Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas

GOVERNMENT OF BARBADOS

National Plan of Action for Childhood Obesity Prevention and Control

(2015-2018)

Barbados- Childhood Obesity Prevention Program (B-CHOPP)

March, 2015

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Acronyms

B-CHOPP	Barbados – Childhood Obesity Prevention Program
BDA	Barbados Diabetes Association
BDF	Barbados Diabetes Foundation
BFHI	Baby Friendly Hospital Initiative
BNSI	Barbados National Standards Institution
COHSOD	Council for Human and Social Development
CPHN	Chief Public Health Nurse
CWD	Caribbean Wellness Day
EU	European Union
FAO	Food and Agriculture Organization of the United Nations
FP	Focal Point
GIS	Government Information Service
GSHS	Global School Health Survey
HCC	Healthy Caribbean Coalition
HFLE	Health and Family Life Education
HotN	Health of the Nation
HSF	Heart and Stroke Foundation
HR	Human Resource
IICA	Inter-American Institute for Cooperation on Agriculture
JICA	Japan International Cooperation Agency
MICS	Multiple Indicator Cluster Survey
MOC	Ministry of Trade, Industry and Commerce
MOE	Ministry of Education, Science, Technology and Innovation
MOF	Ministry of Finance and Economic Affairs
MOH	Ministry of Health
MOU	Memorandum of Understanding
NCD	Non-Communicable Disease
NGO	Non-Governmental Organization
NNC	National Nutrition Centre
PA	Physical Activity
PA&E	Physical Activity and Exercise
PAHO	Pan American Health Organization
PAREDOS	Parent Education for Development in Barbados
PE	Physical Education
PHC	Primary Health Care
PTA	Parent Teacher Association
QEH	Queen Elizabeth Hospital

STEPS	Stepwise Methodology for Surveillance (PAHO/WHO)
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations International Children's Emergency Fund
UWI	University of the West Indies
WHO	World Health Organization
WTO	World Trade Organization

Executive Summary

Barbados has made tremendous achievements in ensuring the health of the child; however, the epidemic of childhood obesity threatens to derail all previous gains. Childhood obesity affects both young children as well as adolescents across all socioeconomic strata and presents immediate and long-term risks to both the individual and society. Parents and families also play an important role in this epidemic since unhealthy behaviours often begin at home, and the physical and psychosocial burdens of childhood obesity have considerable direct and indirect economic costs to the family, the community and the state.

The increasing prevalence of childhood obesity has led the Ministry of Health and the Ministry of Education to be concerned about national development and economic output in the long term. As a result, the Ministry of Health was charged with developing a prevention-focused Action Plan to decrease the prevalence of obesity in children and the youth. Working with the Pan American Health Organization, Governmental Agencies, the private sector and civil society organizations, the Action Plan was developed during a three-day workshop, which involved prioritization of activities, stakeholder analysis, problem tree analysis and writing of the Plan.

The Action Plan identifies roles for multiple stakeholders in the government, civil society, faith-based organizations, the private sector and academia, and identifies five strategic lines of action:

1. Strengthening Coordination and Management of Obesity Prevention
2. Strengthening Breastfeeding Practices
3. Promoting Physical Activity
4. Developing and Implementing Dietary Regulatory and Fiscal Policies
5. Implementing Health Promoting School Initiatives

While state regulatory and legislative reform can potentially address the problem of childhood obesity in the long term, an approach that embraces health systems strengthening, health promotion, and advocacy is required for the effective reversal of this worrying trend. Therefore the Action Plan was crafted as a national effort to create linkages with identified stakeholders that are necessary for its successful implementation.

1. Introduction

With the goal to reverse the upward trend in obesity which is a major public health concerns, the Ministry of Health coordinated a multisectoral effort with the National NCD Commission, National Nutrition Centre (NNC), Ministry of Education (MoE), Healthy Caribbean Coalition (HCC), health professionals working in primary health care. This is also with the support of the World Health Organization (WHO) and the Pan American Health Organization (PAHO) to develop a National Plan of Action for Childhood Obesity Prevention and Control (2015-2019).

In order to reduce high intake of energy-dense and nutrient poor products (such as those high in sugar, fat, and salt), reduce routine intake of sugar-sweetened beverages and increase physical activity, this plan of action provides five strategic lines of action: (1) Strengthening Coordination and Management of Obesity Prevention, (2) Strengthening Breastfeeding Practices, (3) Promoting Physical Activity, (4) Developing and Implementing Dietary Regulatory and Fiscal Policies and (5) Implementing Health Promoting School Initiatives.

This Plan of Action is aligned to and has been developed based on the Barbados Strategic Plan for the Prevention and Control of Non-Communicable Disease 2015-2019[1)], the National Food and Nutrition Policy[2)], the Port of Spain Declaration (2007)[3)], the Regional Plan of Action for the Prevention of Obesity in Children and Adolescents[4)] approved by Ministers of Health at PAHO's 53rd Directing Council (2014), as well as other national, regional and global mandates.

The draft Plan of Action was developed at a three-day workshop in February 2015, using the methodology of the WHO Obesity Prevention Toolkit [5-6)] which relied on available data on diet, physical activity and obesity in adolescents to identify and prioritize the main actions to be addressed in the Plan.

2. Situation Analysis

a) Review of Non-Communicable Diseases and Obesity Prevention Work

Childhood obesity has become a public health concern over the past decade and Barbados is no exception. The problem is global and is steadily affecting many low and middle-income countries, particularly in urban settings. Globally, in 2013 the numbers of overweight children under the age of five, is estimated to be over 42 million and close to 31 million of these are living in developing countries[7].

Similar trends are seen in Latin America and the Caribbean with many countries in the region reporting prevalence of overweight and obesity in excess of 25% of the school aged population[8]. The WHO Global School Health Survey (GSHS) 2012, a population based cross sectional survey of 26 schools in Barbados, indicated the prevalence of overweight (>1 s.d.) and obesity (>2 s.d) being 31.5% and 14.4%, respectively[9]. Girls were at a slightly higher rate of overweight and obesity when compared to boys. Comparable levels of prevalence were seen by researchers at the University of the West Indies, Barbados[10-12]. The survey also indicated that levels of physical activity and exercise and consumption of healthy diets were consistently low.

The Ministry of Health Barbados endorses the Global Strategy on Diet, Physical Activity and Health, (World Health Organization) [13]; the PAHO/WHO 53rd Directing Council 2014, Plan of Action for the Prevention of Obesity in Children and Adolescents [4]; and the National Strategic Plan on Non Communicable Disease (2015-2019) [1] as international and national benchmarks for reversing non communicable disease and childhood obesity.

In Barbados, there has been a shift away from consumption of traditionally and locally sourced foods to foods prepared outside the home that are frequently high in salt, refined sugars, cholesterol, trans-fat and saturated fat. In addition, food preferences are influenced by cultural practices, taste and the availability of foods. Eighteen point five percent of students (18.5%) reported consumption of fast food three or more times per week, 73.3% reported drinking one or more carbonated beverages per day and 15.5% of the sample reported consumption of no fruit and vegetables within the last month. With respect to physical activity, 70 % reported low levels and 65.3% of children engaged in sedentary activity after school hours [14].

Although some efforts have been made in harnessing a national response, the childhood obesity programme remains uncoordinated and fragmented. Much of the work to date with respect to prevention and control of childhood obesity is Ministry of Health led. Within the Ministry of Health, the National Nutrition Centre has been the major driver of the outputs

and outcomes of childhood obesity prevention and control. However there have been some successes to report in the last five years and these include the publishing of the Guidelines for Healthy and Nutritious Foods in Schools, surveillance of infants and young children in polyclinics across Barbados, working with the Ministry of Education to improve the National School Meals Programme, training of canteen and cafeteria operators and the National Nutrition Centre annual Summer Camp. A broader and more systematic approach is required using 'whole of government', civil society and the private sector to truly represent a national response to the epidemic. Children, their parents and teachers must also be involved in any action plan to fully realize the objective of reducing the prevalence of childhood obesity by 5% by 2019.

The Action plan is an excellent opportunity to have an integrated (more coordinated, comprehensive and programmatic) approach to policy and programme for childhood obesity and therefore stem the tide of the epidemic of non-communicable disease in adults.

b) Stakeholder Analysis:

As part of the development of the implementation or action plan for the Prevention of Childhood Obesity, there was consideration of the policy, sector and institutional context of Barbados through a stakeholder analysis.

The national action plan requires sustained political commitment and the collaboration of many stakeholders. Individuals, groups of people, institutions or firms that may have a significant interest in the success or failure of an action plan (either as implementers, facilitators, beneficiaries or adversaries) are defined as stakeholders. Different groups have different concerns, capacities and interests, and this need to be explicitly understood and recognized. The ultimate aim of stakeholder's analysis is to help maximize the social, economic and institutional benefits of an action plan and minimize its potential negative impacts.

For diet and physical activity the following stakeholders were considered:

- Government at national, regional and local levels (ministries of health, education, agriculture, industry, commerce, social care, local government, gender, etc.);
- Civil society (unions, civil society groups, consumer organizations, scientific organizations, academia, public interest organizations, faith-based organization etc.);

- Private sector (food producers, food industry, food distributers, food traders, consumer retailers; small- and medium-size enterprises; media and communication industry; sports industry; car and transport industry; entertainment industry, etc.);

- International development organizations (UN agencies, development banks, international NGOs, bilateral donors, regional unions and communities).

Only those stakeholders present in Barbados were considered.

Table 1 shows the stakeholder analysis prepared by the workshop's participants. Due to the available time for this exercise only the perceived key stakeholders were included.

For each stakeholder the institutional interest is described, how their mission is being affected by the problem of childhood obesity, their capacity, political influence and their motivation to change towards practices in favour of childhood obesity prevention. The possible actions to address stakeholders' interests are included in the different strategies and activities of this action plan.

Table 1: Summary of stakeholder analysis

Problem or opportunity being addressed: Childhood obesity						
Stakeholder	**Institutional Interests**	**How are they affected?**	**Capacity (Human, Financial resources & technical)**	**Political influence**	**Motivation to produce change**	**Possible actions**
Government **Ministry of Education**	Provide a supportive framework to address childhood obesity through physical activity and nutrition and curriculum developed	The persistence of obesity through the life course leads to early onset of NCDS Physical activities not geared to children with a wide range of abilities Self-esteem challenges (bullying or withdrawal)	HR: medium Financial: medium Technical: high	High	Behavior change through children sharing testimonies with other children	Enacting policies including legislation to support mission Continuous monitoring and evaluations Encourage buy-in by students

Stakeholder	Institutional Interests	How are they affected?	Capacity (Human, Financial resources & technical)	Political influence	Motivation to produce change	Possible actions
Ministry of Health	Promote and support lifestyle behaviors that prevent obesity in children	Strain on budget to address problems related to childhood obesity and other health issues	HR: high Financial: medium Technical: high	High	Working with established community groups in healthy lifestyle activities	Provide adequate resources Continuous monitoring & evaluation Encourage buy-in by student
Ministry of Agriculture	Support availability and supply of locally produced food to support healthy food choices	Demands on human resources; increased public demand for healthy food options; increased profit for local farmers	HR: medium Financial: medium Technical: high	Medium	Recently developed a National Plan for Food and Nutrition Security	Enact policies to support local production of food crops and mount promotion programmes
Ministry of Youth Affairs and Sports	Take responsibility for youth development and the provision of opportunities for engagement in sporting activities	Unhealthy youth less likely to participate in community activities and develop to their full potential	HR: medium Financial: low Technical: high	Medium	Need to contribute to a healthier nation through youth development and sports	Support policies enacted in Ministry of Education by provision of personnel for teaching of physical activity; organizing community- based programmes

Stakeholder	Institutional Interests	How are they affected?	Capacity (Human, Financial resources & technical)	Political influence	Motivation to produce change	Possible actions
Town Planning Department	Develop policies on the use of land and location of community structures	Unhealthy workforce will affect national development	HR: high Financial: low Technical: high	High, located in the Prime Minister's Office	Increasing awareness of its multi-sectoral role and its contribution to NCD prevention and control	Policies for allocation of space for recreation in communities; location of schools in proximity to communities to support active transport
Ministry of Commerce	Develop policies on importation of food; consumer affairs and standards	Unhealthy workforce will affect national development; public perception of lack of enforcement of standards	HR: medium Financial: low Technical: high	High	Public demand for wholesome food and improved standards, e.g. labelling	Enact policies on trade to support local manufacturers and distributors Advocacy at WTO on trade and marketing of unhealthy foods to children Potential for entrepreneurs to produce products and services to address the issue
International Organizations PAHO/WHO	Promote health equity and development in countries to	Obesity in children may contribute to non-attainment	HR: medium Financial: medium	Medium	Recommendations on marketing of foods and beverages to children	Advocacy of PAHO/WHO by COHSOD to put these

UN Agencies: UNICEF, FAO UNDP, UN Women UNFPA, WTO, EU IICA, JICA	ensure that all citizens have access to a good quality of life	of these goals Mission may affect resources and political support from governments	Technical: high		Port of Spain Declaration Healthy Caribbean Coalition Results of surveys which provide evidence for action	issues on the agenda Strategic Plan Food and Nutrition Security Policy Provide international perspectives on the global and regional extent of the problem
Civil Society Groups Healthy Caribbean Coalition(HCC) Parents teachers association Faith based organizations Family/community groups Healthcare NGOs (HSF, HCC, BDA, BDF) Childcare service organizations (PAREDOS and other child care services)	Improve the general health and wellbeing of children by reducing burden caused by obesity Improve capacity of children to learn and function in general	Demand on their human and financial resources Poor performance academically, poor image of school Stress on families and communities (financially, socially, health)	HR: high Financial: high Technical: medium	Medium	Greater access to and availability of healthy foods Decrease in healthcare cost and lessens financial burden For PTAs improved image of school overall (improved academic performance and less absenteeism)	Provide support and educational sessions in the PHC settings Willingness to collaborate with all stakeholders in the implementation process Advocacy for reducing the cost of healthy snacks and foods Coordinate health promotion programmes using print, social media, radio, TV for all groups

Stakeholder	Institutional interests	How are they affected?	Capacity (HR financial & technical)	Political influence	Motivation to produce change	Possible actions
Private sector Independent business entities Manufacturers, distributors, Marketing agents/media Restaurants Farmers Private service operators Itinerant food vendors Service clubs: Rotary club, Lions Club etc.	Make a (large) profit Branding Corporate social responsibility Health and well-being of the nation	Negative public image Reduced profits Increased public distrust	HR: high Financial: high Technical: high	High	Food industry: limited motivation to change Farmers: high motivation to change Media: medium motivation to change	Open channels of active dialogue and cooperation Advocacy of the serious problems of childhood obesity Increased human resources

Stakeholder	Institutional interests	How are they affected?	Capacity (HR financial & technical)	Political influence	Motivation to produce change	Possible actions
Academia UWI (Medical School, Schools of Public Health and Epidemiology) Other universities and research intuitions	**UWI** Conduct evidence based research to determine: national prevalence rates of under Wt., over Wt. and obesity. Conduct school and community based interventions to establish best practices for the management of obesity in childhood. **Other universities** Share research findings and methodologies to deepen cooperation	Increased strain on technical resources Increased demand on human and financial resources	HR: high Financial: low Technical: high	Low Low	Open channels for dialogue and cooperation with the MOH, NNC and MOE on the best practices for prevention and control of childhood obesity Potential to contribute to design, implementation and evaluation of public health programmes and surveys Enhance national profile on matters of childhood obesity	Produce national data and support public health interventions

3. Goal:

The ultimate goal is to reverse the upward trends in obesity by 5% by 2019

4. Objectives

- To improve increase exclusive breastfeeding at 6 months by 20% by 2019;
- To reduce prevalence of low physical activity in adolescents by 30%;
- To develop and implement policies and regulations 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; and
- To have at least 70 schools designated Health Promoting Schools by 2019 (Appendix 2).

5. Strategies

The broad strategies discussed and agreed in line with the PAHO Regional Plan of Action for the Prevention of Obesity in Children and Adolescents and the Barbados NCD Strategic Plan are as follows:

1. Strengthening Coordination and Management of Obesity Prevention
2. Strengthening Breastfeeding Practices
3. Promoting Physical Activity
4. Developing and Implementing Dietary Regulatory and Fiscal Policies
5. Implementing Health Promoting School Initiatives

Results Framework

Level	Objectives	Indicators/Target	Means of Verification	Critical Assumptions
Aim	Reduce risk factors and prevent NCDs in children and adolescents	• To reverse the upward trends in obesity by 5% by 2019	GSHS every 4-5 years	MOH will conduct national periodic surveys
Goal	To reverse the upward trends in obesity by 2019	• To reverse the upward trends in obesity by 5% by 2019	• National nutrition and health surveys • GSHS • Surveillance in health centres	
Strategy 1: Expected Results 1	Management and intersectoral coordination strengthened	• Inter-Ministerial Committee for NCDs established • Multisectoral Task Force to coordinate response established	• Formal appointment and approval	Interministerial Committee approved and operational
Strategy 2: Expected Results 2	Breastfeeding practices in public and private sectors strengthened	• 20% increase in rate of exclusive breastfeeding for 6 months • All tertiary maternity health services BFHI certified • National report published every 3 years on results of monitoring of the implementation of the Code of	• Survey on breastfeeding practice • National nutrition and health surveys • Multiple Indicator Cluster Surveys (MICS)	• Inter-Ministerial Committee endorsed at Cabinet • Revitalization of BFHI Committee at tertiary institution

		Marketing of Breast milk Substitutes	• Clinic records	
Strategy 3: Expected Results 3	Increased physical activity in children and adolescents	• 30% Increase in physical activity in children and adolescents • 70% of schools have implemented a program that includes at least 30 minutes a day of moderate to intense (aerobic) physical activity.	• GSHS	MOE expands and enforces PE program at schools
Strategy 4: Expected Results 4	Food labelling and marketing Regulatory and Fiscal Policies developed and implemented	• Legislation to tax sugar-sweetened beverages and energy-dense nutrient-poor products approved • Regulations to protect children and adolescents from the impact of marketing of sugar-sweetened beverages, energy-dense nutrient-poor (high sodium, high sugar and high fat) products implemented	• Legislation • Regulation	Cabinet of Barbados approves this approach
Strategy 5: Expected Results 5	Health Promoting School Initiatives implemented	• Reduce availability and/or consumption of energy dense and nutrient poor food (high sodium, high sugar and high fat) (need further discussions)	Adoption of policy	MOE, PTA and Teachers Professional Organization support

		• 70% of the schools have regulations that promote the consumption of healthy foods and water and limit the availability and consumption of energy-dense nutrient-poor products and sugar-sweetened beverages. • 70% of schools in national school feeding program provide meals based on dietary requirements of children and adolescents		

Activity Plan

Strategy 1: Strengthening Coordination and Management of Obesity Prevention

(Impact: Coordination mechanism strengthened)

Strategies	Activities	Performance Indicators	Responsible	Time	Cost
1.1 Strengthen Multisectoral coordination and leadership for obesity prevention	1.1.1 Establishment of Inter-ministerial Committee of NCDs	Approved Cabinet paper	Cabinet of Barbados	2nd quarter, 2015	$ 0
	1.1.2 Establishment of strong linkage with National NCD Commission specifically on Childhood obesity to coordinate response	A responsible person appointed by the NCD Commission	Ministry of Health	3rd quarter, 2015	$ 2,500
1.2 Advocacy	1.2.1 Public Education campaign and advocacy on NCDs especially childhood obesity and consequences	Plan of action approved and disseminated	Govt Information Services	3rd quarter, 2015	$ 60,000

(Currency in Barbados Dollars)

Strategy 2: Strengthening Breastfeeding Practices

(Impact: Increase rate of exclusive breastfeeding at 6 months by 20%)

Strategies	Activities	Performance Indicators	Responsible	Time	Cost
2.1 Strengthen implementation of BFHI at tertiary care maternal service	2.1.1 Re-convene the BFHI Committee including community reps	Minutes of meeting held	Senior Medical Officer of Health (South)	1st quarter, 2015	$ 0
	2.1.2 Conduct internal assessment of BFHI to identify gaps	Percentage of internal assessments done	Senior Medical Officer of Health (South)	2nd quarter, 2015	$0
	2.1.3 Education and training provided for health professionals to address the gaps identified	Training sessions conducted	CPHN	1st quarter, 2016	$ 5,000
	2.1.4 Develop and implement a plan for breastfeeding promotion and support during pregnancy	Percentage of external assessments done	CPHN	2nd quarter, 2016	$ 5,000
	2.1. 5 Conduct external assessment by UNICEF to meet certification	All centers providing maternal care certified	CPHN	2nd quarter, 2017	
2.2 Strengthen implementation of the Code of Marketing of Breast milk	2.2.1 Conduct public awareness program on the Code	Public Awareness Campaigns Conducted	Senior Health Promotion Officer	2nd quarter, 2015	$20,000

substitutes	2.2.2 Monitor implementation through random inspection and ongoing vigilance	Percentage of institutions that have had random inspections	Senior Medical Officer of Health (South)	3rd quarter, 2017	$5,000
2.3 Revitalize the Breastfeeding Community support groups	2.3.1Education training and practice in place	# of training sessions conducted	CPHN	4th quarter, 2015	$5,000
	2.3.2 Convene meeting of community support groups and conduct education session	# of support groups in existent	Chief Public Health Nurse	4th quarter, 2015	
2.4 Advocacy, education and mobilization campaign	2.4.1 Carry out research in particular with the family as the focus	# of National Public Awareness Campaigns conducted	Civil Society/GIS/MOH	2nd quarter, 2016	$20,000
	2.4.2 Develop and implement a multi-year campaign using social marketing principles	# of campaigns conducted and responses	Civil Society/GIS/MOH	1st quarter, 2016	$0

(Currency in Barbados Dollars)

Strategic Line of Action 3: Promoting Physical Activity

(Impact: Reduce prevalence of insufficiently physically active adolescents by 30%)

Strategies	Activities	Performance Indicators	Responsible	Time	Cost
3.1 Provide supportive environment through increased provision of spaces to incorporate physical activity into functions of daily living	3.1.1 Advocacy to and support of Town and Country Development Planning Office for outdoor recreational spaces available and accessible in rural and urban communities (Town and country planning policies). To review and enforce the town and country planning policy	% of open spaces passing quarterly inspection for cleanliness and maintenance	Town Country Planning in collaboration with MOH	2nd quarter, 2017	$ 0
	3.1.2 New (applications for) housing developments include safe spaces for walking and biking (Policy in Building Codes)	% of all new applications for new housing developments	Town and Country Planning	2nd quarter, 2016	$ 0
3.2 Make available Physical Activity promotion services	3.2.1 Develop a policy for "Exercise is Medicine" prescription	Policy developed	Planning and Research Unit/MOH	1st quarter, 2017	$ 0
	3.2.2 Develop prescription module of "Exercise is Medicine"	Module and workbook developed	MOH	3rd quarter, 2018	$25,000

	3.2.3 Public and private sector physicians trained on the use of 'Exercise is Medicine' prescription and encouraged to prescribe	% of physicians trained	MOH & QEH & Private Clinics	3rd quarter, 2018 and every 2 years after	$5,000
3.3 Engage organizations in a systematic way to increase physical activity in a wider segment of the population	3.3.1 Provide Resources to community based programmes for increased physical activity	% of all community based groups who operate at least 1 PA program	Physical Activity Task Force	4th quarter, 2015	$9,000
	3.3.2 Promote observation of Caribbean Wellness Day/Week	# of public and private sector businesses engaging in activities for CWD	MOH/NNC	3rd quarter, 2015	$ 0
3.4 Conduct education and social marketing campaign with focus on family and children to increase knowledge and change behavior	3.4.1 public discussions on physical activity guidelines	Research paper /report indicating the needs of the population The number of national discussions with PA as the major theme	Task Force on PA and E	4th quarter, 2015	$30,000

	3.4.2 Develop multi-year campaign plan with other sectorial involvement and the media	Committee established and development plan approved	MOH	2nd quarter, 2016	$ 0
	3.4.3 Implement and evaluate the campaign	Campaigns evaluated	MOH	2nd quarter, 2016	$10,000

(Currency in Barbados Dollars)

Strategy 4: Developing and Implementing Dietary Regulatory and Fiscal Policies

(Impact: Policies in place and implemented 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)

Strategies	Activities	Performance Indicators	Responsible	Time	Cost
4.1 Recommended legislation and regulations (marketing restrictions) to improve diet and physical activity adapted, debated and enacted	4.1.1 Review of current legislative framework to incorporate marketing recommendations	Current legislative framework reviewed with discussion and comments made	MOH/NNC/MOC	4th quarter, 2015	$0
	4.1.2 Make submission for appropriate legislative review or drafting	Inclusion of four (4) marketing recommendations in legislative framework	MOH/NNC/MOC	3rd quarter, 2016	$0
	4.1.3 Conduct public consultations for drafting of bill or review of current legislation	Consultation completed and legislation drafted	MOH/MOC/ Civil Society	4th quarter, 2016	$5,000
	4.1.4 Advocate for and tabling of bill for enactment	Presentation of the bill to cabinet	MOH/MOC/ Civil Society	2nd quarter, 2017	$0
	4.1.5 Enforcement strategy for the act	Legislation enacted and enforcement body selected	MOH/NNC/MOC	2nd quarter, 2017	$0

4.2 Fiscal measures to improve diet and physical activity adapted, debated and enacted	4.2.1 Conduct national stakeholder consultation and stimulate public debate on fiscal measures on sugar sweetened beverages and subsidies	Workshop conducted and feedback from debate recorded	MOH/NNC	4th quarter, 2017	$6,000
	4.2.2 Implement WHO available tool (such as SimTax Tool) for taxation and subsidies on foods	Tool implemented	Ministry of Health/MOF/Barbados Economic Society	2nd quarter, 2018	$0
	4.2.3 Conduct advocacy meetings to lobby for decision on taxation measures	Meetings held to discuss taxation measures	Ministry of Health/PTAs/Civil Society	3rd quarter, 2018	$6,000
4.3 Strengthen implementation of the National Dietary Guidelines	4.3.1 Conduct stakeholders meetings for implementation of NDG	# of meetings conducted	NNC/MOH	1st quarter, 2016	$5,000
	4.3.2 Disclosures of nutrition facts on fast food products displayed	Sat Fats, Trans Fats, Salt displayed on all fast food packages and all menu	Barbados National Standards Institute (BNSI) in collaboration with NNC	1st quarter, 2018	$20,000

(Currency in Barbados Dollars)

Strategy 5: Implementing Health Promoting School Initiatives
(Impact: At least 70% schools designated Health Promoting Schools by 2019)

Strategies	Activities	Performance Indicators	Responsible	Time	Cost
5.1 Appoint and train Focal Point (FP) in Ministries of Health and Education for Health Promoting Schools	5.1.1 Develop MOU for Health and Education on implementation of Health Promoting Schools	MOU developed	MOE/MOH	3rd quarter, 2016	$0
	5.1.2 Advocate for resources for health promoting school focal point	Resource budget allocation for health promoting school focal point	MOH/MOE	3rd quarter, 2016	$ 20,000
5.2 Expand Health and Family Life Education curriculum to embrace NCD prevention	5.2.1 Revision and enforcement of Health and Family Life Education curricula for primary and secondary schools to enhance NCD risk content.	Curricula enforced	Ministry of Education - Secondary Section	3rd quarter, 2015	$5,000
	5.2.2 Enforcement of physical education in schools and promotion of programmes to provide healthy school meals	# of programmes implemented	Ministry of Education	3rd quarter, 2016	$0
	5.2.3 Training of teachers on use of curriculum	# of teachers trained	Ministry of Education	3rd quarter, 2016	$10,000
5.3 Introduce and implement	5.3.1 Health Promoting Schools defined, core indicators drafted,	70% adoption	Ministry of	3rd quarter, 2016	$0

Health Promoting School with focus on Physical activity and healthy diet school by school	reviewed and adopted		Education		
	5.3.2 FPs to convene workshops to train representatives from the education sector in best practices, including NCD risk education, health promoting schools components, implementation and evaluation	# of workshops convened	Ministry of Health	1st quarter, 2016	$30,000
	5.3.3 Implement Healthy Schools competitions within and between schools	Healthy schools competitions in place	HCC/MOE/NNC	1st quarter, 2016	$25,000
	5.3.4 National Nutrition Center develop and implement strategies and programmes for promoting innovative, healthy fast food opportunities and options in schools	Programs implemented	MOH/NNC	3rd quarter, 2016	$25,000

(Currency in Barbados Dollars)

3 Implementation

- ***Who is leading the whole process of implementation?***

  This is a multi-sectorial plan however the plan has identified the MOH, MOE and Civil Society as principle facilitators.

- ***What are the roles of Interministerial Committee/Multisectoral Task Force?***

  (An organigram to be developed)

- ***Who is in charge of each strategic line of action (1-5) and their responsibilities?***

  The responsible agency has been identified. However the drafting group has agreed not to identify the post as multiple agencies, with different administrative are involved.

4 Monitoring and Evaluation

- The management and oversight of this plan will effected through a Multisectoral Taskforce on childhood obesity. Data collection to monitor implementation of this Plan of Action will be included as part of the national monitoring system. In addition, data will be collected through STEPS Survey, GHSS, HOTN, MICS etc. routine basis.

- Performance indicators and means of verifications will be collected through different data sources.

- Accordingly, progress will be evaluated every two years. A baseline survey will be needed in order to establish several of the indicators, and a system for external evaluation is highly recommended.

5 Summary Budget

This summary budget needs to be completed based on discussions and agreement with all concerned stakeholders.

(Currency in Barbados Dollars)

Action	Source of Funding				Unfunded Budget	Funded Budget	Total Budget
	MOH	MOE	MOA	NGO Others			
S1: Strengthening Coordination and Management of Obesity Prevention							62,500
S2: Strengthening Breastfeeding Practices							60,000
S3: Promoting Physical Activity							79,000
S4: Developing and implementing Dietary Regulatory and Fiscal Policies							42,000
S5: Implementing Health Promoting School initiatives							115,000
Total Budget							**358,500**

Appendix 1: List of Drafting Team for Plan of Action

Name	Title	Organization
Dr Kenneth George	Senior Medical Officer	Ministry of Health
Prof. Dr Anne St John	Paediatrician	University of West Indies Queen Elizabeth Hospital
Ms Denise Carter Taylor	Senior Health Promotion Officer	Ministry of Health
Mr Brian Payne	Community Nutrition Officer	National Nutrition Center
Ms Joy Springer	Health Information Officer	Government Information Service
Ms Hedda Phillips-Boyce	Education Officer (Home Economics)	Ministry of Education
Ms Norma Springer	Representative of Healthy Caribbean Coalition	Barbados Diabetes Foundation
Ms Donna Barker	Health Promotion Officer	Ministry of Health
Ms Krystal Austin	Master of Public Health Student	St George's University, Grenada
Dr Tomo Kanda	Advisor on Chronic Diseases	Pan American Health Organization

Appendix 2: List of additional Contributors

Participants list for Workshop on development of national plan of action for childhood obesity, 11-13 February, 2015, Barbados

NAME	DESIGNATION
Mrs. Sheena Warner-Edwards	Health Promotion Consultant, Ministry of Health
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Appendix 3: Health Promoting Schools

A Health Promoting School is one that constantly strengthens its capacity as a healthy setting for living, learning and working, and aims to improve student health and academic success through the creation of the healthy school communities. The establishment of Health Promoting Schools is the goal of World Health Organization's Global School Health Initiative, which was launched in 1995 and was designed to improve the health of students, school personnel, families and other members of the community.

A Health Promoting School should recognize that Health Promoting School 'status' is an ongoing process not a destination, and should therefore be committed to continually promoting health and wellness in the community as well as in the school. It should foster health and learning with all measures at its disposal and strive to implement policies and practices that provide a healthy school environment.

Health Promoting Schools

- Visible support from school administration, teachers and parent- teacher associations (PTA).
- Encourage meaningful student involvement.
- Provide opportunities for students to build the knowledge and skills needed lead a healthy life both in and out of the classroom.

Health Promoting Teachers & Principals

- Quality health instruction and cross-curricular integration of health messages.
- Staff wellness programs to improve staff health while showing students that teachers and administrators believe in the messages they teach in the classroom.
- Use healthy rewards in the classroom and avoid practices like restricting playtime and time used for physical activity as punishment.

Health Promoting Parents / PTA

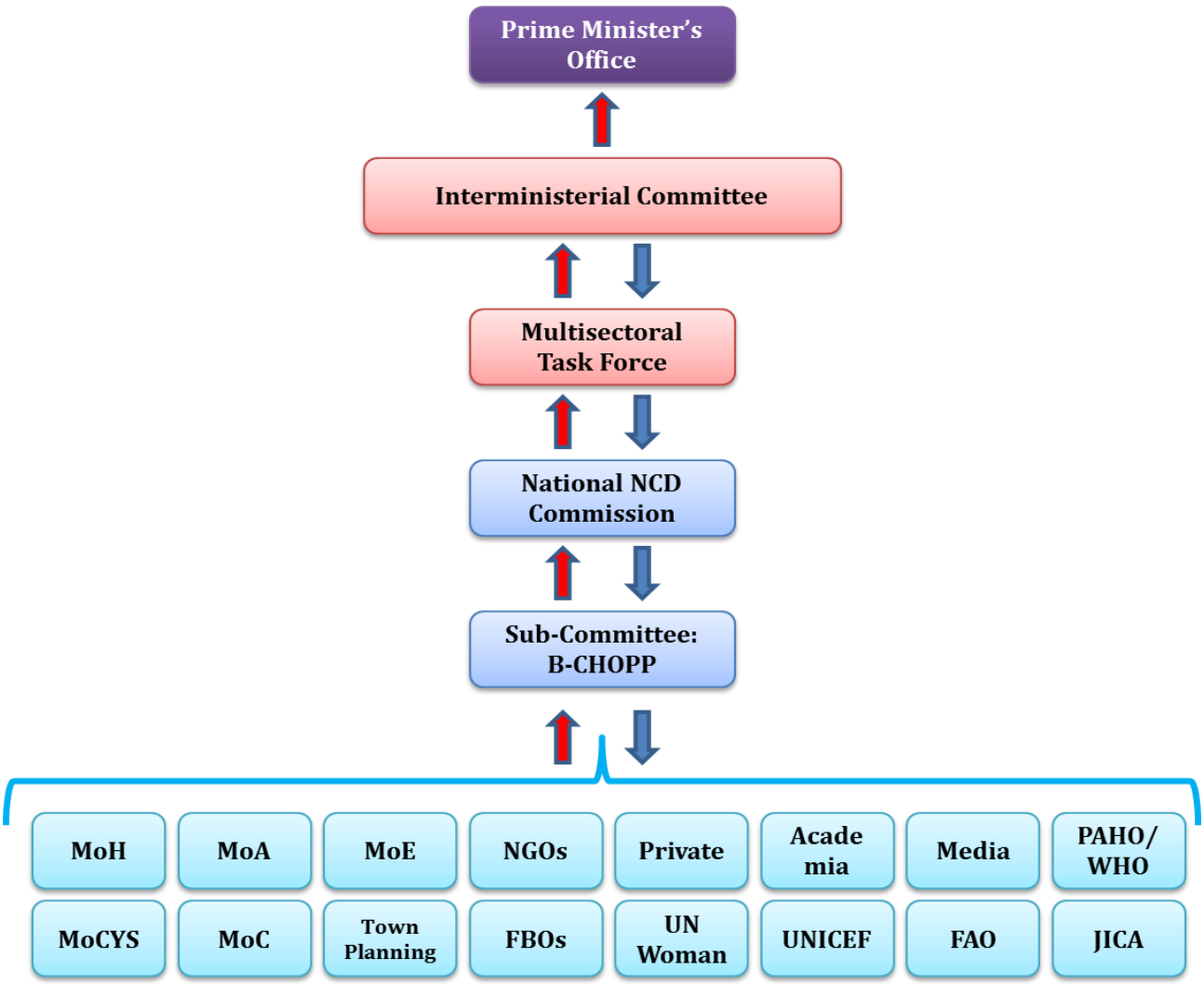
- Model and lead a healthy lifestyle (children are more likely to adopt healthy behaviours if they begin at home).
- Include school health and wellness as a standing item at PTA meetings.
- Plan healthy fundraisers instead of traditional fundraisers that involve selling less healthy foods.

Health Promoting Students

- Engage students as leaders in building healthy schools and encourage them to take ownership of any changes that may occur.
- Students should be encouraged to come up with ideas about how the school could become a healthier place.
- Plan, lead, and run school health activities and events with appropriate support from teachers and school administration.

Apendix4: Organigram for structure of implementation, evaluation, monitoring and reporting

An image of implementation/reporting flow chart: Draft Organigram to be refined



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