

Mandates of the Special Rapporteur on the right to food and the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health

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Excellency,

We have the honour to address you in our capacities as Special Rapporteur on the right to food and Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, pursuant to Human Rights Council resolutions 58/10 and 51/21.

In this connection, we would like to bring to the attention of your Excellency's Government **some observations concerning the Uganda Food and Nutrition Policy (UFNP) of 2003, the ongoing elaboration and enactment of the Food and Nutrition Bill initiated in 2024, and the possible adoption of Front-of-Package Warning Labelling (FOPWL) in Uganda. These legal and policy instruments have been examined in light of applicable international human rights standards.**

We believe the effective implementation of these legal and policy instruments may have significant implications for Uganda's ability to fully uphold its obligations to respect, protect and fulfil human rights, particularly the rights to food and to the highest attainable standard of health.

The Food and Nutrition Bill 2024, which is currently being examined by the Ugandan Parliament, proposes a multi-sectoral approach to tackling food insecurity. The Bill, outlines several responsibilities to address nutritional challenges and fill the regulatory gaps (such as the absence of mandatory FOPWL and the weak regulation of unhealthy food marketing), aimed at ensuring food security and nutrition for all Ugandans. It designates specific roles for various ministries, from agriculture and health to education and trade, ensuring coordinated efforts. The Bill, inter alia, requires the Department responsible for nutrition in the Ministry of Health to advise the Minister on labelling for nutrients on food products.

The Constitution of the Republic of Uganda of 1995 does not expressly recognise the right to food, but it includes directive principles of state which guide government action towards promoting the right to adequate food. These principles are generally not directly justiciable (enforceable in court). In 2003, Uganda adopted the UFNP to ensure food security and improve nutrition through multisectoral efforts. The policy is still in force however, since early 2025 a review procedure of UFNP has been initiated.

The main objectives of UFNP are to promote food availability, accessibility, affordability, integrating nutrition education into training and enhancing food safety and quality. The UFNP explicitly acknowledges the right to adequate food and the State's constitutional duties to ensure food security (section 1.1), aligning with international standards and the African Charter on Human and Peoples' Rights.

Despite this, there is a lack of explicit commitments for State accountability and protection in the UFNP, which could be addressed through the Food and Nutrition Bill 2024. The UFNP provides only a general reference to the “accountability of duty bearers” (section 2.3.9) without specifying mechanisms such as sanctions, audits, or independent oversight to enforce state accountability. In addition, while the policy establishes a surveillance system to coordinate food and nutrition efforts across organisations (section 3.11), it omits explicit enforcement procedures or consequences for non-compliance. In addition, it does not address the regulation of unhealthy food marketing, particularly to children.

The 2024 Food and Nutrition Bill sets out to codify evidence-based measures such as the nutrient profile modelling (NPM) and include provisions on FOPWL to promote healthy diets and reduce non-communicable diseases (NCDs), aligning with WHO recommendations. The development of the NPM for Uganda falls under the mandate of the Ministry of Health, in accordance with the Public Health Act. Under this act, the Minister has the authority to make regulations related to public health matters.

In the meantime, the current text of the Bill does not address the regulation of unhealthy food marketing and does not place sufficient focus on vulnerable populations, including children, adolescents, pregnant mothers and people living in poverty or informal settlements. Increased consumption of unhealthy foods and beverages, which have excess sugar, sodium or fats and often undergo high levels of processing, has driven up the burden of diet-related non-communicable diseases such as diabetes, cardiovascular disease and cancer (see A/HRC/26/31), leading causes of death across the globe.

The absence of clear regulatory frameworks to alert the public about excessive levels of critical nutrients—combined with the lack of restrictions on aggressive marketing of unhealthy diets—facilitates the consumption of foods and beverages that contribute significantly to the alarming rise in overweight and obesity.¹ In Uganda, as in many countries, the marketing of food and beverages plays a significant role in consumers making their food choices and can entice people to consume food, both healthy and unhealthy.² Hence, without a robust NPM underpinning FOPWL, the current legislative framework may not effectively reduce the consumption of ultra-processed foods high in sugar, sodium, fats, and trans-fats, and thus may fall short of the goal of reducing NCDs.

¹ Between 1995 and 2016 the national overweight population nearly doubled (Yaya S, Ghose B. Trend in overweight and obesity among women of reproductive age in Uganda: 1995–2016. *Obesity Sci Pract.* 2019;5:312–323), with children being heavily affected. A 2024 study (<https://www.bmj.com/content/386/bmj-2024-079234>) showed that Uganda had one of the highest consumption rates of sugar-sweetened beverages (SSBs) by children and adolescents globally, among countries with large populations of children and adolescents. A recent collaborative study conducted in urban Uganda among primary school children found overweight to be at 5.4% and obesity at 1.8%, according to Ogata A., Wambuzi F., Nakiryia B. D., and Onzima A., School children’s lifestyle and behaviors relating to obesity: collaborative study in urban Uganda, *Evidence-Based Nursing Research.* (2023) 5, no. 2, 48–57, <https://doi.org/10.47104/ebnrojs3.v5i2.262>.

² A study shows that 86% of food adverts were for unhealthy foods, with an average of 36 unhealthy food advertisements around each school. This has the potential to strongly impact people’s choices, according to Makerere University School of Public Health (although a final report has not been published yet).

According to the World Health Organization (WHO), one of the key drivers of non-communicable diseases and obesity is the consumption of unhealthy diets high in sugar, salt, and fat.³ Overconsumption of such foods significantly increases the risk of childhood overweight and obesity worldwide. Children are especially vulnerable to diet-related NCDs because they are dependent on others, such as parents or schools, for food, and because they are more susceptible to marketing strategies. Given that access to food and nutrition is crucial for the enjoyment of human rights such as the rights to life, health, adequate food, non-discrimination and equality (E/C.12/2000/4, para. 3), it is essential that States take action to support children’s healthy development, improve hygiene, ensure sufficient food and nutrition, discourage harmful behaviours and prioritize disease prevention and treatment.

In helping States meet their human rights obligations, the WHO has developed specific recommendations for strategies that could be adopted to manage the marketing and consumption of food. These include inter alia the implementation of NPM, defined as the “science of classifying or ranking foods according to their nutritional composition”, and can take different forms. Put differently, these are labelling systems that are presented on the front of food packages (usually in the principal field of vision) and can be applied across the packaged retail food supply, which comprise an underpinning nutrient profile that considers the overall nutrition quality of products to complement the more detailed nutrient declarations usually provided on the back of food packages.

FOPWL is generally regarded as the most effective system for helping consumers identify unhealthy products as it uses clear interpretative labels based on NPM thresholds to highlight excessive nutrients. This is corroborated by the experience of other countries, which demonstrate FOPWL’s ability to change consumer behaviour, reduce unhealthy food purchases, and influence vulnerable groups, making it a potent tool for promoting healthier diets. Without FOPWL, consumers, particularly children, lack accessible nutrition information to make informed dietary choices, increasing their risk of consuming unhealthy foods. This contributes to the rise of diet-related NCDs, breaching the state’s obligation to protect public health and ensure access to adequate, safe and nutritious food.

Adopting FOPWL policies offers significant benefits with minimal economic downsides, without major investment of time and cognitive effort and in a simple way by clearly marking such excess with warning labels arranged on the front of the product, ultimately discouraging their consumption. By encouraging healthier eating habits, FOPWL can reduce healthcare costs associated with NCDs, aligning with the State’s constitutional and international commitments to provide access to nutritious food without economic barriers. The decision on which front-of-package labelling system should be adopted must be linked to its effectiveness to achieve public health goals and be in accordance with scientific evidence free from conflicts of interest available at the time. Without clear efforts to promote action on the prevention of unhealthy diets, the rise of NCDs will remain on the margins of global health action.

In light of this, we strongly recommend that Ugandan authorities adopt and institutionalise an evidence-based, government-endorsed Nutrient Profiling

³ <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>

Model. This should include mandatory FOPWL standards and regulations to restrict the marketing of unhealthy food products, especially to children. We further recommend incorporating marketing restrictions into the UFNP, maintaining FOPWL provisions in the Food and Nutrition Bill of 2024, and considering their inclusion in the revised UFNP. These undertakings would represent an important step towards fulfilling Uganda’s obligations under international human rights law.

We also take the opportunity to welcome the ongoing legislative initiative represented by the Food and Nutrition Bill of 2024, which has the potential to play a crucial role in safeguarding human rights and constitutes, a priori, an important first step.

Uganda ratified the International Covenant on Economic, Social and Cultural Rights (ICESCR) in 1987, committing to uphold the right to adequate food as articulated in art. 11(1), which affirms “the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions.” To ensure this right is realized, art. 2(2) obliges states to guarantee that the rights enunciated are exercised without discrimination of any kind, including on the basis of race, colour, sex, or socioeconomic status. The Committee on Economic, Social and Cultural Rights (CESCR), in its general comment No. 12 (1999), clarifies that the right to adequate food requires both economic and physical accessibility and must be sustainable for present and future generations. Furthermore, art. 12 recognizes the right of everyone to “the highest attainable standard of physical and mental health”, which the CESCR in its general comment No. 14 (2000) clarifies that this right is inclusive, extending beyond timely health care to the underlying determinants of health—safe drinking water, adequate sanitation, safe food and nutrition, housing, healthy occupational and environmental conditions, and access to health-related education and information.

The formulation and implementation of national strategies, mandatory for the progressive realization of the right to food, require full compliance with the principles of transparency, accountability and participation of the people. Emphasizing behaviour-related health issues and promoting social determinants of good health are also important actions for States to consider (E/C.12/2000/4, para. 16). States as such hold some minimum core obligations that are of immediate effect, including the obligation to take deliberate, concrete and targeted steps towards realizing the right to health (see E/1991/23; and E/C.12/2000/4) and the right to food (see E/C.12/1999/5), and using “the maximum of [their] available resources” (see E/1991/23, para. 10, A/78/185, para. 14).

The obligation to respect human rights requires that states not engage in any conduct that is likely to result in preventable, diet-related morbidity or mortality, such as incentivising the consumption of unhealthy foods and beverages. The obligation to protect requires States to take measures that prevent third parties, including corporations, from interfering with the enjoyment of human rights, such as regulating the activities of non-State actors in the food and beverage industries to ensure they convey accurate, easily understandable, transparent and comprehensible information on their products. Finally, the obligation to fulfil requires States to give sufficient recognition to the right to health, and to ensure equal access for all to the underlying

determinants of health, such as safe and nutritious food.

As previously stated by the Special Rapporteur on the right to health, within the context of food and nutrition, given that non-communicable diseases lead to preventable morbidity and mortality with tangible human rights implications, international human rights law mandates that States address non-communicable disease risk factors, including unhealthy diets. States' failure to do so may therefore amount to violations of the right to health and health-related rights (A/HRC/26/31). Accordingly, international human rights law promotes rational and rigorous policy-making that is based upon reliable data. Therefore, addressing diet-related NCDs risk factors must derive from the best available evidence in public health, such as front-package warning labelling. To that end, States should use scientific knowledge in decision-making and policies, as they have a duty to make available and accessible to all persons all the best available applications of scientific evidence necessary to enjoy the highest attainable standard of health.

Moreover, in its general comment No. 24, para. 19, the CESCR clarified that States should develop regulations and intervene, for instance, to restrict marketing of food products with excessive amounts of critical nutrients to protect public health. Such regulations should be implemented and monitored through indicators and benchmarks. Such failure would be detrimental to the right to health and may amount to a violation of the right of enjoyment of the highest attainable standard of physical and mental health. In the context of unhealthy diets, States should also refrain from partially or fully suspending legislation and from adopting laws or regulations that interfere with the enjoyment of any of the components of the right to health (A/HRC/32/32, para. 13). In addition to immediate detrimental effects on health, in particular children's health, unhealthy diets can have severe health consequences later in life due to the early formation of eating habits and preferences, and because childhood NCDs are likely to persist in adulthood. The Committee on the Rights of the Child (CtRC) in its general comment No. 16, clarifies that States should ensure that marketing and advertising do not have adverse impacts on children's rights by adopting appropriate regulations to ensure these industries use clear and accurate product labelling and information that allowing to make informed decisions.

This is complemented by art. 24(2) of the Convention on the Rights of the Child (CRC), ratified by Uganda in 1990, which establishes that "States Parties shall pursue full implementation of the right to health and shall take appropriate measures to combat disease and malnutrition, including within the framework of primary health care, through: (c) the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution and (e) to ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents".

As it is our responsibility, under the mandates provided to us by the Human Rights Council, to seek to clarify all cases brought to our attention, we would be grateful for your observations on the following matters:

1. Please provide any additional information and/or comment(s) you may have on the above-mentioned issues.
2. Please provide information on any measures which are being considered or taken by Your Excellency's Government to adopt a mandatory, evidence-based Nutrient Profiling Model and Front-of-Package Warning Labelling system in Uganda, in line with WHO recommendations and international human rights obligations.
3. Please provide information on how Your Excellency's Government plans to address the absence of specific provisions in the Food and Nutrition Bill of 2024 and UFNP regulating the marketing of unhealthy foods and beverages to children and other vulnerable populations.
4. Please provide any additional information on what concrete mechanisms (such as sanctions, audits, or independent oversight) does Your Excellency's Government intend to include in the Food and Nutrition Bill of 2024 to ensure accountability.

This communication, as a comment on pending or recently adopted legislation, regulations or policies, and any response received from your Excellency's Government will be made public via the communications reporting [website](#) after 48 hours. They will also subsequently be made available in the usual report to be presented to the Human Rights Council.

Please accept, Excellency, the assurances of our highest consideration.

Michael Fakhri
Special Rapporteur on the right to food

Tlaleng Mofokeng
Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health