FROM POLICY TO PLATE

A collection of case studies on the implementation of healthy diet 'best buys' and other recommended interventions

NCDAlliance

CASE STUDIES · 2025

Acknowledgements

This brief was developed by the NCD Alliance between November 2024 and March 2025. It was written by Luis Galicia, with inputs from Alison Cox, Liz Arnanz Daugan, Carmen Gorlick and Lorena Allemandi.

The NCD Alliance also thanks Sebastian Laspiur, Gabriela Flores, Luciana Castronuovo [Argentina], Maisha Hutton [Barbados and Jamaica], Brain Payne, Barbara McGaw [Barbados], Francine Charles, Deonne Caines [Jamaica], Swati Bhardway, Radhika Shrivastav [India], Charmaine Bagacay-Odicta, Ralph Emerson Degollacion [Philippines] for their contributions to the case studies.

This publication was possible thanks to support from **Resolve To Save Lives**.

Published by the NCD Alliance
Editorial coordination: Jennifer Bajdan
Design, layout and infographics: Mar Nieto

NCD Alliance
31-33 Avenue Giuseppe Motta
1202 Geneva, Switzerland

www.ncdalliance.org

INTRODUCTION

Unhealthy diets are one of the leading risk factors driving the global burden of disease, especially for noncommunicable diseases (NCDs) such as heart diseases and stroke, type 2 diabetes, and cancers[1].

High sodium intake, low fruit intake and low whole grain intake were three of the top 15 risk factors for early death in 2021[2]. Industrially produced trans-fatty acids (iTFA) increase the risk of death from any cause by 34% and from coronary heart disease by 28%. There is also evidence that lowering saturated fatty acids intake may reduce risk of all-cause mortality[3]. Additionally, free sugars contribute to overall energy density and may increase energy intake, particularly in the form of sugar-sweetened beverages (SSBs). It is estimated that in 2020, 2.2 million new type 2 diabetes and 1.2 million new cardiovascular disease (CVD) cases were attributed to SSBs globally[4]. Furthermore, diets have not improved over the last decade and low-income countries continue to have the lowest intake of health-promoting foods like fruits and vegetables[5]. There also is an increasing concern on the health effects of high intake of ultra-processed foods, that are often high in fats, sugars, and/or salt (HFSS).

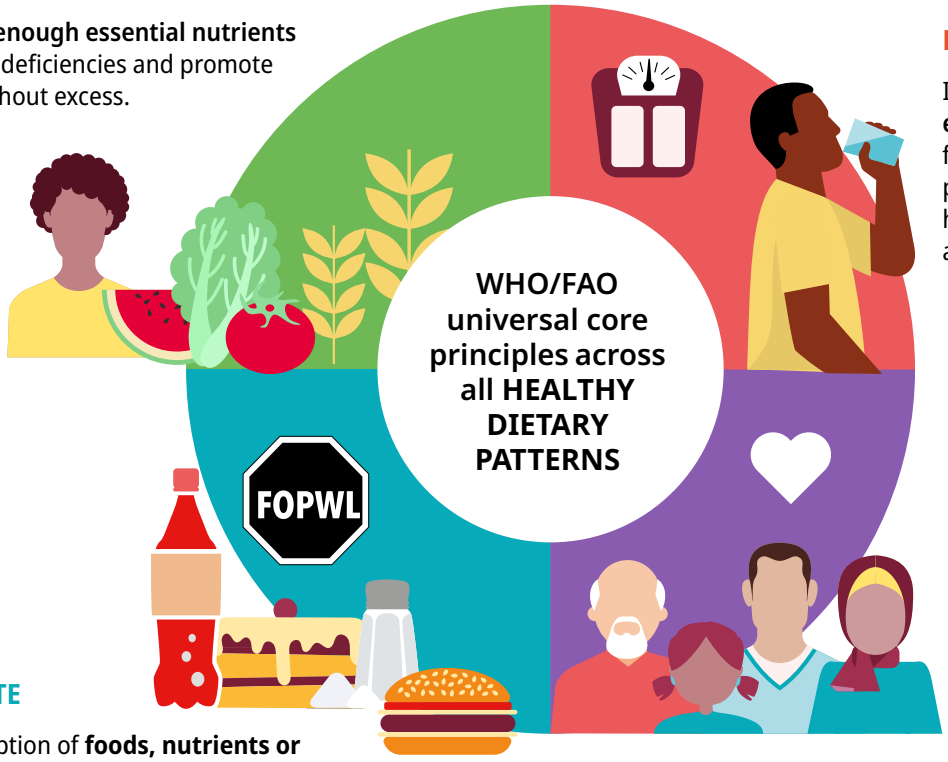
In 2024, the United Nations (UN) Food and Agriculture Organization (FAO) and the World Health Organization (WHO) published a joint statement on healthy diets, emphasizing that various dietary patterns can align with the principles of healthy diets (**Figure 1**). The statement also highlights the link between highly processed or "ultra-processed" foods and adverse health outcomes, while underscoring the essential role of healthy diets in preventing all forms of malnutrition and the interconnectedness between food production, diets, and the environment.[6]

ADEQUATE

Providing **enough essential nutrients** to prevent deficiencies and promote health, without excess.

BALANCED

In **energy intake, and energy sources** (i.e., fats, carbohydrates and proteins) to promote healthy weight, growth and disease prevention.



MODERATE

In consumption of **foods, nutrients or other compounds associated with detrimental health effects.**

DIVERSE

Including a **wide variety of nutritious foods within and across food groups** to favour nutrient adequacy and consumption of other health promoting substances.

Figure 1. Principles of healthy diets

Source: What are healthy diets? Joint statement by the Food and Agriculture Organization of the United Nations and the World Health Organization.

© Sana Grebinets/Shutterstock

Food systems need to be transformed to deliver healthy and affordable diets with coherent policies across several sectors, including agriculture and health[7]. Appendix 3 of the WHO Global plan of action for the prevention and control of NCDs (also known as the *NCD 'best buys' and other recommended interventions*) was updated in 2023 to reflect emerging evidence and providing additional guidance to countries, including a set of cost-effective policies to tackle unhealthy diets (**Table 1**).

'Best buys' are the most cost-effective and feasible interventions and WHO recommends implementing them as a comprehensive set of policies to effectively prevent and control NCDs. Additionally, WHO identifies other proven interventions to be considered according to the country´s context[8]. No single intervention will achieve healthy diets; it is therefore essential that national health and nutrition strategies include the implementation of a package of population-wide interventions from the policy menu recommended by WHO to reduce the availability, affordability and promotion of foods with detrimental health effects, such as ultra-processed foods HFSS, while increasing access to healthy food options.

Table 1. WHO recommended interventions with a cost-effectiveness analysis to reduce unhealthy diets

´Best buys´, interventions that cost less than I$100 per healthy life year (HLY) gained in low-income and lower middle-income countries (LLMICs)	• **Reformulation of policies for healthier food and beverage products** (e.g. elimination of *trans*-fatty acids and/or reduction of saturated fats, free sugars and/or sodium) • **Front-of-pack labelling (FOPL)** as part of comprehensive nutrition labelling policies for facilitating consumers' understanding and choice of food for healthy diets • **Public food procurement and service policies for healthy diets** (e.g. to reduce the intake of free sugars, sodium and unhealthy fats, and to increase the consumption of legumes, wholegrains, fruits and vegetables) • **Behaviour change communication and mass media campaigns for healthy diets** (e.g. to reduce the intake of energy, free sugars, sodium and unhealthy fats, and to increase the consumption of legumes, wholegrains, fruits and vegetables) • **Policies to protect children from the harmful impact of food marketing** • **Protection, promotion and support of optimal breastfeeding practices**
Interventions that cost more than I$100 per HLY gained in LLMICs	• **Taxation on sugar-sweetened beverages (SSB)** as part of fiscal policies for healthy diets

Source: Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases (2nd edition).

It is noteworthy that most of the WHO recommended interventions require multisectoral collaboration, regulatory capacity in countries, and the support of civil society organizations (CSOs).

Civil society has a key role in supporting the development and implementation of policy actions for healthy food systems at global, regional, national and local levels. CSOs drive advocacy, building public and political support for policy change, and can act as watchdogs, exposing industry interference and holding governments accountable for their commitments. CSOs provide evidence-based expertise and bring the voices of people living with diet-related NCDs, providing unrivalled knowledge of the challenges and opportunities that people experience within food and health systems that are otherwise overlooked by policymakers. CSOs work with governments to design, implement and monitor healthy food policies, especially in resource-limited settings.

During the development and implementation of these policies, a major barrier faced by countries is interference from the ultra-processed food and beverage industry producing HFSS products.

Industry interference aims to influence the legal and political environments, globally and locally, to prevent or delay governments from adopting regulations and also weaken their policy design and enforcement by using various strategies. These strategies can include intimidating actions, attacking and undermining legitimate science, framing and reframing the discussion and debate, camouflaging actions using facade groups, developing corporate alternatives to policies, deploying corporate social responsibility and partnerships, and avoiding and evading regulations.[9] Industry actors have a large sociocultural impact by normalizing unhealthy products and shaping public opinion and brand loyalty, posing a major barrier to build public support for these policies and demand for strengthened governance.

Despite these challenges, many countries have championed these cost-effective interventions. This collection of case studies explores the rationale used by selected countries to establish food and nutrition policies to protect the health of their populations, identifies the approaches used in doing so, and describes the key challenges and lessons learned, including from the civil society perspective.

This document also aims to complement **NCD Alliance's From Policy to Plate: An advocacy guide to turn global food and nutrition commitments into action to prevent diet-related NCDs**. It provides civil society with a call to action and recommendations to advance diet-related NCD prevention in the context of 2025, a year of major global health and nutrition events: Paris´ Nutrition for Growth (N4G) Summit, the UN Food Systems Summit +4 Stocktake (UNFSS+4), the fourth UN High-Level Meeting on NCDs, and the 30th session of the Conference of the Parties of the UN Framework Convention on Climate Change (UNFCCC COP30).

© BearFotos/Shutterstock

THE CASE STUDIES

selected are on the implementation of

CASE STUDY 1

SODIUM REDUCTION

Argentina

Page 7

CASE STUDY 2

SCHOOL NUTRITION POLICIES

Barbados and Jamaica

Page 13

CASE STUDY 3

TRANS-FATTY ACIDS ELIMINATION

India

Page 18

CASE STUDY 4

SSB TAXATION

Philippines

Page 21

These case studies were elaborated by conducting desk research and semi-structured interviews with key actors from each country. Lessons learned and key challenges were identified primarily in published literature and during the interviews.

CASE STUDY 1

SODIUM REDUCTION

Argentina

BACKGROUND

WHO recommends a maximum intake of 5 grams of salt per day in adults, while estimates indicate that salt intake in Argentina was 9.07 grams per person per day in 2019. The prevalence of hypertension in Argentina was 46.6% in 2018 according to the National Risk Factors Survey, increasing from 34.8% in 2009.[10] This highlights the importance of implementing comprehensive sodium reduction policies.

Sodium intake reduction is a highly cost-effective way to improve health and protect the population from NCDs. Excessive sodium intake is a well-established cause of raised blood pressure and increased risk of cardiovascular disease (CVD). In 2016, WHO launched the SHAKE technical package to support countries in developing, implementing and monitoring salt reduction strategies to achieve a reduction in population salt intake.

Building a sodium reduction strategy – from voluntary initiative to regulation

Sodium reduction policies in Argentina began in 2009 as a voluntary initiative promoted by the Ministry of Health. As in many countries, this initiative had limited adoption and compliance, leading to a slight reduction of sodium content in processed foods. In 2008, it was estimated that bread intake contributed to about 4 grams of salt per day, leading to a proposal of reducing salt intake from bread by 25%, to 3 grams per day.[11] In 2010, the "Less salt, more life" initiative was launched by the Ministry of Health, establishing a voluntary agreement with about 10,000 bakeries that included training and distribution of measuring cups to ensure bread was produced with no more than 1.5% salt content. The programme with bakeries achieved a significant reduction in the sodium content of several products, achieving its target. In 2011, the food industry signed voluntary agreements to reduce sodium content in packaged products by 5% to 25%. Voluntary agreements with the food industry achieved an 88% compliance and it was estimated that salt intake was reduced by 0.92 grams of salt per day (from 11.34 to 10.34 grams of salt) between 2001 and 2013.[12]

In 2013, the Parliament approved Act 26.905 to reduce sodium intake even further, which established maximum sodium levels for a set of 11 categories of packaged foods. However, the regulation of the law wasn´t approved until 2017, which provided the framework for its implementation. Additionally, the law encompassed other interventions, including removal of saltshakers from tables in restaurants, increasing availability of low sodium salt substitutes, and limiting the size of salt sachets from 1 g to 0.5 g. Some of these interventions required enactment of regulations in local governments.

Several evaluations of the 2017 regulation have found high compliance with the sodium level thresholds; however, when compared to the PAHO updated sodium reduction targets, only around 50% of products met those standards[13,14]. This resulted in calls to update national regulations based on regional public health standards and expanding the food categories, which has not been achieved so far[15]. A major barrier to strengthen the standards has been industry's participation, despite the conflict of interest, in the National Advisory Commission for sodium reduction and in the National Food Commission, which is the technical organisation in charge of updating the food code that includes the maximum sodium levels in processed foods.

In 2021, the Argentinian parliament approved the Healthy Eating Promotion Law that established front-of-package warning labels (FOPWL); restrictions to advertising, promotions and sponsorship; and provisions for school environments. Although it is a national law, it requires local governments to enact legislation for its application, with the exception of FOPWL, which is applied nationally as it is incorporated to the Food Code. Marketing restrictions and school provisions in the legislation apply to all products that bear one or more FOPWL.

Effective sodium reduction requires the implementation of a comprehensive set of evidence-based regulations, including maximum sodium levels in processed foods and additional policies that target unhealthy products high in sodium and other critical nutrients, such as front-of-package labelling, marketing restrictions and school nutrition standards.

A policy win for health despite industry interference

During the parliamentary discussion of the law, the food and beverage industry disseminated several arguments, both in mass media and in public hearings in the parliament, to deny the effectiveness of the graphic FOPWL system and the nutrient profile model, and to say there was lack of evidence supporting the legislation. Additionally, legal and economic arguments related to regional and global trade agreements were presented, as well as engaging with professional and academic organizations to divide, deflect and deny the approval of the Healthy Eating Promotion Law.

The adopted FOPWL system in Argentina includes a black octagonal warning label for sodium when the product exceeds the established threshold of 1 mg of sodium per 1 kcal or 300 mg of sodium per 100 g or ml of product; there is an additional threshold for non-caloric beverages of 40 mg or more of sodium per 100 ml of the product. There also are warning labels for calories, sugars, fats and saturated fats, and warning messages for caffeine and non-caloric sweeteners.[16]

Figure 2. Poster from "Que no te tapen los ojos" campaign (in English, "Don't let them cover your eyes")

Additional to the Healthy Eating Promotion Law, the implementing authority developed and published the regulation by executive decree in 2022, along with a manual for the application of FOPWL that includes several recommendations. One such recommendations is to avoid using the graphic system to highlight the absence of excessive critical nutrients in a given product. However, despite these recommendations being part of an official document issued by the competent authority in food regulation, they were not included in the legislation or the regulation, making them more difficult to implement and enforce. As a result, these guidelines are often not adopted by the industry, as seen in some products that feature green octagons to highlight the absence of excessive critical nutrients, which could mislead consumers.

A study estimates that when implemented, the law (including FOPWL, marketing restrictions and restrictions of sales of SSBs in school environments), would reduce SSB consumption by 23.7% and avert 1,645 cases of overweight and obesity in children and adolescents, 5,693 cases of overweight and obesity in adults and 783 cases of diabetes, among other health benefits in the province of Rio Negro[I]. Additionally, it is also expected to generate about US$ 157,000 in direct medical costs per year in this province.[17]

It is noteworthy that both laws, from 2013 and 2021, analysed in this brief are aligned with the interventions proposed by WHO's SHAKE technical package and are likely to contribute to the global NCD target of reducing 30% of the population salt intake. A recent document published by the InterAmerican Heart Foundation (FIC) Argentina found that compliance with the maximum sodium targets regulation from 2017 was 94.2% in 2024. Statistically, significant sodium content reduction was found for several food categories between 2022 and 2024; for example, median differences of -166.7 mg/100 g, -271.0 mg/100 g and -232.8 mg/100 g in breads, toast, and prepared foods subcategories, respectively. [18]

This reduction was attributed to the implementation of FOPWL, emphasising the need to implement a comprehensive package of evidence-based policies to widen impact as maximum sodium levels alone had achieved limited impact previously.[18] The implementation of complementary policies such as taxation of products with warning labels and promotion of lower-sodium salt substitutes may increase the impact of sodium reduction policies.

I The province of Rio Negro is located in Northern Patagonia with a population of 762,067 in 2022.

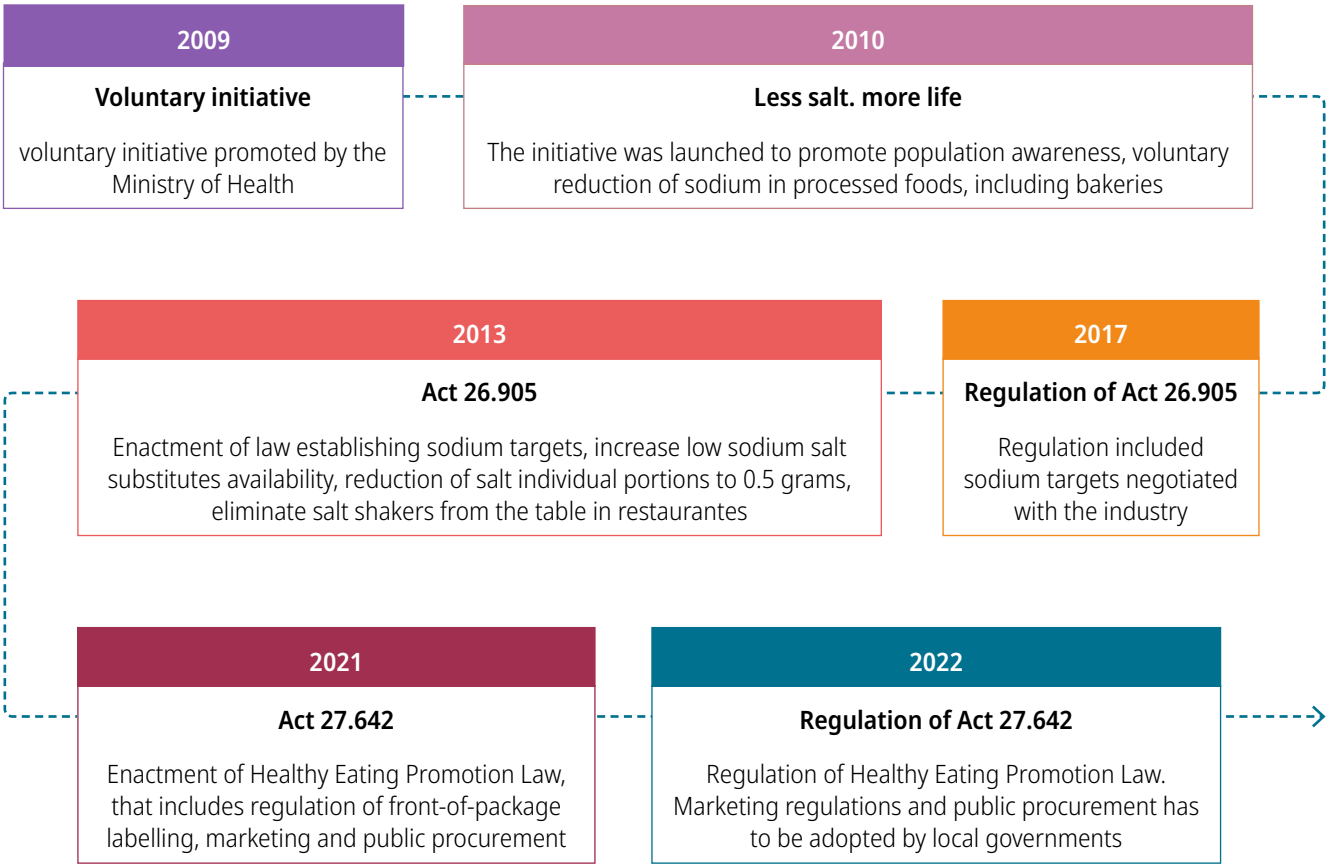


Figure 3. Timeline of implementation of sodium reduction policies in Argentina, 2009-2022

The role of CSOs

The development of the legislation that established maximum sodium levels in packaged foods was mostly a government process involving the Ministry of Health and a champion legislator that drafted the legislation, with participation of CSOs at the end of the process advocating for its approval and participating in the working groups of the "Less salt, more life" initiative. CSOs have been more active when drafting and implementing the regulation as they are part of the commission that reviews and updates sodium thresholds. Additionally, the FIC Argentina published several reports and peer-reviewed publications on monitoring sodium content in processed foods[II], advocating for stricter regulations.

During the development and enactment of the Healthy Eating Promotion Law, CSOs participated in the public discussion and generated national evidence as well as mass media campaigns targeted to different audiences, including legislators, government officials and the general population. CSOs also liaised with academia and UN agencies to deliver a clear message advocating for the approval of a comprehensive legislation including FOPWL, marketing restrictions and school provisions. This work included networking at the national and international level with academia and CSOs that supported the process.

II Such as a **research report**, **academic paper**, **policy brief**, **factsheet** and **briefing document**.

LESSONS LEARNED

- **Enacting mandatory regulations** for maximum sodium levels, FOPWL, marketing restrictions and school provisions has been necessary, as it establishes a governance framework and timeframe for the implementation of each intervention.

- **Ensuring technical and institutional capacity in the Ministry of Health**, together with sustained political commitment, has allowed the maximum sodium levels law and regulation to remain during the last four administrations, in the face of competing industry interests, and it was further improved with the Healthy Eating Promotion Law in 2021.

- **Supporting multistakeholder collaboration and coordination,** including for evidence generation and advocacy to implement best practices recommended by WHO, has helped counter the participation and narratives of the industry in the national commission that reviews and approves sodium targets.

- **Generating local evidence and delivering a unified message** from CSOs, UN agencies and champion legislators has been key to achieving the Healthy Eating Promotion Law and implementing best practices.

- **Having the support of a network of CSOs at the national and international level** during the development and approval of the Healthy Eating Promotion Law has been crucial to advocate with champion legislators from both chambers of parliament and set the agenda with other legislators.

- **Organising activities with legislators and government officials** to exchange experiences with other countries that had implemented FOPWL, which were convened by CSOs in collaboration with UN agencies and the Ministry of Health, has been impactful.

- **Maintaining advocacy efforts during the policy implementation stage,** even long-term, is crucial to prevent policy setbacks during administration changes, which also requires more resources for CSOs.

- **Ensuring transparency and clear rules for public consultation and participation** are key to achieve evidence-based regulations that follow best practices and recommendations.

- **Providing a clear message to the population on the benefits** of implementing comprehensive legislation on healthy eating promotion with support from UN agencies and CSOs has been an important step.

KEY CHALLENGES

- **Industry participation** in the commission that reviews and approves maximum sodium levels has **hindered alignment with evolving regional standards.**

- **It is difficult to exclude the industry** from the commission that reviews and approves maximum sodium levels **on a conflicts-of-interest basis** given this would require modifying current legislation.

- **Industry interference during the public discussion of the Healthy Eating Promotion Law was a major challenge**, especially during public hearings in the parliament and in mass media, but also via lobbying executive branch officials.

- **Resources for enforcement and monitoring have been insufficient**, both at the national and local level.

- **Government evaluation** on the effectiveness of maximum sodium levels in terms of compliance and sodium intake evolution **has been scarce**.

- Obligation to get regulations related to school environments in the Healthy Eating Promotion Law approved by the **education sector** has required **additional efforts.**

- **Changes in administration have led to setbacks,** i.e., in December 2024, the new Argentinian government modified the regulation of the Healthy Eating Promotion Law, weakening the application of FOPWL and reducing restriction on health and nutrition claims, amongst other changes.

CASE STUDY 2

SCHOOL NUTRITION POLICIES

Barbados and Jamaica

BACKGROUND

According to the Pan American Health Organization (PAHO), the average prevalence of obesity in children and adolescents aged 10-19 years was 17% in the non-Latin Caribbean in 2022, with some islands experiencing a worrying increase between 2015 and 2022: for instance, from 17.4% to 21.6% in Barbados and 11.4% to 15.6% in Jamaica[19]. The Caribbean Public Health Agency (CARPHA) has recognised that the Caribbean is facing a childhood obesity epidemic fuelled by regional food insecurity and other economic and socio-cultural factors[20].

To tackle this issue, CARPHA developed the regional plan of action for the prevention and control of childhood obesity, that has been supported by the Caribbean Community (CARICOM) and PAHO[20]. In 2017, CARPHA launched the policy document on Promoting Healthy Diets, Food Security, and Sustainable Development in the Caribbean Through Joint Policy Action, also known as the Sic Point Policy Package, which broadly addresses food environments and includes policy action around schools[21]. Additionally, the Healthy Caribbean Coalition (HCC) developed an action plan to guide the civil society response to the increasingly heavy burden of NCDs and the prevalence of overweight and obesity among children in the region[22]. Both action plans focus on the implementation of regulatory actions to improve food environments, behaviour change interventions and nutrition literacy, and school- and community-based interventions, amongst others.

School-based interventions can include banning the sale and marketing of unhealthy foods in schools, procurement and provision of healthier meals, and mandatory physical activity in schools, aligning with different 'best buys' in the context of schools. School-based interventions have the potential to achieve a population-wide impact over time by reaching all school-age children and through the engagement of the community in their implementation; for example, by mandating the purchase of locally-produced foods for school meal programmes. Moreover, in line with WHO recommendations, a similar package of interventions for additional settings, such as in hospitals and other public institutions, can reach and support healthier diets in other population groups.

Country approach to improve school food policies

In 2014, Caribbean countries unanimously adopted PAHO´s Plan of action for the prevention of obesity in children and adolescents[23], and in 2018, Heads of Government from the Caribbean committed to prioritising health promoting schools and implementing policies geared to prevent childhood obesity[24]. In this context, countries in the region have developed several initiatives to tackle the growing burden of overweight and obesity at the national level, including the implementation of SSB taxes in Barbados, Belize, Dominica, Haiti, Saint Kitts and Nevis, Saint Vincent and the Grenadines, and Suriname[25]. The region also presented a draft standard on FOPWL as part of a comprehensive food labelling standard, however, this initiative hasn´t been approved by Caribbean countries yet. Recently, Barbados and Trinidad and Tobago became frontrunner countries of the WHO Acceleration plan to stop obesity[26].

The Ministry of Health and Wellness and the Ministry of Education, Technological and Vocational Training of Barbados developed and approved a national school nutrition policy in 2022 and launched it in 2023, recognising the role of school environments in shaping the dietary and physical activity behaviours by providing an operational framework to create enabling school environments that support NCD prevention[27]. The policy establishes ambitious goals to halt or reduce the prevalence of overweight or obesity in different age groups and increase healthy dietary and physical activity patterns, by implementing measures related to 1) food service environments, including nutrition standards in food procurement; restrictions on marketing in and around schools; and improvements in eating environments in schools such as banning from schools the sale and provision of foods that do not meet nutrition standards, including soft drinks with artificial sweeteners and sports drinks; 2) school curriculum, including comprehensive nutrition education and mandatory physical education; 3) the physical activity environment; 4) school health and nutrition services; 5) promotion of healthy diets, including through parent and community engagement and education; and 6) a school recognition programme to stimulate schools in promoting healthy eating and physical activity (**Figure 4**).

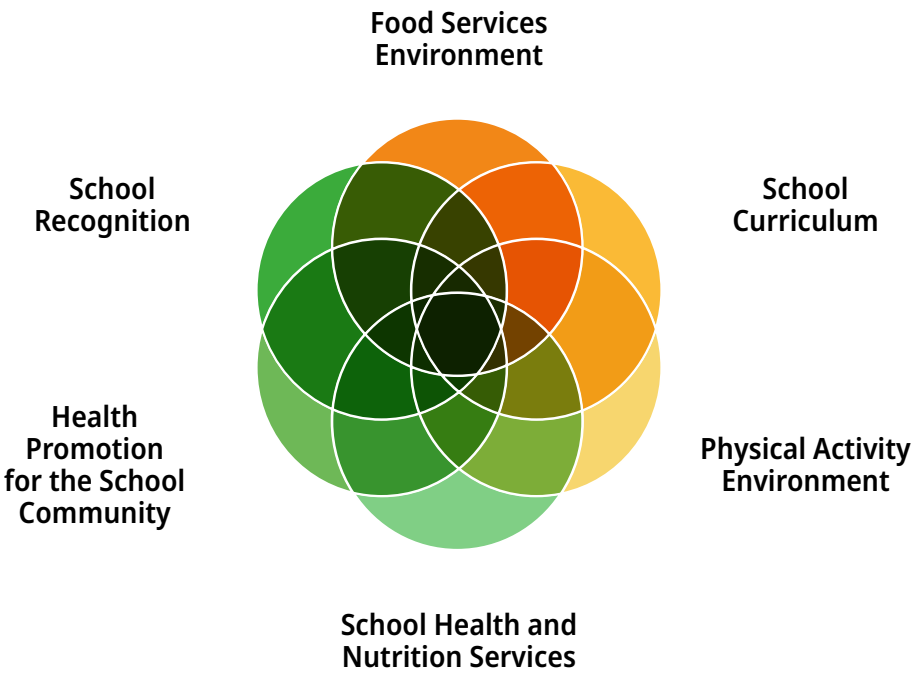


Figure 4. Areas of action in the Barbados National School Nutrition Policy

Source: Based on information from National School Nutrition Policy, Barbados; 2023.

One of the key pieces in the development of nutrition standards for school meals in Barbados has been setting recommendations for portion sizes, water intake, added salt, food preparations and the allowed processed and ultra-processed foods and beverages. The PAHO Nutrient Profile Model[28] has served as a reference for this exercise.

Comprehensive school-based interventions that include banning the marketing and sale of unhealthy foods in schools, procurement and provision of healthier meals, as well as nutrition and physical activity curricula have the potential to achieve population-wide impact over time by reaching all school-age children and their communities.

Jamaica is another country in the region that began working on a national school nutrition policy and standards in 2016 to provide a robust school feeding programme that promotes mental, emotional, social and physical welfare for students. The first step was to develop the Interim Guidelines for Beverages in Schools in Jamaica, approved by the Cabinet in 2018 and implemented in 2019, that prohibits the sale of SSBs in schools, establishing an annual reduction on sugar content allowed in beverages until 2023[29]. The school nutrition policy and standards were finalised in late 2024 and is waiting for approval to begin its implementation. Jamaica's school feeding programme has existed since 1939, providing lunch to 225,000 students and snacks to over 18,000 daily.[30] Even though it is considered the first social protection policy in the country, it was subject to concerns regarding its nutritional quality, potentially linked to the lack of a clear policy that ensured standardisation in meeting nutrition requirements for school-age children.

These concerns, combined with the alarming increase in the rate of obesity among school-age children and adolescents, drove the Ministry of Education and Youth and the Ministry of Health and Wellness of Jamaica to lead the development of a national school nutrition policy and standards. These efforts aim to ensure children entering educational facilities are provided with access to healthy food options and physical activity opportunities.

The Jamaican policy also aims to reduce the rates of obesity and address undernourishment and micronutrient deficiencies in children by implementing actions in key areas such as curriculum development, food services environment and education, provision of meals to meet nutrition standards, physical activity environment, and health promotion for behaviour change. This policy also used the PAHO Nutrient Profile Model as a reference, and both policies in Barbados and Jamaica are aligned with WHO guidance on the implementation of school food and nutrition policies in general principles and in specific interventions.[31]

The role of CSOs

Civil society has been active in supporting school nutrition policies by advocating for their implementation and developing mass media and social media campaigns to build support, as well as liaising with the community, including with young advocates and students. The mobilization to include voices of students in consultation processes is noteworthy. CSOs have provided resources and training for government officials in best practices to develop school nutrition policies, including three resources on regulating the availability and marketing of unhealthy beverages and food products in and around schools in the Caribbean[III], and have worked with governments to design, implement, and monitor healthy food policies, especially in resource limited settings. Additionally, CSOs liaised with academia, particularly with the University of the West Indies, to provide research and expertise in developing school nutrition policies. These actions resulted in building public understanding and support of school nutrition policies, as well as countering industry efforts to undermine these and other policies.

In particular, the Healthy Caribbean Coalition (HCC) has a dedicated landing page on healthy school initiatives that highlights policy recommendations, and has led a regional digital multi-partner campaign **"The food in our schools matters"** (**Figure 5**), supported by on-the-ground CSO advocacy, communication and capacity building activities to encourage public and policymaker support for policies to limit the sale and marketing of unhealthy foods and drinks in and around schools, and increasing the availability of nutritious foods, healthier snacks and water. The campaign was implemented in 2022 and is expected to be re-launched in 2025 to promote the scale-up of these policies in other Caribbean countries. Furthermore, the HCC has convened a Regional Healthy Schools Food Policy Network, which includes members from 10 CARICOM countries, including representatives from government ministries of health and education, CARPHA, CSOs, PAHO, OECS Commission, UNICEF Jamaica and academia to share best practices and support countries with limited resources to develop and implement comprehensive school nutrition policies. As part of the network, the HCC created a closed online portal with useful resources including country specific documents such as national policies, and advocacy and implementation tools.

Figure 5. Poster from "The food in our schools matters" campaign

Source: Healthy Caribbean Coalition

III These resources included a report on Regulating the Availability and Marketing of Unhealthy Beverages and Food Products in and around Schools in the Caribbean; a guide on Model Policy and Legislative Guidance for Regulating the Availability and Marketing of Unhealthy Beverages and Food Products in and around Schools in the Caribbean; and a summary on Policy and Legislative Guidance for Regulating the Availability and Marketing of Unhealthy Beverages and Food Products in and around Schools in the Caribbean.

LESSONS LEARNED

- **Filling the gaps in resources and technical knowledge** through the support of CSOs and UN agencies has been key to achieve and implement comprehensive school nutrition policies in the Caribbean that meet best practices and recommendations.

- **Ensuring government priorities remain aligned with public interest and CSO asks** has been crucial to overcome policy development and implementation challenges, including industry opposition.

- **Having both ministries of health and education championing** school nutrition policies in the Caribbean has been crucial to support the implementation of comprehensive policies.

- **Implementing model programmes and pilots** has been essential in the Caribbean to show the feasibility of these policies in resource-constrained settings, such as those of Small Island Developing States (SIDS).

- **Having strong CSO coalitions and grassroot organisations**, including young people, has created population awareness and demand for strong school nutrition policies in the Caribbean.

- **Providing a clear message to the population on the benefits** of implementing comprehensive school nutrition policies with support from UN agencies and CSOs has been an important step.

KEY CHALLENGES

- Ministries of education and health in the Caribbean have **limited government resources** to develop and implement comprehensive nutrition policies and thus rely heavily on private sector funding, traditionally driven by the ultra-processed food and beverage industry.

- The **industry** has created a barrier for implementation of strict nutrition policies by s**upporting different activities in schools as corporate social responsibility,** lobbying government officials and school personnel.

- Policy development and implementation in the Caribbean is a **slow process** that requires much technical and financial support to achieve cabinet review and approval, and therefore **requires long-term resources** for CSOs to keep up their advocacy efforts and not lose momentum.

- Countries **need more support from CSOs and UN agencies in developing tools for implementation,** including models for policy and monitoring mechanisms.

- Governments have **limited capacity to enforce and monitor** school nutrition policies, especially to identify the availability and marketing of ultra-processed foods HFSS available in and around schools.

CASE STUDY 3

TRANS FAT ELIMINATION

India

BACKGROUND

A diet high in industrially-produced trans fatty acids (iTFA) accounts for about 3% of all CVD deaths in India, higher than the global average.[32] The consumption of iTFA and saturated fats in India is high, as many traditional dishes are fried in fats and oils. It was estimated that partially hydrogenated oils (PHOs) in India contained 28-40% of iTFA. PHOs are the main source of fat in the preparation of several traditional dishes,[33] and in India, one of the main edible fats consumed is vanaspati, made from partially hydrogenated vegetable oil containing large amounts of iTFA[34].

The WHO launched the REPLACE technical package in 2018, to support countries to eliminate iTFA, recommending two best-practice policies: setting a mandatory limit of two grams of iTFA per 100 grams of total fat in all foods, and/or ban the production or use of PHO in all foods.[35]

A national regulatory approach for the elimination of iTFA

India has passed several policies to reduce the consumption of iTFA. This began in 2010 with a series of stakeholder consultations with academia, that led to a regulation that mandated a limit of the iTFA content in some categories of fats and oils to less than 10% by 2013, and a reduction to 5% followed, to be implemented by 2017. In 2017 and 2018, the Food Safety and Standards Authority (FSSAI) committed to eliminating iTFA from the food supply and decided to move forward with the WHO recommended best practice of a 2% limit on TFA in fats, oils and total fat content in foods. In 2018, a series of consultations were conducted following a transparent process with the participation of multiple stakeholders, including health experts, policy makers, CSOs and representatives from the fat, oil and food industry.

This led to the achievement of two regulations, one in 2020 that set a phased reduction with 3% limit of TFA by 2021, followed by a limit in 2022 in line with international best practices establishing a 2% limit of TFA from total fat in all food products in which edible oils and fats are used as ingredients. Therefore, FSSAI mandated that all edible oils, vanaspati, bakery shortening, margarines, vegetable fat spreads, and mixed fat spreads must contain no more than 2% of TFA.[36] Additionally, FSSAI gazetted the regulation that requires food manufacturers to declare TFA content on food labels and has conducted public awareness campaigns to educate people about the dangers of iTFA, encouraging them to choose healthier food options. The labelling regulation allows foods with less than 0.2 gram of TFA per 100 grams / 100 ml and edible oils and fats with less than one gram of TFA per 100 grams / 100 ml to declare they have zero TFA content.[37]

During the development of the 2020 and 2021 regulations, there were several main actors, including FSSAI as the regulatory agency, the Ministry of Health and Welfare for health promotion efforts, and the states' food safety authorities as the responsible bodies for enforcing the regulations. Additionally, several CSOs advocated and supported this initiative, especially Resolve To Save Lives (RTSL), Consumer Unity and Trust Society (CUTS), Consumer Voice and the Healthy India Alliance, as well as WHO, all in line with their global commitment to eliminate trans fats from the global food supply[38]. The food industry expressed concerns regarding the economic impact, technical challenges, lack of alternatives for reformulation and the challenges for enforcement. However, FSSAI engaged with the food industry through technical consultations, and different industry associations voluntarily committed and signed pledges to eliminate or reduce iTFA from their products, but ultimately, regulation was implemented for universal application and enforcement.[39]

Strong leadership and political commitment from the government, including setting clear and ambitious goals, have been key to advance iTFA elimination despite industry opposition.

In 2021, FSSAI conducted a survey on iTFA in different food categories in 419 cities and 34 states. The food categories selected are considered high risk for iTFA content: sweets, toppings and chocolates; fried foods; bakery and confectionary products; frozen foods; composite foods; and oils, vanaspati, shortenings and margarine. A total of 6,245 samples were collected and analysed. The analysis found that 3.1% of samples were not compliant with the regulation, and the majority of these products were oils, vanaspati, shortenings and margarines.[40]

The role of CSOs

CSOs were critical partners to advance iTFA elimination policy approval and implementation in India, as described. Creating alliances with the government and UN agencies was crucial to ensure public health interests remained the priority throughout the process, particularly in a large country like India.

CSOs provided technical assistance to FSSAI, supported during public consultations, engaged the general population by creating awareness through communication campaigns, and reflected consumer voices in the process, creating demand for the regulation. Additionally, CSOs developed research and shared best practices from other countries and regions.

LESSONS LEARNED

- **Ensuring strong leadership and political commitment** from the government, including setting clear and ambitious goals, has been key to overcome industry´s opposition.

- **Having support from UN agencies and CSOs** has led to wider support from the national authorities to pass and implement the regulation in line with best practice recommendations.

- **Receiving external technical assistance** for defining the scope and limits of the regulation, for tools for laboratory analysis, PHO manufacturing facilities visits and models of enforcement mechanisms, has strengthened the development and implementation of the regulation.

- **Developing guidance and providing training for the regulatory agency and implementing authorities by technical experts** has been crucial to facilitate approval and implementation.

- **Monitoring the regulations by measuring the TFA content in different categories** of processed foods has been essential to assess the regulation's impact and identify gaps in research and/or enforcement; e.g., on food categories that are sources of iTFA and were not identified previously.

KEY CHALLENGES

- **Industry interference** has been pushing for a voluntary and gradual approach by leveraging different arguments such as job loss and higher costs, the unavailability of the technology and/or the cost of raw ingredients to implement the regulation.

- **The need for specialised equipment and skilled personnel** in India to conduct analyses has made enforcement challenging.

- **The sale of loose and unlabelled edible oils and fats** pose significant challenges for enforcement and monitoring, since the authorities and CSOs estimate there is a large unregulated sector.

CASE STUDY 4

FISCAL POLICIES

Philippines

BACKGROUND

It is estimated that the consumption of sugar from SSBs in the Philippines increased from 14.9 grams per person per day in 2005 to 21.4 grams per person per day in 2015. Until 2018, SSBs were only subject to a general value-added tax of 12% along with several other goods, instead of a specific tax for SSBs.[41] In the meantime, the prevalence of overweight and obesity among adults in the country has almost doubled between 1998 (20.2%) and 2019 (36.6%), and it is estimated that more than 30% of adolescents in Philippines will live with overweight or obesity by 2030[42].

Implementation of SSB excise taxation in the Philippines

In 2012, the country enacted a Sin Tax Reform Law on Tobacco and Alcohol and a legislator filed a proposal to tax SSBs during the 16th Congress (2013-2016). However, it was not until the 17th Congress (2016-2019) that the proposal gained support from the Department of Health and the Department of Finance as part of the Tax Reform for Acceleration and Inclusion (TRAIN) bill. This alliance between the legislative and executive branch was identified as key to advancing the proposal that was signed into law in 2017. The role of a champion in the Parliament was also found to be essential in advancing the bill into law.

The SSB excise tax was implemented under the TRAIN law, which took effect on 1 January 2018. The main objectives of this tax are to reduce the consumption of sugary drinks, improve public health by preventing obesity and diabetes, and generate additional revenue for the government. One of the key arguments used during the discussion was the country´s poor performance in oral health, with an estimated national prevalence of 88% of dental caries in children 5 years old[43], which is associated with malnutrition and is one of the main causes of school absenteeism in the country.[41]

The excise tax applies US$ 0.10 (six Philippine pesos)[IV] per litre to SSBs, beverages that contain non-sugar sweeteners or any combination of the two, and a US$0.21 (12 Philippine pesos) per litre to beverages sweetened with high-fructose corn syrup. This includes a variety of drinks, including carbonated beverages, sweetened juices and energy drinks; however, it excludes 100% fruit and vegetable juices and milk products, including sweetened milk beverages, yogurt and fruit-flavoured yogurt beverages, and medical foods (**Table 2**).

During the approval process, there were several versions of the bill in the Parliament. The House of Representatives bill passed with higher tax rates (US$0.17/US$0.35), while the Senate bill passed with lower tax rates (US$0.08 / US$0.16). The Act submitted to the executive branch for enactment established the current rates, and it is perceived that the industry influenced the discussion to achieve lower rates, as well as to modify the exemptions by engaging with legislators and consumer groups to refute policy benefits, promoting alternative policies to favour their interests, developing alternative evidence undermining policy benefits, and offering rewards or other incentives to government agencies and individuals[44]. It is important to note the definition adopted in the law is specific with the term sweetened beverages, to include both sugar and non-sugar sweetened beverages; however, it also contains extensive exemptions of products that are potentially high in sugars and specifically marketed to children.

Table 2. Taxable products and exemptions on the Philippine SSB tax

Taxable products under Philippines legislation		
• Sweetened juice drinks • Sweetened tea • All carbonated beverages • Flavoured water • Energy and sports drinks	• Powdered drinks not classified as milk, juice, tea or coffee • Cereal and grain beverages	• Other non-alcoholic beverages that contain added sugar
Exemptions		
• All milk products, including plain milk, infant formula milk, follow-on milk, growing-up milk, powdered milk, ready-to-drink milk, flavoured milk, soy milk and flavoured soy milk • 100% natural fruit juices without added sugar or caloric sweeteners	• 100% natural vegetable juices without added sugar of caloric sweeteners • Ground coffee, instant soluble coffee and prepackaged powdered coffee products • Meal replacement and medically indicated beverages	• Beverages sweetened with coconut sap or stevia glycosides

IV Currency conversions as of 10 March 2025.

Notably, as with Philippines' tobacco and alcohol excise taxes, the revenue from the SSB tax is earmarked to finance universal health coverage (UHC) in the country, with most of the resources being used for the social health insurance or health promotion.

It was estimated that the SSB tax in the Philippines could avert 5,913 deaths related to diabetes, 10,339 deaths from ischaemic heart disease and 7,950 deaths from stroke over 20 years and generate about US$ 627 million in health care savings over the same period, as well as raise US$ 813 million in revenue per year.[45] However, the tax fell short in terms of revenue, something that has been attributed to reformulation in beverages using high fructose corn syrup and to the tax design, as it is not adjusted by inflation, causing the prices to stall in the following years. The sales of SSBs declined during the first year of implementation but had an upward trend the year after, going down during the pandemic and back up recently, without reaching pre-pandemic levels[46]. There is a current movement and project to reform the tax for more effectiveness and to expand it to other food categories beyond SSBs.

SSB excise taxes are triple win measures that improve health outcomes and reduce healthcare costs, while generating government revenue that can be invested in health systems. This framing is crucial to build the support from health and finance authorities.

The role of CSOs

CSOs supported the development of the legislation by disseminating health arguments that supported the implementation of the SSB tax and have continued to advocate for increasing the tax rate for further benefits. UN agencies provided technical advice and facilitated experience exchange with Mexico´s academia and CSOs to learn from their experience.

LESSONS LEARNED

- **Ensuring visible, high-level government commitment and support** was crucial, including the engagement of champions within the legislative and executive branches, particularly, from the President.

- **Drawing on lessons learned from past experience** with tobacco and alcohol excise taxation in the Philippines, including a simple tax design and framing with health and revenue arguments was helpful.

- **Developing a strong narrative towards both health and finance authorities** that highlights the triple win of SSB taxes, including their health benefits, revenue potential to finance UHC and long-term health care costs was essential.

- **Building on strategies used by other countries** like Mexico to frame and formulate the tax reform with the strong support from CSOs and UN agencies was key.

- **Providing a clear message to the population on the benefits** of implementing SSB taxes with the support from UN agencies and CSOs was an important step.

KEY CHALLENGES

- **Industry interference was successful in decreasing the tax rate and scope**, thus affecting its effectiveness.

- **The tax design lacks adjustment by inflation**, losing its effectiveness over time and requiring a review and amendment.

- **The definition of SSBs needs to be reviewed** to add all sweetened beverages, including sweetened or flavoured milk products and low or zero calorie sweetened beverages.

- **There is a lack of monitoring and evaluation to assess impact** in terms of SSB consumption patterns and health outcomes.

References

1 Institute for Health Metrics and Evaluation (IHME). Global Burden of Disease 2021: Findings from the GBD 2021 Study. Seattle, WA: IHME, 2024.

2 Institute for Health Metrics and Evaluation. Diet [Internet]. Seattle, WA: IHME; 2024. Accessed 13 November 2024. Available at: **https://www.healthdata.org/research-analysis/health-risks-issues/diet#:~:text=1.9%20million%20deaths%20globally%20were,of%20death%20associated%20with%20diet**

3 De Souza RJ, Mente A, et al. Intake of saturated and trans unsaturated fatty acids and risk of all cause mortality, cardiovascular disease, and type 2 diabetes: systematic review and meta-analysis of observational studies. BMJ. 2015;351:h3978. Available at: **https://pubmed.ncbi.nlm.nih.gov/26268692/**

4 Lara-Castor L, O´Hearn M, et. al. Burden of type 2 diabetes and cardiovascular disease attributable to sugar-sweetened beverages in 184 countries. Nature Medicine. 2025. Available at: **https://doi.org/10.1038/s41591-024-03345-4**

5 2021 Global Nutrition Report: The state of global nutrition. Bristol, UK: Development Initiatives; 2021.

6 What are healthy diets? Joint statement by the Food and Agriculture Organization of the United Nations and the World Health Organization. Geneva: World Health Organization and Food and Agriculture Organization of the United Nations; 2024. Available at: **https://doi.org/10.4060/cd2223en**

7 World Health Organization. Food systems for health: information brief. Geneva: WHO; 2021.

8 World Health Organization. Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases, second edition. Geneva: World Health Organization; 2024.

9 Lacy-Nichols J, Marten R, et al. The public health playbook: ideas for challenging corporate playbook. Lancet Global Health. 2022;10(7):E1067-E1072. Available at: **https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00185-1/fulltext**

10 Instituto Nacional de Estadísticas y Censos. 4° Encuesta Nacional de Factores de Riesgo. Resultados definitivos. - 1a ed. Ciudad Autónoma de Buenos Aires : Instituto Nacional de Estadística y Censos - INDEC, Secretaría de Gobierno de Salud de la Nación; 2019. Available at: **https://www.indec.gob.ar/ftp/cuadros/publicaciones/enfr_2018_resultados_definitivos.pdf**

11 Ministerio de Salud de la Nación. Guía de recomendaciones para panaderos: ¿Cómo y por qué reducir el uso de la sal y no utilizar grasas trans? Buenos Aires: Ministerio de Salud de la Nación; 2016. Available at: **https://www.argentina.gob.ar/sites/default/files/bancos/2018-10/0000000837cnt-2016-05_guia-para-panaderos.pdf**

12 Ferrante D, Gautero ME, et. al. Less Salt, More Life Initiative: Strategy to Reduce Sodium Intake in Argentina. Rev Argent Salud Pública. 2015;6(22):35-39. Available at: **https://pesquisa.bvsalud.org/portal/resource/pt/biblio-869523?lang=en**

13 Allemandi L, Tiscornia MV, Guarnieri L, Castronuovo L, Martins E. Monitoring Sodium Content in Processed Foods in Argentina 2017-2018: Compliance with National Legislation and Regional Targets. Nutrients. 2019;11(7):1474. Available at: **https://doi.org/10.3390/nu11071474**

14 Guarnieri L, Castronuovo L, Flexner N, Yang Y, L´abbe M, Tiscornia V. Monitoring sodium content in processed and ultraprocessed foods in Argentina 2022: compliance with National Legislation and Regional Targets. Public Health Nutrition. 2024;27(1):e193. Available at: **https://doi.org/10.1017/S1368980024001423**

15 Pan American Health Organization. Upadted PAHO Regional Targets for Sodium Reduction. Washington, D.C.: PAHO; 2021. Available at: **https://iris.paho.org/handle/10665.2/54658**

16 Ministerio de Salud de la Nación. Ley No 27.642 de Promoción de la Alimentación Saludable. Buenos Aires: Ministerio de Salud; 2022. Available at: **https://www.argentina.gob.ar/salud/ley-de-promocion-de-la-alimentacion-saludable**

17 Guaresti G, Clausen M, Espínola C, Graciano A, Guarneri L, Perelli L, Alcaraz A. Childhood obesity and sugar-sweetened beverages in Río Negro: Burden of disease and expected impacto f Law no. 27642 on the Promotion of Healthy Eating. Arch Argent Pediatr. 2024;122(6):e202310109. Available at **http://dx.doi.org/10.5546/aap.2023-10109.eng**

18 Fundación InterAmericana del Corazón Argentina. Contenido de sodio en productos procesados en Argentina. Ciudad Autónoma de Buenos Aires: FIC Argentina; 2024. Available at: **https://www.ficargentina.org/wp-content/uploads/2024/12/2412_policysodio-1.pdf**

19 Pan American Health Organization. Core indicators [Internet]. Washington, D.C.: PAHO; 2024. Accessed 18 November 2024. Available at: **https://opendata.paho.org/en/core-indicators/core-indicators-dashboard**

20 Caribbean Public Health Agency. Plan of Action for Promoting Healthy Weights in the Caribbean: Prevention and Control of Childhood Obesity 2014-2019. Port of Spain: CARPHA; 2014. Available at: **https://carpha.org/Portals/0/xBlog/documents/HealthyWeights.pdf**

21 CARPHA. Promoting Healthy Diets, Food Security, and Sustainable Development in the Caribbean Through Joint Policy Action. Barbados: CARPHA; 2017. Available at: **https://carpha.org/Portals/0/Documents/CARPHA_6_Point_Policy_for_Healthier_Food_Environments.pdf**

22 Healthy Caribbean Coalition. Preventing Childhood Obesity in the Caribbean. Civil society action plan 2017-2021. Bridgetown: HCC; 2017. Available at: **https://www.healthycaribbean.org/wp-content/uploads/2017/10/Preventing-Childhood-Obesity-in-the-Caribbean-CSAP-2017-2021.pdf**

23 Pan American Health Organization. Plan of action for the prevention of obesity in children and adolescents. Washington, D.C.: PAHO; 2014. Available at: **https://iris.paho.org/handle/10665.2/49138**

24 CARICOM. Comuniqué issued at the conclusion of the thirty-ninth regular meeting of the Conference of Heads of Government of the Caribbean _Community. Montego Bay: CARICOM; 2018. Available at: **https://caricom.org/communique-issued-at-the-conclusion-of-the-thirty-ninth-regular-meeting-of-the-conference-of-heads-of-government-of-the-caribbean-community/**

25 World Health Organization. The Global Database on the implementation of Food and Nutrition Action (GIFNA) [Internet]. Geneva: WHO; 2024. Available at: **https://gifna.who.int/summary/SSBtax.**

26 World Health Assembly. Acceleration plan to support Member States in implementing the recommendations for the prevention and management of obesity over the life course. Geneva:WHO;2022. Available at: **https://apps.who.int/gb/ebwha/pdf_files/WHA75-REC1/A75_REC1_Interactive_en.pdf#page=105**

27 Ministry of Health and Wellness, Ministry of Education, Technological and Vocational Training. National School Nutrition Policy, Barbados. Bridgetown; 2023. Available at: **https://www.mrd.gov.bb/attachments/National%20School%20Nutrition%20Policy-Barbados%20Sept%2019,%202022.pdf**

28 Pan American Health Organization. PAHO Nutrient Profile Model. Washington, D.C.: PAHO; 2016.

29 Ministry of Health and Wellness, Ministry of Education, Youth and Information. Interim Guidelines for Beverages in Schools. Kingston: Mininstry of Health and Wellness; 2018. Available at: **https://www.moh.gov.jm/wp-content/uploads/2020/07/Interim-Guidelines-For-Beverages-In-Schools.pdf**

30 Ministry of Education and Youth, Ministry of Health and Wellness, Jamaica. National School Nutrition Policy and Standards (Draft). Kingston; 2023. Available at: **https://moey.gov.jm/wp-content/uploads/2023/08/draft_national_school_nutrition_policy_standards_august_30_2023.pdf**

31 World Health Organization. Implementing school food and nutrition policies: a review of contextual factors. Geneva: WHO; 2021. Available at: **https://iris.who.int/bitstream/handle/10665/345130/9789240035072-eng.pdf?sequence=1**

32 Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2019 (GBD 2019) Dietary Risk Exposure Estimates 1990-2019. Seattle, WA: IHME; 2021. Available at: **https://ghdx.healthdata.org/record/ihme-data/gbd-2019-dietary-risk-exposure-estimates-1990-2019**

33 Paliwal BK, Wan M. Elimination of industrial Trans Fatty Acids from the food supply chain: With a focus on India. Food Chemistry Advances. 2024;5:100802. Available at: https://doi.org/10.1016/j.focha.2024.100802

34 Food Safety and Standards Authority of India. Regulation of Trans Fatty Acids (TFAs) in Partially Hydrogenated Vegetable Oils. New Delhi: FSSAI. Available at: https://fssai.gov.in/upload/uploadfiles/files/Regulation_of_TFA.pdf

35 World Health Organization. REPLACE Trans fat: an action package to eliminate industrially produced trans-fatty acids. Geneva: WHO; 2020.

36 FSSAI (Food Safety and Standards Authority of India). (2021). Gazette Notification: Amendment to the Food Safety and Standards (Food Products Standards and Food Additives) Regulations, 2011 regarding Trans Fat. Extraordinary Gazette, Part III, Section 4, February 5, 2021. Available at: https://fssai.gov.in/upload/notifications/2021/02/601d00b73657dGazette_Notification_Trans_fat_05_02_2021.pdf

37 Food Safety and Standards Authority of India. Gazette Notification: Amendment to the Food Safety and Standards (Advertisement and Labeling) Regulations, 2018. Extraordinary Gazette, Part III, Section 4, December 13, 2022 Available at: https://fssai.gov.in/upload/notifications/2022/12/63998e33c2ad6Gazette_Notification_Amendment_14_12_2022.pdf

38 Steele L, Drummond E, et al. Ending Trans Fat - the First-Ever Global Elimination Program for a Noncommunicable Disease Risk Factor: JACC International. Journal of the American College of Cardiology. 2024;7:663-674. Available at: https://pubmed.ncbi.nlm.nih.gov/39111974/

39 Food Safety and Standards Authority of India. Trans fats [Internet]. New Delhi: FSSAI. Available at: https://eatrightindia.gov.in/EatRightIndia/trans-fat-free-india.jsp

40 Food Safety and Standards Authority of India. Press Release. PAN-India Survey Results on Trans-fat in different Food categories released by FSSAI. New Delhi: FSSAI; 2021. Available at: https://fssai.gov.in/upload/press_release/2021/09/6149d70fca843Press_Release_Survey_TransFat_21_09_2021.pdf

41 Onagan FC, C Ho BL, T Chua KK. Development of a sweetened beverage tax, Philippines. Bull World Health Organ. 2018;97(2):154-159. Available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC6357562/

42 UNICEF Philippines. Everybody Needs to Act to Curb Obesity DOH and development partners call for a whole-of-society approach to reduce obesity in the Philippines. Press release, 4 March 2022. Available at: https://www.unicef.org/philippines/press-releases/everybody-needs-act-curb-obesity

43 Duangthip D, Gao SS, et al. Early childhood caries among 5- to 6-year-old children in Southeast Asia. International Dental Journal. 2017;67(2):98-106. Available at : https://doi.org/10.1111/idj.12261

44 Huse O, Reeve E, et al. Understanding the corporate political activity of the ultra-processed food industry in East Asia: a Philippines case study. Globalization and Health. 2023;19:16. Available at: https://doi.org/10.1186/s12992-023-00916-x

45 Saxena A, Koon A, et al. Modelling the impact of a tax on sweetened beverages in the Philippines: an extended cost-effectiveness analysis. Bull World Health Organ. 2018;97(2):97-10. Available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC6357567/

46 Lacaza R. An Emprirical Evaluation of the Sugar-Sweetened Beverage Tax and its Implications on Health Policy and Tax Revenues. Manila: Congressional Policy and Budget Research Department; 2024. Available at: https://www.researchgate.net/publication/381582787_An_Empirical_Evaluation_of_the_Sugar-Sweetened_Beverage_Tax_and_its_Implications_on_Health_Policy_and_Tax_Revenues

Accelerating action on NCDs to promote health, protect rights and save lives

#NCDs @ncdalliance