

The Tanzania Healthy Food Environment Policy Index Evidence Pack





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Preamble

This work is part of the Global Regulatory and Fiscal Capacity Building Program (RECAP). The international network developed the Healthy Food Environment Policy Index (Food-EPI) tool for Food and Obesity/Non-Communicable Diseases Research, Monitoring and Action Support (INFORMAS). The Food-EPI tool was adapted by the Ifakara Health Institute (IHI) team to assess the extent to which the Government of Tanzania (GOT) has institutionalized policies, regulations and actions to create a healthy food environment, with the aim of curbing obesity and diet-related NCDs, and identifying and prioritising actions needed to address critical gaps in the food environment policy.

The policy and regulatory documents included in this evidence pack may have not been necessarily formulated to control diet-related diseases or address healthy food issues, but rather they may have been formulated to address foodborne diseases and food safety. Therefore, the researchers' concluding remarks need to be interpreted in the context of recommendations rather than criticising the existing documents.

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Disclaimer:

The opinions and the recommendations contained in this document are the responsibility of Ifakara Health Institute (IHI) researchers and stakeholders involved (see acknowledgement section) and do not necessarily reflect the views of the Government of Tanzania or any other individual or organization.

For correspondence:

Dr. Sally Mtenga, smtenga@ihi.or.tz | Dr. Francis Levira, flevira@ihi.or.tz | Ms. Farida Hassan, fhassan@ihi.or.tz

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Definitions

- **Food:** means any substance, whether processed, semi-processed or raw, which is intended for human consumption, and includes drink, chewing gum and any substance which has been used in the manufacture, preparation or treatment of "food" but does not include cosmetics or tobacco or substances used only as drugs.
- **Food environments:** the collective physical, economic, policy and socio-cultural surrounding, opportunities and conditions that influence people's food and beverage choices and nutritional status.
- **Government:** includes any national government departments and, where appropriate, other agencies (i.e., statutory bodies such as offices, commissions, authorities, boards, councils, etc.). Plans, strategies or actions by local government are not included, although relevant information can be noted in the 'context/comments' sections.
- **Government implementation:** refers to the intentions and plans of the government and actions and policies implemented by the government as well as government funding for implementation of actions undertaken by non-governmental organisations, academic institutions, private companies (including consultants), etc.
- **Healthy/unhealthy food:** Categorisation of foods as healthy / unhealthy are in accordance with the WHO and EU guidelines. For example, a healthy food or diet comprises a combination of different foods that include; fruits and vegetables, staples like cereals (wheat, barley, rye, maize or rice) or starchy tubers or roots (potato, yam, taro or cassava); legumes (lentils and beans); and foods from animal sources (meat, fish, eggs and milk) . Where it is not clear which category to use, categorisation of foods should be informed by rigorous criteria or the use of a nutrient profiling model, e.g., Nutrient Profile Model for the WHO African Region.
- **Nutrients of concern:** salt (sodium), saturated fat, trans fat, added sugar.
- **Systems-based approaches:** refers to a set of common objects or people and the relationships and interactions that make them part of a larger whole, working together towards a common purpose.
- **Policy actions:** A broad view of "policy" is taken, so as to include all government policies, plans, strategies and activities. Only current policy actions are considered, generally defined as policy activity of the previous 12 months (except where otherwise specified). Evidence of policy implementation takes consideration of the whole policy cycle, from agenda-setting, through to policy development, implementation and monitoring. A broad view of relevant evidence was taken, to include, inter alia:
 - Evidence of commitments from leadership to explore policy options.
 - Allocation of responsibility to an individual/team (documented in a work plan, appointment of new position).
 - Establishment of a steering committee, working group, expert panel, etc.
 - Review, audit or scoping study undertaken.
 - Consultation processes undertaken.
 - Evidence of a policy brief/proposal that has been put forward for consideration.
 - Preparation of a regulatory or economic impact assessment, health impact assessment, etc.
 - Regulations / legislation / other published policy details.
 - Monitoring data.
 - Policy evaluation report.

Acronyms & Short Forms

APHRC:	African Population and Health Research Center
ASDP:	Agriculture Sector Development Program
CBO:	Community-based organizations
CSO:	Civil Society Organizations
CSPD:	Child Survival Protection and Development
DR-NCD:	Diet-related non-communicable diseases
EU:	European Union
FBO:	Faith-based organizations
Food-EPI:	Healthy Food Environment Policy Index
FUND:	Funding
GBSF:	The UK Government Buying Standard for Food and Catering Services
GMP:	Growth monitoring programs
GOT:	Government of Tanzania
GOVER:	Governance
GRAS:	Generally recognized as safe
HiAP:	Health in All Policies
IDRC:	International Development Research Center
IFAKARA:	Ifakara Health Institute
IHI:	Ifakara Health Institute
INFORMAS:	International Network for Food and Obesity/NCDs Research, Monitoring and Action Support
LEAD:	Leadership
MOH:	Ministry of Health
MONIT:	Monitoring
NCD:	Non-Communicable Diseases
NFBDG:	National Food Based Dietary Guidelines
NGO:	Non-governmental organizations
NHANES:	National Health and Nutrition Examination Survey
NHMRC:	National Health and Medical Research Council
NMNAP:	National Multisectoral Nutrition Action Plan
NR-NCD:	Nutritional-Related Non-Communicable Diseases
PANITA:	Partnership for Nutrition in Tanzania
PHO:	Partially hydrogenated oils
PLAT:	Platform
PROMO:	Promotion
PUFAS:	Polyunsaturated fatty acids
RCH:	Reproductive and Child Health
RECAP:	Regulatory and Fiscal Capacity Building Program
SAFO:	Staple Food
SNAP:	Supplemental Nutrition Assistance Program
SSA:	sub-Saharan Africa
SSB:	Sugar and sweetened beverages

SUN:	Scaling Up Nutrition
TBS:	Tanzania Bureau of Standards
TDHS:	Tanzania Demographic and Health Surveys
TFDA:	Tanzanian Food and Drugs Authority
TFNC:	Tanzania Food and Nutrition Centre
UNFPA:	United Nations Population Fund
UNICEF:	United Nations Children's Fund
USAID:	United States Agency for International Development
WHO:	World Health Organization

Executive Summary

Context: Nutritional Related-NCDs (NR-NCDs) is a growing burden globally. In Tanzania, the NR-NCDs such as diabetes and obesity are prevalent by 9.3%, and 13% respectively. The NR-NCDs are contributed by lifestyle factors and mainly poor dietary intake. Change of lifestyle coupled with increased production of processed foods, rapid urbanization and changing lifestyles have led to a shift in dietary patterns. There is increased consumption of foods high in energy, fats, free sugars and salt/sodium, and many people do not eat adequate fruit, vegetables and other dietary fibre [<https://www.who.int/news-room/fact-sheets/detail/healthy-diet>].

Consuming a healthy diet throughout the life-course helps to prevent malnutrition in all its forms including non-communicable diseases and conditions [<https://www.who.int/news-room/fact-sheets/detail/healthy-diet>]. National policies and guidelines are crucial components for supporting healthy food environment and address nutritional related NCDs for population health. However, in Tanzania there is limited information regarding the extent to which national policies and guidelines support healthy food environment in the country.

Method: Guided by the Healthy Food Environment Policy Index (Food-EPI) tool developed by the International Network for Food and Obesity/Non-Communicable Diseases Research, Monitoring and Action Support (INFORMAS) we reviewed policy action and related infrastructure support of healthy food environment in Tanzania. The project was part of the Global Regulatory and Fiscal Capacity Building Program (Global RECAP). In this review, we specifically wanted to answer the question of how much progress Tanzania has made towards improving food environments and implementing NR-NCD prevention policies and actions. The review started in April 2020 until December 2021. The policy review process included training sessions, which aimed to build the capacity of scientists on how to conduct review of policy evidence. Multiple stakeholders from various institutions and ministries were consulted and where necessary visited to find out more about the sources of policy documents. After the first draft of evidence pack, the validation workshop was carried out to ensure that all the evidence is accurate.

Findings: We reviewed 68 resources that include government policy document and 45 academic publications, which highlighted some evidence of healthy food environment in Tanzania. The review revealed various dimensions of healthy food environment but in this section, we highlight key findings. We found that:

- The Tanzania National NCD Strategic Plan (2016-2020) highlighted some milestones related to healthy food initiative including targets for reducing population salt intake to less than 5gms per day, target to address salt, sugar and fatty reduction. The strategy recognises the ministry of Agriculture, Tanzania Food and Nutrition Centre (TFNC) and Tanzania Bureau of Standards (TBS) as opportunity areas to ensure quality and safety of food specifically related to reduced salt and sugar intake. However, within the strategic plans of TFNC and the Ministry of Agriculture there are no targets to reduce salt, sugar and fatty intake as the nutrients of concern in the population.
- Tanzania has clear description of food labelling policies, regulations and transparency on foods manufactured in Tanzania or imported from elsewhere. The regulations include: prohibition of sale of un-labelled food, labelling information should not to appear at the

bottom of a container, the common name and net contents of the food should appear in a prominent position and in the same field of vision.

- The country has well stipulated policies and guidelines on the promotion of infant formula, follow-on- formula, and growing-up milk for under-five children. It restricts healthcare providers from procuring and using breast milk substitutes except during emergencies at the health facility, restricts all forms of marketing and advertisement of breast milk substitutes and a well-designed legislation and policy to promote exclusive breastfeeding for children below six months.
- Tanzania has well elaborated and comprehensive food fortification strategies and guidelines to control micronutrients deficiencies.
- There is political will and leadership support to ensure that nutrition is prioritized and promoted.

Some policy gaps:

- 'Healthy food concept' is not much elaborated in most policy documents to include aspects that are beyond the nutrition itself.
- Food regulations provide much attention on the 'safety' of food and there is less attention on food 'healthy'. Both aspects need to be integrated in the food regulations and policies.
- Diet related diseases are not given much attention in various nutritional strategic plans and in the food regulations. It is only the NCD strategic plan 2016-2020 that point to the diet related diseases and dietary risk factors.
- Regulations that safeguard food infrastructure support such as governance (leadership, communication, monitoring, evaluation and feedback) are not widely implemented. This may affect the specific strategies to support healthy food environment in the country.
- Most of the national health and nutrition policies are outdated, and do not reflect current nutrition transition and challenges. For example, the Tanzania Nutrition Policy (1992) does not include regulations that would minimize the risk of nutritional related NCDs such as obesity and diabetes. In addition, the TFNC 2014 –2018 Strategic Plan does not include any evidence on standards and restrictions on the nutrients of concern such as salt, saturated fat, and added sugar in processed foods.
- There is no straightforward indication of the reduced prices for healthy food such as fruits, cholesterol free oil or less calories foods.
- There is less evidence on regulations of food sold to children, adolescents and in the restaurants.
- No clear policies that are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children including adolescents through broadcast media (TV, radio).
- Although salt, sugar and fats are considered as nutrients of concern, but there are currently no specific regulations to control the consumption of these ingredients in the general population.
- There is no evidence of increased taxes or levies on unhealthy foods to discourage their consumption.

Conclusion

Tanzania has some relevant policies and regulations that can be used to address nutrition related NCDs. However, the concept of 'healthy food' needs to be elaborated and mainstreamed in policy documents to enhance the appreciation of diet related risk factors and broader elements of food environment such as governance, infrastructures that are beyond nutrition. Tanzania is in a better position to safeguarding the health food environment by ensuring that the current nutritional policies and food regulations are up-to-date and responds to the emerging needs of NCDs. In addition, addressing nutritional NCDs may require control of price inflation for healthy food such as fruits and those with less calories.

Moreover, availability of policies and regulations that limit the consumption of salt, fat and sugar as nutrients of concern can make a difference. Policies and regulations that restrict exposure of unhealthy food to children through media broadcast is significant. Furthermore, since healthy food is a broad dimension beyond nutrition, we recommend the institutionalization of *'multisectoral strategic plan of healthy food'* to guide the implementation of health actions, policies and plans that will address the social-economic determinants of nutritional related NCDs by all sectors. For sustainable effort against unhealthy food, the introduction of Health in All Policies (HiAP) in Tanzania can also consider incorporation of nutritional related risk factors.

Recommendation

To support the implementation of the FYDP III, NMNAP II and other national nutritional priorities, review of legislation, regulations, standards and guidelines are necessary to ensure the availability and accessibility of adequate, safe, and good-quality food; and an adherence to the internationally recognized standards and nutrition guidelines.

Important Note

The roles that were played by the Tanzanian Food and Drugs Authority (TFDA) specific to food regulations and the related guidelines for application and registration of Pre-Packed Food in Tanzania have now been bestowed to the Tanzanian Bureau of Standards (TBS) according to the Finance Act, 2019. Where by all regulation regarding to food at TFDA were re- allocated to TBS through this Finance Act, 2019. TFDA remains in charge of regulations pertaining to drugs, and TBS is now coordinating the regulations of food in Tanzania.

1. 1. Introduction

1.1 Public Health Nutrition Context in Tanzania

Diet-related non-communicable diseases (DR-NCDs) are becoming a major concern in Africa. Unhealthy diets now contribute to more NCDs than physical inactivity, alcohol and smoking combined [Malhotra, 2015]. Unhealthy diet is one of the most important social determinants of most NCDs such as diabetes, obesity and cardiovascular in Africa. A study in Tanzania found that improved nutrition is one of the factors that contribute to the highest returns on DALYs [Simon et al, 2012]. Owing to rapid urbanization, there are wide-reaching changes taking place in diets across Africa. These changes have brought about a health and nutrition transition causing them to experience a double burden of disease, including over nutrition and under-nutrition.

According to the World Health Organization (WHO), the effects of the nutrition transition are further exacerbated by decreased physical activity, stressful lifestyle, high alcohol consumption, and tobacco use (WHO, 2011). Rapid urbanization is known to increase access to supermarkets [Popkin et al, 2006], socio-economic development, urbanization, and acculturation which have been recognized as important factors fuelling the nutrition transition in sub-Saharan Africa (SSA) [Vorster et al, 2011]. Urban residents in SSA tend to have access to a wider range of food items, most of which are high in trans-fats and sugar. Most families are busy, with limited time to prepare healthy food. As a result, most households rely on processed foods, contributing to the increasing cases of obesity [WHO, 2003]. This is further exacerbated by the sedentary nature of white-collar jobs that require minimal physical activity. Simultaneously, the epidemiologic transition is seen in the increased prevalence of obesity and other NCDs such as diabetes, cardiovascular diseases, and cancers in many African countries.

Tanzania is among the countries in Sub-Saharan Africa that has made some progress towards achieving important nutritional targets such as the reduction of anaemia among women of reproductive age. Stunting is still a challenge- 31.8% of children under 5 years of age are still affected- which is higher than the average for Africa (29.1%) [WHO, 2017]. According to the Tanzania Demographic and Health Surveys (TDHS), stunting prevalence among children under five years decreased from 50% in the 1990s to 34% in 2015 (34.8% for Mainland and 23.5% for Zanzibar) [MOH, 2016; WHO, 2014]. Tanzania has high level of malnutrition among children and women. However, Tanzania has not shown significant progress towards achieving the diet-related NCD targets. The country is currently concerned about DR-NCDs increasing at a fast pace alongside high levels of undernutrition. The country has shown limited progress towards achieving the target for obesity, with an estimated 12.7% of adult (aged 18 years and over) women and 4.0% of adult men living with obesity.

1.2 Nutrition Policy Action in Tanzania

The country is still behind in addressing undernutrition, obesity and NCDs, food safety and healthy food indicators. The Food and Nutrition policy (1992) provides a profile of the nutritional health-related problems such as anaemia, Vitamin A deficiency, iodine deficiency, protein-energy malnutrition, for children and adults. However, this policy remains outdated and it does not include other emerging non-communicable nutrition challenges such as obesity and unhealthy food.

The Tanzanian National Non-Communicable Disease Strategic Plan (2016-2020) acknowledges that NCD prevention in Tanzania is hampered by the absence of concrete policies such as multi-sectoral responses to diseases and lack of legislation and /or enforcement mechanisms. Thus, there is a need to strengthen policy formulation, legislation, and interventions to promote healthy diets as a key strategy in the fight against NCDs. However, there is a paucity of policy and regulatory data to support the implementation of healthy food policy infrastructure in the country. The crucial entry point for successful development or strengthening of policies and interventions is to understand what NCD-related food environment policies exist in Tanzania.

The food environment can be defined as the collective physical, economic, policy and sociocultural surroundings, opportunities and conditions that influence people's food and beverage choices and nutritional status. As such, there is need for understanding the extent of implementation of policy and actions to improve food environments in Tanzania, in order to ensure that government actions match the magnitude of the burden that unhealthy diets create. Such evidence can support appropriate and practical policy and regulations for prevention and control of diet-related NCDs.

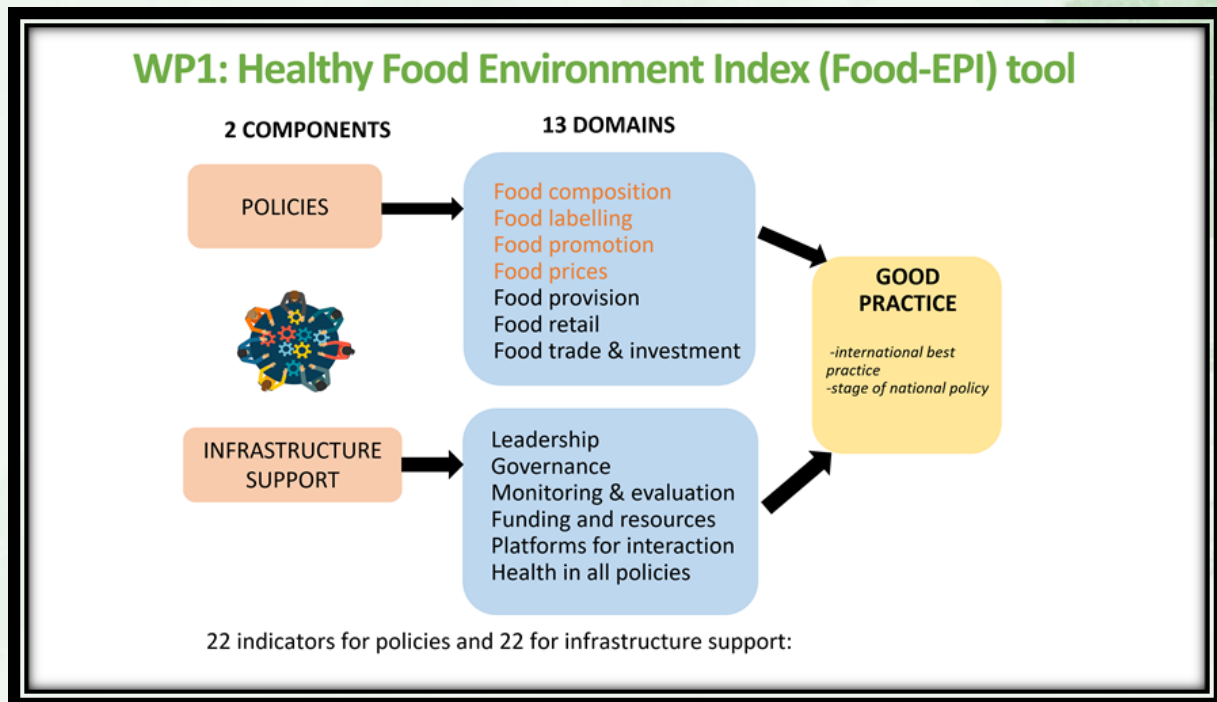
1.3 INFORMAS

Realising that comprehensive actions by governments and food industry are needed to achieve global targets to halt the rise in undernutrition, obesity and diet-related NCDs, the INFORMAS [Swinburn et al, 2013] was formed to monitor and benchmark food environments, relevant government policies, and private sector actions. This was with the goal of increasing accountability and action by relevant stakeholders.

INFORMAS developed a Healthy Food Environment Policy Index (Food-EPI) tool and process for use in assessing the extent of government policy action and related infrastructure support in creating a healthy food environment (in comparison to international best practices) and to identify and prioritise actions needed to address critical gaps in food environment policy. This was in order to contribute to addressing nutrition related NCDs such as obesity and undernutrition [Swinburn et al, 2013].

Benchmarking the extent of government policy implementation on food environments among countries internationally has the potential to support increased government actions globally to reduce obesity and diet-related NCDs. The Food-EPI assessment comprises a 'policy' component with seven domains on specific aspects of food environments, and an 'infrastructure support' component with six domains to strengthen systems to prevent obesity and diet-related NCDs (Figure 1).

Figure 1: Healthy Food Environment Components and Domains



Source: (INFORMAS, 2018)

1.4 Methods and Process

Several methods were used to search for relevant policy documents and evidence of government actions in creating a healthy food environment. These sources are included in Table 1 below. The compilation of the Food EPI evidence pack in Tanzania was conducted in various stages (Table 1).

Table 1: The summary of methods and stages used in policy review

STAGES	DESCRIPTION
> Stage One: Analyse Context	Researchers in Tanzania carried out the pragmatic adaptation of the Food EPI benchmarking indicators to ensure that the indicators and domains to be assessed reflect the Tanzanian food environment context.
> Stage Two: Stakeholders Mapping	Multiple stakeholders working in various sectors throughout the country and who could provide useful information on healthy food policies and infrastructures were identified. This process was supported by existing networks that IHI has built with partners over the years. Key (governmental) organisations involved in the various Food-EPI policy and infrastructure support domains were identified, and contacted using information from stakeholder mapping in stage 2. Also, the organisation’s websites providing important content were pinned down.

STAGES	DESCRIPTION
<p>> Stage Three: Document and Verify</p>	<p>At this stage researchers collected evidence on the extent to which the government implement food environment policies across 13 policy and infrastructure support domains and 54 related sub-areas (indicators) of good practice.</p> <p>Organisational websites were identified, government (Tanzania Food and Nutrition Centre, Ministry of Agriculture, Ministry of Finance, Ministry of Health) and institutional (National Institute for Medical Research, Tanzania Bureau of Standards) websites and academic publications (peer reviewed) were searched through to identify evidence on relevant policies and/or infrastructure support.</p> <p>The latter were captured using a google form and coding of the evidence to the relevant Food-EPI domains/indicators was performed. The types of documents searched included the national strategic plans, policies from various sectors and ministries, workshop proceedings, informal and formal speeches.</p> <p>When key policies and/or initiatives were identified, additional searches of academic databases were conducted in a focused way using key terms associated with any identified policy or initiative.</p>
<p>> Stage Four: Tracing Specific Documents</p>	<p>Where no organisational websites were identified, and / or once websites were mined for information, the organisations and stakeholders were followed up by phone calls and physical visit to discuss what evidence exists in relation to the different policy and support domains.</p> <p>The phone calls and physical visits generated third approach, which was snowballing. Stakeholder refereed researchers to other stakeholders who suit to provide information in some indicators.</p>
<p>> Stage Five: Physical Searches and Review of Documents</p>	<p>Physical searches and reviews of documents which were not available online were conducted with assistance from the key stakeholders including the ministry of health officials and staff working for non-communicable department and policy department contacted in stage 3.</p>
<p>> Stage Six: Tracing the Unpublished Documents</p>	<p>The relevant Government ministries, departments, institutions and agencies were requested to retrieve and share information on budgets or other aspects on policies, actions or infrastructure support that may not be publicly available.</p>

STAGES	DESCRIPTION
Stage Seven: Validation of the Evidence	<p>The researchers shared the evidence pack with 13 stakeholders from the government ministries and regulatory institutions experienced in policy formulation.</p> <p>The participating ministries and institutes included the Ministry of Health, Tanzania Food and Nutrition Center, Ministry of Agriculture, University of Health and Allied Science, Ministry of Education, Science, Technology and Vocational Training, World Health Organization and Sokoine University of Agriculture.</p> <p>During the validation workshop stakeholders discussed about the emerging evidence as presented by researchers. The researchers received their inputs and collected further evidence to fill any identified policy gaps.</p> <p>The researchers compiled evidence that reflected the extent to which policies and regulations in Tanzania were implemented across 13 domains.</p>

2. Healthy Food Environment Policy Index: Policy domains

Domain 1 - Food Composition

Food composition targets/standards/restrictions for processed foods: There are government systems implemented to ensure that, where practicable, processed foods minimise the energy density and the nutrients of NCD concern (salt, saturated fat, trans fat, added sugar) and promote large scale food fortification of healthy foods to increase the availability of critical nutrients/micronutrients to address micronutrient deficiencies in vulnerable at population level e.g., Zinc, Iron, Vitamins etc.

Summary of findings

Summary: Tanzania's national Non-Communicable Diseases Strategic Plan (2016-2020) established targets for population salt intake to less than 5gms per day, which is equivalent to 30% reduction in mean salt consumption. It also set target to address sugar and saturated fat reduction as strategies to prevent NCDs. However, there are no targets set for any of the nutrients of concern in processed food products, which is the focus of this indicator.

Gaps:

- Although the Tanzanian NCD Strategic Plan (2016-2020) established targets for population salt intake to less than 5gms per day (which is equivalent to 30% reduction in mean salt consumption and other nutrients of concerns such as high sugar intake and saturated fats), there is no concrete action plan to ensure that these targets are implemented. No specific targets/standards were established for these nutrients of concern in processed food products.
- Clarification is missing in the policies on the thresholds that should be set on sugar, salt and saturated fat in diverse food categories for processed foods.

Recommendations:

- Aspects of food quality and safety need to be well outlined in all policies and regulations to ensure multisectoral effort and social cohesion in monitoring of food quality and safety.
- The national NCDs strategic plan, National Nutrition policy and strategic plan in Tanzania need to provide for regulations for processed food with high fat, sugar and salt content, and those that are sold in food service outlets. This should be considered for inclusion in the upcoming food and nutrition related or other relevant policies
- The Tanzania Bureau of Standards needs to provide clear statements on the regulations that support selling of food with high fat, sugar and salt content.
- TBS need also to provide a clarification on the amount of sugar/salt/fat that is considered healthy for the processed foods and un-processed foods including those sold in the outlet.

COMPOSITION 1:	
<p>Food composition targets/standards/restrictions have been established by the government for the content of the nutrients of concern (trans fats, added sugars, salt, saturated fat) in industrially processed foods, in particular for those food groups that are major contributors to population intakes of those nutrients of concern.</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Includes packaged foods manufactured in Tanzania or manufactured overseas and imported to Tanzania for sale. • Includes packaged, ready-to-eat meals sold in supermarkets. • Includes mandatory or voluntary targets, standards (e.g., reduce by X%, maximum mg/g per 100g or per serving). • Includes legislated ban on nutrients of concern. • Excludes legislated restrictions related to other ingredients (e.g., additives). • Excludes mandatory food composition regulation related to vitamins and micronutrients (e.g., folic acid or iodine fortification) • Excludes food consumption standards/targets for fibre, healthy ingredients like fruits and vegetables • Excludes food composition of ready-to-eat meals sold in food service outlets (see COMPOSITION 2) • Excludes general guidelines advising food companies to reduce nutrients of concern. • Excludes the provision of resources or expertise to support individual food companies with reformulation. • Industrially processed foods are the <u>processed and ultra-processed foods</u> according to the NOVA classification (please find the complete definitions here: https://world.openfoodfacts.org/nova): • <u>Processed foods</u>, such as bottled vegetables, canned fish, fruits in syrup, cheeses and freshly made breads, are made essentially by adding salt, oil, sugar or other substances from Group 2 (processed culinary ingredients) to Group 1 (unprocessed or minimally processed) foods. • <u>Ultra-processed foods</u>, such as soft drinks, sweet or savoury packaged snacks, reconstituted meat products and pre-prepared frozen dishes, are not modified foods but formulations made mostly or entirely from substances derived from foods and additives, with little if any intact Group 1 (unprocessed or minimally processed foods) food. The overall purpose of ultra-processing is to create branded, convenient (durable, ready to consume), attractive (hyper-palatable) and highly profitable (low-cost ingredients) food products designed to displace all other food groups. <ul style="list-style-type: none"> ○ Policy on exclusion of harmful nutrients. ○ Policy on the packaging quality. ○ Specification of what composition is unsafe for children.
<p>Context e.g., EU action/ regulation / food industry action etc.</p>	<p>The Tanzania Food Composition Tables provide a national comprehensive food database with values on the amount of energy and nutrients (e.g., total fat, saturated fat, sodium, cholesterol, sugary etc.) contained in each food item. Sugar is included in the miscellaneous group of food that includes Candy chocolate etc. (Lukmanji et al, 2008). In total, they include 17 food groups.</p>

	<p>Tanzanian Strategic plan and Action plan for NCD (2016-2020)</p> <ul style="list-style-type: none"> • Has established recommendations for population salt intake to less than 5gms per day, which is equivalent to 30% reduction in mean salt consumption. • Added sugar and saturated fat are also considered as nutrients of concern but without specific population intake targets. • Has set a target for community sensitization on healthy diet, avoidance of sugary foods and ensuring that salt is iodized as part of NCD prevention strategies. • Identifies the Ministry of Agriculture, Tanzania Food and Nutrition Centre and Tanzania Bureau of Standards as opportunity-areas to ensure quality and safety of food specifically related to reduced salt and sugar intake, replacement of trans fats with polyunsaturated fatty acids (PUFAS) and increased intake of fibre (fruits and vegetables). Unfortunately, the Agriculture Policy remains outdated (2013) and does not address these emerging nutritional health issues. • Acknowledge that there is no legislation for limiting intake of free sugars <p>Tanzania Bureau of Standards (TBS). Guidelines for Application for Registration of Pre-Packed Food in Tanzania</p> <p>Highlights:</p> <ul style="list-style-type: none"> • Categorization of the nutrients of concerns (below) was based on risk food in relation to risk of containing food safety hazards that may lead to foodborne diseases. Thus, the foods been considered as ‘Low-Risk Foods’. <ul style="list-style-type: none"> ○ Fats and oils, and fat emulsions. ○ Salt and salt substitutes. ○ Sweeteners, including honey: <ul style="list-style-type: none"> – Refined and raw sugars. – Brown sugar. – Sugar solutions and syrups. – Other sugars and syrups (e.g., xylose, maple syrup, sugar toppings). – Honey.
<p>Evidence of implementation</p> <ul style="list-style-type: none"> • The review shows evidence of targets for intake reduction of only salt but no targets for sugar and saturated fat intake/reduction/limit for processed foods. • No policy was identified that bans the importation, manufacture or sale of foods high in nutrients of concerns sugar, salt, saturated fat although these foods are recognised as unhealthy foods in the Tanzanian NCD strategic plan (2016-2020). <p>The Tanzania Food and Nutrition Centre (TFNC) 2014 – 2018 Strategic Plan does not include any evidence on standards and restrictions on the nutrients of concern such as salt, saturated fat, and added sugar in processed foods. The document is still in place as new strategic plan is under process. The document is outdated and needs revision. Moreover, most of the information on foods in the document was borrowed from neighbouring countries (this was captured during the validation workshop).</p>	
<p>Comments/notes</p>	<p>None.</p>

COMPOSITION 2:	
Food composition targets/standards/restrictions have been established by the government for the content of the nutrients of concern (trans fats, added sugars, salt, saturated fat) in meals sold from food service outlets, in particular for those food groups that are major contributors to population intakes of those nutrients of concern.	
Definitions and scope	<ul style="list-style-type: none"> • Meals sold at food service outlets include foods sold at quick service restaurants, dine-in restaurants and take-away outlets, coffee, bakeries and snack food outlets (both fixed outlets and mobile food vendors). This also includes foods from catering operations and delivery meals. • Includes legislated bans on nutrients of concern. • Includes mandatory or voluntary targets, standards (i.e., reduce by X%, maximum mg/g per 100g or per serving). • Excludes legislated restrictions related to other ingredients (e.g., additives) • Excludes mandatory out-of-home meal composition regulations related to vitamins and micronutrients, e.g., folic acid or iodine fortification • Excludes food consumption standards/targets for fibre, healthy ingredients like fruits and vegetables • Excludes general guidelines advising food service outlets to reduce nutrients of concern • Excludes the provision of resources or expertise to support food service outlets with reformulation
Evidence of implementation	<ul style="list-style-type: none"> • No evidence was found that the government has established food composition targets/standards/restrictions for the content of the nutrients of concern (trans fats, added sugars, salt, saturated fat) in meals sold from food service outlets, in particular for those food groups that are major contributors to population intakes of those nutrients of concern.
Comments/notes	<ul style="list-style-type: none"> • The Tanzania Bureau of Standards (TBS), which has the mandate to implement registration of prepacked food, and regulates the quality and safety of food products, does not put forward policy to reinforce restrictions on the nutrients of concern (i.e., trans fats, added sugars, salt, and saturated fat) in meals sold from food service outlets. This is in particular for those food groups that are a major component of the population's staple diet, and for imported food items. • The Tanzanian Food and Nutrition Policy (1992) does not provide restriction on specific nutrients nor does it advise food service outlets to control sugar, oil and salt in food consumed by children. • The Sugar Board of Tanzania (SBT) was established under the Sugar Industry Act No. 26 of 2001. It is under the Ministry of Agriculture, Food Security and Cooperatives. Under the revised Act (2009), SBT is now a regulatory and licensing body of the sugar industry financed by the government and from own sources. The main function is to advise the Government on the policies and strategies for promotion and development of the sugar industry.

<p>International Benchmarks</p>	<p>NEW YORK, US: In 2006, New York City's Health Code was amended to restrict the amount of <i>trans</i>-fats allowed in food served by all food service establishments required to hold a license from the New York City Health Department, including restaurants, bakeries, cafeterias, caterers, mobile food vendors, and concession stands. The maximum amount of <i>trans</i>-fat allowed per serving is 0.5g. Violators are subject to fines of \$200.00 to \$2,000.00. A range of other US cities have since followed suit and banned restaurants from serving trans fats.</p> <p>In 2009, the city established voluntary salt guidelines for various restaurant and store-bought foods. In 2010, this city initiative evolved into the National Salt Reduction Initiative that encouraged nationwide partnerships among food manufacturers and restaurants involving more than 100 city and state health authorities to reduce excess sodium by 25% in packaged and restaurant foods. The goal is to reduce Americans' salt intake by 20% over five years. The National Salt Reduction Initiative has worked with the food industry to establish salt reduction targets for 62 packaged foods and 25 restaurant food categories for 2012 and 2014. The commitments and achievements of companies are available online.</p> <p>US: In June 2015, the US Food and Drug Administration determined that partially hydrogenated oils (PHOs), the primary source of trans fats, are not "generally recognized as safe (GRAS)" for any use in food. Food manufacturers had three years to remove them from products. As of 18 June 2018, food manufacturers and restaurants were no longer allowed to produce foods that contain PHOs.</p> <p>NEW ZEALAND: The Chip group, funded by the Ministry of Health and private sector, aims to improve the nutritional quality of deep-fried potato chips served by food service outlets by setting an industry standard for deep frying oils. The standard for deep frying oil is maximum 28% of saturated fat, 3% linoleic acid and 1% of <i>trans</i>-fat. The Chip group logo for use on approved oil packaging was developed in 2010.</p> <p>THE NETHERLANDS: On January 2014, the Dutch Ministry of Health, Welfare and Sport signed an agreement with trade organizations representing food manufacturers, supermarkets, hotels, restaurants, caterers and the hospitality industry to lower the levels of salt, saturated fat and calories in food products. The agreement includes goals for the period 2014 to 2020 targeted at improving Dutch diets. Under the agreement, the aim is to reduce the amount of salt consumed in food from 9g to a maximum of 6g a day by 2020.</p>
<p>COMPOSITION 3:</p>	
<p>The Government implements mandatory large-scale food fortification programs to increase availability of micronutrients in staple foods (e.g., iron, folate, vitamins, zinc) already available to all population groups.</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> Fortification refers to the practice of deliberately increasing the content of an essential micronutrient, i.e., vitamins and minerals (including trace elements) in a food, to improve the nutritional quality of the food supply and provide a public health benefit with minimal risk to health.

	<ul style="list-style-type: none"> • Largescale food fortification refers to the addition of micronutrients to foods commonly consumed by the public, such as flour, cereals, condiments and milk. • “Fortified food” means food to which one or more micronutrients have been added.
<p>Evidence of implementation</p>	<p>Elifatio T. et al (2015). Food Fortification Strategy to Control Micronutrient Deficiencies in Tanzania</p> <p>Highlights:</p> <ul style="list-style-type: none"> • The National Nutrition Strategy 2011/2012-2015/2016 identifies food fortification as an important strategy to reduce the prevalence of micronutrient deficiencies. Tanzania is using National Fortification Guideline (developed by TFNC, MOH, TBS and other stakeholders) to fortify selected staple foods. The guideline was developed to accelerate implementation of the Food Fortification Action Plan. <p>Under the guideline, wheat flour, maize flour, sugar and edible oil were identified suitable food vehicles for fortification with selected vitamin and minerals. However, maize flour, wheat flour and cooking oil were food items selected for mandatory fortification. Wheat flour, maize flour and edible oil were identified as suitable food vehicles for fortification with selected vitamin and minerals.</p> <ul style="list-style-type: none"> • In Dodoma, Morogoro, Kagera and Mbeya, maize and wheat flour are fortified with iron, zinc, folic acid and vitamin B12 to combat anemia, while cooking oil is fortified with Vitamin A to address Vitamin A deficiency. Scaling up of these efforts is currently in the process. • In Tanzania, the National Food Fortification Program started in 2014. This was after the adoption of the global Scaling up Nutrition (SUN) movement in 2012, which mandates all large- scale food-processing industries to fortify maize and wheat flour with zinc, folate, Vitamin B₁₂ and iron; and edible oil with Vitamin A. <p>The 2021/22 TDHS which is about to start has included indicators to assess issues of fortification. National standards indicate five (5) national standards for the mentioned fortified food vehicles of which the type and quantity of micronutrient/fortificants being used in these food vehicle are indicated according to required limits, such as: TZS439-2:2020/EAS767:2020 Fortified Wheat Flour specification; TZS328-2:2020/EAS768:2020 Fortified milled maize (corn) products specification; TZS1313:2019/EAS769:2020 Fortified edible fats and oils specification; TZS132:2020/EAS35:2019 Fortified (Iodized) Food Grade Salt specification and; TZS1680:2014/EAS 770:2013 Fortified Sugar specification.</p> <ul style="list-style-type: none"> • Social marketing campaigns, capacity building to implementers and sensitization sessions have been implemented. • Maize and wheat flour are being fortified with iron, zinc, folic acid and vitamin B12 to address the problem of anaemia while cooking oil is being fortified with Vitamin A to address vitamin. Sensitization is an ongoing process and is conducted whenever opportunity arises. • The program helped in setting important health indicators for the selected vulnerable groups and develop a good strategy progressively eradicate micronutrient deficiencies.

[The United Republic of Tanzania National Nutrition Strategy 2011/12-2015/16](#)

Highlights:

- States that food fortification should be a sustainable approach to improving the micronutrient status of a population, and that universal fortification of at least one food staple or condiment with micronutrients for the general population will improve the micronutrient status of almost all people and lay the foundation for long-term source of micronutrients.

[The Tanzania Bureau of Standards \(Previous Policy: The Tanzania Food, Drugs and Cosmetics - Regulations, 2011. \[G.N.No.205 Published on 22-07-2011\].\) on food fortification regulations](#)

Highlights:

- No person* shall be authorised to manufacture for sale, import or expose for sale any food regulated under this regulation unless that food meets the minimum requirement for fortified food as prescribed in the First Schedule to these regulations or the existing national standards for fortified foods.
- The food vehicles listed are wheat flour, maize flour, and edible fats/oils. The micronutrients are Iron, Zinc, Vitamin B12, folate, Vitamin A, and Vitamin E.
- The authority may suspend or revoke the certificate for food fortification for failure to comply with the requirements for manufacture of fortified food using applicable checklist in use at that particular time.

** Category is under review to include mandatory fortification among small and medium enterprises (SMEs) who are major producers of milled maize products (flour).*

[National Food Fortification Alliance \(NFFA\)](#) is in the process of building a Private Public Partnership (PPP) in food fortification to advance the fortification agenda in the country.

[United Republic of Tanzania's Action Plan for the provision of Vitamins and Minerals to Tanzanians](#)

Highlights:

- Highlights the following important milestones:
 - November, 2008 – International Food Fortification workshop in Arusha raised awareness and helped jump-start the process.
 - February-April, 2009 – two World Bank consultants began drafting the action plan together with stakeholders.
 - April, 2009 – the Strategic Alliance for the Fortification of Oil and other Staple Food (SAFO) workshop was held to review oil fortification approaches.
 - May, 2009 –members of the National Food Fortification Alliance and other stakeholders reviewed the draft action plan and provided comments on the next steps.
 - June-August, 2009 – revision of the Fortification Action Plan (FAP), including updating of the cost-benefit analysis.

	<ul style="list-style-type: none"> o September 10, 2009 -High Level Forum, under the auspices of the Prime Minister's office, with representatives of key ministries, industry, the media and civil society. <p>Tanzania National Summit on Food Fortification 2017</p> <p>Highlights:</p> <ul style="list-style-type: none"> • The summit advocated for policy makers, industries, government agencies, development partners, and interested stakeholders to take the next step towards improving the food fortification program and its coverage, as well as enforcing mandatory food fortification legislation in Tanzania for compliance.
<p>Comments/notes</p>	<ul style="list-style-type: none"> • Noor RA, Abioye AI, Ulena N, Msham S, Kaishozi G, Gunaratna NS, et al. (2017). Large –scale wheat flour folic acid fortification program increases plasma folate levels among women of reproductive age in urban Tanzania. <i>PLoS ONE</i>. 12(8): e0182099. https://doi.org/10.1371/journal.pone.0182099 <ul style="list-style-type: none"> o In study aimed at assessing the effect of folic acid -fortified wheat flour with on women’s blood folate levels, the research team found their blood folate levels improved significantly over the course of the year. o Based on the findings, the study recommended scaling up food fortification programs in Tanzania and elsewhere in Africa where folate deficiency is high. o Elsewhere in the country, where there is inadequate access to industrially processed foods, community-based point-of-use food fortification initiatives may be explored.
<p>International Benchmarks</p>	<p>None.</p>

Domain 2 - Food Labelling

There is a regulatory system implemented by the government for consumer-oriented labelling on food packaging and menu boards in restaurants to enable consumers to easily make informed food choices and to prevent misleading claims.

Summary of findings

Summary: Policy regulations and rules on food labelling and packaging exist in Tanzania. Multiple policies/regulations safeguard food labelling and quality in country. There are regulations for nutrition information and ingredients to appear on packaged foods. The Tanzania Food, Drugs and Cosmetic (Food labelling regulation) 2006 state that 'where an ingredient of a food has more than one component, the names of all components shall be included in the list of ingredients. The sale of unlabelled food is prohibited. There is however, no nutrient profiling model in place to prevent nutrition and health claims on food products considered "unhealthy" or "less healthy". No policies on menu labelling are in place.

Gaps:

- No evidence of existing regulation that enable consumers to make healthy choices on food menus in restaurants.
- From both guidelines/policies there is no explicit evidence on the regulations and rules that guide the **packaging material and labelling format**, including the font size on labels or how visual the words should be and the quality of the material that should be used to package food.
- No regulations on warning labels in front of pack labelling.

Recommendations:

- It is important that food-labelling regulations are harmonised and placed in a specified repository.
- The Tanzania Bureau of Standards, which is now a statutory body fully financed by the government to monitor and safeguard quality and safety of food in Tanzania, needs to provide regulations that govern the packaging quality, font size on labels and legal consequences on the violation of unhealthy packaging.
- TBS need to include specific accountability statements such as legal implications and penalties for contravening the labelling regulations.
- Regulations on warning labels in front of pack labelling is needed.

LABELLING 1:

Ingredient lists and nutrient declarations in line with Codex recommendations are present on the labels of all packaged foods.

Definitions and scope

- Includes packaged foods manufactured in Country X or manufactured elsewhere and imported to Country X for sale.
- Nutrient declaration means a standardized statement or listing of the nutrient content of a food.
- Excludes health and nutrition claims (see 'LABELLING 2').
- Includes trans fats and added sugar which are not part of the standard seven elements generally part of mandatory nutrient declarations (energy, total fat, saturated fat, trans fat, carbohydrates, sugar, protein, sodium).

Evidence of implementation

[Tanzania Standards \(2015\), Nutrition Labelling - Requirements \[TZS 481: 2015-EAS 803:2014\]](#)

Highlights:

- Provides the specifications for labelling of packaged food all foods except for foods of special dietary uses.
 - Ingredient lists/nutrition information panels, as details that should be included in packed food labels. These standards, developed for individual food categories and items, have been adopted and are implemented by the Tanzania Bureau of Standards (TBS).

[The Tanzanian Bureau of Standards \(TBS\)](#) as a statutory body, fully financed by the government. Part of the TBS mandate is to set standards and monitor compliance, including food labelling, in alignment with the Codex Alimentarius.

Highlights:

- TBS provides requirements associated with food labelling on standards such as:
 - A description of information that shall appear on the food label.
 - Prohibition of sale of unlabelled food for packed, imported and local produced.
 - Components of food ingredients that should appear on the label such as acids, anticaking agents, antioxidant, food colour, emulsifier, emulsifying salt, flavour enhancer, preservative, stabilizer, sweetener thickeners/gelling agents, antioxidant synergists, carrier solvents, enzymes, flavours, buffering agents.
 - Label declaration of artificial sweeteners of all packed food.
 - Labelling information not to appear at the bottom of a container.
 - Any person shall not sell a manufactured processed and pre-packed or packed food unless a label has been affixed or applied to the container of that food.
 - Labels on pre-packaged foods shall be applied in such a manner that they will not become separated from the container.
 - Statement required to appear on the label by virtue of these requirements shall be clear, prominent, indelible and readily legible by the consumer under normal conditions of purchase and use.
 - Where the container is covered by a wrapper, the wrapper shall carry the necessary information or the label on the container shall be readily legible through the outer wrapper or not obscured by it.
 - The common name and net contents of the food shall appear in a prominent position and in the same field of vision.

[Tanzania National Food Control Commission \(ss 4-6\), established under the FOOD \(CONTROL OF QUALITY\) ACT \(G.N. No. 108 of 1979\)](#)

Highlights:

The commission has one of its responsibilities as regulation of the importation, manufacture, labelling, marking or identification, storage and sale and distribution of food or any materials or substances used in the manufacture of food.

	<p>Food Labelling Regulations 2006</p> <p>Highlights:</p> <ul style="list-style-type: none"> • States that all pre-prepared packaged foods and drinks manufactured, processed, pre-packed or packed in Tanzania must clearly display food labels on the pack, this is mandatory under the Food Labelling Regulations 2006. • Any language may be used on a food label provided that it is used in combination with Kiswahili and English languages. • Where food contains more than one ingredient, all the ingredients will be listed in order of ingredients by weight (m/m) at time of manufacture (m/m) at time of manufacture of the food. As set out in the Regulations, the percentage or proportionate composition of each ingredient in the product may also be displayed. • The ingredients label should be on the front or back of pack. Where food contains more than one ingredient, all the ingredients will be listed in order of ingredients by weight (m/m) at time of manufacture of the food. As set out in the regulations, the percentage or proportionate composition of each ingredient in the product may also be displayed. <p>Tanzania Bureau of Standard Section 27 of the standard Act, 2009 (No. 2 of 2009) indicates that any person who contravenes, or fails to comply with the standard is guilty of an offence and shall be liable on conviction to be punished in accordance with.</p> <p>Tanzania Bureau of Standard- TZS 538/EAS 38: 2014 it indicates the general requirements on Labelling of pre-packaged foods.</p>
<p>Comments/notes</p>	<ul style="list-style-type: none"> • The food labelling regulations (Notice No. 115 published on 25/08/2020) do not provide indication of legal consequences if there is a violation of labelling regulations specifically 'what will happen if the product's label does not contain the correct description of food composition in accordance with the food composition tables (Annex 1).
<p>International Benchmarks</p>	<ul style="list-style-type: none"> • In many countries across the world, producers and retailers are required by law to provide a comprehensive nutrient list on pre-packaged food products (with limited exceptions), even in the absence of a nutrition or health claim. The rules define which nutrients must be listed and on what basis (e.g., per 100g/per serving). • Approximately ten countries across the global require that nutrients lists on pre-packaged food must, by law, include the trans-fat content of the food. Specific rules generally define how the trans-fat content must be listed, and on what basis (e.g. per 100g/100ml or per serving). If the trans-fat content falls below a certain threshold, it may be listed as 0g (e.g. less than 0.5g per serving, or less than 0.3g per 100g of food product). • US: The US Food and Drug Administration proposed updates to the Nutrition Facts label on food packages. Information on the amount of added sugars (in grams and as percent Daily Value) now needs to be included on the label, just below the line for total sugars.

LABELLING 2:	
Robust evidence-based regulations are in place for approving and/or reviewing claims on foods, so that consumers are protected against unsubstantiated and misleading nutrition and health claims.	
Definitions and scope	<ul style="list-style-type: none"> • Nutrition claims include references to the nutritional content on food (e.g. low in fat). • Health claims include function claims (for example, 'calcium strengthens bones'), disease risk-reduction and therapeutic claims (for example, 'A healthy diet rich in a variety of vegetables and fruit may help reduce the risk of some types of cancer'), and claims that relate to the relationship between a diet, a food or a property of a food and a health effect. • Includes the use of a nutrient profiling system to classify food products into permitted/not permitted to carry health claims and/or nutrition claims. • 'Evidence-based' refers to regulations that are based on an extensive review of up-to-date research and expert input or a validated nutrient- profiling model to inform decision-making about nutrition or health claims.
Evidence of implementation	<p>Tanzania Bureau of Standards of nutrition and health claims TZS 550: 2015- EAS 805: 2014 specifies requirements for the use of nutrition and health claims in food labelling and in advertising. However, there is no nutrient profiling model used to prevent the use of nutrition and/or health claims on packaged food products that are considered "unhealthy" or "less healthy".</p> <p>Highlights:</p> <ul style="list-style-type: none"> • Where a nutrition claim is made, and where food is by its nature low or free of the nutrient that is the subject of the claim, the term describing the level of the nutrient shall not immediately precede the name of the food but shall be in the form of a low (naming the nutrient) food or a (naming the nutrient) free food. • The standard also indicates that nutrition and/or health claims shall only be allowed if: <ul style="list-style-type: none"> ○ Accompanied by information that is truthful and non-misleading to help consumers choose healthy diets. ○ Accompanied by a statement indicating the importance of a balanced diet and a healthy lifestyle. ○ Accompanied by an appropriate statement addressed to persons who should avoid using the food. ○ Accompanied by a warning not to exceed quantities of the product that may represent a risk to health.
Comments/notes	<ul style="list-style-type: none"> • Labelling practices in Dar es Salaam, Tanzania do not fully comply with international guidance on their promotion and selected aspects of national legislation, and there is a need for more detailed normative guidance on certain promotion practices in order to protect and promote optimal infant and young child feeding [Sweet et al, 2016].
International Benchmarks	<p>AUSTRALIA/NEW ZEALAND: A law (Standard 1.2.7), approved in 2013, regulates the use of nutrition content and health claims on food labels in Australia and New Zealand. Health claims must be based on pre-approved food-health relationships or self-substantiated according to government</p>

	<p>requirements and they are only permitted on foods that meet nutritional criteria, as defined by a nutrient profiling model (Nutrient Profiling Scoring Criterion (NPSC)) taking into account energy, sodium, saturated fat and total sugar content of foods, as well as protein, fibre, fruit, vegetable, nut and legume content of foods. Although nutrition content claims also need to meet certain criteria set out in the Standard, there are no generalized nutritional criteria that restrict their use on "unhealthy" foods such as for health claims. The industry needed to comply with this new legislation by January 2016. Food Standards Australia New Zealand (FSANZ) has developed an online calculator to help food businesses to calculate a food's nutrient profiling score.</p> <p>INDONESIA: Regulation HK.03.1.23.11.11.09909 (2011) on "The Control of Claims on Processed Food Labelling and Advertisements" establishes rules on the use of specified nutrient content claims (i.e., levels of fat for a low-fat claim). The Regulation applies to any food item or beverage, which has been processed. Generally, any nutrition or health claim may only be used on processed foods or beverages if they do not exceed a certain level of fat, saturated fat and sodium per serving (13g total fat, 4g saturated fat, 60mg cholesterol and 480mg sodium). The Regulation sets out certain exceptions from this rule, whereby products exceeding these limits may still contain certain nutrient or health claims ("low in [name of nutrient]" and "free from [name of nutrient]" claims; claims related to fibre, phytosterol and phytostanol; certain disease risk reduction claims).</p> <p>US: Nutrient-content claims are generally limited to a list of nutrients authorized by the Food and Drug Administration (Food Labelling Guide 1994, as last revised in January 2013). Packages containing a nutrient-content claim must include a disclosure statement if a serving of food contains more than 13g of fat, 4g of saturated fat, 60mg of cholesterol, or 480mg of sodium. Health claims are generally not permitted if a food contains more than 13g of fat, 4g of saturated fat, 60mg of cholesterol, or 480mg of sodium. Sugar and whole grain content are not considered.</p>
LABELLING 3:	
<p>A single, consistent, interpretive, evidence-informed front-of-pack supplementary nutrition information system, which readily allows consumers to assess a product's healthiness, is applied to packaged foods.</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Nutrition information systems include traffic light labelling (overall or for specific nutrients); Warning labels; Nutriscore; star or points rating; percent daily intake. • Keyhole and Finnish heart symbol are not considered FOP labelling systems (but rather claims). • 'Evidence-informed' refers to systems that utilise robust criteria (based on an extensive review of up-to-date research and expert input) or a validated nutrient profiling model to inform decision-making about the product's healthiness.
<p>Context</p>	<ul style="list-style-type: none"> • No relevant information available.
<p>Evidence of implementation</p>	<ul style="list-style-type: none"> • There is no evidence of regulations on front of pack supplementary nutrition information in Tanzania. However, the Ministry of Health's Nutrition unit indicates that the front-of-pack information guideline is being developed.

	<p>The development of the guideline involves multisectoral stakeholders, including the Tanzania Bureau of Standards, Ministry of Health, Tanzania Food and Nutrition Center, and economists.</p>
<p>Comments/notes</p>	<p>Tanzania Bureau of Standards is responsible for registering imported food products using a harmonized system, which observes safety and quality requirements for food products.</p>
<p>International Benchmarks</p>	<p>UK: Traffic light labelling has been recommended for use in the UK since 2006. In 2013, the government published national guidelines for voluntary 'traffic light' labelling for use on the front of pre-packaged food products. The label uses green, amber and red to identify whether products contain low, medium or high levels of energy, fat, saturated fat, salt and sugar. The format of the label and thresholds for nutrients of concern for <i>red, amber and green</i> can be found elsewhere. A combination of colour coding and nutritional information is used to show how much fat, salt and sugar and how many calories are in each product. All the major retailers and some manufacturers use the voluntary scheme. Traffic lights are displayed on about two thirds of UK food products.</p> <p>ECUADOR: A regulation of the Ministry of Public Health published in November 2013 (No. 4522, El Reglamento de Etiquetado de Alimentos Procesados) requires packaged foods to carry a "traffic light" label in which the levels of fats, sugar and salt are indicated by red (high), amber (medium) or green (low). Full compliance with the regulation was required by 29 August 2014 (20). The legislation including format of the label and thresholds for nutrients of concern for red, amber and green can be found inline.</p> <p>AUSTRALIA/NEW ZEALAND: The government approved a 'Health Star Rating' (HSR) system for voluntary industry adoption. The system takes into account four aspects of a food associated with increasing risk for chronic diseases- energy, saturated fat, sodium and total sugars content along with certain 'positive' aspects of a food such as fruit and vegetable content, and in some instances, dietary fibre and protein content. Ratings range from ½ star (least healthy) to five stars (most healthy). Implementation of the HSR system began in June 2014 and is overseen by the Australia and New Zealand Ministerial Forum on Food Regulation, the Front-of-Pack Labelling Steering Committee, the Trans-Tasman Health Star Rating Advisory Committee, the New Zealand Health Star Rating Advisory Group and a recently established Technical Advisory Group. The Technical Advisory Group is currently evaluating progress as well as conducting a formal review of the HSR system, including an assessment of the underlying algorithm. In New Zealand, as of March 2016, about 900 products have stars on them (March 2016).</p> <p>FRANCE: On 26 January 2016, the French Ministry of Health introduced Article 5 of the Health Act that recommended introducing a system of nutrition labelling. The Directorate-General for Health requested Public Health France to design the nutrition labelling and the decision to recommend the Nutriscore system was informed by research that trialled four different types of nutrition labels in 80 supermarkets. The Nutriscore label uses a nutrient profiling system based on the UK Food Standards</p>

	<p>Agency model. It classifies foods and drinks according to five categories of nutritional quality indicated via a colour scale ranging from dark green to dark red. Each colour is also associated with a letter from A (dark green) to E (dark red). The score takes into account for every 100grams of product whether the contents of the product include nutrients and food that should be favoured (fibre, protein, fruits and vegetables) or nutrients that should be limited (energy, saturated fat, sugars and salt). The amount of nutrients per 100g is scored using a point system (0-40 for negative nutrients and 0-15 for positive nutrients). The score is then calculated by subtracting the negative nutrient points from the positive nutrient points.</p> <p>CHILE: In 2012, the Chilean Government enacted a law on the Nutritional Composition of Food and Advertising (Ley 20, 606). In June 2015, the Chilean authority approved the regulatory norms required for the law's implementation (Diario Oficial No 41.193). The regulatory norms define limits for calories (275 calories/100g or 70 calories/100mL), saturated fat (4g/100g or 3g/100mL), sugar (10g/100g or 5g/100mL) and sodium (400mg/100g or 100mg/100mL) content considered "high" in foods and beverages. All foods that exceed these limits need to have a front-of-package black and white warning message inside a stop sign that reads "HIGH IN" followed by CALORIES, SATURATED FAT, SUGAR or SODIUM, as well as "Ministry of Health". A warning message needs to be added to products per nutrient of concern exceeding the limit (e.g., a product high in fat and sugar will have two stop signs). The regulatory norms provide specifications for the size, font, and placement of the warning message on products. The limits for calories, saturated fat, sugar and sodium are being implemented using an incremental approach, reaching the defined limits by 1 July 2018. Although no studies are available yet, the regulation is reported to be already well implemented with many products already carrying the warning labels.</p>
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LABELLING 4:

A consistent, single, simple and clearly-visible system of labelling the menu boards of all quick service restaurants (i.e., fast-food chains) is applied by the government, which allows consumers to interpret the nutrient quality and energy content of foods and meals on sale.

Definitions and scope	<ul style="list-style-type: none"> • Quick service restaurants: In the '(Country name)' context this definition includes fast-food chains as well as gas stations, kiosks, coffee, bakery and snack food chains. It may also include supermarkets where ready-to-eat foods are sold. • Fast-food outlets offer limited menus that are prepared quickly. Customers order, pay and pick up their order from a counter. Outlets tend to specialize in one or two main entrees such as hamburgers, pizza, ice cream, or chicken, but they usually also provide salads, drinks, dessert etc. Food preparation is generally simple and involves one or two steps, allowing for kitchen staffs generally consisting of younger, unskilled workers. Other key characteristics include: <ul style="list-style-type: none"> ○ A standardised and restricted menu. ○ Food for immediate consumption. ○ Tight individual portion control on all ingredients and on the finished product.
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	<ul style="list-style-type: none"> ○ Individual packaging of each item. ○ Counter service. ○ A seating area, or close access to a shared seating area, such as in a shopping centre food court. ○ For chained fast food, chained and franchised operations that operate under a uniform fascia and corporate identity. ○ Take-out is generally present, as is drive-through in some markets. • Labelling systems: Includes any point-of-sale (POS) nutrition information such as total kilojoules; percent daily intake; traffic light labelling; star rating, or specific amounts of nutrients of concern, salt warning labels. • Includes endorsement schemes (e.g., accredited healthy choice symbol) on approved menu items.
<p>Evidence of implementation</p>	<ul style="list-style-type: none"> • None of the policies clearly state the government regulations on menu labelling and how the labelling should be applied in all quick service restaurants (i.e., fast-food chains).
<p>International Benchmarks</p>	<p>SOUTH KOREA: Since 2010, the Special Act on Safety Control of Children’s Dietary Life has required all chain restaurants with 100 or more establishments to display nutrient information on menus including energy, total sugars, protein, saturated fat and sodium.</p> <p>TAIWAN: Since July 2015, convenience store chains, drink vendor chains and fast-food chains have to label the sugar and caffeine content of prepared-when-ordered drinks (e.g. coffee-and-tea-based drinks, fruit and vegetable juices) according to a regulation based on the Food Safety and Sanitation Act. The amount of sugar added to drinks (specified in sugar cubes) and its calorie content have to be displayed on drink menus and/or notice boards in a prescribed minimum font. In addition, different colours have to be used to signal the level of caffeine contained in coffee drinks.</p> <p>US: Section 4205 of the Patient Protection and Affordable Care Act (2010) (35) requires that all chain restaurants with 20 or more establishments display energy information on menus. The Food and Drug Administration published the implementing regulations on 1 December 2014. Implementation was delayed several times until May 2018. Two states (California and Vermont), seven counties (e.g., King County, WA and Albany County, NY) and two municipalities (e.g., New York City, Philadelphia) have already implemented regulations requiring chain restaurants (often chains with more than a given number of outlets) to display calorie information on menus and display boards. These regulations will be pre-empted by the national law once implemented; local governments will still be able to enact menu-labelling regulations for establishments not covered by national law. The regulations also require vending machine operators of more than 20 vending machines to post calories for foods where the on-pack label is not visible to consumers by 26 July 2018.</p> <p>AUSTRALIA: Legislation in the Australian Capital Territory (Food Regulation 2002) and the States of New South Wales (Food Regulation 2010), South Australia (Food Regulation 2002) and Queensland (Food regulation March 2017) require restaurant chains (e.g. fast-food chains, ice cream bars) with</p>

	<p>≥20 outlets in the state (or seven in the case of ACT), or 50 or more across Australia, to display the kilojoule content of food products on their menu boards. Average adult daily energy intake of 8700kJ must also be prominently featured. Other chains/food outlets are allowed to provide this information on a voluntary basis, but must follow the provisions of the legislation.</p> <p>NEW YORK, USA: Following an amendment to Article 81 of the New York City Health Code (addition of section 81.49), chain restaurants are required to put a warning label on menus and menu boards, in the form of a salt-shaker symbol (salt shaker inside a triangle), when dishes contain 2,300 mg of sodium or more. It applies to food service establishments with 15 or more locations nationwide.</p> <p>In addition, a warning statement is required to be posted conspicuously at the point of purchase: "Warning: [salt shaker symbol] indicates that the sodium (salt) content of this item is higher than the total daily recommended limit (2300 mg). High sodium intake can increase blood pressure and risk of heart disease and stroke." This came into effect 1 December 2015.</p>
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Domain 3 - Food Promotion

There is a comprehensive policy implemented by the government to reduce the impact (exposure and power) of promotion of unhealthy foods including breastmilk substitutes, to children across all media.

- Exposure of food marketing concerns the reach and frequency of a marketing message. This is dependent upon the media or channels, which are used to market foods.
- The power of food marketing concerns the creative content of the marketing message. For example, using cartoons or celebrities enhances the power (or persuasiveness) of a marketing message because such strategies are attractive to children.

Summary of findings

Summary: Although Tanzania prohibits the promotion of infant formula, follow-up formula, and growing-up milk for children under five years, the country has limited policies that provide regulations on food promotion through print and broadcast including the Internet, video or telephone for children and adolescents.

Gaps:

- The Tanzania Food, Drugs and Cosmetics (Control of food promotion) Regulations, 2010 does not restrict the exposure and power of promotion of unhealthy foods to children including adolescents through broadcast media.
- There is no evidence that the Tanzanian Standard Act No 2 of 2009, and the Tanzanian Food and Nutrition policy (1992), Tanzania Food and Nutrition Centre Strategic Plan 2014 – 2018, provide rules for the regulation of food sold to adolescents and children and restrict promotion of unhealthy foods to children and adolescents through television media.
- Most of the food and nutrition guidelines and policies on food promotion in Tanzania are outdated, for example, the Food and Nutrition policy for Tanzania (1992) and The Tanzania Food, Drugs and Cosmetics Act, 2003). They also do not point to the modern food promotion channels such as Instagram, WhatsApp and other social media channels, which are widely accessed by younger populations, including children and adolescents.
- No clear definition/clarification of unhealthy food prohibited to children and adolescents in most food and nutrition policies and guideline
- No regulation has been included in the Tanzanian Food and Nutrition policy (1992) pertaining to unhealthy product promotion.

Recommendation:

- Review of existing regulations to clearly and strongly restricts promotion of unhealthy food specifically for children and adolescents. Failure to have strong policies and penalties against unhealthy food promotion for children and adolescents is a missed opportunity towards addressing nutrition-related NCD in the country in children.

PROMO 1:	
Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children including adolescents through broadcast media (TV, radio).	
Definitions and scope	<ul style="list-style-type: none"> Includes mandatory policy (i.e., legislation or regulations) or voluntary standards, codes, guidelines set by government or by industry where the government plays a role in development, monitoring, enforcement or resolving complaints (i.e., co-regulation). Includes free-to-air and subscription television and radio only (see PROMO2, PROMO3 and PROMO5 for other forms of media). Effective means that the policies are likely to reduce overall exposure of children, including adolescents to unhealthy food advertising.
Context	No relevant information
Evidence of implementation	Existence of regulations related to food promotion for general population (The Tanzania Food, Drugs and Cosmetics (Control of food promotion) Regulations, 2010).
Notes	The regulations do not take into account the restrictions on promotion of unhealthy food to vulnerable groups such as children and adolescents.
International Benchmarks	<p>NORWAY: Under the Broadcasting Act of 1992 (Chapter 3.1), Norway prohibits marketing directed at children under 18 and advertising in connection with children’s programs on TV, radio and teletext. The ban includes any product, including food and beverages, but only applies to broadcast media originating in Norway. The Broadcasting Regulation No 153 of 1997 provides guidance on how to determine whether advertising is directed to children under 18. This includes whether the advertised product or service is of particular interest to children, if animations or other forms of presentation are used that particularly appeal to children, the time the advertisement is broadcast, and whether children under the age of 13 appear in the advertisement. The use of figures or persons who have played a prominent role on radio and TV programs for children and young adults received in Norway in the previous 12 months may not be used for commercial advertising.</p> <p>QUÉBEC (CANADA): Quebec is the only province in Canada, where children below 13 years old are protected under the Consumer Protection Act since 1980. In Québec, the Consumer Protection Act prohibits commercial advertising (including food and non-food) directed at children less than 13 years of age through television, radio and other media. To determine whether or not an advertisement is directed at persons under 13 years of age, the context of its presentation must be taken into consideration, and in particular of: a) the nature and intended purpose of the goods advertised; b) the manner of presenting such advertisement; and c) the time and place it is shown. A cut-off of 15% share of children audience is used to protect children from TV advertising (43). Any stakeholder involved in a commercial process (from the request to create an advertisement to its distribution, including its design) may be charged with non-compliance with the law, and liable to a fine ranging from \$600 to \$15,000 (individuals); a fine ranging from \$2,000 to \$100,000 (corporate bodies). Notably, for the rest of Canada, child-directed food marketing is self-regulated using the Canadian Children’s Food and</p>

	<p>Beverage Advertising Initiative (CAI) established by Advertising Standards Canada (ASC) through the Broadcast Code for Advertising to Children.</p> <p>CHILE: In 2012, the Chilean government enacted the Nutritional Composition of Food and Advertising Law (Ley 20, 606). In June 2015, the Chilean authorities approved the regulatory norms required for the law's implementation (Diario Oficial No 41.193). The regulatory norms define limits for calories, saturated fat, sugar and sodium content considered "high" in foods and beverages. The regulatory norms define limits for calories (275 calories/100g or 70 calories/100mL), saturated fat (4g/100g or 3g/100mL), sugar (10g/100g or 5g/100mL) and sodium (400mg/100g or 100mg/100mL) content considered "high" in foods and beverages. The law restricts advertising directed to children under the age of 14 years of foods in the "high in" category. The regulatory norms define advertising targeted to children as programs directed to children or with an audience of greater than 20% children, and according to the design of the advertisement. Promotional strategies and incentives, such as cartoons, animations, and toys that could attract the attention of children are included in the ban. The regulation took effect from 1 July 2016. In addition, Chile outlaws Kinder's Surprise eggs and prohibit toys in McDonald's 'Happy Meals' as part of this law.</p> <p>IRELAND: Advertising, sponsorship, teleshopping and product placement of foods high in fats, sugars and salt, as defined by a nutrient profiling model, are prohibited during children's TV and radio programs where over 50% of the audience are under 18 years old (Children's Commercial Communications Code, 2013 revision). In addition, there is an overall limit on advertising of foods high in fats, sugars and salt adverts at any time of day to no more than 25% of sold advertising time and to only one in four advertisements. Remaining advertising targeted at children under the age of 13 must not include nutrient or health claims or include licensed characters.</p> <p>SOUTH KOREA: TV advertising to children less than 18 years of age is prohibited for specific categories of food before, during and after programs shown between 5-7pm and during other children's programs (Article 10 of the Special Act on the Safety Management of Children's Dietary Life, as amended 2010).</p>
<p>PROMO 2:</p> <p>Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to or for children including adolescents through non-broadcast media (e.g., Internet, social media, food packaging, sponsorship, religious events, outdoor advertising including around schools).</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Includes online media (e.g., social media, branded education websites, online games, competitions and apps) • Where the promotion is specifically through other non-broadcast media than online and social media, this should be captured in 'PROMO 3 and PROMO 5'. • Where the promotion is specifically in a children's setting, this should be captured in 'PROMO 4'.

	<ul style="list-style-type: none"> • ‘Effective’ means that the policies are likely to reduce overall exposure of children, including adolescents to unhealthy food advertising over the day.
Context	No relevant information.
Evidence of implementation	No government policy or regulation was found in restriction of unhealthy food promotion to children and adolescents through online or social media.
Comments/notes	<ul style="list-style-type: none"> • There is no evidence that the Tanzania Standard Act No 2 of 2009 restrict promotion of unhealthy foods to children and adolescents through television media. • ‘Unhealthy food’ is not clearly defined in most documents. In addition, there is no clarification on the unhealthy foods prohibited for consumption by adolescents and children. • Surprisingly, there is no inclusion of regulation pertaining to product promotion in the food and nutrition policy for Tanzania (1992).
International Benchmarks	<p>CHILE: In 2012, the Chilean government enacted the Nutritional Composition of Food and Advertising Law (Ley 20, 606). In June 2015, the Chilean authorities approved the regulatory norms required for the law’s implementation (Diario Oficial No 41.193). The regulatory norms define limits for calories, saturated fat, sugar and sodium content considered “high” in foods and beverages. The regulatory norms define limits for calories (275 calories/100g or 70 calories/100mL), saturated fat (4g/100g or 3g/100mL), sugar (10g/100g or 5g/100mL) and sodium (400mg/100g or 100mg/100mL) content considered “high” in foods and beverages. The law restricts advertising directed to children under the age of 14 years of foods in the “high in” category. The regulatory norms define advertising targeted to children as programs directed to children or with an audience of greater than 20% children, and according to the design of the advertisement. Promotional strategies and incentives, such as cartoons, animations, and toys that could attract the attention of children are included in the ban. The regulation took effect from 1 July 2016. In addition, Chile outlaws Kinder’s Surprise eggs and prohibit toys in McDonald’s ‘Happy Meals’ as part of this law.</p> <p>QUÉBEC (CANADA): Quebec is the only province in Canada, where children below 13 years old are protected under the Consumer Protection Act since 1980. In Québec, the Consumer Protection Act prohibits commercial advertising (including food and non-food) directed at children less than 13 years of age through television, radio and other media. To determine whether or not an advertisement is directed at persons under 13 years of age, the context of its presentation must be taken into consideration, and in particular of: a) the nature and intended purpose of the goods advertised; b) the manner of presenting such advertisement; and c) the time and place it is shown. A cut-off of 15% share of children audience is used to protect children from TV advertising (43). Any stakeholder involved in a commercial process (from the request to create an advertisement to its distribution, including its design) may be charged with non-compliance with the law, and liable to a fine ranging from \$600 to \$15,000 (individuals); a fine ranging from \$2,000 to \$100,000 (corporate bodies). Notably, for the rest of Canada, child-directed food marketing is self-regulated using the Canadian Children’s Food and Beverage Advertising</p>

	<p>Initiative (CAI) established by Advertising Standards Canada (ASC) through the Broadcast Code for Advertising to Children.</p> <p>LONDON (UK): The Mayor of London, Sadiq Khan, is working to ban fast-food adverts from London’s tube (underground railway) and bus network in an attempt to curb an epidemic of childhood obesity. Ads that promote foods and drinks that are high in salt, fat and sugar will no longer be posted on underground carriages, buses and above- ground trains that are part of the Transport for London (TfL) network – nor in stations. The ban is currently out for consultation.</p>
<p>PROMO 3: Effective policies are implemented by the government to ensure that unhealthy foods are not commercially promoted to children, including adolescents, in settings where they gather (e.g., preschools, schools, sport and cultural events).</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Children’s settings include: areas in and around schools, preschools/ kindergartens, day-care centres, children’s health services (including primary care, maternal and child health or tertiary settings), sport, recreation and play areas/ venues/ facilities and cultural/community events where children are commonly present. • Includes restrictions on marketing in government-owned or managed facilities/venues (including within the service contracts where management is outsourced). • Includes restriction on unhealthy food sponsorship in sport (e.g. junior sport, sporting events, venues, etc.). • Effective means that the policies are likely to reduce overall exposure of children, including adolescents to unhealthy food advertising over the day.
<p>Evidence of implementation</p>	<p>The Tanzania Food, Drugs and Cosmetics (Marketing of Foods and Designated Products for Infants and Young Children 2013)</p> <p>Highlights:</p> <ul style="list-style-type: none"> • Any healthcare facility shall not be used for the purpose of promoting or displaying, including but not limited to display of placards or posters, of any breast-milk substitute, complementary food or designated product, or for the distribution of any material provided by a manufacturer, distributor or any other person promoting such a product. • States that a manufacturer or distributor shall not distribute or cause to be distributed any informational or educational material related to infant or young child nutrition, except in accordance with these Regulations. Only health facilities are mentioned in the regulation-other settings are not included.

International Benchmarks

CHILE: In 2012, the Chilean government enacted the Nutritional Composition of Food and Advertising Law (Ley 20, 606). In June 2015, the Chilean authority approved the regulatory norms required for the law's implementation (Diario Oficial No 41.193).

The regulatory norms define limits for calories, saturated fat, sugar and sodium content considered "high" in foods and beverages. The regulatory norms define limits for calories (275 calories/100g or 70 calories/100mL), saturated fat (4g/100g or 3g/100mL), sugar (10g/100g or 5g/100mL) and sodium (400mg/100g or 100mg/100mL) content considered "high" in foods and beverages.

The law restricts advertising directed to children under the age of 14 of foods in the "high in" category on school grounds, including preschools, primary and secondary schools. Promotional strategies and incentives, such as cartoons, animations, and toys that could attract the attention of children are included in the ban. The law took effect from 1 July 2016.

SPAIN: In 2011, the Spanish Parliament approved a Law on Nutrition and Food Safety (Ley 17/2011), which stated that kindergartens and schools should be free from all advertising.

In July 2015, criteria for the authorisation of food promotion campaigns, nutritional education and promotion of sports or physical activity campaigns were developed jointly by the Spanish Agency for Consumer Affairs, Food Safety and Nutrition (AECOSAN) and the Regional Health. AECOSAN and the Spanish Regional Education and Health Administrations monitor the enforcement of the law.

URUGUAY: In September 2013, the government of Uruguay adopted Law No 19.140 "Alimentación saludable en los centros de enseñanza" (Healthy foods in schools) (50). The law prohibits the advertising and marketing of foods and drinks that do not meet the nutrition standards [referenced in Article 3 of the law, and outlined in school nutrition recommendations published by the Ministry of Health in 2014].

Advertising in all forms is prohibited, including posters, billboards, and use of logos/brands on school supplies, sponsorship, and distribution of prizes, free samples on school premises and the display and visibility of food. The implementation of the law started in 2015.

HUNGARY: Based on Section 8 of Act XLVIII on Basic Requirements and Certain Restrictions of Commercial Advertising Activities (2008), Hungary prohibits all advertising directed at children under 18 years in child welfare and child protection institutes, kindergartens, elementary schools and their dormitories.

Health promotion and prevention activities in schools may only involve external organizations and consultants who are recommended by the National Institute for Health Development according to Section 128 of the Ministerial Decree 20/2012 (VIII.31.) on the Operation of Public Education Institutions and the Use of Names of Public Education Institutions.

PROMO 4:	
<p>Effective policies are implemented by the government to restrict the marketing of breast milk substitutes through broadcast and non-broadcast media.</p>	
Definitions and scope	<ul style="list-style-type: none"> • Includes laws, and national policies, guidelines on the restriction of the marketing of breastmilk substitutes. • Breastmilk substitute refers to any food marketed or otherwise presented as a partial or total replacement for breast milk, whether or not suitable for that purpose: <ul style="list-style-type: none"> ○ Breastmilk substitutes include commercial and homemade infant formula. ○ Includes follow-up formula for infants 6 to 24 months. ○ Includes feeding bottles, pacifiers, teats and cups with spouts. • Broadcast refers of audio , video or printed dispersed to audience via any communications media, such as television, radio, newspapers, and magazines. • Non-broadcast media includes internet or online based media such as podcasts, YouTube, online streaming and social media.
Evidence of implementation	<p>The Tanzania Food, Drugs and Cosmetics (Marketing of Foods and Designated Products for Infants and Young Children 2013)</p> <p>Highlights:</p> <ul style="list-style-type: none"> • ‘Advertise’ means to make any representation by any means whatsoever for the purpose of promoting the sale or use of foods and designated products for infants and young children including but not limited to: <ul style="list-style-type: none"> ○ Written publication, television, radio, film, ○ Electronic transmission including the internet, Video or telephone; ○ Traditional media; ○ Display or sign, bill boards, notices of goods; ○ Exhibition of pictures or models; • A person shall not advertise or perform any form of promotion for any breast-milk substitute, complementary food or designated product. • Pursuant to the provisions of sub-regulation (1) of this regulation, manufacturer or distributor shall not: <ul style="list-style-type: none"> ○ Use a system of sales incentives for the marketing personnel, which includes the volume of sales of a breast-milk substitute, complementary food or designated product for the purpose of the calculation of bonuses. ○ Set quotas specifically for the sale of a breast milk substitute, complementary food or designated product.
International Benchmarks	<p>None.</p>

Domain 4 - Food Prices

Food pricing policies (e.g., taxes and subsidies) are aligned with health outcomes by helping to make healthy diet choices the easier, cheaper choices.

Summary of findings

Summary: Food and agricultural pricing policies on a range of agricultural and livestock products exist in Tanzania. Tax exemption on food, crops and livestock exist –and they cover live cattle, swine, sheep, goats, game, poultry and other animals generally used for human consumption. The National Multisectoral Nutrition Action Plan (MNAP II) 2021/22 – 2025/26 highlights the strategies which can be applied in the prevention, control, and management of overweight and obesity which include advocacy of fiscal policies on sugar and sweetened beverages (SSBs) and implementing National Food Based Dietary Guidelines (NFBDGs).

Gaps:

- There is no explicit indication of the reduced prices for healthy food such as fruits, cholesterol free oil and low- calorie foods.
- There is no evidence on policy/regulation that regulates taxation of unhealthy products such as sugar-sweetened beverages, sweets and other confectioneries. On the contrary, companies producing sugar-sweetened beverages (SSB) in Tanzania are safeguarded on the premises they are contributing to the country's economy and ensure employment to Tanzanian citizens.
- Marketing of healthy food in Tanzania such as vegetables, fruits, cholesterol free oil, white meat is limited.
- No evidence was found concerning government policies or regulations that ensure that food-related income-support programs on healthy foods.
- The government of Tanzania focuses more on food security rather than the nutritional value of foods consumed.

Recommendations:

- The Ministry of Finance, the Tanzania Revenue Authority (TRA) and the Ministry of Agriculture need to strongly review the prices of healthy food in Tanzania and regulate the prices to allow equitable access by Tanzanians.
- Structural interventions that include high taxation for unhealthy food products, such as sugar-sweetened beverages, sweets and other confectioneries are needed to minimize their consumption and prevent nutritional NCDs.
- The government and other agencies need to provide farmers with funding to farmers and support the production of healthy food through the provision of appropriate technology, seeds, and fertilizer. Production of healthy food and relevant value chains could also be incentivised through the introduction of awards and prizes.

PRICES 1:

Reduced taxes or levies on healthy foods to encourage healthy food choices (e.g., low or no sales tax, excise, value-added or import duties on fruit and vegetables).

Definitions and scope

- Includes exemptions from excise tax, ad valorem tax or import duty.
- Includes differential application of excise tax, ad valorem tax or import duty.

	<ul style="list-style-type: none"> Excludes subsidies (see 'PRICES 3') or food purchasing welfare support (see 'PRICES 4')
Context	<p>In its 2020 manifesto, the ruling party, Chama Cha Mapinduzi (CCM) indicated that they would reduce tariffs and levies on food crops for informal small-scale businesses, but this does not focus on reducing the taxes on healthy foods.</p>
Evidence of implementation	<p>The Tanzania VAT report (2019/2020).</p> <p>Highlights:</p> <ul style="list-style-type: none"> Some food products that are tax-exempt including unprocessed livestock and agricultural products for human consumption. It is not clear why they are tax exempt. <p>Review of food and agricultural policies in the United Republic of Tanzania. MAFAP Country Report Series (2013) FAO, Rome, Italy.</p> <p>Highlights:</p> <ul style="list-style-type: none"> The report covers food, crops and livestock products that are exempted from taxes, and these include: <ul style="list-style-type: none"> Livestock - live cattle, swine, sheep, goats, game, poultry and other animals of a kind generally used for human consumption. Animal products - unprocessed edible meat and offal of cattle, swine, sheep, goats, game and poultry (including eggs), except pate, fatty livers of geese or ducks and any other produce prescribed by the Minister of Agriculture. Unprocessed dairy products Fish- all unprocessed fish, except shellfish and ornamental fish. Unprocessed agricultural products - edible vegetables, fruits, nuts, bulbs and tubers, maize, wheat and other cereals, tobacco, cashew nuts, coffee, tea, pyrethrum, cotton, sisal, sugarcane, seeds and plants thereof. Locally grown tea whether in the form of processed tealeaves, blended or packed tea.
Comments/notes	<ul style="list-style-type: none"> Government decisions on trade, especially those relating to tariffs, are numerous and sometimes contradict other policy objectives such that there is no explicit indication of the reduced taxes for healthy food such as fruits, cholesterol free oil and less calories foods. Furthermore, commodity boards play a significant role in price regulation for specific food commodities (mainly export products but also sugar) (MAFAP 2013).
International Benchmarks	<p>AUSTRALIA: Goods and services tax (GST) exemption exists for basic foods (including fresh fruits and vegetables).</p> <p>TONGA: In 2013, as part of a broader package of fiscal measures, import duties were lowered from 20% to 5% for imported fresh, tinned or frozen fish in order to increase affordability and promote healthier diets.</p> <p>POLAND: The basic rate of tax on goods and services is 22%, while the rate is lower (7%) for goods related to farming and forestry, and even lower (3%) for unprocessed and minimally processed food products.</p>

	<p>Fiji: To promote fruit and vegetable consumption, Fiji has removed the excise duty on imported fruits, vegetables and legumes. It has decreased the import tax for most varieties from the original 32% to 5% (exceptions remain as follows: 32% on tomatoes, cucumbers, potatoes, squash, pumpkin and 15% remains on coconuts, pineapples, guavas, mangosteens) and removed it for garlic and onions.</p>
<p>PRICES 2:</p> <p>Taxes or levies on unhealthy foods (e.g., sugar-sweetened beverages, foods high in nutrients of concern) are in place and increase the retail prices of these foods by at least 10% to discourage unhealthy food choices, and these taxes are reinvested to improve population health.</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> Includes differential application of excise tax, ad valorem tax (such as value-added tax) or import duty on high calorie foods or foods that are high in nutrients of concern.
<p>Context e.g., EU action/ regulation / food industry action etc.</p>	<p>Thow, A. M. et al (2021). The political economy of sugar-sweetened beverage taxation: An analysis from seven countries in sub-Saharan Africa. Global Health Action.</p> <p>Highlights: The publication highlights that companies producing sugar sweetened beverages in Tanzania receive preferential treatment (have lower taxes) as pertains SSB taxation based on the notion that they are contributing to the country's economy and providing Tanzanian citizens with employment.</p> <p>Specific highlights related to this paper include:</p> <ul style="list-style-type: none"> In Tanzania, the National Agriculture Policy promotes the increase of sugarcane production to meet SSB industry needs and alleviate poverty. <p>Encouraging may not necessarily mean reducing taxes. The paper finds that Tanzania charges excise duty on SSBs. There is no evidence of reduction nor increase in taxation.</p> <p>National Multisectoral Nutrition Action Plan (MNAP II) 2021/22 – 2025/26.</p> <p>Highlights: The publication highlights the strategies which can be applied in the prevention, control, and management of overweight and obesity which include</p> <ul style="list-style-type: none"> Advocacy of fiscal policies on sugar and sweetened beverages (SSBs) Implementing National Food Based Dietary Guidelines (NFBGDs)
<p>Evidence of implementation</p>	<p>There is evidence of increased taxes or levies on unhealthy foods to discourage their consumption.</p>
<p>Notes</p>	<p>None Key elements that will support the implementation of the NMNAP II include, a functional, legal framework which provides for legislation, regulations, and guidelines that ensure the availability and accessibility of adequate, safe, and good-quality food; and an adherence to the internationally recognized standards and nutrition guidelines.</p>

International benchmarks

MEXICO: In December 2013, the Mexican legislature passed two new taxes as part of the National Strategy for the Prevention of Overweight, Obesity and Diabetes. An excise duty of 1 peso (US\$0.80) per litre applies to sugary drinks. Sugary drinks are defined under the new law 'as all drinks with added sugar, excluding milks or yoghurts. This was expected to increase the price of sugary drinks by around 10%. An ad valorem excise duty of 8% applies to foods with high caloric density, defined as equal to or more than 275 calories per 100 grams.

The categories that are affected by the tax include chips and snacks; confectioneries; chocolate and cacao-based products; puddings; peanut and hazelnut butters. The taxes entered into force on 1 January 2014. The aim is for the revenue generated to be reinvested in public health, namely providing safe drinking water in schools, but there is no evidence (yet) that this is the case as the taxes are not earmarked.

HUNGARY: A "public health tax" adopted in 2012 is applied on the salt, sugar and caffeine content of various categories of ready-to-eat foods, including soft drinks (both sugar- and artificially-sweetened), energy drinks and pre-packaged sugar-sweetened products. The tax is applied at varying rates. Soft drinks, for example, are taxed at US\$0.24 per litre and other sweetened products at US\$0.47 per litre. The tax also applies to products high in salt, including salty snacks with >1g salt per 100g, condiments with >5g salt per 100g and flavourings >15g salt per 100g.

FRENCH POLYNESIA: Various food and beverage taxes have been in place since 2002 to discourage consumption and raise revenue e.g. domestic excise duty on sweetened drinks and beer; import tax on sweetened drinks, beer and confectionery and tax on ice-cream. Between 2002 and 2006, generated revenue went to a preventive health fund. From 2006, 80% of these funds was reallocated to the national health budget. Currently the tax is 40 CFP (around \$0.44) per litre on domestically-produced sweet drinks, and 60 CFP (around \$0.68) per litre on imported sweet drinks.

ST. HELENA: In effect since 27 May 2014, a £0.75 per litre excise duty (about \$1.14) is applied to high-sugar carbonated drinks in St Helena (Customs and Excise Ordinance Chapter 145, Section 5). High sugar carbonated drinks are defined as 'drinks containing ≥15 grams of sugar per litre'.

UK: In April 2018, the UK Government's Soft Drinks Industry Levy came into effect. The Levy applies to any pre-packaged soft drink with added sugar, containing at least 5g of sugar per 100ml of prepared drink. The tax falls into two bands: one for total sugar content above 5g per 100ml (to be taxed at 18 pence per L), and a second, higher band for the sugariest drinks with more than 8g per 100ml (to be taxed at 24 pence per L).

Milk-based drinks, milk substitute drinks, pure fruit juices, or any other drinks with no added sugar, alcohol substitute drinks and soft drinks of a specified description which are for use for medicinal or other specified purposes are exempt from the levy. The levy applies to soft drinks produced and packaged in the UK and soft drinks imported into the UK.

The measure was estimated to raise £520 million a year, which would be spent on doubling funding for sport in primary schools. Secondary schools, meanwhile, were encouraged to offer more sport as part of longer school days.

	<p>Pure fruit juices and milk-based drinks are excluded, as well as small-scale producers.</p> <p>BAHRAIN: The Kingdom of Bahrain introduced an excise tax, which came into effect on 30 December 2017. The excise tax rate imposed by the law is a 100% on energy drinks and 50% on soft drinks. Soft drinks are defined as ‘any aerated beverage except unflavoured aerated water’ and include any concentrates, powder, gel or extracts intended to be made into an aerated beverage. Any entity intending to import or produce the excisable good are required to register for the tax.</p>
<p>PRICES 3:</p> <p>The intent of existing subsidies on foods, including infrastructure funding support (e.g. research and development, supporting markets or transport systems), is to favour healthy rather than unhealthy foods.</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Includes agricultural input subsidies, such as free or subsidised costs for water, fertiliser, seeds, electricity or transport (e.g., freight) where those subsidies specifically target healthy foods. • Includes programs that ensure that farmers receive a certain price for their produce to encourage increased food production or business viability. • Includes grants or funding support for food producers (i.e., farmers, food manufacturers) to encourage innovation via research and development where that funding scheme specifically targets healthy food. • Includes funding support for wholesale market systems that support the supply of healthy foods. • Includes population-level food subsidies at the consumer end (e.g., subsidising staples such as rice or bread). • Excludes incentives for the establishment of, or ongoing support for, retail outlets (including greengrocers, farmers’ markets, food co-ops, etc. See ‘RETAIL 2’). • Excludes subsidised training, courses or other forms of education for food producers. Excludes the redistribution of excess or second grade produce. • Excludes food subsidies related to welfare support (see ‘PRICES 4’) • Should be in line with population nutrition goals related to the prevention of obesity and diet-related NCDs (e.g., reducing intake of nutrients of concern, and should not related to micronutrient deficiencies).

<p>Context e.g., EU action/ regulation / food industry action etc.</p>	<p>Thow, A. M. et al (2021). The political economy of sugar-sweetened beverage taxation: an analysis from seven countries in sub-Saharan Africa, Global Health Action.</p> <p>The United Public of Tanzania, The Excise (Management and Tariff) Act 2008</p> <p>Highlights</p> <ul style="list-style-type: none"> This publication indicates that the United State and government of Tanzania are working to improve global food security through “Feed the future program” which aim at reducing poverty and improving nutrition through comprehensive country-led plans. This includes improving availability and access to staple foods and improving nutrition by enhancing the competitiveness of small holders in rice, maize and horticulture. However, there is no indication that the program emphasizes on availability and access of ‘healthy’ foods and not just staple foods
<p>Evidence of implementation</p>	<p>No evidence was found in government policies or regulations on subsidies for healthy food commodities in Tanzania.</p>
<p>Notes</p>	<p>None.</p>
<p>International Benchmarks</p>	<p>SINGAPORE: The government, through the Health Promotion Board (HPB) increases the availability and use of healthier ingredients through the “Healthier Ingredient Scheme” (formerly part of the “Healthier Hawker” program, launched in 2011), which provides in the first instance transitional support to oil manufacturers and importers to help them increase the sale of healthier oils to the food service industry. The Healthier Ingredient Subsidy Scheme offers a subsidy to suppliers stocking healthier items. Cooking oil is the first ingredient under the scheme, which subsidises oils with a saturated fat level of 35 per cent or lower.</p> <p>CANADA: Launched on April 1, 2011, Nutrition North Canada (NNC) is a Government of Canada subsidy program that helps provide Northerners in isolated communities with improved access to perishable, nutritious food. NNC provides a retail-based subsidy that enables local retailers and registered suppliers to access and lower the cost of perishable healthy foods like meat, fish, eggs, milk and bread, as well as fruits and vegetables, all of which must be transported by air to these isolated communities. NNC has two subsidy levels: Level 1 which is the higher subsidy, is granted to foods that are deemed the most perishable and most nutritious and Level 2, the lower subsidy, is applied to other staple food items.</p>
<p>PRICES 4:</p> <p>The government ensures that food-related income support programs are for healthy foods.</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> Includes programs such as ‘food stamps’ or other schemes where individuals can utilise government-administered subsidies, vouchers, tokens or discounts in retail settings for specific food purchasing. Excludes general programs that seek to address food insecurity such as government support for, or partnerships with, organisations that provide free or subsidised meals (including school breakfast programs) or food parcels or redistribute second grade produce for this purpose.

	<ul style="list-style-type: none"> Excludes food subsidies at the consumer end (e.g., subsidising staples at a population level – see 'PRICES 3').
Evidence of implementation	<ul style="list-style-type: none"> No evidence was found in government policies for regulations to ensure that food-related income support programs are for healthy foods. The support programs meant for staple foods/ crops to enhance food security in vulnerable households and regions.
Notes	
International Benchmarks	<p>UK: The British Healthy Start program provides pregnant women and/or families with children under the age of four with weekly vouchers to spend on foods including milk, plain yoghurt, and fresh and frozen fruit and vegetables. Participants or their family must be receiving income support/job seekers allowance or child tax credits. Pregnant women under the age of 18 can also apply. Full national implementation of the program began in 2006.</p> <p>US: In 2012, the US\$A piloted a "Healthy Incentives Pilot" as part of the Supplemental Nutrition Assistance Program (SNAP, formerly "food stamps"). Participants received an incentive of 30 cents per US\$ spent on targeted fruit and vegetables (transferred back onto their SNAP card). The Pilot included 7500 individuals.</p> <p>In New York City and Philadelphia, "Health Bucks" are distributed to farmers' markets. When customers use income support (e.g., Food Stamps) to purchase food at farmers' markets, they receive one Health Buck worth US\$2 for each US\$5 spent, which can then be used to purchase fresh fruit and vegetable products at a farmers' market. In Philadelphia, the program has been expanded to other retail settings like supermarkets and corner stores.</p> <p>US: In 2009, the U.S. Department of Agriculture's implemented revisions to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to improve the composition and quantities of WIC-provided foods from a health perspective.</p> <p>The revisions include: increase in the dollar amount for purchases of fruits and vegetables, expand whole-grain options, allow yoghurt as a partial milk substitute, allow parents of older infants to buy fresh produce instead of jarred infant food and give states and local WIC agencies more flexibility in meeting the nutritional and cultural needs of WIC participants.</p>

Domain 5 - Food Provisions

The government ensures that there are healthy, safe and hygienic food service policies including provision of breastfeeding spaces, implemented in government-funded settings to ensure that food provision encourages breastfeeding and healthy food choices.

Summary of findings

Summary:

- The Food and Nutrition Policy for Tanzania (1992) aims to improve the nutritional situation of Tanzanians, especially children and women. Programs on the provision of fortified food in schools exist in Tanzania. Currently the school feeding program policy and guidelines are under review, it is in the final stage of production.
- The Tanzania National Nutritional Strategy (2012-2015-16) also aims to ensure that public and private schools, hospitals, orphanages, prisons and other relevant institutions provide meals with appropriate dietary content.
- There are clear employment and labour relations/policies to ensure that the babies are adequately breastfed by employed mothers.
- One of the action plans by the Ministry of Education is to build capacity of school health and nutrition program coordinators of primary and secondary school on the effective implementation of nutrition-sensitive activities in schools.

Gap:

- No evidence of policies and regulations that support early childhood education and care services (0-5 years) for healthy food in Tanzania.

Recommendations:

- Policies to support school programs should be reinforced in order to ensure that students are served with healthy foods and restricted from unhealthy foods in public areas including schools, hospitals, orphanages, prisons and in other relevant institutions that provides meals with appropriate dietary content.
- Policies and regulations should be put in place to restrict selling and promotion of unhealthy food in government and non-government premises.
- It is important that the policies and regulations avoid using generic terminologies such as 'provision of meals with appropriate dietary content'. For implementation and monitoring the term 'appropriate dietary content' should be defined.

PROVISION 1:

The government ensures that there are clear, consistent policies (including nutrition standards) implemented in schools and early childhood education services for food service activities (canteens, food at events, fundraising, promotions, vending machines etc.) to provide and promote healthy food choices.

Definitions and scope

- Includes early childhood education and care services (0-5 years).
- Schools covered include government and non-government primary and secondary schools (up to age 18 years).
- Includes policies and nutrition standards to provide and promote healthy food choices or to limit or restrict the provision or promotion of unhealthy food choices.

	<ul style="list-style-type: none"> • Includes policies that relate to school- feeding programs, where the program is partly or fully funded, managed or overseen by the government. • Excludes programs in schools that are targeted to children of low socioeconomic groups only (as these would be covered under PRICES 4)
Context e.g., EU action/ regulation / food industry action etc.	No food standards were mentioned in the Nutrition strategy of 2016 in the childhood education settings.
Evidence of implementation	<p>Tanzania National Nutritional Strategy, 2012-2015/2016</p> <p>Highlights:</p> <ul style="list-style-type: none"> • Recommends strategies to ensure that public and private schools, hospitals, orphanages, prisons and other relevant institutions provide meals with appropriate dietary content. • Recommends strategies to educate schoolchildren and caregivers about the importance of nutrition and options for improving dietary intake. • There are no nutrition standards on dietary contents for food provided in the schools <p>National Multisectoral Nutrition Action Plan (2016-2021)</p> <p>Highlight</p> <ul style="list-style-type: none"> • One of the action plans is to build capacity of school health and nutrition program coordinators of primary and secondary school on effective implementation of nutrition sensitive activities in schools. • Indicates that the Office of the President – the ministry responsible for regional and local government- should integrate nutrition components in school health, reproductive health and other relevant programs, and that the Ministry of Education should integrate nutrition education in the learning curriculum at levels. <p>National School Feeding Guideline 2021</p> <p>Highlights</p> <ul style="list-style-type: none"> • The mission of the guideline is to guide facilitators working in the education sector on how to provide food and nutrition services to schoolchildren. • The guideline states that schoolchildren should be given a proper meal that fulfil standards of healthy food. However, the definition of healthy food is not provided.
Comments	None.
International Benchmarks	<p>CHILE: In 2012, the Chilean government enacted a Law of Nutritional Composition of Food and Advertising (Ley 20, 606). In June 2015, the Chilean authority approved the regulatory norms required for the law’s implementation (Diario Oficial No 41.193). The regulatory norms define limits for calories, saturated fat, sugar and sodium content considered “high” in foods and beverages.</p> <p>The regulatory norms define limits for calories (275 calories/100g or 70 calories/100mL), saturated fat (4g/100g or 3g/100mL), sugar (10g/100g or 5g/100mL) and sodium (400mg/100g or 100mg/100mL) content considered “high” in foods and beverages. The law prohibits the sale of</p>

foods in the “high in” category in schools. These were scheduled to take effect 1 July 2016.

FINLAND: In 2008, the National Nutrition Council approved nutrition recommendations for school meals. These include food and nutrient recommendations for salt, fibre, fat, starch, fat and salt maximums for meat and processed meat, and drinks. There are also criteria for snacks provided in schools.

In 2017, the Finnish National Nutrition Council updated their nutrition recommendations for school meals replacing the 2008 recommendations. The updated policy is based on Health from food (Finnish nutrition guidelines (2014)) and Eating Together (food recommendations for families with children (2016)). No soft drinks, energy drinks or any other acidified beverages or beverages with added sugar are served at schools.

AUSTRALIA: There are no national mandatory standards. However, six states and territories have implemented mandatory standards, which are based on either the national voluntary guidelines or nutrient and food criteria defined by the state. These regulations were put in place as follows Australian Capital Territory (2015), New South Wales (2011), Northern Territory (2009), Queensland (2007), South Australia (2008), and Western Australia (2014).

All of these states and territories identify 'red category' foods, that is, foods which are either completely banned in schools or heavily restricted (e.g., offered no more than one or two times per term). The New South Wales (NSW) policy goes further to identify and regulate amber and green foods while banning the sale of red foods in school canteens. Red foods are those that are high in saturated fats, sugars, or sodium.

Food provided in school canteens should be at least 50% green foods to ensure that canteens do not increase the number of “amber” foods. Green foods include low-fat carbohydrates, fruits and vegetables, and lean meat as well as small portions of pure fruit juice. In addition, Queensland’s Smart Choices school nutrition standards ensure that “red” foods and drinks are eliminated across the whole school environment.

MAURITIUS: In 2009, a regulation was passed banning soft drinks, including diet soft drinks, and unhealthy snacks from canteens of pre-elementary, elementary and secondary schools.

UK: England, Scotland, Wales and Northern Ireland have mandatory nutritional standards for food served in school, which also apply to food provided in schools other than school lunches. These standards apply to most state schools (with the exception of around 4,000 academies established between September 2010 and June 2014, which are exempt) and restrict foods high in fat, salt and sugar, as well as low quality reformed or reconstituted foods.

BRAZIL: The national school feeding program places great emphasis on the availability of fresh, traditional and minimally processed foods. It mandates a weekly minimum of fruits and vegetables, regulates sodium content and restricts the availability of sweets in school meals. A school food procurement law, approved in 2001, limits the amount of processed

	<p>foods purchased by schools to 30%, and bans the procurement of drinks with low nutritional value, such as sugary drinks.</p> <p>The law requires schools to buy locally grown or manufactured products, supporting small farmers and stimulating the local economy. Resolution No. 38 (16 July 2009) sets food- and nutrition-based standards for the foods available in the national school meal program (Law 11.947/2009). Article 17 prohibits drinks of low nutritional value (e.g., soda), canned meats, confectionary and processed foods with a sodium and saturated fat content higher than a specified threshold.</p> <p>COSTA RICA: Executive Decree No 36910-MEP-S (2012) of the Costa Rican Ministries of Health and Education sets restrictions on products sold to students in elementary and high schools, including food with high levels of fats, sugars and salt, such as chips cookies candy and carbonated sodas. Schools are only permitted to sell food and beverages that meet specific nutritional criteria. The Constitutional Court upheld the restrictions in 2012 following a legal challenge by the food industry.</p> <p>HUNGARY: Since 2012, food and beverages subject to the public health product tax may not be sold on school premises or at events organized for schoolchildren, including out of school events. This is based on the Ministerial Decree 20/2012 (VIII.31) on the Operation of Public Education Institutions and the Use of Names of Public Education Institutions. Section 130 of the Decree requires the head of the educational institution to consult the school health service prior to entering into agreements with vending machine operators or food vending businesses. The school health service verifies whether the products to be sold meet the nutritional guidelines set by the National Institute of Pharmacy and Nutrition. Products that do not comply are prohibited</p> <p>URUGUAY: In September 2013, the government of Uruguay adopted Law No 19.140 on "healthy eating in schools". It mandated the Ministry of Health to develop standards for food available in canteens and kiosks in schools, prohibited advertising for these same foods and restricted the availability of saltshakers.</p> <p>The school food standards were elaborated in March 2014 in two further documents: Regulatory Decree 60/014 and the National Plan of Health Promoting Schools. The standards aimed to promote foods with natural nutritional value with a minimum degree of processing and to limit the intake of free sugars, saturated fat, trans fat and sodium.</p> <p>Limits are set per 100g of food, 100ml for drinks and per 50g portion. Prohibited foods include sugary beverages and energy drinks, confectionery, salty snacks, cakes and chocolate. The school food standards and restrictions on advertising began to be implemented in public schools in 2015 and are being monitored for compliance.</p>
<p>PROVISION 2:</p> <p>The government ensures that there are clear, consistent policies in other public sector settings for food service activities (canteens, food at events, fundraising, promotions, vending machines, etc.) to provide and promote healthy food choices.</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> Public sector settings include:

	<ul style="list-style-type: none"> ○ Government-funded or managed services where the government is responsible for the provision of food, including public hospitals and other in-patient health services (acute and sub-acute, including mental health services), residential care homes, aged and disability care settings, custodial care facilities, prisons and home/community care services. ○ Government-owned, funded or managed services where the public purchases foods including health services, parks, sporting and leisure facilities, community events etc. ○ Public sector workplaces include private businesses that are under contract by the government to provide food. • Excludes 'public settings' such as train stations, venues, facilities or events that are not funded or managed by the government (see 'RETAIL 4'). • Excludes school and early childhood settings (see 'PROVISION 1'). • Includes policies and nutrition standards to provide and promote healthy food choices or to limit or restrict the provision or promotion of unhealthy food choices. • Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier. • Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol). • Includes modifying ingredients to make foods and drinks healthier, or changing the menu to offer healthier options. • Excludes public procurement standards (see 'PROV3').
<p>Context</p>	<p>Tanzania Food and Nutrition policy of 1992 recognises that food provided in various institutions such as schools, hospitals and prisons do not meet the nutritional requirements may due to insufficiency and poor preparation of food available, and therefore recommends for follow up in the implementation of guidelines on planning and preparation of meals for various groups in institution.</p>
<p>Evidence of implementation</p>	<p>National Multisectoral Nutrition Action Plan (2016-2021)</p> <p>Highlights:</p> <ul style="list-style-type: none"> • Hospitals, prisons, orphanages and other institutions are established as priority areas that should be provided with meals that carry appropriate dietary content. However, there was no indication of what proper dietary content entails. <p>Tanzania National Nutrition Strategy (Ministry of Health and Social Welfare, 2011), the following statement is made with regard to dietary improvement: <i>"Ensure that public and private schools, hospitals, orphanages, prisons and other relevant institutions provide meals with appropriate dietary content."</i></p>
<p>Notes/Comments</p>	<p>None.</p>
<p>International Benchmarks</p>	<p>LATVIA: In 2012, the government set salt levels for all foods served in hospitals and long-term social care institutions. Levels may not exceed 1.25g of salt per 100g of food product; fish products may contain up to 1.5g of salt per 100g of product.</p> <p>BERMUDA: In 2008, the Government Vending Machine Policy was implemented in government offices and facilities to ensure access to healthy</p>

	<p>snacks and beverages for staff. The policy requires that all food and beverages in vending machines on government premises meet specific criteria based on levels of total fat, saturated fat, trans fat, sodium and sugar. Criteria exclude nuts & 100% fruit juices.</p> <p>NEW YORK: New York City’s Food Standards (enacted with Executive Order 122 of 2008) set nutritional standards for all food purchased or served by city agencies, which applies to prisons, hospitals and senior care centres. The Standards include: maximum and minimum levels of nutrients per serving; standards on specific food items (e.g., only no-fat or 1% milk); portion-size requirements; the requirement that water be offered with food; a prohibition on the deep-frying of foods; and daily calorie and nutrient targets, including population-specific guidelines (e.g., children, seniors) As of 2015, 11 city agencies were subject to the NYC Food Standards, serving and selling almost 250 million meals a year. The Food Policy Coordinator has the responsibility of ensuring adherence with the Food Standards. Self-reported compliance with the standard is 96%.</p> <p>WALES: Vending machines dispensing crisps, chocolate and sugary drinks are prohibited in National Health Service hospitals in Wales. The Welsh government issued a guidance defining what is allowed and not allowed, and has liaised with major vending machine operators to find ways to introduce healthier food and drink options (Health Promoting Hospital Vending Directions and Guide 2008).</p> <p>UK: The UK Government Buying Standard for Food and Catering Services (GBSF of 2014, updated March 2015) by the Department of Environment, Food and Rural Affairs, sets out standards for the public sector when buying food and catering services. This is supported by the Plan for Public Procurement: Food and Catering Services (2014), which includes a toolkit consistent of the mandatory GBSF, a balanced scorecard, an e-marketplace, case studies and access to centralised framework contacts in order to improve and facilitate procurement in the public sector.</p> <p>The nutrition requirements have to be followed by schools, hospitals, care homes, communities and the armed forces. To improve diets, the GBSF sets maximum levels for sugar in cereals and generally for saturated fat and salt, in addition to minimum content of fibre in cereals and fruit in desserts. Meal deals have to include vegetables and fruit as dessert and menu fish on a regular basis.</p>
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PROVISION 3:	
The government ensures that there are good support and training systems to help schools and other public sector organisations and their caterers meet the healthy food service policies and guidelines.	
Definitions and scope	<ul style="list-style-type: none"> • Includes support for early childhood education services as defined in ‘PROVISION 1’ • Public sector organisations include settings defined in ‘PROVISION 2’. • Support and training systems include guidelines, toolkits, templates (e.g., policy/guidelines or contracts), recipes and menu planning tools, expert advice, menu and product assessments, online training modules,

	cook/caterer/other food service staff information and training workshops or courses.
Context	No relevant information.
Evidence of implementation	No evidence was found in government policies, regulations and actions for support and training systems to help schools and other public sector organisations and their caterers meet the healthy food service policies and guidelines.
Notes	None.
International Benchmarks	<p>AUSTRALIA: The Healthy Eating Advisory Service supports childcare centres, schools, workplaces, health services, food outlets, parks and sporting centres to provide healthy foods and drinks to the public in line with Victorian Government policies and guidelines. The Healthy Eating Advisory Service is offered by experienced nutritionists and dietitians based at the Nutrition Australia Victorian Division. The support includes training cooks, chefs, foods service and other key staff, discovering healthier recipes, food ideas and other helpful resources to provide healthier menus and products.</p> <p>JAPAN: In Japanese, “Shoku” means diet and “iku” means growth and education. In 2005, a Law on Shokuiku was enacted, making it the first law to regulate the diets and eating habits of the Japanese people. It involved the Cabinet Office as the lead in planning, formulating and coordinating the Shokuiku policy and strategy, in collaboration with the Ministry of Health, Labour and Welfare, Ministry of Education, Culture, Sports, Science and Technology (MEXT) and Ministry of Agriculture, Forestry and Fisheries. The laws included several concepts, which are promotion of Shokuiku at home, schools or nursery schools and promotion of interaction between farm producers and consumers. Dietitian and registered dietitian are playing important roles in the implementation of Shokuiku programs by providing guidance in various settings.</p> <p>In Japan, at least one dietitian should be assigned at any facility with mass food service over 100 meals/time or over 250 meals/ day, whereas at least one registered dietitian needed when it is over 500 meals/time or 1500 meals/day. In specific settings such as schools, the Ministry of Education, Culture, Sports, Science and Technology established the Diet and Nutrition Teacher System in 2007.</p> <p>Diet and Nutrition Teachers are responsible to supervise school lunch programs, formulate menus and ensure hygiene standards in public elementary schools and junior high schools in accordance with the needs of local communities. They also deal with dietary education issues in collaboration with nutrition experts such as registered dietitian and dietitian. Under the revised School Lunch Act 2008, the School Lunch Practice Standard stipulates proper school lunches including a reference on the intake values of energy and each nutrient as per the different age groups. Moreover, it outlined costs of facilities and manpower (e.g., cooks) to be covered by municipalities and guardians only cover the cost of ingredients which amounting an estimate of 4000 yen/month/student for school lunch program.</p>

PROVISION 4:	
<p>The government ensures that there are clear, comprehensive policies and/or regulations on the provision of time, spaces and resources for breastfeeding in the workplace and in public places and spaces.</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Includes laws, regulations, national programs, policies, guidelines, frameworks for provision of breastfeeding spaces, time and resources in the workplace and /or public spaces. • Breastfeeding spaces - means private, clean, sanitary, and well-ventilated rooms or areas in the workplace or public places where breastfeeding mothers can wash up, breastfeed or express their milk comfortably. • Breastfeeding time includes - flexible time provided by employers for ease of the employee's responsibilities of breastfeeding the baby. • Workplaces - means work premises, whether private enterprises or government agencies, including their subdivisions. • Public spaces include those that are generally open and accessible to all e.g., markets, parks, beaches.
<p>Evidence of implementation</p>	<p>The Employment and Labour Relations (GENERAL) Regulations, 2017:</p> <p>Highlights:</p> <ul style="list-style-type: none"> • States that subject to the provision of section 33 (10) of the Act, a female employee shall, for a period of not less than six consecutive months after maternity leave, be allowed to leave the office for a maximum of two hours of his convenience during the working hours for breast feeding the child. • Where an employee is breast-feeding a child, the employer shall allow the employee to feed the child during working hours up to a maximum of two hours per day. <p>The Employment and Labour Relation Act 2004 (section 6)</p> <ul style="list-style-type: none"> • States that an employee shall give notice to the employer of her intention to take maternity leave at least three months before the expected date of birth, and a medical certificate shall support such notice. An employee may commence maternity leave (a) at any time from four weeks before the expected date of confinement; (b) on an earlier date if a medical practitioner certifies that it is necessary for the employee's health or that of her unborn child. • Subject to the provisions of subsections (7) and (8), an employee shall be entitled, within any leave cycle, to at least (a) 84 days paid maternity leave; or (b) 100 days paid maternity leave if the employee gives birth to more than one child at the same time.

PROVISION 5:	
The government implements national level policies to promote access to safe drinking water and optimal environmental hygiene and sanitation (WASH) in public places and spaces as a strategy to address/ reduce all forms of malnutrition.	
Definitions and scope	<ul style="list-style-type: none"> • Includes policies, legislation, standards and regulations on provision of clean water. • Includes water intended for drinking. • Excludes water for other domestic purposes and food production or recreational purposes. • Includes policies, legislation, standards and regulations on universal access to toilets and a safe sanitation service chain. • Sanitation is defined as 'access to and use of facilities and services for the safe disposal of human urine and faeces'.
Context	No relevant information.
Evidence of implementation	<p>Tanzania National Health Policy 2017</p> <p>Highlights:</p> <ul style="list-style-type: none"> • Under the of Intersectoral Collaboration subsection, there is policy statement on water, sanitation, hygiene and food safety, which stipulates that: the government will i) enhance public private partnership on the promotion of water safety, food safety, sanitation and hygiene services; ii) strengthen coordination, institutional arrangement and framework for safe water, sanitation and hygiene and food safety services. lii). enforce laws and regulations related to safe water, and food, sanitation and hygiene. <p>Health Sector Strategic Plan (IV) July 2015 – June 2020</p> <p>Highlights:</p> <ul style="list-style-type: none"> • The Health Sector Strategic Plan (HSSP IV), states that the WASH interventions will be effectively implemented within the sector to ensure the country attains Open Defecation Free status by 2020. The interventions will be twofold: through provision of hygiene education targeting the household level (reached through CHW and local media channels) and through rehabilitation or construction of sanitation facilities in public facilities, transport hubs and highway bus stops. <p>National Multisectoral Nutrition Action Plan (2016-2021)</p> <p>Highlights:</p> <ul style="list-style-type: none"> • The action plan calls on the ministry responsible for water and irrigation to ensure the sustainable supply of adequate safe and clean water up to household level; and promote safe water, sanitation and Hygiene (WASH) practices for improved nutrition outcomes.
Notes	None.

International Benchmarks

UK: The UK public health responsibility deal included collective pledges on health at work, which set out the specific actions that partners agree to take in support of the core commitments. One of the pledges is on healthier staff restaurants/canteens, with 165 signatories to date.

VICTORIA (AUSTRALIA): ‘Healthy choices: healthy eating policy and catering guide for workplaces’ is a guideline for workplaces to support them in providing and promoting healthier foods options to their staff. The Healthy Eating Advisory Service helps private sector settings to implement this policy. Menu assessments and cook/caterer training are available free of charge to some eligible workplaces.

SINGAPORE: The Health Promotion Board runs the National Workplace Health Promotion Program that was launched in Singapore in 2000. Both private and public institutions are encouraged to improve the workplace environment by providing tools and grants. Companies receive grants are to start and sustain health promotion programs. They also receive tools that include a sample Healthy Workplace Nutrition Policy, a sample Healthy Workplace Catering Policy, and a detailed Essential Guide to Workplace Health, setting out ways to transform the workplace into a health-supporting work environment.

Domain 6 - Food in Retail

The government has the power to implement policies and programs to support the availability of healthy foods and limit the availability of unhealthy foods in communities (outlet density and locations) and in-store (product placement) and promote food safety in the informal food retail/trade sector.

Summary of findings

Summary: Most of the government policies and actions identified focus on ensuring food safety and less on healthiness of food available in retail.

Several government policies/rules/regulations were developed to ensure a safer neighbourhood food environment. The country has guidelines for registration and licencing of food premises (2011). There is evidence of regulations for control of food quality and hygiene [Tanzania Food (Control of Quality) (Food Hygiene) Regulations (1998). Section 3]. Public Health Act 2009 requires food vendors to comply with health public matters especially not to engage with selling food without registrations in the authority.

Gap:

- No specific evidence found so far on zoning laws to limit the sale of unhealthy foods in food premises in Tanzania.
- The government just provide general policy/regulations to protect people from consuming unhealthy food imported within the country from outside the country. The policies and regulations on safety does not target fast food and street food vendors in the communities.
- No evidence was found in government policies and regulations to limit the availability of unhealthy foods in stores.
- There is no evidence that shows enforcement of food vending laws and regulation in Tanzania.

Recommendations:

- Clear zoning policies and laws are required to restrict the selling of unhealthy foods in communities and restaurants and encourage selling of healthy foods at various food outlets.
- Policies and regulations to restrict the selling and promotion of unhealthy food should be implemented effectively.
- The concept of unhealthy and healthy food needs to be well defined in all policies and regulations.
- Incentives and rules/regulations for informal retailers and traders are needed to ensure a safer neighbourhood food environment and selling of fresh fruit and vegetables.

RETAIL 1:

Zoning laws and policies are robust enough and are being used, where needed, by local governments to place limits on the density or placement of quick serve restaurants or other outlets selling mainly unhealthy foods in communities, and to encourage the availability of outlets selling healthy options such as fresh fruit and vegetables.

Definitions and scope

- Includes the consideration of public health in State/Territory Planning Acts that guide the policies, priorities and objectives to be implemented at the local government level through their planning schemes.
- Includes the consideration of public health in State/Territory subordinate planning instruments and policies.

	<ul style="list-style-type: none"> • Includes a State/Territory guideline that sets the policy objective of considering public health when reviewing and approving fast-food planning applications. • Includes limitations to access of unhealthy food outlets (i.e. opening hours) • Excludes laws, policies or actions of local governments
Context	No relevant information.
Evidence of implementation	No specific evidence found so far on zoning laws to limit the sale of unhealthy foods in Tanzania.
Comments/notes	None.
International Benchmarks	<p>SOUTH KOREA: In 2010 the Special Act on Children’s Dietary Life Safety Management provided for the creation of ‘Green Food Zones’ around schools, banning the sale of foods (fast-food and soda) deemed unhealthy by the Food and Drug Administration of Korea within 200 metres of schools. By 2016, there were Green Food Zones in over 10,000 schools.</p> <p>DUBLIN (IRELAND): Fast-food takeaways will be banned from opening within 250 metres of schools, Dublin city councillors have ruled. The announcement came out in 2019. The measure to enforce “no-fly zones” will be included in a draft version of the council’s six-year development plan. City planners will be obliged to refuse planning permits to fast-food businesses if the move is formally adopted after public consultation.</p> <p>US: In Detroit, the zoning code prohibits the building of fast-food restaurants within 500 ft. of all elementary, junior and senior high schools.</p> <p>UK: Around 15 local authorities have developed “supplementary planning documents” on the development of hot food takeaways. The policies typically exclude hot food takeaways from a 400m zone around the target location (e.g., primary schools). For example, Barking and Dagenham’s Local Borough Council, London, adopted a policy in 2010 restricting the clustering of hot food takeaways and banning them entirely from 400m exclusion zones around schools. In 2009, the Local Borough Council of Waltham Forest, London developed a planning policy restricting the development of hot food takeaways in local centres, and excluding them completely from areas within 10min walks from schools, parks or other youth centres. St Helens Council adopted a planning document in 2011 and Halton in 2012.</p>
RETAIL 2:	
The government ensures existing support systems are in place to encourage food stores and food service outlets to promote the availability of healthy foods and to limit the promotion and availability of unhealthy foods.	
Definitions and scope	<ul style="list-style-type: none"> • Food stores include supermarkets, convenience stores (including ‘general stores’ or ‘milk bars’), greengrocers and other speciality-food retail outlets. • Support systems include guidelines, resources or expert support • Includes all settings with food retail stores, including but not exclusive to; train stations, venues, facilities or events frequented by the public etc.

	<ul style="list-style-type: none"> • Excludes settings owned or managed by the government (see 'PROV 2' and 'PROV 4'). • Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier • Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol). • Includes offering healthier food and drink products, or changing the menu or store layout to offer healthier options. • Includes decreasing the offer of unhealthy food and drink products. • Excludes reformulation and labelling in relation to nutrients of concern (COMP 1; LABEL 4).
<p>Context</p>	<p>Ewan Robinson et al (2014) Policy options to enhance markets for nutrient-dense foods in Tanzania</p> <p>Highlights:</p> <ul style="list-style-type: none"> • This publication indicates that the challenges regarding availability of healthy foods in the market are beyond the control of private businesses, both large and small, making it difficult for them to produce nutrient-dense products on a commercially viable basis. As a result, high quality, nutrient-dense products tend to be targeted towards wealthier consumers, with very few such products affordable to the poor. • The report proposed interventions that could support availability of health food in stores and markets. Such interventions include: <ul style="list-style-type: none"> ○ Mandatory fortification by large companies. ○ Promotion for production of markets for fresh foods such as fruit and vegetables. ○ Increase demand for nutrient-dense products.
<p>Evidence of implementation</p>	<p>No evidence was found in government policies and regulations to promote the availability of healthy food and limit the availability of unhealthy foods in stores.</p>
<p>Comments/notes</p>	<p>Regulatory authorities have low capacity to monitor small enterprises or small food industries. For instance, TBS is now the agency responsible for enforcing mandatory fortification, but it has very low capacity to monitor and sanction enterprises outside of urban centres. The agency has only four Zonal Offices across the country, each of which must cover several regions.</p>
<p>International Benchmarks</p>	<p>US: In February 2014, the US Congress formally established the Healthy Food Financing Initiative (following a three-year pilot) which provides grants to states to provide financial and/or other types of assistance to attract healthier retail outlets to underserved areas. The pilot distributed over US\$ 140 million in grants to states to provide financial and other types of assistance to attract healthier retail outlets in underserved areas. To date, 23 US states have implemented financing initiatives.</p> <p>For example, the New Jersey Food Access Initiative provides affordable loans and grants for costs associated with building new supermarkets, expanding existing facilities, and purchasing and installing new equipment for supermarkets offering a full selection of unprepared, unprocessed, healthy foods in under-served areas; the initiative targets both for-profit and not-for-profit organisations and food cooperatives.</p>

<p>International Benchmarks</p>	<p>NEW YORK: The 'Green Cart Permit' was developed with reduced restrictions on zoning requirements to increase the availability of fresh fruits and vegetables in designated, underserved neighbourhoods. In 2008, New York City made 1000 licences for green carts available to street vendors who exclusively sell fresh fruit and vegetables in neighbourhoods with limited access to healthy foods.</p> <p>In addition, in 2009, New York City established the food retail expansion to support health program of New York City (FRESH). Under the program, financial and zoning incentives are offered to promote neighbourhood grocery stores offering fresh meat, fruit and vegetables in under-served communities. The financial benefits consist of an exemption or reduction of certain taxes. The zoning incentives consist of providing additional floor area in mixed buildings, reducing the amount of required parking, and permitting larger grocery stores in light manufacturing districts.</p> <p>SCOTLAND: In 2004, a small group of suppliers and retailers in Scotland established a pilot project called Healthy Living Neighbourhood Shops to increase the availability of healthier food options throughout Scotland, in both deprived and affluent areas, where little or no option existed to buy. The program received funding from the Scottish Executive and worked closely with the Scottish Grocers' Federation, which represents convenience stores throughout Scotland.</p> <p>Through a number of different trials, the program established clear criteria for increasing sales and developed bespoke equipment/point of sale (POS) materials that were distributed to participating retailers free of charge. This has led to around 600 convenience stores across Scotland improving their range, quality and stock of fresh fruit and vegetables and other healthier eating products.</p>
<p>RETAIL 3:</p>	
<p>The government has set incentives and rules/regulations for informal retailers and traders to ensure a safer neighbourhood food environment (in terms of all components of food safety. This includes sanitation (providing a clean water supply and for informal food vendors to use, covering open sewers in and around food markets); hygiene (microbial food safety); physical contamination (e.g., sand, dust, vehicle fumes); adulteration of food and beverages, (e.g., adding margarine to milk to increase shelf life).</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Includes the laws, regulations, public health in Acts, national policies and guidelines relating to food safety considerations in the informal food sector. • The informal sector can be defined as 'all economic activities that take place in unincorporated, small or unregistered enterprises. • Informal food retailers /traders / vendors include those involved in street and market food related activities including: <ul style="list-style-type: none"> ○ food production and preparation ○ catering and food transport services ○ retail sale of fresh or prepared products (e.g., the stationary or mobile sale of street food).
<p>Context</p>	<p>No relevant information.</p>

<p>Evidence of implementation</p>	<p>Guidelines for registration and licencing of food premises (TFDA - 2011)</p> <p>Highlights:</p> <ul style="list-style-type: none"> • States that the food premises shall be located away from sites or activities that emit noxious material like fumes, dust, smoke, offensive trade or breeding sites for vermin. • Adequate space, by either partition, location or other effective means for those operations, which may cause contamination of food. • The fixtures, ducts and pipes shall not be suspended over areas where drips or condensate may contaminate food and raw materials or food contact surfaces. • Utensils, crockery, cutlery and other equipment exposed to food shall be sufficient in number to enable adequate sanitization before reuse. Single service articles shall be stored in appropriate containers and handled, dispensed, used and disposed to prevent contamination of food or food contact surfaces. • To operate food-vending business legally, the law requires a separate kitchen from the one for family use, premises with toilets and running water, food conservation equipment, health inspection of employee. <p>Tanzania Food (Control of Quality) (Food Hygiene) Regulations (1998). Sect. 3</p> <p>Highlights:</p> <ul style="list-style-type: none"> • States that no person shall use any premises, or being the owner or occupier thereof, permit or allow the premises to be used for the purpose of selling, preparing, packaging, storing or displaying for sale food unless such person is in possession of a licence issued under these Regulations. • Those who own, operate or are in charge of food premises shall keep the grounds surrounding the premises free from conditions which may result in contamination of food, and more particularly, s/he shall keep such grounds free from—improperly stored equipment, litter, waste and refuse which may attract, harbor or constitute breeding places for rodents, insects and other pests. Inadequately drained areas that may contribute to the contamination of food products through seepage or foot-borne filth and provide breeding places for insects or micro-organisms must also be attended to. <p>The Governance of Tanzania, Public Health Act 2009 Section Five (V)</p> <p>Highlights:</p> <ul style="list-style-type: none"> • Indicates that the government requires that a person who does food business to comply with health public matters especially not to engage with selling food without registrations in the authority.
<p>Comments/notes</p>	<p>Academic literatures suggest that, there is weak enforcement of food vending laws and regulation in Tanzania (Godrich, 2018).</p>
<p>International Benchmarks</p>	<p>US: The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) requires WIC authorised stores to stock certain healthier products (e.g., wholegrain bread).</p>

Domain 7 - Food Trade and Investment

The government ensures that trade and investment agreements protect food sovereignty, favour healthy food environments, are linked with domestic health and agricultural policies in ways that are consistent with health objectives, and do not promote unhealthy food environments.

Summary of the findings

Summary: Tanzania has policies to minimize risk on population nutrition. The policies also aim to ensure that food imports are consistent with internationally acceptable safety and standards. Furthermore, the policies prescribe minimum standards of quality in respect of food manufactured, imported, or intended to be manufactured or imported in or into the country. Specific regulations exist on food Control for the importation, manufacture, labelling, marking or identification, storage and sale and distribution of food. The Plant Health and Pesticides Authority was established under Plant Health Act No. 4 of 2020 to prevent the use of harmful ingredients on plants in a bid to safeguard human health.

Gap:

- No evidence was found in government policies and regulations to manage investment, agreements, and regulatory capacity in favour of healthy food.
- No specific evidence on the policies pertaining risk impact assessments before and during the negotiation of trade and investment agreements in relation to healthiness of foods.

Recommendation:

- Specific policies that support assessment of trade and investment during the negotiation agreement to monitor the impact of nutrition and health investment in the country.
- Policies are needed that favours trade and investment on healthy food environments.

TRADE 1:	
The Government undertakes risk impact assessments before and during the negotiation of trade and investment agreements, to identify, evaluate and minimize the direct and indirect negative impacts of such agreements on population nutrition and health.	
Definitions and scope	<ul style="list-style-type: none"> • Includes policies or procedures that guide the undertaking of risk impact assessments before or during negotiation to assess risks and benefits in relation to public health and population nutrition. • Includes policies or procedures that guide the evaluation of trade and investment agreements after an agreement is finalised to monitor the impact for the purpose of informing future negotiations or reviews. • Includes policies or procedures that guide public consultation procedures before and during negotiations. • Any trade or economic agreements still considered active.
Context	No relevant information.

<p>Evidence of implementation</p>	<p>Tanzania National Food Control Commission (ss 4-6) established under the Food Control of Quality Act (1st October, 1979: G.N. No. 108 of 1979)</p> <p>Highlights:</p> <ul style="list-style-type: none"> • The commission provides regulations pertaining to regulation of importation, manufacture, labelling, marking or identification, storage and sale and distribution of food • Prescribing minimum standards of quality in respect of food manufactured or imported or intended to be manufactured or imported in or into the country • The export of produce is banned is for purposes of safeguarding food security. For example, during the 2015–16 El Nino event, Tanzania imposed an export ban to allow for the movement of food within the country, especially to drought-stricken from areas with abundance. (Tanzania diagnostic trade integration study, 2017) <p>National Food Security Act of 1991 (amendments of 2009).</p> <p>Highlights:</p> <ul style="list-style-type: none"> • Cereals and Other Produce Regulatory Authority (COPRA) mandated to provide food import and export permit as heighted above under the National Agriculture Policy 2013. <p>Tanzania Plant Health and Pesticides Authority (TPHPA) established under Plant Health Act No. 4 of 2020.</p> <ul style="list-style-type: none"> • Established to protect plants from harmful ingredients which may cause problems to human health.
<p>Comments/notes</p>	<p>The Business Registrations and Licensing Agency (BRELA), and Tanzania Investment Centre both facilitate investment and trade in Tanzania. However, there is no information on evaluating agreements of investors or business proposals. No information on what include “quality of food”</p>
<p>International Benchmarks</p>	<p>US/EU: It is mandatory in the US and EU member-states to undertake Environmental Impact Assessments for all new trade agreements. These assessments sometimes incorporate Health Impact Assessments.</p>
<p>TRADE 2:</p> <p>The government adopts measures to manage investment and protect their regulatory capacity with respect to public health nutrition.</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Includes provisions in trade or economic agreements that protect the capacity of government to implement domestic policy in relation to food environments. This includes protections with respect to tariffs, non-tariff measures (such as quotas, regulations, standards, testing, certification, licensing procedures) and measures related to foreign direct investment • Binding commitments made under Trade and Investment Agreements (TIA's) can constrain the way countries can regulate goods, services, and investments to promote public interests (including public health) in a way that is upstream from domestic policy processes.

Context	No relevant information.
Evidence of implementation	<ul style="list-style-type: none"> • No evidence was found in government policies and regulations that manage investment and regulatory capacity with respect to public health nutrition. • No specific evidence on the policies pertaining risk impact assessments before and during the negotiation of trade and investment agreements.
Notes/ Comments	None.
International Benchmarks	<p>MANY COUNTRIES: Sanitary and phytosanitary (SPS) clauses in World Trade Organization (WTO) agreements. However, this usually does not apply to public health nutrition.</p> <p>GHANA: Ghana has set standards to limit the level of fats in beef, pork, mutton and poultry in response to rising imports of low-quality meat following liberalization of trade. The relevant standards establish maximum percentage fat content for de-boned carcasses/cuts for beef (<25%), pork (<25%) and mutton (<25% or <30% where back fat is not removed), and maximum percentage fat content for dressed poultry and/or poultry parts (<15%).</p> <p>CANADA/EU: CETA makes clear that the EU and Canada preserve their right to regulation to achieve legitimate policy objectives, such as public health, safety, environment, public morals, social or consumer protection and the promotion and protection of cultural diversity (Art. 8.9). CETA includes a clear definition for what constitutes “indirect expropriation” to avoid claims against legitimate public policy measures. This includes a clause that the sole fact that a measure increase costs for investors cannot give rise in itself to a finding of expropriation (Annex 8.12 and Annex 8-A).</p>

3. Healthy Food Environment Policy Index: Infrastructure domains

Domain 8 - Leadership

The political leadership ensures that there is strong support for the vision, planning, communication, implementation and evaluation of policies and actions to create healthy food environments, improve population nutrition, reduce diet-related inequalities promote optimal infant and young child nutrition and growth monitoring and promotion.

Summary of findings

Summary: There is existing strong political will to address the issue of DR-NCDs e.g. (1) National Multisectoral Nutrition Action Plan 2021/22 – 2025/26. (2) National Five-Year Development Plan 2021/22– 2025/26: page 118-119 includes indicators for overweight and obesity. (3). Ilani ya Chama Tawala (CCM) 2020. Pg 139-141 include indicators for overweight and obesity.

Some political leaders stand out to clearly support healthy food and encourage healthy food provision and intake. In addition, the national policies such as the Tanzania National Nutrition Strategy (2011-2016 and 2021/22 – 2025/26) prioritize diet-related non-communicable diseases (DR-NCDs).

Targets for population salt intake to less than 5gms per day has been set by the Tanzanian Strategic plan and Action plan for NCD (2016-20). There is National guideline on Infant and Young Child Feeding (IYCF) 2013 that includes all forms and recommendations on breastfeeding and complementary feeding. Diet related NCDs are recognised and highlighted as a priority area in the Tanzanian National Nutrition strategy (2011 - 2016).

Gap:

- There are no population targets / indicators for overweight/obesity, while those for under nutrition are included in the document.
- No consistent and vigorous political support to address NCDs in the country.
- No targets/standards are established for sugar and trans fats intake.
- No clear definition exists in the policy documents on healthy foods.

Recommendations:

- Consistent political support (at the head of government or state/ ministerial level) is needed for improving healthy food and discourage lifestyle risk factors associated with diet related NCDs.
- The government need to set out targets for population sugar and trans fats intake.
- A clear definition of healthy nutrition/foods is needed to support concrete implementation of the policies and strategies.

LEADERSHIP 1:

There is strong, visible, political support (at the head of government or state/ministerial level) for improving food environments, population nutrition, diet related NCDs and their related inequalities".

Definitions and scope

- Visible support includes statements of intent, election commitments, budget commitments, establishing priorities and targets, demonstration of support in the media, other actions that demonstrate support for new or strengthened policy.

	<ul style="list-style-type: none"> Documents that contain evidence of strong political support include media releases, speeches, pre-election policy papers, introduction of a bill, State-level strategic plans with targets or key performance indicators
Context	No relevant information.
Evidence of implementation	<p>Tanzania Food and Nutrition Act, 1973 (No. 24 of 1973).</p> <p>Highlights:</p> <ul style="list-style-type: none"> This Act provides for the establishment of the Tanzania Food and Nutrition Centre (TFNC). The functions of the Centre shall be: <ul style="list-style-type: none"> To plan and initiate food and nutrition programs To carry out research in matters relating to food and nutrition To stimulate and promote an awareness of the importance of a balanced diet, etc. (art. 4) <p>Commitment to the Scaling up Nutrition Movement (SUN)</p> <p>Highlights:</p> <ul style="list-style-type: none"> In 2011, the former president of the United Republic of Tanzania Hon Jakaya Kikwete signed Tanzania to the Scaling Up Nutrition (SUN) movement. He then issued a Presidential call to Action for increased Accountability in tackling nutrition issues in the country. Government of Tanzania, 2011. A high- level meeting was convened by Prime Minister Mizengo Peter Pinda together with the US Secretary of State Hillary Rodham Clinton and Deputy Prime Minister (Tánaiste) and Minister of Foreign Affairs and Trade of Ireland, Eamon Gilmore in 2011, Dar es Salaam -Tanzania. During the meeting the Prime Minister stated that Tanzania “fully endorses and supports” the Scaling Up Nutrition (SUN). <p>Lintelo et al., (2020). Tanzania's story of change in nutrition: Political commitment, innovation and shrinking political space</p> <p>Highlights:</p> <ul style="list-style-type: none"> This publication indicates that specific nutrition indicators have been included in various national level policies and development plans including the Vision 2025, the National Strategy for Growth and Reduction of Poverty (2010) and the National Five-Year Development Plan 2016/17–2020/21. Diet- related NCDs are recognised and highlighted as a priority area in the Tanzanian National Nutrition strategy (2011 - 2016). Parliamentary Food and Nutrition Security Coccus has been established to spearhead nutritional matters. The existence of Scaling Up Nutrition (the SUN) in Tanzania indicates political support for addressing malnutrition in the country. Furthermore, the existence of Parliamentary Group on Child Rights, Food Security and Nutrition (PG), which advice the government on setting a budget for nutrition and supervise the action plan on that financial year.
Comments/notes	None.

<p>International Benchmarks</p>	<p>NEW YORK: As Mayor of New York City, Michael Bloomberg prioritised food policy and introduced a number of ground breaking policy initiatives including 'Health Bucks', a restriction on trans fats, establishment of an obesity taskforce, a portion size restriction on sugar-sweetened beverages, public awareness campaigns, etc. He showed strong and consistent leadership and a commitment to innovative approaches and cross-sectoral collaboration.</p> <p>BRAZIL: The Minister of Health showed leadership in developing new dietary guidelines that are drastically different from the majority of dietary guidelines created by any nation to date, and align with some of the most commonly cited recommendations for healthy eating.</p> <p>CARICOM COUNTRIES: Active NCD commissions exist in six of the 20 CARICOM member states (Bahamas, Barbados, Bermuda, British Virgin Islands, Dominica, and Grenada). These are housed in their country Ministries of Health, with members recommended by the Minister of Health and appointed by the Cabinet of Government for a fixed duration; all include government agencies and to a varying degree, civil society and the private sector.</p>
<p>LEADERSHIP 2:</p> <p>Clear population intake targets have been established by the government for the nutrients of concern and / or relevant food groups to meet WHO and national recommended dietary intake levels.</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Includes targets which specify population intakes according to average reductions in percentage or volume (e.g., mg/g) for salt/sodium, saturated fat, trans fats or added or free sugars*. Typically requires the government to establish clear dietary guidelines on the maximum daily intake of nutrients of concern. Typically requires the government to establish clear dietary guidelines on the maximum daily intake of nutrients of concern. • **Free sugar is defined as is the sugar no longer in its naturally-occurring state (i.e., no longer in whole fruits, vegetables, unsweetened dairy, and grains) and can be consumed as is or incorporated into other foods. Examples include table sugar, syrup, honey, fruit juice and nectars. • Added sugar is defined as the free sugar that has been added to foods, however regulatory definitions vary widely under different jurisdictions, some of which are currently under review. These differ from naturally occurring sugars, defined as the sugar found naturally within whole foods (i.e., within whole fruits, vegetables, dairy, and some grains).
<p>Context</p>	<p>No relevant information.</p>
<p>Evidence of implementation</p>	<p>National Multisectoral Nutrition Action Plan (2016-2021)</p> <p>Highlights:</p> <ul style="list-style-type: none"> • Tanzanian National Non-Communicable Diseases Strategic Plan (NCDs) (2016-2020) established targets for population salt intake to less than 5gms per day, which is equivalent to 30% reduction in mean salt consumption. It also set target to address sugar and saturated fat reduction as strategies to

	<p>prevent NCDs. However, there are no targets set for any of the nutrients of concern in processed food products., which is the focus of this indicator</p> <ul style="list-style-type: none"> • Has set targets for population salt intake to less than 5gms per day. No targets/standards are established for sugar and trans fats intake.
<p>Comments/notes</p>	<p>Tanzania Food and Nutrition Policy of 1992 indicate special groups that need extra attention in food and nutrition but, there is no information of intake on nutrients of concerns for the mentioned groups.</p>
<p>International Benchmarks</p>	<p>BRAZIL: The "Strategic Action Plan for Confronting NCDs in Brazil, 2011-2022 specifies a target of increasing adequate consumption of fruits and vegetables, from 18.2% to 24.3 % between 2010 and 2022 and reduction of the average salt intake of 12 g to 5 g, between 2010 and 2022.</p> <p>SOUTH AFRICA: The South African plan for the prevention and control of non-communicable diseases includes a target on reducing mean population intake of salt to <5 grams per day by 2020.</p> <p>UK: In July 2015, the government adopted as official dietary advice the recommendation of the Advisory Committee on Nutrition that sugar should make up no more than 5% of daily calorie intake (30g or 7 cubes of sugar per day). Current sugar intake makes up 12 to 15% of energy. An evidence review by Public Health England outlines a number of strategies and interventions.</p> <p>In August 2016, the Government published the 'Childhood obesity: A plan for action'. This included a commitment for Public Health England (PHE) to oversee a sugar reduction program. These challenges all sectors of the food industry to reduce by 20% by 2020 the level of sugar in the categories that contribute most to the intakes of children up to 18 years.</p>
<p>LEADERSHIP 3:</p>	
<p>Clear, interpretive, evidenced-informed food based dietary guidelines have been established and implemented.</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Food-based dietary guidelines should be for both genders and key age groups including infants and pregnant women. • Evidence-informed includes extensive review of up-to-date research and mechanisms to seek expert input. • Evidence includes ways the FBDG have been used to develop/implement policies to improve diets.
<p>Context e.g., EU action/ regulation / food industry action etc.</p>	<p>Msambichaka et al (2018). Insufficient Fruit and Vegetable Intake in a Low- and Middle-Income Setting: A Population-Based Survey in Semi-Urban Tanzania.</p> <p>The paper indicates that the Ministry of Health and Social Welfare promotes two important elements of fruit and vegetable intake, first is daily consumption and second is consumption in high quantities. Shortage of detailed evidence on fruit and vegetable consumption practices hampers targeted responses at policy and health system levels to promote food and vegetable consumption. This is the policy that exist now concerning food based dietary guideline which only focuses on vegetable and fruits.</p>

<p>Evidence of implementation</p>	<ul style="list-style-type: none"> • There are no food based dietary guidelines for Tanzania. Food based dietary guidelines are under development according to Tanzania Food and Nutrition Centre (TFNC). The funding for this meeting is from Food and Agriculture Organization. Stakeholders that are involved in the development of FBDGs includes Tanzania Food and Nutrition Center, Ministry of Health, Ministry of Agriculture, and Sokoine university of Agriculture.
<p>Comments</p>	<p>None.</p>
<p>International Benchmarks</p>	<p>BRAZIL: The national dietary guidelines of Brazil address healthy eating from a cultural, ethical and environmental perspective, rather than based on number of servings per food group. The main recommendations are: 'Make natural or minimally processed foods the basis of your diet'; 'use oils, fats, salt, and sugar in small amounts for seasoning and cooking foods'; 'use processed foods in small amounts'; 'avoid ultra-processed foods'. They also provide advice on planning, shopping and sharing meals, as well as warning people to be wary of food marketing and advertising.</p>
<p>LEADERSHIP 4:</p> <p>There is a comprehensive, transparent, up-to-date and government owned implementation plan linked to national needs and priorities, to improve food environments, reduce the intake of the nutrients of concern to meet WHO and national recommended dietary intake levels, and reduce diet-related NCDs.</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Includes documented plans with specific actions and interventions (i.e., policies, programs, partnerships). • Plans should be current (i.e., maintain endorsement by the current government and/or are being reported against). • Plans should refer to actions to improve food environments (as defined in the policy domains above) and should include both policy and program strategies. • Excludes overarching frameworks that provide general guidance and direction. • Includes priority policy and program strategies, social media marketing for public awareness and threat of legislation for voluntary approaches.
<p>Evidence of implementation</p>	<p>The government has developed several nutrition and NCD related policies and guidelines as listed below. The documents refer to optimal population nutrition but there is not clear definition of healthy nutrition/foods or mention of the nutrients of concern, apart from the NCD strategic and action plan.</p> <ul style="list-style-type: none"> • Tanzania National Nutrition Strategy (2012-2016) No new version. • The Tanzania Agriculture and Food Security Investment Plan (TAFSIP), developed in 2011. • The Tanzanian Strategic plan and Action plan for NCD (2016-2020). • The Tanzania National Multisectoral Nutrition Action Plan (2016 – 2021) There is new version of 2021 to 2026. • Tanzania Food and Nutrition centre strategy (2014 to 2018) no new version yet.

- Establishment of national campaigns and exhibitions to promote nutrition (milk consumption week, Nutrition week, Breast feeding week, world food day)
- Development of National Food Based Dietary Guideline (NFBDG)
- Development of National Social Behaviour Change Communication Strategy

The government have developed the following strategies:

[National Bio-fortification guideline 2020](#)

Highlights:

- Tanzania is implementing the National Multi-sectoral Nutrition Action Plan (NMNAP), which enables both nutrition-specific and nutrition-sensitive interventions to be implemented synergistically. Components Three and Four of the Agriculture Sector Development Plan II (ASDP-II) have a major focus in nutrition. Therefore, the Ministry of Agriculture (MoA) is developing the current bio-fortification guideline to enhance existing nutrition-related policies and implementation plans that currently have minimal coverage on bio-fortification. The MoA is developing this guideline to contribute to policies, guidelines and other existing plans, which address the problem of malnutrition in the country.
- The guideline engages other stakeholders implementing various interventions that address the breeding of the desired seeds, crop production, processing, marketing, distribution and use of foods. Implementation of bio-fortification interventions will contribute to the national strategy toward meeting the targets for 2030 as stipulated by United Nations Sustainable Development Goals (UNSDGS, 2025) to end hunger, achieve food security, improve nutrition and promote sustainable agriculture.

[Nutritional Sensitive Agriculture Action Plan \(NSAAP\) 2021-2026](#)

Highlights:

- It has six focus areas and actions:
 - Operations.
 - Capacity strengthening.
 - Policy Dialogue and influence.
 - Collaboration, coordination and coherence.
 - Data, knowledge, evidence and their management.
 - Monitoring, Evaluation, Accountability and Learning (MEAL).

[Multisectoral Nutrition Action Plan \(NMNAPII\) 2021-2026](#)

Highlights:

- The Government within its ministries and departments developed a National Multisectoral Nutrition Action Plan for the time 2021 – 2026.
- The lead for this Action plan is Prime Minister's office.
- The action plan have been prepared to address the challenges that were observed during the implementation of phase one of multisectoral, such as:
 - Weak linkages with other sectors
 - Inadequate institutional and human resource capacities

	<ul style="list-style-type: none"> ○ Gaps in data generation, utilization and quality at various levels ○ Inadequate focus on people with special nutrition and health needs ○ Inadequate involvement of the private sector ○ Failure to address the triple burden of malnutrition and food safety issues, and ○ Inadequate monitoring and evaluation of the implementation of NMNAP I. • It has been developed to address the triple burden of malnutrition across the life cycle and guides all the nutrition-specific and the nutrition-sensitive interventions from various sectors including health, social protection, education, food, water, community development, finance, industry, and trade. • The NMNAP II advocates for leveraging the policies, services, resources, and actors of the food system to make them more accountable in improving the diets and dietary practices of Tanzanians.
Comments/notes	None.
International Benchmarks	EU: The European Food and Nutrition Action Plan 2015-20 outlines clear strategic goals, guiding principles, objectives, priorities and tools. The Plan aligns with the WHO Global Action Plan and under 'Objective 1 – Create healthy food and drink environments' there are clear policy and program actions identified.
LEAD 5: Government priorities have been established to reduce inequalities or protect vulnerable populations in relation to diet, nutrition, obesity and NCDs.	
Definitions and scope	<ul style="list-style-type: none"> • Frameworks, strategies or implementation plans specify aims, objectives or targets to reduce inequalities including taking a preventive approach that addresses the social and environmental determinants of health. • Frameworks, strategies or implementation plans identify vulnerable populations or priority groups. • Implementation plans specify policies or programs that aim to reduce inequalities for specific population groups. • Excludes priorities to reduce inequalities in secondary or tertiary prevention.
Context	No relevant information.
Evidence of implementation	<p>Health Sector Strategic Plan 2021-2026</p> <p>Highlights:</p> <ul style="list-style-type: none"> • The Health Sector Strategic Plan highlights that the health sector will enhance education to and awareness of the community on the importance of good nutrition in vulnerable groups like women, children, elderly, and people with disabilities. In particular, women of childbearing age must know the importance of good nutrition from pregnancy feeding. • Improvement of feeding frequency beyond breast-feeding i.e., between the ages of two and five years will be promoted in order to reduce chronic malnutrition (stunting). Nutritional imbalances in vitamins and essential nutrients will be addressed.

	<p>Existence of institution to support vulnerable households:</p> <ul style="list-style-type: none"> • Existence of Tanzania Social Action Fund III (TASAF III). • Existence of Cereals and Other Produce Board (CPB) for selling food to vulnerable household at affordable price. • Existence of National Food Reserve Agency (NFRA).
Comments	None.
International Benchmarks	<p>NEW ZEALAND: The Ministry of Health reports the estimates derived from health surveys and nutrition surveys by four subpopulation groups including age group, gender, ethnic group and an area level deprivation index. Similarly, estimates derived from other data types (e.g. mortality) are presented by these subpopulation groups.</p> <p>The contracts between MoH and NGOs or other institutions include a section on Maori Health and state: "An overarching aim of the health and disability sector is the improvement of Maori health outcomes and the reduction of Maori health inequalities. You must comply with any: a) Maori specific service requirements, b) Maori specific quality requirements and c) Maori specific monitoring requirements".</p> <p>In addition, the provider quality specifications for public health services include specific requirements for Maori: "C1 Services meet needs of Maori, C2 Maori participation at all levels of strategic and service planning, development and implementation within organisation at governance, management and service delivery levels, C3: support for Maori accessing services".</p> <p>In the specific contract between the Ministry of Health and Agencies for Nutrition Action the first clause is on Maori Health: "you must comply with any Maori specific service requirements, Maori specific quality requirements and Maori specific monitoring requirements contained in the Service specifications to this agreement".</p> <p>AUSTRALIA: The National Indigenous Reform Agreement (Closing the Gap) is an agreement between the Commonwealth of Australia and the States and Territories. The objective of this agreement is to work together with Indigenous Australians to Close the Gap in Indigenous disadvantage. The targets agreed to by COAG relate to health or social determinants of health. For the target 'Closing the life expectancy gap within a generation (by 2031)', one of the performance indicators is the prevalence of overweight and obesity.</p>
LEAD 6:	
<p>A national policy on breastfeeding has been officially adopted/approved/implemented by the government, accompanied by an action plan to implement and promote the policy e.g. BFHI, BFCI, Maternity leave.</p>	
Definitions and scope	<ul style="list-style-type: none"> • Includes national policies, guidelines, strategies, frameworks, programs with specific actions to protect, promote and support breastfeeding • Includes laws and regulations intended to protect, promote and support breastfeeding • Includes adoption of global agenda, commitments, initiatives geared towards protecting, promoting and supporting breastfeeding e.g. BFHI, BFCI, Maternity protection etc.
Context	No relevant information.

Evidence of implementation	<p>There is National Guideline on Infant and Young Child Feeding (IYCF) 2013 that includes all forms and recommendations on breastfeeding. This policy was established to ensure that infants breastfed within one hour upon delivery, Exclusive breastfeeding for six months and thereafter should receive nutritious complimentary food (Infant and Young Child Feeding National Guidelines 2013)</p> <p>The government also has set action plans including regulation, for example the 2013 Tanzania Food, Drugs and Cosmetics (Marketing of Foods and Designated Products for Infants and Young Children), which set restriction on all forms of marketing and advertisement of breast milk substitutes.</p> <ul style="list-style-type: none"> • The current health policy (1992) provides for maternity leave for all breastfeeding working women, to allow them time to optimally breastfeed their children (http://www.tzonline.org/pdf/thefoodandnutritionpolicy.pdf). • The Employment and Labour Relations Act (2004) Article 33 indicates that a female worker is entitled to the breastfeeding breaks of maximum 2-hour duration per day, and a maternity leave of at least of at least 84 days. In addition, this act calls for exemption of breastfeeding women from any work that may be hazardous to them or their children. (https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/68319/104204/F-894240970/TZA68319.pdf; https://corescholar.libraries.wright.edu/cgi/viewcontent.cgi?article=1138&context=mph) ▪ Tanzania implements the Baby Friendly Hospital Initiative. This is a global initiative by WHO, which provides a ten-step guidance by the WHO to protect, promote and support breastfeeding.
Comments/notes	<p>The government developed the National Regulations for Marketing of Breast-milk Substitutes and designated Products in 1994. Currently the national regulation has been revised as the “Tanzania Food, Drugs and Cosmetics (Marketing of Foods and Designated Products for Infant and Young Children) Regulation” to accommodate the current WHO/UNICEF recommendations as minimum requirement to implement the international code and WHA subsequent relevant Resolutions in promotion of optimal nutrition.</p>
International Benchmarks	None.
LEAD 7: A national policy on complementary feeding has been officially adopted/approved/implemented by the government, accompanied by an action plan to implement and promote the policy.	
Definitions and scope	<ul style="list-style-type: none"> • Includes national policies, guidelines, strategies, frameworks, programs with specific actions to promote optimal complementary feeding practices • Includes laws and regulations intended to promote optimal complementary feeding practices • Includes adoption of global agenda, commitments, initiatives geared towards to promote optimal complementary feeding practices
Comments	No relevant information.

<p>Evidence of implementation</p>	<p>National guideline on Infant and Young Child Feeding (IYCF) 2013</p> <p>Highlights:</p> <ul style="list-style-type: none"> • In Chapter Three (3), the guidelines stipulate all types of complementary feeding after six months of birth that is for breastfed and non-breastfed child. The guideline includes meal frequency and energy density, nutrient content of food, Use of vitamin-mineral supplements, and fortified products or home fortificants. <p>National Multisectoral Nutrition Action Plan (2021-2026).</p> <p>Highlights</p> <ul style="list-style-type: none"> • Complementary feeding is one of the milestones in the document. • The action plan discusses about lack of education on complementary feeding is one of the problems for under-five nutrition issues which lead to inadequate dietary diversity. • The action plan proposed to address knowledge gap so to reduce the prevalence of undernutrition and micronutrient.
<p>Comments</p>	<p>No relevant information.</p>
<p>LEAD 8:</p> <p>Country level targets, including specific timeframes, for exclusive breastfeeding and complimentary feeding have been set at national level.</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Includes time bound national targets for general breastfeeding and complementary feeding. • Includes time bound national targets for specific breastfeeding and complementary feeding indicators e.g., exclusive breastfeeding, minimum dietary diversity, minimum acceptable diet etc. • Includes adoption of global breastfeeding and complementary feeding targets e.g., the World Health Assembly targets.
<p>Context</p>	<p>No relevant information</p>
<p>Evidence of implementation</p>	<p>National Multisectoral Nutrition Action Plan (2016-2021, and 2021-2026)</p> <ul style="list-style-type: none"> • Has set a target of increasing proportion of children aged 0-5 months who are exclusively breastfed from 41% (TNNS 2014) to at least 50% by 2021. • One of the actions of the action plan is to strengthen nutrition sensitive interventions in education and early childhood development sectoral plans, by guaranteed breast-feeding breaks to allow for exclusive breastfeeding during the first six months, and (iv) a minimum wage to provide basic income to provide children with basic needs including nutritious food, healthcare and education. • Other targets in exclusive breastfeeding and complementary feeding is early initiation of breastfeeding (within 1 hour after birth) where the Government of Tanzania set a target to increase the percentage from 49 to 90% from 2016 up to 2020. <p>The National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child & Adolescent Health in Tanzania (2016 - 2020) also set the target to improve exclusive breastfeeding for six months from 50% to 90% by 2020.</p>

	<ul style="list-style-type: none"> Three types of baseline data were used, TDHS 2010, 2015/16, Tanzania National, Nutrition Survey (TNNS) of 2014, Population, Census and Household Survey 2012), STEPS 2012)
Comments/notes	<p>The Tanzania National Nutritional strategy, 2012-2015/2016 also stipulates that government put in place interventions to protect, promote and support appropriate breastfeeding and complementary feeding practices for infants and young children.</p> <p>This should be through, for example, advising women of reproductive age and other caregivers on how to improve dietary intake for themselves and their young children, including the consumption of low-cost locally available foods and fortified foods, where available and affordable.</p>
LEAD 9:	
<p>There is strong, visible, political support for actions to address all forms of malnutrition over the life course (wasting, stunting, underweight, overweight, obesity, micronutrient deficiency, diet related NCDs) at the national level.</p>	
Definitions and scope	<ul style="list-style-type: none"> Visible support includes statements of intent, election manifestos, budgetary commitments, establishing priorities and targets, demonstration of support in the media, other actions that demonstrate support for new or strengthened policy to address all forms of malnutrition. Policy documents that contain evidence of strong political support include media releases, speeches, pre-election policy papers, introduction of a bill, State-level strategic plans with targets or key performance indicators of both over and undernutrition including micro-nutrient deficiencies.
Context	No relevant information.
Evidence of implementation	<p>National Strategy for Growth and Reduction of Poverty (NSGRP/MKUKUTA) involves a number of activities including gathering, analysing, interpreting and reporting on malnutrition targets at national level such as:</p> <ul style="list-style-type: none"> Improving survival, health, nutrition and wellbeing, especially for children, women and vulnerable groups. Also ensuring food and nutrition security, environmental sustainability and climate change adaptation and mitigation. <p>In 2011, a high level meeting was convened by Prime Minister Minzengo Peter Pinda, the US Secretary of State, Hillary Rodham Clinton and the Deputy Prime Minister (Tánaiste) and Minister of Foreign Affairs and Trade of Ireland, Eamon Gilmore, in Dar es Salaam -Tanzania. In the meeting, the Prime Minister stated that Tanzania “fully endorses and supports” the Scaling Up Nutrition (SUN) movement. He then announced six steps that would be undertaken by the Government of Tanzania to address the nutrition situation and make progress towards achieving the Millennium Development Goals.</p> <p>The steps included:</p> <ul style="list-style-type: none"> Finalization of the implementation plan for the National Nutrition Strategy, which will include clear responsibilities for the ministries, development partners, the private sector and civil society.

- Establishment of a new High Level National Nutrition Steering Committee, led by Government with participation from selected development partners and civil society organizations.
- Effective in FY 2012/2013, establishment of a designated line in the national budget for nutrition.
- Stronger integration of nutrition into agriculture activities as outlined in the Tanzania Agriculture and Food Security Investment Plan.
- Rapid establishment of Nutrition Focal Points at the district level.
- Gazetting, finalization and enforcement of the national standards for oil, wheat and maize flour that were set in 2010 so that millers will begin fortifying.

The government of Tanzania under TFNC prepared the [guideline for councils for the preparation of plan and budget for nutrition](#).

In June 2012, Tanzania signalled its commitment to addressing malnutrition by joining the global Scaling Up Nutrition (SUN) Movement and making several important commitments towards improving nutrition. The following were the milestones:

- Finalization of the implementation plan for the National Nutrition Strategy.
- Integration of nutrition into the Tanzania Agriculture and Food Security Investment Plan.
- Establishment of a new High Level National Nutrition Steering Committee.
- Establishment of a designated line in the national budget for nutrition effective financial year 2012/13.
- Rapid establishment of nutrition focal points at the district level.
- Gazetting, finalization and enforcement of the national standards set in 2010 for the fortification of oil, wheat and maize flour. [National Multisectoral Nutrition Action plan from evidence to Policy to Action \(2016-2021\)](#).
- The action plans in the National Multisectoral Nutrition Action plan include:
 - Scaling-up maternal, infant, young child and adolescent nutrition.
 - Scaling up prevention and control of micronutrient deficiencies.
 - Scaling up integrated management of acute malnutrition.
 - Scaling up prevention and management of diet related NCDs.
 - Integration of multisectoral nutrition sensitive interventions.
 - Improving multisectoral, nutrition governance.
 - Establishing a multisectoral nutrition information system.

[Towards Eliminating Malnutrition in Tanzania: Nutrition Vision 2025 \(technical working paper \(2014\)\)](#)

Highlights:

- Nutrition has been included in the Tanzania Agriculture and Food Security Investment Plan (TAFSIP). TAFSIP is an initiative that brings all stakeholders in the agricultural sector both in the mainland and in Zanzibar to a common agenda of transforming the sector to achieve food and nutrition security, create wealth, and poverty reduction.

	<p>CCM Manifesto (2020-2025)</p> <p>Highlights:</p> <ul style="list-style-type: none"> • Within a period of five years, the Chama Cha Mapinduzi party committed to making sure that citizens have access to nutritious food as a priority, so that they can contribute to the country’s economy. This would be through the the following interventions: <ul style="list-style-type: none"> ○ Create awareness about NCDs prevention and other Neglected diseases at all levels. ○ Implement interventions that reduce stunting and malnourished for children under the age of five. ○ Conduct annual evaluations of all indicators related to nutrition and take action towards challenges identified. ○ Reduce obesity and underweight for newborns and children under-five. ○ Strengthen relationship among stakeholders working on food and nutrition, government and private. <p>National Multisectoral Nutrition Action plan from evidence to Policy to Action (2021-2026).</p> <p>Highlights:</p> <ul style="list-style-type: none"> • Through the leadership of the Prime Minister, the government have developed an evidence-based five-year strategic action plan that seeks to address malnutrition in all its forms and for all ages in Tanzania. • The overall expected result of the NMNAP II is, “Women, Men, Children and Adolescents in Tanzania are better nourished and living healthier and more productive lives”. The pathway of change for the NMNAP II is defined using the theory of change (ToC), which was used to develop a set of outcomes and outputs. • The NMNAP II is organized into four Key Results Areas (KRA), the first three of which are directly tied to addressing the triple burden of malnutrition with the last KRA focusing on creating an enabling environment for nutrition, such as: <ul style="list-style-type: none"> ○ KRA 1: Reducing Undernutrition. ○ KRA 2: Reducing Micronutrient Deficiencies. ○ KRA 3: Reducing Overweight and Obesity. ○ KRA 4: Strengthening the Enabling Environment.
Notes / comments	None

Domain 9 - Governance

Governments have structures in place to ensure transparency and accountability, and encourage broad community participation and inclusion when formulating and implementing policies and actions to create healthy food environments, improve population nutrition, and reduce diet-related inequalities.

Summary of findings

Summary: The Tanzanian Multisectoral Nutrition plan, engages multiple stakeholders in the development of nutritional policies. Various nutrition policies and priority areas in Tanzania have been developed based on research evidence. Some policy documents on food and nutrition are easily accessible but not all.

Gap:

- No eminent policies and procedures are implemented to ensure transparency in the development of food and nutrition policies.
- No evidence of Government policies or regulations and actions were found in restricting the commercial influences on the development of policies related to food environments where they have conflicts of interest with improving population nutrition.
- Some food and nutrition documents are not easily accessible online, and requests have to be made through the relevant government institutions.

Recommendations:

- The government need to improve the accessibility of various nutrition and food policy documents. Currently these documents are scattered and not comprehensively accessible.
- Policies and procedures that support the transparency of policy development need to be available and reinforced.

GOVERNANCE 1:	
There are procedures in place to restrict commercial influences on the development of policies related to food environments where they have conflicts of interest with improving population nutrition.	
Definitions and scope	<ul style="list-style-type: none"> • Includes government policies, guidelines, codes of conduct or other mechanisms to guide actions and decision-making by government employees, for example conflict of interest declaration procedures. • Includes procedures to manage partnerships with private companies or bodies representing industries that are consulted for the purpose of developing policy, for example, committee procedural guidelines or terms of reference. • Includes publicly available, up to-to-date registers of lobbyists and/ or their activities.
Context	None
Evidence of implementation	No evidence of Government policies or regulations and actions were found in restricting the commercial influences on the development of policies

	related to food environments where they have conflicts of interest with improving population nutrition.
Notes / Comments	None.
International Benchmarks	<p>US: Mandatory and publicly accessible lobby registers exist at the federal level, as well as in nearly every state. Financial information must be disclosed, and the register is enforced through significant sanctions. A number of pieces of legislation uphold compliance with the register including Lobbying Disclosure Act of 1995 and the Honest Leadership and Open Government Act 2007.</p> <p>NEW ZEALAND: The State Services Commission has published Best Practice Guidelines for Departments Responsible for Regulatory Processes with Significant Commercial Implications. They cover the development and operation of a regulatory process and include specific references to principles around stakeholder relationship management.</p> <p>AUSTRALIA: The Australian Public Service Commission’s Values and Code of Conduct includes a number of relevant sections such as the Conflict of Interest, Working with the Private Sector and other Stakeholders and the Lobbying Code of Conduct.</p>
GOVERNANCE 2:	
Policies and procedures are implemented for using evidence in the development of food and nutrition policies.	
Definitions and scope	<ul style="list-style-type: none"> • Includes policies, procedures or guidelines to support government employees in the use of evidence for policy development including best practice evidence review methodology (including types and strength of evidence needed) and policy implementation in the absence of strong evidence (where the potential risk or harms of inaction are great). • Includes policies, procedures or guidelines that stipulate the requirements for the establishment of a scientific or expert committee to inform policy development. • Includes the use of evidence-based models, algorithms and tools to guide policy development or within policy to guide implementation (e.g. nutrient profiling model) • Includes government resourcing of evidence and research by specific units, either within or across government departments
Context	None.
Evidence of implementation	<p>Tanzania National Nutrition Strategy</p> <p>Highlights:</p> <ul style="list-style-type: none"> • Tanzania National Nutrition Strategy (2012-2016) indicates that the nutritional priority areas included in the strategic plan have been identified based on available evidence. It further highlights that the priority areas will be achieved through policies, strategies, programs and partnerships that deliver evidence-based and cost-effective interventions to improve nutrition.

	<p>Tanzania Food and Nutrition Act, 1973 (No. 24 of 1973).</p> <p>Highlights:</p> <ul style="list-style-type: none"> Provides information on the establishment of the Tanzania food and nutrition centre (TFNC). The functions of the Centre shall be: <ul style="list-style-type: none"> To plan and initiate food and nutrition programs. To carry out research in matters relating to food and nutrition. To stimulate and promote an awareness of the importance of a balanced diet, etc. (art. 4).
Notes / comments	None.
International Benchmarks	<ul style="list-style-type: none"> AUSTRALIA: The National Health and Medical Research Council Act 1992 (NHMRC Act) requires NHMRC to develop evidence-based guidelines. These national guidelines are developed by teams of specialists following a rigorous nine-step development process.
GOVERNANCE 3:	
Policies and procedures are implemented for ensuring transparency in the development of food and nutrition policies.	
Definitions and scope	<ul style="list-style-type: none"> Includes policies or procedures that guide the use of consultation in the development of food policy. Includes policies or procedures to guide the online publishing of private sector and civil society submissions to government around the development of policy and subsequent government response to these. Includes policies or procedures to guide the online publishing of scoping papers, draft and final policies. Include policies or procedures to guide public communications around all policies put forward but not progressed.
Context	No relevant information.
Evidence of implementation	<p>National Multisectoral Nutrition Action Plan (2016-2021) and (2021-2026)</p> <p>Highlights:</p> <ul style="list-style-type: none"> It's the highest nutrition plan that was designed to address the nutritional needs of people across life cycle and thus, the long-term desired change expected from implementing the NMNAP II is that "Women, Men, Children and Adolescents in Tanzania are better nourished living healthier and more productive lives" Involves various actors in its development The development process of the NMNAP II was overseen by the Prime Minister's Office and driven by the Tanzania Food and Nutrition Centre. The process was participatory, consultative and was comprised of three phases, namely, the preparatory phase, the development phase, and the validation/endorsement/launching phase. The process also involved wide consultation with all key nutrition stakeholders, including ministries, local governments, DPs, civil society organizations (CSOs), research and academic institutions, and the private sector. Furthermore, the process was evidence-based and recognized the successes, challenges and lessons learnt from the implementation of the NMNAP I.

Evidence of implementation	Guideline for writing Government documents - 2020 Highlights: <ul style="list-style-type: none"> The guideline focuses on instructing government officials on preparation of all government documents, which includes letters, policies, meeting minutes, and other government documents.
Comments/notes	Availability of policies and procedures that are implemented to ensuring transparency in the development of food and nutrition policies are not very eminent.
International Benchmarks	<ul style="list-style-type: none"> AUSTRALIA/NEW ZEALAND: Food Standards Australia New Zealand (FSANZ) is required by the Food Standards Australia New Zealand Act 1991 to engage stakeholders in the development of new standards. This process is open to everyone in the community including consumers, public health professionals, and industry and government representatives. <p>FSANZ has developed a Stakeholder Engagement Strategy 2013-16 that outlines the scope and processes for engagement. Under the Stakeholder Engagement Priorities 2013-16, it outlined “maintain our open and transparent approach” as one of the first priorities.</p>
GOVERNANCE 4: The government ensures public access to comprehensive nutrition information and key documents (e.g., budget documents, annual performance reviews and health indicators) for the public.	
Definitions and scope	<ul style="list-style-type: none"> Includes policies and procedures to guide the timely, online publishing of government budgets, performance reviews, audits, evaluation reports or the findings of other reviews or inquiries. Includes ‘freedom of information’ legislation and related processes to enable the public access to government information on request, with minimal restrictions and exemptions. Includes policies or procedures to guide the timely, online publishing of population health data captured / owned by government.
Context	None.
Evidence of implementation	<p>A policy analysis by Linteiro et al (2020) highlights the easy accessibility of Tanzania's national nutrition policies online that are, enabling public scrutiny.</p> <ul style="list-style-type: none"> Most of the nutrition documents are posted online and easily accessible, such as: <ul style="list-style-type: none"> National Nutrition strategy (2012-2016) is posted online and accessible. Food and Nutrition policy (1972) is also posted online and accessible. Tanzania Food and Nutrition Strategic Plan (2014-201. (2016-2021) are also accessible online. <p>Nutrition policy mapping in Tanzania was conducted in 2012. This mapping event involved various stakeholders (government, civil societies, NGOs).</p> <ul style="list-style-type: none"> The aim was to analyse key policies and legal instruments including institutional arrangements pertinent to policy implementation in addressing the nutrition challenges in Tanzania and to build on the brief policy review provided in the Landscape Analysis.

Notes / Comments	None.
International Benchmarks	<ul style="list-style-type: none"> • AUSTRALIA/NEW ZEALAND: The Freedom of Information Act provides a legally enforceable right of the public to access documents of government departments and most agencies.

Domain 10 - Monitoring and Intelligence

The government's monitoring and intelligence systems (surveillance, evaluation, research and reporting) are comprehensive and regular enough to assess the status of food environments, food safety, population nutrition and diet-related NCDs and their inequalities, and to measure progress on achieving the goals of nutrition and health plans.

Summary of findings

Summary: Several programs exist to improve food security in Tanzania. The main element of food security is mainly on nutrition. Maternal and child nutrition status (undernutrition and over nutrition) as well as breastfeeding and complementary feeding are monitored in Tanzania through national demographic surveillance, such as Tanzania demographic and health surveys that include specific indicators on child health nutrition status. The implementation of various monitoring programs in Tanzania have been funded by the WHO, GOT, United States Agency for International Development (USAID), Global Affairs Canada, Irish Aid, United Nations Children's Fund (UNICEF), and United Nations Population Fund (UNFPA).

Gaps:

- Surveillance and evaluation systems to specifically monitor healthy food environment and diet-related NCDs are not obvious.
- Some crucial National policy documents such as Health Sector Strategic Plan (HSSP V) (2021-2026), the Tanzania Food, Nutrition Strategic Plan (2014-2018), and the Tanzania National Multisectoral Strategic Action Plan (2016-2021) do not include plans for monitoring of healthy food environment and diet-related NCDs.
- No clear systems implemented by the government for regular monitoring of healthy food environments.
- There is limited monitoring and evaluation of the nutrition status for adults. Most evaluations target children.
- Evidence on the monitoring of obesity in adults and children is limited, especially in rural areas. Most evidence is confined to urban areas.
- No evidence on government system/strategies to monitor health inequalities despite evidence of existing inequalities
- The National Nutrition Strategy does not include a specific emphasis on monitoring child growth and nutrition status in the community settings and at the facility.

Recommendations:

- Programs to implement, improve, monitor and evaluate broader healthy food environment are needed in Tanzania.
- The government needs to put in place the monitoring and evaluation plans to assess the extent of policy implementation on food and nutrition status of all age groups in rural and urban areas since the observed demographic transition on NCDs is affecting people of all age groups in all areas.
- Monitoring indicators on NCDs and health food environment need to integrate the food composition for nutrients of concern (salt, sugar, fat), food promotion to children, nutritional quality of food in schools and other public sector settings and outlets.
- The Health Sector Strategic Plan (HSSP) V (2021-2026) beyond putting and emphasize on reducing inequalities and improved equity, it needs to clearly state on how the health inequities will be monitored and evaluated.

MONITORING 1:	
<p>Monitoring systems, implemented by the government, are in place to regularly monitor food environments (especially for food composition for nutrients of concern, food promotion to children, and nutritional quality of food in schools and other public sector settings), against codes / guidelines / standards / targets and Tanzania.</p>	
Definitions and scope	<ul style="list-style-type: none"> • Includes monitoring systems funded fully or in part by government that are managed by an academic institution or other organisation • Includes regular monitoring and review of the impact of policies implemented by the government on food environments (as relevant to the individual State / Territory, and described in the policy domains above), in particular: <ul style="list-style-type: none"> ○ Monitoring of compliance with voluntary food composition standards related to nutrients of concern in out-of-home meals. ○ Monitoring of compliance with food labelling regulations. ○ Monitoring of unhealthy food promoted to children via broadcast and non-broadcast media and in children's settings. ○ Monitoring of compliance with food provision policies in schools, early childhood services and public sector settings.
Context	None.
Evidence of implementation	<ul style="list-style-type: none"> • There are no clear systems implemented by the government for regular monitoring of food environments • The Tanzania Food Composition Tables provide a national comprehensive food database with values for energy and nutrients (e.g. Total fat, saturated Fat, Sodium, cholesterol, sugary etc.) that a food item contains. Sugar is included in the miscellaneous group of food that includes Candy chocolate e.t.c. In total they include 17 food groups. Last updated in 2009. <p>Reference: Lukmanji Z, Hertzmark E, Mlingi N, Assey V, Ndossi G, Fawzi W, <i>Tanzania food composition Tables</i>. MUHAS- TFNC, HSPH, Dar es Salaam Tanzania-2008.</p> <p>Tanzania Food and Nutrition Security Analysis System Framework (MUCHALI) 2020</p> <p>Highlights:</p> <ul style="list-style-type: none"> • This is a strategic framework for guiding the implementation of harmonized livelihood- based food and nutritional security information analysis using various analytical and communication tools including intergraded food security phase classification (IPC). • The primary goal and purpose of this system is to conduct integrated analysis and reporting on the situation of food and nutrition security; and provide strategic recommendation on the intervention for decision makers and stakeholders at all levels.
Comments/notes	<ul style="list-style-type: none"> • There is regular monitoring of food security situation in the country - United Republic of Tanzania Food Resilience Strategy 2019–2022: aims at enhancing the resilience of agriculture-based livelihoods and local food systems, thus improving food security and nutrition.

<p>International Benchmarks</p>	<p>MANY COUNTRIES: Many countries do have food composition databases available. For example, the New Zealand Institute for Plant & Food Research Limited and the Ministry of Health jointly own the New Zealand Food Composition Database (NZFCD), which is a comprehensive collection of nutrient data in New Zealand containing nutrient information on more than 2600 foods.</p> <p>NEW ZEALAND: A national School and Early Childhood Education (ECE) Services Food and Nutrition Environment Survey was organised in all Schools and ECES across New Zealand in 2007 and 2009 by the Ministry of Health to measure the food environments in schools and ECEs in New Zealand.</p> <p>UK: in October 2005, the School Food Trust ('the Trust'; now called the Children's Food Trust) was established to provide independent support and advice to schools, caterers, manufacturers and others on improving the standard of school meals. They perform annual surveys, including the latest information on how many children are having school meals in England, how much they cost and how they are provided.</p>
<p>MONITORING 2:</p> <p>There is regular monitoring of adult and childhood nutrition status and population intakes against specified intake targets or recommended daily intake levels.</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Includes monitoring of adult and child intake in line with X Countries Food Guide and dietary recommendations. • Includes monitoring of adult and child intake of nutrients of concern and noncore/discretionary foods including sugar-sweetened beverages (even if there are no clear intake targets for all of these). • 'Regular' is considered to be every five years or more frequently.
<p>Context</p>	<p>No relevant information</p>
<p>Evidence of implementation</p>	<p>Highlights:</p> <ul style="list-style-type: none"> • The Tanzania Demographic and Health Survey is conducted regularly and contains indicators to monitor maternal and child nutrition status (undernutrition and over nutrition) as well as breastfeeding and complementary feeding. The household survey is conducted every five years and collects information on general household food purchase and food consumption. There is not specific focus on the nutrients of concern or comparison against any set recommendations. • Tanzania National Nutrition Survey is done after every four years with the aim of assessing the nutrition status of children between 0 to 59 months, and women of a reproductive age 15 to 49 years old.
<p>Notes / Comments</p>	<p>Institutional Analysis of Nutrition in Tanzania which indicated that actors in nutrition nationally and locally need to focus on prevention of malnutrition by protecting, promoting and sustaining improved nutrition in children under two years of age.</p>

	<p>Highlights:</p> <ul style="list-style-type: none"> In 2012, Tanzania conducted an assessment for scaling up nutrition. This was a landscape analysis conducted that used participatory approach to identify gaps, constraints and opportunities for scaling up nutrition interventions. It facilitated an analysis of existing capacities and resources available in Tanzania that related to nutrition.
International Benchmarks	<p>US: The National Health and Nutrition Examination Survey (NHANES) is a program of studies designed to assess the health and nutritional status of adults and children in the United States. The survey is unique in that it combines interviews and physical examinations (100). The NHANES program began in the early 1960s and has been conducted as a series of surveys focusing on different population groups or health topics. In 1999, the survey became a continuous program that has a changing focus on a variety of health and nutrition measurements to meet emerging needs. The survey examines a nationally representative sample of about 5,000 persons each year. These persons are located in counties across the country, 15 of which are visited each year.</p>
MONITORING 3:	
There is regular monitoring of adult and childhood overweight and obesity prevalence using anthropometric measurements.	
Definitions and scope	<ul style="list-style-type: none"> Anthropometric measurements include height, weight and waist circumference. 'Regular' is considered to be every five years or more frequently.
Context	None.
Evidence of implementation	<p>Tanzania Demographic and Health Surveys (TDHS)</p> <p>Highlights:</p> <ul style="list-style-type: none"> The Tanzania Bureau of Statistics using the TDHS, in collaboration with the Ministry of Health and development partners, conducts periodic monitoring of overweight and obesity in children and women of reproductive age is done in four- year intervals by, . The last survey was conducted in 2018. The survey involves measuring nutrition status for younger children, which includes weight and height. <p>STEPS surveys in Tanzania</p> <ul style="list-style-type: none"> The survey provides updated NCDs status and risk behaviour in the country. The data are collected in three steps, key among which is assessing the prevalence of obesity in the population. "Step Two involved physical measurements, which are undertaken to determine proportion of overweight and/or obese respondents and raised blood pressure. The physical measurements taken include blood pressure, height, and weight and waist circumference".
Notes and comments	None
International Benchmarks	<ul style="list-style-type: none"> UK: England's National Child Measurement Program was established in 2006 and aims to measure all children in England in the first (4-5 years) and last years (10-11 years) of primary school. In 2011-2012, 565,662 children at reception and 491,118 children 10-11 years were measured.

MONITORING 4:	
There is regular monitoring of the prevalence of NCD metabolic risk factors and occurrence rates (e.g., prevalence, incidence, mortality) for the main diet-related NCDs.	
Definitions and scope	<ul style="list-style-type: none"> Diet-related NCD risk factors and NCDs include, amongst others, hypertension, hypercholesterolemia, Type 2 Diabetes, cardiovascular disease (including ischaemic heart disease, cerebrovascular disease and other diseases of the vessels), diet-related cancers. Disease and other diseases of the vessels), diet-related cancers. May be collected through a variety of mechanisms such as population surveys or a notifiable diseases surveillance system.
Context	None
Evidence of implementation	STEPS surveys in Tanzania Highlights: STEPS is a national wide survey carried out to collect local up-to-date evidence on the prevalence of selected NCDs such as hypertension, diabetes, obesity and related behavioural and risk factors: <ul style="list-style-type: none"> The STEPS survey is conducted to monitor the NCD epidemiology, for health promotion and advocating for resources and planning targeted NCD interventions. The survey is a product of the collective initiatives taken by the Ministry of Health and Social Welfare, the National Institute for Medical Research (NIMR) and the World Health Organisation.
Notes and comments	None.
International Benchmarks	<ul style="list-style-type: none"> OECD COUNTRIES: Most OECD countries have regular and robust prevalence, incidence and mortality data for the main diet-related NCDs and NCD risk factors.
MONITORING 5:	
There is sufficient evaluation programs and policies which are regularly evaluated to assess their effectiveness and contributions to achieving the goals of the nutrition and health plans.	
Definitions and scope	<ul style="list-style-type: none"> Includes any policies, guidelines, frameworks or tools that are used to determine the depth and type (method and reporting) of evaluation required. Includes a comprehensive evaluation framework and plan that aligns with the key preventive health or nutrition implementation plan. The definition of a major programs and policies is to be defined by the relevant government department. Evaluation should be in addition to routine monitoring of progress against a project plan or program logic.
Context	None.
Evidence of implementation	The annual Joint Multi-Sectoral Nutrition Review (JMNR) (2014) Highlights: <ul style="list-style-type: none"> The review convened a wide range of partners from ministries, agencies, development partners, the private sector and research institutions, alongside members of parliament, district and regional nutrition officers and civil society representatives. The multiple day-long reviews examined

	<p>the cross-sectoral implementation of the National Multisector Nutrition Action Plan, by using the latest data, to facilitate capacity building and learning across subnational and national administrations.</p> <ul style="list-style-type: none"> • Tanzania is now undertaking nationally representative nutrition surveys every 4-5 years and integrating data collection across health, agriculture and other sectors by gradually harmonising ministries' Management Information Systems (MIS). • The development of a National Nutrition Scorecard has been rolled out in all districts across the country. The scorecard offers a web-based tool providing quarterly snapshots of each district's performance in delivering nutrition interventions and targets specified in the National Multisectoral Nutrition Action Plan to support vertical accountability.
Notes / Comments	None.
International Benchmarks	<ul style="list-style-type: none"> • US: The National Institutes for Health (NIH) provide funding for rapid assessments of natural experiments. The funding establishes an accelerated review/award process to support time-sensitive research to evaluate a new policy or program expected to influence obesity related behaviours (e.g., dietary intake, physical activity, or sedentary behaviour) and/or weight outcomes in an effort to prevent or reduce obesity.
MONITORING 6:	
Progress towards reducing health inequalities or health impacts in vulnerable populations and social and economic determinants of health are regularly monitored.	
Definitions and scope	<ul style="list-style-type: none"> • Monitoring of overweight and obesity and main diet-related NCDs includes stratification or analysis of population groups where there are the greatest health inequalities including Indigenous peoples and socio-economic strata. • Includes reporting against targets or key performance indicators related to health inequalities.
Context	<p>In 2017 a workshop on Building capacity for reducing health inequalities: The Regional GER & SD Workshop kicks off was conducted in Tanzania. The WHO coordinated the meeting. https://www.afro.who.int/news/building-capacity-reducing-health-inequalities-regional-ger-sd-workshop-kicks-tanzania.</p> <p>A workshop was conducted in Tanzania bringing together various stakeholders from six countries including Ghana, Liberia, Malawi, Nigeria, Swaziland, and Tanzania. They were drawn from WHO Headquarters, Regional and Country Offices; Ministries of Health and Ministries of Gender. During this workshop, participants discussed how to reduce health inequalities, the concept of social-determinants of health, human rights and gender.</p>
Evidence of implementation	No evidence of government system/strategies to monitor health inequalities despite evidence of existing inequalities. However, the Health Sector Strategic Plan V (2021-2026) include target for addressing health inequalities in the country, but it is not clearly stated on how the health inequities will be monitored and evaluated
Comments/notes	There are some initiatives to address health inequalities in Tanzania but there is no clear evidence that shows a comprehensive evaluation of the extent to which health inequalities has been addressed in the general population.

	<p>Mtenga, S., Masanja, I.M. & Mamdani, M. Strengthening national capacities for researching on Social Determinants of Health (SDH) towards informing and addressing health inequities in Tanzania. <i>Int J Equity Health</i> 15, 23 (2016). https://doi.org/10.1186/s12939-016-0308-x</p> <p>Munga, M.A., Mæstad, O. Measuring inequalities in the distribution of health workers: the case of Tanzania. <i>Hum Resour Health</i> 7, 4 (2009). https://doi.org/10.1186/1478-4491-7-4</p>
International Benchmarks	NEW ZEALAND: All annual Ministry of Health Surveys report estimates by subpopulations in particular by ethnicity (including Maori and Pacific peoples), by age, by gender, and by New Zealand area deprivation.
MONITORING 7:	
Country level indicators for breastfeeding & complementary feeding are regularly monitored including desired average rate and country level baselines.	
Definitions and scope	<ul style="list-style-type: none"> Monitoring of complementary and breastfeeding includes stratification or analysis of specific BF and CF indicators at national level, and stratified by other characteristics such as region, gender, social economic status etc., to inform policy, programming and intervention. Includes reporting against targets or key performance indicators related to breastfeeding and complementary feeding.
Context	None.
Evidence of implementation	<p>Tanzania National Nutrition Surveys, 2014 and 2018</p> <p>Highlights:</p> <ul style="list-style-type: none"> The breastfeeding and complementary feeding indicators are set in the Infant and Young Child Feeding guideline and monitored through National nutritional surveys done after every four years. <p>Tanzania Demographic and Health Surveys</p> <p>Highlights:</p> <ul style="list-style-type: none"> The surveys are conducted periodically in which there is monitoring of nutrition indicators including breastfeeding and complementary feeding nutrition. The Tanzania Bureau of Statistics in collaboration with the Ministry of Health and development partners conducts the survey in five-year intervals.
Notes / Comments	None.
International Benchmarks	None.

MONITORING 8:	
Growth monitoring programs (GMP) have been developed and include measurement and regular monitoring of both childhood overweight/obesity and undernutrition.	
Definitions and scope	<ul style="list-style-type: none"> • Growth monitoring refers to the process of tracking child growth by regularly measuring and comparing the child growth parameters to growth standards e.g., the WHO growth reference standards. • Growth measurements include anthropometric measurements such height, weight etc. • Indicators of child nutrition, growth and development including stunting, wasting, overweight/ obesity, developmental milestones. • 'Regular' is considered to be every five years or more frequently.
Context	None.
Evidence of implementation	<p>Ministry of Health Community Development, Gender, Elderly and Children. Integrated Management of Acute Malnutrition. National Guidelines. 2018</p> <p>Highlights:</p> <ul style="list-style-type: none"> • Community based nutrition interventions in Tanzania include routine vitamin A supplementation, health education and growth monitoring. These are provided through Reproductive and Child Health (RCH) clinics, outreach services and community- based programs such as Child Survival Protection and Development (CSPD) and community IMCI. The focus of such interventions is largely on the identification and prevention of malnutrition. • Research, monitoring and evaluation have been highlighted in the National Nutrition Strategy (2012-2016). Research, monitoring and evaluation are considered as essential for evidence-based decision making and enhancing public accountability. <p>Ministry of Health and Social Welfare. National Nutrition Strategy July 2011/12 – June 2015/16</p> <p>Highlights:</p> <p>There are mechanisms to monitor growth of children under-five such as monthly clinic visits of for weighing, dispensation of Vitamin A supplements and deworming. The evaluation of these programs is done during the National Nutritional Survey, which is carried out every four years. One of its objectives is to estimate the prevalence of chronic malnutrition, acute malnutrition and underweight (global, moderate and severe) among children aged 0-59 months.</p>
Comments/notes	<ul style="list-style-type: none"> • Lack of national guidelines and strategy for the management of children with moderate acute malnutrition limits the ability to address childhood obesity • The focus of such interventions is largely on the identification and prevention of undernutrition. However, their linkages with health facilities in managing children with obesity and undernutrition are still weak.

MONITORING 9:	
Food safety indicators such as microbial safety, mycotoxins such as aflatoxins levels and chemical components such as preservatives, additives, pesticides and hormone levels in food are regularly monitored at national level.	
Definitions and scope	<ul style="list-style-type: none"> • Monitoring involves continuous and vigilant public health assessment and review of the level of contaminants including microbial contaminants, chemical and biological contaminants of public health concern, to confirm effective risk management and safety. • Food safety indicators represent concentration levels of the microbial, physical, chemical contaminants of public health concern that do not represent a significant risk to health over a lifetime of consumption. • Includes water quality regulations and standards. • Public places include communities, schools, health care facilities, workplaces, markets etc. • 'Regular' is considered to be every five years or more frequently.
Context	None.
Evidence of implementation	<p>The country assessed Aflatoxin's situation with support from PACA in 2013. This assessment aimed to supplement the findings of the 2012 Tanzania Country Assessment for Aflatoxins and to develop a National Aflatoxin Mitigation Strategy and Investment Program for incorporation in the Tanzania Agricultural Investment Plan.</p> <p>There is no evidence that the National Aflatoxin Mitigation Strategy and Investment Program for incorporation in the Tanzania Agricultural Investment Plan.</p> <p>Tanzania is currently implementing the Project titled "Tanzania Initiative for Preventing Aflatoxin Contamination – TANPAC" which cost US\$ 35.32 million.</p>
Notes/ Comments	None.

Domain 11 - Funding and Resources

Sufficient funding is invested in 'Population Nutrition Promotion' (estimated from the investments in population promotion of healthy eating and healthy food environments for the prevention of obesity and diet-related NCDs, excluding all one-on-one promotion (primary-care, antenatal services, maternal and child nursing services etc.), food safety, micronutrient deficiencies (e.g. folate fortification and undernutrition) to create healthy food environments, improved population nutrition, reductions in obesity, diet-related NCDs and their related inequalities.

Summary of findings

Summary: The NCD strategic plan in Tanzania has a specific budget to support implementation of milestones stipulated. The national and district council levels ensure that nutrition interventions are enshrined in a district's planned budgets.

Gaps:

- Although there is a specific budget in the Tanzanian NCD strategic plan to support the NCD milestones, and there are budgets to support nutrition plans, there is no evidence indicating the government endorsement of funds to support healthy food environment in Tanzania.
- Most funds for nutrition seem to come from donors. Limited evidence exists to show Government support of nutritional and healthy food programs.
- A 2013 Public Expenditure Review (PER) on nutrition also highlighted several challenges in nutrition resource allocation.

Recommendations:

Allocation of specific funds by the government to support promotion of healthy food, food environment and nutritional plans are strongly needed in Tanzania for sustainable policy actions and plans on healthy foods.

FUNDING 1:

Funding for the promotion of healthy eating and healthy food environments, as a proportion of total health spending and/or in relation to the diet-related NCD burden is sufficient to reduce obesity and diet-related NCDs.

Definitions and scope

- 'Population nutrition' includes promotion of healthy eating, and policies and programs that support healthy food environments for the prevention of obesity and diet-related NCDs.
- The definition excludes all one-on-one and group-based promotion (primary care, antenatal services, maternal and child nursing services etc.), food safety, micronutrient deficiencies (e.g., folic acid fortification) and undernutrition.
- Includes estimates for the budget allocated to the unit within the Department of Health that has primary responsibility for population nutrition.
- The workforce comprises anyone whose primary role relates to population nutrition. They may be employed full time, part time or casually by the Department of Health or contracted by the Department of Health to perform a population nutrition-related role (including consultants or funding of a position in another government or nongovernment agency).

	<p>The number of full-time equivalent persons in the workforce will be reported in 'FUND 4.'</p> <ul style="list-style-type: none"> Excludes budget items related to physical activity promotion.
Context	None.
Evidence of implementation	<p>Towards Eliminating Malnutrition in Tanzania: Nutrition Vision 2025 (technical working paper (2014))</p> <ul style="list-style-type: none"> A national budget for nutrition was introduced in the financial year 2012/13. A budget code was established at both national and district council levels, accompanied by support to councils to ensure nutrition interventions were enshrined in planned budgets. Financial allocations for nutrition per district/municipal council increased from TZS58 million in 2011/12 to TZS217million in 2014/15. The government increased nutrition allocation fund per child from TZS 500 in 2016/2017 to TZS 1000 in 2017/2018 (GOT-2017). <p>Tanzania Strategic and Action plan for NCDs (2016 -2020)</p> <ul style="list-style-type: none"> There is a specific budget to ensure implementation of milestones indicated in the NCD strategic plan for prevention of NCDs in Tanzania including promotion of healthy diet.
Comments/notes	<p>Although there is a specific budget in the Tanzanian NCD strategic plan to support health diet but there is no evidence indicating government endorsement of funds to support healthy food environment and NR-NCDs in Tanzania. A 2013 Public Expenditure Review (PER) on nutrition also highlighted several challenges in nutrition resource allocation.</p>
International Benchmarks	<p>NEW ZEALAND: The total funding for population nutrition was estimated at about \$67 million or 0.6% of the health budget during 2008/09 Healthy Eating Healthy Action period. Dietary risk factors account for 11.4% of health loss in New Zealand.</p> <p>THAILAND: According to the 2012 report on the government's health expenditure, the budgetary allocations on policies and actions related to nutrition (excluding food, hygiene and drinking water control). Total expenditure on health related to nutrition specifically from local governments was 29,434.5 million Baht (about US\$840 million) (7.57% of total health expenditure from public funding agencies), which was ten times over the budget spending on nutrition in 2011. Dietary risk factors account for about 10% of morbidity in Thailand.</p>
FUNDING 2:	
Government funded research is targeted for improving food environments, reducing obesity, NCDs and their related inequalities.	
Definitions and scope	<ul style="list-style-type: none"> Includes the clear identification of research priorities related to improving food environments, reducing obesity, NCDs and their related inequalities in health or medical research strategies or frameworks. Includes identifying research projects conducted or commissioned by the government specifically targeting food environments, prevention of obesity or NCDs (excluding secondary or tertiary prevention).

	<ul style="list-style-type: none"> It is limited to research projects committed to or conducted within the last 12 months. Excludes research grants administered by the government (including statutory agencies) to a research group where the allocation of a pool of funding was determined by an independent review panel. Excludes evaluation of interventions (this is explored in 'MONIT 5' and should be part of an overall program budget).
Context	None.
Evidence of implementation	<ul style="list-style-type: none"> There is no evidence of government funds to support nutrition research in Tanzania; most funds come from donors not the government. No evidence of government funds to improve food environments, reducing obesity, NCDs and their related inequalities.
Notes / Comments	None.
International Benchmarks	<p>AUSTRALIA: The National Health and Medical Research Council (NHMRC) Act requires the CEO to identify major national health issues likely to arise. The National Health Priority Areas (NHPAs) articulate priorities for research and investment and have been designated by Australian governments as key targets because of their contribution to the burden of disease in Australia. For the 2015-16 Corporate Plan, obesity, diabetes and cardiovascular health are three of these NHPAs.</p> <p>THAILAND: The National Research Council funded more research projects on obesity and diet-related chronic diseases (such as diabetes, cardiovascular diseases and hypertension) in 2014, accountable for almost six times over the research funding in 2013 (from 6,875,028 Baht in 2013 to 37,872,416 baht in 2014).</p>
FUNDING 3:	
There is a statutory health promotion agency in place that includes an objective to improve population nutrition with a secure funding stream.	
Definitions and scope	<ul style="list-style-type: none"> Agency was established through legislation. Includes objective to improve population nutrition in relevant legislation, strategic plans or on agency website. Secure funding stream involves the use of a hypothecated tax or other secure source.
Comments	None.
Evidence of implementation	Tanzania Food and Nutrition Center (TFNC) is funded by the government and is the main agency that s nutrition in Tanzania.
Notes/ comments	None.
International Benchmarks	<ul style="list-style-type: none"> AUSTRALIA: The Victorian Health Promotion Foundation (VicHealth) was the world's first health promotion foundation, established by the Victorian Parliament as part of the Tobacco Act of 1987 (for the first 10 years through a hypothecated tobacco tax) through which the objectives of VicHealth are stipulated. VicHealth continues to maintain bipartisan support.

Domain 12 - Platforms and Interaction

There are coordination platforms and opportunities for synergies across government departments, levels of government, and other sectors (NGOs, private sector, and academia) such that policies and actions in food and nutrition are coherent, efficient and effective in improving food environments, population nutrition, diet-related NCDs and their related inequalities.

Summary of findings

Summary: There are important platforms that promote partnership between civil societies, government, private sector and Academia in developing plans, and actions for addressing nutrition exist in Tanzania since 2011. These include the Partnership for Nutrition in Tanzania (PANITA) and Tanzania’s Parliamentary Group on Nutrition Food Security and Children’s Rights (PG-NFSCR). As a result, some commitments have been made, such as the “Nutrition becoming permanent agenda at all statutory and non-statutory meetings such as Regional Consultative Councils, District Consultative Council, Ward level and Village and also that nutrition to be included in the plans and budget for every council

Health for all policies also exist in Tanzania, which are guided by the social-determinants of health and health equity.

Gaps:

- Long-term plans are not in existence that would support the Nutritional initiatives. Most of the nutritional initiatives are donor funded.
- A multisectoral nutritional policy is yet to be mainstreamed in other ministries. For example, the ministry of energy and mineral has an outdated policy (2012-2015/16) with no inclusion of nutrition policy.
- The operationalization of health in all policies is yet to be vivid in the country.

Recommendations

- The government should set aside funds to support Nutritional initiatives in a long-term. For example, LISHE (Nutrition) News Paper (Issue No. 001 - June 2016) (https://www.panita.or.tz/images/panita/events/docs/PANITA%20_Newsletter1.pdf) was mainly shared by PANITA in 2016 with support from Irish Aid Tanzania, UNICEF, Save the Children. This brief has not been shared in the subsequent years.

PLATROM 1:

There are robust coordination mechanisms across departments and levels of government (national, state and local) to ensure policy coherence, alignment, and integration of food, obesity and diet-related NCD prevention policies across governments.

Definitions and scope

- Includes cross-government or cross-departmental governance structures, committees or working groups (at multiple levels of seniority), agreements, memoranda of understanding, etc.
- Includes cross-government or cross-departmental shared priorities, targets or objectives.
- Includes strategic plans or frameworks that map the integration and alignment of multiple policies or programs across governments and across departments.

	<ul style="list-style-type: none"> Includes cross-government or cross-departmental collaborative planning, implementation or reporting processes, consultation processes for the development of new policy or review of existing policy.
Context	None.
Evidence of implementation	<ul style="list-style-type: none"> Multisectoral High-Level Steering Committee on Nutrition (HLSCN) has been established to ensure participation of key nutrition stakeholders, under the chair of the Permanent Secretary in the Prime Minister's Office (PMO) with Tanzania Food and Nutrition Committee as Secretariat. <p>According to its Terms of Reference, the HLSCN is composed of the Prime Minister's Office-PORALG; Health and Social Welfare; Agriculture Food Security and Cooperatives; Livestock and Fisheries; Water; Education and Vocational Training; Community Development, Gender and Children; Industry and Trade, Natural Resources and Tourism; East Africa Community; and the Executive Secretary of the Planning Commission. Other members include the Development Partners (UNICEF, USAID and Irish Aid), Private Sector, Sokoine University of Agriculture, and Faith-based Organizations.</p> <ul style="list-style-type: none"> The annual Joint Multi-Sectoral Nutrition Review (JMNR) was established in 2014. It convenes a wide range of partners from ministries, agencies, development partners, the private sector and research institutions, alongside members of parliament, district and regional nutrition officers and civil society representatives. The multiple day-long reviews examine the cross-sectoral implementation of the National Multisector Nutrition Action Plan, by using the latest data, to facilitate capacity building and learning across subnational and national administrations. Multiple stakeholders are currently involved in the implementation of nutrition activities in the country, including the public sector, private sector, civil society organizations (CSOs) and development partners. The public sector includes all government sectoral ministries and related institutions from the central ministries, regional government and local government authorities. CSOs include national and international non-government organizations (NGOs), faith-based organizations (FBOs), community-based organizations (CBOs), higher learning institutions, and political parties; the development partners include the UN agencies, and multi-lateral and bilateral organizations. National Nutrition Strategy JULY 2011/12 – JUNE 2015/16 The Tanzania National Multisectoral Nutrition Action Plan (NMNAP): July 2016 - June 2021, is evidence of the government's attempt to collaborate with other sectors on Food and nutrition. Nutrition has been included in TAFSIP and the Agriculture Sector Development Program (ASDPII) being implemented and coordinated under the Prime Minister's office. TAFSIP is an initiative that brings all stakeholders in the agricultural sector both in the mainland and in Zanzibar to a common agenda of transforming the sector to achieve food and nutrition security, create wealth, and poverty reduction. However, there is no evidence that

	<p>these committees have a specific focus on healthy food environment or NR-NCDs.</p> <ul style="list-style-type: none"> The Parliamentary Group on Child Rights, Food Security and Nutrition (PG), an informal cross-party caucus of about 40 MPs, have championed nutrition since 2012 with support from the civil society organisation Partnership for Nutrition in Tanzania (PANITA).
<p>Comments/notes</p>	<p>Various local and regional actors are working together to ensure a smooth implementation of nutritional healthy food in Tanzania:</p> <ul style="list-style-type: none"> Regional Administrative Secretaries as well as regional health and agriculture focal officers, who are in charge of supervising implementation at district level. District management and sectoral officers are in charge of planning and budgeting, supervising and coordinating actual implementation in their respective areas. Ward and village level task force.
<p>International Benchmarks</p>	<p>FINLAND: The Finnish National Nutrition Council is an inter-governmental expert body under the Ministry of Agriculture and Forestry with advisory, coordinating and monitoring functions. It is composed of representatives elected for three-year terms from government authorities dealing with nutrition, food safety, health promotion, catering, food industry, trade and agriculture.</p> <p>MALTA: Based on the Healthy Lifestyle Promotion and Care of NCDs Act (2016), Malta established an inter-ministerial Advisory Council on Healthy Lifestyles in August 2016 to advise the Minister of Health on any matter related to healthy lifestyles. In particular, the Advisory Council advises on a life course approach to physical activity and nutrition, and on policies, action plans and regulations intended to reduce the occurrence of NCDs. The prime minister appoints the chair and the secretary of the Advisory Council, while the ministers of education, health, finance, social policy, sports, local government, and home affairs appoint one member each.</p> <p>AUSTRALIA: There are several forums and committees for the purpose of strengthening food regulation with representation from New Zealand and Health Ministers from Australian States and Territories, the Australian Government, as well as other Ministers from related portfolios (e.g. Primary Industries). Where relevant, there is also representation from the Australian Local Government Association.</p> <p>PACIFIC COUNTRIES: In 2014, the Pacific Non-Communicable Disease Partnership was established to encourage a multi-sector approach to prevent and control non-communicable diseases. The partnership includes Pacific Island Forum Leaders, Pacific Ministers of Health, Pacific Islands Permanent Missions at the United Nations, Pacific Island Countries and Territories, Secretariat of the Pacific Community, World Health Organization, United Nations Development Program, World Bank, Australia Department of Foreign Affairs and Trade, New Zealand Aid Program, US Department of State, Pacific Island Health Officers' Association and the NCD Alliance.</p>

	The partnership aims to strengthen and coordinate capacity and expertise to support Pacific Island countries achieve globally agreed NCD targets and implement the Pacific Islands NCD Roadmap.
PLATFORM 2:	
There are formal platforms (with clearly defined mandates, roles and structures) for regular interactions between government and the commercial food sector on the implementation of healthy food policies and other related strategies.	
Definitions and scope	<ul style="list-style-type: none"> • The commercial food sector includes food production, food technology, manufacturing and processing, marketing, distribution, retail and food service, etc. For the purpose of this indicator, this extends to commercial non-food sectors (e.g., advertising and media, sports organisations, land/housing developers, private childcare, education and training institutes) that are indirectly related to food • Includes established groups, forums or committees active within the last 12 months for the purpose of information sharing, collaboration, seeking advice on healthy food policies • Includes platforms to support, manage or monitor private sector pledges, commitment or agreements • Includes platforms for open consultation • Includes platforms for the government to provide resources or expert support to the commercial food sector to implement policy • Excludes joint partnerships on projects or co-funding schemes • Excludes platforms to engage with industry in relation to development of policies. • Excludes initiatives covered by 'RETAIL 3' and 'RETAIL 4'
Context	None.
Evidence of implementation	No evidence was found in formal platforms (with clearly defined mandates, roles and structures) for regular interactions between government and the commercial food sector on the implementation of healthy food policies and other related strategies.
Notes / Comments	None.
International Benchmarks	UK: The UK 'Responsibility Deal' was a UK government initiative to bring together food companies and non-government organisations to take steps (through voluntary pledges) to address NCDs during 2010-2015. It was chaired by the Secretary of State for Health and included senior representatives from the business community as well as NGOs, public health organisations and local government. A number of other subgroups were responsible for driving specific programs relevant to the commercial food sector.
PLATFORM 3:	
There are formal platforms (with clearly defined mandates, roles and structures) for regular interactions between government and civil society on the development, implementation and evaluation of healthy food policies and other related strategies.	
Definitions and scope	<ul style="list-style-type: none"> • Civil society includes community groups and consumer representatives, NGOs, academia, professional associations, etc. • Includes established groups, forums or committees active within the last 12 months for the purpose of information sharing, collaboration, seeking advice.

	<ul style="list-style-type: none"> • Includes platforms for consultation on proposed plans, policy or public inquiries. • Excludes policies or procedures that guide consultation in the development of food policy (see 'GOVER 3').
Context	None.
Evidence of implementation	<ul style="list-style-type: none"> • Parliamentary Group on Child Rights, Food Security and Nutrition (PG), was established in 2011. PG-NFSCR, with support from Save the Children International (SCI), SCI and PANITA, engaged a consultant to develop a strategic plan and map out technical areas on which the group should focus. Recommendations detailed the type of actions for nutrition that should be included in all political manifestos. • Partnership for Nutrition in Tanzania (PANITA), was established in 2010, and has a membership of 300 CSOs (local and international) PANITA is a platform for nutritional discussions that is dedicated to building the political and public-will, commitment and support to end malnutrition in Tanzania. Besides, members are engaging both specific and sensitive nutrition interventions at their localities. • The priority areas for PANITA include: <ul style="list-style-type: none"> ○ Advocacy for increased prioritization of nutrition into government plan & budgets. ○ Policy improvement. ○ Building capacity of CSOs. ○ Media and parliamentarian's engagement for improved nutrition. ○ Implementing nutrition projects with members. • In June 2012, Tanzania signalled its commitment to addressing malnutrition by joining the global Scaling Up Nutrition (SUN) Movement and making several important commitments towards improving nutrition. SUN is a multi-stakeholder movement to reduce hunger and under nutrition, with a specific focus on the critical window of opportunity between pregnancy and two years of age. The movement brings organizations together across sectors to support national plans to scale up nutrition by helping to ensure that financial and technical resources are accessible, coordinated, predictable and ready to go to scale. • Joint-assessment template of Nutrition by the multi-stakeholder platform is meant to find ways to scale up nutrition in Tanzania. The assessment involved Civil Society, government, donors and academia. The National Nutritional Strategy (2012-2016) indicate the engagement of multiple stakeholders in the implementation of nutrition activities in the country, including the public sector, private sector, civil society organizations (CSOs) and development partners. The public sector includes all government sectoral ministries and related institutions from the central ministries, regional government and local government authorities. CSOs include national and international non-government organizations (NGOs), faith-based organizations (FBOs), community-based organizations (CBOs), higher learning institutions, and political parties; the development partners include the UN agencies, and multi-lateral and bilateral organizations.
Comments/ notes	<ul style="list-style-type: none"> • Multisectoral High-Level Steering Committee on Nutrition (HLSCN) has been established to ensure participation of key nutrition stakeholders.

	<p>However, there is no evidence that they have a specific focus on healthy food environment.</p> <ul style="list-style-type: none"> • Partnership between the government and non-government organization on nutrition has been highlighted in various documents. However, there is no specific mentioning of how these partners address the issue of healthy food as a broad phenomenon of NCD. • We could not find any information regarding how the non-government collaborators and government operationalize their partnership in addressing the issues of food healthy. • The roles and responsibilities of each actor in the context of multidisciplinary team has not been clearly stipulated. • No evidence of partnership in the development of healthy food/ environment policies.
<p>International Benchmarks</p>	<p>BRAZIL: The National Council of Food and Nutrition Security (CONSEA) is a body made up of civil society and government representatives, which advises the President's office on matters involving food and nutrition security. CONSEA is made up from one-third government and two-thirds non-government executives and workers. It has special powers. It is housed in and reports to the Office of the President of the Republic. It is responsible for formulating and proposing public policies whose purpose is to guarantee the human right to healthy and adequate food. There are also CONSEAs at state and municipal levels that deal with specific issues, also responsible for organising CONSEA conferences at their levels. CONSEAs are charged to represent Brazilian social, regional, racial and cultural diversity at municipal, state or national level. The elected politicians in Brazil's parliament formally have the power to challenge and even overturn proposals made by CONSEA. In practice it is most unlikely that any Brazilian government whether of the left or right would wish to do so, partly because of the constitutional status of the CONSEA system, and also because, being so carefully representative of all sectors and levels of society, it remains strong and popular.</p>
<p>PLATFORM 4: The government work with a system-based approach with (local and national) organisations, partners or groups to improve the healthiness of food environments at a national level.</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Systems-based approaches may include policies within other domains of health. • May include a social-determinants of health approach. • May bring together multiple departments or ministries to approach health. • Includes multiple levels of government. • Aim of a systems-based approach is: <ul style="list-style-type: none"> ○ Resourcing and supporting a dedicated, reflective and skilled workforce at a state and/or local level to engage, activate and influence at multiple levels of the system to combat obesity and chronic disease. ○ Building relationships with prevention partners across the system, and across sectors and industries, to strengthen positive health outcomes on multiple fronts.

	<ul style="list-style-type: none"> ○ Capturing and feeding back knowledge and data on progress, impact and effectiveness and calling for new types of research, policy and practice collaborations. ○ Allocating resources based on best possible investment to effect change and population need, seeding long term change by resourcing local governments to lead action towards public health. ○ Building leadership for sustained prevention across the system to drive effective and long-lasting change.
Context	No information.
International Benchmarks	<p>AUSTRALIA: Healthy together Victoria in Australia aims to improve people’s health where they live, learn, work and play. It focuses on addressing the underlying causes of poor health in children’s settings, workplaces and communities by encouraging healthy eating and physical activity, and reducing smoking and harmful alcohol use. Healthy Together Victoria incorporates policies and strategies to support good health across Victoria, as well as locally led Healthy Together Communities. The initiative was originally jointly funded by the State Government of Victoria and the Australian Government through the National Partnership Agreement on Preventive Health, 105). It is unclear at this stage whether funding for Healthy Together Victoria will continue or not.</p> <p>NEW ZEALAND: Healthy Families NZ is a large-scale initiative that brings community leadership together in a united effort for better health. It aims to improve people’s health where they live, learn, work and play, in order to prevent chronic disease. Led by the Ministry of Health, the initiative will focus on ten locations in New Zealand in the first instance. It has the potential to <u>impact</u> the lives of over a million New Zealanders. The Government has allocated \$40 million over four years to support Healthy Families.</p>
Evidence of implementation	<p>Scaling Up Nutrition Tanzania</p> <p>Highlights:</p> <ul style="list-style-type: none"> • On 5 June 2011, the United Republic of Tanzania joined the SUN Movement with a letter of commitment from the President, H.E Jakaya Mrisho Kikwete. At the time, Tanzania had established the High-Level Steering Committee for Nutrition. It is convened in the Prime Minister’s Office and involves multiple ministries and stakeholders. Tanzania has also established the Parliamentarian Group on Nutrition who had an action plan for advocating for nutrition in their parliamentary activities. Tanzania had also joined the UN REACH Partnership Initiative.
Comments/ notes	<ul style="list-style-type: none"> • The emphasis on healthy food is not vivid in these alliances and partnerships. • Although PANITA aim to end malnutrition in Tanzania through partnership but there is a need to integrate the component of healthy food broadly. • A specific guideline on how partners implement healthy food program is not highlighted broadly.
International Benchmarks	None.

Domain 13 - Health in all Policies

Processes are in place to ensure policy coherence and alignment, and that population health impacts are explicitly considered in the development of government policies.

Summary:

Initiative to establish health in all policies is ongoing in Tanzania. The policy is being constituted under the context of the social-determinants of health and health equity.

Gaps:

- The institutionalization and operationalization of health in all policies is yet to be vivid in the country.

HIAP 1:	
<p>There are processes in place to ensure that development of all government policies on food are sensitive to nutrition, public health, and reducing health inequalities in vulnerable populations.</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Includes policies, procedures, guidelines, tools and other resources that guide the consideration and assessment of nutrition, health outcomes and reducing health inequalities or health impacts in vulnerable populations prior to, during and following implementation of food-related policies. • Includes the establishment of cross-department governance and coordination structures while developing food-related policies.
<p>Context</p>	<p>None.</p>
<p>Evidence of implementation</p>	<p>The United Republic of Tanzania. Health Sector Strategic Plan V: July 2021-June 2026. Leaving no one Behind.</p> <p>Highlights:</p> <ul style="list-style-type: none"> • The strategy emphasizes an inclusion and consideration of every citizen in health services. Health in all policies is yet to be implemented in Tanzania but there are some initial steps to ensure that the policy is established to promoting Health and equity in all sectors. <p>United Republic of Tanzania, National Five-Year Development Plan 2021/22–2025/26</p> <p>The document states that, good nutrition is a key ingredient in the development of a human body, mind and intelligence. The document further encourages the society to scale up the production of food and nutrients to lessen the prevalence of associated health burdens. Key interventions include promoting nutritional programs, including education, lifestyle, healthy eating, food fortification and supplementation and promoting investment in the production and consumption of diversified nutritious foods.</p>

	<p>A journey to address the social-determinants of Health through Healthy in all policies in Tanzania'</p> <p>Highlights:</p> <ul style="list-style-type: none"> • National Multisectoral Nutrition Action Plan and coordination structure also exist in the country. • Planning and Policy Analysts convened in Morogoro region in May 2018 to address the social determinants of health (SDH) through Health in All Policies (HiAP) under the coordination of the Prime Minister's Office in collaboration with the Ministry of Health, most of the sector ministries in Tanzania participated in this meeting.
<p>Comments/notes</p>	<ul style="list-style-type: none"> • Multisectoral nutritional policy is yet to be mainstreamed in other ministries. For example, the ministry of energy and mineral has an outdated policy (2012-2015/16) with no inclusion of nutrition policy. • Review of regulations, standards and guidelines to accommodate National strategies and recommendations on nutrition.
<p>International Benchmarks</p>	<ul style="list-style-type: none"> • SLOVENIA: The country undertook a Health Impact Assessment (HIA) in relation to agricultural policy at the national level. This was the first time that the health effects of an agricultural policy were assessed at the country level. The HIA followed a six-stage process: policy analysis; rapid appraisal workshops with stakeholders from a range of backgrounds; review of research evidence relevant to the agricultural policy; analysis of Slovenian data for key health-related indicators; a report on the findings to a key cross-government group; and evaluation.

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5. Annexes

Annex 1

FIRST SCHEDULE
(Made under section 4)
MINIMUM REQUIREMENT FOR FORTIFIED FOOD

Food vehicle	Nutrient	Fortificant compound	Specifications	
			Minimum	Maximum
Wheat flour	Iron	Sodium iron		
		EDTA	30 mg/kg	50 mg/kg
	Zinc	Zinc oxide	30 mg/kg	50 mg/kg
	Vitamin B12	Vitamin B12	0.0005 mg/kg	0.025 mg/kg
		Folic acid		
Folate		1 mg/kg	5 mg/kg	
Maize flour	Iron	Sodium iron		
		EDTA	5 mg/kg	25 mg/kg
	Zinc	Zinc oxide	20 mg/kg	25 mg/kg
	Vitamin B12	Vitamin B12	0.0002 mg/kg	0.01 mg/kg
Folate	Folic acid	0.5 mg/kg	2.5 mg/kg	
Edible fats and oils	Vitamin A	Retiyl palmitate	6 mg/L	28 mg/L
	Vitamin E	Alpha tocopherol	65 mg/L	190 mg/L

Annex 2:

Food code	Macronutrients	Energy Kcal	Protein g	Animal Protein g	MFP Protein g	FAT g	CHO DF g
A1	Cereals and cereal products						
1	Biscuit	434	9.2	0	0	11.8	71.5
2	Bread roll	274	8.8	0	0	3	51.9
3	Bread, white	274	8.8	0	0	3	51.9
5	Buns	274	8.8	0	0	3	51.9
	Local dishes						
A2	Cereal-based local dishes						
513	Chapati (Dry)	208	5	0	0	4	38
512	Chapati with oil	372.6	5.9	0	0	19.5	50.6
532	Donut – African	359.7	5.2	0	0	15.5	50.6

