Improving the nation's diet: the impact of ultra-processed food

BMA

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There is a crucial need to improve the UK's food environment. Doctors are extremely concerned with the impact of poor diet on health due to rising levels of obesity and diet related illnesses. UPFs (ultra-processed foods) have gained significant public and political interest due to their associations with poor health outcomes and the high consumption rates within the UK, particularly by children and young people.

Current UK dietary guidelines do not include consideration of levels of processing in food. Instead, UK policies primarily focus on HFSS foods (foods high in saturated fat, salt, and sugars) and nutritional value. While there is a clear association between poor health outcomes and UPF, when policy makers have looked into incorporating levels of processing into regulation, a lack of strong evidence identifying that processing is an independent factor in poor health outcomes over and above the poor nutritional content of food, has prevented their direct inclusion. However, due to a large overlap between HFSS and UPFs, current UK policies capture many of the harmful UPFs and should be pushed forward with.

Nevertheless, discussions and considerations around the inclusion of processing levels in UK regulation must continue. Stronger emerging evidence will help target effective future regulation alongside learning from other countries that have been more proactive in implementing measures on reducing UPF consumption.

Alongside this, it is crucial that action is taken urgently to improve the food environment and address the health impacts of poor diet, including HFSS and UPF which constitute an unhealthy dietary pattern. The BMA is calling for UK Government to:

- **Implement without further delay effective regulation and policies.** The UK has suffered from a succession of voluntary policies alongside delayed and weakened regulation. This needs to change and promising pledges to address obesity made in the recent 10 Year Health Plan for England must be acted on without delay.

- **Increase industry accountability and reduce industry influence.** Remove the focus on individual responsibility and strengthen the regulation of industry to reduce their influence over high consumption of unhealthy food through:
  - limited influence over the delay and prevention of implementing positive food policies;
  - prevention of influencing food policy design;
  - implementing and enforcing mandatory schemes to reduce consumption of unhealthy food, rather than relying on voluntary schemes;
  - restricted advertising and marketing of unhealthy food.

- **Reduce the high levels of UPF consumed by children and young people** through introducing regulation to ensure schools have to offer more whole and minimally processed foods and stricter regulation of commercial baby and toddler food that is ultra-processed and HFSS with mandatory measures for manufacturers.

- **Improve access and affordability of healthy food.** Ensure everyone, including those from lower income groups, has access to healthier, whole and minimally processed foods

- **Invest in stronger research on UPFs to enhance existing policy design.** Research with strong methodologies that can identify the exact causes of poor health outcomes associated with food processing is needed to inform government regulation of UPF.

- **Improve public awareness of what healthy diets look like and what UPFs are particularly unhealthy.** Alongside improved regulation, clear and accessible guidance for the public is needed, in addition to a well-resourced and supported health workforce to meet increased demand for information and treatment.

Doctors are concerned about the impact of diet on health

Doctors are increasingly seeing the impact of unhealthy diets on their patients. The UK population is consuming more than the recommended daily calories, levels of saturated fat, salt and sugars, and is not consuming the recommended amounts of fibre, fruit and vegetables, and oily fish. In the UK, fewer than one in ten 11-18 year-olds are eating their five-a-day and just 4% of adults are meeting the recommended intake of fibre. Unhealthy diets are the primary driver of overweight and obesity.

- In England alone, 64% of adults aged 18 years and over in 2023 were estimated to be overweight or living with obesity, with more men (67%) classified as overweight or obese than women (61%).

- Around one in eight children aged between two and 10 in England were classed as obese in 2022.

- In 2024/25, 10.5% of 4-5 year olds and 22.2% of 10-11 year olds in England were classed as obese.

- Obesity has overtaken tobacco as a risk factor for disability in England, causing major health conditions including cardiovascular disease, cancer, type 2 diabetes, and musculoskeletal issues such as osteoarthritis.

- Those who are living with obesity are also more likely to suffer from poor mental health.

- Obesity costs the NHS in England over £11 billion a year.

The impact of UPF on health is a particular concern

UPFs are a rising concern of doctors due to the association between many of these foods and adverse health outcomes.

UPF refers to the level of processing that ingredients of a food or drink have been through (see figure 1 below). The food industry has developed many techniques over the years that have changed the taste, consumption, and cost of foods compared to minimally processed foods.

Figure 1: Classification of UPFs

UPFs are most commonly classified using the Nova system, which breaks food and drinks into four groups based on the level of processing they have been through before being consumed:

1. Unprocessed or minimally processed foods, such as washed, frozen, chopped, dried or fermented whole foods.

2. Processed culinary ingredients, such as salt, sugar, butter, and cooking oils.

3. Processed foods which combine groups 1 and 2 and apply further processing methods such as baking and smoking.

4. Ultra-processed foods which are those that have gone through several industrial procedures. They contain ingredients that are not used in the home, such as preservatives, emulsifiers, sweeteners and artificial colours and little, if any, whole foods.

Whilst some processing of food can be beneficial to health (e.g., increased safety, fortification), UPFs have been associated with ill-health and obesity. UPFs are often high in saturated fats, sugars, and salt, but low in nutrients, particularly fibre and low in fruit and vegetables.

Research shows that diets high in UPF are associated with poor health outcomes, including poor liver health, depression, cardiovascular diseases, cerebrovascular disease, increased risk of COVID-19 infection, higher risk of dementia, chronic kidney disease, inflammatory bowel disease, type 2 diabetes, colorectal cancer, risk of frailty, and eating disorders.

Although many UPFs are linked to damaging impacts on health, and higher consumption in UPF is likely to reflect a less healthy dietary pattern, it is important to recognise that not all food processing is linked to poor health outcomes. Some foods in the UPF category are associated with health benefits such as wholegrain breakfast cereals and wholemeal bread that often contain high levels of fibre, iron and zinc. In addition, fat spreads made from vegetable oils contain less saturated fats and more

unsaturated fats than minimally processed butter. A 2023 multinational study found also that there was no association between consumption of ultra-processed plant-based alternative foods (such as breads, cereals and plant based alternatives to meat and dairy) and risk of developing cancer or cardiometabolic disease.

These complexities must be considered when addressing the level of UPF consumption by the population.

The consumption of UPFs is high

Currently, the UK is estimated to be the second largest consumer of UPFs by daily energy intake (~56%), after the United States (58%), with Canada (48%) and Australia (42%) also high consumers.

According to the Obesity Health Alliance, current research suggests that high levels of consumption of UPF are likely driven by:

- palatability (through a combination of saturated fat, salt, sugars, and additives such as high-intensity sweeteners, flavourings, colourings and emulsifiers);
- purchasing drivers e.g., long shelf life, time and convenience, perceived low price point, wide availability, appealing packaging, aggressive marketing and promotions;
- softness of the food (i.e. ease of eating quickly before satiety hormones are released); high energy density of UPF (i.e. calories/100g), likely due to its dryness and lack of fibre as a consequence of disrupting the natural food matrix.[1]

There are inequalities in the consumption of UPFs

Whilst there are high levels of overall consumption of UPFs, there are inequalities in this consumption with more vulnerable groups consuming more of these foods:

a) Children and young people

The level of consumption of UPFs by younger people is worryingly high, with an estimated 66% of UK adolescents' daily energy intake coming from UPFs. It has also been estimated that in children as young as 21 months, UPFs accounted for 47% of their calorie intake.

Much of the food provided to children in the UK does not support a healthy balanced diet. For example, studies have found that the proportion of calories eaten for UK school lunches (whether prepared by school or at home) that were ultra-processed was 73% in

1 The "food matrix" refers to how the different components of a food are organised and interact with each other, affecting how our bodies digest and use the nutrients, rather than the individual impact of single ingredients.

primary schools and 78% in secondary schools. Research also revealed that leading baby food brands are commonly selling products labelled as "healthy" to parents, which are ultra-processed, extremely high in sugar and have poor nutritional value. For example, a study of 632 baby and toddler foods found that 41% of main meals had excessive sugar levels, while 21% of fruit products and cereals lacked adequate nutrition. Certain commercial baby food products were found to derive as much as 71% of their calories from sugars and a quarter of the products contained enough sugars to require front of pack warning labels under World Health Organisation standards.

High consumption of poor nutrient, HFSS and highly processed foods can be extremely damaging for children, not only during childhood but throughout adolescence and adulthood. Like adults, UPFs in children have been linked to poor health outcomes, excess weight and obesity in children, but they have also been suggested to undermine the formation of optimal taste development and healthy feeding behaviours and displace the minimally processed and unprocessed foods needed for optimal growth, health and development.

Therefore, it is crucial that a more precautionary approach is taken to protect children from the impact of poor diets. For example, in the first instance, regulation to ensure schools offer minimally processed foods, at affordable prices, should be introduced. In addition, stricter regulation of commercial baby and toddler food should be implemented. Mandatory clear product information is also needed to allow families to make informed choices about the baby food they purchase rather than the voluntary approach that Government is taking.

b) Socio-economic background

Unhealthy foods, including many UPFs, are often much more accessible and affordable than healthier foods. On average, healthier foods are more than twice as expensive per calorie as less healthy foods. Over a third of supermarket promotions on food and non-alcoholic drinks are on unhealthy foods. Unhealthy foods also account for 43% of all price reduction promotions. In addition, fast food outlets are much more prevalent in deprived areas, with England's poorest areas hosting five times more fast-food outlets than the more affluent areas. The Government's recent 10 Year Health Plan for England does go some way in addressing these issues through implementing policies to restrict multi-buy promotions of HFSS products as well recommitting to planning reforms stating that local planning authorities should refuse applications for hot food takeaways and fast-food outlets that are near where children congregate, as set out in the National Planning Framework. However, these reforms only apply to new hot food takeaways and do not address existing ones or other outlets selling unhealthy food.

As a result, there is a clear relationship between socio-economic background and UPF consumption, with higher consumption levels seen in those living in lower socio-economic conditions. This is particularly the case for the younger population. In the UK, while consumption of UPFs is high overall among adolescents, adolescents from higher socio-economic backgrounds consume lower overall levels of UPF (62% of daily energy intake) compared to those from lower socio-economic backgrounds (69% of total energy intake).

In addition to the higher price of healthier food (per calorie), there are added barriers to achieving a healthy diet including time available to purchase, prepare, and cook food and the skills required to do so. With an estimated 13% of households in England in 2023 living in fuel poverty, increasing energy costs can also often remove the option to cook from scratch.

There is massive variation in food poverty across the UK, with many people struggling to feed themselves and their families. The most deprived fifth of the UK population would need to spend 50% of their disposable income on food to meet the cost of the Government recommended healthy diet (compared to just 11% for the least deprived fifth), resulting in increasing reliance on cheap foods with low nutritional values. In 2023, 11% of the UK's population used a food bank, which traditionally hand out higher quantities of processed food due to needs such as longer lasting shelf-lives and ease of preparation.

To address health inequalities, the government must prioritise the protection of people's financial security, public services and the policies that keep us well. Above all, health inequalities will not be sufficiently tackled whilst poverty is still so commonplace in our society. Therefore, food policies must address socio-economic disparities in diet. Action is needed to address the inaccessibility and costliness of healthy food, and the ease of accessibility of unhealthy food.

Diet and food policies must be improved and acted on without delay

Action to improve the food environment must be urgently taken. Unfortunately, successive UK Governments' track record in this area is poor. A lack of commitment and delays in implementing key policies has significantly contributed to increasing levels of obesity and diet related illnesses.

The UK Government's response to the UK House of Lords Food, Diet and Obesity Committee's food and health report Recipe for Health: A Plan to Fix our Broken Food System in January 2025 was a clear example. It did not appear to accept any of the report's recommendations, beyond those already committed to or in progress.

More recently, the Government's 10 Year Health Plan for England has set out some positive plans to help address the obesity epidemic. Although some of these are recommitting to plans that have been delayed or are reiterating plans already promised (e.g., restricting junk food advertising as well as reducing the minimum sugar thresholds and extending the SDIL (Soft Drinks Industry Levy)), new plans have also been set out. This includes a mandatory healthy food standard including mandatory sales reporting by industry, with the aim of greater transparency and consistency of data across companies. Using this reporting, the Government pledges to set new mandatory targets to increase the healthiness of sales – which may be achieved through reformulation, introducing new healthy products or through changes to customer incentive and loyalty schemes. This is welcome as we have consistently seen that voluntary measures do not work.

Figure 2: The 10 Year Health Plan for England – obesity pledges

Reiterated and recommitted pledges:	**New pledges:**
– Restricting junk food advertising to children from January 2026 – Refusing new hot food takeaway outlets near where children congregate – Banning the sale of energy drinks to children – Extending the SDIL to include milk-based drinks and/or review thresholds – Expanding access to free school meals – Reviewing and strengthening the School Food Standards – Implementing restrictions on multi-buy promotions from October 1st 2025	– Introducing Healthy Food Standards (mandatory reporting and mandatory targets) – Increasing the value of Healthy Start vouchers[2] – Updating existing marketing rules using an updated Nutrient Profile Model – Extending the Digital Weight Management Programme to 125,000 more people

However, in order for this plan to be effective it is crucial that the UK Government shows commitment by acting on these pledges without delay. We cannot afford for previous delays and empty promises to be repeated.

2 The Healthy Start scheme provides eligible pregnant women and families with children under four with a pre-loaded card to buy healthy foods milk, and infant formula. Pregnant women and children aged one to four years old will each receive £4.65 per week (up from £4.25). Children under one year old will receive £9.30 every week (up from £8.50)

A focus on UPFs should complement and not delay current nutrition based polices due to significant overlap

Whilst policies such as those mentioned above are based on HFSS foods, there is significant overlap with the foods that are classified as UPF. Action on HFSS food will also reduce harm from UPFs and therefore should not be delayed.

Current government guidelines on what constitutes a healthy diet are based on evidence that excess consumption of calories, saturated fat, salt, and sugar are associated with higher obesity and diet-related disease. UK regulatory and policy frameworks for restricting the availability of unhealthy foods are based around the Government's NPM (Nutrient Profiling Model), which classes foods as either HFSS or non-HFSS, based on the level of nutrients the product contains. Its evidence-based design has been tested and upheld by UK courts, meaning that it can be used reliably for regulatory and legal uses. Its focus on specific nutrients such as calories, salt, saturated fats, and sugars, allows for straight forward comparison with nutritional information on packaging. The model also acknowledges beneficial nutrients like fibre, protein, nuts, fruits, and vegetables, offering a balanced assessment of a product's nutritional quality.

Further to the NPM, UK regulatory and policy frameworks for restricting the availability of unhealthy foods are also based on the voluntary Multiple Traffic Light Labelling system, which assigns red, amber, or green colours to nutrient values based on pre-determined thresholds. Making this system mandatory for businesses above a certain size and possibly adding a UPF identifier, may ensure that consumers have more information on the food they are purchasing.

Although Nova (one of the main models for classifying food based on levels of processing) has not been applied to UK legislation or formally recognised by UK regulatory authorities as a tool for analysing and evaluating a product's healthiness, it is important to recognise the extent of overlap between UPFs and food already considered less healthy according to UK dietary guidelines and regulation. Many HFSS foods are also ultra-processed; it is estimated that the overlap between HFSS foods and UPFs in the UK is around 56%. Similarly, Nesta found that 64% of UPF calories purchased in 2021 came from HFSS products.

Therefore, current UK policies that focus on reducing HFSS food consumption also target many UPFs and should continue to be used to improve the UK's food environment.

Nevertheless, discussions on UPFs and their impact on health need to continue to further improve food policies

The debate on UPF and food policy must continue to improve the health and diet of the population. The current UK regulatory frameworks are not perfect, and efforts should continue to be made to make improvements.

Food classification systems such as the NPM and Nova are not without flaws. NPM was developed over a decade ago to indicate a food's nutrient levels but may not fully reflect current dietary guidance or public health priorities. The Nova system indicates the level of processing of a food. It is broad in nature and groups products that are associated with poor health outcomes with those that are deemed healthy. For example, a multi-seed sliced wholemeal bread loaf and a white sliced loaf would both be classified as UPF, however wholemeal bread contains many ingredients linked with health benefits such as fibre. Foods and drinks needed for medical or nutritional purposes (e.g., gluten free products, fortified plant-based milk alternatives) can also be classed as UPF.

Therefore, more must be done to improve these classification systems and ensure they can be used effectively to guide healthy eating. This could include breaking down the UPF groups into subgroups that can make it simpler for consumers to identify the more harmful foods and enable more targeted policymaking in the future.

We welcome the Government's recent announcement of plans to update the NPM and use it as a basis for updating advertising guidelines. However, the details about the updated NPM have yet to emerge, and it is unclear if the NPM will be updated any further from a previous review taken place in 2018 but not acted on. It is crucial that UK Government takes the opportunity to consider up to date evidence when revising the NPM, including any robust emerging evidence around the impact of UPFs, to guide future food policies and regulation that could potentially incorporate both nutrient and processing levels.

Increasing our knowledge of UPFs will help to push forward updated food policies

To help discussions on UPF and their impact on health to continue, more research and information is needed to inform regulation and improve public understanding of healthy choices. This can come from stronger evidence, learning from other countries that are proactive in regulating UPFs and ensuring clear product information.

More and stronger research on UPFs is needed

There are still a number of unknowns around the impact of food processing on health that need to be addressed to move on the debate about the regulation of UPF.

Despite expressing concern at the observed associations of UPFs and adverse health outcomes, SACN (Scientific Advisory Committee on Nutrition) has concluded that there is insufficiently robust evidence to recommend changes to governmental nutrition guidelines. However, SACN continue to review the evidence around the health impacts of processed foods and provide independent advice to government on nutrition and has called for further research in this area such as evidence exploring relationships between UPF and health outcomes, and further assessment and development of a UPF classification system that can reliably be applied to estimate consumption of processed foods in the UK.

1. Cause and effect need further investigation

It is still unclear what exact mechanisms of UPFs are responsible for the poor health outcomes identified in previous research. The answer to this question is important in determining the right policy response. For example, if, as some researchers have hypothesised, it is the addition of ingredients including additives such as emulsifiers that are responsible for driving the poor health outcomes associated with UPFs, then risks could be reduced through reformulation. However, if poor health outcomes associated with UPF are due to the impact of processing methods on the food matrix, then a more fundamental shift towards whole foods is required.

Clear evidence identifying whether UPFs are unhealthy due to processing techniques or because a large majority of them are high in calories, fat, salt and sugar is needed to formulate appropriate policies that target specific products or food groups.

2. Stronger methodologies are needed

There are a number of challenges to achieving more robust evidence on UPFs. Some of the reported research barriers include:

– the observational nature of many studies: difficulties in identifying specific products and potentially under-reporting foods known to be less healthy;

– confounding factors: socioeconomic status, lifestyle choices, and genetic predispositions can significantly influence both UPF consumption and health outcomes, making it difficult to isolate the specific effects of UPFs.

A recent study looking at evidence on the health impact of UPFs concluded that the harmful effects of ultra-processed diets result from deteriorated nutrient profiles and other dietary characteristics, such as hyper-palatability, high energy densities, soft textures, disrupted food structures, low contents of phytochemicals, toxic contaminants, endocrine disruptors, and harmful additives. However, this was primarily based on observational studies.

A stronger, multidisciplinary research agenda is needed to address research gaps and limitations around UPFs. Randomised control studies are starting to take place, but more evidence from these types of studies will help to identify cause and effect.

Other countries could provide valuable learning opportunities

Several countries have taken proactive measures to address the growing health concerns linked to unhealthy dietary patterns including UPF, implementing policies ranging from dietary guidelines to taxation and marketing restrictions.

Brazil

In 2014, Brazil's revised nutritional guidelines advised their population to avoid UPFs entirely and encouraged traditional whole foods instead. Since then, the guidelines have been implemented into several public health policies such as Brazil's National School Feeding Programme, where the regulations state a minimum 75% of school meal funds must be spent on unprocessed or minimally processed foods, a maximum of 20% on processed foods (preferably not UPF), and up to 5% on culinary ingredients, such as salt, oil, and sugar. The direct impacts of these measures require further evaluation, however since these guidelines were introduced, the rate of increase in the share of UPFs in the diet of the Brazilian population has halved.

Colombia

Colombia has taken a fiscal approach, introducing a "UPF tax" in 2023 as part of broader health reforms. While the tax primarily targets HFSS products rather than processing itself, it effectively captures many UPFs. However, further research is needed to determine the impact of these fiscal measures.

Chile

Chile has implemented one of the world's most comprehensive UPF policies, combining taxation, marketing restrictions, and labelling reforms. Since 2016, Chile has banned cartoon mascots on unhealthy food packaging, enforced black warning labels for HFSS products, and increased taxes on sugary drinks. These measures have contributed to measurable declines in purchasing "nutrients of concern", particularly among children.

These international examples demonstrate a growing consensus on the need to regulate UPFs through multiple layers. Some positive measures have been promised in the UK, such as those set out in the 10 Year Health Plan for England (see figure 2). However, it is crucial that these measures are implemented without delay and undergo comprehensive evaluation to identify the impact of measures individually as well as collectively.

Consumer awareness and understanding of unhealthy diets including UPF must also be improved

There is clear public support for action to improve the food environment, and a growing public interest in the harms of UPF.

However, it is unclear if consumers fully understand the concept of UPFs. For example, a study of UK adults identified that although most participants were aware of the term UPF, they could not accurately categorise whether foods were UPFs. It is clear that more needs to be done to improve public awareness and help consumers identify more harmful dietary patterns. Upcoming findings from a NIHR (National Institute for Health and Care Research) study on public perspectives and understanding of UPFs will help to further identify consumer awareness of UPFs and will be important in helping shape policies that build public understanding and awareness of UPFs.

Although better regulation of the food environment is vital to addressing the obesity epidemic and poor diets, many people will look to health professionals for support in adopting healthy lifestyles as well as dealing with the impact of poor diet.

Assisting patients to make the lifestyle changes necessary for them to live more healthily is important to medical professionals. However, it is crucial that they are properly supported and resourced to do this. With the Government's 10 Year Health Plan

for England promoting a shift to prevention, along with the growing public interest and debate around UPFs, as well as increased interest in weight loss medications, patients are more likely to approach their GPs for advice and treatment in this area. Doctors must be supported to provide this care and advice with adequate appointment lengths along with quality information and guidance.

The importance of a multi-disciplinary approach must also be recognised. For example, when GPs identify someone who might need extra support, they need to be able to refer them to appropriate care such as dieticians and weight management services. Therefore, it is crucial that there is comprehensive provision of these services, barriers to accessing them are removed and that they are properly funded.

Industry must take responsibility for improving the food environment

The food industry has a disproportionate influence over the food and drinks that are available to us, and what we choose to eat, and should take greater responsibility in ensuring population access to healthy diets.

Ultra-processed foods are among the most profitable foods companies can make. This comes from the heavy and sophisticated marketing techniques used, such as TV and online advertising and promotional offers in supermarkets driving up sales. For example, it has been reported that in the UK, five companies (Haribo, Mars, Mondelez, PepsiCo, Kellog's) are responsible for over 80% of TV advertisements for snacks and confectionary aired before the watershed. There is also a lack of accountability from industry to promote nutrition.

Due to financial factors, industry has an interest in delaying and preventing crucial food policies and regulation. An investigation by the Food Foundation in 2025 found that during the last term of government (January 2020-June 2024) at Defra, the department responsible for food and farming, ministers met with food businesses and their trade associations 1,408 times – 40 times more than with food Non-Governmental Organisations and ministers. In May 2025 industry was involved in influencing yet another delay to junk food advertising restrictions being implemented as well as a watering down of the industry guidance on what can be advertised. Crucial measures to make it easier for families to eat more healthily were first announced nearly five years ago, passed in legislation in 2022, but have been repeatedly delayed by successive governments. Although restrictions were due to come in from October 2025, they succumbed to further delays until 5 January 2026. The delays and diluting of legislation to protect children from unhealthy food advertising are unacceptable.

In addition to reducing its opportunities to influence food policy, the food industry should be held to account for ensuring they produce and sell healthier food through mandatory regulation. Previous voluntary schemes for industry have failed to deliver the scale of change needed to improve the food environment. It is clear that mandatory schemes are needed to reduce sugar and salt content of products and ensure accurate sales reporting. We welcome the pledges set out in the 10 Year Health Plan for England to introduce these initiatives. However, it is crucial that these progress without delay and government withstand industry pressure to delay or dilute any plans.

Recommendations for improving the future food environment

Overall, the population's health will benefit from reducing consumption of unhealthy foods – UPFs as well as HFSS foods, and an increase in diets high in healthier, minimally processed foods. Therefore, UK Governments should push forward with improving the UK's food environment and improving access and availability of healthier produce. The BMA calls for improvement in several areas:

Implement effective regulation and policies without further delay

UK Governments must act immediately to implement current food policy and regulation proposals that will improve population health through reduced access to unhealthy low nutrient food and not succumb to further pressure to delay. For example, rapid implementation of what has been promised in the 10 Year Health Plan for England to help address obesity. This includess the much needed mandatory healthy food sales reporting and targets for healthy food sales, a 9pm TV watershed for advertising junk foods, and reducing minimum sugar thresholds and extending the SDIL to cover a broader range of products such as milk-based drinks.

The attention that UPFs have gained recently must be used to help gain momentum in implementing policies that focus the food industry on encouraging diets that support positive health outcomes. Up to date research and evidence on all foods including HFSS and UPFs should be considered when improving and updating food policies and regulation, such as the Nutrient Profile Model.

Increase industry accountability

The food industry's influence over food policies must be reduced. Limiting access to decision makers developing food and obesity policies and regulation is vital to avoid the delaying and weakening of essential food policies. Implementing regulations such as restricted advertising and marketing will be crucial to reducing unhealthy food choices. Enforcement of mandatory schemes and regulations will also be key to their success. Current and planned food policies are needed to improve health and it is crucial that government do not allow the food industry to use the narrative of uncertainties around UPF to create confusion or try to delay action due to the need for further research.

Reduce the high levels of UPF consumed by children and young people

More must be done to improve the diets of children and young people as they have the highest consumption levels of UPFs. We acknowledge plans set out in the 10 Year Health Plan for England such as updating school food standards but this should also include regulation to ensure schools provide more whole and minimally processed foods. Stricter regulation of commercial baby and toddler foods – which are often ultra-processed and HFSS and often low in iron and protein – are also urgently

needed. The voluntary guidelines for manufacturers to reduce salt and sugar levels in baby foods and provide clearer labelling are insufficient to encourage manufacturers to change. Instead, regulation is needed.

Improve access and affordability of healthy food

UPFs are typically more affordable than minimally processed and whole foods, with UPFs often being pre-prepared and ready to eat, making them more accessible particularly to those on lower incomes. Therefore, in addition to reducing accessibility of these products through methods such as reduced marketing and advertising, the UK Government should work to ensure everyone, including those from lower income groups, has access to healthier, whole and minimally processed foods. Efforts will need to go further than current pledge to address this. For example, whilst the announcement in the 10 Year Health Plan for England to increase the value of the Healthy Start vouchers is positive, this is unlikely to be sufficient in addressing inequalities in accessing healthy diets. Such an ambition will require looking beyond food and diet, towards those measures that tackle poverty and reduce health inequalities.

Invest in research on UPFs to enhance existing policy design

More research is needed to address the unknowns that still exist around the impact of food processing on health. For example, research that identifies the exact mechanisms of UPFs that are responsible for the poor health outcomes is needed, along with gold standard research such as randomised control trials. This can then be considered by the Scientific Advisory Committee on Nutrition when providing independent advice to government on nutrition.

Many reported recommendations on UPFs align with existing policies. Therefore, as more quality research becomes available not only from research studies, but also from evaluations of other countries that are regulating UPFs, UK Governments should look to enhance existing policy design to incorporate UPFs. A study looking at approaches to supporting US policymakers found that starting with HFSS criteria and then adding in elements of UPFs such as colours and flavours, helped to identify foods that were both HFSS and UPF.

Improve public awareness of unhealthy diets and UPFs

Although there is great public interest in UPFs and concern for their health impact, it is unclear if consumers can clearly identify UPFs. In addition to better regulation of the food environment to help improve the population's diet, doctors and other health professionals, such as dieticians, will need to be supported to respond to demand for guidance on healthy eating and healthy lifestyles, rising levels of obesity and diet related ill-health.

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