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Nutritional quality, labelling and market dynamics of packaged food and non-alcoholic beverage products in Kenya: Implications for child-focused food environment policies

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Lead research was conducted by Dr. Elizabeth Dunford (Department of Nutrition, Gillings Global School of Public Health, The University of North Carolina at Chapel Hill, USA; Food Policy Division, The George Institute for Global Health, University of New South Wales, Sydney, Australia).

This document was prepared by Moeno Sakai and Leah Richardson, UNICEF Kenya Country Office. Technical reviewers included Laura Kiige and Ismael Teta (UNICEF Kenya Country Office) and Agnes Erzse (UNICEF Eastern and Southern Africa Regional Office).

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Nutritional quality, labelling and market dynamics of packaged food and non-alcoholic beverage products in Kenya: Implications for child-focused food environment policies

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EXECUTIVE SUMMARY

Background

In Kenya, the prevalence of overweight and obesity has risen steadily since the 1990s across all age groups.[1] It is projected that between 2010-2030 8.3% of children will become obese,[2] and by 2030 the number of children with obesity could exceed one million.[3] This trend is largely driven by unhealthy diets and food environments. The expansion of supermarkets and the increased availability of ultra-processed foods high in sodium, sugars, and unhealthy fats have contributed to unhealthy food consumption among children.[4,5] Despite the World Health Organization (WHO) calls for manufacturers to reduce harmful nutrients in packaged foods,[6] few studies have comprehensively assessed the nutritional quality and labelling of packaged foods and beverages in Kenya. This evidence gap limits the development and monitoring of healthy food environment policies such as labelling and nutrient standards.

Purpose of the report

This report aims to assess nutrition labelling practices and the healthiness of packaged food and beverage products available in Kenya. It also documents the development of the Kenyan Nutrient Profile Model (KNPM), highlighting how its criteria evolved from the draft to the final version adopted in 2025. By providing this evidence, the report seeks to inform evidence-based recommendations for Kenyan policies and regulations to create healthier food environments for children.

Methods

All packaged food and beverage products introduced to the Kenyan market between 2012 and 2021 were included in this report. Nutrition labelling practices were assessed using the minimum nutrition labelling requirements specified under the Codex Alimentarius (Codex) (energy, protein, carbohydrate, total fat, saturated fat, total sugar and sodium) plus trans fat. The nutritional quality of products was evaluated against two nutrient profile models: World Health Organization African Region Nutrient Profile Model (WHO AFRO NPM)[7] and KNPM[8] (draft 2021 and final version 2025). Sales trends of packaged foods and beverages of particular relevance to children were also analysed.

Results

Analysis of 5,587 packaged food and beverage products revealed widespread gaps in nutrition labelling and poor alignment with health-based nutrient thresholds. Only 4 per cent labelled both the Codex minimum requirements as well as trans fat. Imported products were more likely than domestic ones to meet with Codex requirements (40 per cent versus 14 per cent), raising equity concerns for low-income households that rely more heavily on buying food through informal and traditional outlets because they are more accessible and typically cheaper than formal retail, and which are dominated by locally produced staples and processed products and therefore receive less complete nutrition information.

Nutritional quality was assessed with a total of 1,610 products. Both the KNPM (2025) and WHO AFRO NPM applied stricter thresholds than the draft 2021 KNPM, especially for sugar content in juices. Product categories of particular relevance to children, such as sweetened beverages, confectionery, breakfast cereals and savoury snacks, seldom met both the nutrient profile thresholds and labelling requirements.

Sales analysis from 2016 to 2021 showed strong growth in baby food and milk, soft drinks, sweet snacks and savoury snacks, with soft drinks accounting for roughly three-quarters of the total sales value. Kenya's recent shift toward packaged and ultra-processed foods combined with aggressive marketing might have normalised the consumption of ultra-processed packaged foods, especially among children and adolescents.

Recommendations

1. **Mandate comprehensive back-of-pack nutrient labels.** Comprehensive back-of-pack nutrition labelling aligned with Codex standards should be mandated for all food and beverage products, supported by strong monitoring and enforcement to empower consumers to make informed choices.

2. **Mandate front-of-pack warning labels.** Clear, interpretive "high-in" warning labels should be mandated for products exceeding KNPM thresholds which will help make healthier choices at a glance. Enforcement should be prioritized to high-consumption and child-appealing categories.

3. **Conduct research on non-packaged unhealthy foods.** Comprehensive research on the nutrient quality, consumption, and marketing of non-packaged unhealthy foods should be undertaken to inform the potential extension of the KNPM to fast food and restaurant chains.

4. **Conduct further research packaging and claims on packaged foods.** Further research on packaging, labelling, marketing claims, and product placement both in stores and online of packaged foods should be conducted to understand how they influence children's food choices, which will inform regulation of child-targeted marketing strategies.

5. **Undertake monitoring of the implementation of the KNPM.** A robust monitoring and enforcement mechanisms of the KNPM (2025) should be established with routine audits and transparent reporting to ensure effective implementation.

6. **Undertake regular review and necessary updates to the KNPM.** The KNPM should be reviewed at least every five years to incorporate new evidence and shifts in the food environment, while periodic replication of this research can track progress to maintain the model's relevance and effectiveness.

7. **Ensure healthy reformulation without cosmetic or synthetic additives.** Reformulation efforts prompted by the KNPM should be monitored to ensure they lead to genuinely healthier products rather than cosmetic compliance using synthetic or low-quality additives.

8. **Ensure healthiness of food products marketed to children under 36 months.** Research on quality, safety, packaging, labelling, and marketing of baby foods including Commercially Produced Complementary Foods (CPCFs) should be conducted to address the regulatory gap for products marketed to children under 36 months.

LIST OF DEFINITIONS

Word/Phrase	Definition
Added sugar	Monosaccharides or disaccharides added to food and does not include sugars naturally present in the food, e.g. lactose in milk and fructose in fruit. Added sugar also includes honey.
Adolescents	Children and young people between 10 and 19 years of age.[9]
Children	Human beings under the age of 18. (Convention on the Rights of the Child)
Body Mass Index (BMI)	Calculated as weight in kg/ (height in metres)^2.
Food environment	Spaces where children and their families interact or engage with food. Depending on how they are structured, they may either help or harm children's nutrition.[4]
Front of pack labelling	Nutrition labelling systems that: are presented on the front of food packages (in the principal field of vision) and can be applied across the packaged retail food supply; comprise an underpinning nutrient profile model that considers the overall nutrition quality of the product or the nutrients of concern for NCDs (or both); and present simple, often graphic information on the nutrient content or nutritional quality of products, to complement the more detailed nutrient declarations usually provided on the back of food packages.[11]
Non-communicable diseases (NCDs)	Tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behavioural factors. The main types of NCDs are cardiovascular diseases (such as heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes.[12]
Obesogenic food environment	External food environment characterised by low availability, accessibility, desirability and affordability of healthy foods; aggressive marketing of unhealthy foods, including snacks and sugary beverages; and increasingly large portion sizes. These factors lead to unhealthy food consumption patterns. In addition, misleading and inadequate labelling of industrially prepared foods makes it difficult for caregivers, children and adolescents to understand whether such foods contribute to a healthy diet. Recurring exposure to unhealthy food environments can shape preferences and lead to routine or unhealthy behaviours.[4]
Overweight in children aged 0-59 months	Weight-for-height above +2 SD (standard deviation) of the WHO Child Growth Standards median for children of the same height and sex. Severe overweight (above +3 SD) is referred to as obesity.[13]

Word/Phrase	Definition
Overweight in children and adolescents aged 5-19 years	BMI-for-age above 1 SD (standard deviation) of the WHO Growth Reference median for children of the same age and sex. Severe overweight (above +2 SD) is referred to as obesity, and a BMI-for-age above +3 SD is referred to as severe obesity.[13]
Processed foods	Foods and beverages that have undergone simple processing, such as preservation (canning and bottling), non-alcoholic fermentation, boiling or baking. The purposes of processing include prolonging the shelf-life and improving the sensory qualities. These are processes that can be done in the home kitchen, and these products do not contain additives with cosmetic functions. Under the Nova classification system, processed products are classified as Nova category 3.[14]
Ultra-processed foods	Also referred to as ultra-processed products, are a category defined in the Nova classification system (Nova category 4). This term describes foods with minimal whole food content, characterised by formulations primarily composed of inexpensive industrial sources of dietary energy and nutrients, along with additives, and processed using various industrial methods.[14]

ABBREVIATIONS AND ACRONYMS

Abbreviation/Acronym	Full Phrase
BMI	Body mass index
CPCFs	Commercially produced complementary foods
DR-NCDs	Diet-related non-communicable diseases
ESARO	Eastern and Southern Africa Regional Office
FAO	Food and Agriculture Organization
KCO	Kenya Country office
KBS	Kenya Bureau of Standards
KNPM	Kenyan Nutrient Profile Mode
NCDs	Non-communicable diseases
NPM	Nutrient profile model
UN	United Nations
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WHO AFRO NPM	World Health Organization African Region Nutrient Profile Model
WHO NPPM	WHO Nutrient and Promotion Profile Model

Availability and accessibility of ultra-processed foods and foods high in fat, sugar and salt is a key driver of unhealthy food consumption in Kenyan children.

1 BACKGROUND

The prevalence of overweight and obesity has increased among children and adolescents in low- and middle-income countries over the past decade and this increase is largely driven by unhealthy diets.[15] Poor diet, which to a large extent is driven by unhealthy food environments, now generates more non-communicable diseases (NCDs) than physical inactivity, harmful use of alcohol and smoking combined.[16]

The rise in diet-related non-communicable diseases (DR-NCDs) in Africa is strongly linked to an increasing consumption of store bought processed packaged foods that are often high in risk-associated nutrients such as sodium, saturated fat, trans fats and sugars.[5] Research suggests that between 2002 and 2018, grocery sales increased an average 12 per cent per year,[17] and increased supermarket purchases have been associated with higher body mass index (BMI) in Kenya, as well as other countries in Africa.[18] In addition, recent research has found that the availability and accessibility of ultra-processed foods and foods high in fat, sugar and salt is a key driver of unhealthy food consumption in Kenyan children.[19]

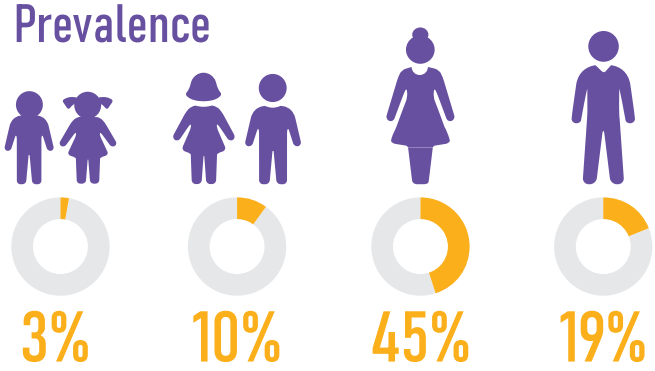
The WHO recommends that food manufacturers reduce the levels of harmful nutrients in packaged food products to promote healthy diets and reduce the burden on DR-NCDs.[6] Whilst there has been research undertaken to assess the extent of implementation of food environment policies in Kenya and prioritise actions for creating healthier food environments,[20] to date few studies have assessed the overall nutritional quality and composition of the packaged food and beverage supply in Kenya,[21-23] with studies that have been done finding suboptimal labelling practices for sodium and trans fat on packaged food and beverage products. As such, this is a critical research gap for the development, implementation and evaluation of healthy food environment policies, particularly setting and monitoring nutrition standards such as labelling and food composition.

The objective of this study is to assess nutrition labelling practices and, where data allow, the healthiness of packaged food and beverage products in Kenya. In addition, the study documents the development of the KNPM, highlighting how its criteria evolved from the draft to the final version adopted in 2025.

Rising Overweight & Obesity

In Kenya, both overweight and obesity prevalence have risen steadily since the 1990s across all age groups.[1]

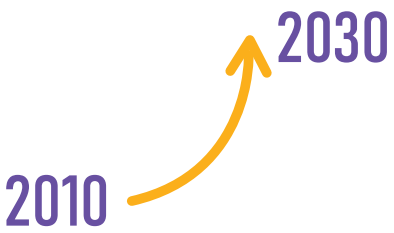
Prevalence



Prevalence: 3 per cent of children under five, 10 per cent of school-aged children and adolescents (5-19 years old), 45 per cent of adult women aged 20-49, 19 per cent of adult men aged 20-49.[24,25]

Annual Increase

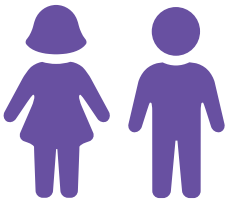
8.3%



Annual increase in child (5-9 years) obesity from 2010–2030: 8.3 per cent.[2]

2030 Obesity Projections

1 million



By 2030 Kenya is predicted to have 1 million children living with obesity (between 5-19 years of age).[3]

Economic Burden

$742.57

In 2019, the economic impact of overweight and obesity in Kenya was estimated to be $742.57 million, equivalent to $14 per capita and approximately 0.7 per cent of the country's GDP.[26]

All packaged food and beverage products introduced to the Kenyan market between 2012 and 2021 were included.

2 METHODS

Data Sources

Packaged food and beverage data for this project derived from Innova Market Insights.[27] All packaged food and beverage products introduced to the Kenyan market between 2012 and 2021 were included in this report. Sales data from Euromonitor International[28] were used to examine trends in packaged food and beverage sales between 2016 and 2021 in Kenya. Analysis was undertaken in 2025.

Data Categorization

Data from Innova Market Insights were placed into one of 27 categories. All results were presented overall and by category. Euromonitor categories were as follows:

FOODS	BEVERAGES
• Baby Foods	• Asian Specialty Beverages
• Baked Goods	• Bottled Water
• Breakfast Cereals	• Carbonates
• Confectionery	• Concentrates*
• Dairy	• Energy Drinks
• Edible Oils	• Juice
• Eggs	• Other Hot Drinks**
• Ice Cream	• Ready-To-Drink (RTD) Coffee
• Processed Fruit and Vegetables	• RTD Tea
• Processed Meat and Seafood	• Sports Drinks
• Ready Meals	
• Rice, Pasta and Noodles	
• Sauces, Dips and Condiments	
• Savoury Snacks	
• Soup	
• Sweet Biscuits, Snack Bars and Fruit Snacks	
• Sweet Spreads	

* Concentrates are liquid or powder concentrates that require water dilution before consumption (cold, not hot)

** Other Hot Drinks are any flavoured powder drinks that are designed to consume hot

Assessment of Nutrition Labelling Practices

The Codex is a collection of internationally recognised standards, codes of practice, guidelines, and other recommendations published by the Food and Agriculture Organization (FAO) and WHO of the United Nations (UN) relating to food, food production, food labelling, and food safety.[29] Codex guidelines on nutrition labelling were specifically designed to help consumers make informed food choices, promote public health by encouraging sound nutrition in food formulation, and prevent misleading or false information on food labels.[29] The minimum nutrition labelling requirements specified under Codex were used to benchmark nutrition labelling practices in Kenya.

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Assessment Against Existing Nutrient Profile Models

Nutrient profiling is the science of classifying or ranking foods according to their nutritional composition for the purpose of preventing disease and promoting health.[30] Nutrient profile models have been developed by academics, government departments, health-related charities and the food industry for a variety of applications including: to underpin food labelling; to regulate advertising of products to children; and to regulate health and nutrition claims. Although nutrient profiling is a tool to quantify aspects of individual foods, not diets, nutrient profile models are commonly used to underpin policies designed to improve the overall nutritional quality of diets.

Nutrient Profile Models Used

Numerous nutrient profile models are used globally by governments, industry and other stakeholders. In the African region, several models are in use. For this project, two nutrient profile models were selected to assess the healthiness of the Kenya's packaged food and beverage supply, one of which was applied in both draft and final versions.

World Health Organization African Region Nutrient Profile Model

The WHO AFRO NPM was developed by the WHO Regional Office for Africa in collaboration with Member States and the Department of Nutrition for Health and Development at WHO headquarters. It seeks to support countries in the African region in their efforts to control obesogenic food environments and promote healthy diets, the primary focus being to protect children from the marketing of unhealthy foods and non-alcoholic beverages. The Nutrient Profile Model (NPM) for the African Region builds on the models developed in the other WHO Regions. It adopts the threshold approach, adapting food categories from other Regions and incorporating foods that are commonly consumed in Africa. The target population group for application of this model includes children and adolescents, aged 2 to 19 years. The model is presented in tabular format and consists of 18 categories (with 10 subcategories) of processed foods and components that are subject to restriction, namely, total and saturated fats, total and added sugars, sodium and energy.

Kenyan Nutrient Profile Model (both draft and final versions)

The KNPM, 2025 was developed with four main objectives; (1) to establish thresholds for nutrients of concern exposing the population to increased risk of developing DR-NCD; (2) to serve as a basis or reference of the development of guiding documents to assist consumers in the identification of levels of nutrients of concern in prepackaged foods; (3) to provide a basis for consumer education in relation to nutrients of concerns and (4) to guide any other public health interventions in relation to nutrients of concern. A draft model was created in 2021 that specified the requirements of the application of front of pack nutrition labelling to pre-packaged food products related to the levels of total fat, saturated fats, total sugars and sodium. For this report, both the draft (2021) and the final version (2025) of the KNPM were used to assess the healthiness of packaged food and beverage products. At the start of this research, only the draft model was available; by the conclusion, the model had been finalised. The final version introduced substantial changes to eligibility criteria, making it important to include both analyses to illustrate Kenya's journey in developing a context-specific model. These differences will be explored in more depth in the findings and discussion sections.

Data Analysis

Three types of analysis were undertaken in this project.

1. **Assessment of the proportion of packaged foods in Kenya meeting the minimum requirements recommended by Codex.**

   This analysis assessed - overall and by category- the proportion of packaged food and beverage products that displayed the minimum labelling requirements set out by Codex (energy, protein, carbohydrate, total fat, saturated fat, total sugar and sodium) plus nutrients of public health concern (trans fat). Results were stratified by product origin (imported or domestically produced) and examined separately. In total, 5,587 products were included.

2. **Assessment of product eligibility for marketing and for health-claim display under each nutrient profile model.**

   A total of 1,610 products were analysed to estimate and compare – overall and by Euromonitor category - the proportion eligible under each of the following nutrient profile models: World Health Organization African Region Nutrient Profile Model[7], KNPM (draft, 2021), and KNPM (2025).[8]

   Agreement assessment was restricted to include only those products with sufficient nutrient criteria to be examined under all three NPMs. Category-level sales data from Euromonitor International were used to weight results as a proxy for consumption, with foods and beverages examined both together and separately. Data were analysed using Stata V18 (Stata Corp, Texas).

3. **Examination of sales trends of packaged food and beverage products in Kenya**

   Euromonitor sales data (in KES billion) between 2016 and 2021 were examined. Changes in categories of specific interest to childhood nutrition were highlighted. These categories were selected based on similar reports previously undertaken in the Philippines, Vietnam and China.[31-33]

The Kenya Nutrient Profile Model revisions have significantly tightened the definition of "unhealthy" products in Kenya.

3

RESULTS

1. Proportion of packaged foods displaying Codex-recommended minimum labelling elements

Table 1 shows the proportion of packaged food and beverage products in Kenya displaying both the minimum labelling requirements set out by Codex as well as nutrients of public health concern.

Overall, 21 per cent of products displayed the minimum requirements set out by Codex, and only 4 per cent labelled both the minimum requirements as well as key nutrients of public health concern. *Carbohydrate, Total fat*, and *Protein* were the nutrients with the highest labelling compliance (60 per cent). *Trans fat* was the least likely nutrient to be labelled (12 per cent) followed by *Saturated fat* (37 per cent) and *Total sugars* (38 per cent).

The *Soup* category had the highest labelling compliance with minimum Codex requirements (86 per cent), followed by *Carbonates* (53 per cent) and *Breakfast Cereals* (51 per cent). *Breakfast Cereals, Edible Oils, and Soup* were the only categories to have more than 10 per cent of products displaying all nutrients examined. Interestingly, although both *Carbonates* and *Energy Drinks* had a high proportion of products meeting minimum Codex labelling requirements, only 1 per cent of *Carbonates* and zero *Energy Drinks* displayed all the additional nutrients of public health concern.

Annex Tables 1 and 2 examine the differences between imported and domestically produced/Kenyan products with regards to Codex labelling requirements. Overall, a much lower number of products were imported compared to domestically produced (1,406 versus 4,181). Imported products were more likely than Kenyan products to display both the minimum Codex labelling requirements (40 per cent versus 14 per cent) as well as additional nutrients of public health concern (7 per cent versus 3 per cent).

Category-level results for both imported and Kenyan products were similar to the overall results.

Table 1: Proportion of products in Kenya displaying minimum Codex nutrients as well as nutrients of public health concern

	Proportion of products with nutrients labelled on-pack								% labelled	
	Tot fat	Carbohy-drate	Energy	Protein	Sat fat	Sugars	Sodium	Trans	Codex	All
Baby Food (n=76)	79%	76%	83%	83%	29%	39%	63%	0%	26%	0%
Baked Goods (n=546)	15%	17%	13%	16%	10%	9%	10%	4%	3%	0%
Bottled Water (n=40)	95%	15%	3%	93%	95%	95%	63%	0%	0%	0%
Breakfast Cereals (n=172)	85%	88%	76%	90%	64%	69%	70%	26%	51%	14%
Carbonates (n=119)	95%	87%	92%	85%	83%	71%	93%	2%	53%	1%
Concentrates (n=44)	32%	32%	32%	23%	32%	11%	23%	0%	9%	0%
Confectionery (n=426)	65%	65%	54%	64%	53%	54%	56%	12%	37%	3%
Dairy (n=589)	70%	76%	68%	77%	15%	20%	16%	3%	11%	1%
Edible Oils (n=57)	65%	56%	63%	54%	56%	51%	26%	28%	19%	11%
Energy Drinks (n=20)	100%	85%	100%	85%	100%	90%	70%	0%	50%	0%
Ice Cream and Frozen Desserts (n=140)	59%	59%	51%	59%	29%	45%	26%	9%	17%	1%
Juice (n=374)	91%	87%	84%	85%	62%	45%	48%	10%	29%	6%
Other Hot Drinks (n=276)	26%	33%	26%	30%	17%	18%	20%	3%	6%	0%
Processed Fruit and Vegetables (n=118)	68%	69%	54%	68%	53%	52%	58%	19%	33%	9%
Processed Meat and Seafood (n=111)	38%	36%	35%	38%	26%	27%	26%	5%	21%	0%
RTD Tea (n=21)	67%	48%	71%	67%	62%	57%	67%	0%	24%	0%
Ready Meals (n=109)	13%	21%	18%	21%	8%	6%	14%	5%	2%	0%
Rice, Pasta and Noodles (n=226)	65%	64%	66%	67%	34%	32%	33%	14%	22%	10%
Sauces, Dressings and Condiments (n=587)	37%	36%	25%	37%	28%	32%	35%	12%	16%	4%
Savoury Snacks (n=628)	64%	64%	53%	64%	40%	40%	54%	17%	24%	6%
Soup (n=21)	100%	100%	95%	100%	86%	95%	95%	19%	86%	14%
Sports Drinks (n=13)	92%	92%	46%	62%	92%	77%	92%	38%	15%	0%
Sweet Biscuits, Snack Bars and Fruit Snacks (n=717)	84%	81%	67%	84%	48%	58%	51%	28%	23%	7%
Sweet Spreads (n=133)	69%	73%	52%	70%	47%	44%	50%	17%	20%	4%
Total (n=5,587)	**60%**	**60%**	**52%**	**60%**	**37%**	**38%**	**40%**	**12%**	**21%**	**4%**

Notes: RTD Coffee, Eggs and Asian Specialty Beverages not shown due to small product numbers. Baby food includes milk formula, prepared, dried and other baby food.

What Kenyan children and their caregivers see on food labels

Only 21 per cent of products showed the minimum Codex nutrients.

Just 4 per cent listed all key nutrients, including those of public-health concern.

Trans fat appeared on labels only 12 per cent of the time.

Imported products label better: 40 per cent met minimum Codex vs 14 per cent of local products.

Categories most visible to children — soft drinks, confectionery, breakfast cereals, snacks — rarely meet nutrient thresholds or labelling basics.

Even where compliance was higher (e.g. soup 86 per cent, carbonates 53 per cent, breakfast cereals 51 per cent), almost none included all key nutrients.

2. Proportion of products eligible for marketing or for displaying a health claim under each nutrient profile model

Figure 1: Proportion of products eligible under the WHO AFRO NPM, KNPM (draft 2021) and KNPM (2025): sales-weighted and raw results

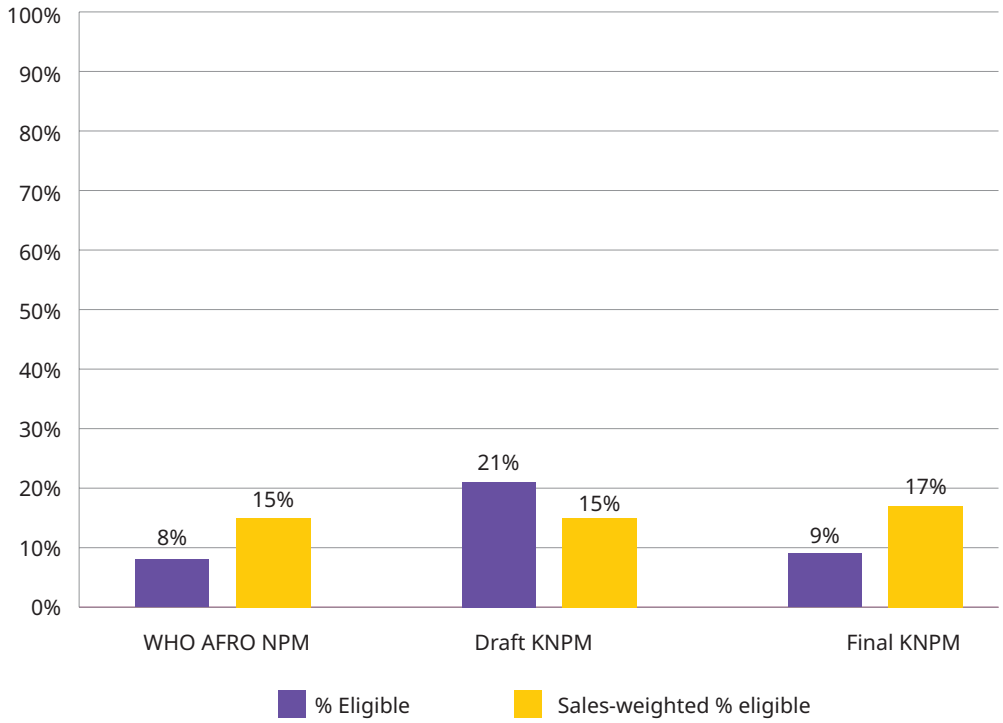


Figure 1 shows the unweighted and sales-weighted results overall for the proportion of products eligible under each NPM. Weighting by sales adjusts for product popularity, giving more influence on frequently purchased items. Under the WHO AFRO NPM and the KNPM (2025), eligibility increased when accounting for sales, suggesting that products deemed healthier under these two models represented a larger proportion of sales. In contrast, eligibility decreased under the KNPM (draft 2021), indicating that products deemed less healthy under this model represented a higher proportion of product sales compared to products deemed healthier.

Figure 2 shows the proportion of products eligible under each of the NPMs examined, both overall and by category. Out of 1,610 products that had sufficient nutrient information to be examined under each NPMs, the KNPM (draft 2021) had the most eligible products in most beverage categories such as *RTD Tea, Carbonates, Concentrates, Asian Specialty Drinks* and *Sports Drinks*. The KNPM (2025) allowed a for a higher proportion of eligible *Dairy* products, with the WHO AFRO NPM having a higher proportion of eligible products in the *Breakfast Cereals* category and *Ice Cream* and *Frozen Desserts* category compared to the draft and final KNPMs. Overall, the WHO AFRO NPM and KNPM (2025) were more restrictive than the KNPM (draft 2021) model. The KNPM (draft 2021) had more lax criteria for less healthy categories compared to the KNPM (2025). For example, in juices and water-based beverages (sugar limit of 10g/100mL in the draft version compared to 5.3g/100mL in the final version), frozen dairy desserts (sugar limit of 12g/100g in the draft versus 7.2g/100g in the final) and butter (sodium limit of 630mg/100g versus 210mg/100g in the final).

Figure 2: Proportion of products eligible under the WHO AFRO NPM, KNPM (draft 2021) and KNPM (2025) (unweighted/raw results)

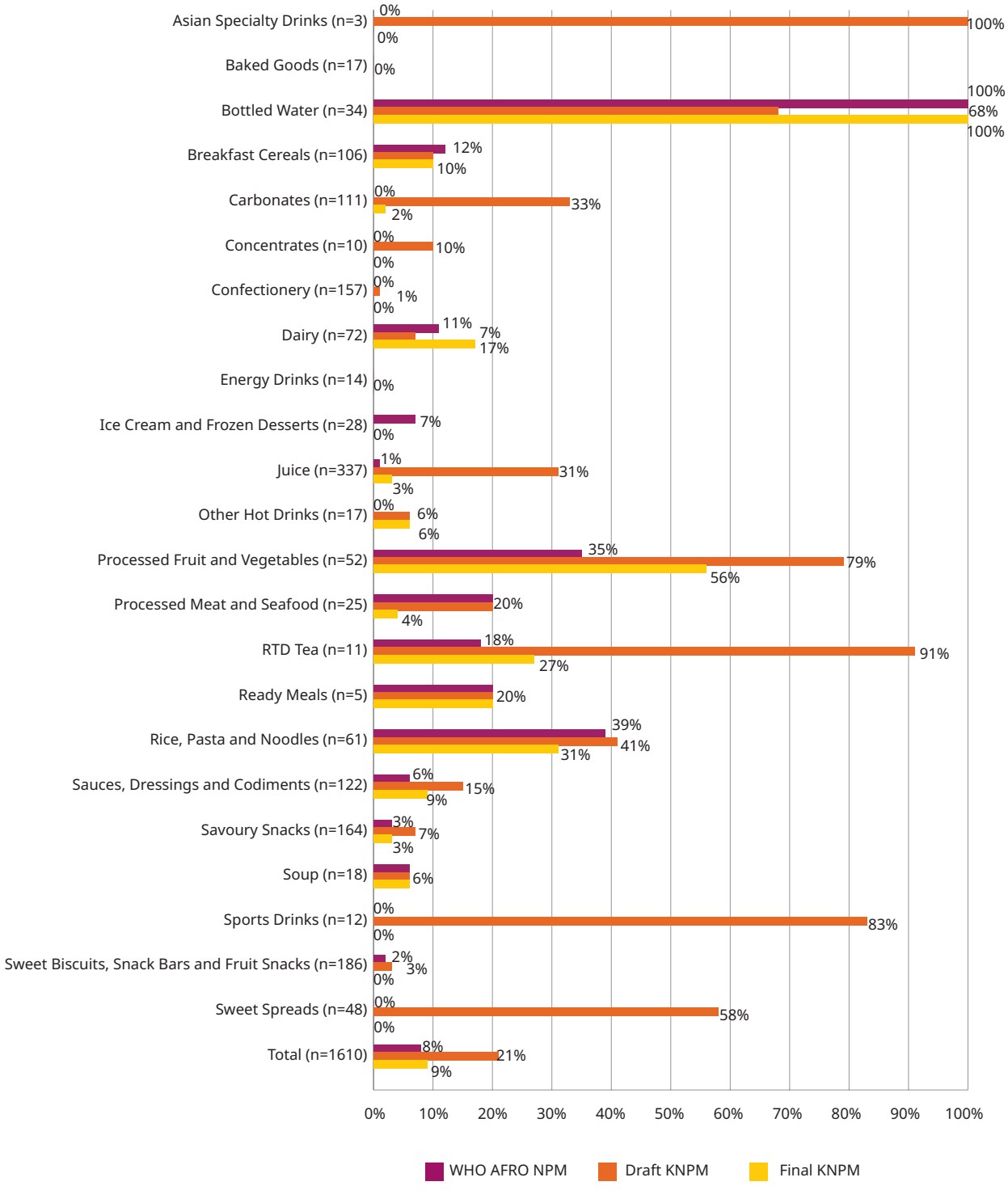


Figure 3: Proportion of sales-weighted beverage products eligible under the WHO AFRO NPM, KNPM (draft 2021) and KNPM (2025)

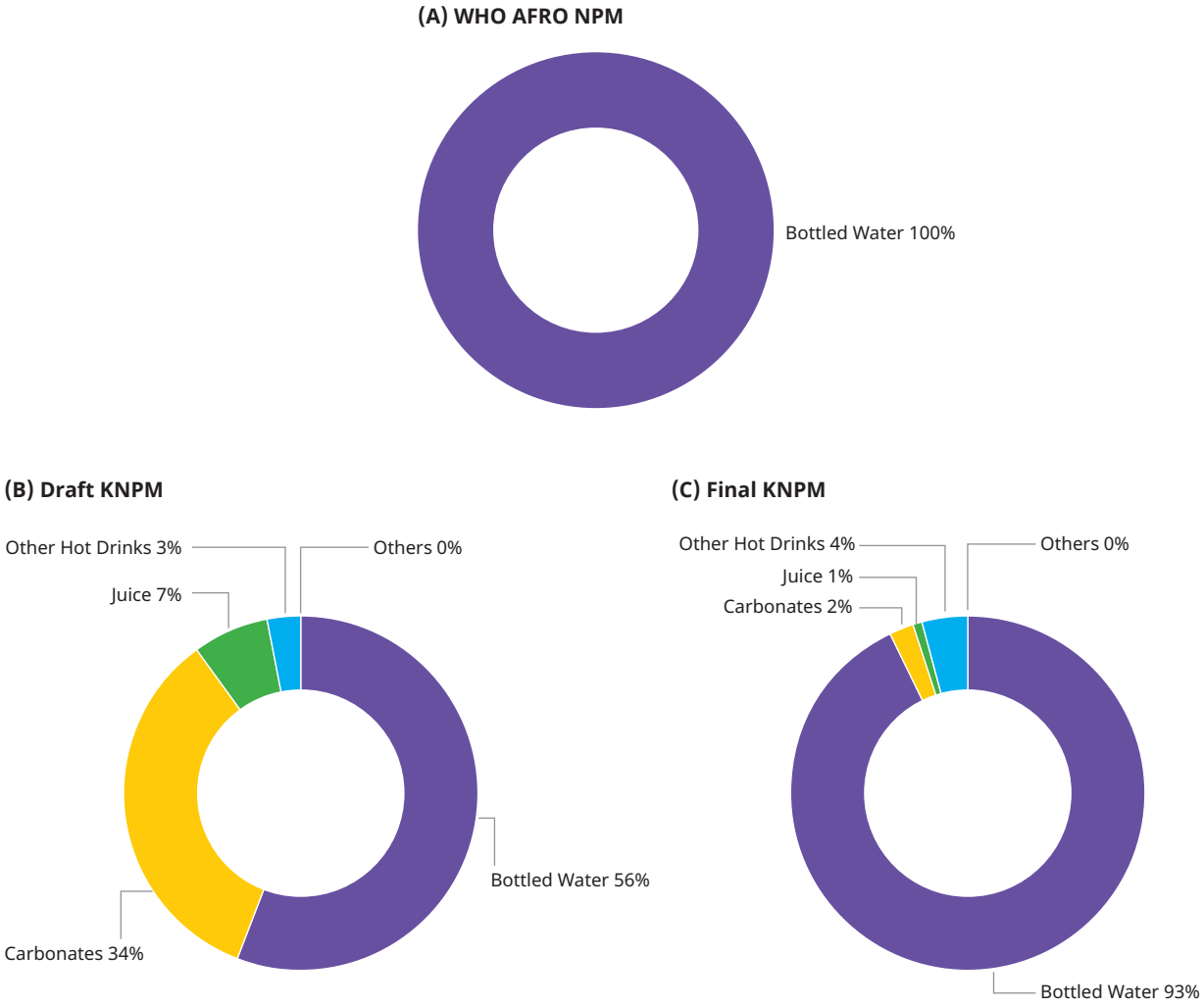


Figure 3 examines the differences in the sales-weighted proportions of beverage products eligible under each NPM. Results excluded all food sales and results varied across the three different NPMs. *Bottled Water* represented the highest proportion of healthy beverage sales under all models. Under the KNPM (draft 2021), the *Carbonates* category had the highest sales-weighted proportion of products eligible (34 per cent) after *Bottled Water* due to this NPM having the most lenient nutrient criteria. *Bottled Water* represented a higher proportion of healthy beverage sales under the WHO AFRO NPM (100 per cent) compared to the KNPM (2025) (93 per cent) and KNPM (draft 2021) (56 per cent). Interestingly, under both the Draft and Final KNPMs *Carbonates* represented 34 per cent and 2 per cent, respectively of healthy beverage sales, compared to 0 per cent under the WHO AFRO NPM. This is due to the WHO AFRO NPM not allowing carbonated beverages containing any sugar or non-nutritive sweeteners to be eligible for marketing to children, the KNPM (draft 2021) not including criteria for non-nutritive sweeteners and the KNPM (2025) allowing products with up to 5.3g/100mL of total sugar to be eligible.

Figure 4: Proportion of sales-weighted food products eligible under the WHO AFRO NPM, KNPM (draft 2021) and KNPM (2025)

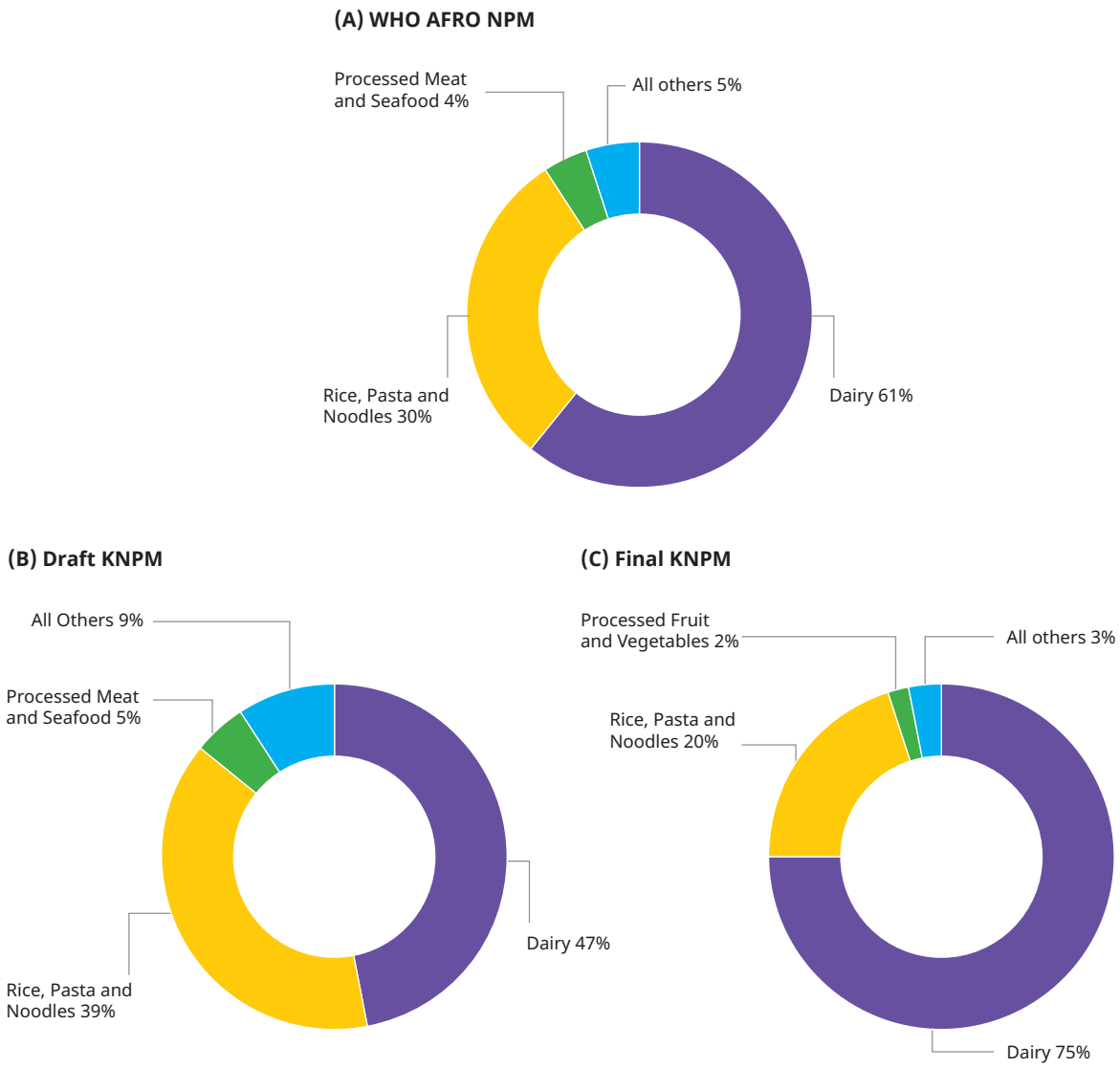


Figure 4 examines the differences in the sales-weighted proportions of food products eligible under each NPM. Results excluded all beverage sales and results varied across the three different NPMs. *Dairy* represented the highest proportion of healthy food sales under all models, followed by *Rice, Pasta* and *Noodles*. *Dairy* products represented a much higher proportion of healthy food sales under the KNPM (2025) (75 per cent) compared to the WHO AFRO NPM (61 per cent) and KNPM (draft 2021) (47 per cent).

3. Sales trends for packaged foods and beverages in Kenya

Figure 5: Percent increase in sales (KES billion) of key food categories between 2016 and 2021 in Kenya

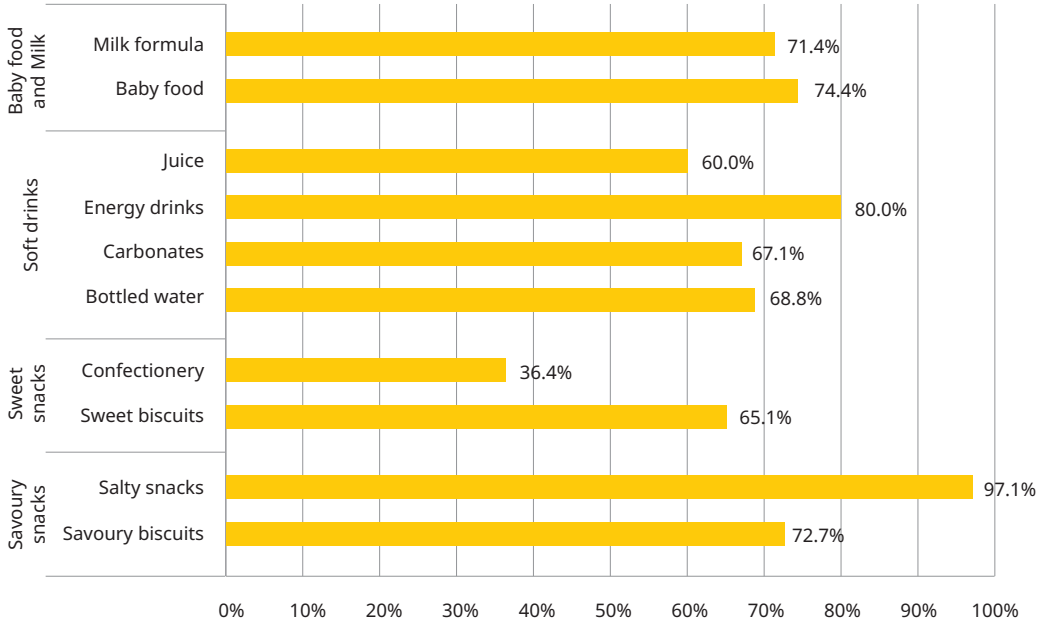
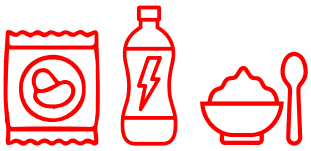


Figure 5 shows the percent increase in sales (in KES billion) of product categories between 2016 and 2021. The largest percent increase is seen in the *Salty snacks* category, followed by *Energy drinks*, and *Baby food*. No categories showed a decrease in sales (in KES billion) between 2016 and 2021, and the proportion of total food and beverage sales that each category represented did not change substantially between 2016 and 2021.

Importantly, *Soft Drinks* represented 75 per cent of the total sales value (in KES billion) of all categories included in Figure 1, with *Carbonates* representing over 57.3 billion KES (approximately $443 million USD) and in 2021 (for comparison, *Confectionery* sales were estimated at 10.5 billion KES ($81.2 million)). *Carbonates* was the second highest selling category out of all foods and beverages sold in Kenya in 2021, second only to *Dairy*.

Sales trends raising concerns for child nutrition



2016–2021: **Salty snacks** grew the fastest, then **energy drinks**, then **baby food**.

Soft drinks dominate value: Approximately 75 per cent of sales across highlighted categories.

Carbonates alone hit 57.3 billion KES in 2021—second only to dairy.

This report provides insight into the nutritional quality and labelling practices of Kenyan packaged foods and beverages.

4

DISCUSSION

This report provides a comprehensive analysis to date of the nutritional quality, labelling practices, and sales trends of packaged food and beverage products sold in Kenya. The findings reveal substantial gaps in the transparency and healthiness of the packaged food supply. In the context of broad sales growth from 2016-2021, led by *Salty snack* and *Energy drinks*, they have clear implications for child health, food environment policy, and the triple burden of malnutrition.

Kenya's shift toward packaged and ultra-processed foods is driven by structural forces, not individual choices.

The rise in overweight and obesity as well as DR-NCDs in Africa is strongly linked to changes in dietary patterns and increasing consumption of processed packaged foods including ultra-processed foods high in salt, saturated and trans fats and added sugars.[5] Kenya's shift toward packaged and ultra-processed foods reflects structural forces rather than individual choices. These include urbanisation, lifestyle changes, and economic growth, which have transformed food environments, with COVID-19 accelerating supermarket and online shopping.[36,37] Availability and affordability are central, where nearly 80 per cent of Kenyans cannot afford a healthy diet, while ultra-processed foods are relatively cheaper, widely available, and aggressively marketed.[36,38] Food-safety concerns, including repeated reports of chemical contamination in fresh produce, push consumers toward packaged foods perceived as safer and more reliable options.[36,39,40] Desirability and child directed exploitative marketing further shape choices, as these products are perceived as modern, urban, classy and appealing to young people, with social media and peer influence normalising consumption.[19,41] Together, these dynamics have reinforced reliance on ready-to-eat and packaged products.

A previous study, which has examined the sodium content of Kenyan packaged food and beverage products, found that only 39 per cent of all products displayed sodium on the label, and that imported products were more likely than Kenyan/locally produced products to display sodium on pack.[22] An additional study found that only 11 per cent of products in Kenya labelled trans fat levels.[23] A recent report found that only 10 per cent of products (15 per cent sales-weighted) sold by the top 30 Kenyan manufacturers met the criteria under a pre-final version of the KNPM (noting that some last minute changes were made to the KNPM (2025) between the report and this current report) and that 14 per cent (23 per cent sales-weighted) of products met the criteria for marketing to children established by the WHO AFRO NPM.[21] These findings differ slightly to this research, with this research using products from all available manufacturers (as opposed to being limited to the top 30) finding 9 per cent (18 per cent sales-weighted) of products meeting the KNPM (2025) criteria and 8 per cent (15 per cent sales-weighted) meeting the WHO AFRO NPM criteria.

Local (often cheaper) products are less likely to meet minimum labelling requirements—an equity concern for lower-income families.

From a children's rights and public health perspective, labelling remains inadequate; only 21 per cent of products met the minimum set of nutrients that Codex recommends be displayed on the label and just 4 per cent disclosed key public-health nutrients such as trans fat. Imported products were more compliant than domestic products (e.g., 40 per cent vs 14 per cent meeting Codex; 29 per cent vs 7 per cent labelling trans fat). Since locally produced products sold through informal/traditional outlets are typically more affordable, they are more widely purchased by lower-income households. Consumers with the least purchasing power are also those least likely to receive complete nutrition information, limiting their ability to make informed dietary choices and potentially widening health inequities. The low compliance of domestic products also poses the question as to whether Kenyan labelling requirements are sufficiently in line with guidelines established by the Codex. The Kenya Bureau of Standards (KBS) published DKS 2955:2021 – Front of Pack Nutrition Labelling Requirements, covering details like total fat, saturated fat, total sugars, and sodium labelling on the front of pre-packaged foods. Importantly, this is currently a draft standard, not legally enforced under Kenyan law.

Under the KNPM (2025), only 2–3% of soft drinks are deemed healthy—down from over 30% in the draft (2021).

Large differences were observed for beverages between the draft KNPM (2021) and the final KNPM (2025), reflecting greater restrictiveness of the 2025 model: the share of eligible *Juice* products fell from 31 per cent to only 3 per cent, and *Carbonates* from 33 per cent to 2 per cent. This is a particularly important given *Carbonates* represented more than 55 billion KES (approximately $425.5 million USD) of consumer spending in 2021 (compared to, for example, *Confectionery* with 10.5 billion KES (USD 81.2 million) and *Juice* with just over 13 billion KES ($100.6 million)). It may be that additional nutrient criteria for beverage products, particularly soft drinks, are warranted. For example, the WHO AFRO NPM does not allow any soft drink products that contain added sugar to be eligible. In contrast, the KNPM (2025) allows products with up to 5.3g of sugar per 100mL to be eligible. The KNPM (draft 2021) resulted in a higher proportion of sales-weighted beverage

products from the juice category to be eligible compared to the WHO AFRO NPM and the KNPM (2025) (draft 2021 allowed up to 10 g for juice; WHO AFRO NMP 6 g/100 mL). This is due to the KNPM (draft 2021) allowing juices with up to 10g of sugar per 100mL to be eligible, versus 6g per 100mL in the WHO AFRO NPM and 5.3g per 100mL in the KNPM (2025). Since overconsumption of fructose (the sugar found in fruit juice) has been linked to cardiovascular and metabolic diseases,[42] other NPMs in use around the world such as WHO Europe Nutrient Profile Model place strict threshold (0g/100mL) on marketing of fruit juice.[43]

Despite very large differences observed between each of the three models when examining beverages, there were much less meaningful differences observed for food products. For foods, differences across NPMs were modest; for example, all three NPMs had a similar proportion of *Breakfast cereals* considered eligible (10-12 per cent), with most other less healthy food categories (e.g. *Confectionery, Sweet Biscuits, Savoury Snacks*) showing a low proportion eligible under all three models. The only food categories with large differences observed included *Processed Fruit and Vegetables* for which the KNPM (draft 2021) had a higher proportion eligible (79 per cent) compared to the KNPM (2025) (56 per cent) and WHO AFRO NPM (35 per cent), and *Sweet Spreads* in which the KNPM (draft 2021) had a much higher proportion eligible (58 per cent) compared to 2 per cent under the KNPM (2025) and 0 per cent under WHO AFRO NPM. This could be attributed to the reduction in the sugar threshold from the Kenya NPM (draft 2021) to the final KNPM (2025).

Foods most appealing to young people are also the least transparent about nutrient contents and labelling.

The findings also highlight that product categories of particular relevance to children, such as *Juice, Confectionery, Breakfast Cereals, and Savoury Snacks*, frequently fail to meet both nutrient profile thresholds and labelling completeness requirements. Furthermore, it was found that sales of *Soft drinks, Sweet snacks, and Savoury snacks*, which include products of those identified above, increased between 2016 and 2021, further underscoring the growing exposure of children to unhealthy products. UNICEF has conducted similar

research in China, Philippines, and Vietnam to see the sales trend of the same products from 2014 to 2019.[31-33] Although these studies from other countries report per capita sales trends, Kenya is the only country where sales have increased across all product categories. This upward trend in Kenya may be driven by several factors. In addition to Kenya's broader shift toward packaged and ultra-processed food, digital marketing disproportionately targets young people with emotionally resonant themes such as family bonding and entertainment, and adolescents with higher screen time tend to consume more ultra-processed foods.[41,44] Moreover, schools are not necessarily healthy food environments; a recent study illustrate the high level of exposure to advertisement of unhealthy foods and beverages in both urban and rural settings in Kenya using innovative techniques of marketing around schools.[45] Another study found that one quarter of foods available in schools are ultra-processed,[46] reflecting how commercial food systems increasingly shape children's diets even within educational settings. The combination of high product availability, aggressive marketing in digital and educational environment, and limited regulation on labelling and marketing practices has allowed unhealthy products to be widely promoted and easily accessible. This undermines efforts to protect children from overweight and obesity, which can further contribute to development of DR-NCDs.

Foods marketed for children under 36 months are not covered by the KNPM, leaving a critical regulatory gap.

Another key finding from the analysis of sales trends is the rising sales of *Baby food* and *Milk formula* products, which are typically marketed for children under 36 months. Demand and market growth for infant milk formula and baby foods such as fortified porridge have been increasing in recent years.[47,48] In Kenya, deeply rooted cultural and social beliefs, along with limited family support, have long hindered the practice of exclusive breastfeeding. This challenge may be further exacerbated by rapid urbanisation and the increasing

participation of women in the workforce, leaving many with limited time and support to breastfeed.[48-51] Regarding complementary feeding, a study indicates that although mothers are often aware of global feeding recommendations, these are not consistently practiced due to intersecting structural and contextual barriers, including poor household water, sanitation, and community/household food environments; limited income and livelihood opportunities for women and persistent sociocultural factors.[52] Breastfeeding and appropriate complementary feeding are essential for child survival, growth, and development, and play a critical role in preventing various forms of malnutrition later in life.[53,54] Given their importance and the increasing sales of *Baby food* and *Milk formula* products, it is worth noting that such products are not profiled under the KNPM, which applies to foods for the general population aged over 36 months. This points to a regulatory gap concerning foods marketed for children under 36 months.

This study has some limitations. Foods and beverages purchased and consumed outside the home, such as from fast food outlets or restaurants/take-away foods, were not included in this study, despite research showing that intake of these foods is increasing rapidly across Africa. The limited research available suggests that between 2002 and 2018, fast food chain sales in Kenya increased by 70 per cent, which is in line with what was observed in this report, with many food categories showing growth upwards of 70 per cent between 2016 and 2021. Since there has been no research in existence that examines the healthiness (or unhealthiness) of such food and beverage products in Kenya, this is an important missing piece of the puzzle and future research should focus on examining the nutritional content of popular fast food and restaurant chains in Kenya to determine which policy measures would likely have a positive impact on public health. Another key limitation is that while it covers packaged food and beverage products introduced in Kenya between 2012 and 2021. As a result, the report does not reflect developments in the packaged food and beverage market after 2021, which may affect the applicability of its findings to the current context.

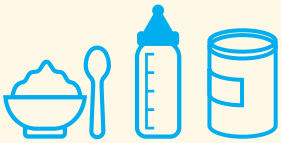
SUMMARY OF FINDINGS

Many packaged food and beverage products did not provide sufficient information on product labels, with only 4 per cent labelled both the minimum requirements as well as key nutrients of public health concern. Imported products showed higher level of compliance with Codex labelling regulations than domestic products.

The KNPM (2025) introduced much stricter criteria compared to the 2021 draft, leading to a substantial reduction in products classified as "healthy." Carbonated drinks were particularly affected, dropping from 33 per cent to just 2 per cent.

Product categories particularly of interest to children, such as sweetened beverages, confectionery, breakfast cereals, and savoury snacks, rarely met both the nutrient profile thresholds and labelling requirements.

Sales of unhealthy foods including soft drinks and snacks all increased between 2016 and 2021, with particularly sharp growth observed for salty snacks, whose sales nearly doubled during this period.



Sales of baby food and milk formula increased by more than 70 per cent between 2016 and 2021.

The evidence provides a strong rationale for urgent policy action to create a food environment that supports children's right to health and nutrition.

5 RECOMMENDATIONS

The evidence presented here provides a strong rationale for urgent policy action. Reforms to strengthen nutrient profile models, align marketing restrictions with WHO standards, and enforce comprehensive labelling requirements will be critical to shifting the food environment towards one that supports children's rights to health and nutrition.

1. Mandate comprehensive back-of-pack nutrient labels.

Kenya should mandate comprehensive back-of-pack nutrition labelling for all food and beverage products, whether locally produced or imported, in line with Codex Alimentarius standards. This should include full disclosure of all recommended nutrients — including energy, total fat, saturated fat, trans fat, carbohydrates, total sugars, protein, and sodium — presented in a clear, standardised format. Ensuring consistent labelling across both domestic and imported products will create a level playing field for manufacturers and empower consumers to make informed choices regardless of product origin or individual purchasing power. Strong monitoring and enforcement mechanisms should accompany this policy, with regular audits, penalties for non-compliance, and public reporting to build trust and accountability.

2. Mandate front-of-pack warning labels.

Kenya should mandate clear, interpretive front-of-pack (FOP) warning labels for all domestic and imported products that exceed the KNPM, 2025 thresholds for sugar, sodium, saturated fat, or that contain non-nutritive sweeteners. These "high-in" symbols should be simple, visible, and easy to understand, clearly communicating the health risks associated with overconsumption of these nutrients. To maximise impact, rollout should prioritise high-consumption and high–child-appeal categories such as sweetened beverages, confectionery, and snack foods, helping children and their caregivers make informed purchasing decisions at a glance. Enforcement must apply consistently across all qualifying products, with robust monitoring and penalties for non-compliance to ensure that nutrition transparency benefits every household, including those most vulnerable to poor diets and diet-related diseases.

3. Conduct research on non-packaged unhealthy foods.

Kenya should prioritise research on the healthiness, availability, and consumption of non-packaged unhealthy foods and packaged food products to fill a major evidence gap. Currently, no comprehensive studies exist that assess the nutrient quality of non-packaged unhealthy foods items, the frequency and context of their consumption, or purchasing patterns across different population groups. Yet the limited available data show that fast food sales in Kenya have grown by more than 70 per cent since 2002, a trend with significant implications for childhood nutrition and DR-NCDs. Understanding the nutritional profile of these foods and how they are marketed is critical for developing effective regulations. This research should inform the extension of the KNPM to cover fast food and restaurant chains, ensuring they too are subject to nutrient criteria and marketing restrictions designed to protect children's health and prevent future malnutrition and DR-NCDs.

4. Conduct further research packaging and claims on packaged foods.

Kenya should invest in systematic research on the packaging, labelling, and marketing claims of packaged foods to better understand how they influence children's food choices. Key areas for investigation include audits of packaging for child-appeal features, such as cartoons, characters, bright colours, premiums, and back-of-pack games, as well as the prevalence of health or fortification claims on products that do not meet KNPM or WHO-AFRO standards. Research should also examine how products are positioned both in physical stores (e.g., at checkouts and at child-eye level) and on digital platforms (e.g., homepages, recommendations, targeted ads). Evidence from these studies would provide a strong basis for regulating misleading or child-targeted packaging and placement strategies, ensuring that marketing practices align with Kenya's commitment to protect children's health and support healthier food environments.

5. Undertake monitoring of the implementation of the KNPM.

Kenya should establish a robust system to monitor and enforce the implementation of the KNPM (2025) to ensure it delivers on its objectives. Routine market audits should be conducted to assess compliance across pre-packaged foods and beverages, including digital marketing channels, retail environments, and sponsorship activities. A clear enforcement framework with meaningful penalties for non-compliance should be put in place, alongside transparent public reporting of results to build trust and accountability. Effective monitoring will not only safeguard the integrity of the KNPM but also provide evidence for future policy refinement and strengthen Kenya's leadership in protecting children from unhealthy food marketing.

6. Undertake regular review and necessary updates to the KNPM.

Kenya should ensure that the KNPM remains up to date and responsive to changes in the food environment and emerging nutrition science. The model should be formally reviewed at least every five years to incorporate new evidence, shifts in dietary patterns, and advances in nutrient profiling methodologies. Regular review will help maintain the model's credibility, ensure it continues to protect children's health, and align Kenya with global best practice. In parallel, the research presented in this report should be replicated within two to five years to assess trends in marketing practices and evaluate whether implementation of the KNPM and related policies are leading to measurable changes in children's exposure to unhealthy food marketing.

7. Ensure healthy reformulation without cosmetic or synthetic additives.

Kenya should ensure that product reformulation driven by the KNPM (2025) leads to genuinely healthier foods rather than superficial compliance. While the KNPM sets thresholds for total fat, saturated fat, total sugar, sodium, trans fat, and non-nutritive sweeteners, it is equally important to consider the quality of ingredients used in reformulated products. Policymakers should monitor reformulation practices closely to prevent the substitution of nutrients of concern with cosmetic additives, synthetic ingredients, or other compounds that do not contribute to improved health outcomes. Aligning with emerging global evidence on food processing and ingredient quality will ensure that reformulation supports better diets and does not simply make unhealthy products appear healthier.

8. Ensure healthiness of food products marketed to children under 36 months.

Kenya should conduct research on quality, safety, packaging, labelling, and marketing of baby foods including commercially produced complementary foods (CPCFs) to better understand current practices and potential risks. It is also essential to establish requirements or standards regulating the safety, quality, and labelling of these products.

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ANNEX

Table A1: Proportion of imported products available in Kenya displaying minimum Codex nutrients as well as nutrients of public health concern

	Proportion of products with nutrients labelled on-pack								% labelled	
	Tot fat	Carbohy-drate	Energy	Protein	Sat fat	Sugars	Sodium	Trans	Codex	All
Asian Specialty Drinks (n=1)	100%	100%	0%	100%	100%	100%	100%	100%	0%	0%
Baby Food (n=35)	100%	100%	100%	100%	63%	69%	97%	0%	57%	0%
Baked Goods (n=67)	51%	51%	25%	48%	37%	34%	37%	25%	9%	0%
Breakfast Cereals (n=56)	100%	100%	71%	100%	91%	93%	95%	45%	61%	18%
Carbonates (n=40)	88%	88%	83%	88%	88%	73%	88%	3%	68%	0%
Confectionery (n=175)	80%	82%	65%	80%	75%	77%	75%	21%	51%	2%
Dairy (n=76)	82%	71%	76%	72%	49%	50%	58%	13%	38%	9%
Edible Oils (n=8)	75%	38%	75%	38%	63%	38%	38%	13%	38%	0%
Energy Drinks (n=3)	100%	67%	100%	100%	100%	100%	100%	0%	67%	0%
Ice Cream and Frozen Desserts (n=20)	100%	100%	80%	100%	55%	50%	50%	30%	25%	0%
Juice (n=70)	94%	89%	61%	91%	81%	74%	74%	31%	40%	9%
Other Hot Drinks (n=40)	53%	53%	30%	53%	38%	45%	48%	8%	20%	0%
Processed Fruit and Vegetables (n=43)	91%	91%	67%	91%	81%	79%	86%	40%	58%	23%
Processed Meat and Seafood (n=19)	68%	58%	74%	68%	53%	53%	63%	11%	42%	0%
Ready Meals (n=3)	100%	100%	67%	100%	67%	100%	100%	33%	33%	0%
Rice, Pasta and Noodles (n=90)	76%	74%	68%	78%	42%	47%	52%	13%	29%	7%
Sauces, Dressings and Condiments (n=127)	86%	81%	54%	83%	72%	76%	86%	31%	43%	9%
Savoury Snacks (n=104)	99%	97%	67%	97%	80%	85%	95%	38%	40%	13%
Soup (n=17)	100%	100%	94%	100%	82%	94%	94%	24%	82%	18%
Sports Drinks (n=6)	100%	100%	17%	83%	100%	100%	100%	83%	0%	0%
Sweet Biscuits, Snack Bars and Fruit Snacks (n=342)	94%	89%	64%	94%	73%	86%	81%	45%	34%	9%
Sweet Spreads (n=64)	72%	77%	41%	70%	69%	70%	69%	23%	31%	5%
Total (n=1,406)	**86%**	**83%**	**63%**	**84%**	**69%**	**73%**	**75%**	**29%**	**40%**	**7%**

Notes: data for Bottled Water, Concentrates, Eggs, RTD Coffee and RTD Tea not shown as there were zero imported products in these categories

Table A2: Proportion of domestic products available in Kenya displaying minimum Codex nutrients as well as nutrients of public health concern

	Proportion of products with nutrients labelled on-pack								% labelled	
	Tot fat	Carbohy-drate	Energy	Protein	Sat fat	Sugars	Sodium	Trans	Codex	All
Baby Food (n=41)	61%	56%	68%	68%	0%	15%	34%	0%	0%	0%
Baked Goods (n=479)	10%	12%	11%	12%	6%	5%	7%	1%	3%	0%
Bottled Water (n=40)	95%	15%	3%	93%	95%	95%	63%	0%	0%	0%
Breakfast Cereals (n=116)	78%	83%	78%	84%	51%	58%	58%	17%	46%	12%
Carbonates (n=79)	99%	87%	97%	84%	81%	71%	96%	1%	46%	1%
Concentrates (n=44)	32%	32%	32%	23%	32%	11%	23%	0%	9%	0%
Confectionery (n=251)	54%	53%	47%	53%	38%	39%	43%	6%	26%	3%
Dairy (n=513)	69%	77%	67%	77%	10%	16%	10%	2%	6%	0%
Edible Oils (n=49)	63%	59%	61%	57%	55%	53%	24%	31%	16%	12%
Eggs (n=16)	6%	6%	6%	6%	0%	0%	0%	0%	0%	0%
Energy Drinks (n=17)	100%	88%	100%	82%	100%	88%	65%	0%	47%	0%
Ice Cream and Frozen Desserts (n=120)	52%	52%	47%	52%	25%	44%	22%	5%	16%	1%
Juice (n=304)	91%	87%	90%	84%	57%	39%	41%	6%	26%	6%
Other Hot Drinks (n=236)	22%	30%	25%	26%	14%	13%	15%	2%	4%	0%
Processed Fruit and Vegetables (n=75)	55%	56%	47%	55%	37%	36%	43%	8%	19%	1%
Processed Meat and Seafood (n=92)	32%	32%	27%	32%	21%	22%	18%	4%	16%	0%
RTD Tea (n=21)	67%	48%	71%	67%	62%	57%	67%	0%	24%	0%
Ready Meals (n=106)	10%	19%	17%	19%	7%	4%	11%	4%	1%	0%
Rice, Pasta and Noodles (n=136)	59%	57%	65%	60%	29%	22%	21%	15%	18%	13%
Sauces, Dressings and Condiments (n=460)	23%	24%	17%	24%	16%	19%	21%	6%	9%	2%
Savoury Snacks (n=524)	57%	58%	50%	58%	32%	31%	46%	13%	20%	5%
Sports Drinks (n=7)	86%	86%	71%	43%	86%	57%	86%	0%	29%	0%
Sweet Biscuits, Snack Bars and Fruit Snacks (n=375)	75%	75%	70%	76%	25%	33%	23%	12%	13%	5%
Sweet Spreads (n=69)	67%	70%	62%	70%	26%	19%	32%	10%	10%	3%
Total (n=4,181)	**51%**	**52%**	**48%**	**52%**	**26%**	**27%**	**27%**	**7%**	**14%**	**3%**

Notes: data for Asian Specialty Drinks, Soup, and RTD Coffee not shown due to very small product numbers in these categories.

Table A3: Nutrient criteria for the WHO AFRO NPM

	Total fat (g/100g)	Saturated fat (g/100g)	Total sugars (g/100g)	Added sugars (g/100g)	Sodium (mg/100g)	Energy (kcal/100g)
Chocolate and sugar confectionery, energy bars, sweet	8		6			230
Cakes, sweet biscuits and pastries, other sweet bakery products, dry mixes for making such	8		6		250	230
Bread, bread products and crisp bread	8		6		250	
Breakfast cereals	12		9		350	
Ready to eat savouries (savoury snack food)						
Potato, cereal or starch-based (from roots, tuber, or legumes) and animal based (from skin)	8			0	250	230
Processed nuts and edible seeds				0	50	
Fish-based			6		250	230
Beverages						
Juices			6	0	300	
Milk and dairy based drinks	4			0		
Water-based flavoured and unflavoured drink			0		100	
Coffee, coffee substitutes, tea, herbal infusions			0			
Cereal, legume, grain, tree nut-based beverages			6	0	100	
Frozen dairy based desserts and edible ices	6		12		100	230
Other dairy based desserts	4		6		100	230
Cheese and analogues	20			0	600	
Composite foods (prepared foods)	12	3.5	9		350	
Butter and other fats and oils, and fat emulsions		35		0	100	
Pasta and noodles and like products, rice and grains	3			0	250	

	Total fat (g/100g)	Saturated fat (g/100g)	Total sugars (g/100g)	Added sugars (g/100g)	Sodium (mg/100g)	Energy (kcal/100g)
Fresh and frozen meat, poultry, game, fish and seafood	15					
Processed meat, poultry, game, fish and fish products						
Processed meat, poultry and game products	8	3			400	
Processed fish and seafood products	8	3			400	
Fresh and frozen fruits and vegetables, legumes, roots and tubers						
Processed fruits, vegetables and legumes	5			0	400	
Solid-form soybean products	8			0	100	
Sauces, dips, other seasonings and dressings	8			0	300	

Products are automatically ineligible if they contain non-nutritive sweeteners or contain >1 per cent of total energy in the form of industrially produced trans-fatty acid.

Table A4: Nutrient criteria for the Final KNPM

	Total fat (g/100g)	Saturated fat (g/100g)	Total sugars (g/100g)	Sodium (mg/100g)
Confectioneries				
Chocolates	7	2.3	5.3	210
Sugar confectioneries			5.3	210
Energy bars	7	2.3	5.3	210
Bakery products				
Fine bakery products	8.3	2.8	6.3	250
Breads and ordinary bakery products	8.3	2.8	6.3	250
Cereals and cereal products				
Breakfast cereals	11	3.7	8.3	330
Instant pasta and noodles and like products, rice and grains	1.5			320
Ready to eat snack foods				
Ready to eat savoury savoury snacks	7	2.3	0	210
Processed nuts and edible seeds			0	210
Beverages				
Fruit and vegetable drinks			5.3	210
Water-based flavoured and unflavoured drinks			5.3	20

	Total fat (g/100g)	Saturated fat (g/100g)	Total sugars (g/100g)	Sodium (mg/100g)
Coffee premixes, Tea premixes and Cocoa premixes (RTD)			5.3	50
Cereal, legume, grain, tree nut-based beverages (RTD)			5.3	50
Composite foods	11.6	3.9	8.8	350
Butter, fat spreads and oil emulsions				
Butter			0	210
Margarine, fat spreads and oil emulsions		35	0	210
Processed meat, fish and poultry products				
Processed meat and poultry products	9.5	3.2	0	300
Processed fish and seafood products	8.1	2.7		240
Fruits and vegetables				
Processed fruits, vegetables, and legume excluding juices	5	1.7	6	400
Solid-form soybean products	8.0			130
Sauces, dips, other seasonings, soups and dressings	8.8	2.9	7.0	350
Dairy products and analogues				
Milk and dairy based drinks	4	1.3	7.2	50
Frozen dairy-based desserts and edible ices	4	1.3	7.2	100
Other dairy-based desserts	4	1.3	7.2	210
Cheese and analogues	22	7.3		500

Table A5: Nutrient criteria for the Draft KNPM

	Total fat (g/100g)	Saturated fat (g/100g)	Total sugars (g/100g)	Sodium (mg/100g)
Confectioneries	7	2.3	5.3	
Bakery wares	8.3	2.8	6.3	250
Cereals and cereal products				
Breakfast cereals	11	3.7	8.3	330
Pasta and noodles and like products, rice and grains	20	6.7		320
Ready to eat snack foods				
Ready to eat savoury savoury snacks	7	2.3	5.3	210
Processed nuts and edible seeds				210
Beverages				
Fruit and vegetable drinks			10	50
Fruit and vegetable juices			14	50

	Total fat (g/100g)	Saturated fat (g/100g)	Total sugars (g/100g)	Sodium (mg/100g)
Water-based flavoured and unflavoured drinks			10	50
Coffee premixes, Tea premixes and Cocoa premixes (RTD)			8	50
Cereal, legume, grain, tree nut-based beverages (RTD)			8	20
Composite foods	11.6	3.9	8.8	350
Butter, fat spreads and oil emulsions		23 (butter) 36 (margarine)		630
Processed meat, fish and poultry products	8	3		400
Fruits and vegetables				
Processed fruits, vegetables, and legume excluding juices	8	3	5	400
Solid-form soybean products	8	2.7		
Sauces, dips, other seasonings, soups and dressings	8	2.7		350
Dairy products and analogues				
Milk and dairy based drinks	4	1.3	8	50
Frozen dairy-based desserts and edible ices	6	2	12	100
Other dairy-based desserts	4	1.3	8.8	100
Cheese and analogues	22	7.3		500

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UNICEF Kenya Country Office
UN Complex, UN Avenue
Gigiri, Nairobi
Kenya

nairobi@unicef.org
www.unicef.org

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