime time viewing.
- Support countries to develop Action Plans evolving from the guidelines.

### **Develop a regional toolkit for healthy food advertising. Objective:**

- To reduce the impact (exposure and power) of promotion of unhealthy foods and beverages (i.e. foods high in saturated fats, transfats, added sugars and/ or salt) to children.

### **Links to international/regional commitments:**

- NCD Global Monitoring Framework Indicator: Policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans fatty acids, free sugars, or salt

### **Rationale:**

- Food marketing directed at children is pervasive, with the overwhelming majority of it promoting foods high in saturated fats, trans-fats, sugar or salt - Sugary breakfast cereals, soft drinks, confectionery, savory snacks, and fast foods are the products most frequently advertised to children internationally.
- Children, particularly those aged less than eight years, are uniquely vulnerable to advertising, and lack the experience and cognitive ability to understand its persuasive intent, and to distinguish between the promotion of healthy and unhealthy foods.
- Advertising has a causal impact on children's food choices and intakes, and may affect food behaviours, attitudes and beliefs in adults<sup>23</sup>.
- Both *exposure* (number of people reached and frequency) as well as persuasive *power* related to the marketing message design and content are important.
- Voluntary industry commitments to limit marketing can have, at best, very small impacts<sup>24,25</sup>.
- WHO recommends<sup>26</sup> that governments play a leading role in reducing children's overall exposure to food marketing and in setting rules on use of persuasive marketing techniques.

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<sup>23</sup> Mills, S., Tanner, L. and Adams, J. (2013). Systematic literature review of the effects of food and drink advertising on food and drink-related behaviour, attitudes and beliefs in adult populations. *Obesity Reviews* 14(4): 303–314.

<sup>24</sup> Galbraith-Emami, S. and Lobstein, T. (2013). The impact of initiatives to limit the advertising of food and beverage products to children: a systematic review. *Obesity Reviews* 14(12): 960–974.

<sup>25</sup> Hawkes C (2005) Self-regulation of food advertising: what it can, could and cannot do to discourage unhealthy eating habits among children. *Nutrition Bulletin* 30: 374–382

<sup>26</sup> World Health Organization. Set of recommendations on the marketing of foods and non-alcoholic beverages to children. Available from: [http://apps.who.int/iris/bitstream/10665/44416/1/9789241500210\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/44416/1/9789241500210_eng.pdf)

- Most restrictions have targeted broadcast advertising (esp. TV) and children; however, children's exposure to unhealthy food marketing through non-broadcast mediums, including internet, print, outdoor billboards, and sports sponsorship, is growing. As a result, children live in environments in which they are constantly exposed to messages designed to increase brand recognition, appeal, and purchases of unhealthy foods and beverages
- Restricting TV advertising in jurisdictions with a high volume of internationally-broadcast channels and programs (as in the Caribbean) is challenging – e.g. Quebec experience<sup>27</sup>.
- Self-regulation has significantly lower costs but limited effectiveness.

#### Sports/community events:

- Foods and beverages available and promoted at sports events are overwhelmingly energy-dense and nutrient-poor.
- Globally, sponsorship is one of the fastest growing forms of marketing, providing opportunities to increase brand exposure, promote corporate image, and develop political/lobbying influence.
- Sports sponsorship involving unhealthy foods and beverages conveys contradictory messages about healthy lifestyles and undermines health promotion efforts.
- Sports sponsorship is often seen as win-win for both sponsor and recipient, but alternative (non-junk food) funding mechanisms exist and have the potential to maintain sport funding while reducing promotional opportunities for unhealthy food.

#### In-store promotion:

- Convincing evidence that shelf-placement and sales promotions influence short-term purchasing.
- Substantial advertising for unhealthy foods in areas immediately surrounding schools.

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<sup>27</sup> Dhar, T. and Baylis, K. (2011). Fast-food consumption and the ban on advertising targeting children: the Quebec experience. *Journal of Marketing Research* 48(5): 799–813.

### Promotion of fresh, healthy foods:

- Fresh produce advertising can positively influence consumption<sup>28</sup>.
  - Convincing evidence that TV advertising influences children’s food preferences, purchase requests and consumption patterns, and that restrictions (either statutory or voluntary) reduce amount of advertising on regulated channels.

### **Evidence of effectiveness:**

- Mandatory TV advertising restrictions highly cost-effective in protecting health and potentially cost saving over long-term.<sup>29</sup>

### **Implementation:**

- At least 20 countries have in place, or are developing, restrictions on TV food advertising during children’s programming and peak viewing hours. UK, France, Ireland, Chile, Mexico (includes movie theatres), and South Korea have statutory restrictions in place; Spain, Bosnia, Greece, Israel, Macedonia, Moldova and Serbia are considering them.
- Ireland’s 2009 Children’s Commercial Communications Code bans use of celebrities in food advertising targeting children under 18 years of age.

### **Sector considerations**

#### Trade:

- Clearly demonstrate public health risk, scientific principles and evidence on which measure is based, and that no reasonably available, less trade-restrictive alternatives exist
- Use transparent, standardised food-based or nutrient profiling system to classify unhealthy foods – WHO and EU nutrient profiling guidance
- GATS Article 2: Must be applied in a non-discriminatory manner
- GATS Article XVI: Must not restrict market access
- WHO Recommendations on Marketing of Food and Non-Alcoholic Beverages to Children

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<sup>28</sup> Elizabeth A. Howlett, Scot Burton, Christopher L. Newman, Michel A. Faupel (2012). The Positive Influence of State Agricultural Marketing Programs on Adults’ Fruit and Vegetable Consumption. *American Journal of Health Promotion* 27 (1): 17.

<sup>29</sup> Cecchini M, Sassi F, Lauer JA, Lee YY, Guajardo-Barron V, Chisholm D (2010). Tackling of unhealthy diets, physical inactivity, and obesity: Health effects and cost-effectiveness. *Lancet* 376: 1775-84.

- Restricting marketing targeted at a specific population group (i.e. children) is less restrictive from a trade perspective than a total ban
- Protect flexibilities in future trade and investment treaty negotiations, particular caution required with Investor-State Dispute Settlement (ISDS) clauses, as well as binding commitments to transparency and coherence allowing input into domestic policymaking.

Education:

- Ensure that foods marketed in schools are in keeping with National Food Based Dietary Guidelines (FBDG) and the PAHO Nutrition Profile Model.

## 4. NUTRITIONAL QUALITY OF FOOD SUPPLY (LEVELS OF HARMFUL INGREDIENTS)

### Summary of policy options and recommendations:

4.1 Mandatory removal of artificial trans-fats in all food products.

#### **Recommendations:**

- Promote implementation of legislation for removal of trans fat at country level.
- Develop model regulatory framework for the region for the legislation of removal of trans fat from the food supply.
- Develop and implement Advocacy plan for the development of the legislation at the national level.
- Provide technical support to develop legislation at the national level.

4.2 Set regional standards and time-bound salt, fat and sugar reduction targets for specific food product categories.

#### **Recommendations:**

- Set regional standards for maximum salt/fat/sugar content of specific food product categories.
- Provide and promote the adoption of PAHO/WHO standards.
- Develop sub-regional guidelines for food categories.
- Provide technical support for implementation at national level.

4.3 Improve nutritional quality of ingredients and foods sold by food service outlets and street vendors.

#### **Recommendations:**

- Food service outlets and street food vendors providing better quality foods.
- Develop training modules that include materials that will be made available to member states.
- Develop framework for sensitization and awareness to be adapted by countries.

#### 4.1 Mandatory removal of artificial trans-fats in all food products

##### **Recommendations:**

- Promote implementation of legislation for removal of trans fat at country level.
- Develop model regulatory framework for the region for the legislation of removal of trans fat from the food supply.
- Develop and implement Advocacy plan for the development of the legislation at the national level.
- Provide technical support to develop legislation at the national level.

##### **Objective:**

- To minimize the energy density and unhealthy composition (i.e. foods with high levels of salt, sugar, saturated and trans fats) of prepackaged/ultra-processed foods.

##### **Links to international/regional commitments:**

- WHO guideline: <1% dietary energy intake should come from TFAs.
- WHO Global Action Plan (2013-2020): Replace TFAs with unsaturated fats.
- WHO NCD Monitoring Framework Indicator: 'Adoption of national policies that virtually eliminate partially hydrogenated vegetable oils in the food supply and replace [them] with polyunsaturated fatty acids'.
- POS Declaration (2007) and annual progress monitoring: All CARICOM Heads of Government committed to achieving a trans-fat free food supply in the region.
- Caribbean Private Sector Statement in support of POS Declaration (2008): Participating manufacturers committed to eliminating industrially-produced TFAs in processed foods, bakery products and domestic cooking oils.
- The Trans-Fat Free Americas Declaration of Rio de Janeiro (2008): TFA presence should not be greater than 2% of total fat in oils and margarines; and not greater than 5% of total fat in processed food: 12 representatives from food industries in Latin America and the Caribbean signed a declaration stating their intention to voluntarily eliminate industrially produced trans-fatty acids (TFA) from the Americas.

## Rationale:

- WHO Best Buy intervention for NCD Prevention.
- Causal link between industrially-produced trans-fats and cardiovascular diseases (CVDs) has been recognized beyond doubt since the mid-2000s. Also associated with increased risk of infertility, endometriosis, gallstones, Alzheimer’s disease, diabetes, and some cancers<sup>30</sup>.
- US Food and Drug Administration (FDA) tentatively revoked the ‘Generally Recognized As Safe’ (GRAS) status of partially hydrogenated oils in November 2013, deeming them unsafe for human consumption.
- Industry has demonstrated that it can successfully reduce TFA levels in foods without increasing saturated fat content, and without adverse impacts on business<sup>31</sup>.
- Media and public attention garnered by trans-fat bans and labeling regulations are likely to contribute to increased consumer awareness, knowledge, and demand for low trans-fat products.
- Mandatory regulation has been shown to have the greatest effect. Voluntary self-regulation has smaller overall impact, and TFA intake can still remain very high in certain population groups. Foods reformulated with lower TFA content can be more expensive, and therefore less likely to be purchased by people who are price-constrained<sup>32,33</sup>.
- Effectiveness of mandatory labeling is limited when applied only to packaged foods – foods purchased from street vendors and the informal food sector are the main source of TFAs in some countries.

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<sup>30</sup> Downs SM, Thow AM, Leeder SR (2013). The effectiveness of policies for reducing dietary trans-fat: a systematic review of the evidence. *Bulletin of the World Health Organization* 91(4): 262–269.

<sup>31</sup> Downs SM, Thow AM, Leeder SR (2013). The effectiveness of policies for reducing dietary trans-fat: a systematic review of the evidence. *Bulletin of the World Health Organization* 91(4): 262–269.

<sup>32</sup> Ricciuto L, Lin K, Tarasuk V (2009). A comparison of the fat composition and prices of margarines between 2002 and 2006, when new Canadian labelling regulations came into effect. *Public Health Nutr* 12: 1270-5.

<sup>33</sup> Albers MJ, Harnack LJ, Steffen LM, Jacobs DR (2008). 2006 marketplace survey of trans-fatty acid content of margarines and butters, cookies and snack cakes, and savory snacks. *J Am Diet Assoc* 108: 367-70

## Evidence of effectiveness:

- Mandatory limits have virtually eliminated trans-fats in Denmark, Switzerland, Iceland, and Austria<sup>34,35</sup>, and significantly reduced TFA consumption from restaurants in New York City<sup>36</sup>.
- Evidence of effectiveness of voluntary industry self-regulation and mandatory labelling more variable, with reductions generally not sufficient to meet WHO guideline:
  - In Canada, industry self-regulation combined with mandatory labeling associated with 30% decrease in dietary intake and 35% reduction in concentrations of trans-fatty acids in women's breast milk<sup>37</sup>.
  - In the USA, mandatory labelling associated with reduced TFA levels in packaged foods and 58% reduction in TFA levels in blood plasma<sup>38,39</sup>.
  - In the Republic of Korea, mandatory labelling reduced TFA content of some packaged foods, but evidence of replacement with saturated fats in some product categories<sup>40</sup>.
  - In the Netherlands, Central and South America, and the Caribbean, industry self-regulation associated with reduced TFA levels in packaged foods, but reductions moderate, varied widely by product category, and reporting compliance low<sup>41,42,43,44</sup>.

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<sup>34</sup> Downs SM, Thow AM, Leeder SR (2013). The effectiveness of policies for reducing dietary trans-fat: a systematic review of the evidence. *Bulletin of the World Health Organization* 91(4): 262–269.

<sup>35</sup> Stender S, Dyerberg J, Astrup A (2006). Consumer protection through a legislative ban on industrially produced trans fatty acids in foods in Denmark. *Scand J Food Nutr* 50: 155-60

<sup>36</sup> Angell SY et al (2009). Cholesterol control beyond the clinic: New York City's trans-fat restriction. *Ann Intern Med* 151: 129-34.

<sup>37</sup> Friesen R, Innis SM (2006). Trans-fatty acids in human milk in Canada declined with the introduction of trans fat food labeling. *Journal of Nutrition* 136: 2558-61.

<sup>38</sup> Vesper HW, Kuiper HC, Mirel LB, Johnson CL, Pirkle JL (2012). Levels of plasma trans-fatty acids in non-Hispanic white adults in the United States in 2000 and 2009. *JAMA* 307: 562-3

<sup>39</sup> Van Camp D, Hooker NH, Li C-TJ (2012). Changes in fat content of US snack foods in response to mandatory trans fat labelling. *Public Health Nutr* 15: 1130-7

<sup>40</sup> Lee JH, Adhikari P, Kim SA, Yoon T, Kim IH, Lee KT (2010). Trans fatty acids content and fatty acid profiles in the selected food products from Korea between 2005 and 2008. *J Food Sci* 75: C746-75.

<sup>41</sup> Colón-Ramos U et al (2007). Translating research into action: a case study on trans fatty acid research and nutrition policy in Costa Rica. *Health Policy Plan* 22: 363-74

<sup>42</sup> Katan MB (2006). Regulation of trans fats: the gap, the Polder, and McDonald's French fries. *Atheroscler Suppl* 7: 63-6.

<sup>43</sup> Monge-Rojas R, Colón-Ramos U, Jacoby E, Mozaffarian D (2011). Voluntary reduction of trans-fatty acids in Latin America and the Caribbean: current situation. *Rev Panam Salud Publica* 29: 126-9

<sup>44</sup> Temme EH, Millenaar IL, Van Donkersgoed G, Westenbrink S (2011). Impact of fatty acid food reformulations on intake of Dutch young adults. *Acta Cardiol* 66: 721-8

- A reduction of 4.5 g/day in consumption of industrial TFA in Mexico, Central America, and South America could prevent between 30,000-130,000 CHD events annually; and a 9-g/day reduction would prevent 62,000-225,000 events annually<sup>45</sup>.

### **Implementation:**

- Total bans on trans-fats in Iceland.
- Mandatory limits on industrially-produced trans-fats in Denmark (<2% trans-fat/total fat), Switzerland (<2% trans-fat/total fat), Austria (<4% trans-fat/total fat and <2% trans-fat/total fat in products that contain >20% fat), and South Africa (<2%).
- New York City and state of California: Use of partially-hydrogenated oils banned in restaurants and food service outlets.
- Canada: Mandatory labeling and voluntary limits on trans-fat content in all vegetable oils and margarines (to <2%) and packaged foods (<5%). Products containing sum of saturated and trans-fats <0.2g/serve can be labelled as trans-fat free).
- British Columbia, Canada: Mandatory limits on trans-fat content in all vegetable oils and margarines (to <2%) and packaged foods (<5%) in provincially-regulated food service outlets, combined with mandatory labelling
- Mandatory labelling in USA (products with <0.5g/serve can be labelled as trans-fat free), Argentina, Uruguay, and South Korea (<0.2g/serve can be labelled as trans-fat free).
- Voluntary self-regulation in the Netherlands and through the Trans-fats free Americas Initiative (Brazil, Chile, Ecuador, Mexico, Canada, Colombia, Central America).
- Argentina: mandatory limits on industrially-produced trans-fats (<2% trans-fat/total fat in vegetable oils and <5% trans-fat/total fat in other products) introduced in 2014.

### **Sector considerations:**

#### Trade:

- SPS Article 2, GATT Article 2: Base on scientific principles and evidence, demonstrate a legitimate objective (necessary to protect human health), and demonstrate that no reasonably available, less trade-restrictive alternatives exist.

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<sup>45</sup> Mozaffarian D (2008). TFA consumption and coronary heart disease events in the Americas. In: *Healthy oils and the elimination of industrially produced trans fatty acids in the Americas*. Washington, DC: PAHO: pp29–34.

- GATT Article 3 and TBT Article 2: Must not be applied in a way that discriminates between imported and domestically-produced products.
- SPS Article 3: Must be based on international standards or guidelines where they are available.
- No current international consensus on regulatory control of trans-fats, however food safety rules under the SPS agreement address additives that directly harm health – this could be argued applies to trans-fats.

#### 4.2 Set regional standards and time-bound salt, fat and sugar reduction targets for specific food product categories

##### **Recommendations:**

- Set regional standards for maximum salt/fat/sugar content of specific food product categories.
- Provide and promote the adoption of PAHO/WHO standards.
- Develop sub-regional guidelines for food categories.
- Provide technical support for implementation at national level.

##### **Objective:**

- To minimize the energy density and unhealthy composition (i.e. foods with high levels of salt, sugar, saturated and trans fats) of prepackaged/ultra-processed foods. Links to international/regional commitments:
  - WHO Global Action Plan (2013-2020):
  - Global Target: Reduce mean population intake of salt/sodium by 30% by 2020.
  - WHO NCD Monitoring Framework Indicator: Salt intake.
  - Caribbean Private Sector Statement in support of POS Declaration (2008): Food manufacturers commit to reducing levels of sugar and salt in processed foods.

### **Rationale:**

- Salt reduction: WHO Best Buy intervention for NCD Prevention and recognized as the most cost-effective intervention in the population-based prevention of hypertension.
- Convincing evidence that excess salt intake is a major cause of raised blood pressure and CVDs.
- Reducing intakes to the WHO recommended <5g/day would have a very significant public health impact<sup>46</sup>
- Gradual salt reductions, repeated periodically, can be barely detectable by the average consumer
- Provides flexibility to adjust to changing product availability/food environment - can be applied to new unhealthy products as they become available

### **Evidence of effectiveness:**

- Widely identified as a cost-saving or highly cost-effective strategy (Neal 2006; Carter et al 2009; Haby 2006, Cecchini et al 2010). Both legislative and voluntary measures to reduce salt content of processed foods found to be cost-effective or cost-saving (Wang & Labarthe, 2011; Barton et al. 2011; Eatwell, 2012; (Willett et al., 2006)). However, impact of voluntary agreements is much weaker because only foods produced by companies committing to the pledge are covered. In addition, targets tend to be very soft, and so tends to be the compliance. To improve effectiveness, should be based on industry, not individual firm, commitments, and overseen by government => high coordination costs.

### **Implementation:**

- South Africa first country to introduce mandatory salt reduction targets for range of foods, including bread, breakfast cereals, ready-to-eat savory snacks, flavoured potato crisps and processed meats. The regulation was accompanied by technical assistance provided by multinational companies to SME's.

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<sup>46</sup> Reducing individual salt intake to about 6g per day could prevent annually about 2.5 million deaths globally (He & Macgregor 2004).

- UK Food Standards Agency (FSA) voluntary salt targets introduced in 2006: Modest reduction in salt content of packaged foods<sup>47, 48</sup>. Reduced salt levels in key products by 25-45%. Helped to reduce population sodium intake by 15% between 2003 -2011 (from 9.5 to 8.1 g per day) (a smaller reduction than original objective) and probably contributed to lower rates of cardiovascular disease<sup>49</sup>.
- UK Responsibility Deal.
- Voluntary regional salt reduction initiative: Argentina (Less Salt, More Life), Brazil, Chile (bread) (industry agreements), Barbados, Canada, Colombia, Costa Rica, Mexico, Paraguay, Uruguay, USA.
- Argentina's salt law (2013) sets maximum salt levels on widely consumed foods, including restaurant dishes, with clear penalties for infringement.
- Argentina: reducing salt in bread found to be cost-saving, and most cost-effective intervention (Rubinstein et al., 2010).
- Ghana: Standards for fat content of pork and beef (no more than 25%), poultry (no more than 15%), and lamb/mutton (no more than 30%) introduced in early 1990 due to public health concerns over low quality and high fat content of imported meats. Reduced availability of specific high-fat meat products (turkey tails and chicken feet), although evidence that other fatty meat products are still readily available. Cutoffs for what constitutes 'high-fat' were derived from analysis of the fat content of local and imported meats. Standards were the result of collaboration between the Ministries of Trade, Health and Agriculture, with the Ministry of Trade issuing the directive. Technical committees that developed the standards included representatives from the Ghana Standards Board (GSA), FDA, Ministries of Health, Trade and Agriculture, the Council for Scientific and Industrial Research, universities, and other agricultural research institutes. Lacked a public awareness campaign.

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<sup>47</sup> Shankar, B., Brambila-Macias, J., Traill, B., Mazzocchi, M. and Capacci, S. (2013). An evaluation of the UK Food Standards Agency's salt campaign. *Health Economics* 22(2): 243–250.

<sup>48</sup> Eyles, H., Webster, J., Jebb, S., Capelin, C., Neal, B. and Ni Mhurchu, C. (2013). Impact of the UK voluntary sodium reduction targets on the sodium content of processed foods from 2006 to 2011: analysis of household consumer panel data. *Preventive Medicine* 57(5): 555–560.

<sup>49</sup> HE FJ, BRINDEN HC, MACGREGOR GA (2014). SALT REDUCTION IN THE UNITED KINGDOM: A SUCCESSFUL EXPERIMENT IN PUBLIC HEALTH. *J HUM HYPERTENS* 28(6): 345-52.

## **Sector considerations:**

### Trade:

- Clearly identify legitimate public health risk, as well as relationship between the measure and the overall policy objective.
- Non-discriminatory and much more likely to be justifiable than product-specific import or sales bans, therefore generally compliant with trade law even if applies to products that are mainly imported
- Apply to all products within category, whether imported or domestically-produced.
- Base on international standards (grams for each category).
- Some discrepancy over whether standards-based approaches fall under the TBT or SPS Agreement – most likely to constitute a TBT measure therefore does not require a risk assessment.
- Main challenge is effective enforcement – requiring importation reports and mandatory labeling could reduce enforcement burden.

### 4.3 Develop guidelines for, and work, with food service outlets and street vendors to improve nutritional quality of ingredients and foods sold

#### **Recommendations:**

- Food service outlets and street food vendors providing better quality foods.
- Develop training modules that include materials that will be made available to member states.
- Develop framework for sensitization and awareness to be adapted by countries.

#### **Objective:**

- To minimize the energy density and unhealthy composition (i.e. foods with high levels of salt, sugar, saturated and trans fats) of prepackaged/ultra-processed foods.

#### **Links to international/regional commitments:**

- WHO Global Action Plan (2013-2020):
- Global Target: Reduce mean population intake of salt/sodium by 30% by 2020.
- WHO NCD Monitoring Framework Indicator: Salt intake.
- WHO guideline: <1% dietary energy intake should come from TFAs.

- WHO Global Action Plan (2013-2020): Replace TFAs with unsaturated fats.
- WHO NCD Monitoring Framework Indicator: ‘Adoption of national policies that virtually eliminate partially hydrogenated vegetable oils in the food supply and replace [them] with polyunsaturated fatty acids’.
- POS Declaration (2007) and annual progress monitoring: All CARICOM Heads of Government committed to achieving a trans-fat free food supply in the region.

**Rationale:**

- Growing contribution to the diet of food purchased from restaurants and street food vendors
- Need to provide healthy food choices

**Evidence of effectiveness:**

**Not developed**

**Implementation:**

- Singapore Healthy Hawker Programme
- NYC Healthy Bodegas initiative
- Mauritius regulated cooking oil – significant improvement in cholesterol levels, sat fat intakes

## 5. TRADE AND FISCAL POLICIES

### Summary of policy options and recommendations:

#### 5.1 Selectively adjust taxes to align with the nutritional value of foods

##### **Recommendations:**

- Promote levy taxes on food and drink products that are inessential and high in sugar, salt or saturated fat, or on particular types of foods using nutrient-based or food-based classification (e.g. PAHO Nutrient Profiles Models 2016).
- Information, education and communication to the consumers on the uses of these taxes and why they are being put in place.
- Monitoring and evaluation on implementation of the taxes.

#### 5.2 Align tariff schedules with the healthfulness of foods by selectively adjusting import duties on foods and beverages not originating in the CMSE

##### **Recommendations:**

- Promote the adjustment of import duties on select product categories or within product categories according to content of target nutrients including sugar, fats and salts).

#### 5.3 Tailor public assistance, such as subsidies and welfare payments, to incentivize healthy food consumption.

##### **Recommendations:**

- Undertake research to determine the feasibility of tailoring public assistance to incentivize healthy food consumption.

## 5.1 Selectively adjust sales taxes to align with the nutritional value of foods

### Recommendations:

- Promote levy taxes on food and drink products that are inessential and high in sugar, salt or saturated fat, or on particular types of foods using nutrient-based or food-based classification (e.g. PAHO Nutrient Profiles Models 2016).
- Information, education and communication to the consumers on the uses of these taxes and why they are being put in place.
- Monitoring and evaluation on implementation of the taxes.

### Objectives:

- To protect food sovereignty and to promote healthy domestic food environments.

### Links to international/regional commitments:

### Rationale:

- Clear, well-established link between food prices and purchasing.
- Reducing the demand for non-recommended inessential food and drink products can significantly change consumption patterns at the population level and may have significant impact on weight at population level, particularly among groups at highest risk.

### Evidence of effectiveness:

- Fiscal measures are among the most cost-effective policy options available for promoting healthy diets<sup>50,51</sup>.
- Demand for specific less healthy products goes down when prices go up: A tax that raises prices of SSBs by 20% could reduce consumption by 24%.
- A 20% subsidy on F&V expected to increase consumption by 10%.
- Carefully planned packages of taxes and subsidies can be fiscally-neutral and may even generate cost-savings over the long-term.

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<sup>50</sup> Sacks G, Veerman JL, Moodie M, Swinburn B (2010). 'Traffic-light' nutrition labelling and 'junk-food' tax: a modelled comparison of cost-effectiveness for obesity prevention. *International Journal of Obesity* (2011) 35, 1001–1009.

<sup>51</sup> Smith-Spangler CM et al (2010). Population Strategies to Decrease Sodium Intake and the Burden of Cardiovascular Disease: A Cost-Effectiveness Analysis. *Annals of Internal Medicine* 152(8): 481-487.

- Simulation evidence: Taxes on carbonated soft drinks and subsidies on fruits and vegetables have potential for greatest beneficial dietary and weight impact<sup>52</sup>.
- A 20% SSB tax could reduce obesity prevalence by 1.3% in the UK (~ 180,000 people),<sup>53</sup> 3.8% in men and 2.4% in women in South Africa (~220,000 people),<sup>54</sup> overweight and obesity prevalence in India by between 3-4.2%, and prevalence of type II diabetes in India by 1.6-2.5% between 2014 and 2023.<sup>55</sup>
- Food taxes tend to be regressive - need to be designed carefully to avoid increasing inequities in healthy eating, avoid undesirable substitution effects on food consumption (which happen when nutrients or ingredients are taxed instead of products), and minimize administrative and compliance costs. Subsidies on healthier foods can potentially alleviate regressive effect of taxes by enabling less advantaged consumers to buy healthier foods without incurring additional costs,<sup>56</sup> although need to ensure that target groups benefit most from the subsidy.
- Some evidence of undesired cross-price effects – e.g. higher prices on Sugar Sweetened Beverages (SSBs) associated with increased demand for alternate beverages, such as fruit juices or flavoured milks. For this reason nutrient-specific taxes should be avoided.
- Elasticity of demand within a category is larger than that across categories. Therefore, intra-category taxation targeting within-category rather than between-category substitutions allows for (i) easier substitutions by consumers and (ii) greater incentives for food reformulation on the supply side<sup>57</sup>

<sup>52</sup> Eyles, H., Mhurchu, C. N., Nghiem, N. and Blakely, T. (2012). Food pricing strategies, population diets, and non-communicable disease: a systematic review of simulation studies. *PLoS Med* 9(12): 21 pp.

<sup>53</sup> Briggs ADM, Mytton OT, Kehlbacher A, Tiffin R, Rayner M, Scarborough P (2013). Overall and income specific effect on prevalence of overweight and obesity of 20% sugar sweetened drink tax in UK: econometric and comparative risk assessment modelling study. *BMJ* 34

<sup>54</sup> Manyema M, Veernan LJ, Chola L, Tugendhaft A, Sartorius B, Labadarios D, Hofman KJ (2014). The potential impact of a 20% tax on sugar-sweetened beverages on obesity in South African adults: A mathematical model. *PLoS One*. DOI: 10.1371/journal.pone.0105287

<sup>55</sup> Basu S, Vellakkal S, Agrawal S, Stuckler D, Popkin B, et al. (2014) Averting Obesity and Type 2 Diabetes in India through Sugar-Sweetened Beverage Taxation: An Economic-Epidemiologic Modeling Study. *PLoS Med* 11(1): e1001582. doi:10.1371/journal.pmed.1001582

<sup>56</sup> Cecchini M et al (2010). Tackling of unhealthy diets, physical inactivity, and obesity: health effects and cost-effectiveness. *Lancet* 376: 1775-84.

<sup>57</sup> Requillart V and Soler LG (2014). Is the reduction of chronic diseases related to food consumption in the hands of the food industry? *European Review of Agricultural Economics* 41(3): 375-403.

### Implementation:

- Denmark had a 25% VAT on all foods, with additional taxes on luxury goods (including chocolate, ice cream, nuts and confectionary), and SSBs (~0.15euro/L). In 2011, it raised the VAT on foods with saturated fat content > 2.3g/100g (meat, dairy products, animal fats, edible oils and fats, margarines and spreadable, blended fats). Drinking milk was exempt. €2.15/kg saturated fat + 25% VAT. After 15 months, butter and margarine consumption declined, smaller increase in oil consumption. Taxes on sweets, chocolate, sugar products, ice cream, and SSBs increased by 25%, sugar-free soft drinks decreased by 37%. Resulted in 2-5% shift from SSBs to sugar-free sodas. Foods produced for export and small producers were exempt.
- Mexico: Taxes on SSBs (10% per litre) and energy-dense, nutrient-poor (EDNP) products (5%), applied at point of production and with earmarking for health promotion program (including increasing access to drinking water in schools). Preliminary results show reduced consumption and raised awareness. National Obesity Survey (Aug 2014) - 52% of 1,500 Mexicans reported reducing their sugary drink consumption tax on demand, but some evidence of cross-price effects.
- Hungary has the world's most extensive anti-obesity tax in place, applying various products high in fat, salt and sugar, effectively increases prices of targeted products at point-of-purchase, but it is at a low level.
- Excise and sales taxes have also been introduced in Finland (sugar), France (€0.0716/L tax on soft drinks, both sugary and diet, introduced in Jan 2012, with earmarking for programs to combat obesity. Predicted tax would decrease consumption by 3.4L per person per year), some US cities (NYC, Berkeley and San Francisco), French Polynesia (tax on sweetened drinks, beer, confectionary, ice cream), Samoa (soft drinks tax so that they became more expensive than bottled water), Tonga (excise tax on lard and carbonated drinks (15%), and Fiji.

**Sector considerations:**

Trade:

- Clearly identify legitimate public health risk, as well as relationship between the measure and the overall policy objective.
- Sales and excise taxes are not likely to violate trade policy commitments, provided they are origin neutral and do not discriminate against imported products.

5.2 Align tariff schedules with the healthfulness of foods by selectively adjusting import duties on foods and beverages originating outside CMSE

**Recommendations:**

- Promote the adjustment of import duties on select product categories or within product categories according to content of target nutrients including sugar, fats and salts).

**Objective:**

- To protect food sovereignty and to promote healthy domestic food environments. Links to international/regional commitments:
  - POS Declaration (2007) and annual progress monitoring: Trade agreements utilized to meet national food security & health goals
  - St Ann Declaration (2007): Explore and support use of agricultural and trade policy to ensure the availability and affordability of healthy foods
  - Caribbean Private Sector Statement in support of POS Declaration (2008): Commit to ensuring healthy foods are imported
  - Regional Food and Nutrition Strategy (RFNSP) (2011-2025): Address disconnect between food production, processing, health and nutrition, and trade and investment policies.

**Rationale:**

- All of the Caribbean countries import more than 75% of the foods consumed and most of the prepackaged ultra-processed foods are

high in fats, salts and sugars. These have implications for obesity and the development NCDs.

**Evidence:**

**Not developed**

**Implementation:**

- Samoa introduced import and domestic distribution ban on fatty turkey tails and turkey tail products in 2007. Removed as a condition of accession to the WTO in 2011 and replaced with interim 2yr domestic sales ban and 300% import duty which would be lifted after two years, with the import duty reduced to 100% or replaced by another tax regulation – yet to be announced.
- Tonga lowered import tariffs on specified ‘healthy’ foods (fresh and tinned fish, vegetable oils)
- Nauru raised import tariffs on less healthy foods (30% sugar levy on imported sugar, confectionary, carbonated soft drinks, cordials, flavoured milks, and drink mixes)
- In 2012 Fiji increased the tariff rates for palm oil and monosodium glutamate (MSG), and reduced import duties on fresh fruits and vegetables that cannot be grown in Fiji

**Sector considerations:**

Trade:

- Clearly identify legitimate public health risk, as well as relationship between the tariff measure and the overall policy objective.
- Tariff measures are less discriminatory than product bans or quantitative restrictions
- WTO Agreements do not prohibit a country from adjusting tariffs, provided that any tariff increase does not surpass the maximum levels which the WTO Member has agreed to maintain on that product, and providing that the same tariff is applied universally without discriminating between sources of imports
- Flexibility currently exists for CARICOM countries to raise tariffs on many less healthy food and beverage products within the bound rates set out by the WTO in each member states’ schedule of concessions, including but by no means limited to those products listed as examples here.

- When a country produces the same or similar products domestically, a border tariff measure could potentially be considered discriminatory if it protects (or incentivizes) domestic production. In these cases, a sales or other domestic tax measure may be more appropriate.
- Loans and structural adjustment policies.

### 5.3 Tailor public assistance, such as subsidies (including price discounts and vouchers), and welfare payments, to incentivize healthy food consumption

#### **Recommendations:**

- Undertake research to determine the feasibility of tailoring public assistance to incentivize healthy food consumption.

#### **Objective:**

- To protect food sovereignty and to promote healthy domestic food environments.

#### **Rationale:**

- The high price of nutrient-dense, low energy-density foods is a major barrier to their consumption in low income groups

#### **Evidence and examples:**

- Subsidies on healthier foods significantly increase their purchase and consumption

## 6. FOOD CHAIN INCENTIVES

### Summary of policy options and recommendations:

6.1 Preferentially target agricultural supports and incentives towards nutrient-rich commodities, especially fruits and vegetables

#### **Recommendations:**

- Dedicated financing, legislative framework, marketing, infrastructure, investment incentives, research and development, industry profiles.
- Develop monitoring and evaluation framework to assess baseline data, targets, OVIs, data collection and analysis.

6.2 Promote demand-side incentives for domestic healthy food chains

#### **Recommendations:**

- Agree on minimum targets for regionally produced foods in specific settings/institutions linked to farmers including farmers markets, hotels and government and corporate institutions.
- Develop monitoring and evaluation framework to assess the food supply chains.

6.3 Identify and address bottlenecks in domestic healthy food chains

#### **Recommendations:**

- Develop an integrated approach to national and regional agriculture health and food safety systems including regulatory recommendations for testing of local and imported foods.

6.4 Work with food processors/suppliers/vendors to promote use of healthier ingredients

#### **Recommendations:**

- Sensitize, link, promote and advocate for recommended guidelines for inclusion of healthier ingredients in home and manufactured foods.

6.5 Promote and support community food production

#### **Recommendations:**

- Work with the community development organizations, ministries of local government, rural development, RADA to link food production to community needs, especially school feeding programmes.

6.1 Preferentially target agricultural supports (including research, training, extension and advisory services, pest and disease control, inspection services, marketing and promotion services, infrastructural services, crop insurance, disaster relief, income safety-net programmes, regional assistance programmes) and incentives (including tax relief/ subsidies on inputs) towards nutrient-rich commodities, especially fruits and vegetables

**Recommendations:**

- Dedicated financing, legislative framework, marketing, infrastructure, investment incentives, research and development, industry profiles.
- Develop monitoring and evaluation framework to assess baseline data, targets, OVIs, data collection and analysis.

**Objectives:**

- To improve the local availability and acceptability of healthy foods, especially fruits and vegetables.

**Links to international/regional commitments:**

- WHO NCD Global Monitoring Framework Indicator: Low fruit and vegetable intake
- St Ann Declaration (2007): Explore and support use of agricultural and trade policy to ensure the availability and affordability of healthy foods
- Caribbean Private Sector Statement in support of POS Declaration (2008): Commit to ensuring enhanced food security through promotion of greater use of indigenous foods by our populations.

**Rationale:**

- WHO Global Strategy on DPAS recommended that national food and agricultural policies should be consistent with the protection and promotion of public health
- Promotes food security, economic development – win-wins

**Evidence of effectiveness:**

**Not developed**

**Implementation:**

Trinidad and Tobago agricultural incentive programme

**Sector considerations:**

Trade:

- Treaty of Chaguaranas Article 118: Ensure that payments/support measures have no or minimal production and trade distortion effects, and do not constitute price supports
- WTO agreements: Flexibilities under Article 6.2 and 9.4 of AoA: MS may use green box measures to selectively support production of healthy foods and access to export markets

Agriculture:

[6.2 Promote demand-side incentives for healthy domestic food chains](#)

**Recommendations:**

- Agree on minimum targets for regionally produced foods in specific settings/institutions linked to farmers including farmers markets, hotels and government and corporate institutions.
- Develop monitoring and evaluation framework to assess the food supply chains.

**Objectives:**

- To improve the local availability and acceptability of healthy foods, especially fruits and vegetables.

**Links to international/regional commitments:**

- WHO NCD Global Monitoring Framework Indicator: Low fruit and vegetable intake

**Rationale:**

- WHO Global Strategy on DPAS: Schools should consider, together with parents and responsible authorities, issuing contracts for

school lunches to local food growers in order to ensure a local market for healthy foods.

**Evidence of effectiveness:**

**Not developed**

**Implementation:**

- Caribbean Farm to Fork project linking agricultural interventions with farmers, and primary school lunch and nutrition education programs<sup>58</sup>
- TnT: Ministry of Food Production aims to supply 50% locally produced food to the school feeding programme, including vegetables, meat and cassava flour for bread.<sup>59</sup>
- St Lucia – minimum local purchasing requirements – minimum 33% locally-produced chicken and 60% pork
- Brazil - 30% of national budget for food served in school meal program required to be spent on foods from family farms
- Procurement rules for school food programs in Micronesia
- South Africa: Discovery Vitality’s Healthy Food program – a privately run incentive program by major insurance provider. Members get 10-25% discount (cash-back) on healthy food purchases in participating supermarkets

**Sector considerations:**

Trade:

- Demonstrate legitimate public health objective and that measure does not discriminate against imported products

Agriculture

- Develop and strengthen farmer/farmer group capacities to meet market demands and quality control requirements

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<sup>58</sup>

[http://www.idrc.ca/EN/Programs/Agriculture\\_and\\_the\\_Environment/Canadian\\_International\\_Food\\_Security\\_Research\\_Fund/Pages/106525.aspx](http://www.idrc.ca/EN/Programs/Agriculture_and_the_Environment/Canadian_International_Food_Security_Research_Fund/Pages/106525.aspx)

<sup>59</sup> <http://www.agriculture.gov.tt/main-media/latest-news/press-releases/505-caroni-green-initiative-to-supply-50-of-food-to-the-school-feeding-programme-by-september-2014.html>

### 6.3 Identify and address bottlenecks in domestic healthy food chains

#### Recommendations:

- Develop an integrated approach to national and regional agriculture health and food safety systems including regulatory recommendations for testing of local and imported foods.  
Objectives:
- To improve the local availability and acceptability of healthy foods, especially fruits and vegetables.

#### Links to international/regional commitments:

- WHO NCD Global Monitoring Framework Indicator: Low fruit and vegetable intake

#### Evidence of effectiveness:

- **Not developed**

#### Implementation:

### 6.4 Work with food processors/suppliers to promote use of healthier ingredients

#### Recommendations:

- Sensitize, link, promote and advocate for recommended guidelines for inclusion of healthier ingredients in home and manufactured foods.

#### Objectives:

- To improve the local availability and acceptability of healthy foods, especially fruits and vegetables. Links to international/regional commitments:
  - WHO NCD Global Monitoring Framework Indicator: Salt intake; saturated fat intake
  - POS Declaration

#### Rationale:

- Most ultra-processed pre-packaged foods are high in fat, salts and sugars

**Evidence of effectiveness:**

- **Not developed**

**Implementation:**

- Singapore 'Healthier Hawker Programme' - subsidies for use of healthier ingredients in schools and hawker centres

## 6.5 Promote and support community food production

**Recommendations:**

- Work with the community development organizations, ministries of local government, rural development, RADA to link food production to community needs, especially school feeding programmes.

**Objectives:**

- To improve the local availability and acceptability of healthy foods, especially fruits and vegetables. Links to international/regional commitments:
  - WHO NCD Global Monitoring Framework Indicator: Low fruit and vegetable intake
  - St Ann Declaration (2007): Explore and support use of agricultural and trade policy to ensure the availability and affordability of healthy foods

**Rationale:**

- All of the countries of the Caribbean import more than 75% of the foods consumed nationally. Fresh fruits and vegetables have less fats; salts; and free sugars.

**Evidence of effectiveness:**

- Consistent evidence that home gardening and/or small animal husbandry interventions promote greater production and availability of nutrient-rich foods, particularly when targeted at female-headed households and when combined with nutrition education strategies. Can improve nutrient intakes, and dietary

diversity scores ....care though that they don't produce fruit and veg and then sell it to buy fast /junk food!

**Implementation:**

Not developed

**IMPLEMENTATION RECOMMENDATIONS**

**Overall**

- Release a joint COTED-COHSOD declaration recognizing the urgent threat posed by unhealthy diets and diet-related NCDs to human and economic development in the region, acknowledging the central leadership role for governments in addressing the challenge, and setting out a commitment to adopt a comprehensive approach involving a suit of policy actions across all six areas recommended in this brief.
- Set time-bound targets for implementation.
- Establish a joint COHSOD/COTED committee to oversee development and implementation of the package.
- Establish a cross-sectoral working group, including representation from health (including CARPHA), trade (including the OTN), agriculture (including CARDI), education, civil society (HCC), as well as CROSQ, and the UWI.
- Sequencing of policy implementation can be important. For example, less politically-sensitive policy actions, such as mandatory nutrition labelling or school food standards, can garner media and public attention, and contribute to increased consumer awareness and demand for further regulatory and policy action.
- Identify and leverage synergies – both vertically (i.e. with existing global or national policies/strategies) and horizontally (with other regional initiatives/plans).
- Integrate the policy package into CCH-4 and the Community's Strategic Plan 2015-2019, and its actions to meet commitments of the SDGs, particularly SDG-2 and SDG-3.

**Key actors**

- Implementing the policy package recommended here will require the active engagement of all sectors, with particularly important roles for trade, agriculture, education, industry, and health.

- Regional: CARPHA, PAHO, CROSQ (nutrition labelling), the OTN (trade policies), CARDI (food chain policies), CARIRI, the Caribbean Law Institute Centre, Healthy Caribbean Coalition
- National: Food and Drug testing authorities; National Standards Bodies; National Chambers of Industry, Commerce and Consumer Affairs; National Consumer Protection Bodies; NGOs; Community and Faith-Based Organisations; School boards; and Parent Teacher Associations.
- Civil society has a critical role to play in advocacy, holding governments to account (watchdog role), exposing and limiting the interference of the economic power of the food industry over the decision making process, providing information to the public, as well as a government partner representing the public interest in policy development and in strengthening public support for policies through awareness-raising campaigns.
- CARICOM and national governments should set clear, transparent rules for engagement with industry, restricting the engagement with industries and associated actors whose products, practices or policies oppose to public health to public consultations only, and ensure safeguard mechanisms are in place to balance the interests of powerful commercial groups and to protect the independence of regulatory authorities. Ensure that the process for development of policies to promote healthy diets are free from undue commercial influence.

### **Resourcing**

- Policies should be sustained over extended periods of time to have a substantial impact on health
- Sufficient resources will be needed for policy development, implementation, and monitoring and evaluation.
- Seek out and pursue funding opportunities – FAO and the IADB could be explored