

**NCD Alliance Submission to WHO consultation on
First Draft of the action plan for strengthening implementation of the
WHO Global Strategy on the Harmful Use of Alcohol (GAS)**

3 September 2021

The NCD Alliance thanks and commends the WHO for preparing the first draft of the action plan for strengthening the implementation of the WHO Global Strategy on the Harmful Use of Alcohol (GAS) and appreciates the opportunity to contribute comments. We welcome the numerous improvements made since the working document to which we also provided comments, many of which will go some way to strengthening the governance framework for alcohol and provide greater support to Member States and UN agencies for stronger implementation of the GAS.

NCD Alliance reiterates the importance of this Action Plan across all NCDs and mental health and requests WHO add some clarification in subsequent drafts of the action plan, in order to illustrate to the Member States how its implementation will also serve to reach the targets being prepared for consideration at EB150 on the NCD Global Action Plan Implementation roadmap, on diabetes, on obesity, and on oral health.

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

We have read the draft action plan to strengthen the implementation of the Global strategy to reduce the harmful use of alcohol. Several of our comments reiterate points made and unresolved during the previous (December 2020) consultation on the working document, we thus have and emphasise the points for consideration:

Improvements since the working document

We particularly welcome the following aspects of the draft action plan:

- **Clear and ambitious new targets for Action Areas**, particularly for the percentage of countries implementing high impact measures and proportion of the global population protected, and pursuit of a 20% relative reduction in per capita alcohol use compared with 2010. Given the lack of progress on the 2010 target of a 10% relative reduction in the past 10 years, clearly the target requires both more concerted implementation of effective evidence-based actions and more ambitious targets to improve and save lives.
- Specific approximately **biennial reporting for member states and the WHO** secretariat and target for national reporting under Action Area 2.
- **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 recent developments, including in the COVID-19 context
- **The distinction of civil society** as important stakeholders, in particular with regard to our role in advocacy, capacity development, monitoring and evaluation of GAS, and supporting the implementation of the action plan.
- **Recognition of the harmful impact of the alcohol industry** and other vested interests on implementation of the GAS, and accordingly economic operators separated from other non-state actors.

- **Integration and recognition of developments since GAS**, such as evidence-based, cost-effective ‘Best Buys’ and other recommended interventions for prevention and control of NCDs, including specific actions relating to the technical initiative SAFER.

Recommendations and reservations

While the draft action plan has many strengths, we maintain concerns about opportunities for improvements not actioned since the working document consultation– these could compromise the progress on reducing alcohol-related harm and warrant reiteration.

As noted in the action plan background, disproportionate power, actions, and influence of the alcohol industry have delayed policy implementation, diluting responses with weak mechanisms such as voluntary or self-regulation, deflecting with false claims, and denying and dispersing doubt on the evidence. These tactics have been and are widely used by tobacco, food, gambling, and other harmful commodity industries^{1, 2, 3}. They have persisted during the pandemic, leveraging the crisis to derive profit from vulnerability^{4, 5}. To weaken the obfuscating impact of these tactics on reducing tobacco harm and death, the Framework Convention on Tobacco Control makes it clear that the tobacco industry has no role in tobacco control actions, and also supports and protects member states who ratify the global framework. Based on abundant evidence, we believe the alcohol industry should be treated in a similar way.

Alcohol Industry (referred to as ‘economic operators’)

We continue to be seriously concerned about the presence of ‘economic operators’ through the action plan draft, alongside UN and other partners, and civil society. A weakness of the GAS is that a role has been given to so called ‘economic operators’, in spite of their misaligned objectives and persistent activities undermining progress on the GAS and implication in the deaths of 3 million people every year and millions of more lives harmed. Alcohol industry inclusion in this action plan is akin to letting the fox into the hen house.

Terminology

“**Economic operators**” within the GAS continues to be problematic and should be rectified such that they are more clearly and specifically defined and identified – this action plan provides an opportunity to rectify this dangerous precedent. Unfortunately, reference to any tenuous role for economic operators noted in the GAS has since infused other UN governance documents, such as the Political Declaration of the third UN High-Level Meeting on NCDs in 2018, despite grave concerns raised by civil society and academia as to the risks of such invitations to alcohol industry to take action, and the precarious precedent such reference could set.

¹ Vital Strategies (2017) Fool Me Twice <https://www.vitalstrategies.org/resources/fool-twice-ncd-advocacy-report/>

² Vital Strategies, NCD Alliance, Movendi International (2018) Trouble Brewing <https://troublebrewingreport.org/foreword>

³ NCD Alliance, GAPA, CLAS, Healthy Caribbean Coalition (2020) The Alcohol Industry’s Commercial and Political Activities in Latin America and Caribbean: Implications for Public Health <https://ncdalliance.org/resources/the-alcohol-industry-s-commercial-and-political-activities-in-latin-america-and-caribbean-implications-for-public-health>

⁴ Collin J; Ralston R; Hill SE, Westerman L (2020) Signalling Virtue, Promoting Harm: Unhealthy commodity industries and COVID-19. NCD Alliance, SPECTRUM <https://ncdalliance.org/resources/signalling-virtue-promoting-harm>

⁵ Andreasson S, Chikritzhs T, Dangardt F, Holder H, Naimi T, Sherk A, Stockwell T. (2021). Alcohol and Society 2021: Alcohol and the coronavirus pandemic: individual, societal and policy perspectives. Stockholm: Swedish Society of Nursing, SFAM, SAFF, CERA, The Swedish Society of Addiction Medicine, SIGHT, Movendi International & IOGT-NTO. [\(HERE\)](#)

If 'economic operators' must be referenced, we recommend that the actions they are expected/instructed (not invited or encouraged) to take to reduce their exacerbation of the harms caused by their products be articulated in **one separate paragraph** – not within each action area.

However, we strongly feel that the 2010 GAS language around '**economic operators**' and '**harmful use of alcohol**' cannot continue to be normalised and entrenched across governance – we hear from member states and civil society around the world that these terms and frames antagonised and stalling progress on reducing alcohol harm at both national and global level.

We understand that **alcohol** industry stakeholders (including industry front groups) are not only resisting many aspects of this working document at both local (community and national) and global levels, but have been actively lobbying against the strongest elements within it. They see themselves as having a legitimate role in influencing policy even if this is not the intent of the original inclusion in GAS.

We again urge **WHO to cease dialogue with the alcohol industry**. Any interactions which do take place should be reflected in strategies for managing conflict of interest in the development and implementation of the action plan should include transparent **publication of details of interactions between the WHO Secretariat staff** (national, regional, and headquarter 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.

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.

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'.

We feel greater emphasis could be placed on the role of **alcohol control in achieving human rights** and human rights to advance progress on alcohol control and health. We urge Member States to put human rights to the highest attainable standard of physical and mental health at the centre of decision making for NCD prevention and control, and not

allow the vested interests and lobbying 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. We stand with member states and WHO in a shared ambition of a world free from suffering from NCDs, including alcohol-related, and other alcohol harms.

Objectives could be updated to include reference to the need to **monitor the alcohol industry**, given their activities have been a major barrier to progress; Such monitoring should include industry interference in policy, activities and their response to the action plan.

Coherence and Conflict of Interest -

Under **Action Area 3**, we suggest the addition of an action for WHO to **develop guidance for member states and UN agencies on engaging with alcohol industry stakeholders** and to protect from undue influence and conflict of interest, and recommend member states request such guidance and support from WHO as an appendix to the Action Plan to be prepared ahead of EB in 2022.

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.

While efforts have been made to enhance multisectoral coordination and collaboration, **policy incoherence** remains a significant blocker to whole of government responses and progress on reducing alcohol harm. This should be acknowledged and an action under area 3 could request further guidance from WHO and other UN agencies (such as the UN Taskforce on NCDs) to support greater cross-sectoral coordination in countries.

Reporting, monitoring, and evaluation -

We commend **articulation of specific, strengthened, and ambitious global targets**.

We are pleased to see specific reporting points every 2-3 years for both member states and WHO Secretariat against actions, objectives, and targets, and notes in the action plan that this will require adequate resourcing for required and appropriate monitoring and reporting.

Monitoring, evaluation, reporting, and review mechanisms should be clear and applied to each SMART action, to ensure progress can be assessed; and should reporting points show slow or no progress, we feel this would warrant revision of the strategy for implementation of the action plan.

Reporting should include updates against the actions within the action plan, and provide opportunities to strengthen implementation of each action and policy area as relevant, identification and rectification of challenges faced by Member States, and understanding of 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).

To further accelerate progress and ensure adequate impetus and monitoring of implementation of the action plan, we support the re-convening of an WHO Expert Committee on Problems Related to Alcohol Consumption under Action Area 4 and would recommend reporting from the committee through the Executive Board in 2023 and biennially thereafter.

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 off track by 2 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.

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.

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. <https://www.ncdalliance.org>

SUPPLEMENT:

NCD Alliance Statement at Third WHO Forum on alcohol, drugs and addictive behaviours
on
*1st Draft of Global alcohol action plan 2022-2030 to strengthen implementation of the Global
Strategy to Reduce the Harmful Use of Alcohol*
June 2021

Thank you for this opportunity to make an intervention on behalf of NCD Alliance.
We thank and commend the WHO secretariat and contributors for the work on the enlightening cross border marketing report and the draft alcohol action plan,
and appreciate the Secretariat's efforts to listen to civil society and address concerns and integrate recommendations.

As SAFER Initiative partners, **we welcome efforts to give SAFER more prominence** in the current version of the action plan and appreciate the inclusion of ambitious targets and specific proposed actions.

We also commend articulation of specific, and strengthened global targets. However, despite improved regularity of reporting, we would urge **introduction of a review point** on the progress of the Action Plan with scope to make amendments to the Action Plan should progress toward targets be off track.

We commend the separation of economic actors from other stakeholders, however **we reiterate our concerns about risks inherent in involving industry in alcohol policy processes and implementation.** Without further differentiations and **development of complementary WHO secretariat guidance on protecting against Conflict of Interest**, there is a considerable risk of legitimising industry involvement when, since 2010's Global Alcohol Strategy was adopted, evidence has pointed to relevant economic operators undermining progress on alcohol policy and use due to their conflicted interests. **A proposal to limit industry measures to a section will be more effective.** On this basis, we believe industry measures should not be included in action area 1 for example.

Words and framing matter – and must be given the opportunity to be updated when better understood to be counterproductive. We understand that the language of “**harmful use**” is inherited from previous processes and documents like the 2010 global alcohol strategy but would like to stress that there is an opportunity here to align with the latest evidence and years of concerns raised by member states and experts around this problematic framing. **We suggest consistently referring to “alcohol use and harm”.** Lastly, **we ask that the action plan places greater emphasis on the challenge of digital marketing and the infiltration of industry in communities and youth networks through sports and recreation.** Given the similarity across the marketing practices of multiple harmful commodity industries (eg alcohol, ultra-processed food, gambling, etc), **we suggest addition of an action for the Secretariat to coordinate efforts via WHO and other UN agencies to advance approaches to protect children from harmful marketing.**