

CREATING A FAVORABLE ENVIRONMENT AND STAKEHOLDER BUY-IN FOR FOOD-RELATED FISCAL POLICIES IN GHANA

Advocating for Health (A4H) Project

Concept & Motivations



UNIVERSITY OF GHANA

SCHOOL OF PUBLIC HEALTH

Background



GHANA

CASE STUDY

Food insecurity and undernutrition has reduced but Ghana continues to face a triple burden of malnutrition



Food insecurity: **12%** nationally
18% rural population, **6%** urban (2020)



Stunting (National): **28%** (2008) to **18%** (2018)
Stunting (Northern region): **33%**



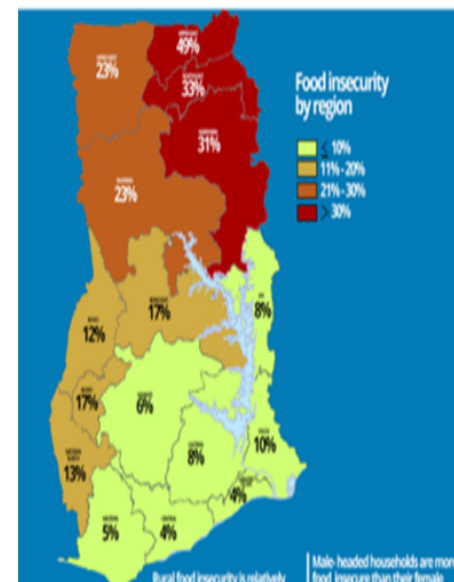
Anaemia: **45%** of women of reproductive age,
66% of children, 6-59 months (2014)



Obese or overweight: **41%** of women, 15-49 y
(2016, modelled estimates)



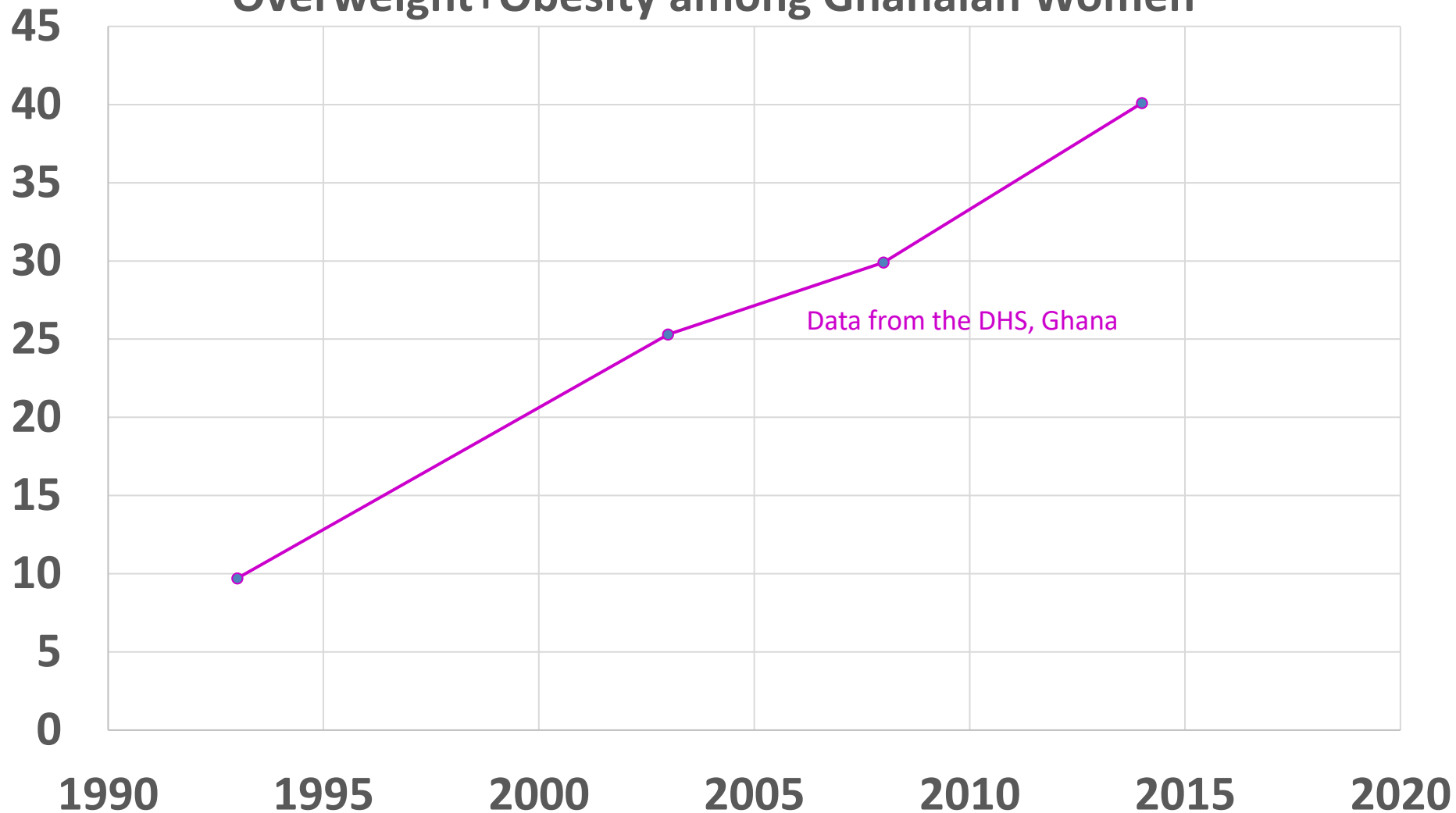
Min dietary diversity: **60%** of women, 15-49y
17% of children, 6-23months (2020)



Percentage who cannot afford a healthy diet³: **61.2%**

Background

Overweight+Obesity among Ghanaian Women



Driven by unhealthy food environments, NCDs are predicted to become the leading cause of death in Ghana by 2030.

**EVERYBODY
NEEDS TO ACT**

Concerned, we aimed to address the problem of NCDs through effective public health policy measures.

But would soon be reminded that longstanding challenges needed to be addressed first

HEALTH TAXES

A primer for WHO staff


Taxes levied on goods deemed harmful to society and individuals: - Tobacco - alcohol - non-alcoholic beverages - certain food (high in fats, sugar, salt), gambling, etc.)



- Taxes on tobacco and alcohol were the original “sin taxes”
 - initial focus revenue generating measures.
 - in the last decade, these have been increasingly recognized as core of health protection and promotion policies.

The WHO has endorsed health taxes as part of evidence-based strategies for the prevention and control of NCDs.

- WHO ‘*Best Buys*’ so-called due to their cost-effectiveness and feasibility for combating NCDs in LMICs.

<p>‘Best buys’: Effective interventions with cost effectiveness analysis (CEA) \leq \$100 per DALY averted in LMICs</p>	<ul style="list-style-type: none"> • Reduce salt intake through the reformulation of food products to contain less salt and the setting of target levels for the amount of salt in foods and meals¹ • Reduce salt intake through the establishment of a supportive environment in public institutions such as hospitals, schools, workplaces and nursing homes, to enable lower sodium options to be provided¹ • Reduce salt intake through a behaviour change communication and mass media campaign • Reduce salt intake through the implementation of front-of-pack labelling²
<p>Effective interventions with CEA $>$ \$100 per DALY averted in LMICs</p>	<ul style="list-style-type: none"> • Eliminate industrial trans-fats through the development of legislation to ban their use in the food chain² • Reduce sugar consumption through effective taxation on sugar-sweetened beverages 

Where is the evidence?

Building momentum:

lessons on implementing
a robust sugar sweetened
beverage tax



[WCRF details here](https://www.wcrf.org/policy/our-publications/building-momentum-series/lessons-implementing-robust-sugar-sweetened-beverage-tax/)

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Where is the evidence?

- Mexico's 10% tax on sugar-sweetened beverages resulted in a 5.5% decrease in sales by the end of the first year, and a 9.7% drop in sales in the second year, with the largest decrease amongst the most socioeconomically disadvantaged
- In Chile, SSB tax was able to reduce the monthly purchased volume of the higher taxed, sugary soft drinks by 21.6%.
- The announcement of the imposition of an SSB tax urged manufacturers in Thailand, the United Kingdom, Portugal, Malaysia and South Africa to reduce the sugar content of their products.

Nutrition, Obesity, and Exercise

Evaluating the Evidence on Beverage Taxes: Implications for Public Health and Health Equity

Joshua Petimar, ScD; Laura A. Gibson, PhD; Christina A. Roberto, PhD

Sugar-sweetened beverage (SSB) taxes have taken off, as evidenced by their implementation in more than 45 countries and several local jurisdictions. In a short time, a large literature has amassed, which Andreyeva et al¹ systematically reviewed and meta-analyzed to inform worldwide tax policy. Not surprisingly, they report that SSB taxes, on average, were associated with significantly higher prices, with 82% of the tax passed through to prices. They also found that these taxes were associated with an average 15% decrease in SSB sales, estimating the price elasticity at -1.59 . These sales results were based on 35 estimates from 33 generally high-quality studies that used large data sets with objective measures and little missing data. Perhaps surprisingly, they did not find overall evidence of

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Wealthier treasury



SOUTH AFRICAN SUGARY DRINK TAX IS A WIN-WIN

South Africa introduced a tax on sugary beverages called the Health Promotion Levy from 01 April 2018 and it is based on the sugar content of the beverages. The implementation of the tax has created greater level of public awareness about the negative health consequences of sugar consumption and incentivised the industry to start reformulating their products. The tax has raised 3.2 billion Rands in revenue in its first year in operation.

Mpho Legote,

Director: VAT, Excise Duties & Sub-National Taxes ,Economic Tax Analysis, Tax and Financial Sector Policy, National Treasury, South Africa

Wealthier treasury

- **Hungary imposed a Public Health Product Tax (PHPT) on food products containing unhealthy levels of sugar, salt and other ingredients.**
 - It aimed to reduce consumption, promote healthy eating and create an additional mechanism for financing public health services.
 - In 3 years, €200 million generated, corresponding to the planned revenue

The



Project

- Using advocacy and scholar activism this project will create a favorable environment and stakeholder buy-in for food-related fiscal policies (e.g. SSB tax) in Ghana
- Identify a realistic legal pathway to enact SSB tax in Ghana
- Generate, curate, and avail evidence to support advocacy, scholar activism.



Project Objectives of the A4H Project

- Identify a realistic legal pathway to enact SSB tax in Ghana
- Generate, curate, and avail evidence to support advocacy, scholar activism, and to counter opposition from food & beverage industry actors
- Strengthen the coalition-building, stakeholder sensitization, media advocacy, policy advocacy, and evidence dissemination capacity of coalition members toward SSB tax advocacy.
- Implement communication and media advocacy in support of the most appropriate and feasible pathway to enact an SSB tax in Ghana.

Project Partners - Academia

- Academic and Research Networks research think tanks – will lead implementation research, evidence synthesis to support advocacy (evidence-informed advocacy including countering opposition / discursive tactics of the private sector), scholar activism, and capacity building of coalition members.
- They include;
 - **School of Public Health, University of Ghana - Grant Recipient overall leadership and coordination**
 - Kwame Nkrumah University of Science and Technology (KNUST)
 - University for Development Studies (UDS)
 - University of Cape Coast (UCC)
 - University of Health and Allied Sciences (UHAS)

Project Partners – Civil Society

- Civil Society/NGOs/existing Coalitions – mobilize civil society/existing coalitions and lead advocacy/demanding accountability; contribute to awareness creation and sensitization.
- They include
 - Ghana NCD Alliance (works with other CSOs – advocacy/sensitization)
 - 20 CSOs identified to contribute to this

Project Partners – Public Health Associations + The Media

- Public Health Associations – will contribute to advocacy/education/sensitization
 - Ghana Public Health Association (GPHA)
 - Ghana Academy of Nutrition and Dietetics (GAND)
- **The media**
- Will contribute to publicity/education/sensitization

Project Team & collaborators

Prof. Amos Laar – School of Public Health, University of Ghana (UG)

Project Staff (Akosua, Annabel, Amos)– School of Public Health UG

Prof. Richmond Aryeetey – School of Public Health, UG

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Prof. Paul Armah Aryee - UDS

Prof. Francis Zotor - UHAS

Prof. Michelle Holdsworth - France

Prof. Charles Agyemang - The Netherlands

Dr. Stefanie Vandevijvere – Belgium

Dr. Kobby Mensah – University of Ghana Business School

Dr. Krystal Rampalli - USA

Dr. Charles Apprey - KNUST

Prof. Anne-Marie Thow - Australia

Dr. Melissa Mialon – Ireland

Dr. Kingsley Pereko – GAND

Mr. James Amoah - GPHA

Labram Musa Massawudu – GHANA NCDA ALLIANCE

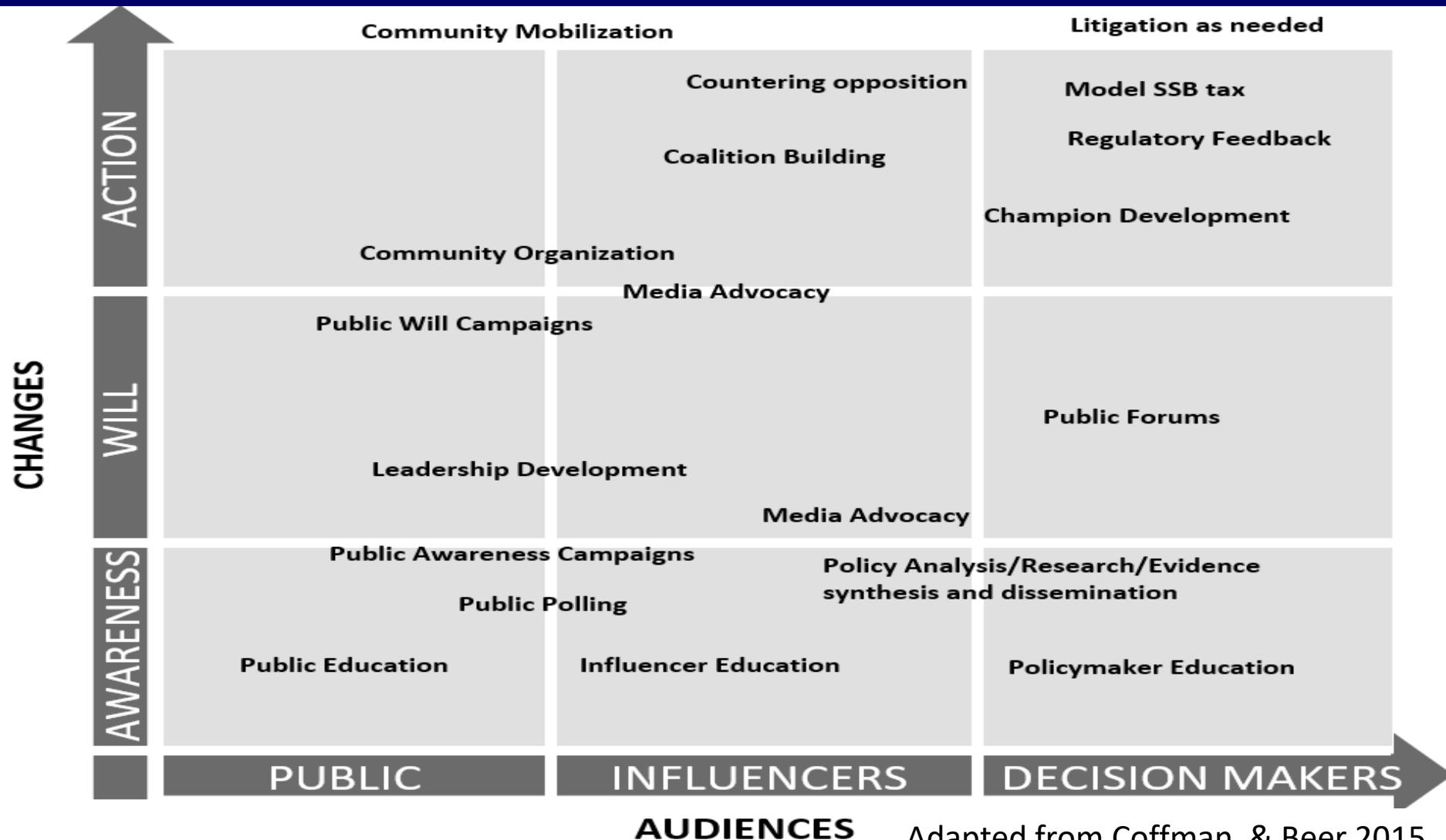
Project Partners – non-coalition stakeholders/allies

- State actors
- Regulators
- Lawmakers
- MDAs
 - Ministry of Health (MOH),
 - Food and Drugs Authority (FDA)
 - Ghana Health Services (GHS)
 - National Development Planning Commission (NDPC)
 - Ghana Revenue Authority (GRA)
 - Customs Division of GRA
 - Ministry of Trade and Industry (MOTI)
 - Ministry of Finance and Economic Planning
 - Student Unions at the tertiary (NUGS/SRC) and pre-tertiary levels
 - National Council of Parent Teachers Association

Project strategies and activities

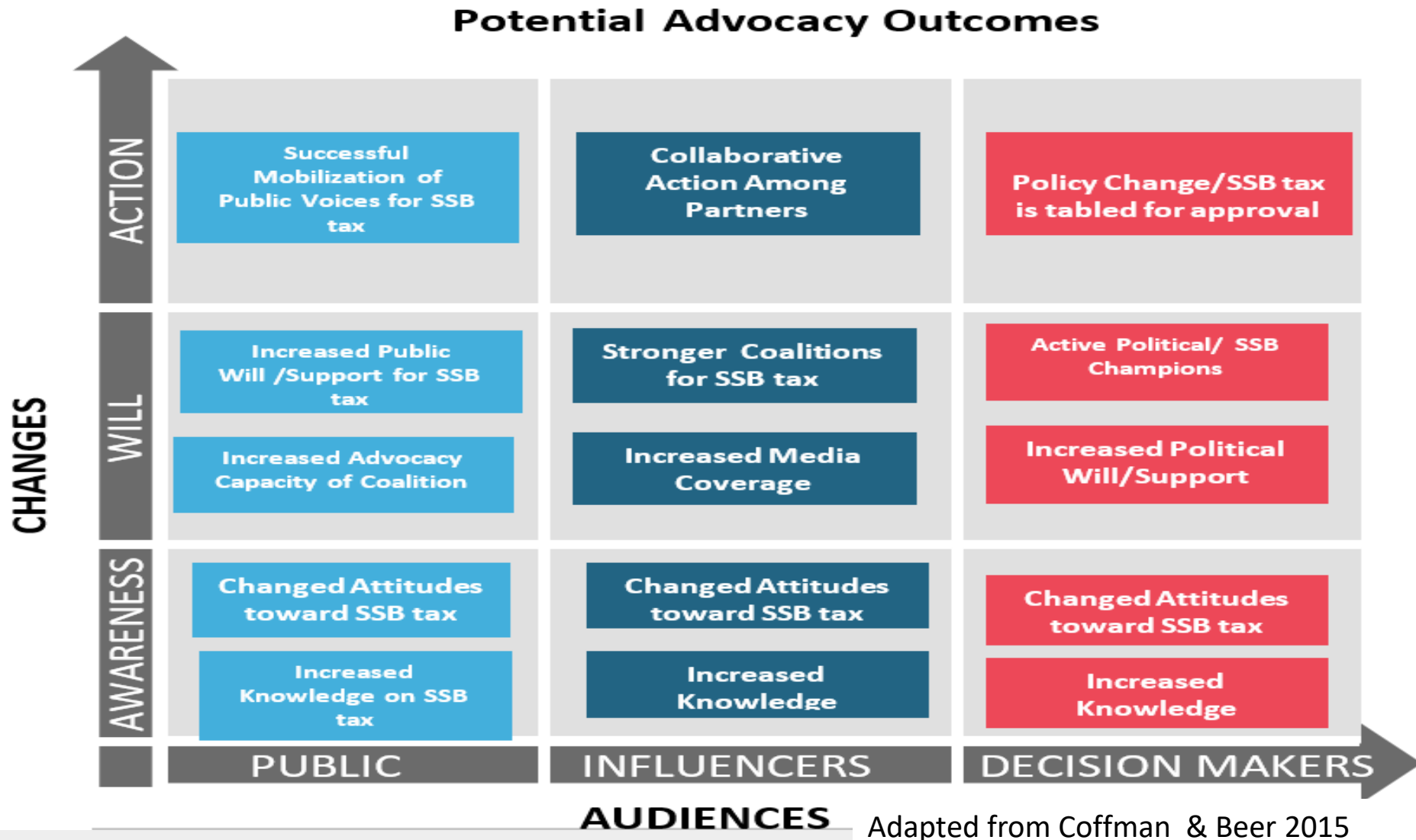
- To realize the stated project objectives, the following strategies are proposed:
- Landscaping and evidence synthesis
- Political economy analysis
- Legal feasibility analysis
- Corporate political activity analysis
- +
- Capacity building; Sensitization and awareness creation; Media advocacy, policy advocacy for SSB tax development.

Advocacy strategies, audiences, & the changes desired



Adapted from Coffman & Beer 2015

Advocacy audiences, changes desired & outcomes



Thank you