Report on the WHO consultation on using fiscal policies to achieve better health outcomes  
Geneva, 4-5 December 2017  
Attended by Corne van Walbeek

This meeting brought together various departments within WHO to discuss how we can use fiscal policies (i.e. taxes, but also subsidies) to promote better health. The group also brought in international specialists like Frank Chaloupka. PRICELESS was represented by Karen Hofman and Nick Stacey. The chair of the meeting, Jeremy Lauer of WHO, argued that, in the context of taxation, health and economics are two sides of the same coin – the one cannot do the one without the other – but that, because WHO is a health organisation, they would prioritise health. A third dimension, somewhat distinct, has to do with implementation and administration.

The discussion focused on three matters: tobacco, alcohol and sugar-sweetened beverages. There was also a presentation on proposed taxes on food high in fat, sugar and salt, but the research suggests that the effects are so marginal and difficult to quantify, that this is not a very promising avenue to take. Of the three products (tobacco, alcohol and SSBs), the big daddy by far, in terms of research evidence, ease of implementation, and effectiveness, is tobacco. Much attention was placed on SSBs, because that is the next frontier, but the impact that it will have on obesity is not obvious to me. Also, the vested interests of the soft drink industry are very strong.

An interesting document is Appendix 3 of the WHO Global NCD Action Plan, where 88 interventions are listed as “good buys”, in terms of their cost effectiveness. Of these, three are health taxes (on tobacco, alcohol and SSBs). A subset of 16 interventions, called “best buys” has been identified, where the cost of each DALY saved is less than 100 USD. Tobacco and alcohol taxes appear on this list, but not SSB taxes. Of course the list can change over time.

Jeremias Paul, the head of the Economics section at the Tobacco Control Unit at the WHO (not to be confused with the FCTC Secretariat) has a rather nice acronym for the scare tactics that the tobacco industry uses to fight against tobacco tax increases, namely SCARE, where S is Smuggling and illicit trade, C is Court and legal challenges, A is Anti-poverty rhetoric, R is Revenue reductions and E is Employment impact, especially on farmers. Dag Rekve, the alcohol control person at WHO suggested that for alcohol the industry uses SCARE THEM, where T is “Tobacco is not the same as alcohol”, H is “Heavy consumers are the problem”, E is “Empower people” and M is “Moderate consumption is not a problem”.

This workshop seems to have been an attempt to break the siloes between the various departments at WHO. Some random comments that I wrote down are the following:

- Should there be the equivalent of an FCTC for obesity?
- Alternatively, should the FCTC be expanded to become a “Framework Convention for Industrially-driven Epidemics”?
- The nutritional science is quite complex. Liquid sugar, as it is found in SSBs, is apparently more harmful than sugar that is found in other foodstuffs.