

Web-based consultation on the implementation of the WHO global strategy to reduce the harmful use of alcohol since its endorsement, and the way forward

November 2019

1) What, in your organization's view, have been the most important achievements, challenges and setbacks in implementation of the WHO global strategy to reduce the harmful use of alcohol since 2010?

Selected achievements

NCD Alliance welcomes the opportunity to contribute to the consultation on the first decade of implementation of the Global strategy to reduce the harmful use of alcohol (GAS) and way forward. As a global civil society network dedicated to improving NCD prevention and control worldwide, prevention of alcohol attributable NCDs through policies that address the major risk factor alcohol and their social and commercial determinants, the GAS is among the key foundational resources for our network's advocacy and accountability efforts. Today, our network includes NCD Alliance members, more than 60 national and regional NCD alliances, over 1,000 member associations of our founding federations, scientific and professional associations and academic and research institutions. This submission draws on insights from our membership.

NCD Alliance was founded in 2009, around the same time as the GAS was endorsed and in this time, alcohol policy has continued to gain visibility, traction and legitimacy. This was augmented with integration of alcohol into the Global Action Plan for prevention and control of NCDs, its Appendix III of 'best buys' and monitoring framework, WHO 25x25 NCD target to reduce harmful use of alcohol by 10%, Sustainable Development Goal 3.5 on strengthening prevention and treatment of substance abuse, and inherent in pursuing other SDGs including 3.4 for a 33% reduction in premature mortality from NCDs. UN Interagency Taskforce on NCDs uptake of alcohol within country investment cases, UNDP's integration of alcohol as a development challenge, increasing interest from UNICEF and other agencies in preventing alcohol harm. These have helped assert the importance of alcohol policy in the global health and development landscape. Without GAS, integration into the NCD GAP and SDGs, the stagnant levels of alcohol use could be much higher than they currently are.

Since GAS and the subsequent first Political Declaration on NCDs, many countries have enacted laws, guidelines and action plans. Prioritisation by WHO regional offices, such as with the development of regional alcohol strategies, and concerted efforts to energise action in countries, particularly those with high burden such as EURO has seen marked and exemplary improvement.

Advocates recognise these guiding documents as foundational and essential to progress, although not sufficient in and of themselves. The traction typically around and following implementation of national frameworks, acts, and plans bolsters momentum, while lessons from other related fields such as tobacco provide templates for efficient national coordinating mechanisms cutting across governments, and integration of alcohol control into other portfolios.

Concurrently, in the past decade we have also seen increasing scrutiny to industrial vectors of diseases, and commercial determinants of health alongside social determinants of health, industries' contributions to health and illness has helped shine a spotlight on the health harming practices and products of those with vested interests in commercial alcohol.

Alcohol on the agenda

Alcohol highlighted through items in the WHA and EB agendas in 2019/2020 is a milestone achievement. It is elevating the issue of alcohol on national policy makers' agendas and ensuring consideration and discussion among stakeholders, fuelling activity and momentum at national level. This is a new inflection point for alcohol policy globally, regionally and nationally. We have seen tobacco, nutrition, air pollution and physical activity with increased visibility on these agendas over recent years, with recurring reporting and reinforcement of policy approaches to these risk factors. It is finally time for alcohol to have more regular and consistent attention in UN governing body meetings.

Alcohol policy must now be secured as an issue of concern and action on the global health agenda, ideally separated from NCDs as a stand alone item (while still integrating NCDs alongside other alcohol and development harms) - regular monitoring, reviews, and reports will be key opportunities to more regularly revisit and review progress and needs.

Further, with increased activity in WHO and other UN processes, diverse civil society seems increasingly engaged or seeking to engage and contribute to advancing alcohol policy. Some countries have seen tobacco control advocates take up alcohol control in parallel to advocacy on tobacco. We have welcomed the introduction of the WHO Forum on Alcohol, Drugs and Addictive Behaviours, which has now taken place twice.

Accountability around the global monitoring framework for NCDs, is seen to have assisted with strengthening reporting on alcohol harm and policy implementation against the WHO Best Buys, and in line with voluntary targets. The shift from alcohol being seen as only an issue in the context of addiction and heavy use to also being a major modifiable risk factor within the common set of NCDs has helped to facilitate expanded engagement of stakeholders; this has translated to broader activity in countries.

Champion countries such as those implementing comprehensive sets of best buys measures or introducing minimum unit pricing and legislation in the face of fierce industry opposition are to alcohol policy what Australia was to tobacco control. Not only do we need more such champions, but their success stories need to be recognised and celebrated to inspire other countries to follow their lead.

Notable setbacks and challenges

A world off track to meet targets with stubbornly high levels of alcohol use

Despite the existence of the GAS and ensuing valuable integration of alcohol policy into NCD and SDG frameworks, use of alcohol has persisted at concerning levels. Globally, alcohol related harm, aside from some stand out improvements, has not subsided. So while the GAS may have achieved something in terms of stalling increases in use and harm, efforts to achieve relative reduction targets are off track and unlikely to be met - in fact business as usual means that levels of alcohol use and harm are projected to increase. It is not enough, nor justified given the diverse health and other development harms, to rely heavily on the NCD agenda to advance alcohol policy.

Devolved responsibility without oversight

Where there is lack of coordination between federal/national, and sub-national governments, national action plans and policies do not always translate to strong and coherent implementation at local levels. Devolved responsibility without oversight, enforcement and accountability at community and city levels,

means measures such as licensing, availability and marketing policies, can be inadequately implemented and ineffective. Where federal governments are not showing leadership with strong national mandates, states and cities are stepping up in terms of prevention policies, implementing measures that are stronger than national action plans or those implemented in other jurisdictions.

Incompatible partnerships for health and development

Some UN agencies and other Global Health organisations continue to partner with alcohol industry interests for program delivery. Thanks to the Framework Convention on Tobacco Control, these types of engagements would be off-limits for tobacco, another health harming carcinogenic commodity, however alcohol companies, alongside unhealthy food and beverage companies, eagerly engage in these partnerships. Such inconsistencies in UN and global health organisations' policies on avoiding partnerships which undermine health and development efforts warrants attention and leadership by the UN Secretary General's office, guided by WHO.

Continued poor awareness of alcohol harm

Despite efforts, awareness of alcohol harm and risks still remains somewhat poor. Alcohol's attributable contribution to cancer, mental health conditions, gastrointestinal and cardiovascular disease, are still not well recognised or appreciated in the same way that tobacco or even sugar are recognised as compromising health. Meanwhile, and perhaps partly because, the alcohol industry continues with 'lifestyle' advertising which confounds alcohol harm awareness raising, compromises the human right to health, and suggests a distorted impression that alcohol is desirable and not a problem. Additionally, government partnerships and endorsements of the alcohol industry's drink driving campaigns, and industry-led voluntary and ineffective 'responsible drinking' campaigns, perpetuate industry's undeterred efforts to discredit evidence and protect confidence in alcohol, and legitimise the alcohol industry's claim to be viable partners in solving the problem their products create, and distract and dilute from effective, evidence-based government led measures.

Lobbying and interference by powerful alcohol industry players

Industry interference, most blatantly through lobbying, and other tactics to counter evidence and create doubt is a global phenomenon, particularly on market related policies related to fiscal measures, trade, labelling and advertising. Advocates in all countries reported cases of industry involvement, lobbying and dilution of policy making - in negotiation and development of new legislation, national alcohol strategies, existing legislative frameworks such as government monopolies. The 'predatory' behaviour of the alcohol industry is not only present in low and middle income countries but also frequently reported in high income countries. So deep is the infiltration in one government that the advocates reported that the alcohol industry had established a supportive vocal 'team' within the government, with insider allies diluting efforts to implement and strengthen policies. Advocates in some countries, particularly in weaker democracies with political instability, refer to corrupt systems where the alcohol industry's infiltration and influence is so pervasive that policy is often obfuscated and deliberately modified in the industry's economic interests.

Conflicted interests and incoherence

Meanwhile, investment in alcohol interests, such as through subsidies of domestic alcohol production, agriculture, tourism and trade, create inherent and sometimes challenging conflict of interest within governments and across sectors. Likewise pension fund and related investment in alcohol industry stocks leads to incoherence between health policy objectives and perceived economic interests, even rendering government agencies themselves conflicted with the policies they ought be supporting to

improve health and wellbeing. Such internal conflicts compromise development of health and development oriented alcohol policy, leading to weak implementation of existing policies and barriers to introduction of new policies which may affect economic interests.

Complex economics, trade landscape and marketing

An evolving landscape of complex trade treaties and other economic agreements create real and perceived challenges to alcohol policy and legislation introduction and implementation. Rapid evolution in product retail and delivery and digital marketing presents challenges not anticipated in 2010. New media, the rise of digital/social/online gaming, influencer marketing, and sport sponsorship, and exposure and power of different advertising, need to be factored into regulations. Where marketing restrictions exist for unhealthy food and sugar sweetened beverages, gambling and tobacco, at least the same degree of restrictions should exist for alcohol, but approaches to these are often inconsistent.

Framing as a harmful obstacle to health and development

Terminology standardised in the GAS WHO such as ‘harmful use’ dilutes the risk that any alcohol intake of alcohol presents to users, particularly in the context of cancer. For example, dispensing with the expression popularised through GAS - ‘harmful use of alcohol’ replaced with ‘use of alcohol’ would alleviate confusion and support countries and people in understanding the degree of risk associated with alcohol use. Furthermore, attention to the role of alcohol as an obstacle to the human right to health and sustainable development is inadequately addressed through GAS and warrants greater emphasis, support and guidance.

Culture, cognitive dissonance and lacking political will

The pervasive cultural views of alcohol consumption as a social and cultural norm in countries where alcohol is consumed give rise to the persistent belief that people should be “free to choose” without government shaping when, where and how much alcohol they consume. This position overlooks the alcohol industry’s role in using marketing, for example, to manipulate norms, choices and behaviour, with their own economic interests taking precedence over the health and wellbeing of the population. The cognitive dissonance of those consuming alcohol while trying to make, support or endorse policy on it means that there can be sensitivity around highlighting the risks of consuming such a carcinogenic and addictive drug, and this can weaken community engagement, advocacy, political will and policy.

2) What, in your organization’s view, should be priority areas for future actions to reduce the harmful use of alcohol and strengthen implementation of the global strategy to reduce the harmful use of alcohol? *

Economic operators and guarding against policy interference and conflict of interest

Evidence, supported by anecdotal experiences of civil society at national and global levels, of interference of well resourced economic operators in policy making across unhealthy commodity industries - unhealthy food, drinks, tobacco, fossil fuels industries - indicates they share the same playbook of tactics to dilute, obfuscate and delay effective policy implementation and enforcement. With progress over the past 10 years slow to stagnant, policy makers can either approach the alcohol industry as allies and slow down the process even further, or protect policy making with robust engagement frameworks and emphasise that the role of industry in addressing alcohol harm is to cooperate with governments.

WHO leadership is needed as an example and in supporting UN agencies to develop partnership and dialogue principles which truly protect policy making and integrity of organisations by excluding health harming commodity industries. Voluntary, self-imposed, CSR-linked activities of industry delay and dilute effective and efficient policies.

Given the repeated Member State appeals to WHO for support managing private sector interference in alcohol policy making at national level (noted at World Health Assemblies and Executive Board meetings), there is a strong case to be made that the only role for private sector in implementation of GAS is in cooperation with alcohol policy set by governments. The best contribution for alcohol producers, marketers and retailers with vested economic interests is in cooperation with policy, not dialogue, social responsibility campaigns, voluntary actions with low enforcement. It is thus surprising to see (4.2.1) the statement that the ‘global dialogues with economic operators on alcohol production and trade will continue.’

Likewise, the GAS and supporting resources should be clear that countries should not partner with the alcohol industry - such partnerships are proven ineffective, counter, discourage, dilute and delay evidence based measures and regulations. The industry should be driven by policy not the other way around. This could be supported by a mechanism similar to Article 5.3 of the Framework Convention on Tobacco Control.

We are concerned that continued dialogue will only delay implementation of strong regulatory measures that protect health and development, and call on WHO in its normative role, not be encouraging engagement with unhealthy commodity industries such as alcohol, who are relentlessly pursuing market growth for their hazardous products. Recent shifts at WHO to engage in more dialogues are likely to be counter-productive, and several Member States from all income groups have already expressed concern about these dialogues given their own experiences with alcohol industry lobbying and influence on policy making.

Such partnership and dialogue platforms are often used by economic actors to promote less-effective soft self-regulatory approaches, distracting from evidence based policy and regulation. Commitments to due diligence is essential. There are existing conflict of interest (eg nutrition) and other frameworks for engagement models and internal guidance documents which should be developed into comprehensive analytical methods, with rules for and guidelines for engagement. These should maintain integrity of organisations with independent review, reporting and transparency.

Industry tactics to undermine policy must continue to be illuminated and called out, and governments should be brave to reveal and challenge those with vested interests in alcohol who seek to compromise governments’ efforts to protect the health of their people.

We recommend development and endorsement of a framework or guidelines around conflict of interest when partnering with unhealthy commodity industries, applied by all UN agencies, and adaptable models made available to support member states and NGOs with similar partnership considerations.

Further, stronger leadership and public statements from WHO are needed clearly stating recommendations for restricting alcohol industry involvement in all aspects of alcohol control, including in relation to alcohol harm-reduction campaigns/programs.

Guidance to governments and stronger laws restricting and transparently registering political donations and industry lobbying across risk factors would help protect the integrity of government policy makers, and should be encouraged.

We recommend that the provisions in the GAS to engage economic operators should be revised and updated to protect WHO, governments and policy makers from alcohol industry influence.

Strengthening the coalition of alcohol policy allies in civil society

We agree that it is a priority to strengthen engagement with other (non alcohol industry) stakeholders, and supporting constructive, health and development enabling partnerships including with other health and development civil society, academia and research, across UN agencies. Further strengthening the role of civil society as a partner, collaborator and supporter of health and development oriented policies is crucial to successful strengthening and implementation of policies and measures. NGOs are important allies, and can reliably use evidence to inform communications and awareness campaigns to reduce harmful use of alcohol. NCD Alliance has actively engaged as an ally and supporter, most recently through the SAFER initiative, and will continue to support the package.

The discussion paper refers to the insufficiency of civil society organisations prioritising and taking a coordinated approach to supporting and agitating for alcohol policy. Our consultation with members points to some possible reasons and opportunities to improve in this area, with the support of WHO, member states, philanthropists, and civil society leaders already active in the space.

There is enthusiasm among diverse actors in the research and NGO communities in contributing more to support strengthening of alcohol policy. While inadequate dedicated resourcing is often cited as a barrier to engaging more than ad-hoc in alcohol policy advocacy, some of NCD Alliance's members have expressed frustration that despite wanting to, they don't know how to participate more. Individuals with live experience and advocates across health and development seek meaningful opportunities to engage both with WHO processes and Forums, their governments and with fellow advocates, and share insights, evidence and perspectives, and be better connected in terms of knowledge exchange, cooperation and coordination. These are notable features of other movements mobilised around risk factors such as tobacco and unhealthy diets.

Advocates working across risk factors have also detected a disconnect between nutrition policy and alcohol policy where synergies in policy asks exist such as around labelling, and marketing and taxation. Alcohol sometimes seems more acceptable than sugar, while the contribution of alcohol beverages to diets means it has a dietary impact, yet does not have the same level of accountability in terms of calorie labelling, nutrition warning labels, advertising restrictions. There are distinct opportunities for health and nutrition advocates to reinforce efforts to improve diet quality through alcohol policy.

Advocates exposed to other NCD risk factors cite other examples of leadership and coordination like nutrition and tobacco communities. While appreciating existing advocacy organisations and alliances focused on alcohol harm prevention and reduction, progress will be enhanced with greater cooperation and unified action by alcohol control actors and health and development oriented stakeholders; more knowledge exchange forums to learn about alcohol control; improved public health NGO resourcing, capacity and coordination; more strategic and evidence based approaches to advocacy particularly where civil society is not yet strong at national levels, with public testing of messaging and frames; and people affected and youth into leading contributors to campaigns.

NGOs positioned to support alcohol policy are also under resourced, reinforcing the case for more effective and efficient collaboration, and protection from conflicted funding sources.

A stronger and more diverse civil society movement will strengthen support to governments, translation of evidence, independent monitoring and accountability of private sector and government actions, and agitating for change in their communities. Opportunities to participate and engage is particularly important to advocates who want to have a role in sharing their experiences and insights to help shape the way forward, for a sense of shared ownership and value-adding engagement at both national, regional and global levels. The opportunity to participate in this consultation is appreciated.

We ask that, for most meaningful engagement and efficient use of resource-stretched time, consultation processes and related documents for any future processes are open for a longer period of time with more time to consider and prepare responses to discussion papers.

We recommend ensuring meaningful engagement and resourcing by member states, supporting NGOs to reinforce health-promoting government action, provide public awareness campaigns and interventions, mobilise community grassroots, counter industry tactics, support monitoring and surveillance activities, and balance and counter industry power and interference, would benefit progress in alcohol policy.

We recommend that fellow civil society stakeholders consider opportunities to strengthen collaboration and coordination, and those not currently engaged reach out to key alcohol control and related civil society to identify opportunities to participate and grow the movement and capitalise on building momentum at this important time.

Meaningful participation and contribution of those affected, at risk and youth

Increasing the effectiveness of advocacy (4.2.1) warrants attention, and as mentioned the importance of avoiding moralisation and theoretical approaches detached from reality. Community led initiatives around awareness raising and initiative shaping should be informed and shaped by those affected by alcohol and those at risk, particularly young people. The experiences of those affected and harmed by alcohol provide crucial insights into what and how policies can best support communities, and what successful strategies look like. Community led initiatives have been especially important for Indigenous communities who often face a disproportionate burden of alcohol harm, and possess unique knowledge, insights and solutions. Further strengthening of the capacity of youth workforce to advocate, support and implement alcohol policy is necessary to future proof the global alcohol strategy.

We recommend future actions on alcohol policy specifically emphasise the importance of meaningful involvement of people affected by and at risk of alcohol harm, and civil society, and distinguish these groups as key partners going forward, and should do so.

Going beyond NCDs and strengthening strategically important partnerships

Positioning of alcohol within the NCD framework has strengthened the case for alcohol policy, expanded engagement of stakeholders, and helped elevate alcohol on the global policy agenda, particularly with half of all alcohol related deaths due to NCDs. However there is great scope for expansion given that half of all alcohol related deaths are due to injuries and other conditions. Further, many of the years of life lost due to alcohol and related disability are not NCDs, warranting elevated attention from non-NCD related health groups. This requires not only the alcohol programme at WHO to position alcohol within

other programme areas, but a coordinated approach across all relevant programme areas to collaborate and integrate effectively across work streams at WHO under the new work model.

We see a role for Unicef and other child and youth wellbeing organisations - children and young people are incredibly vulnerable to alcohol as passive consumers and consumers. Reducing exposure and delaying and preventing alcohol use so that not drinking is understood as the norm is crucial to promote both survival and thriving of children and adolescents, with early alcohol use often an indicator of life long consumption. It also exposes young people not only to elevated chronic illness risk, but also acute injury and very early death, through road injury and death, violence and suicide.

To these points, we request elaboration and clarity on how WHO will strengthen WHO's capacity to ensure alcohol is integrated across work programmes at WHO and across the UN system, particularly within the new WHO structure and given the alcohol program's need for increased resources too support such cross cutting integration activities.

Leveraging the SAFER Technical Package to drive implementation and celebrate champions

The SAFER Initiative and Technical Package has potential for bolstering global momentum through policy package - this must be stronger than and reinforce the existing evidence based, cost effective measures menus laid out in the GAS, Action Plans, NCD Best Buys and SAFER technical package.

Advocates called for national and sub-national champions to be celebrated where alcohol policy has been effectively and successfully implemented. SAFER presents an opportunity to do this in a coordinated and celebrated way, celebrating countries with strong implementation of cost effective, evidence based alcohol policy measures. While the Global Status Report is valuable accountability tool, it could be strengthened with more accurate scoring of alcohol policy power and strength, and models in place which can help rank the strength of implemented policies (for example see WHO EURO). Similar approaches have also energised countries and advocates through MPOWER and UNITAF Awards.

While we know what to do - the effective policies that can bring the greatest returns on investment to governments and communities, implementation science and thus evidence of how to ensure policies are implemented and are strong and most effective is not as strong as it should be. Linked to reporting against specified indicators such as through more a regular (annual) Global Status Report on alcohol and health, and methodology around SAFER monitoring framework and country indexing and awarding of champion countries, would support generation of data and evidence of impact of policies when implemented to varying strengths.

We recommend WHO and partners accelerate efforts to support the SAFER initiative, in terms of allocating dedicated funding and human resources (like similar technical packages for NCD risk factors) and on developing the investment case for SAFER.

Regional leadership on the road to an international agreement

Regional alcohol strategies have supported tailored regional action on regional priorities. Exemplary progress has been made in EURO, and these efforts should be reinforced, and what are seen as growth markets for the alcohol industry - for example those member states in AFRO, PAHO, WPRO and SEARO - should be inspired to take anticipatory action with regional action plans and monitoring frameworks to deflect the tsunami.

We recommend regional coordination, engagement and coherent action particularly in anticipation of alcohol industry's interest in 'emerging markets'.

Cost Effectiveness Analysis, Modelling and Investment Cases

While individual policy actions are important and effective in isolation, it when implemented effectively, coherently and comprehensively in sets that the greatest benefits to health and societies are evident, as seen recently in Russia. Cost effectiveness analysis of measures in isolation and as packages, investment case for SAFER implementation, and modelling for projected impact of implementation should be undertaken to articulate the savings and returns of investing in packages of policy measures to both LMICs and HICs, also looking at the strength of implementation and enforcement. Efforts should be taken to strengthen the evidence on recommended measures such as alcohol labelling. Current impact assessments and reporting on policy implementation does not adequately reflect the strength and power of implemented measures, and thus less effective approaches are not receiving adequate scrutiny, and lives and health are being lost as a consequence of weak implementation. While governments should be regularly undertaking such impact assessments, support for independent assessment and research would be beneficial.

Financing and resources (4.2.4)

While comprehensive sets of policies are most effective and ideal, a particularly powerful opportunity is presented by effective taxation of alcohol, a 'win win win' policy measure which can reduce consumption of alcohol, raise revenues for health, and in some cases encourage reformulation to reduce alcohol strength in products thus reducing overall alcohol consumption. Taxes also can engage non-traditional and non-health allies who see the economic benefits of tax and pricing policies, although their interest may be to divert the revenue to non-health needs. Alcohol taxation is most effective and valuable when the prime objective is to revenue raised is earmarked or allocated to address alcohol externalities such as health and social harms. Additional options for consideration for funding interventions to tackle alcohol use externalities include risk-based licensing system with annual fees diverted to treatment and awareness raising.

Given the lacking resources experienced by WHO, governments and civil society seeking to address alcohol harms, the opportunity to raise revenue through taxation to be redirected to these gaps is significant. Consideration of other fiscal measures for both saving and raising revenue and reducing alcohol use should also be considered at national level.

We support the recommendation for WHO and partners (including UNITAF, UNDP, World Bank and UNICEF) to explore and advance on establishing a solidarity tobacco and alcohol contribution toward a catalytic fund for prevention and control of NCDs.

We also request that funding bodies, development agencies and Member States invest in alcohol control initiatives to protect health and development of all people, as a matter of priority.

GAS: What we have is good. What we need is better

As noted in the Discussion Paper, despite the GAS, NCD GAP and SDG targets, and recommendations that all countries develop National Alcohol Strategies/Plans, progress is insufficient to meet targets and urgently save and protect lives. With existing menus of evidence based policy options seen as voluntary and non-binding for alcohol, governments - national, regional and municipal - face domestic challenges

to implementation from well-resourced private sector interests, as governments have made efforts to introduce more robust national alcohol plans and guidelines.

While GAS has important and valuable elements, and remains useful, much has evolved in a decade and it now requires updating to reflect developments relating to the 2030 Sustainable Development Agenda; WHO and UN policy developments relating to eg. NCDs, SDGs, UHC, TB, and other Action Plans and WHO's General Programme of Work; the need for strong terminology; changes in the marketing landscape, industry practices, alcohol product composition, and cross border trade and marketing.

We recommend WHO be requested to update the Global strategy on the (harmful) use of alcohol in light of pertinent developments since 2010. A draft update would be ideally presented through the 2020 governing bodies alongside reporting to Member States on its progress and way forward.

Internationally binding treaty, convention or other legal framework

Lessons from national advocates with experience of the Framework Convention on Tobacco Control identify the gap in binding international treaties such as this as a major barrier to protecting health and development from alcohol related harm, with existing commitments non binding. An example of an identified need and opportunity is to protect policy shaping from and industry interference; Article 5.3 of the FCTC is commonly cited as a reference point for protection of policy making where health and development is affected by harmful commodities (eg. alcohol, unhealthy food, fossil fuels).

Member States, alcohol policy experts and organisations working in the field nationally and globally have consistently made the case that existing frameworks are insufficient to deal with the challenges faced reducing alcohol use and harm. This is poignant given the stagnant progress and urgency with which progress must be accelerated to meet NCD and SDG targets. There is a distinct need and repeated calls for a framework to guide countries on alcohol control similar to the WHO FCTC for tobacco control.

We recommend establishment of a working group under the auspices of WHO including participation of member states from all regions, legal and other topics experts, civil society and people affected by alcohol, to explore and propose appropriate models for an internationally binding treaty or convention (or several existing or proposed international frameworks). This process should identify options to address the key gaps and challenges in advancing alcohol policy.

We recommend this working group be established through WHO Executive Board and World Health Assembly in 2020, reporting back to governing bodies in 2021.

Call to governments:

Be courageous and defiant against practices of the health harming commodity industries such as alcohol which are compromising health and development of people across the globe.

Develop and implement robust National Alcohol Strategies - with strong commitments, frameworks, timeframes, designation of responsibility for policy action, enforcement mechanisms, developed independently of vested commercial interests. Strengthen whole of government approaches with better and coherent cross-sectoral coordination across federal and sub-national levels of government.

Support efforts to develop standardised global framework to guide a more effective and consistent response to tackling alcohol harm to health and development.

3) Any additional comments?

The NCD Alliance (NCDA) is a unique civil society network, dedicated to improving NCD prevention and control worldwide. Our network includes members, national and regional NCD alliances, over 1,000 member associations of our founding federations, scientific and professional associations and academic and research institutions. Together with strategic partners, including the WHO, UN and governments, NCDA is uniquely positioned to transform the global fight against NCDs through its core functions of global advocacy, accountability, capacity development and knowledge exchange.

This submission to the consultation draws from the NCD Alliance membership, including specific input from national alliances and NGO members focusing on Australia, Brazil, Burundi, Ghana, Jordan, Kenya, Mexico, Nigeria, Norway, Peru, Sweden, Viet Nam, and global health and development. They include academic and civil society organisations focused on global and national efforts to reduce NCDs, cancer, cardiovascular, communicable diseases, improve women and children's health, and tackle NCD risk factors - particularly tobacco, alcohol and unhealthy diets.

Often general or specific NCD oriented organisations have strong awareness of the complexities of addressing modifiable risk factors, together with expertise to in advocacy, activities reaching diverse communities already affected by common risk factors for NCDs and social, environmental and commercial determinants.

Contributors

This submission to the consultation is prepared by NCD Alliance, drawing from insights and experiences of NCDA's global membership, including (but not limited to) specific inputs from the following organisations, with thanks:

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- Burundi NCD Alliance
- Cancerfonden - Swedish cancer society
- Comunidades Saludables de Lima (Peru)
- Ghana NCD Alliance
- Global Alcohol Policy Alliance
- Foundation for Alcohol Research and Education (Australia)
- Intersectoral Forum to Fight NCDs in Brazil
- IOGT International
- McCabe Institute for Law and Cancer (Australia)
- Norwegian Cancer Society
- One Voice Initiative For Women and Children Emancipation (Nigeria)
- Online Voices (Kenya)
- Research and Training Center for Community Development (RTCCD) (Viet Nam)
- Royal Health Awareness Society (Jordan)
- Students Campaign Against Drugs (or SCAD) (Kenya)
- Vital Strategies
- World Cancer Research Fund International

1. Organisation Name: NCD Alliance
2. Type: Other non-governmental organisation
3. Type 2: non profit, civil society network
4. In official relations with WHO? No

Conflict of Interest

1. Is your organization an economic operator in alcohol beverage production, distribution, marketing or sales or do you receive funding from such economic operators? No
3. Is your organization a tobacco company or producing firearms or funded by such companies? No

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