

# Nigeria Pro-Health Taxes

## Webinar Series Report

**DAY  
1**

**Does Nigeria need a Sugar Tax**  
(25th January 2022)

**DAY  
2**

**Building a Strong Advocacy Campaign for Sugar  
Taxes in Nigeria**  
(27th January 2022)

**DAY  
3**

**Addressing the Increasing Prevalence of NCDs in Nigeria  
through Pro-Health Taxes**  
(1st February 2022)

### PARTICIPANTS



Supported by

## BACKGROUND

The Government of Nigeria in its recently approved Finance Act of 2021, introduced an excise duty of N10/liter on non-alcoholic, carbonated, and sweetened beverages. The excise duty will be used to discourage excessive consumption of sugary beverages, which contribute to the rising prevalence of non-communicable diseases (NCDs), such as Type 2 diabetes and cardiovascular diseases.

In Nigeria, NCDs account for about 29% of total deaths. The World Health Organization (WHO) reported that the probability of dying prematurely from NCDs in Nigeria is 20% which means you have a one in five chance of dying from an NCD. Diabetes is another NCD that is increasing in prevalence in Nigeria. The projected prevalence estimate of diabetes in Nigeria is 4.04%. In 2011, it is also projected that in 2020, cancer incidence in Nigerian males will rise to 90.7/100,000 and 100.9/100,000 for females<sup>1</sup>. Also, according to the 2012 Globocan data, the top five cancers of the greatest burden in Nigeria are breast, cervix uteri, liver, prostate, and colorectal cancers<sup>2</sup>.

There is therefore a strong case for the introduction of pro-health taxes, like the introduction of taxes on SSB. Earmarking this additional revenue for health, would

therefore bring in critical funding for the health sector and support in building a more resilient health system in Nigeria.

In collaboration with key sector stakeholders, Nigeria Health Watch, the National Action on Sugar Reduction (NASR), Healthcare Federation of Nigeria and Nigeria Cancer Society, with technical assistance from the World Bank group, held the “Pro Health Tax in Nigeria” Webinar Series to empower stakeholders to participate and lend their voices and expertise to shape policy direction and encourage policy makers to maximize the use of the Pro-health taxes to improve the health of the Nigerian population.

Held over three days, topics discussed included:

**- Does Nigeria need a Sugar Tax**

(25th January 2022)

**- Building a Strong Advocacy Campaign for Sugar Taxes in Nigeria**

(27th January 2022)

**- Addressing the Increasing Prevalence of NCDs in Nigeria through Pro-Health Taxes** (1st February 2022).

The webinar was attended by stakeholders in the health, finance and media sectors, and spurred discussions on the potential benefits of the sugar tax to the Nigerian population and the need to ensure earmarking of funds from this tax for targeted population health interventions, the first step in ensuring innovative and sustainable health financing mechanisms for the achievement of Universal Health Coverage (UHC) in Nigeria.

**Diabetes is another NCD that is increasing in prevalence in Nigeria. The projected prevalence estimate of diabetes in Nigeria is 4.04%**



1. Adesina, M. A., Oladele, R. I., Olufadewa, I. I., Onothoja, O. F., Oladipo, D. R., Iyiola, O. P., ... & Akinloye, S. J. (2020). Addressing the high burden of noncommunicable diseases in Nigeria: a commentary. *Journal of Health Research*.

2. <https://www.iarc.who.int/news-events/latest-world-cancer-statistics-globocan-2012-estimated-cancer-incidence-mortality-and-prevalence-worldwide-in-2012/>. Accessed on 27/2/2022

DAY  
1

## DOES NIGERIA NEED A SUGAR TAX?

JANUARY 25, 2022

## OPENING REMARKS

**Mr Fola Adeola** – Chairman, FATE Foundation. He is also the Chairman of Main One Cable Company Limited, and a member of the Board of Trustees of the International Crises Group. Mr Fola was the founder and first Managing Director of Guaranty Trust Bank Plc. He is the Chairman of the National Pension Commission in Nigeria.

**Senator Dr. Olorunnimbe Mamora** – Honourable Minister of State for Health, Federal Ministry of Health.

## MODERATOR

**Dr Olumide Okunola** – Program Lead for the Nigeria program of the Health in Africa Initiative (HiA) and Senior Health Specialist at the International Finance Corporation of the World Bank Group.

## DAY 1 SPEAKERS

**Kate Mandeville** – Senior Health Specialist, World Bank.

**Dr Zainab Shinkafi Bagudu** – Founder, Medicaid Cancer Foundation and First Lady of Kebbi State.

**Dr Pamela Ajayi** – President, Healthcare Foundation of Nigeria (HFN), Founder/Managing Director, Synlab Nigeria and Creator/Anchor, DoctorsOnAir on Classic FM.

**Dr Ngozi Azodoh** – Director, Department of Health, Planning, Research, and Statistics, Federal Ministry of Health.

**Dr K.K Akinroye** – President, Nigeria Heart Foundation.

**DOES NIGERIA NEED A SUGAR TAX?**

**NIGERIA PRO HEALTH TAXES WEBINAR SERIES**

**WEBINAR #1**  
**Tuesday**  
 January 25th 2022  
 2PM - 3:30PM WAT  
 VIRTUAL

**OPENING REMARKS**

**MR. FOLA ADEOLA**  
 Chairman, FATE FOUNDATION

**DR. (SENATOR) OLORUNNIMBE MAMORA**  
 Hon. Minister of State for Health

**MODERATOR**

**OLUMIDE OKUNOLA**  
 Senior Health Specialist, Health, Nutrition and Population, World Bank

**WELCOME REMARKS**

**VIVIANNE IHEKWEAZU**  
 MD, Nigeria Health Watch

**INTRODUCTION**

**KATE MANDEVILLE**  
 Senior Health Specialist, World Bank

**PANELISTS**

**DR. ZAINAB SHINKAFI BAGUDU**  
 Founder Medicaid Cancer Foundation

**DR. PAMELA AJAYI**  
 President, Healthcare Federation of Nigeria

**DR. ADAMU AL-HASSAN UMAR**  
 President/CEO, Nigerian Cancer Society (NCS)

**DR. K.K AKINROYE**  
 President, Nigeria Heart Foundation

**DR. NGOZI AZODOH**  
 Director, PHS, Federal Ministry of Health

Supported by: National Action on Sugar Reduction, hfn, Nigerian Cancer Society

## WELCOME REMARKS



**VIVIANNE IHEKWEAZU**  
MANAGING DIRECTOR, NIGERIA HEALTH WATCH

The Federal Ministry of Finance recently placed a tax of 10 Naira/ litre of sugar sweetened beverages. Since the tax was approved, there have been discussions about the merits and demerits of the tax. In terms of saving livelihoods, the main argument pivots around the economic costs of the tax on the industries and manufacturers and in terms of saving lives, this includes the contribution of SSBs to non-Communicable Diseases (NCDs) like diabetes, and cancer. With one in every 17 adults in Nigeria suffering from diabetes which amounts to about 11.2 million<sup>3</sup>, there is clear evidence that interventions that modify the risk behaviors for NCDs, such as cardiovascular diseases, and other malignant diseases are important. There is a need for a wide discussion on the costs and benefits of pro health taxes.

Advocates need to ensure that the taxes raised are earmarked for the health sector. It is important that this discussion is broadened to a much wider audience beyond the health sector, so that there will be a clear understanding of the importance of putting the tax in place and in use. Despite opposition from some institutions, the importance of protecting the lives of Nigerians cannot be over-emphasized; an unhealthy Nigeria is not a productive Nigeria.

3. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5984944/>

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## OPENING REMARKS



**SENATOR OLORUNIMBE MAMORA**  
HONORABLE MINISTER FOR HEALTH

Currently there are scarce resources in the country and at the same time numerous needs. There is need for stakeholders to explore innovative, flexible, and sustainable mechanisms to mobilize more resources for the health sector and that is one thing the government hopes to achieve with the sugar tax, apart from the fact that the tax can help prevent NCDs in the future. The role that needs to be filled is not just to mobilize these resources, but also to make sure that when the tax proceeds are made available, they are ring fenced for the health sector.

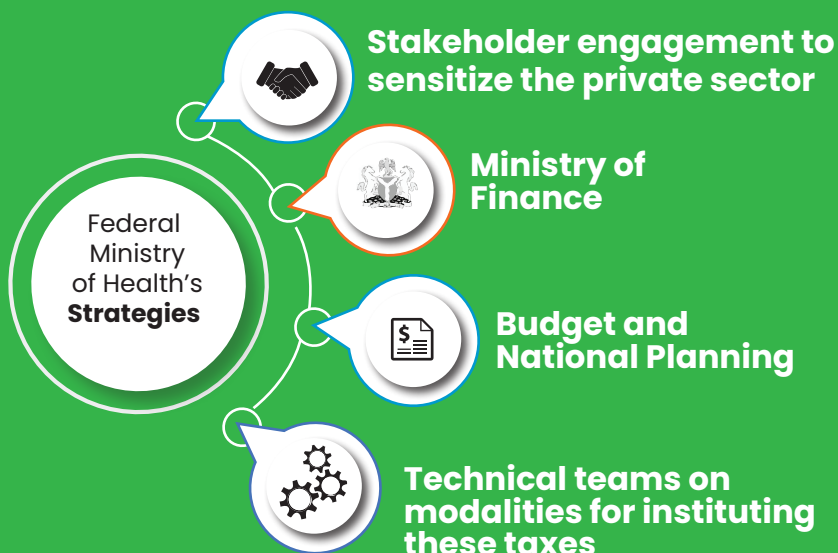
“The Ministry of Health is putting a lot of strategies in place, which include stakeholder engagement, to sensitize the private sector, Ministry of Finance, Budget and National

“When the society is healthy, particularly in terms of what we are offering to the public for healthy living, it will definitely improve the productivity of the system, but the bottom line to achieving all these is gathering the appropriate resources and utilizing these resources in the appropriate way.”

Planning, and the technical teams on modalities for instituting these taxes in a way the funds can be assessed and utilized for healthcare interventions.”

There is a plan to develop a financial sustainability plan for the sector, which will reflect strategies for utilizing funds from these taxes when made available. The Ministry of Health is currently finalizing plans to convene a wider stakeholder engagement meeting on this.

“When the society is healthy, particularly in terms of what we are offering to the public for healthy living, it will definitely improve the productivity of the system, but the bottom line to achieving all these is gathering the appropriate resources and utilizing these resources in the appropriate way.”



## OPENING REMARKS



**MR. FOLA ADEOLA, CHAIRMAN**  
FATE FOUNDATION

A substantial number of premature deaths in Nigeria today could be prevented by reducing the consumption of tobacco, alcohol, and sugary beverages. From the experience of the pension reform, the industry needs robust support to actualize the objectives of the tax, including making data available. For example, a packet of cigarettes in Lagos, cost 400 Naira while a similar packet in London is £13 pounds. If £1 is equal to N700, this means that two packets of cigarettes here can be gotten with almost £1, now imagine how many packets with £13. There is a disincentive put on cigarettes in the first world. In the absence of social protection efforts, prevention is better than cure. An additional benefit of this is that preventive efforts lead to saving of costs in the long term. If people are healthy and alive, then the workforce is improved, output is improved, and it's a whole ecosystem. Public financing is key for human capital development. Additional revenue can be obtained through the tax on sugar sweetened beverages, which should be put into the improvement of the wellbeing of our citizens.

"The Sugar taxes should be channeled into the improvement of the healthcare ecosystem so that when consumers of harmful products fall prey to illnesses, there are facilities in place to take care of them."

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## INTRODUCTION



**KATE MANDEVILLE**  
SENIOR HEALTH SPECIALIST, WORLD BANK

Nigeria needs a sugar tax, despite sustained opposition since the announcement. Many countries are joining the number of countries that have approved a sugar tax because they have seen the benefits of the tax, especially in improving population health and raising revenue, which can be directed to societal good.

Back in the 1940s, only one country had a sugar tax, but in the last decade, the number of countries to have implemented and benefitted from it has increased to 66. These countries have a targeted excise tax, the same structure that will be used by Nigeria. This tax makes a difference in prices between sugary drinks and unsweetened drinks, thereby creating incentives to move over to a healthier substitute.

### Why are countries targeting the sugary drinks?

This is because substances that are high in added sugar are quite unique; there is no other nutritional value in them apart

# WHAT ARE THE IMPLICATIONS OF THE SUGAR TAX?

from sugar. They are simply empty calories, added sugar in liquid form, and therefore more problematic. When they are ingested, sugar immediately rushes into the bloodstream, spiking up the blood glucose and causing havoc with metabolism. So, the sugar and that energy being taken in is not compensated for elsewhere. This has been linked to an increase in obesity.

“When calories are consumed in liquid form, they tend not to compensate for that in subsequent intake. If solid food is eaten, the body tend to feel full, and then the body compensate by eating less later. This is not the same with sweetened drinks.”

The evidence to support the fight against tobacco and alcohol have been well established a long time ago, but it is only recently that the evidence against SSBs were established. The only region where there is a decrease in the consumption of SSBs is North America. In Europe and Central Asia, it is fairly stagnant. But in the other regions of the world, Latin America, the Middle East, East Asia and across sub-Saharan Africa, there is increasing consumption.

“When calories are consumed in liquid form, they tend not to compensate for that in subsequent intake. If solid food is eaten, the body tend to feel full, and then the body compensate by eating less later. This is not the same with sweetened drinks”

As consumption drops off in high income countries, there is a strategy of switching to emerging markets and targeting those markets with more advertising, and more investments in growing the consumer base.

### **The Mexico Example**

Mexico was faced with many of the problems similar to Nigeria, with a growing burden of NCDs; obesity, diabetes, and rising healthcare costs. The country took the bold pioneering step of a sugar tax (similar structure as the Nigerian tax) and it works out at about 12% increase in prices. The country included more products, which were all sugary drinks and then it excluded specific drinks, which are substitutes. This was done to ensure that people would turn to healthier replacement drinks that included 100% juices, diet drinks, zero calorie drinks, and dairy products.

Drinks with added sugar, excluding those that can act as healthier substitutes, should be taxed as evidenced in Mexico. In the first two years, there was a considerable reduction in sales, and the greatest reductions were in the poorest and the highest consuming households. There was no evidence of a negative impact on employment. Medium and high consumers decreased from over 50% to 43% non-consumers and those who didn't consume sugary drinks at all increased by 14%. There is evidence now of decreased weight in adolescents' girls.

“The major step after increasing prices of SSBs is raising public awareness. The debate about whether there should be an SSB tax, as well as the discussions about when that was designed, passed and implemented, will increase public awareness that sugary drinks have negative health impacts and should not be consumed.”

### **We can have a win-win situation: Lessons from South Africa and the UK**

In South Africa, the revenue on SSB is modest compared to alcohol and tobacco. Also, in the UK it is evident that sugary drinks tax evolves, it is not a stagnant one-time introduction, it has to progress. These taxes can be introduced and then evolve into stronger forms, which have more population impact. The UK initially introduced two tiers, drinks with a higher sugar content, get a higher tax at higher tax rate and those with a lower sugar content, get a lower tax rate. This is to push

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manufacturers towards lower sugar products. This worked as both the sugar contents of the drinks decreased much more effectively than it ever did under a voluntary sugar reduction program. The volume of sales of sugary drinks did not change. There's absolutely no impact on business as people switched from the more expensive high sugar content drinks to the lower sugar content drinks. And in that way, the UK sugar tax has been a win-win, for population health, and for business.

“Another recommendation is that taxing process can be used in incentivizing the industry to respond in certain ways. And that includes lowering the sugar in drinks that are offered and switching from sugary drinks to non or lower sugary drinks in their portfolio, because most of these companies produce both sugary drinks and non-sugary drinks, such as bottled water, and switching their marketing from the highest sugar brands to the lowest sugar brands.”

## PANEL DISCUSSION



**DR. ZAINAB SHINKAFI BAGUDU**  
FOUNDER, MEDICAID CANCER FOUNDATION

The government's verdict on the sugar tax will reduce the effect of carbonated drinks on NCDs like cancer. Policy is always the beginning and with the right policy in place, advocates and stakeholders will be motivated to do more as there is hope that government can be moved by campaigns and advocacy.

### **It all starts with strong political will**

Political will can make a lot of difference. Political will can impact the overall continuum of care when it comes to cancer control. For example, the sugar tax shows that Nigeria is joining the active nations that are concerned about health conditions and better health outcomes. It is good to see the evidence that the countries that have implemented the tax are not losing revenue. The greatest argument against the sugar tax it is that there is a loss of markets for the drinks, but there is no reason why the labour market should be reduced as seen in the evidence from the UK.

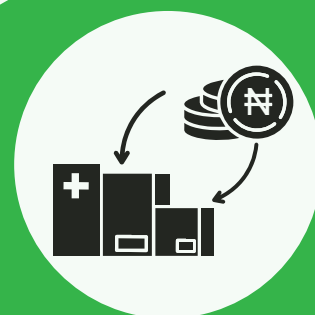
"There is a need for continued taxing of agents that have been scientifically proven by research over time to be harmful to health. This will lead to less people dying from sugar related diseases, such as diabetes, hypertension, cancers. It's been found that at least 16 cancers are directly related to consumption of large amounts of sugar and obesity directly or indirectly."

The sugar tax puts Nigeria in a better position to fight NCDs.

## HOW THE SUGAR TAX POLICY ON SSBs PLAYS A ROLE IN CUTTING NCDs

There is a need to put in strategies that will sustain the sugar tax policy and gradually increase it. This can then be spread across all products that contain sugar, not just the carbonated drinks.

The tax should be directly invested in the health sector, as it has been shown in Mexico that spending resources in the underserved communities who have the greater health needs will definitely improve not just health, but it also puts the government in a better standing with the people.



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## PANEL DISCUSSION



**DR. KK AKINROYE**  
PRESIDENT, NIGERIA HEART FOUNDATION

NCDs are a group of health conditions that are not typically caused by acute infection, and this makes them result into long term consequences. Heart disease, diabetes, sickle cell disease and mental health are prevalent among the Nigeria population. There are about 76.2 million Nigerians living with heart related disease, especially hypertension. About 12 million people are living with cancer. One third of the adult population die from NCDs, of which 7% are cardiovascular cancer types and 3% are diabetes.

The risk factors for NCDs have been highlighted and an unhealthy diet is the number one risk factor. Overweight and obesity are all dietary related; obesity has been linked to consumption of sugars in beverages.

There is also enough evidence supporting the fact that a reduction in the consumption of SSBs will reduce levels of type two diabetes, hypertension, and cardiovascular disease. Excess consumption of SSBs has a personal cost for the individual who is sick, to the family and to the healthcare system. The primary healthcare system, which they should run to is still under funded and funding is very important. Effective implementation of the N10/litre tax on SSBs will go a very long way to lower the cost of healthcare and improve population health. The World Health Organization (WHO) recently mentioned that \$1 per person is invested in healthcare, which is less than N500 per person in Nigeria and it will be possible to save 700 million lives from heart disease, cancer, and diabetes by 2030.

## THE ROLE OF THE SUGAR TAX IN REDUCING THE PREVALENCE OF NCDs

**Effective implementation of the N10/litre tax on SSBs will go a very long way to lower the cost of healthcare and improve population health. The World Health Organization (WHO) recently mentioned that \$1 per person is invested in healthcare, which is less than N500 per person in Nigeria and it will be possible to save 700 million lives from heart disease, cancer, and diabetes by 2030.**

## PANEL DISCUSSION



**DR. PAMELA AJAYI, CHAIRMAN**  
HEALTHCARE FEDERATION OF NIGERIA AND FOUNDER, SYNLAB

The aim of having a pro-health tax is to improve population health through reduced consumption. The policy on tobacco did not lead to loss of jobs and since inception of the policy, there has been a huge number of studies that have shown that despite the fact that a lot of people are not spending money on tobacco, money not spent on tobacco is being used on other goods and services, thereby creating additional jobs. These measures of tobacco control actually had very little impact on employment, except in some agrarian countries, which were heavily dependent on tobacco farming.

### **How do we guarantee that people will not be affected by the tax?**

Those who are most susceptible to the negative impact of reduction in sugar consumption are those whose work is directly related to sugar, like those who are involved in sugar farming, sugar processing and marketing, sugar product manufacturing, wholesaling, retailing, etc.

Nigeria does not produce much sugar as it is imported. A reduction in sugar would mean a reduction in foreign exchange spent on the importation of sugar, which can actually be beneficial to our economy. Because we don't produce the sugar, we don't process the sugar, and most of the time, don't market sugar directly either. The beverages are produced in Nigeria instead. Wholesaling, and retailing could actually be affected, but all the other areas don't actually affect us, because we don't have the capacity. The impact would be very low and as shown in the UK, a reduction in the quantity of sugar that is put

## THE EFFECT OF THE SUGAR TAX ON EMPLOYMENT AND REVENUE

into drinks would actually make a huge impact.

"In the Philippines earmarking for healthcare of these taxes has shown to have a significant impact on, tripling resources for healthcare over a period of five years, the earmarks have helped to decrease smoking prevalence and to improve equity by expanding coverage and paying for health insurance for the poor."

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## PANEL DISCUSSION

**DR. OLUMIDE OKUNOLA**  
MODERATOR



One of the arguments that has also been brought forward is that these taxes disproportionately affect the poor and vulnerable. The level of health insurance coverage in Nigeria today at best is about 5%. The poor and vulnerable are not covered. Part of the proceeds from the tax can be used to supplement health insurance packages by government.

**DR KIK AKINROYE**  
PRESIDENT, NIGERIA HEART FOUNDATION

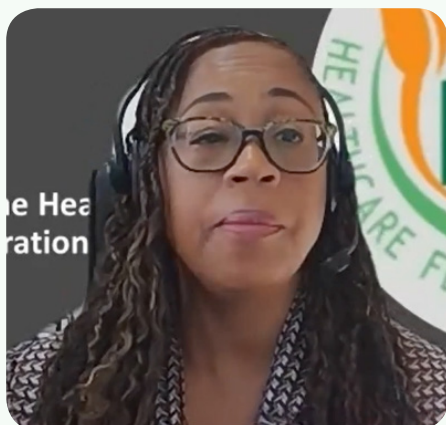


During the COVID-19 lockdown when places were shut, it was difficult for people to access their drugs, or go out to get medication. The healthcare system was largely unavailable; although some private hospitals were available, they were exorbitant, which means high rates of out-of-pocket expenditure. As at 2014, 8 million people were suffering from hypertension in Nigeria and they depend on drugs from outside the country, which is why there were lots of people with renal failure and stroke.

Thanks to the government, we now have the Basic Health Care Provision Fund that is being instituted in the states. We need to strengthen the primary healthcare system so that there would be optimal healthcare access.

## PANEL DISCUSSION

**DR. PAMELA AJAYI**  
PRESIDENT, HEALTHCARE FOUNDATION OF NIGERIA (HFN)



There is no need to push against the tax as it is for the good of our nation. The next step is to push to make sure that it has the kind of impact that would impact everyone positively. The taxes should be for healthcare service delivery by either providing health insurance for the underprivileged, or adding to infrastructure, providing additional funds, for specific NCD related challenges.

**DR. ZAINAB SHINKAFI BAGUDU**  
FOUNDER, MEDICAID



### HOW DO CANCER PATIENTS ACCESS CARE AND MANAGEMENT?

About 99.9% of Nigerian cancer patients fund treatment out of pocket. Cancer is one of the most complicated diseases to have. It is also one of the most expensive diseases to treat. Putting cancer treatment into perspective, indigent persons living in a rural area are asked to buy drugs worth about 600,000 naira to 1.2 million Naira, every six weeks to fund care. Unfortunately, most of the cancer cases present in late stages. And then when they do present, they do not have access to enough funding. There is no access to the right treatment. Because the treatment facilities are so far and few, most of the time hope is lost. About 70% of patients in Nigeria present in the late stages. We have to continue to advocate on this issue of the pro health tax, particularly the sugar tax, so it can be ring-fenced to the health sector and people who are not able to access care for their health conditions can get to benefit from the funds that will be made available by the tax.

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## PANEL DISCUSSION

### DR. NGOZI AZODOH

DIRECTOR, DEPARTMENT OF HEALTH, PLANNING, RESEARCH, AND STATISTICS AT THE FEDERAL MINISTRY OF HEALTH



## WHAT KEY HEALTH PROGRAMMES CAN REVENUE FROM THE SUGAR TAX FUND?

One of the key priorities of the National Strategic Health Development Plan (NSHDP) is NCDs. This plan needs to be adequately funded. The government is trying to work on how the intentions of the tax and the tax itself can materialize and ensure that there are sustainable opportunities to move funds to areas of concern, to those who will benefit from it. The Federal Ministry of Health needs to work with the Ministry of Finance to draft more modalities for the tax. We need to increase our public health messaging.

“When you have somebody who has cancer you will know that the cost of treating cancer in Nigeria is so huge that no matter how rich you are you still feel the impact. A lot of families have entered familial poverty as a result of cancer treatment of a member of their family. The taxes from sugar tax should be earmarked for the health sector.”

We should all advocate for the taxes to be channeled into the health sector. Once it is mobilized, it should be earmarked for the health sector. The COVID-19 pandemic has shown that health should be in all policies.

## CLOSING REMARKS

VIVIANNE IHEKWEAZU, MANAGING DIRECTOR, NIGERIA HEALTH WATCH



All parents need to consider the implications of sugar sweetened beverages on children. We all know the rising incidence of NCDs and the increase in type two diabetes in children. We know that our future generation will not be as healthy as we want them to be if do not do all we can to ensure a healthier future. We need to reconsider the implication of unhealthy foods and drinks for our future generations.

**DAY  
2**

**BUILDING A STRONG ADVOCACY CAMPAIGN FOR SUGAR TAXES IN NIGERIA** JANUARY 27, 2022

**OPENING REMARKS**

**Mrs. Moji Makanjuola** – Executive Director, International Society of Media in Public Health

**MODERATOR**

**Omei Bongos** – Ikwue, Health Communications Specialist, Gatefield

**WELCOME REMARKS**

**Vivianne Ihekweazu** – Managing Director, Nigeria Health Watch

**CLOSING REMARKS**

**Shirley Ewang** – Advocacy and External Engagement Specialist, Gatefield

**PANELISTS**

**Dr. Laz Ude Eze** – CEO, TalkHealth9ja

**Dr. Kelechi Okoro** – Global Goodwill Ambassador, Health Influencer

**Elizabeth Orlan** – Associate Director, Research, Global Health Advocacy Incubator

**Courtney Peters** – Associate Director, Advocacy, Global Health Advocacy Incubator

**Matthew Ogunne** – Health Correspondent, The Guardian

**Dr Olumide Okunola** – Senior Health specialist, World Bank

The graphic features the Nigeria Health Watch logo at the top left. The main title reads 'BUILDING A STRONG ADVOCACY CAMPAIGN FOR SUGAR TAXES IN NIGERIA'. To the right, it specifies 'NIGERIA PRO HEALTH TAXES WEBINAR SERIES', 'WEBINAR #2', 'Thursday January 27th 2022', and '2:00PM - 3:00PM WAT VIRTUAL'. Below this, a grid lists the speakers and panelists with their photos and titles. At the bottom, it lists supporters: National Action on Sugar Reduction, hfm, and Nigerian Cancer Society.

OPENING REMARKS	MODERATOR	WELCOME REMARKS	CLOSING REMARKS
<b>MRS. MOJI MAKANJUOLA</b> Executive Director, International Society of Media in Public Health	<b>OMEI BONGOS-IKWUE</b> Health Communications Specialist, Gatefield and Secretary, NASR	<b>VIVIANNE IHEKWEAZU</b> MD, Nigeria Health Watch	<b>SHIRLEY EWANG</b> Advocacy & External Engagement Specialist, Gatefield

PANELISTS					
<b>DR. LAZ UDE EZE</b> CEO, Talk Health 9ja	<b>DR. KELECHI OKORO</b> Global Goodwill Ambassador, Health Influencer	<b>ELIZABETH ORLAN</b> Associate Director, Research, Global Health Advocacy Incubator	<b>COURTNEY PETERS</b> Associate Director, Advocacy, Global Health Advocacy Incubator	<b>OLUMIDE OKUNOLA</b> Senior Health Specialist, Health, Nutrition and Population, World Bank	<b>MATTHEW OGUNE</b> Health Correspondent, The Guardian

Supported by: National Action on Sugar Reduction, hfm, Nigerian Cancer Society

## WELCOME REMARKS



**VIVIANNE IHEKWEAZU**  
MANAGING DIRECTOR, NIGERIA HEALTH WATCH

The Minister of Finance recently levied a tax of N10/liter on non-alcoholic, carbonated, and sweetened beverages. This discussion is aimed at building a strong advocacy campaign for sugar taxes in Nigeria to put forward strong media and communications engagement and promote the benefit of having the sugar tax. There have been responses from the media with articles written as to why such a tax will not be good for Nigeria. The event will start conversations about sugar tax and its benefits and also create media engagement to present the discussion to a much broader audience.

Nigeria has become one of the 66 countries globally that has introduced such a tax on sugary drinks with the aim of improving health and a secondary aim of raising revenue. The revenue would be channeled to the health sector to support people who are suffering from NCDs. This has not only highlighted the benefits of the sugar tax, but it has also helped to raise awareness about the health effects of sugar sweetened beverages.



**Nigeria has become one of the 66 countries globally that has introduced such a tax on sugary drinks with the aim of improving health and a secondary aim of raising revenue.**

## OPENING REMARKS



**MRS. MOJI MAKANJUOLA**  
EXECUTIVE DIRECTOR, INTERNATIONAL SOCIETY OF MEDIA IN PUBLIC HEALTH (ISMPH)

The sugar sweetened beverages tax has been passed into law as part of the larger Finance act. Although the tax is not significant enough, it serves as an additional source of revenue for the health sector. Putting universal health coverage into consideration, revenue from this pro-health tax should be correctly channeled to the Basic Health Care Provision Fund to create more financial protection for the health of vulnerable populations. This will be financial inclusion, for their health care provision and services. With the law in place, media practitioners must enlighten and create awareness through various platforms and channels. SSBs must be made, like all health degrading commodities, to pay for its toll on the health of the population and the national strategic health plans. There must be increased advocacy until results are evident, consumption is reduced and the money is being used to restore health and services, with advocacy efforts to ensure the judicious identification, collection, application, accountability, and transparency of sugar taxes for the achievement of universal health coverage.

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**There must be increased advocacy until results are evident, consumption is reduced and the money is being used to restore health and services**

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## KEYNOTE PRESENTATION



**ELIZABETH ORLAN,**  
ASSOCIATE DIRECTOR, RESEARCH, GLOBAL HEALTH ADVOCACY  
INCUBATOR

Sugar sweetened beverages are both carbonated and non-carbonated, non-alcoholic drinks which may include malt drinks, sodas, juices, juice drinks, sweetened drinks, sports and energy drinks, as well as dairy and yoghurt.

### **What makes SSBs unhealthy?**

They are a huge source of added sugar in the diets of those who drink them, and liquid sugar is especially harmful to the body, altering metabolism. Regular SSB consumption also increases the risk of developing non-communicable diseases (NCDs) and these range from type 2 diabetes to cardiovascular disease to liver disease.

SSBs are price elastic commodities which means an increase in price would decrease its purchase by the general population. The tax increases awareness of the harmful effects of these commodities especially when sensitization occurs through mass media and other communications prior to implementation. The taxes also should generate revenue for public programs and when the revenue goes to public programs, citizens are more likely to support these policies. Non-communicable diseases like diabetes, heart disease, and others are a huge burden to all countries. They are expensive and lead to quality-of-life losses and years of life lost for many. One study estimated that these diseases could cost the global economy nearly \$50 trillion if no action is taken by 2030. With a lot of the burden falling on low- and



**SSBs are price elastic commodities which means an increase in price would decrease its purchase by the general population.**

middle-income countries, taxing SSBs is one of the most cost-effective policy options to reduce the NCD burden.

Using South Africa health promotion levy as an example, the tax yielded a 50% reduction in sugar and calories being consumed. The tax also yielded progressive impacts among those with low socioeconomic status, where the tax led to greater reductions in purchases and less sugar consumed with no negative impact on employment in related sectors.

## KEYNOTE PRESENTATION



**COURTNEY PETERS**

ASSOCIATE DIRECTOR, ADVOCACY, GLOBAL HEALTH ADVOCACY INCUBATOR

Case studies from other geographies where SSB taxes have been successful can be used in media advocacy and policy advocacy to both win people over for a healthy food policy and make sure that it's kept in place. One of the first things to be done before the SSB tax is passed is defining the product to be taxed and the tax design. Nigeria has done a good job in terms of defining what SSBs are and was as inclusive as possible. The WHO recommends at least 20% as a minimum for sugar-sweetened beverage tax and Nigeria has done a great job at establishing the initial rate, which is around 6.5 to 7%. The recommendation would be to continue to build upon that, whether that's through an amendment to the Finance Act, or any other routes that can be used in Nigeria. It is also important to establish how the taxes are levied and collected, and that those revenues are being transparently spent and allocated by the government. Public sensitization is also very important, a huge part of media advocacy is making the public and policymakers aware of the public health burden, what needs to be done about it, and who is responsible. It is especially important after a tax is passed to make sure that consumers are aware

## WHAT ABOUT MEDIA ADVOCACY FOR THE SUGAR TAX POLICY?

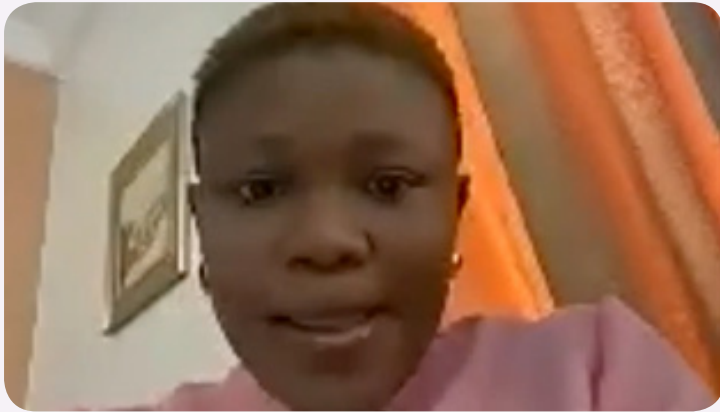
of how it is beneficial for their health and how ultimately, it will improve the country as a whole.

SSB taxes have been shown to be an evidence-based effective public health policy to reduce the burden of obesity and NCDs which require thoughtful implementation and effective monitoring.



**SSB taxes is an evidence-based effective public health policy to reduce the burden of obesity and NCDs which require thoughtful implementation and effective monitoring.**

## KEYNOTE PRESENTATION



**DR. KELECHI OKORO**  
HEALTH COMMUNICATOR

There are a lot of conversations ongoing on how to harness the power of social media as it has been a tool that has been deployed for a lot of solution-driven causes. The most effective way that organizations can leverage social media to advocate for the sugar tax is to stay abreast of what is happening, as there is a huge population of social media users indulging in these products.



**The most effective way that organizations can leverage social media to advocate for the sugar tax is to stay abreast of what is happening**



**DR OLUMIDE OKUNOLA**  
SENIOR HEALTH SPECIALIST, HEALTH NUTRITION

There is a need to continue to escalate advocacy so that the rates can begin to be increased on a year-on-year basis, and the goal of disincentivizing the consumption of sugar-sweetened beverages can be achieved as well as the secondary advantage of bringing in additional public financing to support Nigeria's universal health coverage.

## THE NEED FOR ADVOCACY

## PANEL DISCUSSION

**DR. LAZ UDE EZE**  
FOUNDER, TALKHEALTH9JA



The content of the messaging must be evidence-based. The tax is new in the country and a lot of the evidence is needed to advance the discussion. The discussion should be based on studies in other countries where the tax has been implemented. This makes strong recommendations that involves monitoring and evaluation very important.

There are arguments of whether just 5% is sufficient to give the same results, comparing it to those countries that have up to 20%, or much more than the percentage of SSBs that was approved. There is a need to track every stage of implementation for the advancement of the argument of potential futuristic effects, and also sharing information about the demography that could be most affected.

To make an impact in the media, there has to be long lasting, mutually beneficial media partnerships, to enable various media platforms to come up with plans. This will also make media practitioners more knowledgeable about the cause.

## HOW CAN MESSAGING BE ADVANCED TO DECISIVELY COUNTER ARGUMENTS AGAINST THE SUGAR TAX?

“There is a correlation between long hours of watching TV and inactivity. Also, someone that’s watching TV for long hours, is more likely to get a sugar-sweetened beverage, to keep by the side and be sipping, there’s a need-to-know which media platforms to prioritize and which population to prioritize in getting the messages out.”

“

**There is a correlation between long hours of watching TV and inactivity. Also, someone that’s watching TV for long hours, is more likely to get a sugar-sweetened beverage, to keep by the side and be sipping, there’s a need-to-know which media platforms to prioritize and which population to prioritize in getting the messages out**

”

## PANEL DISCUSSION

### COURTNEY PETERS

ASSOCIATE DIRECTOR, ADVOCACY, GLOBAL HEALTH ADVOCACY INCUBATOR



Food and beverages are distinctly different from tobacco or alcohol; statements towards the negative effect of tobacco can be made and there are no benefits to cigarettes, but people have close personal ties to food and beverages and so that poses a particular challenge. Something that can be done to combat this, is to point out the industry's bad behavior, to call them out for the things that they are doing that are negative as they often try to use corporate social responsibility, whether scholarships or sponsoring a school, etc. to get out of being called out.

Media advocates should be encouraged to point out the things that they aren't doing right for example creating products that harm and possibly kill people, evading tax and covering up these things with corporate social responsibility. In Nigeria for example, almost all of the major soda companies have not paid customs duties since the early 90s. That is something to call out and highlight. Work can be done by pointing out the benefits of the tax to health and the economy while jointly calling out the things the industry

“  
**The beverage industry tends to maintain a corporate public image. The beverage industry sometimes sponsors coalitions, but apart from that they also sponsor local scholarships, among other charitable initiatives and this can be a barrier to Pro-health tax messaging, so strategies have to be applied to counter this corporate image that the beverage industry projects**  
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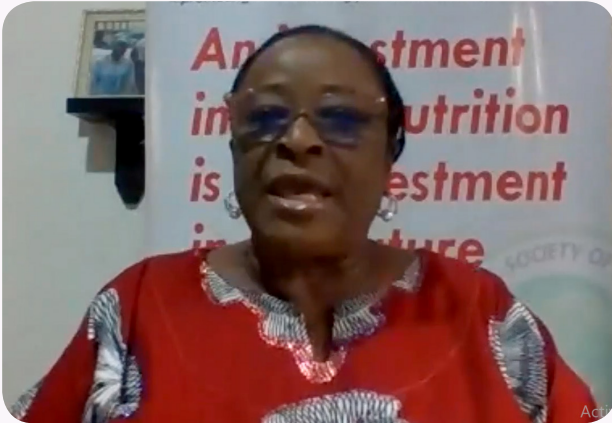
is doing on the flip side, and those two things in conjunction for both consumers and policymakers highlight what the problem is and how to address it.

“The beverage industry tends to maintain a corporate public image. The beverage industry sometimes sponsors coalitions, but apart from that they also sponsor local scholarships, among other charitable initiatives and this can be a barrier to Pro-health tax messaging, so strategies have to be applied to counter this corporate image that the beverage industry projects”

## PANEL DISCUSSION

**MRS. MOJI MAKANJUOLA**

EXECUTIVE DIRECTOR, INTERNATIONAL SOCIETY OF MEDIA IN PUBLIC HEALTH



### HOW CAN WE HARNESS THE MEDIA TO BUILD CITIZEN'S TRUST IN THE SUGAR TAX POLICY?

This is a season in the country's development, where trust for government interventions does not fly no matter how good some of the intentions of the government are. The sugar tax that was just passed for example has generated a lot of mistrust which the media has the tool to unravel. The Nigerian media, is very conversant with issues that play into mistrust and interventions. There must be a buy-in of the media in understanding and closing this gap.

The manufacturers of SSBs have engaged the Nigeria Labour Congress (NLC). There must be counter-engagement of the NLC and articulation of the benefits, impact and importance by having a push in from the non-government circles, or non-government intervention, like the media, the CSO's, everyone can't be on the table but a small percentage would go a long way in engaging with people, where they are, where they live, in their local languages, so that everyone would understand what the campaign or what is being talked about and then the buy-in can be possible. There are different media in Nigeria and several platforms that can be used.



**The Nigerian media, is very conversant with issues that play into mistrust and interventions. There must be a buy-in of the media in understanding and closing this gap.**

## PANEL DISCUSSION

**MATTHEW OGUNNE**  
HEALTH CORRESPONDENT, GUARDIAN



### **WE NEED TARGETED MESSAGING FOR THE SUGAR TAX ADVOCACY**

It is often believed that the media is just a tool for passing out information, but beyond this, there is a target audience, which is the entire population. There is a need for the media to be brought close and journalists sent out on investigative reporting, to know the mind of the people. It is very important to sensitize people at the grassroots so that those that don't have access to newspaper, radio, tv etc. will have people on ground talking to them, telling them about the disadvantages of SSBs.

**DR. LAZ UDE EZE**  
CEO, TALKHEALTH9JA



The messaging must be directed, especially in terms of the content, for example, using analysis from different demographics, like other parts of the world where obesity is largely a challenge for people who depend a lot on certain foods as their main diet, might not resonate in Nigeria. While preparing the content importance must be given to the demographics being targeted.

## CLOSING REMARKS

VIVIANNE IHEKWEAZU, MANAGING DIRECTOR, NIGERIA HEALTH WATCH



NCDs has a touch on everybody's lives and it is important to highlight these discussions beyond just the context of SSBs. Nigeria is plagued with a lot of communicable diseases currently, cholera, Lassa fever, yellow fever, etc. However, what often gets neglected, and not discussed enough is the rising incidence of NCDs and this goes beyond just diabetes that is often talked about, but considerations have to be made towards other NCDs, like cancer and hypertension that are very expensive to treat. That is why with such a tax, there is a hope for an earmarking for health to bring more funds into the health sector.

### OPENING REMARKS



**MRS. MOJI MAKANJUOLA**  
Executive Director,  
International Society of Media  
in Public Health

### MODERATOR



**OMEI BONGOS-IKWUE**  
Health Communications  
Specialist, Gatefield and  
Secretary, NASR

### WELCOME REMARKS



**VIVIANNE IHEKWEAZU**  
MD, Nigeria Health Watch

### CLOSING REMARKS

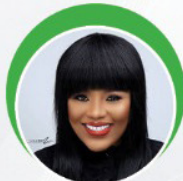


**SHIRLEY EWANG**  
Advocacy & External  
Engagement Specialist,  
Gatefield

### PANELISTS



**DR. LAZ UDE EZE**  
CEO, Talk Health Naija



**DR. KELECHI OKORO**  
Global Goodwill  
Ambassador,  
Health Influencer



**ELIZABETH ORLAN**  
Associate Director,  
Research, Global Health  
Advocacy Incubator



**COURTNEY PETERS**  
Associate Director,  
Advocacy, Global  
Health Advocacy  
Incubator



**OLUMIDE OKUNOLA**  
Senior Health Specialist, Health,  
Nutrition and Population,  
World Bank



**MATTHEW OGUNE**  
Health Correspondent,  
The Guardian

# ADDRESSING THE INCREASING PREVALENCE OF NCDS IN NIGERIA THROUGH PRO-HEALTH TAXES

FEBRUARY 1, 2022

## OPENING REMARKS

**Dr. Prof. (Dr) Innocent A.O. Ujah** - President, Nigerian Medical Association, current Vice-Chancellor of the Federal University of Medical Science, Otuoko, Benue State and Professor of Obstetrics and Gynecology.

## MODERATOR

**Dr Adamu Al-Hassan Umar** - President/CEO, Nigerian Cancer Society

## WELCOME REMARKS

**Vivianne Ihekweazu** – Managing Director, Nigeria Health Watch

## SPEAKERS

**Prof Akin Osibogun** – Chairman, Lagos State Primary Healthcare Board and President, Non-Communicable Disease (NCD) Alliance

**Prof Ifeoma Okoye** – Professor of Radiology and Head of Radiation Medicine Department at the College of Medicine, University of Nigeria, Nsukka, Enugu Campus, and University of Nigeria Teaching Hospital and Founder, Breasts Without Spots.

**Dr Morenike Alex-Okoh** - Director of Public Health, Federal Ministry of Health.

**Prof Sani Abubakar Malami** – Professor of Pathology, College of Medical Sciences, ATBU, Bauchi State.

**Dr Alkali Mohammed** – President, Diabetes Association of Nigeria (DAN) and Chief Medical Director [CMD] of the Abubakar Tafawa Balewa University Teaching Hospital [ATBUTH], Bauchi State.

The graphic is a promotional poster for the webinar. At the top left is the Nigeria Health Watch logo. The main title is 'NIGERIA PRO HEALTH TAXES WEBINAR SERIES'. Below this, it says 'WEBINAR #3' and 'ADDRESSING THE INCREASING PREVALENCE OF NCDS IN NIGERIA THROUGH PRO HEALTH TAXES'. A date and time box indicates 'TUESDAY, FEBRUARY 1, 2022' from '2:00PM - 3:30PM WAT' and 'VIRTUAL'. The graphic lists five speakers with their photos and titles: Prof. (Dr.) Innocent A.O. Ujah (NMA President), Hon. (Dr.) Yusuf Tanko Sununu (Chairman, House of Representatives Committee on Healthcare Services), Vivianne Ihekweazu (MD, Nigeria Health Watch), Dr. Adamu Al-Hassan Umar (President/CEO, Nigerian Cancer Society), and Prof. Akin Osibogun (Executive Director, NCD Alliance, Nigeria). Below the speakers is a 'PANELISTS' section with four photos and titles: Prof. Ifeoma Okoye (Founder BWS, Prof of Radiation Medicine, UNTH, Enugu State), Dr. (Mrs.) Alex-Okoh (Director, Public Health, Federal Ministry of Health), Prof. Sani Abubakar Malami (Professor of Pathology, ATBU, Bauchi State), and Dr. Alkali Mohammed (President, Diabetes Association of Nigeria (DAN)). At the bottom, it says 'Supported by:' followed by logos for the National Action Plan on Non-Communicable Diseases, hfn, and the Nigerian Cancer Society.

## WELCOME REMARKS



**VIVIANNE IHEKWEAZU**  
MANAGING DIRECTOR, NIGERIA HEALTH WATCH

Nigeria has a rising incidence of NCDs, with about 11.2 million people alone in Nigeria, with diabetes, which is about one in 17 adults in Nigeria. The pro health taxes, as introduced in the Finance Act, is one of the ways the government of Nigeria is looking to address the issue of rising NCDs, in addition to bringing in more funding to the health sector which is severely underfunded with a population of over 200 million with about less than 5% of the budget spent on healthcare highlights the critical deficiencies currently in funding healthcare. The aim is to provide the data and evidence to push and advocate as to why there is a need for ProHealth taxes.

## OPENING REMARKS



**PROF. AKIN OSIBOGUN**  
CHAIRMAN, LAGOS STATE PRIMARY HEALTHCARE BOARD AND PRESIDENT, NON-COMMUNICABLE DISEASE (NCD) ALLIANCE

### DUAL PANDEMIC OF COMMUNICABLE AND NON-COMMUNICABLE DISEASES: THE WAY FORWARD IS ACCESS TO CARE

Increasing prevalence and mortality due to NCDs as well as the economic effects are justifications for the need for additional resources to control and fund the fight against NCDs. There is a need for these Pro-health taxes and sub-Saharan Africa needs to pay attention to NCDs. If a person

## OPENING REMARKS

in Nigeria living with diabetes is compared to someone living with Diabetes in America, the person in Nigeria would have a higher mortality rate. It's a question of access to care.

NCD mortalities in younger age groups in sub-Saharan Africa is also on the rise. NCDs occur in older people in the established market economics, whereas in developing countries, NCDs occur in younger people. More attention needs to be paid to NCDs. They are chronic in nature and become a long-term economic burden. Data from East Africa already suggests that as much as 40% of all deaths are currently attributable to NCDs. The predominant disease problems in developing countries like Nigeria used to be communicable diseases but there is a current increase in the prevalence of non-communicable diseases such as hypertension, diabetes, cardiovascular disease, and so on.

"Nigeria is experiencing an epidemiological transition, characterized by a dual epidemic of communicable and non-communicable diseases and it would be necessary to source out means of funding to tackle this dual epidemic. NCDs are on the rise due to environmental exposure."

In terms of priority there are six non-communicable diseases in Nigeria; the cardiovascular disease (CVDs), cancers, chronic respiratory diseases, diabetes, sickle cell disease and mental disorders, globally there are four, but sickle cell and mental disorders were added due to their importance in terms of geographical location.

In 1990/92 a national survey was conducted which reported prevalence of about 10% for elevated blood pressure among Nigerians between ages of 18 to 65. In 2003, under the auspices of the WHO and the Nigeria Health Foundation 28% was found. The global burden of disease indicated that almost 70% of deaths are due to NCDs.

The burden of disease in sub-Saharan Africa 20 years ago indicates that almost 20% of deaths were due to non-communicable diseases. Recent data from East Africa indicates figures above 40%, 44 to 45% in Rwanda, and Uganda 33%-35. Over 80% of cardiovascular and diabetes deaths, and almost 90% of deaths from COPD,

occur in low- and middle-income countries. When the non-communicable diseases occur in Sub-Saharan Africa, compared to Europe, or America the deaths occur more in Sub Saharan Africa because of the issues of access to care and financing.

"Over 70% of the financing for health services in Nigeria is coming from out-of-pocket expenditure and out of pocket expenditure is not an equitable way to finance any health service"

The African region suffers from a double burden of



**Over 70% of the financing for health services in Nigeria is coming from out-of-pocket expenditure and out of pocket expenditure is not an equitable way to finance any health service**

## OPENING REMARKS

communicable and non-communicable diseases, compared with high-income countries as far as NCDs are concerned, hence, the importance of prevention. In developed countries, seven out of 10 deaths are in people above 70 years old, whereas in developing countries only two out of 10 are above 70 years old, in other words, eight out of 10 are below 70 years, which means death occurs in younger people, another justification for investing in interventions that save and prolong lives. Emphasis needs to be placed on prevention as the resources to fully fund care for these NCDs is scarce.

This disease affects economic outcomes through mortality and morbidity, affecting labour and resulting in loss of productivity. On the other hand, increasing expenditure on treatment and treatment-seeking behaviour will also have economic outcomes as well as opportunity cost as the money spent on diseases will now be available to be spent on other items. These are justifications for finding the money to prevent NCDs.

There is a need to adopt smart financial control mechanisms, and while arguments have been made that increased taxes on tobacco, etc., may not necessarily reduce consumption, probably because of the addictive nature of some of these substances the revenue from taxes will be available to pursue preventive and other interventions and some of which will be to provide information on diet, behaviour change communication, encourage physical activity, and provide the facilities.

Facilities must be provided in our communities where people can engage themselves in physical activity. Campaign on the avoidance or cessation of tobacco use, and the abuse of alcohol and so on must be kept on going and a risk assessment done, targeting specific interventions. All these require funding. We also need to ensure that facilities for early diagnosis and prompt treatments are available.

In conclusion, good health is an investment in economic growth. Governments have legitimate authority to levy taxes, as long as the proceeds are to be used for the common good. There is hope that the revenue collected will not be going into one general

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**Taxes and levies on products that have health impacts like tobacco, sugar, and alcohol are useful ways of getting additional funds to promote health, prevent disease and provide access to care and rehabilitation**

”

pool rather into a dedicated pool for health. When it is into a dedicated pool, it can be used to improve access to preventive, curative and rehabilitative health services.

“Taxes and levies on products that have health impacts like tobacco, sugar, and alcohol are useful ways of getting additional funds to promote health, prevent disease and provide access to care and rehabilitation.”

## OPENING REMARKS



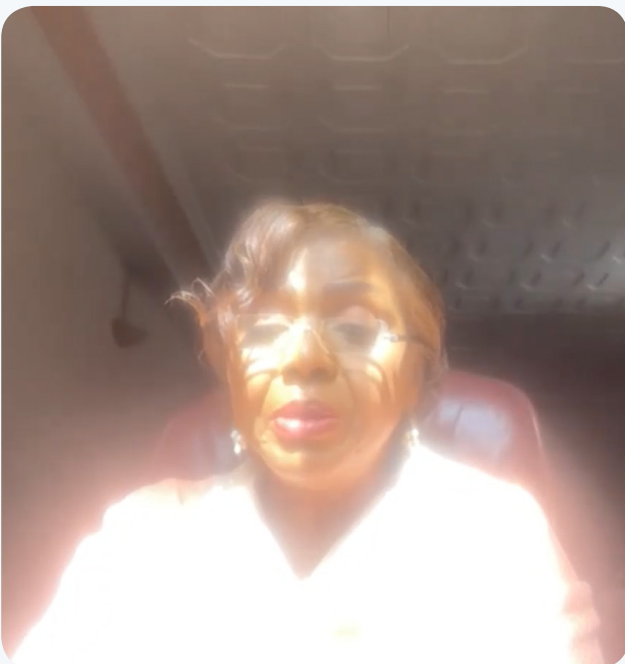
**PROF. INNOCENT A.O. UJAH**  
PRESIDENT, NIGERIAN MEDICAL ASSOCIATION,  
CURRENT VICE-CHANCELLOR OF THE FEDERAL  
UNIVERSITY OF MEDICAL SCIENCE, OTUKPO, BENUE  
STATE AND PROFESSOR OF OBSTETRICS AND  
GYNECOLOGY.

There is no doubt that this is a great burden to Nigerians, to the general public and to the medical practitioners who face the challenges of prevention, treatment and care.

Advocacy can be done but policymakers who can appropriate have to appropriate, to provide facilities for care, prevention, and treatment. Nigeria particularly is not equipped with designated centres for the treatment of cancer and advocacy for this would be done by the Nigerian medical association and joining hands with the Nigeria cancer society so that patients can get the best quality of care.

## PANEL DISCUSSION

**PROF IFEOMA OKOYE**  
FOUNDER BWS, PROF OF RADIATION MEDICINE, UNTH, ENUGU STATE



### WHAT IS THE ASSOCIATION BETWEEN SUGAR CONSUMPTION AND NON-COMMUNICABLE DISEASES?

Some drinks contain very dangerous chemicals. Soft drinks as they are called have been attributed to robbing us of good health and can result in obesity, diabetes, mental health, and dental crises. A little bottle of a SSB can cause so much havoc on health and the health of children because a SSB is a mixture of phosphoric acid, high sugar, caffeine coloring and flavors. SSBs are empty calories with no nutritional content whatsoever and the pH of soft drink which is 2.5 is equal to the pH of vinegar which is acidic. An acid environment sustains a lot of carcinogenic activity, soft drink, no matter the brand is

## PANEL DISCUSSION

the most acidic beverage that can be obtained.

A litre of aspartame, which some people think is preferable to the sugar sweetened beverage can produce about 56 milligrams of methanol. When methanol is released into the bloodstream, it poisons the body and aspartame has also been proven to have carcinogenic effects. Rather than concluding that the health effects are due to a single component, it is better to look at SSBs holistically.

“When a child is exposed to obesity in childhood, that child is predisposed to cardiovascular disease later on in life, including dyslipidemia, elevated blood sugar, non-alcoholic fatty liver disease, and even cognitive decline and cancer.”

“

**When a child is exposed to obesity in childhood, that child is predisposed to cardiovascular disease later on in life, including dyslipidemia, elevated blood sugar, non-alcoholic fatty liver disease, and even cognitive decline and cancer**

”

**PROF. ABUBAKAR MALAMI**  
PROFESSOR OF PATHOLOGY, ABTU, BAUCHI STATE



## WHY IS THERE A SHIFT OF CONCERN TO NIGERIA?

The assumption is that the shift from infectious diseases to non-communicable diseases underlies the new epidemiological trend in Nigeria. This theory has failed to describe the true epidemiological situation in Nigeria because what is present in Nigeria is a rapid demographic change with dramatic growth of the population. According to the data, NCDs are increasing in Nigeria, there is no doubt about it but there is also a

## PANEL DISCUSSION

predominance of infectious diseases. This has been called a double burden of disease model. Funding health Care is much more of a problem in this context than in developed contexts.

Some of the challenges include lack of skilled personnel, resilience and political will particularly in Nigeria, to respond to these ever-present challenges. It is advisable that health funding focuses on infectious diseases and NCDs, which is the reality on ground in Nigeria.

“The government has stated that ProHealth taxes will be used for health and other critical expenditures in line with the federal government of Nigeria priority areas, given the cost and associated challenges of treating non-communicable diseases such as diabetes.”

**DR ALKALI MOHAMMED**  
PRESIDENT, DIABETES ASSOCIATION OF NIGERIA



### WHAT PRIORITY AREAS CAN THE ADDITIONAL REVENUE BE CHANNLED TOWARDS?

The government has two perspectives, one is the revenue aspect and the other one is the aspect of improving finances for healthcare, particularly the NCDs, and planning is very important in the sense that even before this tax starts accruing there is a need to define what is to be done and what for. It is recommended that at least 60% of their revenue should be kept for enhancing the NCDs finances, and the position should be backed by appropriate legislation. In arriving at defining what is to be done by that percentage for the NCDs, appropriate stakeholders should be engaged, including the ministries and other government agencies, the experts in different fields, the patient centered organizations and the civil society organizations.

Emphasis should be given to prevention by disseminating information, massive screening, and building capacity for health workers. Other key areas include gaps in the management, access to drugs and treatment, support of local production of drugs and commodities for management of the disease and specialized hospitals that manage NCDs and the various aspects of complications that can occur, including issues of organ transplant and massive research. The current tertiary institutions need part of the funds to be used in upgrading their facilities.

## PANEL DISCUSSION

**DR ALEX-OKOH**

DIRECTOR PUBLIC HEALTH, FEDERAL MINISTRY OF HEALTH



## HOW CAN THE SUGAR TAX BE USED TO COMPLEMENT IMPLEMENTATION OF THE NATIONAL MULTISECTORAL PLAN FOR THE PREVENTION AND CONTROL

Tobacco use, harmful use of alcohol, physical inactivity, and unhealthy diet are risk factors for NCDs. Before the plan for Tobacco Control intervention was put together, there was a legislation for the Tobacco Control decree of 1990, and this was converted to the Tobacco Control Act of 1990. In 2004-2005, Nigeria signed and ratified the WHO Framework Convention (FCTC) on Tobacco Control. In order to domesticate this, the National Tobacco Control Act was enacted in 2015 and in line with the provisions of the National Tobacco Control (NTC) Act, the Federal Ministry of Health inaugurated the National Tobacco Control Committee (NATOC) in 2016. The ministry then created the National Tobacco Control Unit in 2017, as part of critical steps for tobacco control coordination.

Between NATOC and the control unit, a technical working group on tobacco taxation was established in 2017 and following consultation with various sectors, engagement was made with the national tax authority and the National Assembly, to introduce appropriate taxes. Following that the three-year excise tax regime for cigarettes and alcohol at an annual incremental rate from the effective date of June 2018, was put in place.

There are collaborations with national media, and this is an ongoing process along with raising taxes. There



**The use of fiscal policies such as the excise taxes complement preventive actions on identified risk factors. The Ministry of Health is at an advanced stage of conducting a national steps survey to determine the actual prevalence of risk factors in Nigeria.**

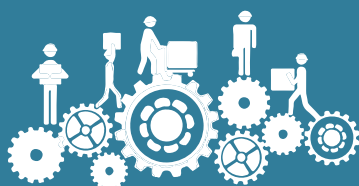
## PANEL DISCUSSION

are ongoing efforts to further raise excise tax in compliance with global best practices. Plans are ongoing for the development of a National Alcohol Policy in collaboration with stakeholders. The documents have been finalized and validated and this policy seeks to ensure effective regulation of the production distribution and supply of alcohol in Nigeria. The policy will ensure effective control of access and availability of alcohol, ensure effective control of consumption of alcoholic beverages that are produced both formally and informally, including promoting surveillance, monitoring and research into the harmful use of alcohol.

With respect to the promotion of physical activity, the Ministry of Health is collaborating through the National NCD multi-sectoral coordination platform with nine ministries, especially the Ministry of Education to ensure school programs include quality physical education, availability of adequate facilities and programs to support physical activity, and also in collaboration with Federal Ministry of Works and Housing, looking at incorporating core elements of residential density into building areas sidewalks to facilitate walking, and support cycling and in collaboration with the head of the civil service of the Federation, also through the multi-sectoral coordinating platforms of the national NCD plan is to ensure all government ministries, departments and agencies institutionalize sporting activities. There is collaboration with various stakeholders to ensure implementation of WHO technical packages to reduce salt intake and replace trans-fats and saturated fats with unsaturated fats.

The use of fiscal policies such as the excise taxes complement preventive actions on identified risk factors. The Ministry of Health is at an advanced stage of conducting a national steps survey to determine the actual prevalence of risk factors in Nigeria. So, with respect to public health, excise taxes, become effective tools to control behavioral risk factors. They reduce demand and consumption of and exposure to these harmful products, which will prompt people to switch to healthier alternatives. There is also the issue of increasing revenue base for government and the earmarking, the ministry has an ongoing conversation with the Ministry of Finance with respect to this, funding the implementation of the multi-sectoral action plan of the strategic objectives.

There is hope that these taxes will boost economic development through a healthier workforce, and it will significantly reduce the NCD burden. It is also expected to provide sustainable financing mechanisms for the health system, because taxes raised on sugary drinks and tobacco will, in general, allow the Ministry of Health to have more funds for the system.



**These taxes will boost economic development through a healthier workforce**



**It is also expected to provide sustainable financing mechanisms for the health system**

## SUMMARY AND CALL TO ACTION

**DR OLUMIDE OKUNOLA**

SENIOR HEALTH SPECIALIST, HEALTH, NUTRITION AND POPULATION, WORLD BANK



- **There's an increasing prevalence of non-communicable diseases and more emphasis should be placed on the double burden of disease**

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- **In a situation where there is zero social health protection, people will have to pay out of pocket for healthcare services for NCDs now and in the future**

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- **The primary rationale for introducing ProHealth taxes from alcohol, tobacco, sugar-sweetened beverages is to reduce consumption so that prevalence can be reduced.**

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- **There is a need to advocate for government to increase the rates because it is that increase in rates that will allow for the reduction in consumption.**

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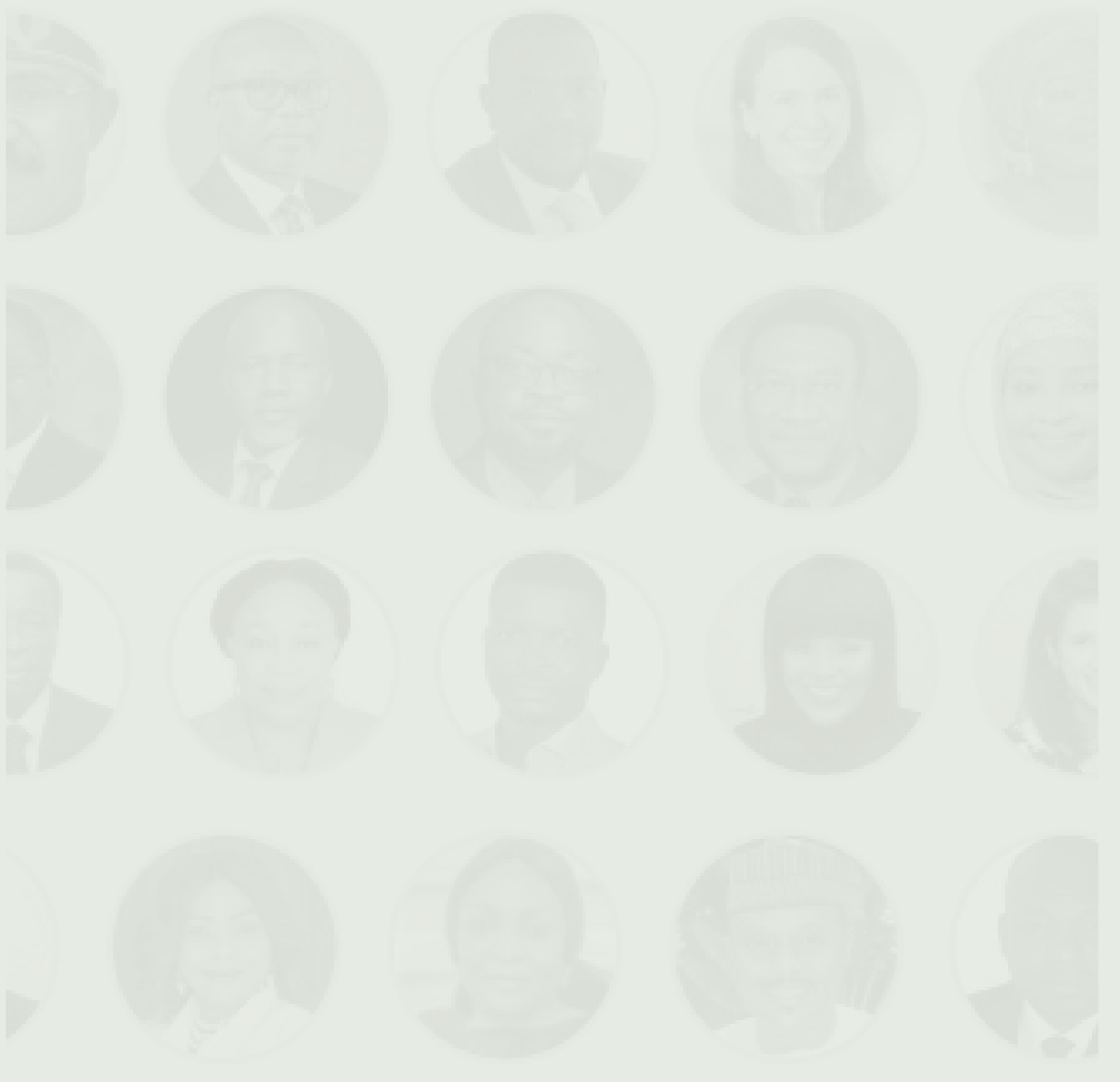
- **There should be interrogations of some of the implementation arrangements and engagements in the gradual phasing in of the taxes that had been introduced previously, like alcohol and tobacco and the new sugar tax**

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- **The government of Nigeria should consider earmarking sugar tax for the health sector**

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- **UHC is a standard aspiration of the Nigerian health system and the introduction of ProHealth taxes, if prioritized for the health sector can enhance Nigeria's journey towards universal health coverage**



# NIGERIA HEALTH WATCH

Informed commentary, intelligence and insights on the Nigerian health sector

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