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At A Glance:
**Sugar Sweetened Beverage
Consumption in Jamaica**

At a Glance: Sugar Sweetened Beverage Consumption in Jamaica
Ministry of Health and Wellness, Jamaica 2026

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Introduction

The World Health Organization (WHO) defines sugar-sweetened beverages (SSBs) as “all types of beverages containing free sugars” ¹.

Beverages containing free sugars include:



Examples of free sugars include brown or granulated sugar, molasses, raw sugar, corn syrup, glucose and fructose, as well as sugars naturally found in honey, syrups, fruit juices, and fruit juice concentrates. Examples of SSBs include sodas or soft drinks, fruit drinks, sports drinks, energy drinks, sweetened waters, teas and coffee beverages.

Introduction

The body breaks down sugars from both liquid and solid foods into glucose and fructose, which are then absorbed and used by the body. However, the form in which sugar is consumed significantly affects how the body responds¹.

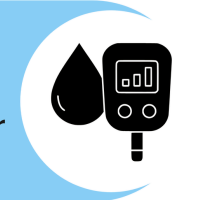
Liquid sugar is a concern for the following reasons¹:

Sugars in liquid form are absorbed very quickly. This leads to **rapid spikes in blood glucose and insulin levels.**



Over time, frequent consumption of liquid sugars stresses processes in the body. High intake of SSBs is linked to:

- **Insulin resistance**
- **Impaired glucose regulation**
- **Higher risk of cardiovascular disease.**
- **Increased fat accumulation**
- **Higher risk of type 2 diabetes**



Liquid calories do not trigger a feeling of fullness, so individuals are less likely to reduce intake at subsequent meals. This may lead to chronic overconsumption and obesity.

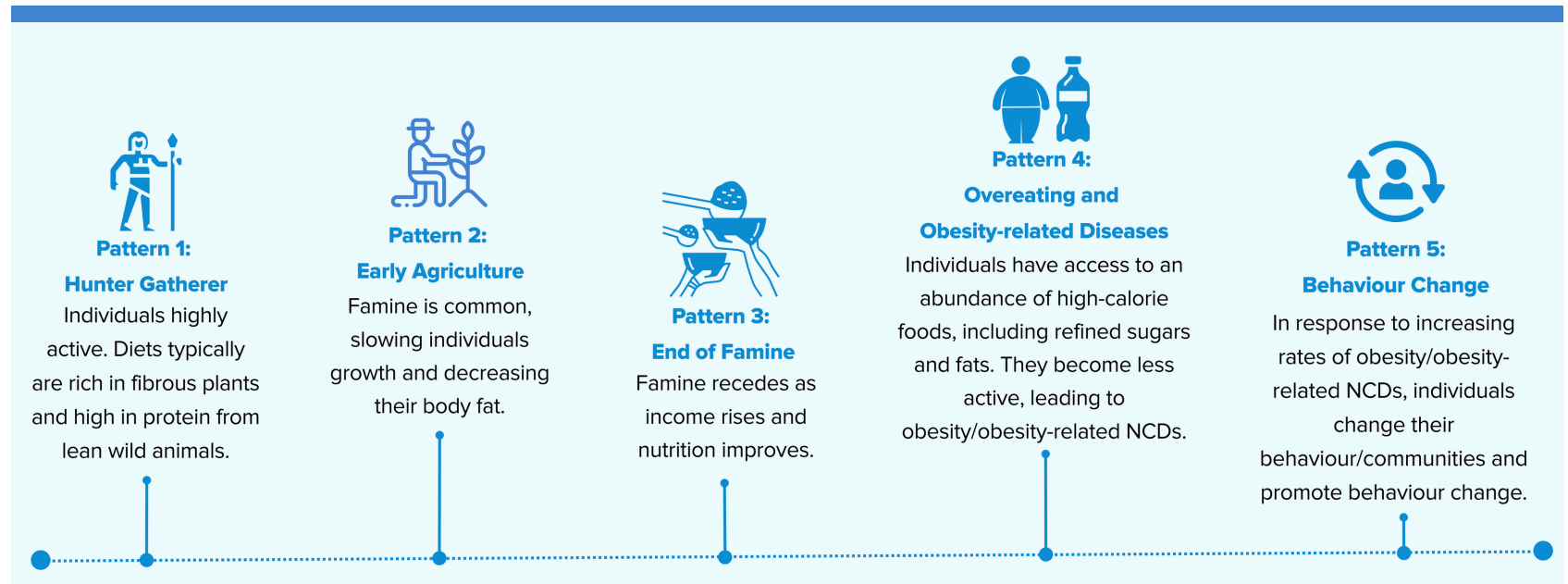


[1] Malik VS, Hu FB. The role of sugar-sweetened beverages in the global epidemics of obesity and chronic diseases. Nature Reviews Endocrinology. 2022 Apr;18(4):205-18.

Introduction

Nutrition Transition and SSBs

The nutrition transition defines a shift in diet due to modernisation, urbanisation, economic development and increased wealth¹. There are five patterns in the transition.

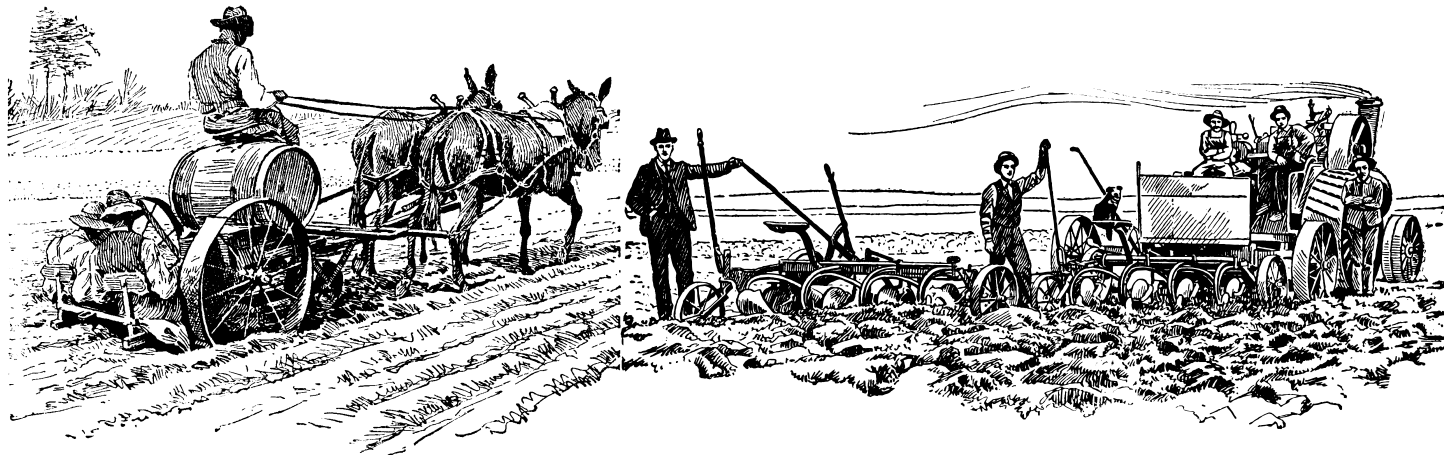


[1] The Nutrition Transition. Obesity Prevention Source. Harvard TH Chan School of Public Health. <https://www.hsph.harvard.edu/obesity-prevention-source/nutrition-transition/>, Images from www.freepik.com

Introduction

History of Sugar from Sugarcane

Sugar from sugarcane originated in New Guinea around 8,000 BC and spread across Asia, where early refining techniques were developed in India by about 500 BC^{1,2}. It later spread to the Middle East and parts of Europe, becoming a valued commodity between 600 and 1291 CE¹. With European colonisation, large-scale plantation production expanded across the Caribbean and the Americas from the 1500s to the 1800s, relying heavily on the labour of enslaved Africans¹. During the 19th century, industrialisation made sugar more affordable and widely accessible^{1,3}. Today, it is widely consumed, particularly through processed foods and beverages³.



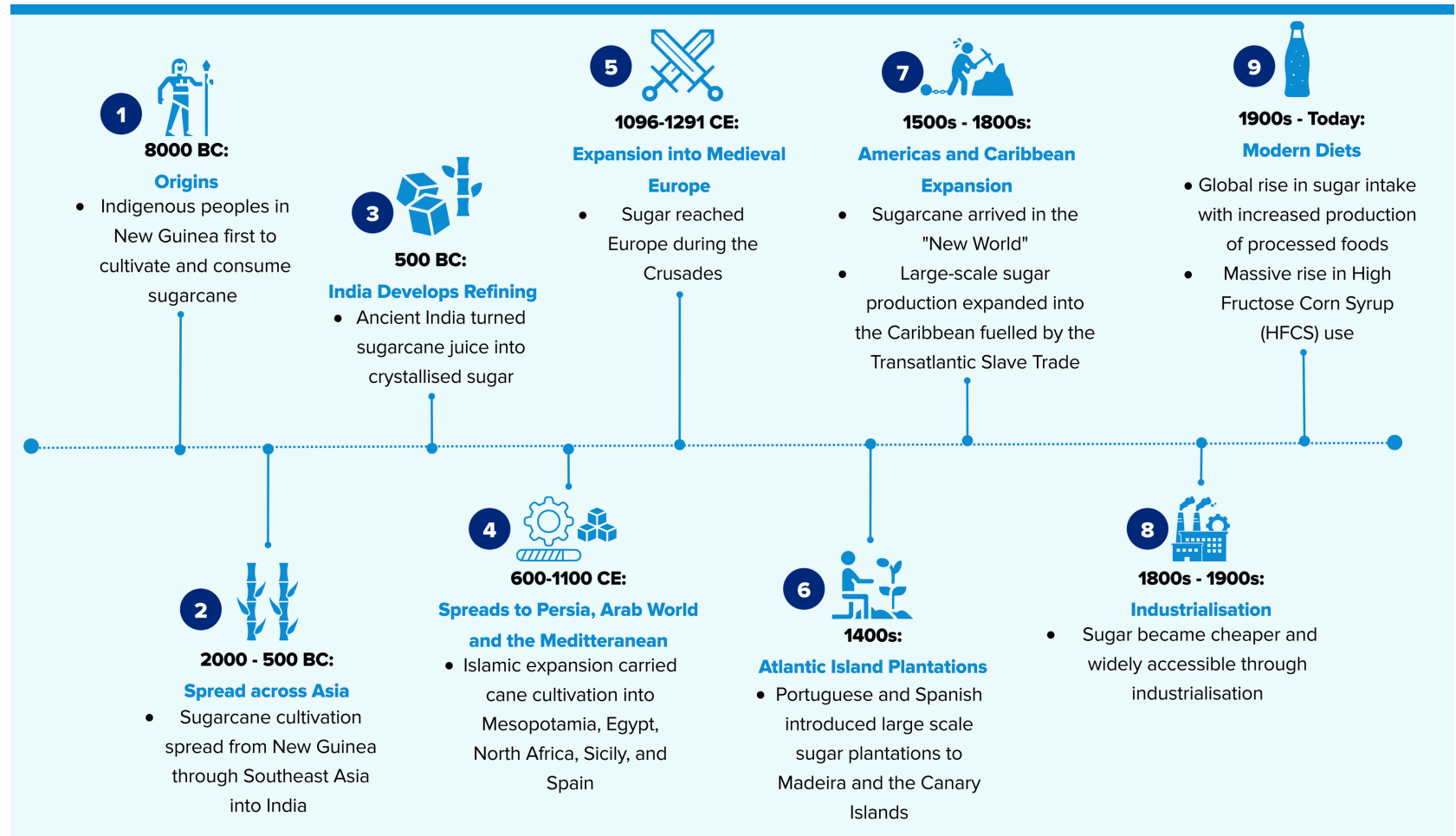
[1] Galloway JH. Sugar [Internet]. Kiple KF, Ornelas KC, editors. Cambridge University Press. Cambridge: Cambridge University Press; 2000. p. 437–49. Available from: <https://www.cambridge.org/core/books/abs/cambridge-world-history-of-food/sugar/E3D64236A75FCE32B9A339C4870319>

[2] Dinesh Babu KS, Janakiraman V, Palaniswamy H, Kasirajan L, Gomathi R, Ramkumar TR. A short review on sugarcane: its domestication, molecular manipulations and future perspectives. Genetic Resources and Crop Evolution. 2022 Dec;69(8):2623-43.

[3] Heggie J. Life is sweet: the sugar story. National Geographic [Internet]. 2019 Feb 5. Available from: <https://www.nationalgeographic.com/science/article/partner-content-the-sugar-story>

Introduction

History of Sugar from Sugarcane

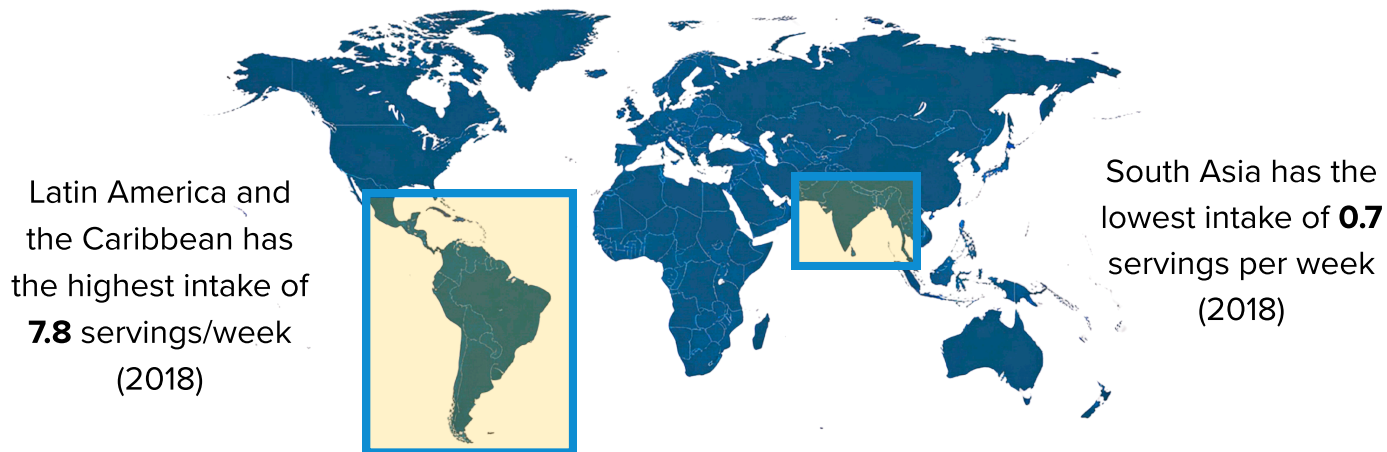


Introduction

Trends in SSB Consumption

Global consumption of SSBs has increased over recent decades, with marked regional variation and consistently high intakes in Latin America and the Caribbean (LAC).

Global SSB consumption increased by 16% from 1990 to 2018. In 2018, the average global intake of SSBs was 2.7 (8 oz) servings per week, ranging from 0.7 servings/week in South Asia to 7.8 servings/week in LAC. Over the period, SSB consumption experienced an overall decline in LAC from 8.7 to 7.8 servings/week. However, LAC continued to record the highest intake globally¹.

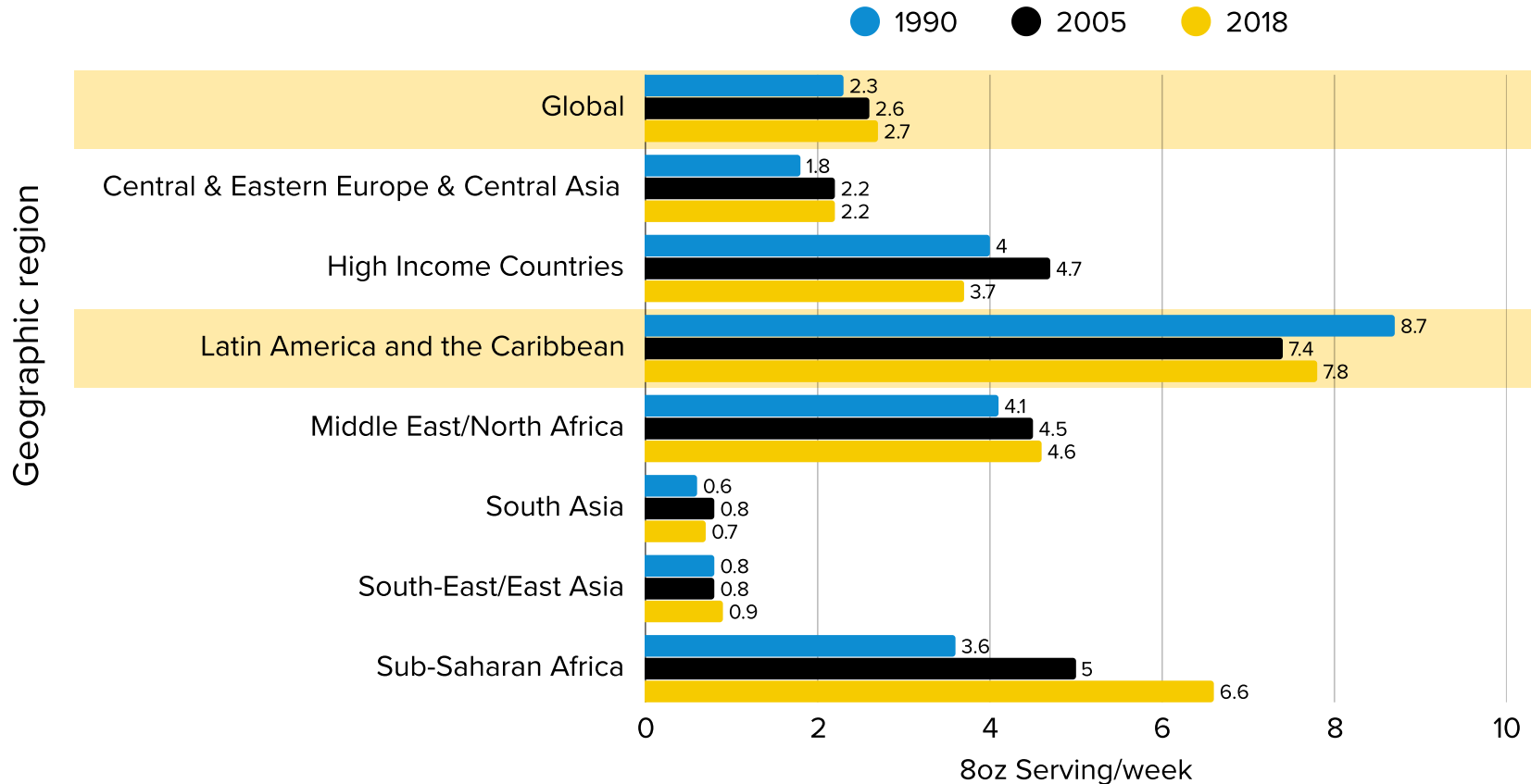


[1] Lara-Castor L, Micha R, Cudhea F, Miller V, Shi P, Zhang J, Sharib JR, Erndt-Marino J, Cash SB, Mozaffarian D. Sugar-sweetened beverage intakes among adults between 1990 and 2018 in 185 countries. Nature communications. 2023 Oct 3;14(1):5957.

Introduction

Trends in SSB Consumption

Estimated Average SSB Intake* by Geographic Region, 1990 - 2018



[1] Lara-Castor L, Micha R, Cudhea F, Miller V, Shi P, Zhang J, Sharib JR, Erndt-Marino J, Cash SB, Mozaffarian D. Sugar-sweetened beverage intakes among adults between 1990 and 2018 in 185 countries. Nature communications. 2023 Oct 3;14(1):5957.

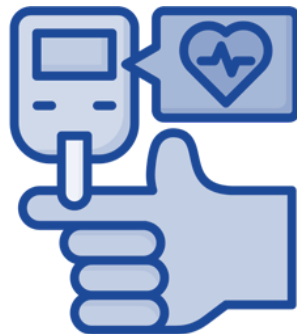
Introduction

Global Rise in Non-communicable Diseases

The global and regional increase in non-communicable diseases (NCDs) is a major concern for health authorities. NCDs are defined as chronic metabolic conditions characterised by a slow progression in illness over an extended duration. The most common NCDs are cardiovascular disease, cancers, respiratory disease and diabetes, which account for over 80% of all premature NCD deaths¹.



Cardiovascular
Disease



Diabetes



Respiratory
Disease



Cancers

[1] World Health Organization. Non-communicable diseases [Internet]. [Cited 2026 May 04]. Available from: <https://www.who.int/news-room/fact-sheets/detail/noncommunicablediseases>

Introduction

Non-communicable Disease Mortality

Non-communicable diseases (NCDs) account for more than 80% of deaths worldwide, with cardiovascular disease being the leading cause of death in nearly every country.

80%

Percentage of deaths worldwide caused by NCDs

77%

Percentage of all deaths caused by NCDs in Jamaica

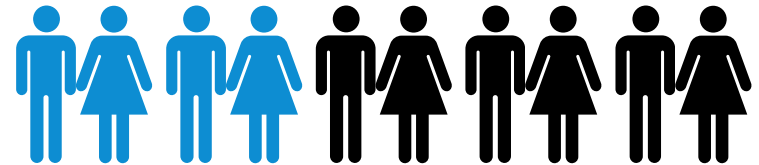
NCDs are the leading cause of death in Jamaica, accounting for 77.3% of all deaths in 2020.

Introduction

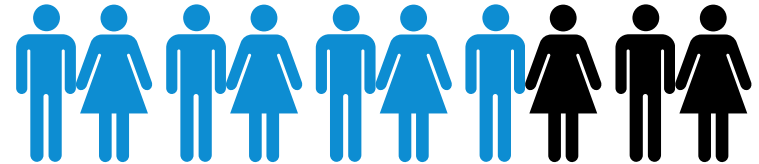
Non-communicable Diseases in Jamaica

Recent surveys (2017) have indicated that many Jamaicans have a chronic condition¹.

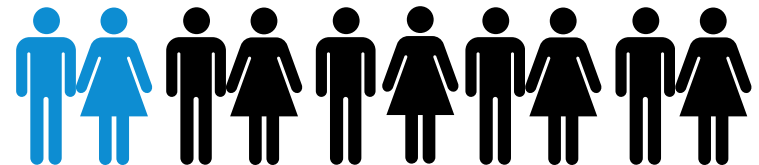
Four out of ten Jamaicans had diabetes **or** impaired fasting glucose (diabetes 11.9%; impaired fasting glucose 27.5%).



Seven in ten (67.8%) of Jamaicans had hypertension **or** prehypertension (hypertension 33.8%; prehypertension 34.0%).



About two in ten (24.6%) had high cholesterol.

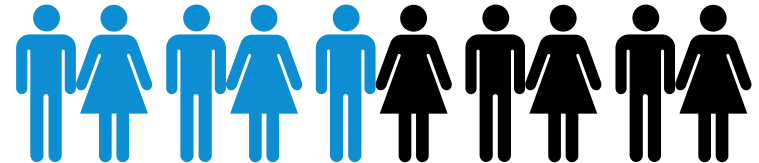


[1] The Jamaica Health and Lifestyle Survey 2016–2017 (JHLS III): Technical Report. Kingston (JM): Ian Randle Publishers; 2024. Available from: <https://www.moh.gov.jm/wp-content/uploads/2024/03/Jamaica-Health-and-Lifestyle-Survey-2016-17-JHLSIII-Electronic.pdf>

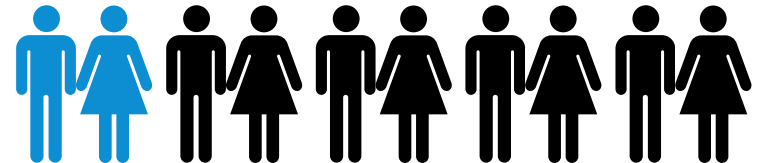
Introduction

Non-communicable Diseases in Jamaica

More than half of Jamaicans aged 15 years and older were overweight or obese (53.8%).



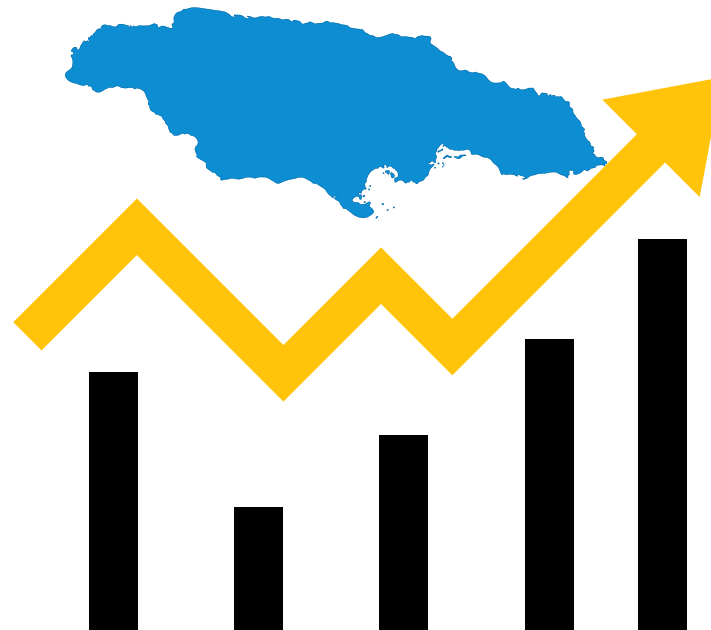
About two in ten Jamaicans had kidney disease (15.2%)



Introduction

Non-communicable Diseases Trends in Jamaica

Surveys over time showed an increasing trend in the proportion of Jamaicans who have hypertension, diabetes, high cholesterol and obesity. Please see subsequent pages for trends in NCDs and risk factors in Jamaica.



[[1] Wilks R. The Jamaica Healthy Lifestyle Survey 2000: prevalence of chronic diseases, anaemia (pregnant women and children), injuries and their relationships to food consumption and lifestyle. 2002.

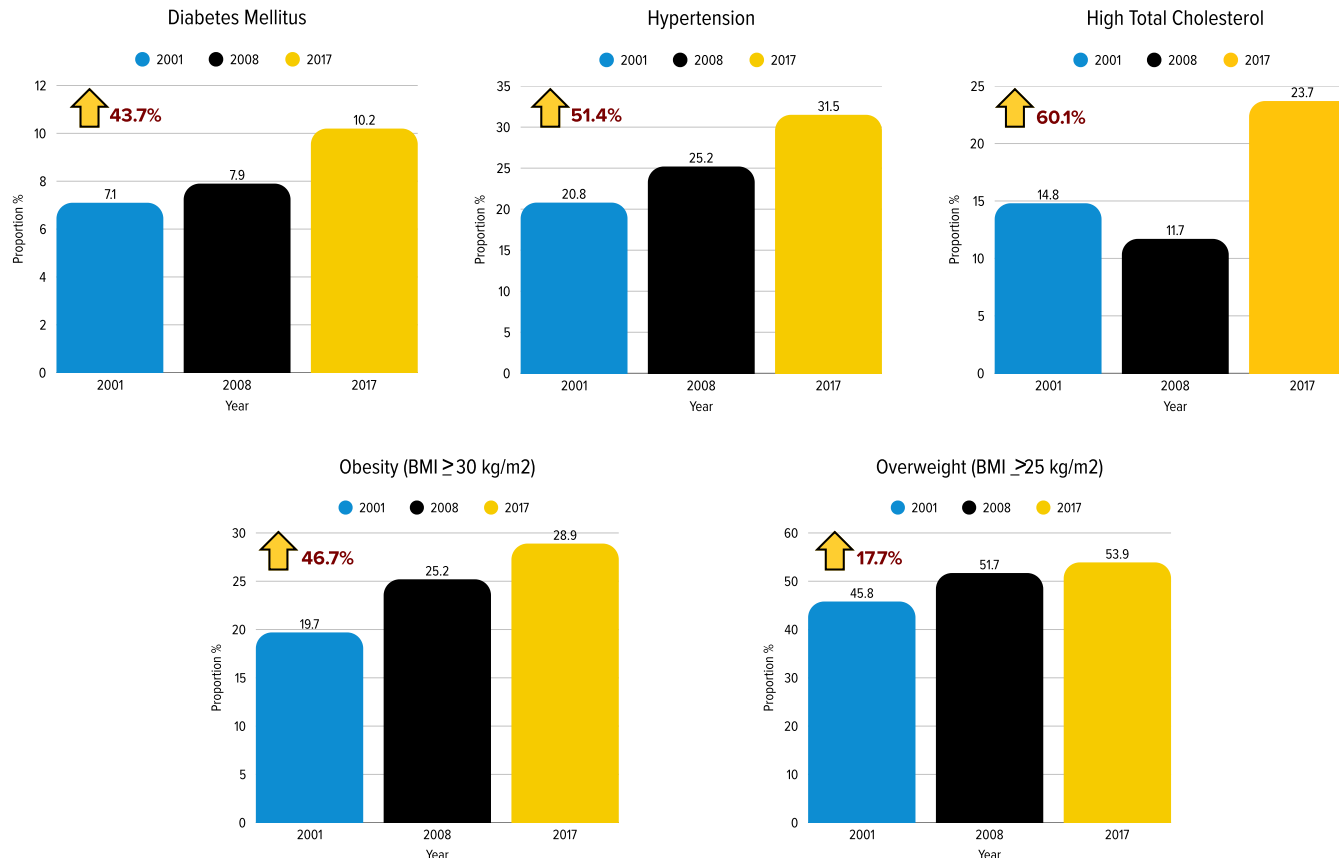
[2] Wilks R, Younger N, Tulloch-Reid M, McFarlane S, Francis D. Jamaica Health and Lifestyle Survey 2007–8 Technical Report. University of the West Indies Website 2008.

[3] The Jamaica Health and Lifestyle Survey 2016–2017 (JHLS III): Technical Report. Kingston (JM): Ian Randle Publishers; 2024.

Introduction

Non-communicable Diseases Trends in Jamaica

Trends in NCDs and Risk Factors in Jamaicans Aged 15-74 Years, 2001-2017



Introduction

Economic Cost of SSBs

Sugar-sweetened beverage (SSB) consumption is a major contributor to the global burden of non-communicable diseases (NCDs)¹. A growing body of evidence links high intake of SSBs to obesity, type 2 diabetes mellitus (T2DM), cardiovascular disease (CVD)¹, and premature mortality². These health outcomes translate into substantial economic costs through multiple pathways.

These include increased healthcare expenditure, productivity losses due to illness and early death, financial strain on households and increased burden on government systems^{3,4}. As a result, SSB consumption places a significant economic burden not only on health systems, but also on society and the wider economy.



Increased healthcare expenditure



Productivity losses



Financial strain on households



Increased burden on government systems

[1] Meng Y, Li S, Khan J, Dai Z, Li C, Hu X, Shen Q, Xue Y. Sugar-and artificially sweetened beverages consumption linked to type 2 diabetes, cardiovascular diseases, and all-cause mortality: a systematic review and dose-response meta-analysis of prospective cohort studies. *Nutrients*. 2021 Jul 30;13(8):2636

[2] Zhang YB, Jiang YW, Chen JX, Xia PF, Pan A. Association of consumption of sugar-sweetened beverages or artificially sweetened beverages with mortality: a systematic review and dose-response meta-analysis of prospective cohort studies. *Advances in Nutrition*. 2021 Mar 1;12(2):374-83.IT

[3] Paraje G, Gomes FS. Expenditures on sugar-sweetened beverages in Jamaica and its association with household budget allocation. *BMC Public Health*. 2022 Mar 24;22(1):580.

[4] Alcaraz A, Bardach AE, Espinola N, Perelli L, Rodriguez Cairoli F, La Foucade A, de Mello Vianna CM, Guevara G, Gittens-Baynes KA, Johns P, Beharry V. Health and economic burden of disease of sugar-sweetened beverage consumption in four Latin American and Caribbean countries: a modelling study. *BMJ open*. 2023 Feb;13(2):e062809.

Introduction

Impact of SSB Consumption on Household Expenditure

A study in Jamaica showed that SSB expenditure often leads to reallocation of household budgets away from essential goods and services. Households that consume SSBs allocate a smaller share of their expenditure to healthcare and education, indicating a “crowding-out” effect¹.



[1] Paraje G, Gomes FS. Expenditures on sugar-sweetened beverages in Jamaica and its association with household budget allocation. BMC Public Health. 2022 Mar 24;22(1):580.

Health Effects of SSB Consumption

SSBs and Obesity

According to the Pan American Health Organization "sugar-sweetened beverages (SSBs) have been singled out as one of the most significant drivers of the obesity epidemic" ¹. High consumption of SSBs contributes to weight gain and increases the risk of diabetes and cardiovascular disease, highlighting the important role of sugary beverages in the growing burden of non-communicable diseases².



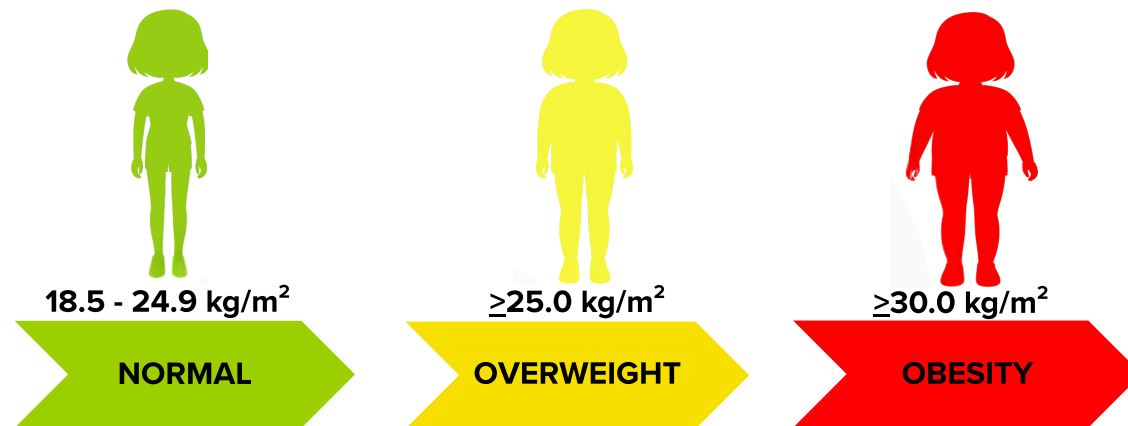
[1] Pan American Health Organization. Sugar-sweetened beverage tax indicators in Latin America and the Caribbean: results from a 2019 survey [Internet]. Washington (DC): PAHO; 2022 [cited 2026 May]. Available from: <https://iris.paho.org/server/api/core/bitstreams/367cc5d2-2303-42bc-a485-7507a008b208/content>

[2]. World Health Organization. Non-communicable Risk Factors [Internet]. Available from: <https://www.emro.who.int/noncommunicable-diseases/causes/risk-factors.html>

Health Effects of SSB Consumption

Overweight and Obesity

“Overweight and obesity are defined as abnormal or excessive fat accumulation that presents a risk to health”¹. Body mass index (BMI) is used to classify underweight, overweight, and obesity in adults. It is calculated by dividing weight in kilograms by height in metres squared (kg/m^2). BMI is an indicator of body fatness, and helps identify potential health risks. In adults, a BMI of $25 \text{ kg}/\text{m}^2$ or higher is classified as overweight, and a BMI of $30 \text{ kg}/\text{m}^2$ or higher is classified as obesity².



[1] World Health Organization. Obesity [Internet]. Geneva: WHO; 2026 [cited 2026 Apr 23]. Available from: <https://www.who.int/health-topics/obesit>

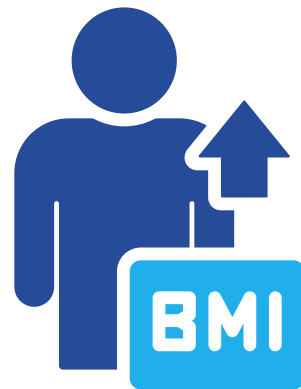
[2] World Health Organization. Obesity and overweight [Internet]. Geneva: WHO; 2025 [cited 2026 Apr 23]. Available from: <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>

Health Effects of SSB Consumption

SSBs Contribution to Obesity and NCDs

Consumption of SSBs is associated with obesity, due to their high sugar content which is strongly linked to weight gain¹.

In 2019, high body mass index (BMI) was responsible for about 5 million NCD-related deaths and remains a leading global driver for NCDs². SSB consumption is also highest in groups that already face the greatest risk of obesity and type 2 diabetes³.



High BMI was responsible for
about
5 million
NCD related deaths (2019)

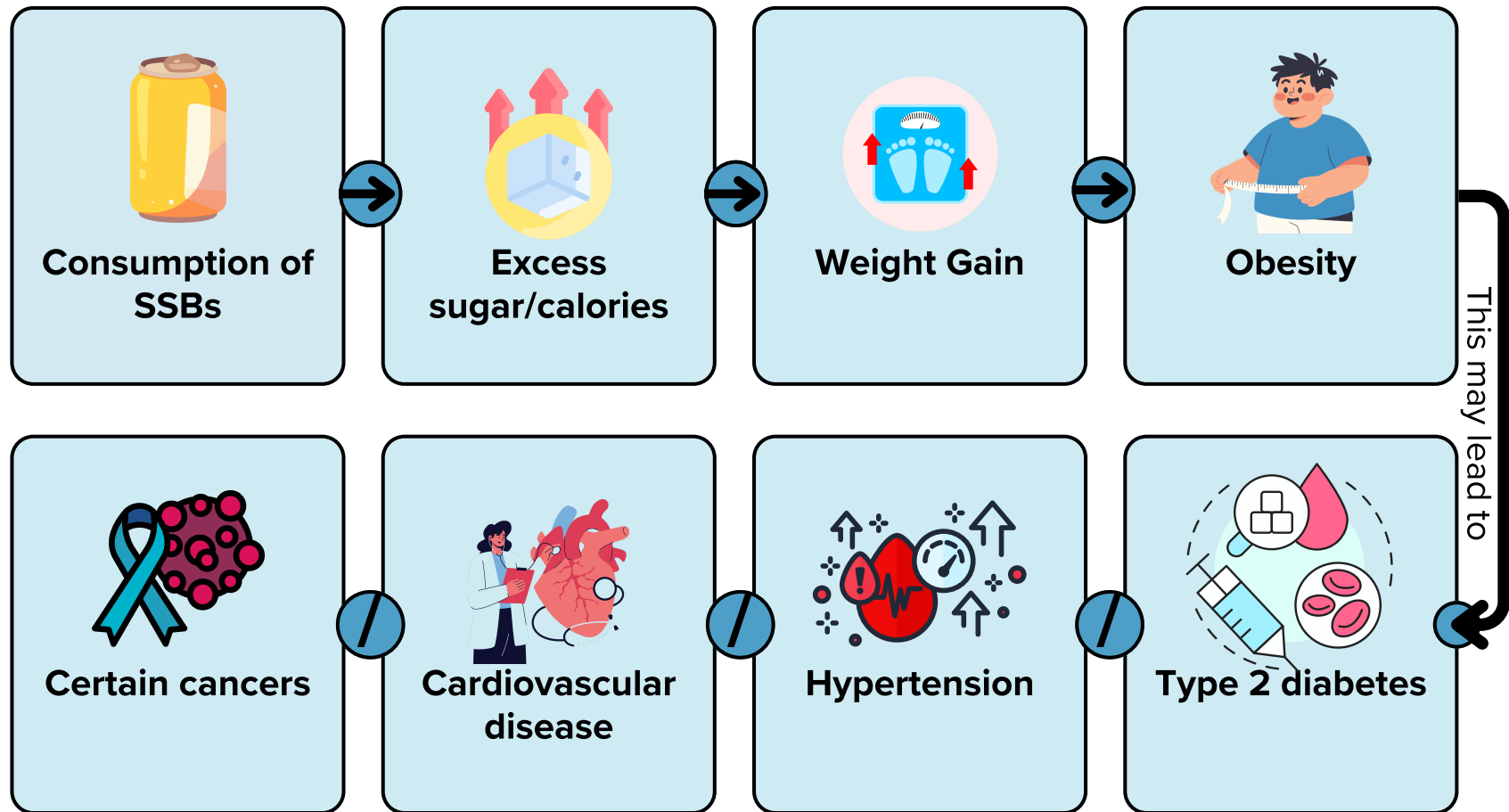
[1] Lane MM, Travica N, Gamage E, Marshall S, Trakman GL, Young C, Teasdale SB, Dissanayaka T, Dawson SL, Orr R, Jacka FN. Sugar-sweetened beverages and adverse human health outcomes: an umbrella review of meta-analyses of observational studies. *Annual review of nutrition*. 2024 Aug 29;44(1):383-404

[2] World Health Organization. Obesity [Internet]. Geneva: WHO; 2026 [cited 2026 Apr 23]. Available from: <https://www.who.int/health-topics/obesity>

[3] Bleich SN, Wang YC, Wang Y, Gortmaker SL. Increasing consumption of sugar-sweetened beverages among US adults: 1988–1994 to 1999–2004. *The American journal of clinical nutrition*. 2009 Jan 1;89(1):372-81.

Health Effects of SSB Consumption

How SSBs Contribute to Obesity and NCDs



Health Effects of SSB Consumption

Obesity Risk Factors

A risk factor increases the chance of poor health outcomes, and may be classified as **modifiable** (meaning that the condition can be changed) or **non-modifiable**. Obesity may be averted by reducing common risk factors and promoting healthier lifestyles¹.

Risk factors can be grouped into behavioural, environmental, biological, societal, and social and economic factors that contribute to obesity².

Some obesity risk factors are largely preventable through healthier diets, including reduced consumption of SSBs.



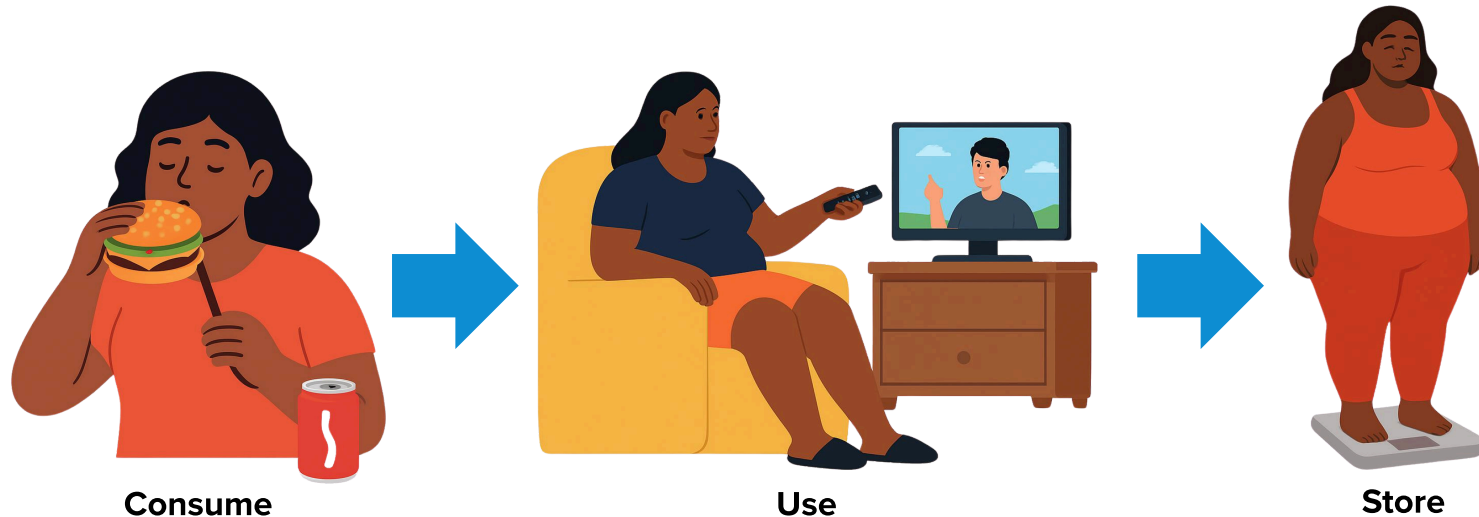
[1] Ministry of Health and Wellness (JM). Vitals: Non-communicable diseases. Kingston (JM): Ministry of Health and Wellness; 2023. Available from: <https://www.moh.gov.jm/wp-content/uploads/2023/07/Vitals-NCDs-MOHW-April-2023-1.5.23.pdf>

[2] World Health Organization. Regional Office for Europe. WHO European regional obesity report 2022. Copenhagen: WHO Regional Office for Europe; 2022.

Health Effects of SSB Consumption

Obesity Risk Factors

Obesity develops from a combination of factors that influence energy balance. This refers to how much energy (calories) we consume, use, and store. An unhealthy diet, including high consumption of SSBs, can lead to excess calories. When this excess is not offset by adequate physical activity, it is stored as fat, resulting in weight gain and, over time, obesity¹.



Health Effects of SSB Consumption

WHO Guidelines for Free Sugar Intake

The World Health Organization (WHO) recommends that free sugar intake in both adults and children be below 10% of total daily energy intake, with an additional reduction to under 5% advised for greater health benefits¹.



The World Health Organization recommends keeping free sugars below 10% of daily calories, and ideally below 5% for additional health benefits (WHO 2015).

[1] World Health Organization. Guideline: sugars intake for adults and children. Geneva: World Health Organization; 2015. Available from: <https://iris.who.int/server/api/core/bitstreams/4be74f01-de93-4596-bbd1-02a97afb1221/content>

Health Effects of SSB Consumption

WHO Guidelines for Free Sugar Intake

Many Jamaicans drink two or more bottles of sugary drinks per day. Just one bottle of 600ml soda may contain as high as 22.5 teaspoons of sugar when compared to a UK brand of soda that contains 6.6 teaspoons of sugar.

Comparison of Sugar Content in Local and International Brands



Jamaica

Local 600ml Ginger Beer =
22.5 teaspoons



United Kingdom and Ireland

International (UK/IRL) 600ml Brand =
6.6 teaspoons

Health Effects of SSB Consumption

Sugar Content of Local and International SSB Brands

SSB (600ml)	Grams (g)	Teaspoon
Local – Ginger Beer	94.6	22.5
Local – Grapefruit Soda	75.0	17.9
Local – Kola Champagne	70.0	16.7
Local – Energy Drink	69.0	16.5
Local – Cranberry Juice	57.3	13.6
Local – Int’l. Brand Soda	45.0	10.7
Local – Unsweetened OJ	42.5	10.1
Local – Juice/Water Mix	38.0	9.0
UK/IRL – Int’l. Brand Soda	27.6	6.6



[[1] PricewaterhouseCoopers Jamaica. Jamaica 2026/27 budget alert: Revenue measures update [Internet]. Kingston: PwC Jamaica; 2026. Available from: <https://www.pwc.com/jm/en/services/tax/pdf/pwc-jamaica-2026-27-budget-alert-revenue-measures-update.pdf>

Health Effects of SSB Consumption

Weight Gain and SSB Consumption

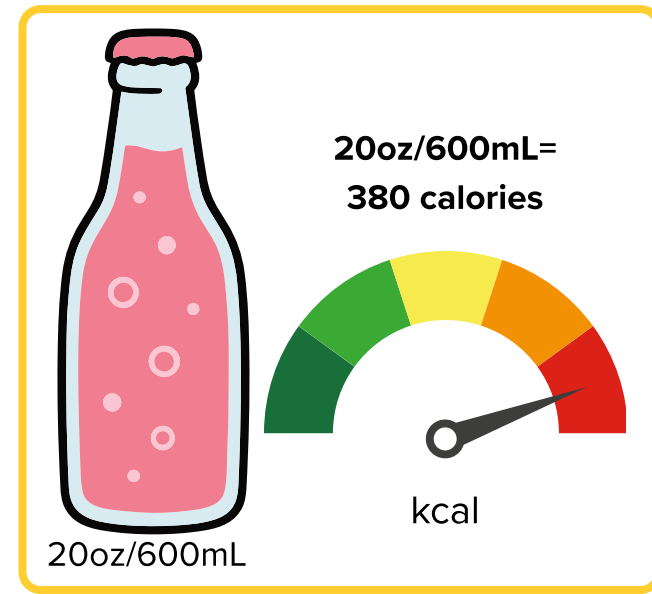
Many Jamaicans consume 1–2 sugary drinks per day¹, often without realising the cumulative effect of these extra calories.

A 20 oz. (600 mL) bottle of soda contains up to 380 calories or 22.5 teaspoons of sugar. Over one year, this adds up to weight gain as outlined below:

The Cost of Consuming 1-2 Sugary Drinks per Day

1 soda/day: $380 \times 365 = 138,700$ calories/year, equivalent to about **40 lb of fat/year²**

2 sodas/day: $760 \times 365 = 277,400$ calories/year, equivalent to over **80 lb of fat/year²**



¹ Ministry of Health and Wellness (JM). Vitals: Non-communicable diseases. Kingston (JM): Ministry of Health and Wellness; 2023. Available from: <https://www.moh.gov.jm/wp-content/uploads/2023/07/Vitals-NCDs-MOHW-April-2023-1.5.23.pdf>

² Whitney EN, Cataldo CB, Roloff SR. Energy balance and body composition. In: Whitney EN, Cataldo CB, Roloff SR, editors. Understanding normal and clinical nutrition. 6th ed. Belmont (CA): Wadsworth; 2002. p. 241.)

Health Effects of SSB Consumption

Weight Gain and SSB Consumption

To avoid weight gain, these extra calories must be expended. Even small daily intakes of sugary drinks can accumulate into significant weight gain over time if not offset by physical activity.

In order to burn the calories from one bottle of soda per day the following is required:

Walking

3.8 miles per day

or

Running

38 minutes per day



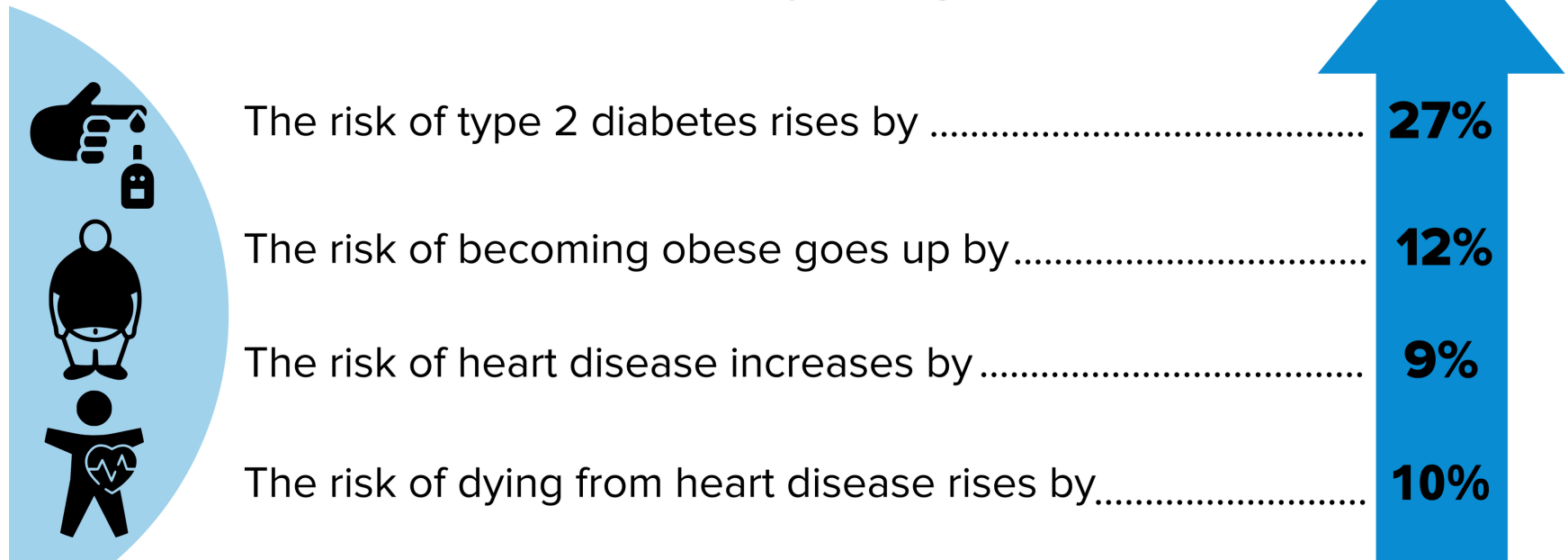
[1] Whitney EN, Cataldo CB, Rolfe SR. Energy balance and body composition. In: Whitney EN, Cataldo CB, Rolfe SR, editors. Understanding normal and clinical nutrition. 6th ed. Belmont (CA): Wadsworth; 2002. p. 241.)

Health Effects of SSB Consumption

Health Cost of Drinking SSBs

Drinking SSBs increases the risk of type 2 diabetes, heart disease, weight gain, obesity, and tooth decay ¹.

Studies show that for **each additional** daily serving of SSBs²:



[1] World Health Organization. Guideline: sugars intake for adults and children. Geneva: World Health Organization; 2015. Available from: <https://iris.who.int/server/api/core/bitstreams/4be74f01-de93-4596-bbd1-02a97afb1221/content>

[2] Meng Y, Li S, Khan J, Dai Z, Li C, Hu X, Shen Q, Xue Y. Sugar-and artificially sweetened beverages consumption linked to type 2 diabetes, cardiovascular diseases, and all-cause mortality: a systematic review and dose-response meta-analysis of prospective cohort studies. *Nutrients*. 2021 Jul 30;13(8):2636.

Health Effects of SSB Consumption

Premature Mortality

There is a clear link between SSB consumption and a higher risk of dying prematurely. Studies found that each additional daily serving of SSBs increases the risk of death by about 8-10%, particularly from cardiovascular disease^{1,2}.



[1] Zhang YB, Jiang YW, Chen JX, Xia PF, Pan A. Association of consumption of sugar-sweetened beverages or artificially sweetened beverages with mortality: a systematic review and dose–response meta-analysis of prospective cohort studies. *Advances in Nutrition*. 2021 Mar 1;12(2):374-83.IT

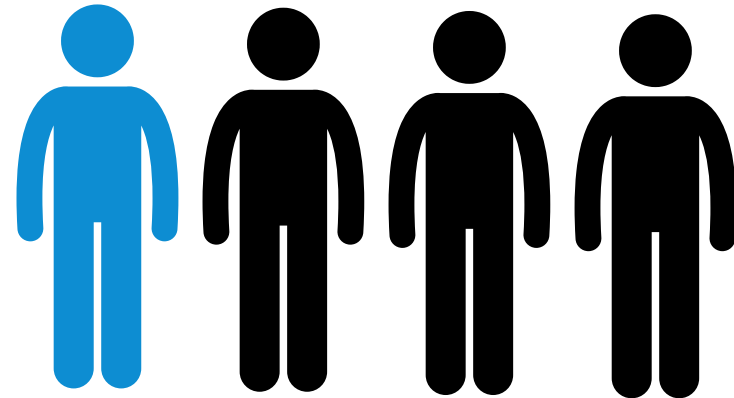
[2] Meng Y, Li S, Khan J, Dai Z, Li C, Hu X, Shen Q, Xue Y. Sugar-and artificially sweetened beverages consumption linked to type 2 diabetes, cardiovascular diseases, and all-cause mortality: a systematic review and dose-response meta-analysis of prospective cohort studies. *Nutrients*. 2021 Jul 30;13(8):2636.

SSB Consumption in Jamaica

Obesity in Adolescents

Obesity is also a growing issue among young Jamaicans. In just seven years, the proportion of Jamaican children aged 13–15 years who were obese almost doubled, rising from 6% in 2010 to 10.1% in 2017 ^{1,2}.

More than one in four adolescents (25.6%) were overweight ²



Teen obesity often leads to severe adult obesity,³ increasing the risk of long-term health problems such as diabetes, heart disease, and other chronic illnesses.

[1] Global School-based Student Health Survey, Jamaica. 2010.

[2] Global School-based Student Health Survey, Jamaica. 2017.

[3] Suchindran C, North KE, Popkin BM, Gordon-Larsen P. Association of adolescent obesity with risk of severe obesity in adulthood. *Jama*. 2010 Nov 10;304(18):2042-7.

SSB Consumption in Jamaica

Percentage of Jamaican Children Who Consume Carbonated Beverages

A study assessing intake of carbonated beverages in 2017 showed that about seven in ten (68.4%) Jamaican children aged 13–17 years consumed carbonated beverages at least once per day, with one in two (45.6%) consuming them two or more times daily¹.



68.4%

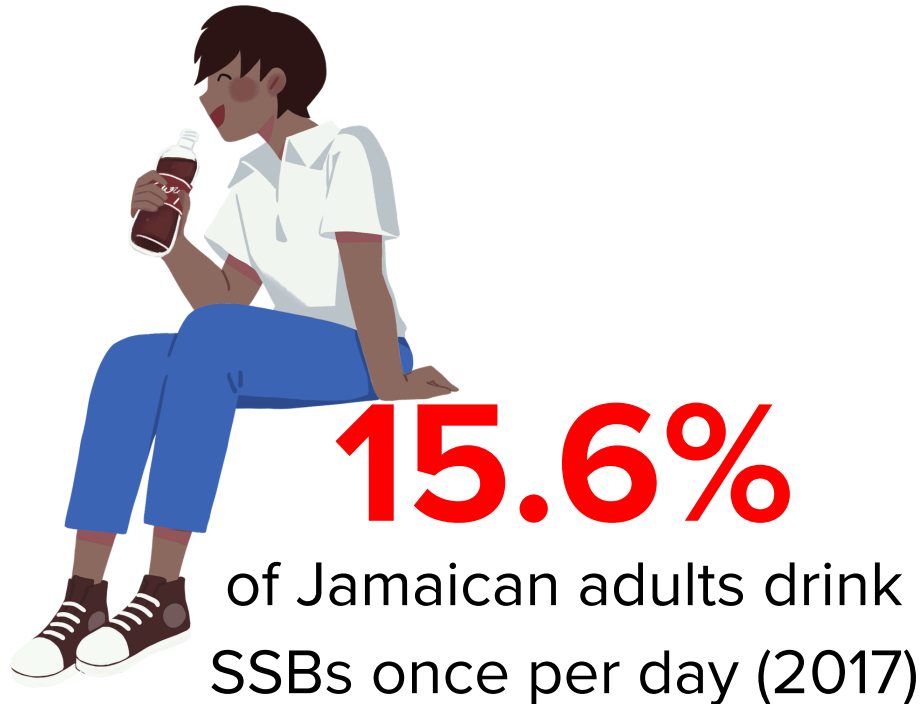
of Jamaican children
drink sodas one or more
times per day (2017)

[1] Ministry of Health and Wellness (JM). Vitals: Non-communicable diseases. Kingston (JM): Ministry of Health and Wellness; 2023. Available from: <https://www.moh.gov.jm/wp-content/uploads/2023/07/Vitals-NCDs-MOHW-April-2023-1.5.23.pdf>

SSB Consumption in Jamaica

Percentage of Adults Who Consume Sugar Sweetened Beverages

Among Jamaicans aged 15 years and older, about one in six (15.6%) consumed sugar-sweetened beverages once per day, while one in eight (12.3%) consumed them two or more times per day¹.



SSB Consumption in Jamaica

SSB Consumption by Selected Characteristics

Age



Sugary drink consumption was highest among younger people and decreased as persons got older.

Socioeconomic Status



Individuals of lower socioeconomic status were more likely to consume SSBs.

Geography



A higher proportion of people living in rural areas drank sugary beverages compared with those in urban areas.

SSB Consumption in Jamaica

Association of SSBs with Obesity in Jamaican Adolescents

High consumption of sugar-sweetened beverages is linked to overweight among Jamaican adolescents. Teens aged 15–19 years who drank more than one bottle of sugary drinks a day were 50% more likely to be overweight¹.

Adolescents who drank more
than one bottle of sugary
drinks a day were

50%

more likely to be overweight¹
(2009)

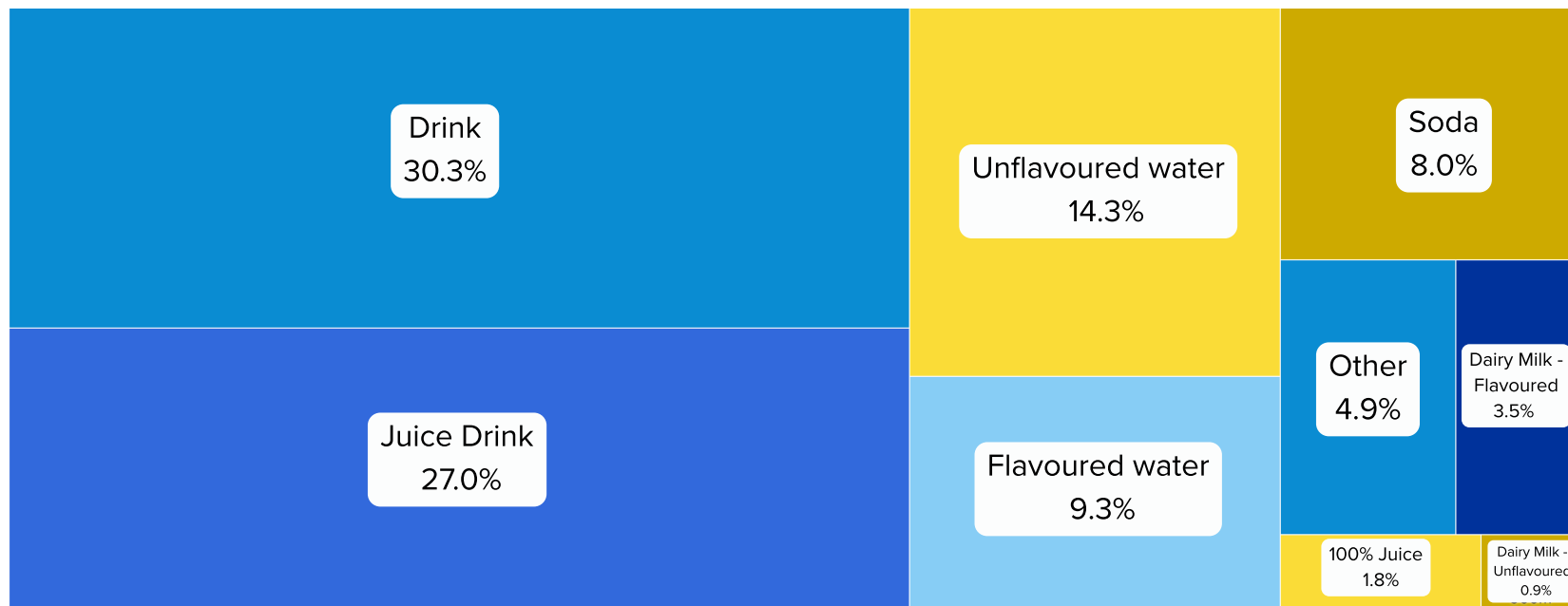


SSB Consumption in Jamaica

SSBs in the School Environment

In a 2025 audit¹ of 202 randomly selected Jamaican schools only 3% were compliant with respect to beverages being sold within 100 m of the school environment. Drinks (30.3%) and juice drinks (27.0%) were the most frequently consumed beverages. Unflavoured water (14.3%) was the third most frequently consumed beverage.

Types of Beverages Sold in Schools



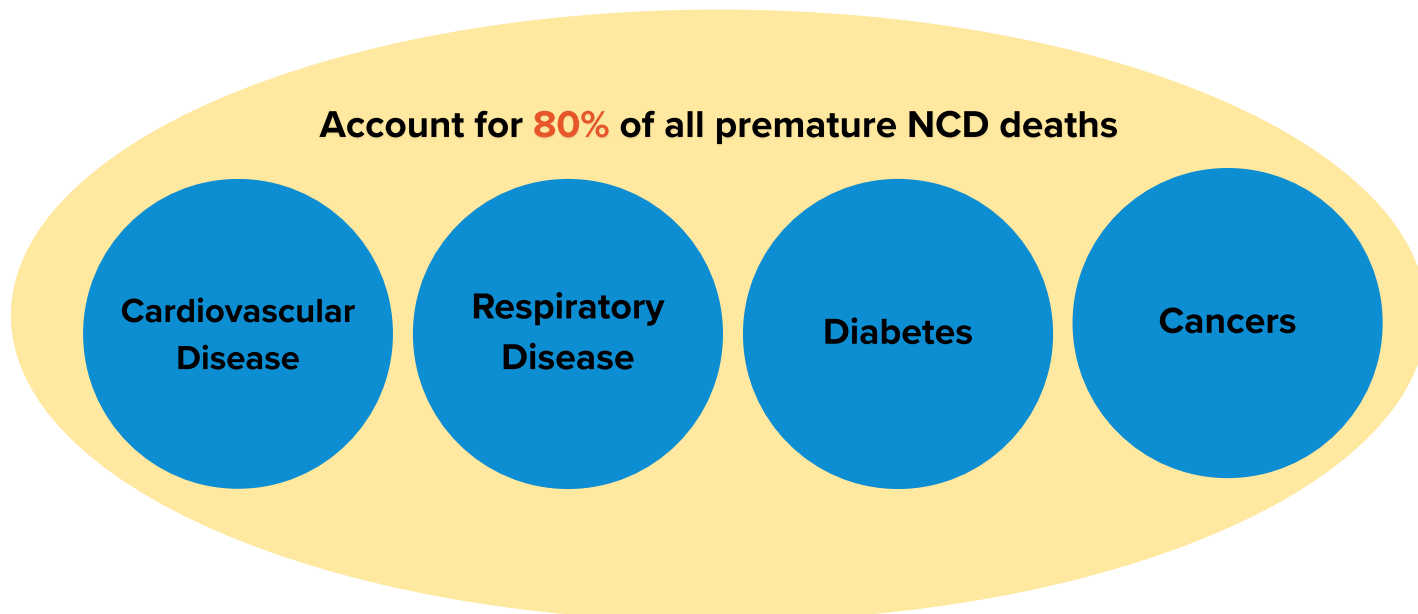
[1] Audit of 202 randomly selected schools included in cohorts 1 and 2 of Nutrition Audit, Nutrition Unit, Ministry of Health and Wellness, 2025

[2] Assessment of the readiness of schools to implement the National School Nutrition Policy, Nutrition Unit, Ministry of Health and Wellness, Jamaica

Response

Global Voluntary Targets for NCDs

The global rise of non-communicable diseases is a public health challenge with the potential to negatively affect economic and social development¹. NCDs are a major contributor to global deaths. Among these are premature deaths, which are defined as those that occur in persons less than 70 years old². In 2021, the majority (80%) of premature deaths were due to cardiovascular disease, cancers, chronic respiratory disease and diabetes².



[1] World Health Organization. Global action plan for the prevention and control of noncommunicable diseases 2013-2020. Geneva: World Health Organization; 2013. Available from: <https://www.who.int/publications/i/item/9789241506236>

[2] World Health Organization. Noncommunicable diseases: Mortality. [Internet]. Geneva: The Global Health Observatory, World Health Organization. [cited 04/17/2026] <https://www.who.int/data/gho/data/themes/topics/topic-details/GHO/ncd-mortality>

Response

Global Voluntary Targets for NCDs

Over the years, there have been many advances at the global level to address the NCD challenge.

2011

United Nations (UN) member states committed in the UN political declaration on NCDs to establish policies for the prevention and control of NCDs¹

2013

The World Health Assembly approved the Action Plan for the Prevention and Control of NCDs 2013-2020. The NCD Global monitoring framework, established in the same year, tracks the progress of nine voluntary targets as well as twenty-five indicators on NCDs¹

2019

The Global Plan of Action was extended to 2030 and was adjusted to align with the 2030 Agenda²

2022

The World Health Assembly approved an implementation roadmap to accelerate actions on NCDs³

[1] World Health Organization. Global action plan for the prevention and control of noncommunicable diseases 2013-2020. Geneva: World Health Organization; 2013. Available from: <https://www.who.int/publications/i/item/9789241506236>

[2] World Health Organization. Implementation Roadmap 2023-2030 for the Global action plan for the prevention and control of NCDs 2013-2030 [Internet]. Geneva: World Health Organization. [cited 04/17/2026] <https://www.who.int/data/gho/data/themes/topics/topic-details/GHO/ncd-mortality>

[3] Pan American Health Organization. The NCD Roadmap 2023-2030 for the Global Action Plan on the Prevention and Control of NCDs 2013-2030 [Internet]. Washington, D.C.: PAHO; 2023 [cited 2026 Apr 17]. Available from: <https://www.paho.org/sites/default/files/2023-06/2ncd-roadmap.pdf>

Response

Global Voluntary Targets for NCDs

Voluntary targets in the Global Plan of Action are given below. Reduced intake of sugar-sweetened beverages is closely aligned with a halt in the rise of diabetes and obesity, as well as a reduction in premature mortality^{1,2}.

Desired Target	Category
▼ 33% Reduction	Premature mortality from NCDs
80% coverage	Essential medicines and technologies
50% coverage	Drug therapy and counselling
= 0% Increase	Diabetes and Obesity
▼ 25% reduction	Raised blood pressure
▼ 30% reduction	Tobacco use
▼ 30% reduction	Salt/sodium intake
▼ 10% reduction	Physical inactivity
▼ 10% reduction	Harmful use of alcohol

Reduced intake of SSBs is linked to the targets:

- 0% increase in diabetes and obesity and
- 33% reduction in premature mortality

Response

Global Voluntary Targets for NCDs

In 2015, United Nation (UN) member states adopted the 2030 Agenda for sustainable development which ‘provides a blueprint for shared prosperity for people and the planet’¹. The Agenda includes 17 Sustainable Development Goals (SDGs), 169 targets and 232 indicators to be achieved by 2030².

Goal 3 of the SDGs:

(Ensure healthy lives and promote well-being for all at all ages) includes Target 3.4 which aims to reduce premature mortality resulting from NCDs and promote mental health and wellbeing.



[1] United Nations. The 17 Goals. Geneva: United Nations Department of Economic and Social Affairs; Available from: <https://sdgs.un.org/goals>

[2] Pan American Health Organization. The NCD Roadmap 2023-2030 for the Global Action Plan on the Prevention and Control of NCDs 2013-2030 [Internet]. Washington, D.C.: PAHO; 2023 [cited 2026 Apr 17]. Available from: <https://www.paho.org/sites/default/files/2023-06/2ncd-roadmap.pdf>

Response

WHO Best Buys

WHO “Best Buys” are defined as a “set of cost-effective interventions” recommended by the World Health Organization to address four shared risk factors for NCDs¹. These are tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity. The following outlines “best buy” interventions related to an unhealthy diet that WHO member countries can carry out².

WHO Best Buys to Reduce an Unhealthy Diet

Reformulation of policies for healthier food and beverage products

(e.g. elimination of trans-fatty acids and/or reduction of saturated fats, **free sugars** and/or sodium)

Front-of-pack labelling as part of comprehensive nutrition labelling policies

To facilitate consumers’ understanding and choice of food for healthy diets

Public food procurement and service policies for healthy diets

(e.g. to reduce the intake of **free sugars**, sodium and unhealthy fats, and to increase the consumption of legumes, whole grains, fruits and vegetables)

Behaviour change communication and mass media campaign for healthy diets

(e.g. to reduce the intake of energy, **free sugars**, sodium and unhealthy fats, and to increase the consumption of legumes, whole grains, fruits and vegetables)

Policies to protect children from the harmful impact of food marketing

Protection, promotion and support of optimal breastfeeding practices

Response

Progress Against WHO Best Buys Related to An Unhealthy Diet

Best Buys	Progress
Reformulation of policies for healthier food and beverage products (including reduction of free sugars)	The Government of Jamaica has implemented Special Consumption Tax on sweetened non-alcoholic beverages effective May 2026.
Front of package labeling as part of comprehensive nutrition labeling	Despite delays in the promulgation of legislation pertaining to front of package labels due to delay in the development of Regional Standards, the Ministry of Health and Wellness is collaborating with the Ministry of Industry, Investment and Commerce (MIIC) and Non-Governmental Organisations (NGOs) to implement a media campaign to educate the public about their right to know what is in a food package. In addition, the collaboration will lead to a decision on the type of Front of Package Label (FOPL) to be used on food labels.

[1] World Health Organization. Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases, 2nd ed. [Internet]. Geneva: World Health Organization; 2024 [cited 2026 Apr 17]. Available from: <https://www.who.int/publications/i/item/9789240091078>

2) Nutrition Unit, Ministry of Health and Wellness, Jamaica

Response

Progress Against WHO Best Buys Related to An Unhealthy Diet

Best Buys	Progress
Public food procurement and service policies for healthy diets (e.g. to reduce the intake of free sugars)	<p>The Ministry has drafted documents to support public food procurement and service policies such as:</p> <ul style="list-style-type: none">• Food procurement guidelines for health facilities• Meal standards for patients, staff and visitors of health facilities• Guide for healthy eating at meetings at events at workplaces• Guide for the promotion of healthy eating in workplaces• Policy on SSB for health facilities <p>These are based on the National Food-based Dietary Guidelines and aim to decrease the intake of sugar, sodium and fat while increasing the intake of fruits and vegetables.</p>
Behaviour change communication and mass media campaign for healthy diets (e.g. to reduce free sugars)	<p>A number of communication strategies pertaining to healthy eating have been developed and implemented, including:</p> <ul style="list-style-type: none">• Food-based dietary guidelines for Jamaica• Sugar reduction• Nutrition Facts Panel• Infant and young child feeding• Healthy eating for the elderly

Response

Progress Against WHO Best Buys Related to An Unhealthy Diet

Best Buys	Progress
Policies to protect children from harmful impact of food marketing	Jamaica is in the process of developing relevant policies. To date an assessment of the promotion of unhealthy foods to children has been conducted. In addition, an assessment of the implementation of the international Code of Marketing of Breastmilk Substitutes in Jamaica was conducted and provided insights on the marketing practices if Industry.
Protection, promotion and support of optimal breast-feeding practices	Jamaica continues to implement the National Infant and Young Child Feeding Policy approved (2018) and the supporting plan of action (approved 2020). Activities include: <ul style="list-style-type: none">• Implementation of the baby-friendly Hospital Initiative (over 50% of public hospitals providing maternity care certified)• Implementation of communication strategies for breastfeeding including media promotion and education of pregnant and lactating women in health facilities and community settings• Strengthening of Nutrition Surveillance Systems• Workplace support for healthy eating including in guides for the promotion of healthy eating in workplaces• Actions towards Code of Marketing of Breastmilk Substitutes

[1] World Health Organization. Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases, 2nd ed. [Internet]. Geneva: World Health Organization; 2024 [cited 2026 Apr 17]. Available from: <https://www.who.int/publications/i/item/9789240091078>

[2] Nutrition Unit, Ministry of Health and Wellness, Jamaica

The Response

Fiscal Measures to Reduce Consumption of SSBs

The WHO recommends the taxation of SSBs as a cost-effective fiscal measure to reduce consumption and support the prevention and control of NCDs¹. By increasing prices, such taxes discourage purchase and intake of sugary drinks while encouraging healthier alternatives.



The Response

Special Consumption Tax (SCT) on Non-Alcoholic Sweetened Beverages

In March 2026, the Government of Jamaica proposed a Special Consumption Tax (SCT) on non-alcoholic sweetened beverages to reduce the burden of NCDs among Jamaicans effective May 2026¹.

The SCT applies a levy of JM\$0.22 per gram of added sugar. Beverages with no added sugar will not be taxed, while products with lower sugar content will attract a lower tax than those with higher sugar content¹.

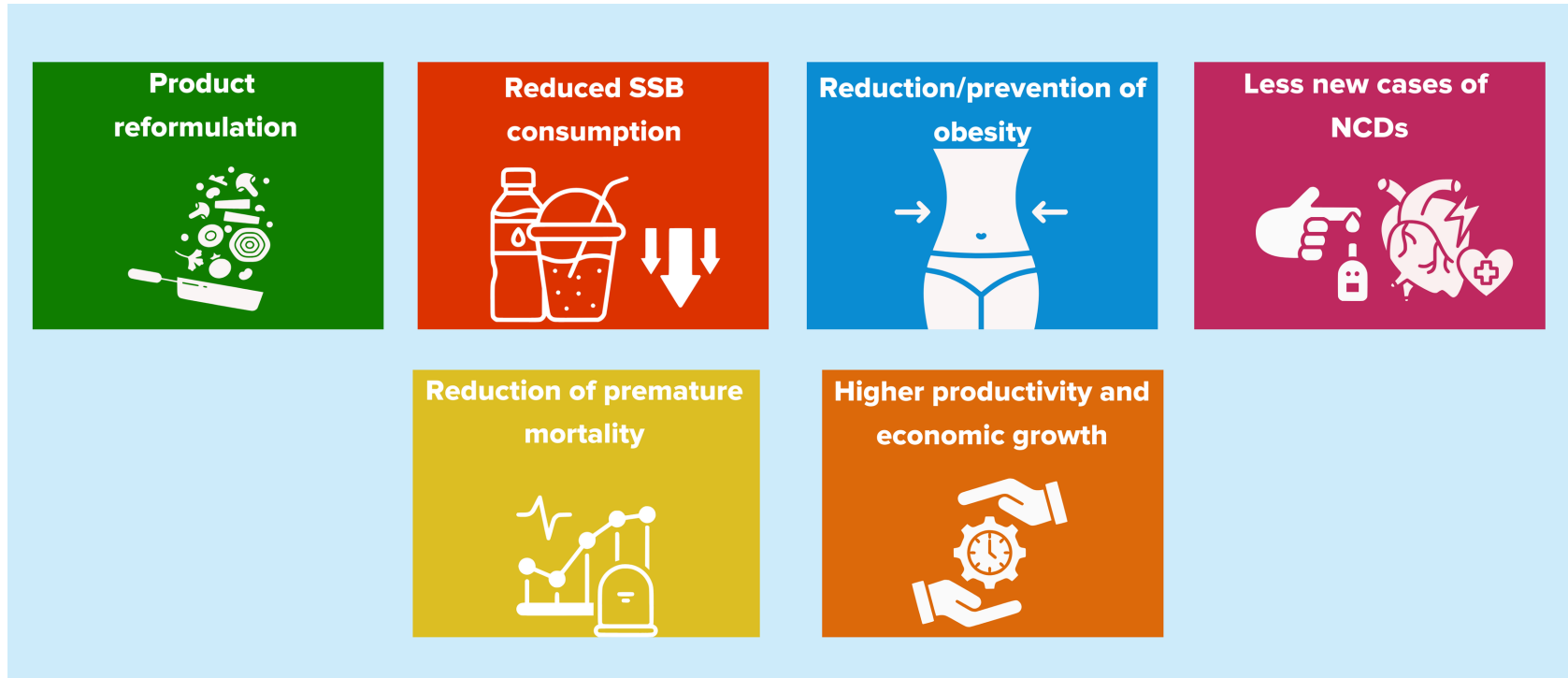
SCT =
JM\$0.22/g of
added sugar



[1] Jamaica Information Service. SCT on sweetened beverages to be based on sugar content [Internet]. Kingston: Jamaica Information Service; 2026 Mar 25 [cited 2026 Apr 29]. Available from: <https://jis.gov.jm/sct-on-sweetened-beverages-to-be-based-on-sugar-content/>

The Response

Desired Outcomes of SCT on SSBs



[1] World Health Organization. Taxes on sugary drinks: why do it? [Internet]. Geneva: World Health Organization; 2017 [cited 2026 May 6]. Available from: <https://iris.who.int/server/api/core/bitstreams/e84be701-95fd-4676-a0b9-7f1bcef70242/content>

[2] Andreyeva T, Marple K, Marinello S, Moore TE, Powell LM. Outcomes following taxation of sugar-sweetened beverages: a systematic review and meta-analysis. JAMA Network Open. 2022 Jun 1;5(6):e2215276.

The Response

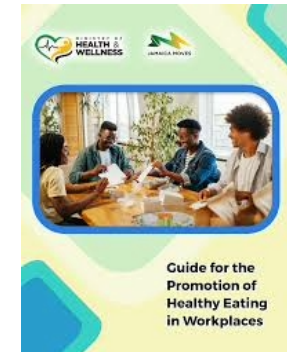
Strategies Initiated by the Ministry and other GOJ Programmes



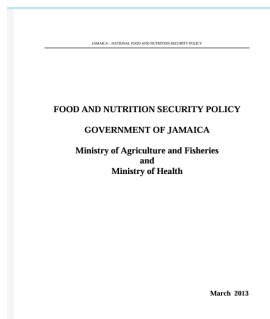
National School Nutrition Policy and Standards



Jamaica Moves



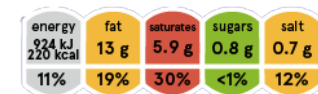
Workplace Policy and Guidelines for Healthy Eating



Food and Nutrition Security Policy



Special Consumption Tax on SSBs



Front of Package Labelling

The Response

Critical Actions

Build a social movement
around healthy eating and
eating well



Enhance social protection
measures



Targeted interventions in
various settings



Strengthen Nutrition
Surveillance System



Reinstitute the Cost of Feeding a
Family of Five Calculation

Improve the cadre of
Nutritionists and Dietitians
for targeted interventions



Strengthen collaboration
with community groups



Summary

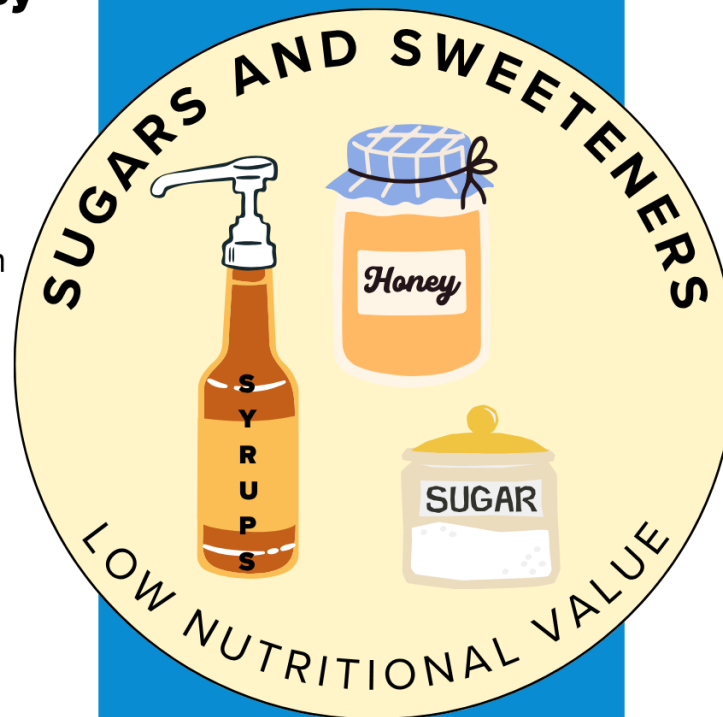
Why Limit Sugary Foods and Drinks

SSBs are Not Needed by the Body

- The body does not need free sugars.
- It can get all its energy from healthier carbohydrates (fruits, vegetables, legumes, whole grains, and ground provisions.)

Health Risk of SSBs

- High intake of SSBs is strongly linked to weight gain, obesity, NCDs and premature mortality



Economic Cost of SSBs

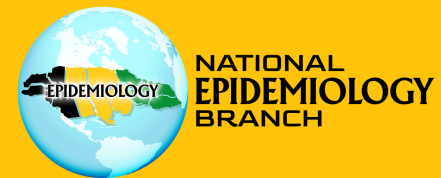
- SSBs are associated with poor health outcomes which translate to substantial economic cost to the individual and society.



[1] Harvard T.H. Chan School of Public Health. Sugary Drinks. The Nutrition Source. 2023. [Cited 2026 Apr 9]. Available from: <https://nutritionsource.hsph.harvard.edu/healthy-drinks/sugary-drinks/>

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