BRIEF

Health Impact Assessment of Front-of-Pack Warning Nutrition Labelling in Kenya[1]

Lessons for the draft front-of-pack labelling regulations under the Kenya Nutrient Profile Model

October 2026

Key Messages

Health Impact Assessment (HIA) assesses the health effects of a policy, law or project and aims to improve the proposal before decisions are made. This HIA examined Kenya's draft regulations on front-of-pack warning nutrition labelling (FoPL). It assessed three elements:

1. The nutrient profiling criteria,
2. The regulation and implementation framework, and
3. The label design.

FoPL can improve diets and reduce diet-related non-communicable diseases (NCDs), through consumer choice and industry reformulation.



Illustration of the black octagon warning labels proposed under DKS 2955:2021. Team rendering, not an official specimen, 2026.

These gains are conditional. The HIA findings indicated several priorities affecting health impacts.

- The regulations are stalled before Cabinet, and every benefit depends on approval.
- About 70% of food retail is informal and lies outside the regulation by design.
- No enforcement plan or budget exists.
- About one adult in six cannot read the label.
- As drafted, the regulation would protect formal-market shoppers best, not the households carrying the highest burden.

The HIA **recommends that**

a. The Cabinet Secretary for Health secure approval and mandatory status for FoPL.
b. The Ministry of Health (MoH) and the Kenya Bureau of Standards (KEBS) bring supermarket own-brand products into scope and cost an enforcement plan before gazettement.
c. Small producers be provided with a transition period and subsidised nutrient analysis.
d. Communication reach those with low literacy, with labels accessible for people with disability.

The regulations are still in draft, so making these changes now avoids costs and ill health.

The policy context

Kenya faces a double burden of malnutrition. Undernutrition persists while diet-related NCDs rise fast. Adult overweight and obesity doubled from 25% in 2008/09 to 49% in 2022, and diet-related NCDs cause 42.8% of all deaths (1). Type 2 diabetes cost the public health system about US$635 million in 2021, a cost projected to reach US$1.6 billion by 2045 (2). Packaged food drives much of this burden, with over 80% of packaged products exceeding at least one Kenya Nutrient Profile Model (KNPM) threshold, and only 21% carrying minimum Codex nutrition information (3). Meanwhile, 76.3% of Kenyans could not afford a healthy diet in 2025 (4), with low-income households and children using cheap, energy-dense packaged food to fill the gap. FoPL is being drafted to apply the KNPM adopted in 2025, with pre-packaged foods exceeding KNPM thresholds for sugar, salt or fat carrying the black octagon warning, shown above. FoPL is one of five food-environment regulations in a Cabinet memo, with debate on its trade impact. With no date yet set for Cabinet review, the end-2026 gazettement target is at risk (5).

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Kenya's diet-related disease burden in five figures. Sources: (1-4).

The Health Impact Assessment

The HIA prospectively used an internationally recognised five-stage method: screening to identify feasibility, the causal pathways and focus of the HIA; scoping to identify the sources and forms of evidence; a profiling and assessment stage to identify the direction, magnitude, severity, likelihood and on this basis the significance of the health impacts assessed; and the setting of recommendations for significant impacts; and steps to report and communicate the HIA and propose areas for monitoring impacts and of implementation of the recommendations (6). It was implemented during EQUINET regional training in July to October 2026 as a mentored HIA. The HIA assessed three elements of the draft regulations:

a. **Nutrient profiling criteria:** the KNPM thresholds, the eleven product categories covered, and the link to trans-fat and marketing provisions.
b. **Regulation and implementation framework**: the approval steps, alignment with the East African Community (EAC), and enforcement and monitoring.
c. **Label information and design:** the symbol and colour, visibility at the point of purchase, and consumer education.

The assessment drew evidence from desk review of published survey and statistical sources, peer-reviewed studies, experience from Chile, Mexico, Argentina, Brazil, Peru, Zambia and Thailand and two key informant interviews from a Ministry of Health representative (KI1) and a researcher close to the policy process (KI2). No field data were collected. A causal pathway shown adjacent linked each element to health Some findings (on approval, scope, enforcement) based on one KI need validation and follow up primary research is needed on affordability, household food environments, enforcement capacity, producer compliance costs and accessibility for people with disability. Overall, the data used gives reasonable confidence in the findings. Each impact was rated for direction, magnitude, severity, likelihood and distribution.

The causal pathway linking the key elements to health impacts in the HIA

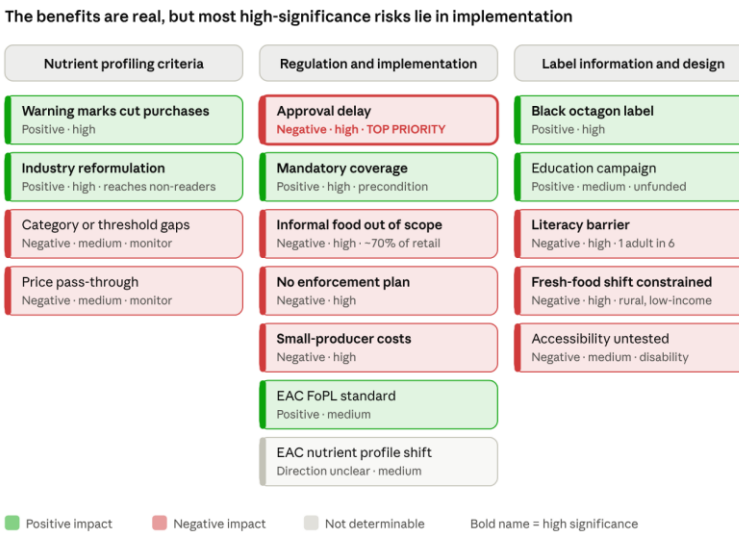
Element	Key SDH	Health impacts	Who is affected
Nutrition profiling criteria	Cheap, energy-dense packaged food is more available than healthy food and aggressively marketed; no threshold yet marks it	**Obesity, type 2 diabetes, heart disease; dental caries in children**	*Low-income households; children under 18; people living with diet-related NCDs*
Regulation and implementation framework	Food environment stays unregulated while approval stalls; informal retail (~70%) outside scope by design	**Diet-related NCDs continue through the delay; T2D cost rising to US$1.6bn by 2045**	*All consumers while approval is delayed; informal, rural and small-shop buyers; small producers*
Label information and design	Low nutrition literacy; most shoppers know only back-of-pack labels; accessibility untested	**Behaviour change reaches label readers only; others stay at prior risk**	*Adults with low literacy (about 1 in 6); older adults; people with disability*

Findings of the HIA on health impacts

The HIA assessed sixteen health impacts across the three elements, shown in the figure overleaf.

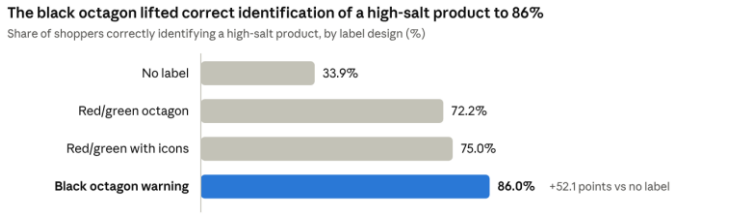
a. **The nutrient profiling criteria** would mark most of the packaged food supply as unhealthy, and warning marks reduce purchases. In Chile, purchases of sugary drinks fell by 24% within 18 months of warning labels coming in (7). Mandatory profiling drives reformulation, with only 10% top manufacturers' products meeting a pre-final KNPM (8). Reformulation is the most equitable impact, does not rely on reading a label, and was found in Chile to not reduce employment, wages or profits, which answers the main economic objection raised by industry (9).

b. **The regulation and implementation framework** decides whether any benefit arrives at all. Until approval, all consumers stay exposed to an unlabelled food supply, and NCD costs keep rising. Mandatory status matters: in Australia, voluntary labels covered 39% of products, against 93% for mandatory labels (10). Three further gaps carry high negative impacts. The regulation covers only manufactured pre-packaged food, so informal retail, about 70% of food retail, stays outside it. No enforcement budget, surveillance plan or inspection protocol exists (5). Small producers face compliance costs with no transition period, and Kenya has 8.5 million informal enterprises (11).



The 16 health impacts assessed, by element, direction and significance. Source: HIA profiling and assessment, 2026.

c. **The label design** works in Kenya. In a trial with 2,198 shoppers in four Kenya counties, the black octagon outperformed both alternative designs tested, as shown adjacent (1). However, with adult literacy at 83%, one adult in six cannot read the label. No FoPL scheme in any country has been tested with visually or intellectually impaired users. No consumer education campaign has a plan or budget yet. The label asks households to switch to fresh food, but only 6% of rural households use clean cooking fuel and 2.4% own a refrigerator (12).



Correct identification of a high-salt product by label design, randomised trial of 2,198 shoppers in Nairobi, Mombasa, Kisumu and Garissa (1)

As drafted, the regulation would protect formal-market shoppers best. The households carrying the highest burden are the least protected:

- **Low-income households.** In 2022, 39.8% of Kenyans (20.2 million) lived below the poverty line (12). They buy mostly domestic products in informal markets which carry the least nutrition information (3), that may be read as safe to the buyer.
- **Children under 18.** Of 2,300 advertisements around 500 schools, 46% promoted unhealthy foods, rising to 63.9% in rural Baringo (13).
- **People with low literacy and people with disability,** including women, rural residents and people not fluent in English or Swahili and 0.9 million Kenyans living with disability.
- **Small producers,** on whom compliance costs fall hardest, where exit or non-compliance could narrow the affordable food supply.

Recommendations from the HIA

Based on the findings, various actions are recommended to secure the health benefits of FoPL and to extend them to the groups now least protected. Most should be taken before gazettement, when changes cost least. The recommendations are summarised in the Table below.

Action	By whom and when
Regulation and implementation	
Secure Cabinet approval and hold mandatory status. No voluntary fallback; answer trade objections in writing, citing the July 2026 Kenya-led EAC FoPL standard and Chilean employment evidence.	Cabinet Secretary for Health; MoH; KEBS; Now, before the Cabinet sitting

Action	By whom and when
Apply the conflict-of-interest framework before stakeholder validation opens.	Steering Committee; Before validation
Bring supermarket own-brand products into scope, requiring a decision on informal and loose-sale food within 24 months.	MoH; KEBS; county governments Before gazettement
Cost and fund an enforcement plan: name the authority, inspection frequency, penalties and budget per outlet type, and set a compliance baseline.	MoH; KEBS; National Treasury; county inspectorates; Before gazettement
Make small producers able to comply: a differentiated transition period and subsidised nutrient analysis.	KEBS; Micro & Small Enterprises Authority; Year 1, Before gazettement;
Nutrient profiling criteria	
Test the KNPM thresholds on a basket of Kenyan products, and against the EAC/PAHO model before any regional transition.	MoH Nutrition Tech Working Group Before gazettement
Track reformulation and prices in low-income markets, with safeguards if affordability falls.	MoH; KNBS; research partners Baseline & every 1–2 yrs
Label information and design	
Retain the black octagon as the mandatory design.	MoH; KEBS; Standard finalisation
Fund a communication strategy for low-literacy groups: point-of-sale signage, vernacular radio and community outreach.	MoH; county health teams; before gazettement
Add an accessibility requirement to DKS 2955:2021 and test tactile or audio formats with disability organisations.	KEBS; National Council for Persons with Disabilities; Standard finalisation

Monitoring and follow-up

It is proposed that: MoH Division of Nutrition and Dietetics lead monitoring, reporting to the Steering Committee, reviewing indicators each year; KEBS and county inspectorates track compliance, and KNBS track prices and an independent research partner assess consumer understanding and health outcomes, with civil society, research institutions and community health services involved in communication and monitoring compliance. Monitoring should run from a baseline before gazettement to 5–10 years after it, with action following if no Cabinet date is set, if compliance gaps persist in any outlet type or county, or if prices rise substantially for low-income households.

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