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A narrative review of food policies and initiatives targeting ultra processed food consumption in Sub Saharan Africa

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Abstract

The rapid growth of ultra-processed food (UPF) production, marketing, and consumption in Sub-Saharan Africa (SSA) is driving dietary shifts linked to obesity and other diet-related non-communicable diseases (NCDs). While policy attention is increasing, regulatory responses remain heterogeneous and unevenly implemented. This narrative review synthesizes evidence on national policies and initiatives aimed at reducing UPF consumption and supporting healthier, contextually appropriate, and equitable food systems in SSA. The review followed a five-stage process: (1) identification of relevant countries and policy domains; (2) comprehensive searching of peer-reviewed literature, national policy documents, and reports from international agencies and NGOs; (3) screening and selection of eligible sources; (4) categorization of policy instruments; and (5) qualitative synthesis of implementation experiences and challenges. A conceptual policy analysis framework was applied to classify policies into four domains: fiscal measures, front-of-pack labeling, marketing restrictions, and public health and nutrition education. Countries including South Africa and Kenya have introduced fiscal and labeling measures targeting UPFs, while Nigeria and Ghana have implemented marketing restrictions. Complementary initiatives, such as nutrition education and support for local food systems, are emerging in Rwanda and Uganda. Common challenges include enforcement gaps, policy fragmentation, industry influence, and inequities in exposure to UPFs and access to regulatory protection. Findings highlight both progress and ongoing constraints in national policy responses. Coherent, context-sensitive, and equity-informed policies, supported by effective governance and safeguards against conflicts of interest, can strengthen efforts to address diet-related NCDs while promoting sustainable and culturally appropriate food systems.

Keywords Ultra-processed foods, Non-communicable diseases, Food policy, Narrative review, Sub-Saharan Africa, Equity

1 Introduction

Ultra-processed foods (UPFs) are industrial formulations largely made from food-derived substances such as oils, sugars, starches, and protein isolates, and typically contain additives including flavorings, colorings, emulsifiers, and preservatives designed to enhance palatability and shelf life [1]. These products are generally energy-dense and nutrient-poor, and their rising availability and consumption have displaced traditional, minimally processed diets across many regions [2]. In Sub-Saharan Africa (SSA), increasing UPF intake is contributing to dietary transitions that elevate the risk of obesity and other diet-related non-communicable diseases (NCDs), alongside established risk factors such as tobacco use, harmful alcohol consumption, air pollution, and climate-related shocks [2].

NCDs, including obesity, cardiovascular diseases, diabetes, and certain cancers, have become leading causes of morbidity and mortality in many SSA countries, placing additional pressure on already constrained health systems [1, 3, 4]. According to the World Health Organization (WHO), NCDs account for nearly 40% of all deaths in the region, with mortality rising substantially over the past two decades [5]. WHO country profile data further indicate that Africa is lagging in meeting NCD-related targets, with Southern Africa showing particularly little progress [6]. Diets high in UPFs are recognized as a major contributor to this burden, reflecting broader changes in food environments driven by urbanization, economic transitions, and evolving food supply systems [3, 7].

Beyond their nutrient composition, UPFs adversely affect health through multiple mechanisms, including altered food structures that impact metabolic responses, the use of additives and emulsifiers, reduced satiety signaling, and hyper-palatable formulations that promote overconsumption and displace traditional diets [1–4]. In SSA, these dynamics are reinforced by the rapid expansion of transnational food corporations, which have increasingly targeted the region as a growth market through investments in marketing, distribution, and retail infrastructure [7].

The growing presence of multinational food companies raises concerns regarding food sovereignty, regulatory capacity, and the influence of commercial interests on national nutrition policies [8, 9]. Evidence from several SSA countries indicates that industry practices, including lobbying and partnerships with public institutions, may hinder the implementation and enforcement of effective food regulations [10]. Simultaneously, the food sector in SSA includes small- and medium-sized enterprises producing minimally processed or fortified foods aligned with public health objectives [7, 11]. These disparities underscore the need for context-sensitive policies that both support local enterprises and regulate multinational corporations whose products may undermine nutrition and health [11]. Policies must also protect vulnerable populations and ensure equitable access to healthier, minimally processed foods [7].

In response to the rising NCD burden, several SSA countries have implemented regulatory measures to reduce UPF consumption. Notable examples include South Africa's Health Promotion Levy on sugar-sweetened beverages and the development of front-of-pack labeling (FOPL) initiatives in countries such as Kenya [12, 13]. While early evidence

indicates potential benefits, implementation challenges remain widespread, including limited enforcement capacity, low public awareness, and resistance from industry stakeholders [14]. Other countries, including Nigeria and Ghana, have introduced marketing-related initiatives, which are often constrained by funding gaps, fragmented governance, and the rapid expansion of digital advertising environments [15–17].

Despite these efforts, policy responses to UPF consumption across SSA remain fragmented and uneven, with limited regional coordination. A clear understanding of existing policy instruments, implementation experiences, and regulatory gaps is therefore critical to inform more coherent and effective strategies.

This narrative review aims to (1) map and categorize national policies and initiatives targeting UPF consumption in SSA, (2) identify key regulatory gaps, (3) examine common implementation challenges, and (4) synthesize lessons from country-level experiences. By consolidating evidence across multiple policy domains, this review provides insights relevant to policymakers, researchers, and public health practitioners working to reduce the health and economic burden of diet-related NCDs in the region.

2 Methods

2.1 Study design and setting

This study employed a narrative policy review design, guided by Snilstveit et al. (2012), allowing the synthesis of diverse evidence to inform policy and practice [18]. This approach integrates a broad range of data sources, including official policy documents, grey literature, and peer-reviewed studies, using an iterative, expert-informed selection process rather than the rigid protocols typical of systematic reviews. This flexibility is particularly useful for capturing policy information not routinely found in academic databases.

Focusing on SSA, a region undergoing rapid nutritional transitions and experiencing a growing burden of diet-related NCDs, this design enables a comprehensive exploration of UPF policies and their public health implications [18].

The review followed a five-stage narrative policy review process. (1) relevant countries and policy domains were identified to define the scope of the review. (2) a comprehensive search of peer-reviewed literature, national policy documents, and reports from international agencies and NGOs was conducted to capture all relevant evidence. (3) the identified sources were screened, and eligible documents were selected based on predefined inclusion and exclusion criteria. (4) the selected policies were conceptually categorized into major regulatory domains to facilitate structured analysis. (5) a qualitative synthesis of implementation experiences and reported challenges was undertaken to identify common trends, gaps, and lessons across the region.

A conceptual policy analysis framework was applied to organize policies into four regulatory domains: fiscal measures, front-of-pack labeling, marketing restrictions, and public health/nutrition education initiatives. The framework supported consistent thematic mapping and structured synthesis across countries, including consideration of equity in policy reach and implementation, without applying a formal theoretical lens.

2.2 Data sources and selection

To ensure comprehensive coverage, a multi-faceted search strategy was employed. Combinations of search terms included “ultra-processed foods,” “food policy,” “nutrition

policy," "non-communicable diseases," "front-of-pack labeling," "school food environment," "sugar-sweetened beverages," and "Sub-Saharan Africa," using Boolean operators (AND, OR).

Databases searched included PubMed, Scopus, Web of Science, and Google Scholar, alongside institutional websites and grey literature sources. Documents from global organizations (e.g., WHO, FAO, UN) were reviewed for policy guidance, while national policy documents, peer-reviewed journals, and NGO reports provided additional evidence and practical perspectives.

Inclusion criteria focused on documents addressing UPF-targeted policies in SSA with clear links to public health outcomes. Studies from high-income countries, non-UPF policies, or lacking health relevance were excluded. The search covered the period January 2010 to November 2024. Details of the full search strategy, databases, Boolean operators, and selection criteria are provided in Electronic Supplementary Material 1 (ESM 1).

A total of 2,037 records were initially identified; after removing 418 duplicates, 1,619 titles and abstracts were screened. Full texts of 287 articles were assessed for eligibility, with 249 excluded due to irrelevance, methodological limitations, or insufficient data. The final synthesis included 38 documents: 25 peer-reviewed journal articles, 10 national or regional policy documents, and 3 technical reports from WHO or UN agencies. All included sources were systematically analyzed and accounted for in the Results and Discussion sections, either in summary tables or cited within the narrative (Fig. 1).

2.3 Data extraction and analysis

Two reviewers independently extracted data using a structured form to ensure consistency and minimize bias. Key details recorded included policy type, country of implementation, target population, and reported health outcomes.

Data were categorized into four major thematic areas: fiscal measures, front-of-pack labeling, marketing restrictions, and public health and nutrition education initiatives. A qualitative thematic analysis was conducted to identify trends, challenges, and policy gaps across SSA.

Equity considerations, including the protection of vulnerable populations and the promotion of equitable access to healthier foods, were explicitly integrated throughout the qualitative synthesis within each policy domain. Discrepancies between reviewers were resolved by consensus, enhancing reliability. The combination of a standardized thematic framework and diverse sources (peer-reviewed and grey literature) further minimized selection and publication bias, ensuring a balanced and comprehensive synthesis.

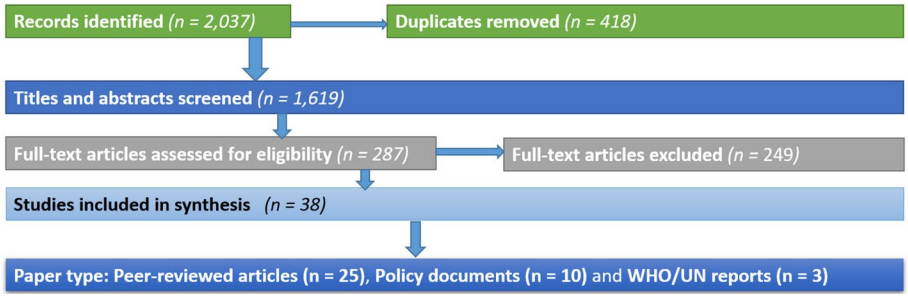

Fig. 1 Flow diagram of the study selection process and included documents on UPF consumption policy in SSA

2.4 Ethical considerations

This review relied solely on publicly available documents and did not involve human subjects; therefore, ethical approval was not required. Nonetheless, care was taken to accurately represent policies and avoid misinterpretation. Objectivity was maintained throughout the selection and analysis process, and all sources were appropriately cited to credit original authors and organizations.

3 Results

3.1 Overview of UPF policy landscape in Sub-Saharan Africa

Across SSA, policies targeting UPFs are unevenly developed and remain at varying stages of implementation [6, 7, 19–21]. Existing initiatives primarily focus on fiscal measures, front-of-pack labeling (FOPL), marketing restrictions, and public health and nutrition education initiatives. As summarized in Table 1, only a limited number of countries have implemented comprehensive, UPF-specific regulatory measures, while most remain in early or exploratory phases. Evidence from Rwanda, Cameroon, and other SSA countries indicates that while nutrition-related policies exist, many initiatives lack formal regulatory frameworks specifically addressing UPFs [19–21].

3.2 Fiscal policies targeting UPFs

South Africa represents the most advanced example of a fiscal policy targeting UPFs in the region. The introduction of the Health Promotion Levy in 2018 aimed to reduce consumption of sugar-sweetened beverages, and evidence indicates a 29% reduction in purchases within the first year of implementation [22–24]. Although this policy specifically

Table 1 Overview of national policies and initiatives addressing ultra-processed foods (UPFs) in selected sub-Saharan African countries

Policy/regulation name	Country	Objective/outcome	Evidence of effectiveness	Implementation challenges	References
Promotion of Local Food Production	Rwanda	Encourage consumption of local, less-processed foods	Limited documentation; no direct UPF impact	No sugar tax, FOPL, or targeted UPF policies	[19, 28, 35]
Healthy Eating Campaigns	Cameroon	Raise public awareness on healthy diets	Public education efforts underway	Absence of formal UPF-specific policies	[20]
School-Based Nutrition Education	Uganda	Improve children's nutritional knowledge and habits	Some behavioral improvement reported in schools	No sugar tax or FOPL policies	[21, 29]
Health Promotion Levy	South Africa	Reduce consumption of sugary beverages	29% reduction in sugary drink purchases post-implementation	Industry lobbying weakened the scope and rate of taxation	[22–24, 36, 38]
Front-of-Pack Labeling (FOPL)	Kenya	Improve consumer understanding of food content	FOPL formats developed; low public awareness and understanding	Minimal enforcement and limited public education	[13, 31]
Front-of-Pack Labeling (FOPL)	Nigeria	Support informed dietary choices	Early stages; facing similar issues as Kenya	Enforcement gaps and consumer confusion	[15, 32]
Marketing Regulation Initiatives	Ghana	Limit children's exposure to unhealthy food advertising	Some success in traditional media	Circumvented via digital/social media channels	[17, 33, 34]

targets beverages rather than UPFs broadly, it provides the strongest documented evidence of fiscal policy effectiveness among SSA countries [25].

Rwanda and Uganda have implemented excise duties on non-alcoholic beverages; however, these measures are primarily revenue-oriented and do not explicitly target sugar content or UPFs [26, 27]. Consequently, direct evidence linking these fiscal measures to reductions in UPF consumption or diet-related non-communicable diseases (NCDs) remains limited [28, 29].

3.3 Front-of-pack labeling policies

Kenya and Nigeria have initiated front-of-pack labeling (FOPL) policy development to support informed consumer food choices. In Kenya, research has examined consumer understanding of proposed FOPL formats; however, public awareness remains limited, particularly in rural settings, and enforcement mechanisms are minimal [13, 30, 31]. Similarly, Nigeria's FOPL efforts are in early stages, with policy planning and stakeholder coordination underway [15]. To date, no direct evidence links these labeling policies to reductions in UPF consumption or diet-related non-communicable diseases (NCDs) in either country [15, 32].

3.4 Marketing restrictions and advertising controls

Ghana has introduced initiatives on food and beverage marketing targeting children, primarily through traditional media channels [33, 34]. These measures have contributed to some reductions in children's exposure to unhealthy food advertising on television; however, marketing activity has increasingly shifted to digital and social media platforms [17, 33, 34]. No direct evidence currently links these marketing restrictions to measurable changes in UPF consumption or NCD prevalence [17, 33].

Kenya and Nigeria have also explored policy and regulatory approaches addressing food marketing to children, although enforcement remains inconsistent, and evidence of effectiveness is limited [15, 30, 31].

3.5 Public health and nutrition education initiatives

Several countries rely primarily on public health and nutrition education initiatives rather than formal regulatory measures [19–21, 35]. Rwanda has prioritized the promotion of local food production and multisectoral nutrition strategies, while Cameroon has implemented national healthy eating campaigns aimed at raising public awareness [19, 20, 28, 35]. In Uganda, school-based nutrition education programs have been introduced, with some reported improvements in dietary knowledge and behaviors among children [21, 29]. These initiatives are not accompanied by UPF-specific regulatory instruments such as taxation, front-of-pack labeling, or marketing restrictions, and evidence of their impact on UPF consumption or diet-related NCD outcomes remains limited [14, 20].

3.6 Summary of policy maturity across countries

Overall, SSA countries exhibit varying levels of UPF policy development. South Africa demonstrates the most advanced implementation, with measurable impacts achieved through fiscal policy [22–24, 36]. Kenya, Nigeria, and Ghana are at emerging stages, with scant regulatory measures and limited evidence of effectiveness [13, 15, 17, 31, 34, 37].

Table 2 Recommendations for Strengthening UPF Regulation in Sub-Saharan Africa

Strategy	Purpose	Expected impact	Equity considerations	References
Taxation (e.g., Health Promotion Levy)	Reduce consumption by raising prices	Decrease in sugary food/drink intake	Can disproportionately affect low-income households if not paired with subsidies or reinvestment in health and nutrition programs	[14, 22–24, 36, 38, 39]
Front-of-Pack Labeling	Empower consumers with clear information	Improved food choices (if literacy barriers addressed)	Effectiveness may be limited among populations with low literacy unless supported by education campaigns	[13, 15, 30, 32]
Marketing Restrictions	Protect vulnerable populations, especially children	Reduced exposure to unhealthy food ads	Particularly important for children and adolescents, who are more susceptible to persuasive marketing	[8, 17, 33, 40]
Public Education Campaigns	Increase awareness of UPF risks and encourage traditional diets	Shift in public perception and behavior	Can reduce inequities if culturally tailored and accessible across rural and low-resource settings	[20, 35]
Regional Policy Harmonization	Coordinate action among SSA nations (e.g., EAC standards)	Efficiency and stronger cross-border enforcement	Supports equity by minimizing cross-border exploitation of weaker regulatory environments	[41, 46]
Digital Ads Regulation	Address online marketing influence	Control growing digital promotion of UPFs	Critical for protecting children and adolescents, who experience disproportionate exposure online	[16, 40]

In contrast, Rwanda, Cameroon, and Uganda remain in early stages, focusing primarily on education and the promotion of local foods without comprehensive UPF-specific regulations [19, 20, 28, 29, 35]. As summarized in Table 1, these patterns highlight wide variation in policy scope, implementation, and documented outcomes across the region. Key policies and initiatives, together with their objectives, evidence of effectiveness, and implementation challenges, are presented in Table 2, including considerations relevant to vulnerable populations such as children, adolescents, and low-income groups.

4 Discussion

4.1 Interpretation of UPF policy responses in SSA

This review demonstrates marked heterogeneity in the development, scope, and effectiveness of policy responses to ultra-processed foods (UPFs) across sub-Saharan Africa (SSA). While many countries have adopted nutrition-related initiatives, explicit and enforceable regulatory approaches targeting UPFs remain limited [19–21, 28, 29, 35]. Only a small number of countries, most notably South Africa, have implemented policies with measurable outcomes, underscoring a broader regional gap between policy intent and demonstrable impact [22, 24].

South Africa's Health Promotion Levy illustrates the potential effectiveness of fiscal measures in reducing consumption of unhealthy products, even when applied narrowly to sugar-sweetened beverages [22, 38]. However, the predominance of beverage-focused taxation across the region highlights the constrained scope of current policy responses and the absence of comprehensive approaches addressing UPFs more broadly [39]. In contrast, reliance on voluntary guidelines, education campaigns, or fragmented regulatory actions in many SSA countries reflects early policy maturity and limited institutional capacity for more robust interventions [20, 21, 35].

Importantly, these gaps have equity implications. Children, adolescents, and socioeconomically disadvantaged populations disproportionately exposed to and affected by UPFs, are insufficiently protected under existing policy frameworks [17, 23, 40]. Fiscal policies may represent a pragmatic entry point for UPF regulation in SSA, but their

effectiveness is likely to be limited unless complemented by coordinated measures addressing labeling, marketing practices, and consumer information [41].

4.2 Implementation challenges and enforcement gaps

Weak enforcement capacity consistently limits the effectiveness of UPF-related policies across SSA. Regulatory infrastructure, monitoring systems, and financial and human resources are often insufficient to support full implementation [31, 42, 43]. Even where policies such as front-of-pack labeling (FOPL) have been proposed, inconsistent enforcement and limited oversight, combined with design and comprehension challenges, may reduce their practical impact on consumer behavior [32].

Low public awareness further constrains future policy impact. In Kenya and Nigeria, insufficient consumer education contributes to misunderstanding or underutilization of FOPL formats, weakening its intended role in guiding healthier food choices [13, 15]. These findings highlight the importance of pairing regulatory tools with sustained, context-specific public education strategies.

4.3 Industry interference and political economy constraints

Industry influence represents a major challenge to effective UPF regulation in SSA. Transnational food and beverage corporations exert significant economic and political influence, frequently engaging in lobbying that shapes policy design and implementation. In South Africa, industry pressure contributed to reductions in the proposed tax rate and scope of the Health Promotion Levy, illustrating how commercial interests can constrain public health–oriented fiscal policies [22, 24].

Economic concerns, such as potential impacts on employment, trade, and investment, are often cited to justify delayed or weakened UPF regulation [17, 39, 44]. While these considerations are important, they must be weighed against the escalating healthcare costs and productivity losses associated with diet-related non-communicable diseases (NCDs) across SSA [5, 7, 45].

4.4 Digital food marketing as an emerging policy challenge

Digital media platforms represent a rapidly evolving challenge for UPF regulation. Although some SSA countries have introduced initiatives on traditional food advertising, these are increasingly circumvented through digital channels, including influencer marketing and targeted online advertisements [16, 17]. Children and adolescents are particularly vulnerable to these practices, which often fall outside existing regulatory frameworks [16, 40]. Without adaptation to digital marketing environments, gains achieved through traditional advertising restrictions may be undermined, emphasizing the urgency of updated governance mechanisms [16].

4.5 Implications for regional policy coordination

The fragmented nature of UPF policies across SSA suggests that greater regional coordination could strengthen policy effectiveness. Harmonized standards for food labeling, marketing restrictions, and fiscal measures may improve regulatory coherence and reduce opportunities for cross-border circumvention by industry actors, as observed in the East African Community (EAC) experience [46]. Regional bodies provide platforms for collective action, though differences in national capacity and political priorities

remain important challenges. Strengthening collaboration across countries may facilitate enforcement, streamline regulatory processes, and create larger markets for healthier food options, while also mitigating the influence of transnational food corporations [8, 9, 41, 47].

To address the challenges identified in SSA, a multifaceted strategy is recommended to strengthen UPF regulation. Key approaches include fiscal measures such as taxation to reduce consumption, front-of-pack labeling to empower consumers, marketing restrictions to protect vulnerable populations (especially children and adolescents), public education campaigns to raise awareness of UPF risks, regional policy harmonization to improve cross-border regulatory coherence, and regulation of digital advertising to address emerging online marketing channels [13, 16, 17, 22, 46]. These strategies are summarized in Table 2, highlighting their purpose and expected public health impact. Implementing these coordinated measures can mitigate inequities by ensuring that policies explicitly consider children, adolescents, and socio-economically disadvantaged communities who are most vulnerable to UPF-related health risks.

4.6 Strengths and limitations of the review

A key strength of this review is its narrative policy approach, which enabled the inclusion of diverse evidence sources, including national policy documents and grey literature often excluded from systematic reviews. This provides a comprehensive overview of evolving UPF policy landscapes across SSA.

Nevertheless, several limitations should be acknowledged. Evidence on policy effectiveness is limited and uneven across countries, with many initiatives lacking formal evaluation or longitudinal data. Reliance on publicly available documents may have excluded unpublished policy assessments. As a narrative review, the findings aim to identify patterns and policy gaps rather than establish causal relationships.

5 Conclusion

Despite increasing recognition of the health risks associated with UPFs, policy responses across sub-Saharan Africa (SSA) remain fragmented and uneven. South Africa provides the strongest evidence of impact through its Health Promotion Levy, while most countries rely on limited regulatory measures or education-focused initiatives with limited enforcement and evaluative evidence. Common challenges include weak regulatory capacity, industry influence, low public awareness, and the rapid expansion of digital food marketing. These findings underscore the need for integrated policy approaches that combine fiscal measures, front-of-pack labeling, marketing restrictions, nutrition education, and support for local food systems. Strengthening enforcement mechanisms, enhancing regional policy coordination, and addressing disparities in policy implementation and exposure to UPFs may improve effectiveness and contribute to more equitable prevention of diet-related non-communicable diseases across SSA.

Abbreviations

Digital Ads	Digital Advertisements
Food Ads	Food Advertisements
EAC	East African Community
FAO	Food and Agriculture Organization
FOPL	Front–of–Pack Labeling
NCDs	Non–Communicable Diseases
NGO	Non–Governmental Organization

SSA	Sub–Saharan Africa
UPF	Ultra–Processed Food(s)
WHO	World Health Organization
UN	United Nations

Supplementary Information

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Supplementary Material 1.

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Author contributions
BAM led the conceptualization, study design, and overall development of the literature review framework. Additionally, BAM contributed to literature selection, synthesis, manuscript drafting, and revisions. CY and HM were involved in conceptualization, study design, and framework development. SST, AAK, ZAY, and RMA contributed to the identification and selection of relevant literature. AGY, GY, CY, and GMB were responsible for literature organization and thematic synthesis. Abraham Teym, TS, AGE, AFA, WDA, and GY assisted in structuring the review and refining the discussion. MAA, AAK, Abathun Temesgen, DA, KES, and BM contributed to manuscript drafting, review, and revisions. CY, WMA, AFA, AAK, TDT, and CAA provided critical feedback and methodological guidance. CY, ZAY, and MAA reviewed theoretical perspectives and ensured coherence in the analytical approach. All authors reviewed and approved the final manuscript for submission.

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Declarations

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Consent for publication
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Competing interests
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