**Submission on Sugar-Sweetened Beverage (SSB) Tax to the Standing Committee on Finance**

We, the public health specialist trainees at the University of Stellenbosch, fully support the intent of the proposed tax as one component of a strategy to combat obesity because of the known rise in non-communicable disease (NCD) burden, the growing body of evidence identifying obesity as a major risk factor and the identification of sugar sweetened beverages (SSB) as a driver of the obesity epidemic. South Africa has already introduced population-level interventions, both fiscal and regulatory, addressing tobacco which have shown improved outcomes. Specifically with sugar, fiscal measures have been identified as a cost-effective method to address NCDs with encouraging evidence from other countries with similar legislation. Despite criticism for over-regulating population behaviour, we feel that it is within the remit of the state to implement population measures to improve health and well-being.

While we support the spirit and intent of the proposal, we would like to raise the following issues for further consideration:

**Point 1: Proposed tax options**

We feel that a fiscal measure that attempts to change both consumer behaviour and manufacturer practices will have a greater impact than a measure directed at the consumer alone. To this end, we support a levy based on absolute sugar content targeting the consumer because it draws attention to SSBs, as a product class, and highlights the impact of absolute sugar content on caloric intake and obesity. Moreover, an additional component that specifically targets manufacturers, who exceed a prescribed sugar content threshold, may act as a financial disincentive to effect change in manufacturer formulation practice, in the absence of any sugar content legislation.

**Point 2: Ring-fencing of revenue**

As with tobacco and alcohol, the health sector disproportionately bears the brunt of consequences related to excessive sugar consumption yet historically, revenue generated from existing “sin taxes” are not channelled and utilised for the prevention and control of related harms. We therefore feel that at least a portion of the foreseen revenue should be ring-fenced and linked to the implementation of the National Strategic Plan for the Prevention and Control of Non-Communicable Diseases. This action may also improve public perception around the proposed tax by clarifying its intent and use.

**Point 3: Regulation of sugar content**

Both sodium and sugar consumption are known risk factors for the development of NCDs and the impact of consumption in excess is similar. As opposed to fiscal measures which are intended to target consumer behaviour, recent regulations limiting the sodium content of certain foods place restrictions at the point of manufacture. Similarly, we feel that regulation on sugar content of product formulations should be considered, as part of a comprehensive strategy for harms reduction.

We fully acknowledge the complexity of health-related issues and multifactorial nature of their determinants and would like to highlight the potential leverage of progressive population-level interventions. We therefore support the introduction of a sugar sweetened beverage tax and view the proposed policy as an opportunity to prevent significant harm and promote wellness. Additionally, we feel that this measure may be strengthened by addressing some of the points raised above.