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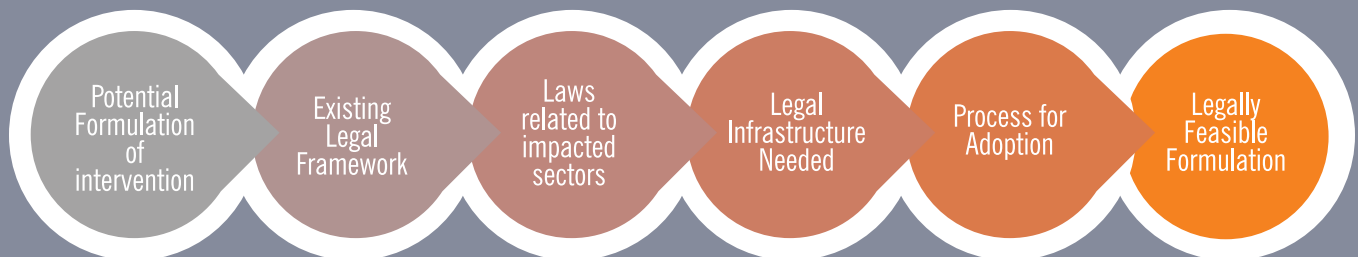
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RESTRICTION ON CHILD-DIRECTED MARKETING AND FRONT-OF-PACK LABELLING IN UGANDA: A LEGAL AND POLITICAL FEASIBILITY TO CREATING A HEALTHY FOOD ENVIRONMENT

Research Report



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AND FRONT-OF-PACK LABELLING IN UGANDA:
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July 2023

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ABSTRACT

In Uganda, there is a growing apprehension regarding the surge in Non-Communicable Diseases (NCDs) among children. This escalating health concern can be attributed to the unchecked consumption of fast foods and unhealthy diets among children, characterized by their high-calorie content but deficient in essential nutrients. The situation is exacerbated by unchecked food advertisements and marketing and Front of Pack (FOP) nutrition labeling targeting children, disseminated through various channels such as radio, billboards, social media, and television. To assess the practicality of introducing and implementing measures to curb child-targeted marketing and FOP nutrition labeling interventions to combat obesity and nutrition-related NCDs in Uganda, this study employed the Health Policy Triangle developed by Walt and Gilson (1994), the Kingdon policy streams, and FELIP frameworks. Additionally, the study employed the stakeholder analysis framework by Brugha and Varvasovszky (2002), to identify and scrutinize the behavior, intentions, interactions, and interests of key stakeholders within the food policy landscape regarding the feasibility of creating a healthy food environment through restriction on child-directed marketing and FOP nutrition labelling in Uganda.

The study's findings revealed that, although there are obstacles to the adoption of the two interventions aimed at creating a healthy food environment in Uganda, it is legally and politically feasible to adopt both marketing restrictions and FOP labeling interventions. Moreover, the research identified pivotal systems and institutions, such as the Uganda Communications Commission, Uganda National Bureau of Standards, and the Ministry of Health, as instrumental players in the formulation and execution of these interventions. Nonetheless, achieving this goal necessitates enhancing existing laws and frameworks to encompass the specific objectives of these interventions.

1. INTRODUCTION

The paper examines the political and legal feasibility of adopting restrictions on child-directed marketing and front-of-pack (FOP) labelling as cost-effective interventions to creating a healthy food environment and preventing non-communicable diseases in Uganda. In addition, the paper explores the facilitators and barriers to implementing the two interventions. Unhealthy diets have been linked to exposure to unhealthy food advertising, especially among children, as this ultimately increases their demand to consume poor nutrient foods (Correa *et al.*, 2020; Boyland *et al.*, 2016; Dixon *et al.*, 2007; Lewis and Hill, 1988). Furthermore, Sadeghirad *et al.* (2016) found that unhealthy food and beverage marketing increased dietary intake and influenced dietary preference in children during or shortly after exposure to advertisements. Similarly, proper food labels compel consumers to understand the nutritional quality and ultimately encourage selection and purchase of healthier food and promote reformulation by industry (Jones *et al.* 2019; Shangguan *et al.* 2019; Neal *et al.* 2017; Cecchini and Warin 2016; Vyth *et al.* 2010). Such evidence has suggested that unhealthy food advertising and inadequate or lack of proper front-of-pack (FOP) labels are associated with obesity and the rising diet-related non-communicable diseases (NCDs¹) later in life (Hu 2013; Chou *et al.* 2008; Sadeghirad *et al.* 2016 and Jones *et al.* 2019).

The World Health Organisation (WHO) made some recommendations, given the significant evidence that child-directed marketing impacted children's attitudes, preferences, and eating practices (ibid), and poor FOP nutrition labels impacted diets (ibid), as part of a comprehensive policy response to promoting healthier food environments² and preventing NCDs. The WHO recommended that governments ensure healthier food environments by restricting child-directed marketing of energy-dense and nutrient-poor foods

and beverages, particularly products high in saturated fats, sugars, or salt (WHO 2013; 2010), and implement FOP nutrition labels (WHO 2019; 2013). Uganda is a signatory to these recommendations at the global level.

In Uganda, there has been a steady increase in the prevalence of overweight and obesity in the preceding decade (UBOS-ICF, 2018). The demographic health survey (DHS) reported an obesity prevalence of 3–4 percent between 2011 and 2016 (UBOS 2016). Among women of reproductive age alone, there has been a significant rise in the prevalence of overweight (9.8 percent vs 16.2 percent) and obesity (2.0 percent vs 6.21 percent) between 1995 and 2016, respectively (Yaya and Ghose 2019). Women's health status will probably affect the children's nutrition status at birth and later in life. This has been reflected in the prevalence of childhood overweight and obesity cases. For example, in children less than five years prevalence of overweight and obesity was 5.0 percent, with overweight at 3.9 percent and obesity at 1.1 percent in 2016 (Sserwanja *et al.* 2021). Further, Mworozi (2018) notes that studies in Uganda have indicated a high prevalence of obesity (32.3 percent) and overweight (21.7 percent) among school children (3–16 years) and a higher prevalence among those in private schools (16.6 percent) compared to those in public schools (11.5 percent). The childhood obesity concerns are partly attributed to limited physical activity, excessive sugar consumption, ultra-processed foods and uncensored food adverts that promote obesogenic diets for children in such schools (Sserwanja *et al.* 2021; Karki *et al.* 2019; Erdei *et al.* 2018; Fruhstorfer *et al.* 2016). The urgency to reduce childhood overweight and obesity is now as children are at a higher risk of suffering from NCDs both in the short- and long-term (WHO, 2016)

Uganda has seen an increasing availability and consumption of sugar-sweetened beverages (SSBs) and unhealthy foods in Uganda (Magnusson and Patterson 2014). For instance, from 2011 to 2012, three new soft drinks companies entered the market previously dominated by Century Bottling

1 Including high blood pressure, cardiovascular disease, type-2 diabetes, and some cancers.
2 Food environments are defined as the physical, economic, political, and socio-cultural surroundings, opportunities, and conditions that influence what people eat, and a healthy food environment is related to the conditions or surroundings that promote a healthy diet with less or no risks of nutrition-related noncommunicable diseases (NR-NCDs) [Swinburn *et al.*, 2015]

Company and Crown Beverages (Ahaibwe *et al.* 2021). The largest and fastest-growing category of non-alcoholic beverages, carbonated soft drinks, experienced a 12.4% rise in sales during 2015–2018 and are expected to grow at an annual average rate of 10.9% from 2019 to 2022. The relatively low-cost promotion of fast foods and SSBs, with minimal or no limitations, and front-of-package nutrition labels that are incomprehensible, partly contribute to this. In addition, given that the food system in Uganda is in the early stages of transition, moving from rural, informal, and small-scale sellers/providers to increased urbanisation where regional supermarkets and fast-food chains are increasingly responsible for food sales (Ahaibwe *et al.*, 2021), legal and regulatory actions will be of the essence to manage these transitions for a better healthy population.

While Uganda has national NCD prevention strategies that recognise NCDs as a pressing health concern and call for policy interventions to promote healthy diets as a critical strategy in the fight, gaps remain. The WHO recommended adopting interventions through legal or regulatory instruments, such as increased taxation, restriction on child-directed marketing of unhealthy diets, and proper FOP nutrition labels (Magnusson and Patterson 2014). The extent to which these are feasible to implement in Uganda has yet to be assessed. This paper aims to bridge this evidence gap specifically by:

- i. First, undertake a stakeholder analysis to identify influential actors in the process of creating healthy food environments.
- ii. Second, identify the major political and legal feasible actions and the likelihood of adopting and implementing restriction on child-directed marketing and FOP nutrition labelling in Uganda.
- iii. Third and last, identifying the facilitators and barriers to the feasibility of adopting and implementing the political and legal interventions.

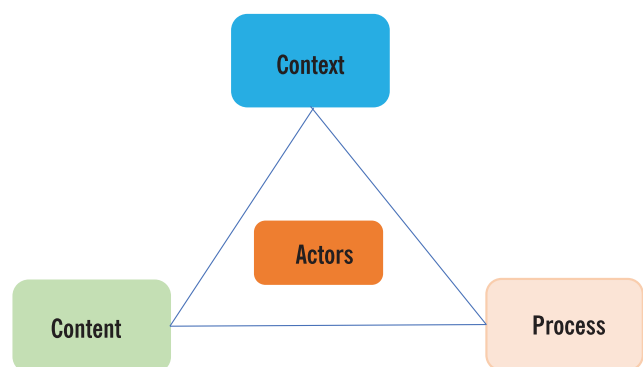
The rest of the paper is structured as follows. Section 2 provides the methods applied; section three presents the analysis and discussion of the selected two policy interventions, while section four presents the conclusions and policy recommendations of the paper.

2. METHODS

2.1 Conceptual frameworks

The paper uses the Health Policy Triangle, the Kingdon policy streams, and FELIP frameworks to conceptualise and analyse the political and legal feasibility of adopting two interventions of interest. All these complement each other. For instance, the Health Policy Triangle and the Kingdon policy streams help identify which issues ultimately become prominent on the policy agenda. More specifically, the Health Policy Triangle (HPT) framework developed by Walt and Gilson (1994) helped to explore different factors that might affect health policy and its implementation. The framework comprises four elements: context (why need a policy?), content (what the policy is mainly about?), process (how was a policy developed and implemented?), and actors (who: influential organisations and individuals?) (Figure 1). Walt and Gilson (1994) contend that certain health policymaking was an interactive process within a special social-economic and cultural context where actors were at the centre.

Figure 1 Walt and Gilson policy triangle framework



Source: Walt and Gilson (1994)

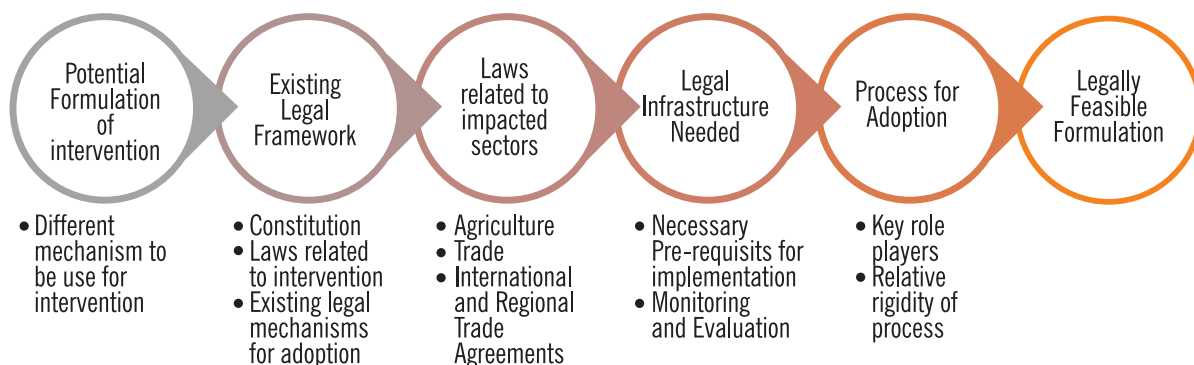
Kingdon (2011) theory conceptual model combines three policy streams (i) *problem stream*³, which refers essentially to policy problems in society that potentially require attention, (ii) *policy stream* pertains to the many potential policy solutions that originate with communities of policy makers, experts, and lobby groups, and (iii) the *politics stream* refers to factors such as changes in government, legislative turnover, and fluctuations in public opinion (perceptions). While these are assumed to work independently, circumstances can lead to where all combine to create a policy window opportunity for something that was not originally on the political agenda to take precedence drastically. In this paper, the Kingdon (2011) policy streams help assess the political and policy feasibility of adopting and implementing interventions to create a healthy food-diet-related environment. To assess the political feasibility and policy landscape, stakeholders were asked which intervention(s) policymakers find politically acceptable. (ii) what are the perceptions about the feasibility of implementing the intervention (s)? and (iii) What is needed to introduce this intervention?, in a bid to create a healthy food environment?

The FELIP framework⁴ as another conceptual model helps to map out the entire *legal considerations* concerning restriction on child-related marketing and FOP nutrition labelling interventions along its five components i) the potential Formulations (F), (ii) the Existing legal system (E), (iii) Laws related to impacted sectors (L), (iv) legal Infrastructure (I), and (v) the Process (P) (Figure 2)

Lastly, the Brugha and Varvasovszky (2002)⁵ stakeholder analysis framework, complemented by Walt and Gilson (1994), identifies and critically analyses the behaviour, intentions, interrelations, and interests of key stakeholders in the food policy environment and critically assesses their level of influence in terms of resources and power in contributing to the development, approval, and implementation of food environment policies.

This paper applies the above conceptual frameworks in analysing the political and legal feasibility of adopting and implementing the restrictions on child-related marketing and FOP nutrition labelling interventions with their specific formulations, as recommended in the WHO (2019 and 2013, respectively).

Figure 2 The FELIP Framework for legal feasibility assessment



Source: Adopted from Karim et al. (2021)

3 Note that the problem stream in Kingdon (2011) is akin to the context segment in Walt and Gilson (1994).

4 Karim, S. A., Erzse, A., Thow, A-M, Amukugo, H. J, Ruhara, C., Ahaibwe, G., Asiki, G., Mukanu., M. M, Ngoma. T., Wanjohi, M., Karera, A., and K. Hofman (2021). The legal feasibility of adopting a sugar-sweetened beverage tax in seven sub-Saharan African Countries. Taylor & Francis, Global Health Action 2021, VOL. 14,1884358. <https://doi.org/10.1080/16549716.2021.1884358>

5 Brugha, R. and Z. Varvasovszky (2000). Stakeholder analysis: A review. *Journal of Health Policy and Planning*. Vol. 15, No. 3 (September 2000), pp. 239-246 (8 pages). Oxford University Press

2.2. Data sources

Two main data sources were applied to build the evidence stream for this paper. These were desk reviews and information from key informant interviews (KII). First, regarding desk literature reviews, these mainly hinged on the comprehensive evidence pack study by EPRC (2023) titled “*Assessment of policies and identification of context-specific regulatory interventions for a healthier food environment to prevent diet-related Non-Communicable Diseases (NCDs) in Uganda.*” The study was conducted under the Global Regulatory and Fiscal Capacity Building Programme (Global RECAP) project that also encompasses this paper. About 69 documents concerning the subject matter were reviewed for the evidence pack study covering grey literature, policy documents, country strategic planning documents and other related materials. We searched online databases up to January 2022 for terms related to food and nutrition in both the policy and infrastructure domains of INFORMAS. To further map the evidence for this paper, we screened the study for keywords related to advertising, unhealthy foods or beverages among children, and labelling related foods and drinks.

Second, we conducted key informant interviews (KII) to gather stakeholder perceptions on the political and legal administrative feasibility of adopting and implementing restrictions on child-directed marketing of unhealthy foods and beverages and simplified FOP nutrition labeling interventions identified under the Global RECAP project. We used a qualitatively generated tool for the interviews. The KIIs revealed the facilitators and barriers in adopting and implementing the policy interventions. Lastly, stakeholders gave information on how cost information of NCDs is effective for decision making, and they prioritized which NCDs should have costs established based on their prevalence in Uganda.

Following a purposive and snowballing method, 17 stakeholders were selected on whom KII were conducted. The KIIs were conducted between April and May 2022. The stakeholders from Government Ministries Departments and Agencies (MDAs) include the Ministry of Health (MoH)-NCD division, Ministry of Education and Sports (MoES)- Physical

Education and Sports Department, Ministry of Gender, Labour, and Social Development’s (MoGLSD) National Children Authority, Ministry of Agriculture, Animal Industry and Fisheries (MAAIF)- Nutrition and Home Economics Department, and Ministry of Trade Industry and Cooperative (MTIC)’s Uganda National Bureau of Standards (UNBS)-standards office. Civil Society Organisations (CSOs) include the Uganda Cancer Society, Food rights alliance (FRA), Center for Food and Adequate Living Rights (CEFROHT), Uganda NCD Alliance, Caritas Uganda- Social Development Department, and Consumer Centre (CONSENT). And from Academia, School of Public Health, School of Food Technology Nutrition & Bioengineering, School of Agricultural Sciences, Department of Community Health, and Behavioural Sciences, all from Makerere University. From Kyambogo University, Department of Nutritional Science and Dietetics.

3. ANALYSIS AND DISCUSSION

The FELIP framework components (Karim 2021) and Kingdon (2011) criteria were used to extract and analyse data from all relevant documents. Stakeholder analysis used Brugha and Varvasovszky (2002) framework complemented by Walt and Gilson (1994).

3.1 Stakeholder mapping

A summary of stakeholder mapping is presented in Annex 1, highlighting the stakeholder, vested interest, and level of influence irrespective of intervention. In particular, the table summarises the key stakeholder’s influence on policymaking in regulating the food environment.

2.2 Restriction on child-directed marketing

3.2.1 Analysis of the Legal and administrative feasibility
Annex Table 2 provides the summary of the policy formulation recommendations by WHO (2010) on marketing food and non-alcoholic beverages to children. The guidelines were further published in 2019 after a series of discussions. In

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this paper, we analysed two policy formulations 1) reduce the impact on children of marketing foods high in saturated fats, trans-fatty acids, free sugars, or salt, and 2) restrict marketing in settings where children gather, such as schools, parks, malls, playgrounds. These two formulations were selected under the GLOBAL RECAP project.

The 1995 Constitution of the Republic of Uganda has a general clause for ensuring that fostering good public health is a right of every citizen of Uganda. The Food and Drug Act of 1964 takes this further by articulating laws governing the food-healthy policy environment. While the law does not put administrative infrastructure to regulate the food environment as stipulated, it does provide for the drug element. Nonetheless, the Act empowers the Minister of Health to regulate marketing or advertising of food intended for human consumption.

To-date, the substantive functional legal framework that regulates any form of marketing in Uganda is the Uganda Communications Act 2013. This regulates the entire communications sector, which includes telecommunications, broadcasting, radio communication, postal communications, data communication, and infrastructure. In addition, it regulates various social media platforms, such as Twitter, Facebook, blogs, and WhatsApp. The infrastructure is in place to perform such tasks through the Uganda Communications

Commission (UCC) supported by the National Information Technology Authority Uganda (NITA-U). The Act has clear guidelines on marketing breastmilk substitutes with additional emphasis placed on the importance of breastfeeding. However, under the Act, no specific legal regulations restrict advertisements of unhealthy foods in places where children spend most of their time, such as schools, parks, and homes. The government needs to regulate advertisements of unhealthy foods in broadcast and non-broadcast media more strictly, despite general regulations under the Act.

To ensure better *education outcomes and national development*, the government implemented The National School Health Policy, 2008 to establish a healthy school community—the primary institution where children spend most of their time. The Ministry of Education and Sports (MoES) has the mandate to implement and enforce the policy. Through the Ministry of Health, the Local Government’s District Health Inspectors support the MoES in this regard. However, because of poor regulation and enforcement of the policy, the sale of Junk food and sugar-sweetened beverages is a common practice in Ugandan foods without restrictions.

The legal and administrative feasibility concerning the two formulations is summarised in Table 1.

3.2.2 Analysis of the political and policy feasibility
Stakeholders’ views on the political feasibility of restriction

Table 1 Summary of legal and administrative feasibility on select restrictions on child-directed marketing			
	Description	Formulation 1: Reduce the impact on children of marketing foods high in saturated fats, trans-fatty acids, free sugars, or salt.	Formulation 2: Restrict marketing in settings where children gather, such as schools, parks, malls, playgrounds
Policy vehicle	The regulatory entry point for introducing/strengthening restrictions	Food and Drug Act, 1964 National School Health Policy, 2008 Uganda Communication Commission (UCC) Act, 2013	
Age of child	This refers to the child(ren) age to whom marketing should be limited/removed by introducing restrictions.	Marketing restrictions should target children of all ages (0-17 years).	

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	Description	Formulation 1: Reduce the impact on children of marketing foods high in saturated fats, trans-fatty acids, free sugars, or salt.	Formulation 2: Restrict marketing in settings where children gather, such as schools, parks, malls, playgrounds
Definition of “targeting children”	How are marketing activities defined as child-directed and brought into the ambit of the restriction?	Restrict marketing in school settings: educational establishments up to secondary schools.	
		Restrict marketing in children’s gathering settings: Parks, welfare institutions, and clinics.	
		Restrict sponsorship of cultural and sports events for children.	
		Ban marketing techniques that appeal to children: The use of representation of children, the use of cartoon characters, the offer of free toys, and the use of celebrities.	
		Marketing techniques with an appeal to children: regulate advergames and interaction with children on digital media	
Classifying products for restrictions	Determine which foods and beverages that are subject to marketing restrictions	all ultra-processed and or commercial food and beverage marketing directed at children	Use of a nutrient profile model, scientific body designation, or through delegated legislation
Forms of marketing covered	The types of media (tv, radio, etc.) which is regulated	Television, radio, print, outdoor advertising, company brand sites, social media posts, vehicle labelling, cinemas, signposts, and posters	Any commercial communication, information, or representation
Specific restrictions	What activity is restricted under the regulation	Ban child-directed marketing techniques/ advertisements in unhealthy food and beverage marketing and any marketing that leads to misrepresentation of children, exploits their credibility, encourages unhealthy lifestyles, works on pester power or detracts the moral, mental, or physical health of the child.	Ban on commercial child-directed marketing of foods and beverages in places where children gather
Nature of regulation	State/co-/self-regulation	Government, through the Uganda Communications Commission (UCC)	Government, MoH-Health Inspectors, MoES- School Inspectors, community police
Enforcement	What are the consequences if the regulation is breached?	<i>Penalty:</i> Revocation of broadcast license, blocking of social media accounts, financial penalty	<i>Penalty:</i> Financial penalty to ensure compliance
Monitoring and evaluation		State (through UCC) evaluation of the regulatory system and content regularly	Government regulation through UCC, MoES- School inspectors, and MoH-Health inspectors

Source: Authors own compilation, 2023

on child-directed marketing indicate that the government can intervene. This is because children’s issues affect almost everybody, and children are a high-risk or vulnerable group that needs to be protected by the government and other stakeholders. The policy framework and supporting infrastructure are in place, especially through the National School Policy 2008. The legislature and Judiciary are in place

with the capacity to follow through, but the only issue is the political will to do what is right. The enforcement of rules and regulations to fight the selling of unhealthy foods is feasible if all responsible stakeholders, like the legislature, are presented with evidence-based data on the extent of the problem and its impact on the population and country. It was further noted that there are existing regulations in place, like

when it comes to songs. Indeed, stakeholders voiced that.

“... we have seen some songs banned from being played and some TV programs such as “Uncut Kalakata” pushed to late hours of the night. So, this can be done if there is political will. The campaign to stop Coca-Cola and Pepsi from sponsoring school signposts was also successful...”
(KII, 2022)

If we want to enforce laws and regulations, we need to generate evidence-based data. However, on a positive note, the policy guidelines on marketing breast milk substitutes are in place, emphasising the importance of breastfeeding. A summary of the political feasibility and level of interest by stakeholders is summarised in Annex Table 3.

Likely, barriers to adopting the specific formulations may come mainly from industrial players whose main objective is profit-oriented. These include food companies, beverage companies, and media houses because of the expected loss of revenue and taxes from restricted marketing. This has created a problem of non-compliance in the industry – thus, it is difficult to stop the industry from advertising. The systems in place are weak to deter non-compliance.

Second, conflict of interest from other programmes being implemented, such as full liberalisation of the economy and agro-industrialisation, which affect sectors such as trade and agriculture. For instance, liberalisation implies that the government opens the economy for trade with limited power to restrict how it’s done. Agro-industrialisation encourages the growth of small industries that process food stuffs and beverages that are not necessarily healthy. Restricting any form of marketing would stall the government’s efforts towards economic development for both sectors.

Key insights from the analysis reveal that the legal, political and administrative feasibility of having restrictions on child-directed marketing are in place. Any amendments to concretise specific formulations are possible, given the existing platforms. To be done, the legislative arm of

government, the Parliament of Uganda, must second the revisions. In addition, the government needs to implement a comprehensive policy that restricts the marketing of unhealthy foods and drinks to children to curb the rise in NCDs among children from being overweight and obese. This is because it is feasible to implement this intervention because of the presence of infrastructure such as the UCC MoH, which is mandated to formulate regulations under the Food and Drug Act and MoES.

2.3 Front-of-pack nutrition labelling

3.3.1 Analysis of the Legal and administrative feasibility

The general Front-of-Pack nutrient-specific mechanisms are summarised in Table 2. In this intervention, two formulations are analysed with a spectrum rating: 1) Colour codes, such as traffic labels, and 2) Warning labels.

Table 2 Summary of front-of-pack nutrition mechanisms and indicators.

		Formulation/mechanism
Nutrient-specific systems	Non-interpretative	Use numerical information to quantify nutrients as a proportion of recommended daily intake without making evaluations.
	Interpretive	Use meaningful colour, words and/or symbols to evaluate nutrient levels across broad categories (i.e. food, drink)
Summary indicators	Interpretive Positive signpost	Use symbols, words, and colours (not necessarily meaningful) to evaluate overall healthier options within the category.
	Spectrum Rating (including positive and negative signposting)	Use customisable continuum to evaluate overall healthiness across broad categories (i.e. food, drink, oils, dairy); varied use of words, colour
	Negative signpost	Use of symbols, words and colour to highlight overall unhealthy options within the category.

Legally, the Food and Drug Act of 1964 provides regulatory measures on food labelling under CAP278. The Act empowers the Minister of Health to issue such regulations imposing requirements to regulate the labelling of food. The Act does not have any specific regulations yet to regulate nutrients of concern such as added sugar or trans-fats in the list of food ingredients. More succinct legal regulations on standards are in place. These include the substantive UNBS (Amendment) Act 2013 and its related National Standardization Strategy, 2019–2022 and UNBS labelling standard 2014. This is also aligned with the Weights and Measures (sale and labelling of goods) (Amendment) Rules, 2020 and the regional East Africa Standards for Nutrition labelling requirements (EAS 803: 2014). For example, the Weights and Measures (sale and labelling of goods) (Amendment) Rules, 2020 specify the weights (of a list of foods) to be included on the labels in the specified quantities in line with the Codex Alimentarius standards. These facilitate the calculation of the nutrients of interest, including fats, saturated fats, sodium, and total sugars (GoU, 2020). The mandatory declarations for manufacturers include the energy value, amount of proteins, carbohydrates, fat, saturated fat, sodium, and total sugars, as well as any other nutrient for which a nutrition claim is made, and any other nutrient that is considered relevant for maintaining good nutritional status. This action is a contribution to labelling efforts in the country.

The UNBS Act 2013 establishes the Uganda National Bureau of Standards (UNBS) that develops and enforces food standards to ensure a healthy population. The hiccup has been in implementing the instituted laws and policies or standards. In addition, there needs to be more consumer guidance because of poor front-of-pack nutrition labelling. This has been associated with no evidence of interpretive, evidence-informed front-of-pack supplementary nutrition information systems explicitly developed for Uganda. More so, there is no evidence of labelling added sugar and Trans fats, which is the case in some (although few) countries (Chile). Further still, no specific nutrient profiling model is in place to prevent less healthy or unhealthy foods from carrying nutrition and health claims. Despite UNBS being in place, it is more centrally located and very thin on the ground, especially regarding staffing and/or capacity to

enforce compliance in the entire country. The equipment/technology needs upgrading as well (KI, 2022).

The UNBS has established various labelling standards per the East African Standards for Nutrition Labelling. East Africa Standards on nutrition labelling requirements highlight that pre-packaged foods must show nutrient declaration on the label if nutrition or health claims are to be made. Once the nutrient declaration is made, it is mandatory to include energy values (including available carbohydrates, starch, sugars, and amount of dietary sugars), protein, fat, saturated fat, sodium, and total sugars. Manufacturers must also include the amount of the nutrient for which the nutrition claim is made. According to national legislation, if a claim is related to fat saturation, the manufacturer must declare the amounts of monounsaturated fatty acids, polyunsaturated fatty acids, and cholesterol. If the health claim/declaration is for vitamins and minerals, it is mandatory to include values established according to their importance to the country. These exclude nutrient values in amounts less than 5 percent of the nutrient reference value. The standards have formulae for calculating all nutrient values (UNBS labelling standard 2014).

The labelling standards that have been put into effect by the UNBS are essentially for Trade regulation and formal market business. Under the informal domestic market, labelling should be emphasised. In addition, the UNBS Act lacks provisions for effective mechanisms to ensure compliance. This is because the current sanctions for non-compliance need to be more adequate as a deterrent, i.e., the financial penalty for non-compliance is very low. The conviction is liable to a fine not exceeding two thousand shillings (less than a dollar). Such a penalty makes the Act ineffectual because it is too insignificant to make it effective.

The UNBS also has a National Standardization Strategy, 2019 – 2022, which specifies general rules for labelling and marking containers for essential oils (ISO/TS 211:2014), labelling requirements for pre-packaged products (US 1028:2013). Nonetheless, these exclude labelling foods with other guidelines (UNBS, 2020). In addition, UNBS has a standard for Nutrient labelling requirements of foods that

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applies to all foods other than foods for dietary uses. The UNBS standards catalogue contains a list of standards. However, it does not introduce any provisions. A summary of the legal and administrative feasibility of the adoption of Front-of-Pack nutrition labelling is highlighted in Table 3.

Table 3 Summary of legal and administrative feasibility on select formulations for front-of-pack labelling

Metric	Description	Formulation 1: Color codes, such as the use of traffic labels	Formulation 2: Warning labels
Policy vehicle	The regulatory entry point for introducing/strengthening restrictions	-Uganda National Bureau of Standards (UNBS) Act, 1983 -Food and Drug Act, 1964 -Weights and Measures (sale and labelling of goods) Amendment Rules, 2020	-Uganda National Bureau of Standards (UNBS) Act, 1983 -Food and Drug Act, 1964 -Weights and Measures (sale and labelling of goods) Amendment Rules, 2020
Labelling system	Format of label (graphics, type of information included) such interpretative, non-interpretative	Interpretive labelling system Colour codes/Traffic light labels.	Interpretive labelling system-Nutrition-based warning labels.
		Locally validated.	Locally validated.
Identification of nutrients/content	Which nutrients are considered for the label? How are those nutrients measured (per 100mg/per 100l/ per 100 kJ, serving size)	Report on energy, sodium, saturated fat, and sugar content per 100g/100ml.	
		Numerical information on vitamins and minerals should be expressed in metric units, e.g., per 100 grams/ 100ml	Measure per 100 grams/ 100ml
Underlying nutrient profile system	Underlying system used to “score”/ “measure” product (Based on existing nutrient profile systems)	Uganda lacks a nutrient profiling model.	Uganda lacks a nutrient profiling model.
Mandatory/ Voluntary administration	Is the label mandatory? Does government enforce its use?	Mandatory (Government administered through Ministry of Trade Industry and Cooperatives (MTIC)’s UNBS).	Mandatory (Government administered through MTIC’s UNBS).
Monitoring and evaluation		Baseline assessment of consumption conducted	
		Inspection by UNBS to verify and ensure the protection of the public against harmful ingredients and dangerous components in food	
		Heavy penalty for breaches to ensure compliance. The financial sanction for non-compliance is UGX 2,000 (less than USD1).	Sanctions:
		Communication campaign to stakeholders around sanction	
Complimentary mechanism	Introduction of supporting policies/ regulations	Policy attached to marketing restrictions	
		Awareness creation among consumers	Nutrition literacy

Source: Authors own compilation, 2023

Findings from the KIIs reveal that the presence of UNBS clearly indicates the presence of infrastructure to implement front-of-pack labelling and monitor to ensure that stakeholders comply if given clear regulations and laws.

“This is feasible, and to some extent, it is being done and can move faster. But, we don’t have the capacity to verify and validate the content declared. We need to be realistic and work to build capacity of laboratories” - EPRC KII, 2022

“The stamp aspect is missing because the labelling is already happening. Also, the labels need to be big so that you can read them when you enter a supermarket without even touching the product. Even expiry dates are hidden” - EPRC KII, 2022

3.3.2 Analysis of the political and policy feasibility

Politically, as evidenced by the stakeholder’s analysis (Annex 4), government institutions like MoH, MAAIF, MTIC, Parliament, and other advocacy institutions have the will and motivation to improve the population’s health by supporting any health intervention. Findings from stakeholder analysis indicate that the government and ministries play a significant role as central actors in influencing policy. Equally, Parliament and UCC have a strong influence because they are highly involved in policymaking and in creating regulatory measures. Their interests are enormous, given their mandates, which greatly dictate changing policy and regulations. Civil Society Organizations and Academia have medium to low influence because they mainly play an advocacy role and provide evidence.

The standards agency, i.e., UNBS, plays a critical role in drafting food standards that control safety, nutrition, and food trade. Two types of standards are developed: voluntary and mandatory, depending on the risk assessment. If there are safety risks to human nutrition, UNBS recommends making them mandatory to the Minister of Trade, Industry, and Cooperatives (MTIC). Notably, the standards developed through the various committees are intended to control the food environment through hygiene, safety and nutrition, food

security, and availability of safe food. This highlights that policies and regulatory laws have been implemented and have been effective to some degree. For instance, a directive to have Coca-Cola stop sponsoring school signposts was successful.

They explained that UNBS has already established various labelling requirements in line with the East African standards of Nutrition labelling. UNBS lacks a nutrient profiling model to ensure unhealthy foods are not sold on the market in disguise of being nutritious and health. This has increased unhealthy soft drinks on the market and in schools, exacerbating NCDs. There is a need to move away from business-oriented labelling and focus on health-oriented labelling to contribute to a healthy food environment. For example, Stakeholder interviews noted that traffic light labels in food or nutrition labelling are not being done. There is no established regulation or strategy for using traffic light labels, yet it is critical and easy to interpret by most of the populace, especially the less literate. Therefore, colour codes in labelling are needed – this can be designed and implemented using RED colour to represent harmful food content. Further, for the front-of-pack labelling to be implemented, WHO must move quickly to assist Uganda in developing a nutrient profiling model and investing in a local technical capacity to confirm and validate that the labelling accurately reflects the contents of the packs.

Key insights here highlight that labelling is already being enforced in Uganda to an extent by UNBS. However, as Uganda still lacks regulations on front-of-pack nutritional labelling that are clear for all consumers to guide their choices and lack a nutrient profiling model, the Uganda Communications Commission (UCC) cannot effectively restrict the marketing of unhealthy foods and beverages to children – they lack technical guidance based on which profiling model to use. Additionally, the capacity to verify and validate the current labels is inadequate or completely missing. Currently, the form of labelling being done is the declaration of content as a trade regulation requirement, and thus, stakeholders argued that there is a need for health-oriented labelling.

3.3 Other barriers that hinder the implementation of healthy interventions

- a. **Liberalisation of the economy.** Liberalising the economy to the forces of demand and supply is associated with massive loopholes - the government has opened fully to “*Whom It May Concern*”. This implies that the government cannot restrict or regulate trade beyond a certain limit. Further still, Trade agreements signed between governments such as the AfCFTA, EAC, COMESA, and the African Union Abuja agreement, which advocate for low tariffs and free trade between member countries, make it challenging to implement interventions such as restricting marketing and taxation of SSBs. The policies mainly encourage trade by promoting free trade, deregulation, elimination of subsidies, price controls and privatisation of services. This has enabled the growth of unregulated businesses that sell unhealthy foods and beverages to children.
- b. **Conflicting policies.** Taxation of sugar-sweetened beverages conflicts with Agro-industrialisation efforts. The government is advocating for agro-industrialisation under the third National Development Plan (NDPIII), which is encouraged through tax subsidies and tax holidays to investors.
- c. **Multi-sectoral nature of food:** The multi-sectoral nature of the food environment has led to conflicting mandates and interests within the Ministry of health (MoH) and the Ministry of Agriculture Animal Industry and Fisheries (MAAIF). This has complicated the situation by creating coordination challenges, creating problems for MoH and MAAIF to coordinate activities together. This has been exacerbated by the fact that there is no food authority regulates the food environment. Given the resource constraints ministries face, it is unclear who is supposed to fund the NCD unit under MoH. To make matters worse, the Ministry of Health has no accounting officer for this, and neither do local governments have a budget. Further, nutrition, which is under the community health division, needs more key staff, and such positions cannot be

filled due to a lack of resources.

“... Because of this disharmony, the private sector looking for money takes advantage....”⁶.

- d. **Uncoordinated government efforts,** e.g., Ministries, Departments and Agencies (MDAs), need to be harmonised on food issues, and this is due to the need for a mother industry. There needs to be nutritionists at the district level to guide the population on nutrition. This is because of poor structures within the government setting. The existing government structure must comprehensively support promoting a healthy food environment, especially at the grassroots level.
- e. **Limited capacity to enforce:** There needs to be more capacity to enforce laws and regulations and implement policies. For example, UNBS is constrained due to limited capacity – at import entry points, there are lean surveillance teams and inadequate testing equipment or facilities for the nutrients of concern. There is also limited capacity to monitor.
- f. **Lack of political will.** The results from the key informant interviews reveal weaknesses related to political will that hinder implementation - the government is blamed for lip service when implementing the few existing food environment laws and policies. The lack of political will means that policies are not translated into budgets and later effectively implemented. In addition, most policy actions are donor-driven, but the donors have their interests or objectives intended to be achieved through different donor projects. This puts the sustainability of such efforts into question – the sustainability component of the policy actions is therefore lost.
- g. **Corruption.** In Uganda, corruption precedes regulation because the people entrusted to inspect and enforce regulations are bribed. Those who

⁶ Ibid.

- should be promoting a healthy food environment are engaging in unscrupulous activities in the food industry. Moreover, some companies or producers of these products are politicians or relatives of politicians. Therefore, they will tell you to back off.
- h. **Corporate influence.** The state is captured by corporate businesses, primarily through media houses, because they pay taxes on every advert placed or made. The state has closed its eyes instead of regulating these corporate companies, and because the government is poor, it looks at these taxes as a lifeline, which is a false lifeline.
- j. **Inadequate and outdated data for intervention planning.** The government needs to invest more in empirical research to inform interventions that can effectively create a healthy food environment. For example, the country has very old data for the STEPS survey (as old as 2014). Some existing evidence (e.g., UDHS) doesn't go into the depth of scientific research and thus is inadequate. This leaves the food environment at the mercy of the industry actors who generate data favouring their agenda.
- k. **Uninformed population.** The public is generally uninformed, and most of the population needs to be made aware of the effects that come with the consumption of certain foods and beverages. Some believe that foods and beverages such as pizza, burgers, processed juices, and carbonated drinks indicate an improved living standard, so they continue to buy unhealthy foods or substandard products. Thus, the population needs to be aware of the effects of the foods advertised to children.

“When you look at the TV industry here in Uganda, the greatest source of income is coming from the beverage industry. You find that Coca-Cola is placing billions worth of adverts on TV than MTN, for example. All this money going to media houses is taxed, so because the government is poor, they look at these taxes as a lifeline, which is actually a false lifeline - EPRC KII, 2022”.

Furthermore, industries impede the implementation of some of the policy actions. For example, the food industry has penetrated hospitals and all levels of the food environment. This has led to reluctance and non-compliance by the industry.

- i. **Lack of budget commitment:** Some policy actions are designed but need to be funded, hence failure to implement. For example, the government designed agricultural chemical regulations that have yet to be funded. Thus, it has not been implemented because there is no funding to support inspectors. The government designed the Aflatoxin Control Plan to ensure food safety by controlling aflatoxins and chemical substances such as arsenic, cadmium, and mercury; but the implementation was not funded. Additionally, adequate funding must be provided for the implementation of other key MDAs responsible for implementation (e.g., the NCD division of the MoH).
- l. **High level of illiteracy:** The population comprises illiterate people. There is a need to focus on or consider the rural population, which is associated with low levels of education. Front-of-pack nutrition labelling may work better for urban areas/populations, yet rural areas are also exposed to unhealthy products in the current times. Therefore, a consideration of the use of symbols or colours may circumvent this challenge.

4. CONCLUSION AND POLICY RECOMMENDATIONS

4.1 Conclusion

In this paper, we examine the legal and political feasibility of adopting two policy interventions to ensure a healthy food environment and prevent obesity and nutrient-related

NCDs in Uganda. We conducted key informant interviews after a stakeholder mapping exercise in Uganda's food environment. The focus was on stakeholders responsible for implementing and enforcing restrictions on child-directed marketing and front-of-pack nutrient labeling. We also reviewed the existing legal frameworks, aside from the interviews. The findings show that it is legally and politically feasible in Uganda to adopt these two interventions' specific formulations. Nonetheless, the paper also shows the need to improve the design of existing laws and models to capture the formulation of interest. For example, the legal frameworks should specifically have stipulations related to restrictions on child-directed marketing and have in place a Uganda Nutrient Profiling Model that provides specifications on which nutrients are covered for each implementation and enforcement. Barriers to the adoption of interventions, such as full liberalisation of the economy, a conflict between attaining a healthy environment and revenue generation, corruption, inadequate capacity, limited financial resources, and a very un-informed and illiterate population, were mentioned by stakeholders as impediments to legal formulations.

In a nutshell, the paper has demonstrated the gaps that need to be filled and the need for governance structures through the political will to ensure that a healthy environment is built to prevent NCDs. In addition, targeting both consumers (in terms of empowerment for healthy food choices) and food producers and advertisers (regarding restrictions) implies that government action should address both the demand and supply sides of marketing unhealthy foods to children.

4.2 Policy recommendations

The following recommendations are made:

1. Need for political will by the government and the involvement of other key stakeholders if policies, laws, and regulations are to be developed and implemented effectively and efficiently to minimise diet-related NCDs and create a healthy food environment in the country. Responsible ministries, departments, and agencies should deliberately allocate resources and coordinate activities.

Deliberate resource allocation to increase human resources and equipment for a healthy food environment. Resources are crucial and need to be put in place for policy development, implementation, and enforcement.

“Today, because we lack extension workers and inspectors, as well as effective regulations, animals are injected with antibiotics a few hours or minutes before they are sold to slaughterhouses or milked. All this impacts the product. These antibiotics come in the beef and milk and are consumed by people, causing cancers and other diseases.”⁷ EPRC KII, 2022

2. Proactive advocacy and sensitisation of masses using civil society platforms. We do not have to wait for consumers to complain of ill health to go up to educate the population. It is essential to intensify getting evidence-based data on prevalence, the magnitude of prevalence, and the burden of disease to support decision-making.

“... we need disturbing figures of how many people are dying due to NCDs. For example, that is how HIV caught attention. We need the figures of people dying because of cancer and other NCDs and make a doom's day of what can happen if nothing is done.” EPRC KII, 2022.

“We need the cost-Benefit and even burden of NCDs such as cancer so that when presented to a policy maker, they can relate feel the cost and advocate for resources. Cancer rates are increasing, we are losing personnel, resources and time ...” EPRC KII, 2022.

⁷ [ibid](#)

3. There is a need for an overarching policy and legal framework on food where existing laws, rules, regulations, and strategies for a healthy food environment can be anchored. This will provide ground for advocating for funding, easy monitoring, accountability, and regulation. The multi-sectoral kind of structure is elusive and wrecking. To minimise the sale of unhealthy foods in schools and communities, a proactive policy is needed to feed children with healthy diets at school.

In addition to the above, the following policy considerations are essential for improving efforts toward designing, adopting, and implementing interventions to create a healthy food environment.

- Engage political leadership with data/evidence to show the importance of priority interventions such as marketing restrictions. E.g., engage parliament on food issues with evidence.
- Establish a National Food Reserve System to check food security and safety. Such a system should include strict food safety guidelines. The lack of strict food safety guidelines exposes the population to many unhealthy foods. For example, during the COVID-19 lockdown in Uganda, the government accepted food distribution without food safety guidelines.
- Establish critical regulations that are non-existent. For example, regulations that ensure farm and market gate chemical checks are critical.
- Develop a framework law on food and nutrition. There is no need to establish a standalone institution for regulating food. Under the framework law, the mandate of the National Drug Authority can be revised to include regulation of foods and drugs to ensure that what people eat is safe or healthy.

REFERENCES

- Ahaibwe, G., Karim, S., Thow, A., Erzse, A., and Hofman, A. (2021). Barriers to, and facilitators of, adopting a sugar-sweetened beverage tax to prevent non-communicable diseases in Uganda: a policy landscape analysis. *Global Health Action*. Retrieved from <https://www.tandfonline.com/doi/full/10.1080/16549716.2021.1892307>
- Caballero, B. (2007). The global epidemic of obesity: an overview. *Epidemiologic reviews*, 29(1), 1-5.
- Cohen, B. (2006). Urbanisation in developing countries: Current trends, future projections, and key challenges for sustainability. *Technology in society*, 28(1-2), 63-80.
- Erdei, G, Bakacs, M. and V. A. Kovacs (2018) Substantial variation across geographic regions in the obesity prevalence among 6-8 year olds Hungarian children (COSI Hungary 2016).
- Fruhstorfer, B. H., Mousoulis, C., Uthman, OA, and W. Robertson (2016). Social-economic status and overweight or obesity among school-age children in sub-Saharan Africa—a systematic review. *Clinical obesity* 2016, 6(1):19-32. <https://webstore.unbs.go.ug/store.php?src=262&preview>.
- Karim, S. A, Erzse, A., Thow, A-M, Amukugo, H. J, Ruhara, C., Ahaibwe, G., Asiki, G., Mukanu., M. M, Ngoma. T., Wanjohi, M., Karera, A., and K. Hofman (2021). The legal feasibility of adopting a sugar-sweetened beverage tax in seven sub-Saharan African Countries. Taylor & Francis, *Global Health Action* 2021, VOL. 14,1884358. <https://doi.org/10.1080/16549716.2021.1884358>
- arki, A., Shrestha, A. and N. Subedi (2019). Prevalence and associated factors of childhood overweight/obesity among primary school children in Urban Nepal.
- Kingdon, J. W. (2011). *Agendas, alternatives, and public policies*. 2nd ed. Boston, MA: Longman
- Magnusson, R. S., and Patterson, D. (2014). The role of law and governance reform in the global response to non-communicable diseases. *Globalisation and health*, 10(1), 1-18.

- Malhotra, A., Noakes, T; and Phinney, S. (2015). It is time to bust the myth of physical inactivity and obesity: you cannot outrun a bad diet. 2015, BMJ Publishing Group Ltd and British Association of Sport and Exercise Medicine.
- National Planning Authority. (2020). Third National Development Plan (NDPIII) 2020/21 – 2024/25. Kampala: National Planning Authority, Republic of Uganda.
- Sahoo K. Sahoo, B., Choudhury A k, Sofi Ny, Kumar R, Bhadoria As (2015). Child hood obesity: causes and consequences. J. Family Med Prim Care. 2015;4(2):187-92. <https://doi.org/10.4103/2249-4863.154628>.
- Sserwanja, Q., Mutisya, L. M and D. Mukunya (2021). Factors associated with childhood overweight and obesity in Uganda: A national Survey
- Swinburn, B. A. (2008). Obesity prevention: the role of policies, laws and regulations. Australia and New Zealand health policy, 5(1).
- Voon, T., Mitchell, A., and Liberman, J. (2014). *Regulating tobacco, alcohol and unhealthy foods: the legal issues*. Routledge.
- Walt, G., and Gilson, L. (1994). Reforming the health sector in developing countries: the central role of policy analysis. *Health policy and planning*, 9(4), 353-370.
- WHO (2010). Set of recommendations on the marketing of foods and non-alcoholic beverages to children; World Health Organization: Geneva, Switzerland.
- WHO (2013). Global action plan for the prevention and control of non-communicable diseases 2013-2020. World Health Organization: Geneva, Switzerland.
- WHO (2019). Guiding principles and framework manual for front-of-pack labelling for promoting healthy diet. World Health Organization Geneva, Switzerland.
- WHO. (2016). Burden of non-communicable diseases on the rise. World Health Organization (WHO) Africa, October 2016.
- Yaya, S. and B. Ghose (2019). Trend in overweight and obesity among women of reproductive age in Uganda: 1995-2016. *Obse Sci Pract* 2019;5:312-23.[doi:10.1002/osp4.35](https://doi.org/10.1002/osp4.35)

ANNEX

Annex Table 1: Analysis of stakeholders, level of influence, and vested interest in relation to institutionalisation of priority policy interventions

Stake Holder type	Responsible person	Reason or interest	Level of influence
Ministry of health	Especially the minister of health and the state minister	MoH has the mandate of policy formulation and policy dialogues, resource mobilisation and budgeting, strategic planning and therefore very significant in providing promotive, preventive and curative, health services to the population.	Influence is very High; they are members of the executive arm of government and therefore can influence policy in relation to healthy diet of citizen
Ministry of health	The department of NCDs	Their overriding mandate is prevention, detection and management and control of NCDs.	Influence is High; it is in this sector or department where policies on NCDs can originate with evidence.
Ministry of agriculture Animal industry and fisheries	Department of agricultural planning and development (APD)	The mandate of MAAIF is to stimulate agricultural, industrial, technological and scientific development by adopting appropriate policies and enactment of enabling legislation. It also provides support to policy formulation. Key in formulating policies or strategies aimed at ensuring food safety – e.g., aflatoxin control	Level of influence is high; APD is accountable for providing technical support to policy formulation and therefore a key arm of government of policy formulation in relation to food.
Minister of trade industry and cooperatives	Minister of trade, industry and cooperatives, state ministers for industry and for trade, Directorate responsible for internal and external trade as well as standards.	Has the mandate to develop and promote a competitive and export-led Private Sector through accelerating industrial development for economic growth. Oversees internal trade of goods including food items	Level of influence is High given the fact that they are policy makers and responsible for all trade activities and promotion of diversification, and the implementation of the industrialisation policy.
Ministry of finance, planning and economic development.	Department / commissioner of tax policy	Revenue generation to finance government budget. Key in design of taxes, including taxation of SSB.	The level of influence is high because the commissioner of tax Policy in ministry is responsible for initiating, evolving and formulating tax policies in the country.
Cabinet	Committee of finance and other legislators	They are responsible for advising government on the role of industry in the economy and proposed tax measure direction.	The level of influence is high in proposing tax measures in the country.
Academia	Universities and research institutes	Evidence based information generation	Influence is Medium to Low; Apart from providing evidence to policy makers they are not in mainstream policy formulation
Media	Television, radios, social media, newspapers, and other means of communication.	Profit making and generation of tax for government. Dissemination of information to the population, channel for consumer education.	Influence is Medium; though not in mainstream policy formulation, they are Channel of advertising the products on markets. Channel of consumer education.
Uganda communications commission	UCC as a parastatal	Regulation of communications. UCC is a regulatory body of the communications sector and its mandate cuts across, licensing, regulation, communications infrastructure development and the expansion of rural communication service.	Influence is High: they are responsible for the regulation of communications sector, which includes Telecommunications, Broadcasting, radio, postal, data and infrastructure

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Stake Holder type	Responsible person	Reason or interest	Level of influence
Parliament	Finance committee and legislators.	The main actors in legislation and establishment of legal frameworks including frameworks those necessary for regulating the food environment. Role of industry in the economy (jobs and Gross Domestic Product (GDP) growth).	Influence is High; they are responsible for advising the government about key policies and proposed tax measures in the country; and legal frameworks that form the basis of regulations.
Civil society	Uganda NCD Alliance, Tax Justice Alliance Uganda, Uganda Food Rights Alliance (FRA), Center for Food and Adequate Living Rights (CEFROHT).	Concerned about the increased prevalence of NCDs and interested in proposals aimed at reducing NCDs. Advocacy on NCD prevention, and healthy food environment.	While as they are key, their influence is mainly in advocacy and therefore it is a medium level of influence.
Industry / private food industry actors	Especially those that produce processed foods and soft drinks like Coca cola, Pepsi, Riham, and many other upcoming small-scale industries.	Profit maximisation through low tax payments and high sales, and intention to take advantage of the vacuum in the policy.	Their influence is very high; because they play a key role in the economy and therefore have a strong bargaining and lobbying power.
UNBS	Standards office/agency	Development of standards	Influence is High; drafting, development and promotion of standards through various areas. And coordinates this with various technical committees.
Uganda Cancer Society (UCS)	UCS as an institution	Coordinates NGO and CSO efforts in fighting cancer as an NCD.	Medium: Not in mainstream government but advocates for cancer control through coordinating efforts of NGOs and CSOs.

Source: Authors own compilation, 2023

Annex Table 2: WHO Recommendations on Child-directed marketing

Rationale	1. The policy aim should be to reduce the impact on children of marketing of foods high in saturated fats, <i>trans</i> -fatty acids, free sugars, or salt.
	2. Given that the effectiveness of marketing is a function of exposure and power, the overall policy objective should be to reduce both the exposure of children to, and power of, marketing of foods high in saturated fats, <i>trans</i> -fatty acids, free sugars, or salt.
Policy development	3. To achieve the policy, aim and objective, Member States should consider different approaches, i.e. stepwise or comprehensive, to reduce marketing of foods high in saturated fats, <i>trans</i> -fatty acids, free sugars, or salt, to children.
	4. Governments should set clear definitions for the key components of the policy, thereby allowing for a standard implementation process. The setting of clear definitions would facilitate uniform implementation, irrespective of the implementing body. When setting the key definitions Member States need to identify and address any specific national challenges so as to derive the maximal impact of the policy.
	5. Settings where children gather should be free from all forms of marketing of foods high in saturated fats, <i>trans</i> -fatty acids, free sugars, or salt. Such settings include, but are not limited to, nurseries, schools, school grounds and pre-school centres, playgrounds, family and child clinics and paediatric services and during any sporting and cultural activities that are held on these premises.
	6. Governments should be the key stakeholders in the development of policy and provide leadership, through a multistakeholder platform, for implementation, monitoring and evaluation. In setting the national policy framework, governments may choose to allocate defined roles to other stakeholders, while protecting the public interest and avoiding conflict of interest.

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Policy implementation	7. Considering resources, benefits and burdens of all stakeholders involved, Member States should consider the most effective approach to reduce marketing to children of foods high in saturated fats, <i>trans</i> -fatty acids, free sugars, or salt. Any approach selected should be set within a framework developed to achieve the policy objective.
	8. Member States should cooperate to put in place the means necessary to reduce the impact of cross border marketing (in-flowing and out-flowing) of foods high in saturated fats, <i>trans</i> -fatty acids, free sugars, or salt to children in order to achieve the highest possible impact of any national policy.
	9. The policy framework should specify enforcement mechanisms and establish systems for their implementation. In this respect, the framework should include clear definitions of sanctions and could include a system for reporting complaints.
Policy monitoring and evaluation	10. All policy frameworks should include a monitoring system to ensure compliance with the objectives set out in the national policy, using clearly defined indicators.
	11. The policy frameworks should also include a system to evaluate the impact and effectiveness of the policy on the overall aim, using clearly defined indicators.
Research	12. Member States are encouraged to identify existing information on the extent, nature and effects of food marketing to children in their country. They are also encouraged to support further research in this area, especially research focused on implementation and evaluation of policies to reduce the impact on children of marketing of foods high in saturated fats, <i>trans</i> -fatty acids, free sugars, or salt.

Source: WHO (2010). Set of recommendations on the marketing of foods and non-alcoholic beverages to children.

Annex Table 3: Adapted V&B table on legal and political feasibility of restriction of marketing of unhealthy foods to children (M2K)

Stakeholders	Characteristic/ involvement in the issue	Interest (Low-High)	Influence/power	Position (Towards policy)	Argument for position	Evidence for position	Impact of issue on actor	Can an adjustment to policy address argument
Ministry of Health, NCDs Division	Coordinates all efforts, geared towards the prevention and control of non-communicable diseases in the country	Interest is high; Their overriding mandate is prevention, detection and management and control of NCDs	Influence is High; it is in this sector or department where policies on NCDs can originate with evidence.	Supportive	It is feasible but we need a lot of mass awareness	NA	Low	Evidence Engage stakeholders to appreciate healthy eating
Uganda NCD Alliance	Advocate for prevention of NCDs and patient care to ensure that people live longer and live a productive and dignified life	High; They are a CSO leading other CSOs in their in the fight against NCDs in Uganda.	Advocacy for laws and policies to prevent NCDs	Supportive	There is political will because everyone wants to protect children	UNCDA advocated for establishment of the NCD Department under Ministry of Health	Low	
Food Rights Alliance	Promotion of sustainable access and consumption of safe, healthy, and nutritious diets for all	High; Advocacy, food governance and capacity building	advocates for the right and access to food in Uganda	Supportive	It is possible, we have seen entertainment shows shifted to late night hours and some songs banned from airing by UCC. So, the structures are in place to implement this.			We need overarching legal framework and institution that sets the national principles
National Children Authority	Child nutrition	High: Their mandate is to advocate, coordinate, monitor and evaluate all policies and programs relating to the Survival, Development, Protection and Participation of the Child	Influence is high because National Children Authority (NCA) is a statutory body established by the Act of Parliament	Supportive	This is a matter of government giving a directive that a certain advert run at certain hours, and it will be done	NA	Low	Political will is critical
Academia, Makerere University, Food and Nutrition department	Teaching, research, community engagements on food safety, prevention of food losses, nutrition, and post-harvest management	Low to medium	Low influence: Focuses on evidence generation not policy formulation	Supportive	It is possible and interventions should be targeted	NA	Low	Restriction of marketing should focus on urban areas where consumption is very high
Academia, Makerere university, College of Agricultural and Environment Sciences	Food production systems especially Horticulture. Research on agricultural chemicals, their abuse, and what it is causing	Medium	Influence is Medium to Low; Apart from providing evidence to policy makers they are not in mainstream policy formulation	Supportive	M2K is possible because we have UCC, UNBS and they can decide what appropriate time to advertise certain foods	NA	Low	We need designated production facilities

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Stakeholders	Characteristic/ involvement in the issue	Interest (Low-High)	Influence/power	Position (Towards policy)	Argument for position	Evidence for position	Impact of issue on actor	Can an adjustment to policy address argument
Academia, Makerere university school of public health	Research and evidence generation	Low to medium	Low because although they provide evidence, they are not involved in mainstream policy formulation	Opposed	Because we are a liberalised economy controlled by forces of demand and supply.	NA	Low	
Academia, Makerere University school of public health	Research and evidence	Low to medium	Provide evidence					
Ministry of education and sports, Physical Education and Sports	formulating policies	Low to medium	Influence is medium because their mandate doesn't directly relate to food environment but physical sports and exercise	Supportive	It can be implemented but because the country is poor and everything that brings in revenues is accepted without question including adverts	NA	Low	Mass awareness and we can also increase taxes on junk foods so that they are unaffordable
The Consumer Center of Consent	policy advocacy regarding the food environment value chain that is from farm level to fork level	High	Low to medium because focus is on advocacy	Supportive	It is possible because all frameworks needed to adopt it are in place	The campaign to stop Coca cola and Pepsi from sponsoring school sign posts was successful.	Low	
UNBS, Standards unit	Development, implementation & promotion of food standards	High	High because they develop the food standards that control food safety, nutrition & trade of food.	Supportive	The government has already developed regulations and has an interest in issues that affect children.	This is being successfully done for breastmilk substitutes.	Low	Mass awareness is important
Ministry of agriculture Animal industry and fisheries		High	Influence is high because MAAIF is key in formulating policies and strategies aimed at ensuring food safety – e.g., aflatoxin control. It also provides support to policy formulation.	Opposed	Restrictions may lead to loss of revenue on the government side.	NA	Low	
Academia, Makerere University,	Research on public health nutrition		Low	Opposed	Government gets a lot of revenue from taxing media houses. If we put restrictions, we lose it.	NA	Low	

RESTRICTION ON CHILD-DIRECTED MARKETING AND FRONT-OF-PACK LABELLING IN UGANDA:
A LEGAL AND POLITICAL FEASIBILITY TO CREATING A HEALTHY FOOD ENVIRONMENT

Stakeholders	Characteristic/ involvement in the issue	Interest (Low-High)	Influence/power	Position (Towards policy)	Argument for position	Evidence for position	Impact of issue on actor	Can an adjustment to policy address argument
The Center for Food and Adequate Living Rights (CEFROHT)	Community empowerment, Advocacy and Litigation	High	Medium because they are an advocacy institution	Supportive	if the profiling model is available these interventions will be easy to implement.			World Health Organization (WHO) needs to help Uganda with the Nutrition profiling model. This would also help in restrictions on marketing on unhealthy diet to children
Caritas Uganda	Champion advocacy on food security enhancement and food safety.	High	Low-medium; not in mainstream government but champions advocacy	Supportive	It is necessary to put some restrictions in place that protect people, but we should also focus on mass awareness	NA	Low	What needs to be done is sensitising the demand side
Uganda Cancer Society (UCS)	Coordinates NGO and CSO efforts in fighting cancer as an NCD.	High	Medium: Not in mainstream government but advocates for cancer control through coordinating efforts of NGOs and CSOs.	Supportive	M2K is feasible because other countries have done it.	NA	Low	We need to advocate to government with evidence of the impacts of the unhealthy food environment and what it costs the country if we don't act
Academia, Kyambogo University	Research, teaching and community engagement		Low-medium	Supportive	We have UCC whose job is to sieve through what goes out to the public.			Adopt use of advertisement codes

Source: Authors own compilation, 2023

Annex Table 4: Adapted V&B on Legal and political feasibility of Front -of -pack labelling (FOPL)

Stakeholders	Characteristic/ involvement in the issue	Interest (Low-High)	Influence/power	Position (Towards policy)	Argument for position	Evidence for position	Impact of issue on actor	Can an adjustment to policy address argument
Ministry of Health, NCDs Division	Coordinates all efforts, geared towards the prevention and control of non-communicable diseases in the country	Interest is high; Their overriding mandate is prevention, detection and management and control of NCDs	Influence is high; it is in this sector or department where policies on NCDs can originate with evidence.	Supportive	FOPL is feasible because UNBS has been enforcing content declaration	N/A	Low	Evidence to convince policymakers.
Uganda NCD Alliance	Advocate for prevention of NCDs and patient care to ensure that people live longer and live a productive and dignified life.	High; They are a CSO leading other CSOs in their in the fight against NCDs in Uganda.	Advocacy for laws and policies to prevent NCDs	Supportive	This is already happening but there is need to show more context especially on sugar and fats	UNCDA advocated for establishment of the <u>NCD Department</u> under <u>Ministry of Health</u>	Low	
Food Rights Alliance	Promotion of sustainable access and consumption of safe, healthy, and nutritious diets for all	High; Advocacy, food governance and capacity building	advocates for the right and access to food in Uganda	Supportive	FOPL is possible but the population needs to be sensitised	NA	Low	We need overarching legal framework and institution that sets the national principles
National Children Authority	Child nutrition	High: Their mandate is to advocate, coordinate, monitor and evaluate all policies and programs relating to the Survival, Development, Protection and Participation of the Child	Influence is high because National Children Authority (NCA) is a statutory body established by the Act of Parliament	Supportive	This can be adopted but people don't read labels and expire dates	NA	Low	Political will is critical

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Stakeholders	Characteristic/ involvement in the issue	Interest (Low-High)	Influence/power	Position (Towards policy)	Argument for position	Evidence for position	Impact of issue on actor	Can an adjustment to policy address argument
Academia, Makerere University, Food and Nutrition department	Teaching, research, community engagements on food safety, prevention of food losses, nutrition, and post-harvest management	Low to medium	Low influence: Focuses on evidence generation not policy formulation	Supportive	Labels are feasible because we are living in a technology era. Each sticker that comes out should have a barcode	NA	Low	We need designated production facilities
Academia, Makerere university, College of Agricultural and Environment Sciences	Food production systems especially Horticulture. Research on agricultural chemicals, their abuse, and what it is causing	Medium	Influence is Medium to Low. Apart from providing evidence to policy makers they are not in mainstream policy formulation	Supportive	Labels are feasible because we are living in a technology era. Each sticker that comes out should have a barcode	NA	Low	
Academia, Makerere university school of public health	Research and evidence generation	Low to medium	Low because although they provide evidence, they are not involved in mainstream policy formulation	Supportive	FOPL is feasible, we already have UNBS enforcing some labelling.	NA	Low	For labelling, we need it to be done for all products not just tradables across the country
Academia, Makerere University school of public health	Research and evidence	Low to medium	Provide evidence	Opposed	We don't have capacity to verify & validate	NA	Low	
Ministry of education and sports, Physical Education and Sports	formulating policies	Low to medium	Influence is medium because their mandate doesn't directly relate to food environment but physical sports and exercise	Supportive	UNBS requires that all products on the shelves and traded across countries are labelled. So we have the institution and structures to adopt FOPL	NA	Low	The government should set up an equipped research center to do tests and examine whether what is on the label matches what is contained in the product Labels should be permanent, clear and visible

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The Consumer Center of Consent	policy advocacy regarding the food environment value chain that is from farm level to fork level	High	Low to medium because focus is on advocacy	Supportive	Discussions of FOPL have been ongoing and at the global level under codex, we are discussing this, and we are remaining with 2 stages to implementation	NA	Low	
UNBS, Standards unit	Development, implementation & promotion of food standards	High	High because they develop the food standards that control food safety, nutrition & trade of food	supportive	Labelling is feasible because we are already enforcing it somehow. Labelling is done for most products that are formally traded		Low	We need to move from content declaration to traffic light labels and ensure Mass awareness for the population to be empowered and understand what they buy and how it impacts their lives
Ministry of agriculture Animal industry and fisheries		High	Influence is high because MAAF is key in formulating policies and strategies aimed at ensuring food safety – e.g., aflatoxin control. It also provides support to policy formulation.		Labelling is feasible and this to some extent is being done but can move faster	NA	Low	
Academia, Makerere University,	Research on public health nutrition		Low	Opposed	Labelling is not feasible because most of the things we buy in the local market can't be labelled. For example, how will you label a bunch of matooke or even vegetables	NA	Low	

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The Center for Food and Adequate Living Rights (CEFRORHT)	Community empowerment, Advocacy and Litigation	High	Medium because they are an advocacy institution	Supportive	FOP is feasible and its about time that consumers started questioning what they consume but we need the profiling model for these interventions to easily implemented.	NA	Low	World Health Organization (WHO) needs to help Uganda with the Nutrition profiling model. This would also help in restrictions on marketing on unhealthy diet to children
Caritas Uganda	Champion advocacy on food security enhancement and food safety.	High	Low-medium; not in mainstream government but champions advocacy	Supportive	Some labelling is happening but it's not satisfactory. The labels are for scientists not majority population even expiry dates are hidden			FOP should ensure traceability and strict liability. Mass awareness to understand what labels mean
Uganda Cancer Society (UCS)	Coordinates NGO and CSO efforts in fighting cancer as an NCD.	High	Medium: Not in mainstream government but advocates for cancer control through coordinating efforts of NGOs and CSOs.	Supportive	UNBS expects manufacturers to make content declarations of whatever goes to shelves, but this is not intended to create a healthy food environment. The stamp aspect is what is missing because the labelling is already happening	NA	Low	UNBS is very pro-active and positive, but they need technical support so that labelling is targeted beyond business but to improve food environment
Academia, Kyambogo University	Research, teaching and community engagement		Low-medium	Supportive	Labelling is simply declaring risks, and this can easily be adopted because we are already declaring content.	NA	Low	

Source: Authors own compilation, 2023



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