

East Africa Regional Policy Dialogue

The ATNi, APHRC, & Ministry of Health, Kenya Regional Policy Workshop
Strengthening East African Policies to Transform Markets for Nutrition

SAROVA WHITESANDS HOTEL, MOMBASA

8TH APRIL 2025 – 9TH APRIL 2025



MINISTRY OF HEALTH



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About the dialogue workshop

Summary

The workshop took place at the Sarova Whitesands Hotel, Mombasa on 8th - 9th April, 2025. It was jointly organized by the African Population and Health Research Centre (APHRC), the Ministry of Health (MoH) Kenya, and Access to Nutrition Initiative (ATNi).

DAY 1

1. Opening Ceremony

1.1. Introduction and workshop objective

DR ANDRE Pascal, the Director of Programs, Research, APHRC

Dr Pascal welcomed all present on behalf of APHRC. He explained that APHRC is a premier research-to-policy institution, generating evidence, strengthening research and related capacities in the African research and development ecosystem, and engaging policy to inform action on health and development. APHRC seeks to drive change by developing strong African research leadership and promoting evidence-informed decision-making (EIDM) across the sub-Saharan African region. He further explained APHRC vision, mission and strategic plan.

To kick off the meeting, the workshop objectives were highlighted as below:

- An overview and update of the status of key policies shaping the food environment focusing on Kenya, Tanzania, and Uganda
- Cross-country learning experiences: sharing examples of what is working.
- An opportunity to discuss key bottlenecks that prevent the adoption of certain policies, including reflecting on which policies will be most effective at the national level, and where regional-level policies and regulations are needed.
- A road map of next steps for APHRC and ATNi to support effective policy development for healthier food environments in East Africa

MR GREG S. Garret, Executive Director ATNi

Mr. Garrett explained ATNi's mission, stating that the organization exists to transform markets to ensure that everyone has access to affordable, nutritious, and sustainable food. ATNi makes a business case for nutrition, aiming to merge the macroeconomic case for investing in nutrition (every 1\$ invested leads to 23\$ in return) with the microeconomic, or business case for investing in nutrition, ATNi does this by leveraging the power of investors to push companies to produce healthier products, and supporting market shaping policies for nutrition. ATNi is currently working on an East African market assessment, which can support countries in the region with the data they need to put in place policies for healthier food environments that incentivize businesses in this direction. Mr. Garrett lauded the progress made in East Africa to improve food environments with specific reflection on the food fortification agenda.

MS LEILA Odhiambo, Deputy Head of Nutrition & Dietetics Unit, Ministry of Health (MoH)

Ms Leila emphasized the foundational role of nutrition in achieving better health population health outcomes. She highlighted that the Sub-Saharan Africa region is facing the triple burden of malnutrition; micronutrient deficiencies, undernutrition, and overnutrition. She further noted the rise of diet-related NCDs in Kenya, which is causing a significant strain on the country's health system, through both direct and indirect costs. Ms Leila urged the delegates to reflect on the lives that can be saved through improving the food environment and affirmed the government of Kenya's commitment to strengthening primary healthcare systems and prioritizing children's health as a pathway to improving national well-being.

Leila then welcomed Dr Nobert Abuya, Head of Health and Wellness at the Ministry of Health, Kenya to address the delegates.

Dr. NOBERT Abuya, head of Health and Wellness in the Ministry of Health, Kenya

Dr Abuya welcomed all attendees to the workshop including representatives from Uganda, Tanzania, Ghana, and South Africa. He then introduced Dr. Joseph Lenai, who delivered the keynote address on behalf of the Cabinet Secretary for Health, Hon. Aden Duale.

1.2. Keynote address

DR JOSEPH Lenai, Director Primary Health Care, Ministry of Health Kenya on behalf of Health Cabinet Secretary, Hon. Aden Bare Duale, EGH.

Dr Lenai began by delivering apologies from the Minister for Health, Hon. Aden Duale. He sent greetings from the Minister, the 2 Principal Secretaries – Mr. Harry Kimtai, Principal Secretary for the State Department for Medical Services, and Ms. Mary Muriuko, Principal Secretary for Public Health and Professional Standards - the Director for Health – Dr. Patrick Amoth.

Dr Lenai welcomed the delegation to Kenya. On his part, Dr Lenai made the case for developing and updating policies and legal frameworks to address the changing nutrition landscape considering the impact of both new technology and climate change. He stated that food and health are security issues that should be raised in both national and global agendas.

All protocols observed. On behalf of the government of Kenya and the MoH, a welcome was extended to the delegation. In his speech, the Hon. Duale acknowledged that this workshop marks a significant opportunity for collaboration and partnership to enhance the promotion of healthy food markets across the region and improve food systems governance and coordination mechanisms. He highlighted that “this meeting underscores our commitment to addressing the complex challenges facing our food systems.”

Unfortunately, he explained that the East African region is facing the triple burden of malnutrition and NCDs. Reviewing evidence on the burden of disease, he shared that in 2015, NCDs accounted for 40% of mortalities in the region, underscoring the urgency for effective interventions. In Kenya, it was explained that NCDs regrettably account for 39% of all deaths, over 50% of hospital

admissions, a reduction of household income by 28.6% and 11% of total health expenditure. The Minister invited all member states and supporters to “we must act urgently and decisively” to tackle this issue. He urged that “the action we take today will shape the health outcomes of tomorrow.”

Hon. Duale emphasized the commitment of the government of Kenya to improving the food environment and through the Kenya Nutrition Action Plan (KNAP) 2023-2027, which integrates multisectoral actions to address food environments, diet-related NCDs, and undernutrition. The Minister extolled the development of the Kenya Nutrient Profile Model (KNPM) proving thresholds for nutrients of concern (sugar, salt, saturated fats, and total fats). He also stated that the government has also initiated the development of other food environment policies including front-of-pack nutrition labeling, fiscal and public food procurement policies, and marketing restrictions, in alignment with WHO recommendations.

In his address, the Minister stressed that “stated that national efforts must be coupled with regional solidarity in confronting our shared challenges.” Highlighting work done by APHRC and ATNi, it was mentioned that the stark reality is that foods sold in LMICs are less healthy than those in the markets of wealthier nations. He encouraged the team to courageously confront vested interests and prioritize public health first. Hon. Duale also called for increased partnerships with civil society, academia, development partners, and the private sector to drive the co-creation of sustainable, and context-specific solutions. Kenya’s commitment to deepening collaboration with our neighbors and aligning our policies to create a more resilient, equitable, and nutritious food system across the region was reaffirmed by the Minister. The keynote address by the CS Health, Hon. Aden Bare Duale, can be found in **Annex 1** of this report.

2. Plenary session: NCDs and healthy diets, current policy progress

2.1. Share global evidence on what policies are effective in shaping healthier food environments

2.1.1. Dr Andre Pascal delivered a presentation on the “policy environment for the prevention and control of non-communicable disease”. In his presentation, he highlighted the following:

- There are four levels of prevention of NCDs: primordial prevention, primary prevention, secondary prevention, and tertiary prevention.
- A defining moment in global health is the publication of the WHO report of 1997 titled *Conquering suffering, enriching humanity*. This report highlighted that, even as early as 1996, non-communicable diseases had other conditions as the leading cause of death globally. A closer look at the mortality data showed that the majority of these NCD-related deaths were occurring in low- and middle-income countries (LMICs) signaling a significant shift in the global burden of disease from high income to lower-income countries.
- This report was the start of the concerted efforts towards the prevention and control of NCDs. The 51st World Health Assembly Resolution 51.18 (WHA51.18) endorsed

the framework for the integrated prevention and control of NCDs. Member states were urged to collaborate with the WHO to develop a global strategy for NCD prevention and control

- The global strategy for the prevention and control of NCDs was adopted at the 53rd world health assembly (WHA) 2000. The three main objectives were to map the emerging NCDs & determinants, reduce the level of population exposure to common NCD risk factors, and to strengthen healthcare for people with NCDs.
- Following this was the Action Plan for the Global Strategy for the Prevention and Control of NCDs (WHA61.14), 2008-2013; the Global Action Plan for the Prevention and Control of NCDs (2013-2020);
- At the policy level, several regional actions were undertaken in Africa to address the rising burden of non-communicable diseases. These include the WHO strategy on NCDs in Africa first adopted in 2000, and later updated in 2010; the Brazzaville declaration on NCDS (2011); the Regional Multi-stakeholders Dialogue (2013); the Strategy on Health Promotion for WHO Africa (2001, updated in 2012); and the African Health Strategy (2007 – 2015) by the Africa Union. Despite these important initiatives, the nutrition transition is not fully understood.

2.1.2. Mark Wijne, Director of Research at ATNi, presented on Commercial Packaged Foods and Beverages in Global and East African Food Environments focusing on ATNi's on-going research in Kenya and Tanzania.

- Mark began by sharing a global perspective on private sector practices. Since 2010, ATNi has assessed global food manufacturers and their markets, but in 2024, they extended their analysis of the SSA region to better understand the regional dynamics and enable comparisons.
- ATNi's East Africa market assessment the 30 largest food and beverage companies in Kenya and Tanzania who are evaluated against 8 domains which include a corporate profile, looking at company practices such as if they have targets to improve the nutrition of their portfolios or stop marketing to children, or to support workforce nutrition, among others, as well as product level information (which captures what companies do, not only what they say). Informal markets were excluded from this assessment. Products were assessed using nutrient profiling models such as the HSR model, the WHO AFRO Model, and the KNPM. The findings showed that 90% of products included do not meet the threshold for a healthy product according to the newly introduced KNPM, and would require a warning label according to the newly introduced guidelines. This raises concern about the healthfulness of packaged foods and the need for stronger regulation.
- Desk review evidence for Kenya shows rapid growth in the grocery retail sector in recent years. In 2022, the sector expanded by 11%, while packaged food sales

increased by about 40% since 2019. The retail food environment is largely dominated by informal vendors but this is quickly changing with the expansion of formal retail.

- In terms of food environments, promotion, affordability and price, availability and accessibility, quality of the products (safety and healthiness), convenience, and sustainability properties. This leads us to distinguish between natural environments and built food environments.
- Currently, in East Africa, around 20% of food consumption is derived from packaged foods, with the majority still coming from natural environments. However, as the shift toward built food environments accelerates, there is an urgent need to ensure that the foods entering these systems are as healthy as possible.
- The EAMA market assessment will include a report examining key policies, as well as a dashboard will be used to publish the study findings.

2.2. Panel discussion

Panel discussion summary: NCD and food environment policies status in East Africa.

Facilitated by: Prof Daniel Sila, (Kenya).

Panelists: Dr. Nobert Abuya (Kenya), Dr. Henry Mwebesa (Uganda), Mr. Festo Kapela (Tanzania).

This high-level panel discussion brought together senior policymakers from Kenya, Uganda, and Tanzania to reflect on the region's growing burden of non-communicable diseases (NCDs), the drivers fueling this crisis, and emerging food environment policy responses.

Panelists emphasized that all three countries are experiencing a triple burden of malnutrition with rising obesity and diet-related NCDs alongside persistent undernutrition and micronutrient deficiencies. Key shared drivers include rapid urbanization, economic transitions, and the aggressive marketing of unhealthy, ultra-processed foods, particularly to children and adolescents.

Across the three countries, there is growing recognition of the urgent need for coordinated policy action which include the development and implementation of front-of-pack labelling, school food standards, marketing restrictions, sugar-sweetened beverage (SSB) taxation, and the use of nutrient profiling models like Kenya's KNPM to guide some of the policy actions.

However, development and implementation remain uneven, hindered by weak health systems, limited enforcement capacity, and insufficient political will. Panelists stressed the importance of evidence-based policymaking, stronger multi-sectoral collaboration, and engaging political leadership to elevate NCDs and food policy issues on national and regional agendas.

Key highlights and calls to action:

- Political commitment is essential for enforcing and scaling existing policy strategies to reduce NCDs.
- Health governance structures across East Africa must be strengthened, with a clear focus on improving food environments.

- Countries must work together to harmonize food-related policies, leveraging the East African Community (EAC) and African Union platforms.
- Evidence translation into simple, clear, actionable policy briefs for policymakers is urgently needed.
- Regional alignment of food environment regulations particularly those affecting trade can help overcome fragmented, piecemeal approaches and build shared momentum for healthier food systems.

The panel emphasized that while the challenges are shared, so too are the opportunities to act collectively and boldly to reverse the NCD crisis and ensure healthier futures for all.

- Below are the questions asked and the responses from the three panelists.

Q1. What is the current situation of NCDs in Kenya and what have been the trends over the years?

- ***Dr Abuya:*** At a glance, 40% of all deaths in the country can be attributed to NCDs and more than half of hospital admissions are NCDs, and 11% of health expenditure to go reversing trends caused by NCDs. They cause a reduction in household finances by about 30%. Nearly half of women of reproductive age are overweight and obese compared to about 20% of all men in the country. There are government policies in place to guide the country toward a better health profile.
- ***Dr Mwebesa:*** the trends are the same in the East Africa region. Rapid urbanization and shifts in dietary patterns are shifting the disease profile and causing a strain economically. Uganda is now facing the double burden of disease. The last two decades have seen an increase in NCDs; mainly CVD and hypertension, diabetes, cancers, sickle cell disease, and chronic respiratory diseases. Looking at data from the STEPSurveys of 2014 & 2023, the situation is not getting better. Looking at tobacco use as a risk factor; its use reduced from 10% to 8.3%, the harmful use of alcohol increased from 14% to 23.5%. The prevalence of diabetes increased from 1.4% to 2.7%, and hypertension 24% to 26.5% in the same period. The consumption of vegetables and fruits in daily diet has reportedly remained relatively the same. Stunting is at 25% in under 5s and wasting in the same cohort stands at approximately 2.9%. As for obesity, the prevalence is about 26% in women and 11% in men. Of concern, it is estimated that about 75% of people living with diabetes and hypertension do not know they have the condition and present with more advanced disease at the hospital. Cervical and breast cancer are most prevalent cancers in women, while prostate and GI cancers disproportionately affect men – both of who also present late for tertiary care. The alcohol misuse issue is all across the country in individuals 15 years and above.
- ***Mr. Kapela*** – NCDs take up 87% of National Insurance Fund costs. This disease burden is reported to be largely caused by economic transition, economic and genetic factors and population shifts to urban areas.

Q2. What are the key drivers for the situation?

- *Dr. Abuya:* rapid urbanization and lifestyle shifts especially driven by appealing commercialization/ promotion of energy-dense and ultra-processed foods and sedentary lifestyles. Internet and mobile phone penetration, social media use and influencer culture are playing a role in marketing, especially influencing children and adolescents. It is also increasingly easier to access nutrient-poor foods. At the same, we are observing the declining consumption of traditional diets which are now more expensive than unhealthy food. Dietary choices are changing. An example was shared by communities in Kenya who have cows for milk production and would prefer to sell the milk for soda for their children. These factors are linked to nutrition education
- *Mr Mwebesa:* The case for Uganda is similar to Kenya. The aggressive marketing of processed foods plays a crucial role in shaping the food environment. An example given is KFC and Coca-Cola. Mark, ATNi, is invited to do some research in Uganda as well on corporate practices. Also, there is a gap in awareness raising and education on healthy food. The systems are weak in responding to and counteracting the aggressive unhealthy food marketing. There are no guidelines for the dietary needs of different populations, there are weaknesses in the health system that ought to be addressed. There is also a need to counter the alcohol industry and conflicts of interest with government interests for economic development. Addressing the drivers of NCDs is a complex issue that is also affected by health sector weaknesses and failure to implement policies.

Q3. What strategies do we need in place to safeguard our people and what policies are present in Tanzania?

- *Dr Festo:* Food and nutrition cuts across different sectors – health and economics. Foods produced need to adhere to guidelines. Tanzania has health education and campaigns on physical activity and diets, as well as policy and regulatory frameworks on NCDs. Tanzania is in the initial stages of applying a sin tax to unhealthy foods coordinated by the Prime Minister’s Office and includes Ministries of Trade, Health, and other relevant agencies. It was agreed that it is important to strengthen data collection and research and M&E on progress.
Tanzania has a nutrition policy under review, and a national multisectoral nutritional plan – coordinated by the PM's office. This multisectoral plan sets out the tasks and indicators of all actors in food and nutrition.
The country also has food-based dietary guidelines and a school feeding program to ensure healthy food consumption by children, especially fortified ones. Food fortification regulation was recently launched through various vehicles including maize flour and other prepackaged foods. The restrictions on marketing of foods to children in Tanzania is also in consideration.
- *Dr. Abuya* – Kenya now has a Nutrient Profile Model, which builds on the Kenya Health Policy (2015-2030), which is based on the critical nutrients to limit. This NPM will guide

with market restrictions, public procurement decisions in institutions like schools and hospitals, front-of-pack labeling, and restrictions on unhealthy and (non) alcoholic beverages to children under 18 years. Additionally, there are efforts towards the elimination of industrially produced trans-fatty acids. Kenya published the trans-fatty acids regulation in 2015 but the thresholds needed to be updated and the use of partially hydrogenated oils should be banned in all foods. In addition to imposing taxes on SSBs and other unhealthy foods, the country should provide tax incentives for healthy alternatives. We need to ensure adequate public engagement “so that they don’t do the famous anguka nayo”. This refers to the Gen Z Revolution of 2024.

Q4. What needs to be done to synergize efforts in the 3 countries and beyond?

- *Dr Mwebesa:* the implementation strategy is the same. We need to take the discussion higher because some of the strategies we have are poorly implemented. The partners we have including the EAC need to support this. We have issues with political will and we must engage our leaders so that they can commit themselves. We need to agree on strategies and build political commitment. Sometimes investors are like celebrities but they must adhere to technical standards. We need a regional push. The burden is increasing, and government expenditure is increasing. We can use statistics as well to make a case for intervention.

Q&A session

***1. What do you think we can do to enhance our strength to counteract private sector action?
Edgar Okoth***

- ✓ *Mr Mwebesa:* We have evidence on the burden of disease and the economic burden. We need to approach political leadership with this evidence. We also need to develop a regional focus.

2. My concern is about the peace-meal regulations that countries want to develop yet trade goes beyond the boundaries of each country. What can we do for these policies to avoid technical trade barriers? – Dr Zachariah Muriuki

- ✓ *Mr Festo:* We know lifestyles have changed and preferences have shifted. Unhealthy food is available and the price is very low. We need to enforce our regulations with support from other countries and our leaders for better policy implementation

3. What type of evidence generation do you think could shift the needle to drive policy change in your respective countries – Agnes Erzse

- ✓ *Dr Mary Mwale:* an example was given on the increase in taxes on SSBs which would reduce the affordability and consumption of unhealthy foods. Let's share the cost of managing these diseases through taxation.
- ✓ *Dr Nyagaya:* we need evidence on products, and food mapping evidence. We need evidence of consumption patterns and their drivers. We need evidence that links this to NCDs and how this retrospectively impacts the burden on the health system. Evidence on standards on what needs to be done. All organizations need to rally behind the MoH

- to contribute to the whole and speak with one voice across the region to address the movement of products.
- ✓ *Agnes Kirobo*: Evidence exists in all the countries; the issue is how we are communicating this evidence. Medicine gives you hope; let us shed light on the poor outcomes. How are we incentivizing people to invest in healthy diets?
 - ✓ *Charles, Tanzania*: In 2014, TZ produced a nutrient profile with economic evidence and modelling. This was also raised to a policy champion to push the policy. We need evidence on markets for nutrition that not only speaks to the health burden but also to the economic cost
 - ✓ **Tanzania** – provide evidence in a simple way. How do you tell a politician the value of intervention? At the household level, how do you communicate the value of intervention?
- 4. *What is the driver of overweight and obesity, especially among women, and especially in Kenya? What is the scientific cause of that? Chris Kinyanjui – NCKK***
- ✓ *Kenya*- this is observed in women of reproductive age. We know what happens during pregnancy, which causes women of this age to gain weight, but the issue is after delivery and during lactation. The body still needs a surplus of calories for breastmilk production over a few years to sustain new life. This becomes difficult to shed after this period. Additionally, some of the family planning options tend to increase weight retention in this subset of the population that is predisposed to being overweight than the general population.

2.3. World café inspiration and cross-country learning

This session featured a dynamic group learning activity designed to facilitate cross-country exchange and peer-to-peer learning. Participants were divided into four groups and engaged in a structured rotation across four thematic stations, each focused on a country case study from Ghana, Kenya, and South Africa. The objective of the exercise was to enable participants to gain a deeper understanding of the diverse policy and research experiences related to food environment interventions, including fiscal measures, nutrition profiling models, and marketing regulations targeting children. Through this interactive format, delegates had the opportunity to engage directly with facilitators, ask contextual questions, and reflect on the enabling factors, challenges, and lessons learned from each country's approach. The session fostered meaningful dialogue and knowledge exchange, reinforcing the value of multi-country learning in advancing nutrition policy innovation across the continent.

2.3.1 Ghana implementing a sugar-sweetened beverage tax

This session was facilitated by Ms. Annabel of the University of Ghana, who presented Ghana's national experience in the implementation of a Sugar-Sweetened Beverage (SSB) tax as a case study. The SSB tax was introduced and took effect on the 15th of April 2023, as a 20% levy on both sugar content and product volume. Ms. Annabel noted that the 2022 Ghana National Non-Communicable Disease (NCD) Policy served as a foundational reference in formulating the tax, as it explicitly recognizes the necessity of improving food environments to promote public health.

The SSB tax served as a strategic entry point to advance Ghana's broader food environment policy agenda which includes, front-of-pack nutrition labelling, Fiscal policies (including SSB taxation), Nutrition-sensitive procurement standards in public institutions, and Restrictions on the marketing of unhealthy food and beverages. The initiative was formally endorsed by the Government of Ghana and was primarily championed by academia, civil society organizations, and development partners demonstrating a successful model of multi-stakeholder collaboration. One of the most notable outcomes reported was a 50% reduction in the production of ultra-processed foods (UPFs) following the implementation of the tax.

The discussion focused on exploring three dimensions:

1. The enablers that facilitated policy adoption and implementation
2. The challenges encountered during the legislative and operational processes
3. The current status and observed impacts post-implementation

Key Enablers of Implementation:

- Formation of multisectoral coalitions with active participation from government stakeholders.
- Inclusion of Members of Parliament in both technical committees and advocacy coalitions.
- Strong collaboration across government agencies, civil society, and development partners
- Political will and commitment at high levels of leadership

Challenges Faced:

- Limited parliamentary consensus: The policy narrowly passed by a single-vote margin, reflecting strong opposition, industry lobbying, and political contention.
- Transition in political leadership: Although the prior administration had endorsed the policy, the change in government introduced uncertainty regarding continued commitment and implementation.
- Industry pushback: Intense lobbying by industry actors who labeled the tax as a "nuisance tax" and called for its removal, citing potential negative impacts on the private sector

2.3.2 South Africa marketing restrictions to children

This session was facilitated by Ms. Annabel of the University of Ghana, who presented Ghana's national experience in the implementation of a Sugar-Sweetened Beverage (SSB) tax as a case study. The SSB tax was introduced and took effect on the 15th of April 2023, as a 20% levy on both sugar content and product volume. Ms. Annabel noted that the 2022 Ghana National Non-Communicable Disease (NCD) Policy served as a foundational reference in formulating the tax, as it explicitly recognizes the necessity of improving food environments to promote public health. The SSB tax served as a strategic entry point to advance Ghana's broader food environment policy agenda which includes, front-of-pack nutrition labelling,

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Despite these challenges, South Africa's efforts reflect a proactive stance in aligning consumer protection with public health objectives. The presentation underscored the importance of combining legislative frameworks with advocacy, evidence generation, and stakeholder engagement to drive policy change in the food environment domain.

2.3.3 Kenya and the new FOPL label

This session featured a presentation by Mr. Zachary Ndegwa from the Division of Nutrition and Dietetics, Ministry of Health, Kenya. He presented Kenya's pioneering work on the Kenya Nutrition Profile Model (KNPM); a policy tool designed in response to the country's escalating burden of non-communicable diseases (NCDs).

Mr. Ndegwa underscored that the KNPM was developed as a corrective measure, as Kenya was not on track to meet its national NCD targets, particularly those related to dietary risk factors. These included the excessive consumption of nutrients of concern such as total fat, saturated fats, sodium, and added sugars. He highlighted that local epidemiological data demonstrated the growing health and economic burden posed by diet-related NCDs, prompting an urgent need for a regulatory framework to shape healthier food environments.

The development of the KNPM was initially spearheaded through the support of the Global RECAP project funded by the International Development Research Centre (IDRC) and later by the Food Environment Policy Action Initiative (FEP-ACTION). These initiatives played a catalytic role in convening multi-stakeholder technical committees and in supporting the formulation of Kenya's broader food environment policy bundle.

Key Enablers of Progress:

- Strong multisectoral collaboration involving stakeholders from health, academia, civil society, and development partners
- Engagement of technical experts across diverse disciplines to ensure scientific rigor and policy coherence
- Institutional leadership by the Ministry of Health in aligning the model with national health priorities

Challenges Encountered:

- **Public and legal pushback:** Legal professionals, particularly from the food industry, challenged components of the KNPM during public consultations. A major point of contention involved the inclusion of cooking oils, which were ultimately excluded from the model.
- **Funding constraints:** Limited resources to hold technical committee meetings.
- **Policy scope limitations:** The current version of the model does not address trans fats, which are widely recognized as a critical dietary risk factor.
- **Anticipated resistance:** The KNPM adopts stricter nutrient thresholds compared to international benchmarks, which may provoke additional opposition from industry stakeholders.

Despite these challenges, the KNPM represents a significant step forward in Kenya's efforts to regulate the food environment and promote healthier diets. It serves as an example of evidence-

based policymaking and highlights the importance of persistent advocacy, intersectoral coordination in advancing nutrition policy.

2.3.4 Engaging investors for healthier food environments

The session, facilitated by Mr. Greg, focused on the critical role of investor engagement in fostering healthier food environments, with particular emphasis on addressing the persistent funding gaps in nutrition. Drawing on a case study, Mr. Greg presented compelling evidence underscoring the limited discourse and insufficient financial prioritization of nutrition within both public and private investment spheres.

His analysis encompassed institutional research and an assessment of stock exchange activity, revealing that only six entities demonstrated any substantive alignment with nutrition-related outcomes, an indicator of the broader systemic underinvestment in this sector.

The session commenced with two central questions:

1. In what ways can nations strategically harness existing opportunities to mitigate funding deficits in nutrition?
2. How can the current underinvestment in nutrition be effectively reversed?

Key recommendations arising from the deliberations included:

- **Integration of Nutrition into Public Finance:** Institutionalize the allocation of resources for nutrition within national budgets and public expenditure frameworks.
- **Engagement with Agri-Food Investors:** Foster dialogue with agri-food sector investors to promote affordable, nutrition-oriented investments that increase consumer access to healthy options.
- **Support for Responsible Private Sector Actors:** Provide targeted incentives to private investors and enterprises offering nutritious products at accessible price points, such as brands exemplified by “Beyond Fruit.”
- **Fiscal Policy Reform:** Implement health-oriented fiscal measures, including taxation of unhealthy food products and penalties for non-compliance, to shift market incentives.
- **Monitoring and Accountability Mechanisms:** Develop robust verification processes and comprehensive monitoring and evaluation (M&E) systems to ensure transparency and compliance in the application of fiscal policies.
- **Earmarked Revenue Utilization:** Allocate proceeds from health taxes to support the development, production, and equitable distribution of healthier food alternatives.
- **Leveraging Social Protection Schemes:** Utilize existing government-funded social protection programmes such as school feeding initiatives as platforms for nutrition investment, particularly for vulnerable populations.
- **Enhancing Consumer Appeal:** Promote the use of improved packaging and presentation for healthier food products to strengthen their market visibility and consumer uptake.

2.4 Reflection

During this interactive session, participants were organized into country-specific working groups to reflect on the insights shared throughout the proceedings. Each group was tasked with identifying the lessons that resonated most strongly with their national contexts and to articulate which strategies or policy approaches they would consider adopting or adapting.

There was widespread enthusiasm regarding Ghana's experience with the implementation of the Sugar-Sweetened Beverage (SSB) tax. Participants commended the structured, evidence-informed approach and the multi-sectoral collaboration that enabled its success. Many countries expressed a keen interest in leveraging similar platforms and policy frameworks to introduce or strengthen fiscal policies targeting unhealthy foods and beverages within their own jurisdictions. The use of existing national NCD strategies and food environment policies as an entry point for tax reform was particularly noted as a best practice.

Additionally, Kenya's presentation on the development and application of its Nutrition Profiling Model sparked substantive discussion. Delegates explored the potential for regional harmonization, particularly within the East African Community (EAC), with several participants proposing the adaptation of Kenya's model as a basis for a regionally integrated system. Such a model could serve as a valuable tool for informing front-of-pack labelling, marketing restrictions, and other regulatory measures aimed at promoting healthier food choices across member states. This session reinforced the importance of regional collaboration in accelerating progress towards healthier food environments across Africa.

Day 2

1. Reflection

The reflection session was facilitated by Katherine Pittore from ATNi. Participants engaged in an interactive exercise, where they formed two lines facing each other. Each participant was paired with someone directly across from them and invited to discuss one of two guiding questions:

1. What opportunities exist to harmonize food environment policies in the region?

Participants identified several promising areas for harmonization, including:

- Existing standardization of regulatory approaches across the East African countries enables
 - Stronger engagement with regional bodies such as the East African Community (EAC), African Union (AU), and SADC to support cross-country policy coherence.
 - Proactive identification of potential barriers to harmonization (including political and individual-level factors) and developing strategies on how to mitigate them.
 - Development of a regional evidence base and coordinated capacity-building efforts to support policy alignment and knowledge exchange.
2. What challenges exist for regional integration of food policies?

Participants shared:

- Geopolitical differences and competing differences across regional blocs (e.g. EAC vs SADC) can delay or dilute action, especially when countries align with different regional bodies.
- Resource constraints pose a major barrier to engaging effectively with political actors and maintaining momentum in policy advocacy. Resources required to engage with politicians and be in their spaces.
- Complex governance structures, such as devolution, can fragment efforts and make it difficult to align macro and micro agenda.
- Uneven prioritization across countries in the East African region. Currently, only Kenya, Uganda, and Tanzania have advanced food environment initiatives. This highlights the need for broader capacity development and the African Union level agenda setting.

2. Panel session: Regional Harmonization Efforts

2.1. Panel discussion summary: Advancing regional harmonization of food environment policies in East Africa

Facilitated by: Nicholas Etyang, APHRC

Panellists: Dr Julius Otim (EAC secretariat), Stephanie Kaaya (Tanzania Bureau of Standards), Rehema Meeme (Uganda National Bureau of Standards).

This session explored progress, challenges, and opportunities in harmonizing food environment policies across East Africa, with a particular focus on nutrient profiling models (NPMs) and front-of-pack nutrition labelling (FOPNL). Panelists emphasized the strategic role of the East African Community (EAC) as a platform for regional integration and policy alignment, drawing on existing structures like the East African Standards Committee and regional codex engagement.

The panel highlighted ongoing efforts to develop regional FOPNL guidelines and interest in a common NPM, although member states are at varying stages of policy development within their countries. The discussion acknowledged technical disparities, limited resources, political dynamics, and institutional capacity as persistent barriers to harmonization.

Key highlights and calls to action:

- The EAC has the institutional foundation to support policy convergence through its four integration pillars: customs union, common market, monetary union, and political federation.
- Countries must first develop national NPMs and FOPNL frameworks before aligning at the regional level.
- Cross-country learning, evidence sharing, and stakeholder engagement, including civil society and the private sector, are vital to building momentum.
- There is a need to mobilize resources and political support for implementation and enforcement, particularly for countries that are behind.

- Participants urged the preparation of coordinated position papers and use of clear, accessible evidence to influence ministerial and political buy-in.

The session reinforced that while harmonization is complex, sustained collaboration, capacity-building, and coordinated advocacy will be key to establishing coherent, enforceable food environment policies across the region.

Below are the actual panel discussions including questions and answers.

Nicholas introduced the session and posed the following questions which the delegation was to reflect on during the discussion: What can we celebrate? What are the milestones we have achieved? What are the challenges? The way forward (short–medium–long–term plans)

Presentation by Dr Julius Otim, Senior Health Officer at the East African Community (EAC) Secretariat.

The East African Community has eight-member states. Most countries here belong to more than one regional bloc, which poses challenges for policy adaptation. There needs to be an African agenda.

There are 4 pillars for regional integration that must be prioritized to ease the process of harmonizing policies in the region

- Custom Union (2005): enabling the EAC partner states to enjoy economies of scale, with a view to supporting the process of economic development through the establishment of a Single Customs Territory
- common market (2010): accelerating economic growth and development while maintaining a liberal stance towards the 5 freedoms of movement for all factors of production in the region
- monetary union (2013): laying the groundwork within a 10-year span, while allowing the EAC Partner States to progressively converge their currencies into a single currency in the Community
- political federation (ongoing): putting in place an initiative to fast-track political integration. In May 2017, EAC Heads of State adopted the **Political Confederation** as a transitional model for the East African Political Federation

How can we frame the NCD burden as a relevant issue for the EAC?

Once we develop policies, we must also develop standards to assist with implementation.

There are some challenges in the EAC, including: varying technological capacities, weak institutions, political disagreements, lack of awareness of the policies even amongst people meant to implement them at the country level, diet-related problems are not perceived as a risk, and funding is often dependent on partners.

Q 1: What is the role of the EA Standards Committee play in shaping food environment policy?

Stephanie: The EA SPMT Act of 2006, gives the mandate to establish the East Africa Standards Committee. Under this, there is the Standard Management Committee and the EA Codex Committee. Through these, the region has been able to participate in international standardization discussions/ meetings and submit regional positions. Also, through the EA Codex Forum, we are able to mobilize funds to implement food-related issues.

Q2: What does Codex mean to a layman?

Codex is for fair trade and protection of consumers. So as a region, if we can participate in international discussions; ensuring that products in the EAC are safeguarding the consumer

Q3: Would you say we have standards applicable to food environment policies in the EA?

Rehema: Yes. Remember policies are what we anchor onto as national standards bodies. This also helps the implementation and enforcement be straightforward and be implemented well. There is a drive on food fortification with most partner states working towards this, there is good will for the EAC to have common NPM and FOPL standards developed (there are actors already benchmarking). So, without these policies, the standards development work is hindered

Q4: How far are we in the development of common NPM and FOPL standards for the region? What can the actors present do to contribute to this action?

Standards development is a stepwise journey that member states must initiate following relevant procedures. WHO Afro and the EAC are also pushing for these.

We have seen what Kenya has done during this workshop. Uganda is at the stage of food listing. If the countries are willing to have a common NPM and FOPL, we can have the standards developed to that effect but currently, each country is at a different stage. Harmonization will need data/ evidence.

Q 5: How do we balance country interest vis-à-vis regional interest? How do we support countries that are behind in catching up?

Otim: One of the biggest challenges in these countries is poor economies. Sometimes this tends to sway the thinking of the politicians, who then prioritize investment. We need to present the evidence and lobby because politicians are not technical people. Yes, we are interested in promoting trade and investment, but we must protect the population. When you look at the REC, these policies can be passed, but the problem is implementation. This can vary by country, but we need to find mechanisms to monitor this and convince political leaders to pick this up. For countries with limited capacities, working together is good. There can be cross-country capacity building.

Q 6: Share your views in terms of the next plans for East Africa in our quest for regional harmonization in the short, medium, and long term. Taking into account the challenges we have spoken about, the partnerships we are building, the resource and evidence issues.

Otim: For quick wins, let us ask ourselves how far we have moved and how we can learn from countries that have experienced successes. When we observe countries lagging, we should learn from those who have progressed and encourage each other. We need to continuously lobby for

support. What I know is at the EAC like other RECs, building support takes time but I am confident we will be able to reach there and support each other.

Stephanie: As countries we are in the process of developing NPM and FOPL separately as individual countries. It may take a long time. Each must have their own NPM then we can sit down and harmonize the NPMs. Also, when it comes to FOPL, we have already initiated the process through the labeling committee to develop guidelines on the kind of FOPLs they ought to use depending on their context. The process for the guideline may take up to 18 months then we can work towards harmonizing for one standard.

Q 7: What would you propose as a way to get the voice of the communities out?

Rehema: Standardization and policy development needs stakeholder involvement. What I think would work best is doing good stakeholder mapping and engagement. As the Bureau, we may not do a lot of capacity development and sensitization, but we find the civil society drives these dialogues forward. We need to collaborate with CS, academia, government agencies and departments and other stakeholders. We are all involved and can be equally affected. I encourage a lot of stakeholder engagement and community outreach. This can be supported by improving and simplifying/ translating dissemination to communities with less technical terms and sensitization through diverse channels.

Q8: How do we influence political manifestos to reflect the regional agenda?

Otim: There are different approaches. All of which work

Comment: *One of the challenges the civil society faces is engaging with the regional communities. It's about time that civil society is engaged directly by technical and regional bodies to ensure representation. Civil society can then hold the government accountable and sensitize the community.*

Q9: It's encouraging to hear about the EAC's interest in NPM and FOPL. If data was already collected in Kenya, is there a need to collect it in all the EAC countries? How can we help in the process of harmonization?

Rehema: We do not reject this. In a harmonization process, we give an audience to all partner states but we ask if there is other data that aligns with the other countries. This is in keeping with the principle of transparency. This is for technically sound use.

Q10: I think we should celebrate the things which have been working within the EAC within the food system such as the seed system. How can these things be emulated?

The question was not addressed by the panel

Q11: What are your thoughts around the current draft guideline on FOPL? Considering that countries first need to have an NPM

Stephanie: What we have initiated at the EAC is the development of FOPL guidelines. This will just help guide countries in the EAC on the path to take.

Q12: Dr Otim, could you please tell us where the process of repealing the Standardization, Quality Assurance, Metrology and Testing (SQMT) Act is?

Otim: I need to verify this.

Q13: We must recall that implementation takes place at the country level. Therefore, as we walk out of Mombasa, where do we get resources to invest in our local infrastructure, education, and capacities of our institutions to do the implementation?

Q14: Ultimately, the industry will be the ones implementing. How do we deal with them effectively?

Otim: I don't think there is any harm in involving industry in some of these meetings.

Q15: Looking at the experiences of other regional blocs, there generally isn't a common NPM, perhaps the Latin American countries are closest. If the idea is to develop a common NPM for EAC, can this be applied flexibly?

The question was not addressed by the panel

Q16: If you look at fortification in EA, it took some time to ensure enforcement. Could the three countries have a good look at the budget line for enforcement and legislative fortitude to stick with it to shorten the period?

Stephanie: I think we had infrastructural challenges at the bureau and with advancement in tech and infrastructure. We believe that we can have more efficient processes now.

Q17: Could you prepare a position paper for our ministers that is well coordinated across the EAC?

Rehema: when it comes to standards we have a regional standards strategy. If countries can set their objectives based on the regional level, this would increase the ease. We should align from top-bottom

Otim: We normally present background work for member states before we meet with senior officials. Outcomes go to permanent secretaries then the ministers. We must address the aflatoxin issue

3. Generating an action plan – Katherine Pittore, ATNi

Road map to the future – in this activity, participants had the opportunity to think about all the potential uncertainties and create a roadmap that considers what strategies will be most effective to progress the agenda in an uncertain world, prioritizing the most promising strategies. This activity is called critical uncertainties.

Step 1: In your context, what factors are impossible to predict or control in terms of creating new policies to support healthier food environments?

Step 2: Prioritize your list of factors: Which factors will most threaten your ability to operate successfully?

Think broadly about these factors. They might include:

- Those that may limit the ability to attract the necessary political will
- Those that limit certain policies being passed
- Or those influence successful policy implementation

Step 3: Select the two most critical and most uncertain factors.

Step 4: Create a 2 x 2 grid with the top left quadrant labeled high/high, the top right quadrant labeled high/low, the bottom left quadrant labeled low/high and the bottom right quadrant labeled low/low

Step 5: Brainstorm 3 strategies that would help move forward policies to improve food systems in each of the scenario you have described

Step 6: Each group will have 2 minutes to present which strategies are:

- Robust – a strategy that can work for multiple quadrants
- Hedging – a strategies that can only work in one scenario, BUT they will protect against calamity

Step 7: Debrief- what, so what, now what?

- What? Returning to your group, what did you notice or learn from the other groups?
- What facts or observations stood out for you? What did you learn or observe from the reactions of the others to the scenarios you developed? Write these down.
- So, what? Why are these observations important? What patterns or conclusions are emerging? What hypothesis about the most effective policies can we draw?

Now what? What actions make sense now, based on that you have observed?



4. Gallery walk

4.1. Key solutions developed by each of the county groups:

Industry Interference and Political Will

High industry interference and low political will

- Increasing political will through:
- public awareness,
- advocacy to governments
- media engagement
- consensus building
- mapping alliances
- generating appropriate evidence

High industry interference and high political will

- awareness
- advocacy

- political campaigns

Low industry interference and low political will

- Focus on awareness raising,
- Advocacy to build political campaigns

Low industry interference and high political will (idea)

- Move face, use this moment and support politicians
- Continue with surveillance
- Use this moment to build awareness

Industry Interference and Geopolitical instability

PPALE- poor policy and regulatory environment

- Advocacy
- Capacity
- Leverage on existing policies

Desirable -low interference and geopolitical stability

- Maintain momentum
- Work with existing partners and platforms
- Adapt best practices from other countries

Complex- high industry interference and high geopolitical instability

- Find champions
- Develop alternative framings and dialogues
- Consolidate evidence

Treaties and agreements

Manageable -high industry interference but stable geopolitical situation

- Enhance momentum
- Advocacy



5. Closing remarks

The closing session began with acknowledgements to the organizing and the technical teams for their exceptional support, including Magdaline, Shukri and Katherine Charity, Nicholas, and the broader APHRC and ATNi teams. Symbolically, Dr Lenai on behalf of the Cabinet Secretary for Health, Hon. Aden Duale, handed copies of Kenya's nutrient profile model to representatives from regional and global partners, marking Kenya's commitment to advancing food environment policies.

In closure, Hon. Aden Duale recognized all the efforts of the member states, Ghana and South Africa in advancing healthy food environments across the region. He expressed optimism in the emerging consensus on regional alignment as food markets become increasingly integrated for better regulatory approaches. He shared that the technical committee formed by the government of Kenya shows our commitment to advancing our agenda.

In his official closing remarks, Hon. Duale commended the efforts of partner countries, particularly Ghana and South Africa, in promoting healthy food environments. He highlighted regional integration as a catalyst for regulatory alignment and stressed the importance of balancing complex challenges such as climate change, food safety, and evolving food cultures while prioritizing public health. Kenya committed to implementing front-of-pack labeling (FOPL), improving inter-agency coordination, strengthening EAC engagement, enhancing monitoring, and ensuring evidence-based and transparent stakeholder engagement.

The Cabinet Secretary called on all countries to adopt similar national commitments to make healthy choices the easy choices. He thanked APHRC and ATNi for convening the dialogue and emphasized that this forum marks “a launching pad for sustained action.” The meeting was officially adjourned at 12:50 PM.

Annex 1



MINISTRY OF HEALTH

**KEYNOTE ADDRESS BY HON. ADEN BARE DUALE, EGH., CABINET SECRETARY
FOR HEALTH, REPUBLIC OF KENYA AT THE EAST AFRICA REGIONAL
DIALOGUE: POLICIES TO TRANSFORM MARKETS FOR NUTRITIOUS FOODS**

8TH – 9TH APRIL 2025

SAROVA WHITESANDS BEACH RESORT & SPA MOMBASA, KENYA

**Dr. Andre Pascal, Director of Programs, Research, African Population and Health
Research Centre (APHRC),**

**Greg S. Garrett, Executive Director, Access to Nutrition initiative (ATNi),
Esteemed representatives from governments, civil society, academia, and the private
sector,**

Partners in public health and nutrition,

Distinguished guests,

Ladies and gentlemen,

Good morning,

It is my great honour and privilege to join you today at this important East Africa Regional Dialogue focused on Policies to Transform Markets for Nutritious Foods, hosted by the African Population and Health Research Center (APHRC) in collaboration with the Access to Nutrition Initiative (ATNi) and the Ministry of Health.

On behalf of the Government of Kenya and the Ministry of Health, I wish to extend a warm welcome to all delegates and thank our co-hosts for convening this dialogue at such a pivotal time.

Ladies and Gentlemen,

Today marks a significant opportunity for collaboration and partnership as we come together to explore strategies for enhancing the promotion of healthy food markets across the region and improving food systems governance and coordination mechanisms. The presence of our respective countries' leadership from the ministries of health and the standards bodies underscores the shared commitment to addressing the complex challenges facing our food systems.

Ladies and gentlemen,

Our gathering today is significantly boosted by the outcomes of the recent Nutrition for Growth (N4G) Summit, held in Paris just last month. This summit marked a transformative moment in global nutrition efforts, mobilizing over US\$28 billion in commitments aimed at achieving nutrition-related Sustainable Development Goals.

These commitments underscore a renewed global focus on nutrition, emphasizing the need for integrated policies that address malnutrition in all its forms and promote sustainable, healthy diets.

Ladies and gentlemen,

Across our continent, we are witnessing a significant shift in the food environment. Economic growth, urbanization, and increased globalization have led to rapid changes in dietary patterns. More people now rely on processed and packaged foods, many of which are high in salt, sugar, and unhealthy fats. While these transitions are often seen as markers of development, they come at a grave cost to health.

Africa now faces a triple burden of malnutrition—undernutrition, micronutrient deficiencies, and a rising prevalence of overweight and obesity, particularly among children and adolescents. Non-Communicable Diseases (NCDs) have become a serious public health concern globally, with the East African region experiencing a rapid rise in their burden. In 2015, NCDs accounted for 40% of mortalities in the region, underscoring the urgency of effective interventions.

In Kenya, as in many of our neighbouring countries, we see this reality every day. Malnutrition remains the underlying cause of nearly half of all deaths in children under five. At the same time, we are battling a growing wave of non-communicable diseases, fueled by unhealthy diets and sedentary lifestyles. NCDs accounts for 39% of all deaths, over 50% of hospital admissions, a reduction of household income by 28.6%, and 11% of total health expenditure.

We must act urgently and decisively. The policies we choose today will shape the food systems—and health outcomes—of tomorrow.

The Government of Kenya recognizes this. We are committed to creating an enabling environment that fosters access to affordable, safe, and nutritious foods for all Kenyans. We are currently implementing the Kenya Nutrition Action Plan (KNAP) 2023–2027, which integrates multisectoral actions to address food environments, diet-related NCDs, and undernutrition.

We have developed the Kenya Nutrient Profile Model providing threshold for key nutrients (sugar, sodium, saturated fats, and total fats) whose excess consumption is associated with increased risk of non-communicable diseases (NCDs). We have also initiated the development of food environment policies, including front-of-pack nutrition labelling, fiscal and public food procurement policies, and marketing regulations, in alignment with WHO recommendations.

But we know that national action must be coupled with regional coordination. Today's dialogue is a testament to the power of regional solidarity in confronting our shared challenges.

The work done by APHRC and ATNi—including their market assessments and policy mapping in Kenya and Tanzania—provides critical evidence to inform smarter policy decisions. The findings of the 2024 ATNi Global Index underscore a stark reality: foods sold in low- and middle-income countries are, on average, less healthy than those sold in wealthier nations. This must change. Our people deserve better.

As policymakers, we must have the courage to stand up to vested interests and put public health first. We must also work in partnership—with civil society, academia, development partners, and the private sector—to co-create solutions that are sustainable and context-specific.

Let me reaffirm Kenya's full commitment to this agenda. We look forward to deepening collaboration with our neighbours and aligning our policies to create a more resilient, equitable, and nutritious food system across the region.

In closing, allow me to thank each of you for your dedication to this cause. I urge us all to use this platform not only to share experiences and evidence, but to forge a shared vision and concrete actions that will transform our food markets—and our future.

Let us seize this opportunity to protect our populations—especially our children—from diet-related diseases, and build resilient, equitable food systems that support our development goals.

Asanteni Sana.

Annex 2

CLOSING REMARKS BY HON. ADEN BARE DUALE, EGH., CABINET

SECRETARY FOR HEALTH, REPUBLIC OF KENYA

EAST AFRICA REGIONAL DIALOGUE: POLICIES TO TRANSFORM

MARKETS FOR NUTRITIOUS FOODS

9TH APRIL 2025

SAROVA WHITESANDS BEACH RESORT & SPA, MOMBASA, KENYA

Distinguished representatives from governments across East Africa, Esteemed representatives from civil society, Academia, and the private sector, Dr. Andre Pascal, Director of Programs, Research, African Population and Health Research Centre, Greg S. Garrett, Executive Director, Access to Nutrition Initiative,

Development partners, Ladies and gentlemen, Good afternoon.

As we conclude this pivotal East Africa Regional Dialogue on Policies to Transform Markets for Nutritious Foods, I am filled with a profound sense of optimism and purpose. These past two days have been remarkably productive, characterized by rich discussions, evidence-based presentations, and most importantly, a shared commitment to action.

When I opened this dialogue yesterday, I emphasized the urgency of our task. Our region faces a triple burden of malnutrition—undernutrition, micronutrient deficiencies, and rising rates of overweight and obesity. Non-communicable diseases now account for 39% of all deaths in Kenya, over 50% of hospital admissions, and 11% of our total health expenditure.

Similar challenges are mirrored across our neighboring countries. What has become abundantly clear during our deliberations is that these challenges demand bold, coordinated responses across sectors and national boundaries. No single institution or country can address these complex issues in isolation.

I have been particularly encouraged by several developments at this forum: First, the shared recognition that food environment policies are essential tools in our public health arsenal. From nutrient profiling models to front-of-pack labeling, marketing restrictions to fiscal measures—we have examined evidence-based approaches that can transform our food systems for the better.

Second, concrete examples of progress across the region. Kenya advancement with our Nutrient Profile Model and front-of-pack nutrition labeling initiatives; Tanzania progress in regulatory frameworks; Uganda innovative approaches—all demonstrate that change is not only necessary but possible. The EAC region has lessons to borrow from the Ghana Sugar-sweetened beverages taxation policy and South Africa's policy interventions that are shaping the food environment space.

Third, the emerging consensus around regional harmonization in action. The EAC Treaty Chapter 18, Article 110 provides us with a unique opportunity to align our policies and strengthen our collective impact. As food markets become increasingly integrated across our borders, so too must our regulatory approaches.

Ladies and gentlemen, The Technical Working Group formed by the Kenya Ministry of Health to strengthen food environment policies represents our commitment to translating dialogue into action. Their focus on nutrient profiling, pack- labeling, marketing restrictions, and legislative frameworks will be crucial in advancing our agenda.

However, we must also acknowledge the significant challenges that remain. Our discussions have highlighted emerging threats such as climate change impacts on food security, the proliferation of harmful chemicals in agriculture, changing food cultures, and regulatory gaps in digital food marketing. These challenges call for innovative solutions and steadfast commitment. They require us to balance multiple priorities—protecting public health while supporting economic development; promoting traditional, nutritious foods while adapting to modern realities; regulating effectively while avoiding unintended consequences.

As we depart from this dialogue, I wish to make several commitments on behalf of the Government of Kenya:

1. We will accelerate the implementation of our food environment policies, particularly our front-of-pack nutrition labeling initiative and marketing restrictions.
2. We will strengthen our multisectoral approach, ensuring coherence between health, agriculture, trade, and education policies.
3. We will actively engage with the East African Community to advance regional harmonization of food standards and regulations.
4. We will enhance our monitoring systems to track both policy implementation and health outcomes.
5. We will promote transparent and constructive engagement with all stakeholders, including the food industry, while keeping public health as our paramount concern.
6. We will engage the research organizations and academia to spearhead in generation of evidence to inform policies.
7. We will leverage the capacity of the civil society in demanding accountability through advocacy and promoting transparency in policy implementation, and ensuring that duty-bearers uphold their commitments to nutrition and public health goals.
8. I call upon all countries represented here to make similar commitments appropriate to your national contexts. Together, we can create food environments that make healthy choices, the easy choices for our citizens.

I extend my sincere gratitude to our co-hosts—the African Population and Health Research Centre and the Access to Nutrition Initiative—for their leadership in convening this dialogue. Your

evidence generation and technical support are invaluable resources for policymakers across the region.

To all delegates who have contributed their expertise, experiences, and insights: thank you. The action plans and statement of commitment we have developed represent not an end, but a beginning—a launching pad for sustained action.

Let us leave this beautiful venue in Mombasa with renewed determination to transform markets for nutritious foods across East Africa. Our people deserve nothing less than food systems that nourish rather than harm, that promote health rather than illness, and that advance equity rather than deepen disparities.

The path ahead will not be easy, but the cost of inaction is far too great. Together, we can and will succeed in this vital mission.

Asanteni sana.

Hon. Aden Bare Duale, EGH.

Cabinet Secretary for Health

Republic of Kenya