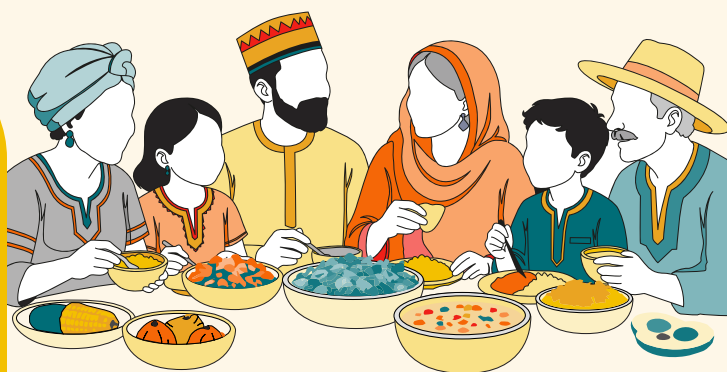


Ultra-Processed Products Are Displacing Traditional Diets

Key Messages

- Traditional diets offer strong nutritional, cultural and environmental benefits, promoting healthier eating, preserving culinary heritage and supporting more sustainable food systems.
- Their main components – fresh, local and minimally processed foods – are being rapidly displaced by ultra-processed products.
- This shift is fueled by aggressive marketing, globalized food systems and the absence of effective regulations.
- Ultra-processed products contribute to increased morbidity and mortality through multiple mechanisms, including excessive amounts of sugars, sodium and unhealthy fats; the presence of ingredients of concern, such as non-sugar sweeteners; and factors intrinsic to processing, including hyperpalatability, overeating and disruption of the gut microbiota.
- The consumption of ultra-processed products is a major driver of rising rates of obesity, diet-related noncommunicable diseases, global mortality, environmental degradation and the erosion of cultural food practices.
- Evidence-based policy action is urgently needed to curb the availability and consumption of ultra-processed products and promote *traditional healthy* foods, preserve cultural heritage and support environmental sustainability.



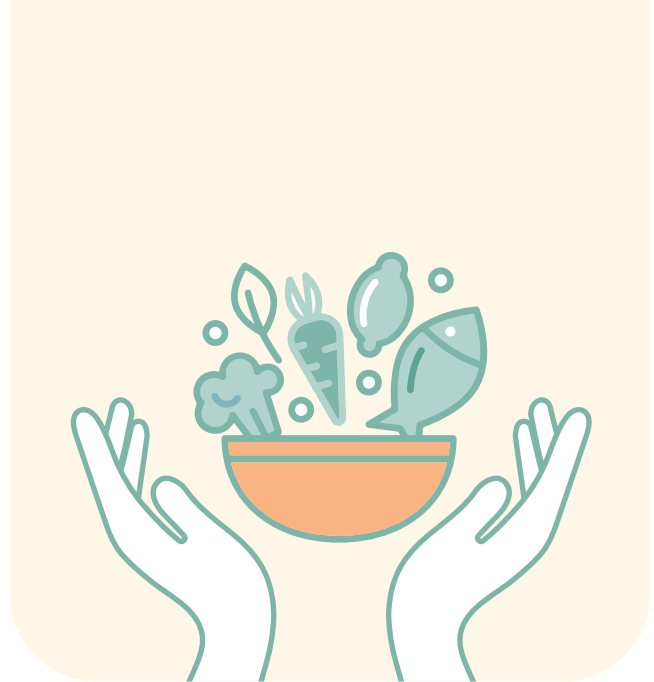
From Traditional Diets to Ultra-Processed Products: What's Happening?

Globally, dietary patterns are undergoing a significant transformation, with a noticeable shift away from traditional diets toward increased consumption of processed and ultra-processed food and drink products (UPPs). UPPs usually contain excessive levels of nutrients of public health concern, such as sugar, sodium and unhealthy fats. Specifically, UPPs are industrially formulated food products made primarily from substances derived from whole foods that have undergone chemical or physical modifications. Designed to be highly profitable (using low-cost ingredients and offering long shelf life), convenient (ready to consume)

and hyperpalatable, UPPs typically contain ingredients that are considered markers of ultra-processing. These ingredients include substances with little or no use in traditional cooking, such as high-fructose corn syrup, hydrogenated or interesterified oils, hydrolyzed proteins and a range of industrial cosmetic additives used to alter appearance, texture, color or flavor (e.g., flavors, colors, sweeteners and emulsifiers) (1). Evidence shows that higher UPP consumption is associated with increased risks of obesity, cardiovascular disease, type 2 diabetes, chronic kidney disease and all-cause mortality (2-4). Experimental studies further demonstrate that diets that include UPPs promote excess calorie intake and weight gain compared to unprocessed diets (5, 6).

The adverse health effects of UPPs arise from both their nutrient composition and their high level of processing. Excessive amounts of free sugars, sodium, saturated fats and trans-fatty acids contribute to metabolic disturbances such as hyperglycemia, hypertension, dyslipidemia and insulin resistance (7). At the same time, the industrial formulations of UPPs introduce additional biological risks: their hyperpalatable and energy-dense nature can promote overconsumption and weight gain; their low dietary fiber and protein content may reduce satiety; and additives such as emulsifiers, sweeteners and colorants can alter gut microbiota, contributing to systemic inflammation (8). Collectively, these biological pathways explain the growing evidence linking UPP consumption to increased morbidity, including overweight or obesity, type 2 diabetes, cancer, cardiovascular disease, chronic kidney disease, Crohn's disease, and depression, as well as increased premature and all-cause mortality worldwide (9).

Globalization, aggressive commercial expansion and rapid economic development



have greatly increased the availability, affordability and marketing of UPPs, accelerating the erosion of traditional food cultures and contributing to a global public health crisis with far-reaching consequences for nutrition, cultural identity and environmental sustainability (10). While existing global efforts address the health risks posed by UPPs (11), there is growing urgency to understand and address their broader impact on traditional diets, cultural food practices and environmental sustainability. This fact sheet explores how UPPs are reshaping food systems and influencing the displacement of traditional diets while offering evidence-based insights to support policies that promote health, sustainability and cultural resilience (10, 11).

Traditional Diets Support Health, Culture and Sustainability

Traditional diets are rooted in the regular consumption of fresh, locally produced and minimally processed foods, such as vegetables, fruits, legumes and whole grains, and adequate consumption of animal products. These foods are typically home-prepared, seasonal and aligned with local ecological and cultural contexts (12).

Due to their emphasis on whole foods, traditional diets provide:

- **Nutritional benefits:** Traditional diets support better metabolic health and reduce the risk of noncommunicable diseases (NCDs) such as hypertension and type 2 diabetes (13).
- **Cultural benefits:** They help preserve culinary traditions, biodiversity and local food practices rooted in ecological and cultural contexts (14).
- **Environmental benefits:** Traditional diets require less packaging and transportation and promote more sustainable farming systems, reducing overall environmental impact (14).

However, traditional diets are increasingly displaced by UPPs, which are mass-produced, resource-intensive and environmentally detrimental (14). This shift is contributing to environmental degradation and cultural homogenization, in which local cultures change to become more similar to a dominant global culture (15). Preserving traditional diets is therefore essential not only for human and planetary health but also for protecting culinary heritage and fostering more resilient local food systems.

The Nutrition and Epidemiological Transitions

This shift away from traditional diets is part of a broader phenomenon known as the **nutrition transition**, which refers to changes in dietary patterns as countries urbanize, experience economic growth and participate in globalization (16). The ongoing nutrition transition reflects not only a shift in dietary patterns but also broader lifestyle changes linked to the globalization of food systems – as countries move through this transition, diets increasingly feature animal-based foods, processed products and UPPs (17). Recent estimates show that UPPs contribute to more than half of total energy intake in the United States and United Kingdom, and between 20% and 40% of total energy intake in many middle-income countries such as Brazil and Mexico, rising rapidly each year (11). In Asia, UPP consumption has increased substantially, and unless effective public health policies are urgently implemented, UPP consumption will likely continue to rise across the Global South. For example, in South Korea the share of dietary energy from UPPs rose from approximately 17% in 1998–2005 to over 25% in 2020–2022 (18). In Africa, UPP intake is growing rapidly in urban areas; in South Africa, UPPs already account for about 37% to 39% of total daily energy intake among low-income adults (19).

This nutrition transition is closely linked to the **epidemiological transition**, the shift in population-level disease patterns from predominantly infectious diseases to a higher prevalence of NCDs. **The nutrition and epidemiological transitions** vary across regions, but many countries, particularly low- and middle-income countries, now face a double burden of malnutrition: persistent undernutrition, including stunting, wasting



and micronutrient deficiencies, alongside rising rates of obesity, diabetes and other diet-related NCDs (17, 20-22). In fact, **a recent UN report shows that, for the first time ever, the prevalence of obesity among school-aged children and adolescents (ages 5-19) has surpassed that of underweight children and adolescents in 2025, marking a historic shift** (23). But this trend is not inevitable – strong policy action and civil society support can shift countries toward healthier diets, reduce the consumption of UPPs and curb the growth of diet-related NCDs (17).

The Increased Availability and Aggressive Marketing of UPPs

The growing dominance of UPPs in dietary patterns is closely tied to the expansion of transnational food and beverage corporations actively seeking new growth markets (15). This expansion reflects the growing concentration of market power among a small number of transnational corporations that dominate global food systems, driving the globalization and homogenization of diets worldwide. The availability and variety of UPPs have grown rapidly across countries at all levels of economic development (22, 24). These products are often heavily promoted through intensive marketing strategies, including advertising, appealing packaging and in-store promotions (15). In addition, digital platforms have expanded the reach and personalization of food marketing through data-driven targeting, particularly for products of low nutritional quality (25).

Numerous studies have shown that the majority of food marketing promotes unhealthy products, particularly UPPs, using strategies such as cartoon characters, games

and influencers to build brand loyalty (26, 27). This brand loyalty helps normalize UPP consumption as part of everyday life, making these products not just common, but culturally familiar and desirable (28). In effect, marketing is not just promoting products, it is shaping food culture and future dietary norms around UPPs. In recent years, digital marketing has expanded explosively, with UPP manufacturers at the forefront of adopting new technologies, including algorithmic targeting, influencer partnerships and immersive online platforms, to promote and normalize their products (29). This pervasive digital presence blurs the line between entertainment and advertising, amplifying exposure across all age groups. Given the scale and sophistication of these marketing strategies, a complete and comprehensive ban on UPP marketing is urgently needed to reduce exposure, protect public health and promote healthier, more sustainable food environments.

What's at Stake?

This shift in consumption is linked not only to higher rates of obesity and NCDs but also to environmental harm and the homogenization of cultural practices (15).



UPP consumption is strongly associated with poor health outcomes, including obesity, cardiovascular disease, type 2 diabetes and all-cause mortality (2).



UPPs place additional pressure on water resources, their production requires water not only for agricultural ingredients, but also for industrial processing, packaging and

distribution. Diets with higher consumption of UPPs have been associated with larger water footprints and other environmental impacts, highlighting the importance of promoting sustainable food systems based on minimally processed foods and traditional diets (30, 31).



The global rise of UPPs is accelerating environmental degradation and driving diets toward fewer, standardized crops, which harms

ecosystems and reduces agrobiodiversity. Today's food system uses only about 200 of 7,000 edible plants, and 90% of total consumption comes from just 15 crops (32). Their production depends heavily on resource-intensive monocultures (such as palm oil, soy and corn), which compromise biodiversity (10), while manufacturing, packaging and long supply chains involving storage and transportation contribute to pollution, waste and greenhouse gas emissions. At the same time, the growing dominance of standardized UPPs displaces demand for diverse, locally grown whole foods, undermining dietary diversity and ecological resilience (10, 33).



UPPs can undermine food culture and community by reducing opportunities for cooking and sharing meals together. As more people eat

alone or on the go, mindless eating habits arise that disconnect individuals from the social and cultural experiences traditionally tied to food. This disconnect contributes to cultural homogenization, the process where local cultures become more similar to a dominant global culture, often leading to a decline in unique cultural practices and identities (34).

Together, these trends highlight the urgency of evidence-informed food policies that discourage the consumption of UPPs and promote the consumption of minimally processed, regionally sourced foods to protect both public health and the environment.

The Solution: Regulate UPPs and Preserve Traditional Diets to Protect the Future

Prioritizing nutritious and culturally relevant food production is key to building sustainable food systems that support both human health and community identity. Nutritious foods provide the vitamins, minerals and energy needed to prevent malnutrition and NCDs (13), and culturally relevant foods reinforce traditions, social bonds and respect for local knowledge and practices (35). At the same time, minimizing environmental impacts through sustainable farming, reduced resource use and lower emissions helps protect ecosystems, biodiversity and the long-term viability of food production (14). Together, these priorities ensure that food systems can meet the needs of present and future generations, delivering health, cultural continuity and ecological balance rather than contributing to environmental degradation, loss of cultural heritage and rising obesity and diet-related NCDs. Focusing on these goals promotes food sovereignty, empowers local communities and fosters resilience against global challenges like climate change. These changes will not occur unless governments enact policies that ensure the production, accessibility, and affordability of real food.

Recommended Policy Measures to Reduce UPP Consumption and Support Traditional Diets

To shift population diets toward healthier, culturally rooted and environmentally sustainable patterns, governments can adopt a dual approach: **Reduce the availability and appeal of UPPs and actively support traditional dietary systems.** This combined strategy is increasingly recognized as essential for public health, environmental resilience and cultural preservation. The Global Health Advocacy Incubator's Nutrient Profile Model outlines several regulatory strategies to curb UPP consumption (36), including:



Front-of-package warning labels



Marketing restrictions



Healthier school food environments



Healthy public food procurement and service policies



Fiscal policies

These measures align with the World Health Organization's "best buys," the most cost-effective interventions to prevent and control obesity and other NCDs (37). In addition, emerging evidence has informed global recommendations that call for a broader policy shift to address the structural drivers of UPP production, restrict the market and political power of UPP corporations, strengthen food environments and improve

access to minimally processed foods (38, 39). These international recommendations further emphasize that revitalizing traditional dietary systems is essential for improving diet quality, strengthening biodiversity, enhancing climate resilience and supporting more equitable food systems. Key recommended actions:



Strengthen local food systems and short supply chains

Invest in smallholder farmers, agroecological practices, farmers' markets and community-based food networks to increase the availability of fresh, seasonal foods central to traditional diets.



Preserve culinary heritage and cultural food practices

Support cooking education, school curricula, cultural festivals and media campaigns that promote traditional preparation methods and local food knowledge.



Improve the affordability and accessibility of traditional foods

Use subsidies, vouchers and procurement policies to make fresh produce and traditional staples more economically accessible than UPPs.



Integrate traditional diets into public procurement

Ensure that foods purchased for schools, hospitals and public programs align with local traditions and emphasize minimally processed foods.



Promote culturally grounded nutrition education

Develop food-based dietary guidelines and public communication campaigns that highlight both the health benefits and cultural significance of traditional foods.

References

1. Monteiro CA, Cannon G, Levy RB, Moubarac J-C, Louzada ML, Rauber F, et al. Ultra-processed foods: what they are and how to identify them. *Public health nutrition*. 2019;22(5):936-41.
2. Lane MM, Gamage E, Du S, Ashtree DN, McGuinness AJ, Gauci S, et al. Ultra-processed food exposure and adverse health outcomes: umbrella review of epidemiological meta-analyses. *BMJ*. 2024;384.
3. Anastasiou IA, Kounatidis D, Vallianou NG, Skourtis A, Dimitriou K, Tzivaki I, et al. Beneath the surface: the emerging role of ultra-processed foods in obesity-related cancer. *Current oncology reports*. 2025;27(4):390-414.
4. Du S, Kim H, Crews DC, White K, Rebholz CM. Association between ultraprocessed food consumption and risk of incident CKD: a prospective cohort study. *American Journal of Kidney Diseases*. 2022;80(5):589-98. e1.
5. Hall KD, Ayuketah A, Brychta R, Cai H, Cassimatis T, Chen KY, et al. Ultra-Processed Diets Cause Excess Calorie Intake and Weight Gain: An Inpatient Randomized Controlled Trial of Ad Libitum Food Intake. *Cell Metab*. 2019;30(1):67-77.e3.
6. Dicken S, Makaronidis J, van Tulleken C, Jassil FC, Hall K, Brown AC, et al. UPDATE trial: investigating the effects of ultra-processed versus minimally processed diets following UK dietary guidance on health outcomes: a protocol for an 8-week community-based cross-over randomised controlled trial in people with overweight or obesity, followed by a 6-month behavioural intervention. *BMJ open*. 2024;14(3):e079027.
7. Vitale M, Costabile G, Testa R, D'Abbronzio G, Nettore IC, Macchia PE, Giacco R. Ultra-processed foods and human health: a systematic review and meta-analysis of prospective cohort studies. *Advances in Nutrition*. 2024;15(1):100121.
8. Whelan K, Bancil AS, Lindsay JO, Chassaing B. Ultra-processed foods and food additives in gut health and disease. *Nature Reviews Gastroenterology & Hepatology*. 2024;21(6):406-27.
9. Monteiro CA, Louzada MLC, Martinez Steele E, Cannon G, Andrade GC, Baker P, et al. Ultra-processed foods and human health: the main thesis and the evidence. *The Lancet*. 2025;406(10520):P2667-84.
10. Leite FHM, Khandpur N, Andrade GC, Anastasiou K, Baker P, Lawrence M, Monteiro CA. Ultra-processed foods should be central to global food systems dialogue and action on biodiversity. *BMJ Global Health*. 2022;7(3):e008269.
11. Global Food Research Program UNC-Chapel Hill. Ultra-processed foods: A global threat to public health. 2023. [Available from: <https://www.globalfoodresearchprogram.org/ultra-processed-foods-a-global-threat-to-public-health/>].
12. Rocillo-Aquino Z, Cervantes-Escoto F, Leos-Rodríguez JA, Cruz-Delgado D, Espinoza-Ortega A. What is a traditional food? Conceptual evolution from four dimensions. *Journal of Ethnic Foods*. 2021;8(1):38.
13. Alamnina TT, Sargent GM, Kelly M. Dietary patterns and associations with metabolic risk factors for non-communicable disease. *Scientific Reports*. 2023;13(1):21028.
14. Tilman D, Clark M. Global diets link environmental sustainability and human health. *Nature*. 2014;515(7528):518-22.
15. Baker P, Machado P, Santos T, Sievert K, Backholer K, Hadjikakou M, et al. Ultra-processed foods and the nutrition transition: Global, regional and national trends, food systems transformations and political economy drivers. *Obes Rev*. 2020;21(12):e13126.
16. Popkin BM. The nutrition transition: an overview of world patterns of change. *Nutrition reviews*. 2004;62(suppl_2):S140-S3.
17. Popkin BM, Ng SW. The nutrition transition to a stage of high obesity and noncommunicable disease prevalence dominated by ultra-processed foods is not inevitable. *Obesity reviews*. 2022;23(1):e13366.
18. Lee H, Yim Y, Cho Y, Oh J, Kim S, Son Y, et al. Long-term trends and patterns in ultra-processed food consumption among Korean adults from 1998 to 2022. *Scientific Reports*. 2025;15(1):4131.
19. Frank T, Ng SW, Lowery CM, Thow A-M, Swart EC. Dietary intake of low-income adults in South Africa: ultra-processed food consumption a cause for concern. *Public health nutrition*. 2024;27(1):e41.
20. Amuna P, Zotor FB. Epidemiological and nutrition transition in developing countries: impact on human health and development: The epidemiological and nutrition transition in developing countries: evolving trends and their impact in public health and human development. *Proceedings of the nutrition society*. 2008;67(1):82-90.
21. Stranges S. Epidemiological and nutritional transition in low-and middle-income countries. *European Journal of Public Health*. 2019;29(Supplement_4):ckz185. 99.
22. Reardon T, Tschirley D, Liverpool-Tasie L, Awokuse T, Fanzo J, Minten B, et al. The processed food revolution in African food systems and the double burden of malnutrition. *Global food security*. 2021;28:100466.
23. United Nations Children's Fund (UNICEF). Feeding Profit. How food environments are failing children. *Child Nutrition Report 2025*. 2025. [Available from: <https://www.unicef.org/reports/feeding-profit>].
24. Popkin BM, Reardon T. Obesity and the food system transformation in Latin America. *Obesity Reviews*. 2018;19(8):1028-64.

25. Théodore F, López-Santiago M, Cruz-Casarrubias C, Mendoza-Pablo P, Barquera S, Tolentino-Mayo L. Digital marketing of products with poor nutritional quality: a major threat for children and adolescents. *Public Health*. 2021;198:263-9.
26. Kelly B, Halford JC, Boyland EJ, Chapman K, Bautista-Castaño I, Berg C, et al. Television food advertising to children: a global perspective. *Am J Public Health*. 2010;100(9):1730-6.
27. Cairns G, Angus K, Hastings G, Caraher M. Systematic reviews of the evidence on the nature, extent and effects of food marketing to children. A retrospective summary. *Appetite*. 2013;62:209-15.
28. Barros PAA, de Paula Matos J, Rodrigues MB, da Costa RJ, Horta PM. Food digital marketing on social media: trends and strategies of Brazil's leading meal delivery app. *Frontiers in Nutrition*. 2025;12:1620348.
29. Driessen C, Chung A, Martino F, Cameron AJ, Bhatti A, Huse O, Backholer K. Contemporary digital marketing techniques used in unhealthy food campaigns targeting young people. *Appetite*. 2025;211:107989.
30. da Silva JT, Garzillo JMF, Rauber F, Kluczkowski A, Rivera XS, da Cruz GL, et al. Greenhouse gas emissions, water footprint, and ecological footprint of food purchases according to their degree of processing in Brazilian metropolitan areas: a time-series study from 1987 to 2018. *The Lancet Planetary Health*. 2021;5(11):e775-e85.
31. Kesse-Guyot E, Allès B, Brunin J, Fouillet H, Dussiot A, Berthy F, et al. Environmental impacts along the value chain from the consumption of ultra-processed foods. *Nature Sustainability*. 2023;6(2):192-202.
32. Thompson JAM. Environmental and Social Impacts of Agricultural Biodiversity Degradation from the Ultra-Processed Food Industry. *InterNaciones*. 2023(24):141-64.
33. Fardet A, Rock E. Ultra-processed foods and food system sustainability: what are the links? *Sustainability*. 2020;12(15):6280.
34. Monteiro CA, Cannon G, Moubarac J-C, Levy RB, Louzada MLC, Jaime PC. The UN Decade of Nutrition, the NOVA food classification and the trouble with ultra-processing. *Public health nutrition*. 2018;21(1):5-17.
35. Jiemuratova GK. The cultural relevance of food: Shaping social interactions and defining collective identities. *Mental Enlightenment Scientific-Methodological Journal*. 2025;6(04):442-57.
36. Global Health Advocacy Incubator. Nutrient Profile Models: A valuable tool for developing healthy food policies. 2024. [Available from: https://assets.advocacyincubator.org/uploads/2024/NPM_Position_Paper.pdf].
37. World Health Organization. Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases, 2nd ed. 2024. [Available from: <https://www.who.int/publications/i/item/9789240091078>].
38. Baker P, Slater S, White M, Wood B, Contreras A, Corvalán C, et al. Towards unified global action on ultra-processed foods: understanding commercial determinants, countering corporate power, and mobilising a public health response. *The Lancet*. 2025;406(10520):2703-26.
39. Scrinis G, Popkin BM, Corvalan C, Duran AC, Nestle M, Lawrence M, et al. Policies to halt and reverse the rise in ultra-processed food production, marketing, and consumption. *The Lancet*. 2025;406(10520):P2685-702.

The Global Health Advocacy Incubator works with civil society organizations to promote and protect mandatory policies that reduce the consumption of ultra-processed products. This fact sheet is part of a series developed by the Global Health Advocacy Incubator to equip advocates and decision-makers with the latest evidence around the harms of UPPs.

The Global Health Advocacy Incubator uses the power of advocacy to tackle critical public health challenges across the globe – including food and nutrition policy, injury and overdose prevention and building resilient and equitable health systems. We are an initiative of the Campaign for Tobacco-Free Kids, which is the leading advocacy organization working to reduce tobacco use and its deadly consequences in the United States and around the world. Our vision is a healthier and more equitable future for all.

