

Front-of-pack warning labels for ultra-processed foods in Pakistan: A missed opportunity for NCD prevention

Shaharyar Usman

Dear Editor, Non-communicable diseases (NCDs) account for approximately 70% of all deaths worldwide.¹ In Pakistan, around 58% of all deaths are caused by NCDs.¹ Several factors are attributable to this scenario, such as physical inactivity, tobacco use, and diets high in ultra-processed foods (UPFs).² UPFs are high in sugar, salt, and unhealthy fats and are gradually displacing traditional, nutrient dense diets. Evidence from Global Burden of disease analyses identify suboptimal diet as a leading contributor to cardiometabolic mortality in South Asia, including Pakistan.²

Several factors contribute to the higher consumption of UPFs, particularly among children and adolescents. Firstly, there is a lack of nutrition information on food packaging in Pakistan to guide people regarding healthier choices. Secondly, assertive marketing of UPFs, especially targeting vulnerable populations. Thirdly, packaging claims such as low fat or natural often create misleading impressions. Fourthly, the inability of consumers to interpret the conventional labels is another hindrance. Such factors lead to unhealthy dietary habits and hence an increase in the NCD crisis.³ In Pakistan, widely consumed UPFs include packaged snacks, sugary beverages, instant noodles, and reconstituted meat products, which are increasingly penetrating both urban and rural markets.

Front-of-pack warning labels (FOPWL) are an important strategy endorsed by the World Health Organization as a cost-effective way to improve population diets and prompt industry reformulation.⁴ Such systems are implemented in countries like Chile⁴ and Mexico.⁵ Chile introduced black octagonal warning labels in 2016, leading to widespread product reformulation.⁴ Following implementation, there was a decline in the purchase of high UPF products, with reductions of 37% in sodium, 27% in sugar and 24% in calorie intake among household purchasing packaged foods and beverages.⁴ Similarly, Mexico implemented

FOPWL in 2020, which led to substantial product reformulation, with up to 63.1% reduction in the proportion of products exceeding the sodium threshold, 26.3% for saturated fats, and 29% for non-caloric sweeteners.⁵

Decisive policy action is required for FOPWL to be adopted in Pakistan. A national task force should be created which involving Ministry of National Health services, Pakistan Standards and Quality Control Authority, civil society organizations, representatives from the food industry and academia. This should be assembled to develop context specific nutrient thresholds and label designs. Examples from Chile and Mexico have demonstrated that sustaining industry engagement and phased implementation timelines are key to successful rollout. Potential industry resistance may be addressed through phased implementation, incentives for reformulation, and transparent stakeholder dialogue. Incorporating FOPWL within Pakistan's existing NCD policy frameworks, such as National action plan for NCDs will provide the regulatory foundation necessary for effective enforcement.

Disclaimer: None.

Conflict of interest: None.

Funding sources: None.

DOI: <https://doi.org/10.47391/JPMA.41639>

References

1. Kazmi T, Nagi M, Razzaq S, Hussnain S, Shahid N, Athar U. Burden of noncommunicable diseases in Pakistan. *East Mediterr Health J.* 2022;28:798-804. DOI: 10.26719/emhj.22.083
2. Yakoob MY, Micha R, Khatibzadeh S, Singh GM, Shi P, Ahsan H, et al. Impact of dietary and metabolic risk factors on cardiovascular and diabetes mortality in South Asia: analysis from the 2010 Global Burden of Disease Study. *Am J Public Health.* 2016;106:2113-25. DOI: 10.2105/AJPH.2016.303368
3. Bhagtni D, Adams J, Imamura F, Lahiri A, Pradeepa R, Mahmood S, et al. Quantification of regional variation in ultra-processed food consumption and its sociodemographic correlates across Bangladesh, India, Pakistan, and Sri Lanka: insights from the South Asia Biobank. *Lancet Reg Health Southeast Asia.* 2025;39:100633. DOI: 10.1016/j.lansea.2025.100633

Department of Community Health Sciences, Aga Khan University, Karachi, Pakistan.

Correspondence: Shaharyar Usman. e-mail: shaharyar.usman@aku.edu

ORCID ID: 0009-0000-8247-9091

Submission completed: 15-05-2026 **1st Revision received:** 01-06-2026

Acceptance: 22-07-2026

Last Revision received: 21-07-2026

4. Taillie LS, Bercholz M, Popkin B, Reyes M, Colchero MA, Corvalán C. Changes in food purchases after the Chilean policies on food labelling, marketing, and sales in schools: a before and after study. *Lancet Planet Health*. 2021;5:e526-e33. DOI: 10.1016/S2542-5196(21)00172-8
 5. Salgado JC, Pedraza LS, Contreras-Manzano A, Aburto TC, Tolentino-Mayo L, Barquera S. Product reformulation in non-alcoholic beverages and foods after the implementation of front-of-pack warning labels in Mexico. *PLoS Med*. 2025;22:e1004533. DOI: 10.1371/journal.pmed.1004533
-

Author Contribution:

SU: Concept, design, data acquisition, analysis, interpretation, drafting, revision, final approval and agreement to be accountable for all aspects of the work.