
Civil society urges Global Fund to end partnership with Heineken

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To:

Hon. Mrs Aida Kurtovic, Chair of the Board

Hon. Mr Peter Sands, Incoming Executive Director

Hon. Mrs Marijke Wijnroks, Interim Executive Director

The Global Fund to Fight AIDS, Tuberculosis and Malaria

Chemin de Blandonnet 8, 1214 Vernier

Geneva, Switzerland

Dear Mrs Kurtovic, Mr Sands and Mrs Wijnroks,

It is with tremendous appreciation and respect for the work and mission of the Global Fund to Fight AIDS, Tuberculosis and Malaria that we write to you today to voice our deep concern with the newly announced partnership with Heineken, and to respectfully urge you to immediately end this partnership.

The era of sustainable development should be all about partnerships; to address cross-cutting drivers and determinants of ill-health and poverty, to mobilize resources, to unlock synergies across sectors, and to galvanize truly sustainable efforts to implement evidence-based good practice for transformational change.

We understand the need to seek new financing mechanisms for global health and see the apparent benefits of building on the logistics developed by commercial enterprises. However, we respectfully point out the dangers inherent in

partnerships with the producers and marketers of hazardous products such as alcohol.

Alcohol and the TB and AIDS epidemics

In November 2017, global leaders adopted the Moscow Declaration to end TB. With the declaration Member States commit themselves to

"Achieving synergies in managing TB, co-infections and relevant noncommunicable diseases, undernutrition, mental health and harmful use of alcohol and other substance abuse, including drug injection.[1]"

In the landmark "Blind Spot" report "Reaching out to men and boys" from November 2017, UNAIDS writes that

"[...] harmful use of alcohol increases risk to a range of communicable and noncommunicable diseases, including HIV. Heavy [alcohol use] has also been shown to increase the progression of disease within people living with HIV[2].

Modelling studies have suggested that [...] structural interventions—such as those that increase the price of alcohol, restrict the marketing of alcohol and reduce its availability—can reduce alcohol consumption and lower rates of sexually transmitted infections."

Alcohol is a major risk factor for both TB[3] and HIV/AIDS[4], and it is increasingly recommended that alcohol policy best buy interventions be part of the responses to both epidemics.

Alcohol – a major obstacle to sustainable development

Evidence shows that alcohol adversely affects achievement of 13 of 17 Sustainable Development Goals (SDGs) including poverty eradication, health for all, gender equality, economic prosperity, sustainable consumption, ending violence and building safer and resilient cities[5]. Therefore, target 3.5 of the SDGs commits governments to "Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol."

Significant progress on alcohol policy will be necessary to achieve this and other SDG targets, including targets 3.3 and 3.4 to end the epidemic of AIDS, tuberculosis and malaria and to reduce premature mortality from non-communicable diseases by a third by 2030.

Conflict of Interest

Partnerships with the alcohol industry are laden with inherent conflicts of interest. Transnational corporations producing and aggressively marketing alcohol rely on the harmful use of alcohol for their sales and profits. In South Africa for example, a recent research study showed 90% of alcohol was consumed in harmful alcohol use occasions.[6] This underpins the conflict of interest, which leads companies such as Heineken to undermine and subvert evidence-based alcohol policy implementation at the same time as they expand distribution networks and marketing to grow their market in low-and middle-income countries.

A partnership such as this with the Global Fund is of great value to Heineken. It redirects attention from the costs of harmful use of alcohol and positions Heineken to governments, the public and the global community as a legitimate partner in implementing sustainable development solutions, while at the same time their lobbying organizations was actively working to prevent implementation of effective alcohol policies[7].

Indeed, it clearly states on the Global Fund's website that "the broad range of private partners engaging with the Global Fund understand that investing in health equals investing in markets, people and the long-term profitability of their businesses. Partnering with the Global Fund also brings visibility, recognition and opportunities to further develop businesses."

This suggests that the Fund is aware of how the new partnership with Heineken helps give the company visibility, brand recognition and opportunities to further grow its business across Africa.

The Global Fund has previously attempted to partner with the alcohol industry, in collaboration with SABMiller in 2012. At that time the Fund was exposed to serious criticism[8]. The argument made at the time, that it was naïve of the

Global Fund to exclude partnerships with the arms and tobacco industries while failing to understand the conflict between alcohol industry and public health and sustainable development goals, is still valid today.

All these concerns are exacerbated by the documentation of Heineken's conduct in Africa. In the book "Heineken in Africa. A Multinational Unleashed" Olivier van Beemen writes:

"Heineken claims to have a positive impact on economic development and employment in Africa. After investigation though, these claims turn out to be unfounded or even false. On balance, Heineken's presence has hardly benefited Africa at all, and may in fact have been harmful."

Respectful request for reconsideration

We are deeply concerned about this partnership and its implications for global health. **We therefore respectfully request that you end the partnership with Heineken and that you take our concerns into consideration when conducting due diligence exploring future partnerships.**

We welcome dialogue with you and remain at your disposal for further discussions.

Yours sincerely,

Kristina Sperkova,
International President, [IOGT International](#) [1]

Sally Casswell,
Chair, [Global Alcohol Policy Alliance](#) [2]

Katie Dain,
CEO, [NCD Alliance](#) [3]

New York, Auckland, London, February 1, 2018

[Endorsements](#) [4] (as of February 9, 2018)

1. ACT Health Promotion, Brazil
2. Actis – Norwegian Policy Network on Alcohol and Drugs
3. Alcohol and Drug Information Center (ADIC), Sri Lanka
4. Alcohol Healthwatch, New Zealand
5. Alcohol Justice, USA
6. Alcohol Policy Youth Network (APYN), Europe
7. AV-OG-TIL (Campaign network for alcohol free zones), Norway
8. Blue Cross International
9. Blue Cross Norway
10. Blue Cross in Tchad
11. Bolivian Network of People Living with HIV and AIDS (REDBOL)
12. Civil Society Network on Substance and Drug Abuse (csnETsda), Nigeria
13. Center for Youth Education (CEM), Bosnia and Herzegovina
14. Dutch Institute for Alcohol Policy (STAP), Netherlands
15. Drug Policy and Harm Reduction Platform, Malawi
16. East African Alcohol Policy Alliance
17. Emonyo Yefwe International, Kenya
18. European Alcohol Policy Alliance (Eurocare)
19. European Center for Monitoring Alcohol Marketing (EUCAM)
20. European Public Health Alliance (EPHA)
21. Estonian Temperance Union (AVE)
22. FCGH Alliance, Switzerland
23. FORUT, Norway

24. Foundation for Alcohol Research and Education (FARE), Australia
25. Ghana NCD Alliance
26. Global Call to Action against Poverty (GCAP), Liberia
27. Healthy Caribbean Coalition
28. Healthy Latin American Coalition (CLAS, Coalición Latinoamérica Saludable)
29. Interamerican Heart Foundation
30. International Pediatric Association
31. Institute for Alcohol Studies, UK
32. IOGT Germany
33. IOGT Norway
34. IOGT-NTO Movement, Sweden
35. IOGT Poland
36. League Against Intoxicants, Norway
37. Milestones Rehabilitation Foundation, Nigeria
38. NCD Alliance, Malawi
39. Kawempe Youth Development Association (KYDA), Uganda
40. NCD Alliance Lanka, Sri Lanka
41. NCD Child,
42. New Dawn, Zambia
43. Nepal NCD Alliance
44. Nordic Alcohol and Drug Policy Network (NordAN), Northern Europe
45. Norwegian Cancer Society
46. Ohaha Family Foundation, Nigeria
47. People Against Drug Dependence and Ignorance (PADDI), Nigeria
48. Safe Sociable London Partnership, UK
49. Students' Campaign Against Drugs (SCAD), Kenya
50. Slovenian Coalition for Public Health, Environment and Tobacco Control
51. South African NCD Alliance
52. Southern African Alcohol Policy Alliance- Zambia
53. Southern African Alcohol Policy Alliance
54. Stop Drink Network, Thailand
55. Teamcoby, Nigeria
56. The Cancer Association of South Africa
57. Salvation Army, Norway Iceland and The Faeroes
58. The Wellbeing Initiative, Nigeria
59. UDK Consultancy, Malawi
60. United States Alcohol Policy Alliance
61. Union for International Cancer Control (UICC)
62. Vision for Alternative Development (VALD), Ghana
63. Vital Strategies
64. West African Alcohol Policy Alliance
65. Wimmera Drug Action Taskforce, Australia
66. World Cancer Research Fund International (WCRF International)
67. World Woman's Christian Temperance Union (WWCTU)
68. Women's Coalition Against Cancer (WOCACA), Malawi
69. Young Professionals Chronic Disease Network (YP-CDN)
70. Zambia NCD Alliance

1 Moscow Declaration to End TB, adopted at the First WHO Global Ministerial Conference "[Ending TBn the Sustainable Development Era: a multisectoral response](#)" [5] November 16-17, 2017, accessed online January 30, 2018

2 The Blind Spot. Reaching out to men and boys. Addressing a blind spot in the response to HIV, UNAIDS/JC2911E, 2017, accessed online

January 30, 2018 http://www.unaids.org/sites/default/files/media_asset/blind_spot_en.pdf [6]

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Published on NCD Alliance (<https://ncdalliance.org>)

3 Intiaz S, Shield KD, Roerecke M, et al. Alcohol consumption as a risk factor for tuberculosis: meta-analyses and burden of disease. Eur Respir J 2017; 50: 1700216 [<https://doi.org/10.1183/>] [7] 13993003.00216-2017].

4 Fact sheet, World Health Organization, 2015, accessed online January 30, 2018

<http://www.who.int/mediacentre/factsheets/fs349/en/> [8]

5 Fact sheet, IOGT International, 2017, accessed online January 30, 2018 [http://iogt.org/wp-content/uploads/2015/03/Alcohol-and-](http://iogt.org/wp-content/uploads/2015/03/Alcohol-and-SDGs_new.pdf) [9] SDGs_new.pdf

6 Cuong, P.V., Casswell, S. Parker, K. et al, (2018) Cross-country comparison of proportion of alcohol consumed in harmful drinking occasions using the International Alcohol Control Study. Forthcoming, Drug and Alcohol Review.

[Download the joint open letter.](#) [10]

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[1] <http://iogt.org>

[2] <http://globalgapa.org>

[3] <https://ncdalliance.org>

[4] <http://iogt.org/open-letters/joint-open-letter-concern-regarding-global-fund-partnering-heineken/>

[5] http://www.who.int/tb/features_archive/Moscow_Declaration_to_End_TB_final_ENGLISH.pdf?ua=1

[6] http://www.unaids.org/sites/default/files/media_asset/blind_spot_en.pdf

[7] <https://doi.org/10.1183/>

[8] <http://www.who.int/mediacentre/factsheets/fs349/en/>

[9] <http://iogt.org/wp-content/uploads/2015/03/Alcohol-and->

[10]

https://ncdalliance.org/sites/default/files/201802_Global%20Fund%20Heineken%20Joint%20letter_signed_web.pdf

[11] <https://ncdalliance.org/taxonomy/term/186>

[12] <https://ncdalliance.org/taxonomy/term/413>

[13] <https://ncdalliance.org/category/tags/partnerships>

[14] <https://ncdalliance.org/taxonomy/term/683>