

Nutrition Society Congress 2024, 2–5 July 2024

Food environment transformations and policy landscape in Zambia: a qualitative inquiry of the ongoing nutrition transition

P. Yiga¹, P.Y. Tan¹, C. Chomba², A. Menefe³, C. Shannon³, P. Kalenga³ and Y.Y. Gong¹

School of Food Science and Nutrition, Faculty of Environment, University of Leeds, UK

²Agricultural Consultative Forum, Lusaka, Zambia

³Care International Zambia and USA

Zambia is experiencing a nutrition transition, owing to fast changing food environment⁽¹⁾. Some of the policy strategies in Zambia are perceived by stakeholders as not feasible, or effective due to gaps in contextualization⁽²⁾. The study aimed to explore the policy makers' perception of the food environment and map the current and potential policy strategies to address the transformations.

18 key informant interviews (KII) were conducted with policy makers in Zambia during February and March 2024. Interview guide was constructed based on a food environment framework comprising four dimensions including availability, accessibility, marketing, and desirability⁽³⁾. For each dimension, questions were asked on 1) perception of the food environment transformations, 2) existing policy strategies, and 3) potential policy strategies⁽⁴⁾. Ethical approval was granted by Universities of Leeds and Zambia.

Preliminary findings (from 5/18 KII), summarised according to the themes of food environment framework.

Availability: dietary shift towards consumption of unhealthy foods due to; 1) decreasing diversity of indigenous foods coupled with increasing cheap energy dense low nutrient foods, 2) mushrooming fast food chains including in school neighbourhoods, and 3) certain policy strategies (Vit A sugar fortification). Existing policy strategies: nutrition education based on food based dietary guidelines, capacity building in the context of obesity prevention and management (courses under development). Apart from sugar sweetened beverages tax, limited strategies targeted at physical food environment. *Potential strategies*: 1) public-private partnerships to agree on improved reformulations and labelling, 2) incentives to industries making reformulations, 3) restriction of unhealthy foods in school environments, and 4) promoting picking-up trend of local restaurants offering indigenous healthier menus.

Accessibility: wet markets still the main source especially for vegetables and fruits. Supermarkets have picked up, but mostly offer unhealthy options, often displayed in prominent locations. Vegetables and fruits offer is small and mainly exotic. Existing strategies: no policy to guide supermarkets operations/marketing strategies. Potential strategies include 1) public-private sector dialogues to come up with guidelines for supermarkets, e.g. on placements – capitalise on experience from breast milk substitutes, alcohol, and tobacco regulations, 2) making wet markets attractive through infrastructure improvements and enforcement of food safety standards.

Marketing; aggressive advertising mostly for unhealthier foods through social media and billboards in prominent locations. Existing *strategies*: no specific regulation. Potential strategies include advocating for regulations prohibiting advertising in key locations like school neighbourhoods.

Desirability: fashionable to eat fast foods especially the youth. Existing strategies: Nutrition education. Potential strategy; utilising multisectoral and stakeholder actors like the church and cultural institutions.

Current policy landscape and perception among policy makers is hinged on bottom-up approaches, that is improved consumer awareness to force the industry into fundamental changes. However, a combination with top-down approaches, e.g. regulatory strategies to unhealthier foods (reformulation and marketing) is key.

Acknowledgments

The authors are grateful to the participants for volunteering to take part in the study, and Horizon Europe and Innovate UK for the funding. We are also grateful to our research assistants, Mr. Milimo Milimo and Mrs Tabita Mfune, and the entire FOSTA-Health project team.

References

- 1. Ministry of Health Zambia, (2017) Non-Communicable Disease Risk Factor Baseline Survey Report.
- 2. Mukanu MM, Mchiza ZJ-R et al. (2023) Health Policy and Planning 38, 926-938.
- 3. Turner C, Aggarwal A, Walls H et al. (2018) Global food security 18, 93-101.
- 4. Béland D & Howlett M (2016). Research and Practice 18(3), 221-227.