

Reply to the WHO Consultation on Development of an updated Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases 2013 - 2020
07/09/2012

IOGT International, the largest worldwide community of non-governmental organizations with the vision and mission to independently enlighten people around the world on a lifestyle free from alcohol and other drugs. Around the world we work on alcohol (and other drugs) policy issues by promoting scientific, evidence-based policies independent of commercial interests. Therefore IOGT International and our members have closely followed the global political and research processes to prevent and control the burden of Non-Communicable Diseases (NCDs).

To come to terms with NCDs prevention and control we have seen momentum building up ever since the Moscow Declaration from the first global Ministerial Conference on healthy lifestyles and NCDs control, in April 2011. The political will of Member States to take action for the prevention and control of NCDs became clear when the United Nations high-level meeting on NCDs prevention and control – the meeting in September 2011 only being the second time in history of the UN that the General Assembly meets on a health issue – adopted a political declaration on the prevention and control of NCDs.

IOGT International has been contributing to these processes both on international level, and on regional and national level, through our member organizations to share with relevant institutions our expertise, knowledge and first-hand experiences and evidence of the problems and burden NCDs put on societies all over the world.

We are thankful for this opportunity – referring to the WHO discussion paper from 26 July 2012 - to contribute to the drafting of a new Action Plan for the Global Strategy for the Prevention and Control of NCDs 2013 – 2020.

Learning from the 2008 – 2013 Action Plan

IOGT International recognizes and highly values the breakthrough moment at the United Nations General Assembly in September 2011, when the Political Declaration on NCDs was adopted. For the first time, all Member States agreed that NCDs are a paramount challenge to the socioeconomic development, contributing to poverty and threatening the achievement of the Millennium Development Goals.

They illustrate the will of Member States to take the fight against NCDs to the next level- for example when it comes to two responses: “Recognize the primary role and responsibility of governments in responding to the challenge of NCDs through a whole-of-government and whole-of-society effort” and “Reduce risk factors and create health-promoting environments”.

IOGT International holds that these two responses are crucial for the further discussion and adoption of the 2013 – 2020 Action Plan. NCDs are largely preventable which means that through sustainable and long-term investments the public good, the well-being of people and the economic productivity of societies around the world will be elevated. Making these investments and preparing the societal framework conditions for fruitful investments is key responsibility of governments.

In terms of the four major risk factors, like the harmful use of alcohol, preventing their negative effects on people and societies is crucial because it is cost-effective, morally right and it protects the young generation. The 2008 – 2013 Action Plan builds on the WHO Framework Convention on Tobacco Control and the WHO Global Strategy on Diet, Physical Activity and Health. IOGT International strongly recommends that the 2013 – 2020 Action Plan additionally will build on the WHO Global Strategy to Reduce the Harmful Use of Alcohol.

15 Topics addressed during regional consultations

IOGT International is highly appreciative of the comprehensive discussions during and throughout the regional consultations mirrored in the WHO Discussion paper from 26 July 2012. In the following we choose to give input to the discussion in order to highlight relevant aspects of the issue addressed:

i) **Advocacy and communication**

The discussion of how the 2013 – 2020 Action Plan can possibly maintain and accelerate the political momentum for the prevention and control of NCDs at global and national level needs to take a rights-based approach in order to sustain and increase the awareness of political leaders of their commitment. NCDs are not only a socioeconomic and development issue. They are also a threat to the enjoyment and realization of basic rights, like the Rights of the Child, enshrined in the UN Convention of the Rights of the Child. Children and young people in both developing and developed countries are more and more burdened under the yoke of NCDs. Communicating the struggle against NCDs in that way will broaden the coalition of decision-makers and civil society organizations who are aware of the urgent need to tackle NCDs.

Moreover, NCDs and their four major risk factors, like the harmful use of alcohol, need to enter all policy areas that they affect negatively. Alcohol harm for example is an issue to be addressed by development policy, economic policy, health policy, youth policy, culture policy, and agriculture policy. To make this example more visual, we want to introduce into the NCDs discussion the perspective to look for synergies

between agriculture policy and stimulating healthier food and drink choices.¹ This demands political will and coordination between the different policy areas.

ii) NCDs and the development agenda

IOGT International has a proud track record of successful and sustainable development work that improves the living conditions for people in the communities. Our approach to development work is to be as comprehensive as possible and therefore we address alcohol as obstacle for development, because it often negatively affects the socioeconomic situation of families and communities, it impairs the individual to develop and live up to their full potential, it often is involved in the oppression of women and girls, and it plays an often overlooked role in both Communicable Diseases like HIV/ Aids and Noncommunicable Diseases.

Having briefly outlined this, IOGT International strongly supports to repositioning of NCDs. NCDs are a public health issue, and should continue to be addressed like one. But NCDs and their major risk factors, like the harmful use of alcohol, are an obstacle to socio-economic prosperity and development.

However, being rooted in the work our members do all over the world, IOGT International wants to express caution in not making NCDs a problem of and burden for developing countries mainly. We recognize the tremendous costs and losses in productivity in low- and middle-income countries and support all efforts to change that. We also see that NCDs pose one of the greatest threats to public health and economic growth at local, national and global levels. Obesity, cardiovascular diseases, cancer, and diabetes are responsible for 35 million deaths and 60% of all deaths every year in the entire world. In Europe – one of the wealthiest places on earth – these conditions and their risk factors play an even bigger role: they account for 70% of all deaths. Cardiovascular diseases are estimated to cost the EU economy €192 billion annually. And an estimated 22% of children aged 5-9 years and 16% of children aged 13-17 years are overweight. 43% of students aged 15-16 years report heavy episodic alcohol use during the last 30 days in Europe.

¹ EPHAC Position Paper: Towards a healthier, more sustainable CAP,
<http://www.healthyagriculture.eu/wp-content/uploads/2012/03/EPHACPositionPaperCAP.pdf>

So, clearly the global burden of NCDs can only be reduced if the developed countries, for example in the European Union, step up their actions to prevent and reduce the harm of the major risk factors for NCDs. This being outlined IOGT International sees the need to complement these efforts with stronger efforts to tackle NCDs from a development perspective. In the global fight against poverty it is absolutely vital to include NCDs in the Millennium Development Goals.

iii) Synergies between NCDs prevention and control and other programs

As outlined above IOGT International is in its work for human dignity and well-being, freedom and democracy taking a comprehensive approach to the harms of alcohol. As major risk factor for NCDs, it also plays an important, though too often overlooked role in the areas that were brought up during the regional consultations.

FASD and alcohol during pregnancy are important societal problems that deserve more and better political action. The prevention of HIV/ Aids needs to take a better look at the role of alcohol and other drugs. And preventing alcohol induced violence means taking a huge step into the right direction towards protecting the sexual and reproductive health of especially women and girls.

Having this on mind and supporting the need to further integrate NCDs prevention and control with other public health and public policy areas, IOGT International strongly recommends continuing to address alcohol as one of the four major risk factors for NCDs, because it obviously plays a significant role in the other areas mentioned during the regional consultation.

In addition to the emphasis on health sector intervention in the outcome document from the Rio +20 meeting, we support and encourage stronger emphasis on prevention related to reducing the exposure to the major NCD risk factors, including the harmful use of alcohol, in the post 2015 development agenda.

Moreover, both in health care and in prevention, synergy in health outcomes can be obtained by a holistic approach. There is increasing awareness of the links between one of the four NCD risk factors, alcohol consumption, and communicable diseases such as tuberculosis and HIV/ Aids as well as several mental health conditions.

iv) NCD 'Best buys'

IOGT International strongly supports the 'Best buys' as outlined in Annex 3, especially those addressing the major risk factor of harmful alcohol use: restricting access to retailed alcohol, enforcing restrictions and bans on alcohol marketing, raising taxes on alcohol.

This is in line with the WHO Global Status Report on NCDs 2010 that discusses the heavy overall burden of disease attributable to alcohol (3.8% of deaths and 4.5% of Disability-Adjusted Life-Years) as well as the many substantial links of harmful use of alcohol to NCDs.² The report contains the same "best buys" on "population-wide interventions."

IOGT International and our members are delighted to read from the Discussion paper that "There was endorsement that these very cost-effective, high-impact interventions which are feasible to be implemented in all countries, provide a convincing and evidence-based approach and an entry point to scaling NCD prevention and control efforts."

It is smart to restrict and ban alcohol and tobacco marketing whenever possible, to protect children and young people, because independent evidence has proven that exposure to alcohol marketing makes young people start using earlier and/ or use more alcohol if they had already started. But it is also smart because it contributes to the suggested objective (see appendix 3 of the WHO Discussion paper from 26 July 2012) of creating health-promoting environments.

It is smart and efficient to raise taxes on behaviors that are harmful and risky, and in doing so both reduce the prevalence of these behavioral patterns as well as raise revenues to finance and support healthy and sustainable lifestyle choices.

When it comes to the cost-benefit of specific prevention programs, for example addressing the harmful use of alcohol by children and young people, research has shown that the return on investment of prevention programs range from \$2-\$20. This is to say that for every dollar spent on prevention programs, from \$2 to \$20 is returned in benefits.

² WHO Global Status Report on Noncommunicable Diseases, 2010 (p4, p19):
http://www.who.int/nmh/publications/ncd_report_full_en.pdf

Simply put: the 'Best buys' to tackle NCDs and their four major risk factors, including the harmful use of alcohol, are a very good investment for governments and societies to make.

v) Reducing exposure to risk factors

IOGT International is grateful for reading in the WHO Discussion paper from 26 July 2012 that "A consensus emerged at the regional consultations to give priority to strengthening the implementation of key interventions that tackle the four major risk factors." This is of course in line with evidence from research showing that NCDs are caused, to a large extent, by four behavioral risk factors: tobacco use, unhealthy diet, insufficient physical activity and the harmful use of alcohol.

There is a strong link between alcohol and NCDs, especially cancer, cardiovascular disease, liver disease, pancreatitis and diabetes. Alcohol is causally linked to eight different cancers. The cancer risk increases with the volume consumed. 3.4% of the global NCD-related burden of deaths can be attributed to alcohol. The corresponding figure for net years of life lost (YLL) is 5.0% and for net disability adjusted life years (DALYs) 2.4%.

Alcohol takes an exceptionally high toll in the growing number of middle-income countries. In some regions, one in five male deaths is attributed to alcohol and nearly half of all alcohol-attributable deaths occur from NCDs. In 2008, 60% of all deaths in the world, a total of 38 million people, died from the four main NCDs: Cancers, chronic respiratory diseases, diabetes and cardiovascular diseases. 80% of these deaths occurred in low- and middle-income countries.

Alcohol can also significantly drain family budgets, since costs for NCD-related health care, medicines, and costs for alcohol diverts households' income and resources from ensuring food and nutrition security and from basic education.

These NCD deaths in low- and middle-income countries will occur at lower ages than in high-income countries, causing an even greater impact on the total disease burden. This way NCDs lead to losses of educational investments and labour productivity of societies. Under this burden millions of children do find and will find it difficult and even impossible to acquire education and get out of the vicious circle of poverty.

IOGT International emphasizes that the prevention and control of NCDs and their four main risk factors lies within the Best Interest of the world's children – as outlined in the Convention of the Rights of the Child – and should therefore be addressed with comprehensive and effective measures. Below we outline these measures to be introduced as Indicators and targets for the NCD Framework.

IOGT International and all its members think it is fundamentally important to point out that alcohol easily qualifies for priority on all five of the criteria which guided the selection of indicators and targets: *high epidemiological and public health relevance; *coherence with major global strategies; *availability of evidence-based effectiveness and feasible public health interventions; *evidence of achievability at the country level, including in low- and middle-income countries; *existence of unambiguous data collection instruments.

1) Even though only half the global population drinks alcohol, it is the world's third leading cause of ill health and premature death, after low birth weight and unsafe sex (for which alcohol is a risk factor). The impact of alcohol use is greater than tobacco and is especially large in middle income countries.

2) Alcohol is stated as one of the four main shared risk factors for non-communicable diseases in the Global Strategy for the Prevention and Control of NCD and its Action Plan, as well as in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. There is also an established commitment in the WHO Global Strategy to reduce the harmful use of alcohol.

3) There are many well researched, hence evidence-based, effective public health interventions available for alcohol. E.g. the book Alcohol: No Ordinary Commodity, where 15 of the world's leading alcohol researchers summarize the scientific evidence of the effectiveness of alcohol policy interventions, describes 22 different interventions with moderate or high degree of effectiveness, according to the authors' classification.

4) The interventions listed in Alcohol: No Ordinary Commodity are classified as to degree of cross-national testing. All of the 22 interventions mentioned above have high ratings on this aspect.

5) Good surveillance and monitoring systems for per capita consumption of alcohol are already in place in many parts of the world. Where there is substantial unrecorded alcohol consumed, there are established methods used in WHO's Global Information System on Alcohol and Health for estimating its volume.

x) Multisectoral action

IOGT International agrees with the following understanding of 'multisectoral action' as put forth in the WHO Discussion paper from July 26 2012: "Multisectoral action against NCDs involves national authorities engaging government sectors to improve health outcomes from such diseases and to reduce exposure to the common, modifiable risk factors. Multisectoral action is typically undertaken in two ways:

- through the integration of a systematic consideration of wider health concerns into routine policy processes of non-health sectors.
- by paying specific attention to the prevention and control of NCDs within policies, programs and activities of relevant sectors."

IOGT International holds that the first bullet point is and will be in line with the intention to mainstream NCD prevention and control into other policy areas, for example development policy. (See the above paragraphs ii) and iii) for our discussion contribution more specifically.)

It is vital, for example when conducting trade negotiations between countries and economic blocks that the impact on NCDs prevention and control is taken into consideration.

Taking a good look at the “key barriers to multisectoral action identified by participants” we want to make sure to point out that there needs to be a coherent approach to NCDs across countries. Having on mind that NCD prevention and control shall be mainstreamed into development work, and at the same time facing barriers such as “lack of recognition of NCDs as a public health problem” means that governments together with NGOs and civil society need to make efforts to make their homework. NCDs are a public health burden, as much as they are a productivity and economic prosperity burden, as much as they are a societal burden. But the public health approach is fundamental and needs to be implemented across the board. Only then can other approaches follow. We believe that this rational will empower multisectoral action where governments, public authorities and civil society organizations can work together for the public good.

Of course, having been active in the field of public health and development policy for a long time, IOGT International strongly opposes the participation of the private sector in public policy-making in relation to the prevention and control of NCDs. Many industry actors, like the tobacco and alcohol industry, have pursued and are pursuing goals that benefit their economic interests and harm public health interests³.

The global alcohol industry has a track record of promoting ineffective policy measures and marketing their products aggressively towards children and young people, as well as in many developing countries. Therefore, it is fundamental that the global alcohol industry and/ or any of their front organizations cannot be part of any policy formulation processes or of any public-private partnerships.

Evidence shows that the global alcohol industry is in no way different to the global tobacco industry. In this regard IOGT International repeatedly expresses its high appreciation for the WHO Discussion paper

³ Corporations & Health. Tracking the effects of corporate practice on health:
<http://corporationsandhealth.org>

from 26 July 2012 highlighting the “fundamental conflict of interest between advancing public health and the private money making objectives of the tobacco industry.”

IOGT International also calls for the development of a Code of Conduct and Ethical Framework to help protect the integrity of, and to ensure transparency in, public policy decision-making, by identifying and safeguarding against conflicts of interest.

xiv) Structure of the 2013 – 2020 Action Plan

IOGT International strongly agrees with the view emerging in the regional consultations that “the 2013 – 2020 Action Plan should not be a major departure from the existing plan, but an incremental development, a logic continuation and an improvement of the previous one.”

To this end, we hold that it is vital to ensure that the 2013 – 2020 Action Plan will build additionally on those global strategies and reports that emerged during the 2008 – 2013 Action Plan, like for example the WHO Global Strategy to reduce the harmful use of alcohol, or the Global status report on NCDs 2010.

IOGT International supports the approach that the new Action Plan “should be ambitious, but realistic for countries to make progress.” NCDs are a major burden on the world and we need to see improvements in the coming period. The overarching global target is a 25% reduction in premature mortality from NCDs by 2025. IOGT International is prepared to closely cooperate with WHO, governments and public authorities, as well as other civil society organizations to achieve this target.

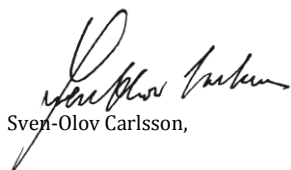
That is why IOGT International strongly supports Objective 3 of the 2008 – 2013 Action Plan: To promote interventions to reduce the main shared modifiable risk factors for NCDs: tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol.” We are convinced that the 2013 – 2020 Action Plan must contain this objective in order not to fall short of the Political Declaration from the UN High-level meeting, from the momentum that has been carrying us to this stage and from the target of reducing premature mortality from NCDs by 25% until 2025.

xv) Proposed objectives

The proposed objective coming from the regional consultations “To reduce risk factors and create health-promoting environments” is a good start, but it needs to be ensured that all four major risk factors are being addressed by such an objective. Countries should make efforts to address all four major risk factors, given their huge impact, for example in the case of the harmful use of alcohol, on the overall NCD burden as well as on other public policy objectives.

We think it is a great idea to choose an objective that addresses “health-promoting environments”. There is research showing that the social networks of people and the behavior and values that are predominant there do matter for lifestyle choices⁴. For example research from Sweden shows that 67% of young people use alcohol because they do not have anything else to do during their free time⁵. There is a huge lack of environments that promote healthy behavior⁶ and that foster positive health values and lifestyle choices.

In this discussion it is important to highlight that the guiding principle g) of the WHO Global Strategy to reduce the harmful use of alcohol addresses a related issue: “Children, teenagers and adults who choose not to drink alcohol beverages have the right to be supported in their non-drinking behavior and protected from pressures to drink.” As the research mentioned above shows, alcohol free environments are supporting healthy choices and healthy behavior.

A handwritten signature in black ink, appearing to read 'Sven-Olov Carlsson', written over a horizontal line.

Sven-Olov Carlsson,

International President

IOGT International, Stockholm, September 07, 2012

⁴ <http://www.framinghamheartstudy.org>

⁵ Ett Bra Uteliv: <http://www.unf.se/Ett-Brauteliv/Ett/Material/>

⁶ Christakis, N.: The hidden influence of social networks:
http://www.ted.com/talks/nicholas_christakis_the_hidden_influence_of_social_networks.html