



26 August 2022

VIA Electronic Submission (NCDappendix3@who.int)

World Health Organization
CH-1211 Geneva 27
Switzerland

Re: Comments on Draft Updated Appendix 3 of the WHO Global NCD Action Plan 2013-2030

Dear Sir or Madam:

The International Council of Beverages Associations (“ICBA”) is pleased to submit these comments in response to the World Health Organization’s consultation on “Draft Discussion Paper for Updated Appendix 3” (“Draft Appendix”) to its “Global Action Plan for the Prevention and Control of Noncommunicable Diseases, 2013-2030” (“Global Action Plan”), dated August 1, 2022. ICBA is an international non-profit, non-governmental organization established in 1995 that represents the global non-alcoholic beverage industry¹. ICBA has been a recognized observer at Codex Alimentarius for over 20 years and holds special consultative status with the UN’s Economic and Social Committee (ECOSOC). While ICBA appreciates this opportunity to provide written comments, we continue to be disappointed that the private sector is excluded from the upcoming web-based consultation on this matter, which is restricted to only those in official relations with WHO. We believe that a robust, transparent consultation process with wide stakeholder engagement is critical to ensuring good outcomes and encourage WHO to reconsider this decision.

We continue to support WHO’s effort to update Appendix 3 and we are pleased to see that many of these efforts are complementary with ICBA’s priorities, specifically those related to reformulation of beverages to reduce added sugars, our support of science-based interpretative front-of-package nutrition labeling programs, and our recently strengthened marketing-to-children guidelines.

We do, however, note with concern WHO’s continued promotion of a sugar-sweetened beverage tax as a proposed intervention, and **respectfully request that the WHO revise the Draft Appendix to remove it from the proposed menu of policy options.** ICBA would refer WHO to our comments submitted on the First Consultation regarding this matter, dated June 26, 2022. While we maintain our perspective submitted generally in those comments, this set of comments will focus only on the updated material related to intervention H7, taxation of sugar-sweetened beverages.

At the outset, we would urge WHO to pause and ensure that 1) any policy guidance it is issuing for Member States is **based on the best and strongest evidence**; and 2) Member States and other

¹ The members of ICBA include national and regional beverage associations as well as multinational beverage companies that operate in more than 200 countries and territories. For further information please see www.icba-net.org.

stakeholders are afforded appropriate time for due deliberation on matters of importance. We would respectfully suggest that the plethora of draft inter-related policy materials issued this summer by WHO for consideration by Member States and other stakeholders have unfortunately been issued with undue haste. Over June through August, WHO staff have issued and completed consultations on four major nutrition policy areas, with a consultation response period averaging 28.75 days. The draft guidelines that they have issued have been based on “low-certainty evidence” in two instances², based in part on missing evidence in one instance³, and based in part on preliminary evidence in the current instance, as described further below. We would refer you to the **chart in Annex A** for further detail.

The latest Draft Discussion Paper on Appendix 3 follows this trend: the evidence that has been included to support tax recommendation is both preliminary and scant, and openly acknowledged as such with a disclaimer in their materials.

Intervention

H7	Taxation on sugar-sweetened beverages (SSB) as part of comprehensive fiscal policies to promote healthy diets
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The results on the impact of SSB taxation are preliminary and may change. Additional effects are being considered, subject to validation.

Why, then, the rush to proceed with this Draft and this Intervention? Appendix 3 has historically been intended as the “gold standard” menu of cost-effective interventions for Member States to rely upon. We would call upon WHO to uphold a higher standard with this document and only present for consideration to Member States those interventions for which evidentiary analysis has been both completed and found to be compelling.

More generally, we note that all the nutrition interventions described in the chart on page 1 in the Technical Brief on Unhealthy Diets are of great importance to Member States, who rely on WHO to prepare guidelines grounded in the strongest and best science. All countries around the world face budgetary realities and are better served pursuing science-based solutions that are more likely to yield positive health-based results and are cost-effective.

With regard to the specific support provided to support Intervention H7, “Taxation on Sugar-Sweetened Beverages,” we offer the following comments: For this Technical Brief, WHO purchased a global data set from Euromonitor and then performed its own internal modeling calculations. We would note at the outset that there is no consistent, demonstrated positive public health outcomes from real-world data of sugar-sweetened beverage taxes – a far better marker than modeled Euromonitor data. We again refer to our submitted comments in June 2022 which more fully set forth the existing evidence base related to sugar-sweetened beverage taxation.

² See WHO Draft Guidelines on Use of Non-Sugar Sweeteners and WHO Draft Guidelines To Protect Children from the Harmful Impact of Food Marketing (both issuing “Conditional Recommendations” which are based on evidence of “low-certainty.”)

³ See the June 1 Discussion Paper and accompanying Technical Brief for Unhealthy Diets for Appendix 3, where no supporting evidence was provided for (formerly named) Intervention H6, Taxation of Sugar-Sweetened Beverages.

WHO’s own modelling results show that it is their own lowest ranked intervention among the “Unhealthy Diets” measures. In the updated Discussion Paper, it is the lowest ranked intervention for unhealthy diets. Under the column for “Healthy Lives Gained” per year – which is presumably the most important result of any such intervention, the purported results pale in comparison to other interventions. In LMICs countries, WHO predicts that reformulation policies will gain a modelled 4,038 healthy lives per year. Front of package labelling, an astounding modelled 7000 healthy lives per year. And sugar-sweetened beverage taxation? A modelled 12 healthy lives gained. In terms of policy-making prioritization, one does wonder why this is still on the list.

WHO relies on flawed assumptions related to substitution in their internal modeling data. Among the assumptions WHO has made for modeling purposes is that when a tax is levied on a sugar-sweetened beverage, consumers do not substitute that beverage with an untaxed sugar-containing beverage. Accordingly, they made no adjustments to their model to account for the “substitution effect.” Although prices play a substantial role in determining consumer choice, the availability of substitute foods as well as individual habits and preferences are critical factors that determine what food gets consumed. When the price of a particular food (e.g., sugar-sweetened beverages) increases, we expect consumers to consume less of it (the *own-price effect*), but in doing so they are left with a decision about what to consume instead (the *cross-price effect*). Part of the consumption is likely to be substituted with an alternative that ideally contains less sugar, but it may very well contain more sugar or just be less expensive (e.g., lower quality). Also, consumers may continue buying the now higher-priced food but reduce the quantity of other foods they consume to continue to afford it, including food considered better (e.g., fruit and vegetables). This is known as the *income effect*, and it is more likely to affect lower-income earners as they spend a relatively greater share of their incomes on food. WHO omitted this entire policy discussion from their analysis, raising question if the modelled 12 healthy lives gained is even achievable.

Moreover, WHO claims that the “most recent systematic reviews” found no evidence of substitution to untaxed beverages, and therefore it is unnecessary to account for substitution. It doesn’t mean that it’s unnecessary to account for substitution, it simply means you should read those studies with that caveat in mind. Studies that address cross-price effects explicitly generally focus on either a narrow range of substitutes or on a very broad food group such as low-calorie versus high-calorie content products, rather than across the whole diet.⁴

WHO’s dataset is not transparent. WHO has not published, peer-reviewed or otherwise made available the dataset upon which it relied, nor has it provided any substantiation beyond the scant information provided in this analysis. It is very difficult to provide anything other than generalities in response.

WHO is still in the process of validating its results. We note that in addition to issuing a general disclaimer that “results are preliminary and subject to change,” WHO acknowledges that they are still attempting to validate certain health outcomes, such as impact on diabetes, among others. Given scarce resources available national health systems, it seems prudent to not proffer policy suggestions

⁴ That is also the case for the 3 out of 13 studies selected in the meta-study by [Andreyeva et. al \(JAMA Network Open. 2022;5\)](#). Reported results were only extracted for untaxed beverages or bottled water, and not the entire diet.

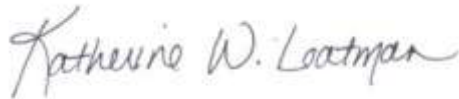
not based on the strongest, validated science which will yield cost-effective health results. On its face, the SSB excise tax proposal seems to fall short on both counts.

Conclusion

ICBA strongly supports WHO's important efforts to prevent and control obesity and other non-communicable diseases.

ICBA applauds the WHO's continued attention to the important issue of obesity and other non-communicable diseases but respectfully requests that the proposed intervention on reducing the consumption of sugar through the taxation of sugar-sweetened beverages be removed from the Draft Appendix. With all due respect, we believe the level of evidence simply does not merit its inclusion. We do, however, stand ready to support WHO in its important effort to update Appendix 3 and appreciate this opportunity to provide input to the consultation. We thank you for your consideration of these comments.

Respectfully submitted,

A handwritten signature in dark ink, reading "Katherine W. Loatman". The signature is written in a cursive, flowing style.

Katherine W. Loatman
Executive Director

Annex A: Chart of Nutrition-related Consultations Issued by WHO June-August 2022

WHO Draft Policy Guideline	Level of Evidence Provided	Consultation Timeline
Appendix 3 Draft Discussion Paper 1	Evidence to support sugar-sweetened beverage taxation intervention missing from the document ; was not prepared at time of publication.	1 June – 26 June (26 days)
Draft Guideline on Policies to Protect Children from the Harmful Impact of Food Marketing	Guideline consists of two recommendations, both of which are “ Conditional Recommendations ” based on science of “ Low Certainty ”	29 June – 31 July (33 days)
Draft Guideline on the Use of Non-Sugar Sweeteners	Guideline consists of one recommendation, which is a Conditional Recommendation based on science of “Low Certainty.”	15 July – 14 August (31 days)
Appendix 3 Draft Discussion Paper 2	Evidence to support sugar-sweetened beverage taxation intervention summarized in document but flagged with note stating “ results of impact of SSB taxation are preliminary and may change. ” Nonetheless the recommendation is included.	3 August – 28 August (25 days)