

**NCD Alliance Submission to WHO consultation on  
Working Document to develop an action plan for strengthening implementation of the  
WHO Global Strategy on the Harmful Use of Alcohol (GAS)**

December 2020

The NCD Alliance thanks the WHO for preparing the working document and offering the opportunity to contribute comments. NCD Alliance commends the WHO secretariat for the working document advancing on the process to develop an action plan. We are pleased to see this progress in strengthening the governance framework for alcohol. Ultimately this action plan must help save and improve millions of lives currently harmed by alcohol, many of which are due to the toxic, psychoactive and carcinogenic characteristics of the substance contributing to noncommunicable diseases (NCDs) including of the neurological, cardiovascular and gastrointestinal systems, including at least 8 cancers. All harm caused by alcohol is entirely preventable, and yet alcohol continues to be a leading cause of premature mortality and morbidity in many countries of the world. We will not achieve progress necessary on NCDs and SDGs if we don't accelerate action assertively and rapidly.

*Within this response, the Global Alcohol Strategy is abbreviated to GAS*

***We have read the working document for development of an action plan to strengthen implementation of the Global strategy to reduce the harmful use of alcohol and have the following comments and suggestions for consideration:***

#### **Positives**

We particularly commend the following points of the action plan as advances on the global alcohol strategy:

- **Clear language with a logical structure**, and introduces specific proposed actions for different stakeholders in pursuit of newly identified global targets for reducing alcohol harm.
- **Comprehensive background** outlining the rationale for the action plan, purpose, aim, and vision, barriers to progress and deficits of a global alcohol strategy which has not evolved to reflect more recent developments.
- The identification of **civil society** as important stakeholders in particular with regard to advocacy, monitoring and evaluation of GAS and implementation of the future action plan.
- Acknowledges the **need for greater political will**, leadership and resources to implement the GAS.
- Notes the **harmful impact of the alcohol industry** and other vested interests on implementation of the GAS.
- **Advances on the GAS with integration of recent developments** such as evidence based, cost effective 'Best Buys' and other recommended interventions for prevention and control of NCDs, including specific action area relating to the technical initiative SAFER.
- As civil society partners of the SAFER initiative, **we welcome SAFER's inclusion** as a key area for action, and the potential that this package provides for strengthening implementation, and monitoring and evaluation of implementation, of these alcohol related 'Best Buys' NCDs prevention if sufficiently resourced at all levels. While all

action areas of the GAS provide opportunities to save lives, it is through focussing on and unifying around these included in Global action plan on Prevention and Control of NCDs and its associated global monitoring framework for NCDs where we have the greatest potential for progress.

Based on the working document, NCD civil society feels the action plan will provide much needed impetus to civil society to call for governments to implement the global alcohol strategy including national alcohol policies.

### **Greatest barriers needing to be addressed by this action plan**

Despite optimism about the working document, the NCD community retains considerable concerns that the working document currently falls short of informing an action plan which sufficiently address what it understands to be the most significant barriers to progress on alcohol harm reduction. Some of the main persistent barriers identified:

- **Lack of political leadership** and recognition of the social, health and economic costs of alcohol, and the risks of engagement with the alcohol industry - including producers, retailers and marketers.
- **Lack of resourcing** to build strong coalitions, political capital and resilience to challenges throughout introduction of legislation, and resourcing to support comprehensive implementation including enforcement and reporting. This includes a need for greater investment in alcohol harm prevention from funders, donors, domestic resource mobilisation (ie taxes on alcohol), and in kind contributions from those without alcohol interests.
- **Alcohol industry interference**, influence, lobbying and participation in the decision making processes.

One of the greatest concerns and barriers identified by NCD advocates pertains to the **disproportionate power and influence of the alcohol industry** delaying policy implementation, dividing with diluted strategies such as voluntary or self-regulation, deflecting with false claims, and denying and casting doubt on evidence.

### **Protection of the process to develop the action plan**

The alcohol industry, like others whose products and practices contribute to harm, is represented by a very strong lobby, and has a fundamental conflict of interest much of the working document. It is envisaged that the industry will not only resist many aspects of this working document at both local (community and national) and global levels, but they will actively lobby against its adoption over the coming 18 months. It is critical that the action plan be robust, and that the processes around its development are protected from these conflicted interests. We urge Member States to put human rights at the centre of decision making for NCD prevention and control, and not allow the interests of the alcohol industry to negatively influence their input into this action plan as it develops at a potentially catastrophic cost to human health and lives. Should the industry dilute this action plan, and further stall progress in doing so, then we would urge accelerated advancement toward exploration of a binding international instrument which protects people and policy making from the interests and influences of health harming industries.

## Recommendations and Reservations

There are several areas of the working document the NCD community has identified as opportunities for strengthening the action plan based on the working document, as outlined below.

**SAFER** – We welcome the integration of SAFER into the working document as a key and primary Action Area, however given SAFER encompasses the 5 main ‘Best Buys’ for alcohol we recommend that SAFER be referenced by name in the operational objectives (point 1).

### Alcohol Industry / ‘economic operators’

One of the most concerning aspects of the working document is the **integration of ‘economic operators’ throughout** alongside and in equivalence to UN and other partners, and civil society. Given the significant role of so called ‘economic operators’ - itself a problematic reference - in alcohol harms and contributing to the 3 million deaths occurring every year, they should not have an integral role through the implementation of the action plan, and should instead have a separate paragraph speaking specifically to the actions that they must take to reduce their contribution to the problem.

**The term ‘economic operators’** is counterproductive - a vague, yet positive and powerful reference to alcohol industry actors by emphasising their role in economies while downplaying their role in health and social harms, costs and externalities. The term should be updated to refer specifically to such ‘economic operators’ as the ‘alcohol industry’ with a broad definition including all those with economic interests including in the production, sale, and marketing of alcohol products.

Any actions ascribed to the alcohol industry should be **instructive, not advisory or inviting**. For example, they should have no role in activities such as capacity building; they should cease marketing in ways which expose or appeal to youth; they should cease lobbying against effective policy.

### Conflict of Interest -

Clear **guidelines on managing conflict of interest and industry interference** should be developed as an appendix to this action plan for all stakeholders, including WHO, UN agencies, and Member States, and should also be applied to SAFER implementation. The **Framework for Engagement of Non State Actors (FENSA)** should be updated to better reflect the alcohol industry in relation to conflict of interest, and to improve implementation of FENSA.

We urge **WHO to cease dialogue with the alcohol industry**, however any interactions which do take place should be reflected in strategies for managing conflict of interest in development and implementation of the action plan should include transparent **publication of details of interactions between the WHO Secretariat staff** (national, regional and head quarter divisions) and alcohol industry, detailing participants, costs, topics discussed and actions. A publicly searchable transparency register could house such information, and Member States could replicate this model.

The **WHO Framework Convention on Tobacco Control** is also a strong reference point for acknowledging the role of an industry vested in toxic, carcinogenic products like alcohol. This would be particularly valuable to consider in the context of developing and providing clear guidance on **corporate social responsibility** initiatives and linked partnerships, where lines blur between the industry 'doing good and being seen to be doing good', and the often conflicting interests of these favouring the alcohol industry.

**Resources** - this action plan should set out that one of its **prime objectives is to better resource WHO to provide support to strengthen Member State capacity**, which in itself will require and should request greater resources to support the WHO secretariat's normative and technical role; Further strong implementation requires civil society to undertake supportive and strategic advocacy, monitoring and campaigning which also requires greater investment. Furthermore, Member States must invest more to reap returns of up to \$7 per \$1 invested in SAFER measures, and also to develop aligned national action plans, implementation and reporting mechanisms.

**Tone and language** - Frequent references to stakeholders, particularly the alcohol industry, being '**invited**' to take specific actions confers a **passive and *invitational* voice**, while Member States and WHO are ***instructed***. Such is the degree of harm and lack of progress, the action plan should take a more specific instructional tone around actions, particularly where they regard the alcohol industry.

**Use of alcohol** - Further, regarding language, as any use of alcohol increases risk of multiple forms of cancer it is more accurate to refer to '**use of alcohol**' removing reference to '**harmful**' use of alcohol as technically all use of alcohol carries a degree of risk of harm. Thus, the outdated reference to 'harmful use of alcohol' from the global alcohol strategy should be updated given most recent evidence to 'use of alcohol'.

**Structure and design** - the working document is a well drafted entree to the action plan, and we appreciate that the action plan presented to EB and WHA for consideration will be in a similar text based form, however we would envisage and hope that the final action plan package be structured and designed in a more accessible way using visual cues and summary boxes, and breaking into sections, and potentially summarised with annexes. Actions may warrant being listed in order of priority and/or impact.

#### **Reporting, monitoring and evaluation -**

Monitoring, evaluation, reporting and review mechanisms should be clear and applied to each SMART action, to ensure progress can be assessed; and should show or no progress warrant revision of the strategy for implementation of the action plan, this can be thus done accordingly on areas requiring greatest attention and in a timely manner.

The **action plan requires much clearer timelines and reporting points** on implementation of the action plan, and we specifically recommend these reporting points on action plan progress should be **every 1-2 years** (not as currently vaguely referenced to as 'periodically'), **through the WHO Executive Board and World Health Assembly**. Reporting should include updates against the actions within the action plan, strength and enforcement of

implementation of each action and policy area as relevant, any challenges faced by Member States, and the nature and extent of collaboration between UN agencies.

**Reporting points should provide recommendations for further strengthening** of implementation of the action plan, and opportunities for strengthening and revision if necessary (particularly if alcohol use and harm is increasing rather than decreasing).

As an issue which is dominated by but goes beyond NCDs, it should be considered that **reporting on the action plan on implementation of GAS should have a separate item on the WHO WHA agenda under the Healthier Populations pillar.**

To further accelerate progress and ensure adequate impetus and monitoring of implementation of the action plan, Member States could request the establishment of an **Expert Committee on alcohol harm reduction** in 2022 alongside adoption of the action plan.

Prior to the review of the SDGs and action plan in 2030, **a progress report and recommendations for the way forward for reducing alcohol harm through alcohol policy should be submitted to the WHO governing bodies by 2028** to ensure there is no further delay to proportionately addressing any persistent barriers to progress identified through the course of the action plan.

Should progress toward action plan targets be insufficient by 2-3 years before the sunset point for the action plan in 2030 (ie **2027/2028**), then Member States should request that the **WHO commences exploration of the possibly and feasibility of measures and instruments to close specific gaps to progress, along the lines of an internationally binding instrument**, and review the evidence to assess how an instrument could contribute to a reduction in alcohol harm and an increase in alcohol control. Legal measures have proved effective in managing other NCD risk factors, particularly another comparable carcinogen causing extensive social and health harms, such as tobacco.

While civil society (including NGOs and academia) are well placed to take an active role in **independently monitoring, documenting and reporting on industry activities and interference**, this is a significant undertaking and requires sufficient resourcing, collaboration and coordination with Member States and WHO. Thus these stakeholders should be cited as also having a role to play in industry monitoring as they do with the FCTC and UN agencies in supporting implementation of the International Code of Marketing Breastmilk Substitutes.

The **media** could also be included as stakeholders having a role in ensuring accurate reporting, monitoring industry actions, and not exacerbating harmful alcohol-culture.

**Register of actions** - SAFER could provide a framework for a **register of stakeholder actions in the context of contributing to (or regressing) alcohol policies**, in support of the action plan implementation and reporting; This register could be categorised by stakeholder group and receive both formal as well as shadow reports, and mechanisms for defining 'SAFER' rated stakeholders such as countries, cities, and organisations.

**Other Stakeholders – youth and people most affected** - The **objectives** could also include a reference to the involvement of **youth and people living with alcohol related conditions or affected by alcohol use** as important civil society stakeholders in design of measures and other decision making processes.

**SDGs and triple wins:** While the primary responsibility lies with WHO and Member States, there could be **greater reference and specificity to the role of alcohol as a barrier to progress across the SDGs**, and thus greater reference to the **other stakeholders, sectors and UN agencies**, with roles and potential action areas and indicators to support achievement of the action plan and SDGs. This would foster greater multisectoral engagement and collaboration, and policy coherence. This would also facilitate more integrated reporting on alcohol indicators contributing to SDG progress through established SDG reporting frameworks. Alcohol's role across the 2030 Agenda has been well documented by Movendi International.

Further consideration and **mapping of the roles of other stakeholders** (ie UN agencies) 'multiple wins' or 'co benefits' across development that greater alcohol policy action would warrant attention to support action plan co-ownership.

To further strengthen implementation of the action plan, several enablers could be considered, which would facilitate co-ownership, momentum and awareness of alcohol harms; an **annual global alcohol harm awareness day** should be introduced; The **WHO Forum on Alcohol, Drugs and Addictive Behaviour** should continue however greater time and attention should be dedicated to alcohol, and be complemented with dedicated **ministerial convenings** on alcohol harm and facilitation of exchange of best practice and strategies to overcome barriers in action plan implementation;

It would be important to undertake further **cost effectiveness analyses for SAFER** and other GAS alcohol control measures in light of increasing recognition of co-benefits across SDGs and considering all country income groups.

Greater reference to cross cutting opportunities for action would be strengthened by a broader and more integrated application of a **human rights approach**, and consideration of common policy action areas, for example marketing restrictions to protect children from harmful commodity marketing (ie through an optional protocol to the Convention on the Rights of the Child). Furthermore reference to the opportunity to improve not only health literacy but also **consumers' commercial literacy**, including that of children, to support their scrutinising of industry tactics to drive consumer behaviour.

**Objectives** could be updated to include reference to monitoring of the alcohol industry, as a major barrier to progress, including industry interference, activities and their response to the action plan.

## Final

We strongly urge WHO to develop an action plan which is robust and resistant to the interests of the alcohol industry, and to resist efforts by the industry to dilute it.

We also urge Member States to put the health of communities first and prioritise their interests rather than those of the alcohol industry when responding to consultations, inputting into and finally endorsing the action plan.

If this action plan fails to deliver progress within 5 years - particularly due to alcohol industry actions - investigation of stronger, binding measures should be activated.

We stand ready to continue to support the development of a global action plan on the global alcohol strategy, and look forward to working together with and supporting WHO and Member States to achieve an action plan which truly minimises alcohol's devastating harms on communities.

## About this submission

The NCD Alliance (NCDA) is a unique civil society network of 2,000 organisations in 170 countries, dedicated to improving NCD prevention and control worldwide. Our network includes NCDA members, 65 national and regional NCD alliances, scientific and professional associations, and academic and research institutions. Together with strategic partners, including WHO, the UN and governments, NCDA is transforming the global fight against NCDs.

This submission was prepared by NCD Alliance's global advocacy team also informed by members of the NCDA network, including but not limited to

- ACT Promoção da Saúde (ACT Health Promotion, Brazil)
- American Academy of Paediatrics
- Cameroon Civil Society NCD Alliance
- Coalición México SaludHable
- Healthy India Alliance
- Kreftforeningen (Norwegian Cancer Society)
- McCabe Centre for Law & Cancer, Australia
- Movendi International
- Vital Strategies
- World Cancer Research Fund **International**
- World Obesity Federation

*It is important to note that the several NCDA members would have appreciated an opportunity to review and comment on the working document in other UN languages, including French and Spanish, and look forward to reviewing the draft action plan in these languages at the earliest opportunity. Civil society members also welcomed the extension of the consultation period during a very busy period.*