

Lessons From South Africa's Campaign for a Tax on Sugary Beverages



AUTHORS

Kerry Cullinan, Luyanda Majija, Trish Cotter, Alexey Kotov, Sandra Mullin and Nandita Murukutla

ACKNOWLEDGMENTS

The authors gratefully acknowledge Bloomberg Philanthropies for their generous support of this project. Through the Bloomberg Philanthropies' Food Policy Program, Vital Strategies and the Global Health Advocacy Incubator provided technical assistance and resources to the locally led policy advocacy campaign. We would also like to thank Karen Hofman, Fathima Gaston and Paul Mason for their collaboration, and input and review through the campaign and publication process.

Executive Summary

Obesity is a major and growing public health challenge in South Africa. On April 1, 2018, South Africa became the first African country to introduce a tax on sugary beverages. The 11% tax was intended to reduce consumption of sugary drinks, which contribute to the country's rising rates of obesity and related noncommunicable diseases (NCDs). Before the tax was passed, Vital Strategies and a coalition of local civil society groups launched an extensive public communication and advocacy campaign, based on evidence that such campaigns can help to build widespread political and public support for a proposed policy.

This case study describes how a variety of factors led to introduction of the tax, described in legislation as the Health Promotion Levy. In particular, how strategic advocacy and communication, informed by local context and local and international evidence and experience, helped to secure political and public support for the tax. Lessons learned from this campaign can inform other countries' communication and advocacy efforts aimed at policies to address the global obesity epidemic.

Background

Obesity rates have risen rapidly over the past 40 years in most countries around the world. In 2015, more than 2.2 billion people—or one-third of the world's population—were overweight or obese.¹ Prevalence of obesity is increasing rapidly, especially among children and in low- and middle-income countries.²⁻⁵ South Africa's obesity rates are the highest in sub-Saharan Africa, and are continuing to increase rapidly.³ Almost 70% of women, 39% of men, one in four girls and one in five boys between the ages of 2 and 14 years are either overweight or obese in South Africa.⁶ Rates of diabetes are also rapidly increasing, obesity-related diseases account for 43% of deaths, and diabetes ranks as the second biggest killer.^{3,7,8}

Globally, nutritional transitions—changes in diet, physical activity and health, often as countries become more prosperous—have contributed to increased prevalence of overweight and obesity.⁹ Across the world, rising levels of sugar-sweetened beverage consumption are a primary source of added sugars in many coun-

Sugar-sweetened beverages are liquids that contain added caloric sweeteners, such as sucrose, high-fructose corn syrup or fruit-juice concentrates.

Examples include regular soda or soft drinks (not sugar free), fruit drinks, sports drinks, energy drinks, sweetened waters, and coffee and tea with added sugars (U.S. Department of Agriculture, 2015).

Lessons from South Africa's campaign for a tax on sugary beverages

tries, including South Africa.¹⁰⁻¹⁴ Over the past several decades, with the increase in corporations in South Africa that produce sugary drinks, there has been growth in sales and consumption of sugar-sweetened beverages, and these a close parallel with rising obesity rates.¹⁵ Consumption of sugary beverages increased by almost 70% between 1999 and 2012.¹⁶ In 2010, South Africans were among the world's top 10 consumers of sugary drinks.¹⁷

To tackle obesity and NCDs, many countries have enacted so-called “sin” taxes on certain goods considered harmful or costly to society and individuals, such as unhealthy foods, beverages, alcohol, tobacco and other products. These excise taxes, paid at the time of purchase, not only generate revenue for governments but also discourage the use and consumption of unhealthy products. A large body of research finds that excise taxes on tobacco products, alcoholic beverages and sugary drinks reduce consumption and thereby reduce health consequences, including obesity and NCDs and related deaths.¹⁸⁻²²

With the rise in consumption of sugary beverages and obesity in South Africa, the need for action became clear. In 2013, the South African health department adopted “The Strategic Plan for the Prevention and Control of NCDs 2013-2017,” which identified taxes on unhealthy food as an option to lower consumption of such foods and reduce obesity and NCDs in South Africa.²³ Two years later, the health department adopted the “National Strategy for the Prevention and Control of Obesity 2015-2020,” which also proposed specific fiscal measures, including taxes.²⁴ Along with the health department, there were growing concerns and calls for action by government, public health advocates and researchers to address obesity and NCDs in South Africa.

In 2016, the government announced proposals for a tax on sugar-sweetened beverages. Starting in 2016, based on evidence that public communication and advocacy campaigns can increase knowledge, shift attitudes and build widespread public support for public health policies,²⁶⁻²⁹ a coalition of South African civil society groups developed a mass media campaign to increase knowledge about the harms of sugary beverages and build political and public support for the proposed tax.

In November 2017, South Africa's National Assembly passed a bill to make the country the first in Africa to implement such a tax.²⁵ The 11% Health Promotion Levy came into effect in April 2018 and was applied to nonalcoholic beer, and to nonalcoholic drinks with added sugar or flavoring in the form of syrups, other concentrates, cocoa powder or malt extract.

Lessons from South Africa's campaign for a tax on sugary beverages

This case study outlines how strategic advocacy and communication efforts informed by local context, along with local and international evidence and experience, helped to secure political and public support for passage of the tax on sugary beverages in South Africa.

Prioritizing action through evidence-based research

Research has shown a strong association between the consumption of sugary beverages and obesity, as well as other NCDs.³⁰⁻³⁵ Among the effective policy measures recommended to address these is a tax on sugary beverages—an intervention strongly supported by evidence of its impact on reduced product consumption and improved health.³⁶ Furthermore, although obesity cannot be attributed solely to consumption of sugary beverages, it is strongly associated with increased calorie intake and weight gain due to the high sugar content.³⁷

Mexico introduced a “soda” tax of 10% on Jan. 1, 2014, and from early 2016, data started to emerge that showed the tax had reduced the sales of these drinks.³⁸ In early 2017, a robust analysis of Mexican sugary beverage sales showed a 5.5% decrease in 2014 and a 9.7% decrease in 2015.³⁹

In South Africa, Priority Cost-Effective Lessons for System Strengthening South Africa (PRICELESS), a research-to-policy unit at the University of the Witwatersrand, provided critical local evidence.⁴⁰ PRICELESS had been involved in research on the impact of NCDs and obesity on health since 2009. In 2013, it conducted a systematic review of available interventions and concluded that a sugary beverages tax would be a “best buy” and could decrease obesity in South Africa.⁴¹ The following year, PRICELESS modeled the impact of a 20% sugary beverages tax on diabetes and stroke-related deaths. It concluded that a 20% tax could reduce obesity by 3.8% in men and 2.4% in women and decrease the number of obese adults by over 220,000.⁴²

PRICELESS also engaged extensively with key policymakers in government, as well as academia, civil society and the media, to sound the alarm about the growing problem of NCDs and to popularize potential solutions.⁴³ Key officials from the National Treasury were included in decision-making and in June 2015, PRICELESS presented the results of its modeling research to both Treasury and the Presidency as well as to journalists, making a convincing case for a sugary beverages tax.

Lessons

- 1. Credible, local research (and researchers) were key to sounding the alarm on the growing health problem.**
- 2. International evidence of effectiveness of taxes (Mexico) was crucial in building the case for the Health Promotion Levy.**

Turning political opportunity into policy process

The South African economy had been weakened by global economic events. Since 2014, gross domestic product (GDP) growth had been less than 2% a year, and by 2017 the unemployment rate was 27.5%.⁴³ In this context, a sugary beverages tax, already identified by two health department policy documents as a viable intervention, could both provide revenue and achieve public health goals.⁴⁴

In February 2016, the then-Finance Minister' Pravin Gordhan announced in Parliament that the government intended to introduce a tax on sugary beverages within the year. The timeline stretched out to almost two years, taking a number of twists and turns in response to consultations with the public and the sugary drinks and sugar industries. National Treasury's initial policy paper, published in July 2016, reflected the "best buy" advice from PRICELESS proposing a tax of 2.29 cents per gram of sugar on all sugary beverages—approximately 20% on a 330 mL can of Coca-Cola®—and called for public comment.⁴⁵

In November 2016, the National Treasury convened a stakeholders' meeting where industry representatives voiced opposition to the tax. However, an undeterred National Treasury indicated that it would take the sugary beverages tax proposal to Parliament.

The Parliament of South Africa consists of a 400-seat National Assembly and a 90-seat National Council of Provinces that deals with provincial matters. Members of Parliament are not directly elected and owe their allegiance to parties, not constituencies. During the period when the sugary beverages tax was being considered, the ANC had 249 seats in the National Assembly (62% of the national vote).

The sugary beverages tax was included in the Rates and Monetary Amounts and Amendment of Revenue Laws Bill 2017 (rates bill) where it was referred to as the Health Promotion Levy. The draft bill was published for public comment on Feb. 22, 2017. Classified as a "money bill," it had to be processed by the Standing Committee on Finance in the National Assembly.

According to Yunus Carrim, ANC Member of Parliament (MP) and chairperson of the finance committee, his party was concerned with three main competing interests: the health sector and those who wanted the sugary beverages tax; emerging Black farmers in the sugar industry and employees working in the sugar and beverages sectors; and the sugar industry, which pays taxes and has considerable weight in KwaZulu-Natal province. "We were less concerned about the beverage industry because it could always reformulate its products," he said.⁴⁶

Lessons from South Africa's campaign for a tax on sugary beverages

Public buy-in for the new legislation was important for the ANC, which has ruled the country since the first democratic elections in 1994. From the outset, the sugar and beverage sectors publicly opposed the sugary beverages tax and claimed it would cause massive job losses. Their position was covered extensively by the sympathetic business media.

The Standing Committee on Finance and the Portfolio Committee on Health convened an unprecedented four public hearings. The first two took place on Jan. 31 and Feb. 14, 2017, even before the draft bill had been published.

“For almost all [ANC MPs], the argument was won for a sugary beverages tax in the earliest of stages. The issue then became for us: We are going to agree on the sugary beverages tax but how do we decide on how much of the sugar content and rate, and how do we do this in a way that avoids job losses?” said Carrim.⁴⁶

Lessons

- 1. Country-based modeling on potential impact of the tax was essential. Length of time from announcement to passing the law was double that initially estimated.**
- 2. Cautiousness of policymakers led to extensive consultations and review. Delays favored opposition and led to a dilution in the tax level.**

Tracking industry opposition

Opposition to the tax was well organized. The beverage and sugar industries, both significant players in the South African economy, used the country's vulnerable economic situation to attack the proposed tax, claiming it would cause significant job losses and was motivated solely by government's need for revenue, not public health.

In 2016, the total economic footprint of the non-alcoholic beverage industry amounted to almost USD \$4.3 billion (R60 billion). Coca-Cola Beverages South Africa was the most dominant player, and three of its beverages, Coca-Cola, Fanta and Sprite, accounted for 53% of the soft drinks market.⁴⁷

A 2016 report profiling the South African sugar market value chain revealed that this industry contributed approximately USD \$850 million (R12 billion) to the economy annually and employed 79,000 people; over 20,000 small-scale Black farmers made a living from growing sugar cane.⁴⁸

The Beverage Association of South Africa (BEVSA) led opposition to the tax for its members, which include Coca-Cola, Pioneer Foods, Pepsi-Co, Red Bull, Tiger Brands and Soft Beverages. It placed anti-tax advertisements in major newspapers at key moments and held various media briefings.

Lessons from South Africa's campaign for a tax on sugary beverages

In August 2016, BEVSA claimed that the tax would cost 62,000 to 72,000 jobs, cause some 10,000 small businesses to close and had the potential to reduce the industry's contribution to South Africa's GDP by approximately US\$930 million (R14 billion).⁴⁹ These figures were drawn from a BEVSA-commissioned report produced by Oxford Economics, an economic research company.⁵⁰

Another research organization, the Institute of Race Relations, published a paper at the same time describing the tax as a “stealth tax” aimed at revenue generation that “would not have an impact on citizens’ health.”⁵¹ It later emerged that Coca-Cola had paid for this research.⁵² Researchers who examined submissions made to National Treasury by BEVSA, Coca-Cola and American Chamber of Commerce in South Africa published evidence of tactics such as using false citations.⁵³

In an attempt to subvert the parliamentary process, BEVSA members also held several meetings with the National Department of Health under the auspices of the Consumer Goods Council of South Africa, where they lobbied for regulations on the reformulation of sugary beverages, to be phased in over a number of years – a commonly used strategy to avoid a tax which is a much more effective intervention.⁵⁴

The tax was introduced in a complex political environment characterized by serious divisions within the ruling ANC. Finance Minister Pravin Gordhan, seen as a bulwark against corruption, was removed from his post on March 30, 2017, as President Jacob Zuma faced a series of corruption scandals. This ignited popular protests against Zuma and introduced uncertainty about the sugary beverages tax.

Industry lobbyists exploited the ruling party's constant divisions, and the sugar industry found an ally in the Zuma-supporting ANC's Women's League. The night before the third parliamentary hearing on May 31, 2017, the league issued a statement calling for the tax to be withdrawn. League members also made a concerted attempt to get the tax rejected by the ANC's national policy conference in late June 2017. The then-Health Minister Aaron Motsoaledi, a strong supporter of the tax, intervened. Had the policy conference rejected the tax, ANC MPs would have been compelled to vote against it.

But the threat of job losses took its toll on the National Treasury, which effectively halved its tax proposal after the first two public hearings. The new proposal involved a tax of 2.1c per gram of sugar (down from 2.29c per gram) and exempted the first 4g of sugar per 100mL from taxation as an incentive for the beverage industry to reformulate its drinks. This translated into a tax of 11% on a can of Coca-Cola. Although the health department considered pure fruit juices for inclusion in the tax, National Treasury exempted this product category from the tax⁵⁵ as a concession to the agricultural industry.

Lessons from South Africa's campaign for a tax on sugary beverages

ANC MPs in the Standing Committee on Finance and the Portfolio Committee on Health were under pressure from the Congress of South African Trade Unions (COSATU), a key ANC ally, to mitigate any possible job losses. While COSATU supported the health aims of the tax and conceded that its members were hardest hit by diabetes, obesity and cancer, the organization said it could not allow any members to lose their jobs.

Out of concern about job losses, MPs referred the sugary beverages tax to the National Economic Development and Labour Council (NEDLAC), an advisory body made up of business, labor and government. A task team was set up to mitigate any potentially negative consequences of the tax. After five months of discussions, the NEDLAC task team agreed on a jobs mitigation and creation plan that included practical projects to create new jobs across the value chain, and a program of support for the struggling sugar industry.

Lessons

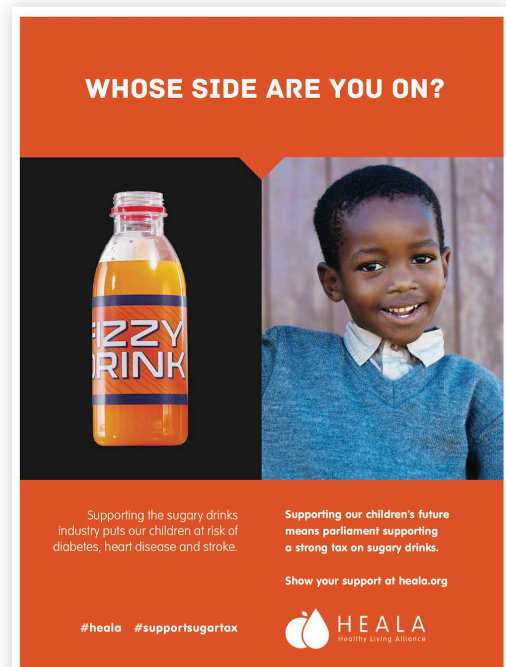
- 1. The threat of job losses (whether real or perceived) was a strong factor in the opposition's defense.**
- 2. Political and economic instability made the introduction of the tax vulnerable.**

Using strategic advocacy

Backed by research that identified a sugary beverages tax as a “best buy,” PRICELESS invested considerable effort in getting support for this intervention, particularly from government officials and academics. The Public Health Association of South Africa held a meeting on April 14, 2016 aimed at encouraging members, largely academics and civil servants, to support a sugary beverages tax.

A number of social justice organizations and health professionals organizations concerned about the rise of NCDs and obesity came together to form the Healthy Living Alliance (HEALA) to call for a sugary beverages tax of 20% or higher.⁵⁷

HEALA, despite being small, was boosted by a national mass media campaign developed in collaboration with global public health organization Vital Strategies, and as a result it soon became widely known and influential. The digital campaigning organization amandla.mobi also joined HEALA. Health-e News became HEALA's media partner, and PRICELESS worked with HEALA to ensure that the information it disseminated was evidence-based.



A print ad used to urge policymakers to prioritize the needs of the public and not the sugary beverage industry

Source: HEALA

Lessons from South Africa's campaign for a tax on sugary beverages

HEALA's television and radio advertisements were broadcast in English and the widely spoken local languages, isiZulu and isiXhosa. Billboards, print and online advertisements and social media messaging followed. People were directed to HEALA's website to get more information and sign a petition in favor of the sugary beverages tax.

Focus group research found that many people did not know sugary beverages were bad for their health. Therefore, when the media campaign was launched in October 2016, it did not mention the sugary beverages tax but focused on the health harms of drinking sugary beverages. These advertisements were shown during popular soap operas and other programs with large audiences.⁵⁸

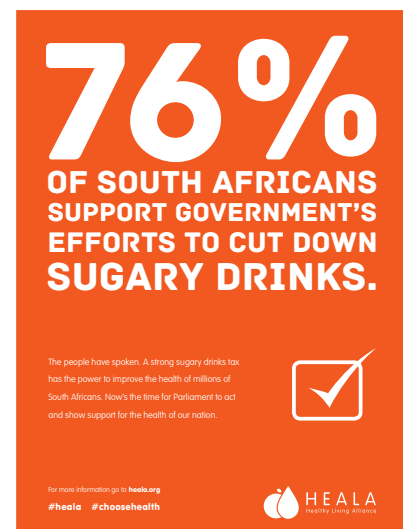
As the tax proposal made its way through the parliamentary system and moved toward various votes, HEALA's focus shifted to decision-makers. To reach decision-makers, advertisements were placed on news and current affairs channels on TV and talk radio stations, as well as in the major daily business newspaper, *Business Day*, and the *Sunday Times*, where BEVSA placed its anti-tax advertisements. New billboard sites were found near the National Treasury, the National Department of Health and Parliament.

The media campaign had a substantial impact on public perceptions. Research conducted for HEALA by Genesis Analytics and Vital Strategies showed that after the campaign 90% of the target audience believed that sugary drinks were one of the biggest contributors to obesity, up from 76% before the campaign. Importantly, the campaign increased people's support for the proposed tax by nearly 10%: after the campaign 76% supported government action against sugary drinks and junk food, compared to 67% before the campaign.²⁹ Meanwhile, digital advocacy group amandla.mobi engaged MPs through data-driven public engagement led by a core of about 200 consistent digital campaigners. In 2017, they engaged all MPs on committees dealing with the tax in the lead-up to the vote, as well as party chief whips and relevant National Treasury officials, via emails and texts.



“Are you drinking yourself sick?”

An agenda-setting TV ad featuring a child and her father, showing how drinking sugary drinks can lead to the onset of diseases Source: HEALA



A print ad used to showcase public's support for the Health Promotion Levy.

Source: HEALA

Lessons

- 1. Media campaigns were essential to build a solid case on the harms of sugary beverages and the need for a tax.**
- 2. A two-pronged approach to the use of media was effective, with efforts targeted at the community as well as political engagement.**

Engaging stakeholders and community

South Africa is a relatively new democracy, and issues of self-determination and community involvement are politically important. Thus, it was important for advocates of the tax to engage with stakeholders and demonstrate public support for it.

In November 2016, a wide range of national and international academics signed an open letter in support of South Africa's sugary beverages tax, which was published as an advertisement in the Sunday Times. Signatories included academics from the Harvard T.H. Chan School of Public Health, University of London, Oxford University and Mexico's Instituto Nacional de Salud Pública (National Institute of Public Health).⁵⁹

Parliament's public hearings became one of the most significant platforms for engagement on the tax. HEALA made a number of presentations focusing on how obesity and NCDs were affecting ordinary South Africans. It also distributed fact sheets to MPs and encouraged allied organizations to testify at parliamentary hearings.

Professor Frank Chaloupka, an international health expert from the University of Illinois in Chicago, and various World Health Organization officials were among a wide range of people and organizations (Table 1) that made presentations to Parliament in support of taxing sugary beverages. COSATU testified that it supported the health aims of the tax but was concerned about possible job losses.

Table 1: Entities that presented to support or oppose the tax proposal

Public health (pro-tax)	Industry (anti-tax)
Association for Dietetics in South Africa	Beverage Association of South Africa
Diabetes South Africa	Business Unity South Africa
Economics of Tobacco Control Project	Boxmore Packaging
HEALA	Coca-Cola® Beverages South Africa
Heart and Stroke Foundation	Consumer Goods Council of South Africa
National Council Against Smoking	Etsweletse Trading Solutions
PRICELESS	Pioneer Foods®
South African Medical Association	Rippe Lifestyle Institute
SECTION27	South African Cane Growers' Association
Society for Endocrinology, Metabolism and Diabetes of South Africa (Semdsa)	South African Fruit Juice Association
South African Non-Communicable Diseases Alliance	South African Sugar Association (Sasa)
South African Paediatric Association	Tiger Brands®
University of Cape Town School of Public Health and Family Medicine	Tongaat Hulett®
University of The Western Cape School of Public Health	
University of the Witwatersrand School of Oral Health Sciences	
Stellenbosch University Global Health Department	
World Health Organization	

Lessons from South Africa's campaign for a tax on sugary beverages

HEALA also organized strategic protests outside Parliament and outside Coca-Cola's head office in Johannesburg calling out the beverage industry and publicizing the harms of sugary beverages.

Lessons

It was critical to demonstrate broad support for the tax and for advocates to participate fully in public and parliamentary hearings and policymaker briefings.



South African partners continue to advocate for a stronger tax.

Source: HEALA

Discussion

Evidence-based research, focused on the health and economic benefits of the tax, was the bedrock of this successful campaign. Strong leadership was another success factor. Although PRICELESS and HEALA were small organizations, they were run by committed leaders who were well organized and strategic, engaged with the media and willing to take on industry giants.

HEALA's extensive advocacy and media campaign created national conversations about sugary beverages and built significant public support for the sugary beverages tax. This also had an impact on MPs and muted opposition from the beverage industry in particular, which conceded during the parliamentary hearings that excessive sugar consumption was harmful. This adds to the evidence that the investment of resources—time, personnel and finances—in large communication campaigns can boost the impact of advocacy tactics for public health policies.

The beverage and sugar industries exploited South Africa's economic weaknesses and focused heavily on the threat of job losses in an already job-depleted economy. Their ability to infiltrate the unions, stir up fear among sugar farmers, and create uncertainty about the tax and job losses resulted in delays that had not been anticipated. Despite this, the tax campaign was primarily won on health grounds. Forging strategic partnerships with policymakers who supported the policy agenda and equipping them with information and messaging to champion the cause among their peers helped to ensure the tax was prioritized to benefit the South African public. In addition, disseminating campaign messages that framed the tax as a way to protect people from getting ill—and potentially losing their ability to work because of illness—strengthened support for the tax.

Timing was also important. Since the tax proposal was introduced during an economic downturn, the combination of health benefits and additional revenue was critical to ensuring high-level support from key national treasury and health department officials.

On Nov. 21, 2017, the National Assembly passed the tax bill and, on Dec. 14, the president signed it into law. The tax came into effect on April 1, 2018 and in February 2019 the finance minister announced a slight inflation-related increase to it. The tax remains under threat of being repealed or weakened. Civil society groups continue to monitor government's plans regarding the tax and industry's tactics to undermine it, as well as to advocate for an increase of the tax to at least 20% and the inclusion of pure fruit juices.

Conclusion

In many places, sugary beverages are being placed in the "sin tax" category alongside tobacco and alcohol, which helps to stigmatize the products for consumers. Since the successful introduction of the tax in South Africa, researchers are conducting various studies to evaluate its impact on sugary beverage pricing, consumption and, over time, obesity rates. Advocates continue to lobby government to strengthen the tax and monitor industry tactics to weaken its impact.

The process of getting the tax passed in South Africa provides some valuable lessons about how strategic civil society action to lobby policymakers by securing public support can ensure strong policies are implemented even amid tough political realities and industry opposition. It gives a useful road map for other countries facing similar health and economic challenges and in urgent need of this tax and other lifesaving policies.

REFERENCES

1. The GBD 2015 Obesity Collaborators. Health Effects of Overweight and Obesity in 195 Countries over 25 Years. *N Engl J Med.* 2017;(377):13-27. doi:DOI: 10.1056/NEJMoa1614362
2. Forouzanfar M, Alexander L, Anderson H, Bachman V, Biryukov S, Brauer M. Global, regional, and national comparative risk assessment of 79 behavioural, environmental and occupational, and metabolic risks or clusters of risks in 188 countries, 1990-2013: A systematic analysis for the Global Burden of Disease Study 2013. *The Lancet.* 2015;386(10010):2287-323.
3. NCD Risk Factor Collaboration. Trends in adult body-mass index in 200 countries from 1975 to 2014: A pooled analysis of 1698 population-based measurement studies with 19.2 million participants. *The Lancet.* 2016;387(10026):1377-1396.
4. de Onis M, Blössner M, Borghi E. Global prevalence and trends of overweight and obesity among preschool children. *Am J Clin Nutr.* 2010;92(5):1257-1264. doi:10.3945/ajcn.2010.29786
5. Ng, M., et al., Global, regional, and national prevalence of overweight and obesity in children and adults during 1980-2013: a systematic analysis for the Global Burden of Disease Study 2013. *The Lancet,* 2014. 384(9945): 766-781.
6. Statistics South Africa. South Africa Demographic and Health Survey 2016: Key Indicator Report.; 2017.
7. Shisana O, Labadarios D, Rehle T, et al. The South African National Health and Nutrition Examination Survey (SANHANES-1); 2013. [http://www.hsra.ac.za/uploads/page-News/72/SANHANES-launch edition \(online version\).pdf](http://www.hsra.ac.za/uploads/page-News/72/SANHANES-launch%20edition%20(online%20version).pdf)
8. Cullinan K. Big increase in diabetes deaths. *Health-e News.* March 1, 2017.
9. Popkin BM. Global nutrition dynamics: the world is shifting rapidly toward a diet linked with non-communicable diseases. *Am J Clin Nutr.* 2006;84(2):289-298. doi:10.1093/ajcn/84.1.289
10. Johnson RK, Appel LJ, Brands M, et al. Dietary sugars intake and cardiovascular health: a scientific statement from the American Heart Association. *Circulation.* 2009;120(11):1011-1020. doi:10.1161/CIRCULATIONAHA.109.192627
11. Sánchez-Pimienta TG, Batis C, Lutter CK, Rivera JA. Sugar-Sweetened Beverages Are the Main Sources of Added Sugar Intake in the Mexican Population. *J Nutr.* 2016;146(9):1888S-1896S. doi:https://doi.org/10.3945/jn.115.220301
12. Azais-Braesco V, Sluik D, Maillot M, Kok F, Moreno LA. A review of total & added sugar intakes and dietary sources in Europe. *Nutr J.* 2017;16(1):6. doi:10.1186/s12937-016-0225-2
13. Steyn NP, Myburgh NG, Nel JH. Evidence to support a food-based dietary guideline on sugar consumption in South Africa. *Bull World Heal Organ.* 2003;81(8):599-608. <https://pubmed.ncbi.nlm.nih.gov/14576892/>
14. Steyn NP, Nel JH, Casey A. Secondary data analyses of dietary surveys undertaken in South Africa to determine usual food consumption of the population. *Public Health Nutr.* 2003;6(7):631-644. doi:10.1079/phn2003482
15. Igumbor EU, Sanders D, Puoane TR, et al. "Big Food," the Consumer Food Environment, Health, and the Policy Response in South Africa. *PLoS Med.* 2012;9(7). doi:10.1371/journal.pmed.1001253
16. Okop KJ, Lambert E V., Alaba O, et al. Sugar-sweetened beverage intake and relative weight gain among South African adults living in resource-poor communities: longitudinal data from the STOP-SA study. *Int J Obes.* 2018;43. doi:https://doi.org/10.1038/s41366-018-0216-9
17. Singh GM, Micha R, Khatibzadeh S, et al. Global, Regional, and National Consumption of Sugar-Sweetened Beverages, Fruit Juices, and Milk: A Systematic Assessment of Beverage Intake in 187 Countries. *PLoS One.* Published online 2015. doi:https://doi.org/10.1371/journal.pone.0124845
18. U.S. National Cancer Institute and World Health Organization. *The Economics of Tobacco and Tobacco Control;* 2016.
19. Elder RW, Lawrence B, Ferguson A, et al. The effectiveness of tax policy interventions for reducing excessive alcohol consumption and related harms. *Am J Prev Med.* 2010;38(2):217-229. doi:10.1016/j.amepre.2009.11.005
20. Finkelstein EA, Zhen C, Nonnemaker J, Todd JE. Impact of targeted beverage taxes on higher- and lower-income households. *Arch Intern Med.* 2010;13(170):2028-2034. doi:10.1001/archinternmed.2010.449
21. Brownell KD, Farley T, Willett WC, et al. The Public Health and Economic Benefits of Taxing Sugar-Sweetened Beverages. *N Engl J Med.* 2009;(361):1599-1605. doi:10.1056/NEJMp0905723
22. Chaloupka FJ, Powell LM, Warner KE. The Use of Excise Taxes to Reduce Tobacco, Alcohol, and Sugary Beverage Consumption. *Annu Rev Public Health.* 2019;40:187-201. doi:https://doi.org/10.1146/annurev-publhealth-040218-043816
23. South African National Department of Health. *Strategic Plan for the Prevention and Control of Non-Communicable Diseases (2013-2017);* 2013.
24. Department of Health. *Strategy for the Prevention and Control of Obesity in South Africa 2015-2020;* 2015. <https://www.health-e.org.za/wp-content/uploads/2015/12/National-Strategy-for-prevention-and-Control-of-Obesity-4-August-latest.pdf>
25. Donnelly L. Gordhan announces sugar tax. *Mail and Guardian.* <https://mg.co.za/article/2016-02-24-budget-speech-2016-gordhan-introduces-sugar-tax/>. Published February 24, 2016.
26. Stewart L, Casswell S. Media advocacy for alcohol policy support: results from the New Zealand Community Action Project. *Health Promot Int.* 1993;8(3):167-175. doi:https://doi.org/10.1093/heapro/8.3.167
27. Casswell S, Gilmore L, Maguire V, Ransom R. Changes in Public Support for Alcohol Policies Following a Community-based Campaign. *Br J Addict.* 1989;84(5):515-522. doi:https://doi.org/10.1111/j.1360-0443.1989.tb00608.x
28. Gollust SE, Niederdeppe J, Barry CL. Framing the Consequences of Childhood Obesity to Increase Public Support for Obesity Prevention Policy. *Am J Public Health.* 2013;(103):e96-e102. doi:https://doi.org/10.2105/AJPH.2013.301271
29. Murukutla N, Cotter T, Wang S, et al. Results of a Mass Media Campaign in South Africa to Promote a Sugary Drinks Tax. *Nutrients.* 2020;12(6):1878. doi:https://doi.org/10.3390/nu12061878
30. Ruyter J, Olthof M, Seidell J, Katan M. A trial of sugar-free or sugar-sweetened beverages and body weight in children. *N Engl J Med.* 2012;367(15):1397-1406. doi:10.1056/NEJMoa1203034

31. Malik V, Schulze M, Hu F. Intake of sugar-sweetened beverages and weight gain: A systematic review. *Am J Clin Nutr.* 2006;84(2):274–288. doi:10.1093/ajcn/84.1.274
32. Vartanian LR, Schwartz MB, Brownell KD. Effects of soft drink consumption on nutrition and health: A systematic review and meta-analysis. *Am J Public Health.* 2007;97(4):667–675. doi:10.2105/AJPH.2005.083782
33. Qi Q, Chu A, Kang J. Sugar-sweetened beverages and genetic risk of obesity. *N Engl J Med.* 2012;367(15):1387–1396. doi:10.1056/NEJMoa1203039
34. Malik V, Popkin B, Bray G, Despres J, Willett W, Hu F. Sugar-sweetened beverages and risk of metabolic syndrome and type 2 diabetes: A meta-analysis. *Diabetes Care.* 2010;33(11):2477–83.
35. Torre SBD, Keller A, Depeyre JL, Kruseman M. Sugar-Sweetened Beverages and Obesity Risk in Children and Adolescents: A Systematic Analysis on How Methodological Quality May Influence Conclusions. *J Acad Nutr Diet [Internet].* 2016;116(4):638–59. Available from: <http://dx.doi.org/10.1016/j.jand.2015.05.020>
36. Pedraza LS, Popkin BM, Batis C, Adair L, Robinson WR, Guilkey DK, et al. The caloric and sugar content of beverages at different store-types changed after the sugary drinks taxation in Mexico. *Int J Behav Nutr Phys Act.* 2019;16(103).
37. Woodward-Lopez G, Kao J, Ritchie L. To what extent have sweetened beverages contributed to the obesity epidemic? *Public Health Nutr.* 2011;14:499–509.
38. Colchero MA, Popkin BM, Rivera JA, Ng SW. Beverage purchases from stores in Mexico under the excise tax on sugar sweetened beverages: observational study. *BMJ.* 2016;352(h6704). doi:<https://doi.org/10.1136/bmj.h6704>
39. Colchero MA, Rivera-Dommarco J, Popkin BM, Ng SW. In Mexico, Evidence Of Sustained Consumer Response Two Years After Implementing A Sugar-Sweetened Beverage Tax. *Health Aff.* 2017;36(3). doi:10.1377/hlthaff.2016.1231
40. Cabrera-Escobar M, Veerman L, Bertram M, Tollman S, Hofman K. Evidence that a tax on sugar sweetened beverages reduces the obesity rate: a meta-analysis. *BMC Public Health.* 2013;13(1072). doi:10.1186/1471-2458-13-1072
41. Manyema M, Veerman L, Sartorius B, Chola L, Tugendhaft A, Hofman K. Potential impact on obesity of a 20% tax on sugar-sweetened drinks in South Africa. *PLoS One.* 2014;9(8). doi:10.1371/journal.pone.0105287
42. Hofman K. Interviews with Karen Hofman, PRICELESS Executive Director, June 12, 2019 and September 11, 2019. 2019.
43. National Treasury. Budget Review, 2018. Pretoria; 2018. http://www.treasury.gov.za/documents/national_budget/2018/review/FullBR.pdf.
44. Ismail Momoniat. Interview with Ismail Momoniat, National Treasury's Head of Tax and Financial Sector Policy, June 27, 2019. 2019.
45. National Treasury. Taxation of Sugar Sweetened Beverages: Policy Paper. Pretoria; 2016. http://www.treasury.gov.za/public_comments/Sugar_sweetened_beverages/POLICY_PAPER_AND_PROPOSALS_ON_THE_TAXATION_OF_SUGAR_SWEETENED_BEVERAGES-8_JULY_2016.pdf.
46. Yunus Carrim. Interview with Yunus Carrim, Member of Parliament, June 14, 2019. 2019.
47. Nielsen. <https://www.nielsen.com/us/en/>. Published 2016. Accessed May 30, 2019.
48. Department of Agriculture Forestry and Fisheries. A Profile of the South African Sugar Market Value Chain. Pretoria; 2017. https://www.nda.agric.za/doaDev/sideMenu/Marketing/Annual_Publications/Commodity_Profiles/field_crops/Sugar_Market_Value_Chain_Profile_2017.pdf.
49. Fin24. Sugar tax could slash GDP by R14bn – BevSA. *Fin24.* 2016.
50. Oxford Economics. Issues Paper: The Economic Impact of Taxation of Sugar-Sweetened Beverages in South Africa; 2016. <https://cdn.24.co.za/files/Cms/General/d/4776/ff6621de17b04762b7b504afe9134a0f.pdf>.
51. Jeffrey A. A Stealth Tax Not a Health Tax. Johannesburg; 2016. <https://irr.org.za/reports/occasional-reports/files/irr-policy-paper-a-stealth-tax-not-a-health-tax.pdf>.
52. Ismail A. Exposed: Coca-Cola bankrolls IRR research on sugary tax in SA. *Fin24.* December 7, 2016.
53. Fooks G, Williams S, Box G, Sacks G. Corporations' use and misuse of evidence to influence health policy: a case study of sugar-sweetened beverage taxation. *Glob Heal.* 2019;15(1). doi:10.1186/s12992-019-0495-5.
54. Moeng L. Interview with Lynn Moeng, Chief Director of Health Promotion, Nutrition and Oral Health, Department of Health, June 12, 2019. 2019.
55. Government Gazette: Republic of South Africa. Act No. 14, 2017 Rates and Monetary Amounts and Amendment of Revenue Laws Act, 2017. Cape Town; 2017. <https://www.sars.gov.za/AllDocs/LegalDoclib/AmendActs/LAPD-LPrim-AA-2017-05 - Rates and Monetary Amounts and Amendment Revenue Laws Act 14 of 2017 GG 41323.pdf>.
56. Parks M. Interview with Matthew Parks, COSATU Parliamentary Officer, June 11, 2019. Presented at the: 2019.
57. Healthy Living Alliance. <https://heala.org>
58. Gaston F. Interview with Fathima Gaston, Health-e Special Projects manager June 12, 2019. Presented at the: 2019.
59. Health-e News Guest Author. Globally renowned health experts add their names to call for sugar tax in SA. *Health-e News Service.* November 8, 2016.