



Web based consultation on a working document for development of an action plan to strengthen implementation of the Global strategy to reduce the harmful use of alcohol

**Response prepared by World Cancer Research Fund International
December 2020**

Introduction

World Cancer Research Fund International (**WCRF International**) leads and unifies a network of cancer prevention charities with a global reach. We are the world's leading authority on cancer prevention research related to diet, weight and physical activity. We work collaboratively with organisations around the world to encourage governments to implement policies to prevent cancer and other non-communicable diseases (NCDs). WCRF International has been in official relations with WHO since 2016.

WCRF International supports the development and implementation of effective policies to enable people to follow [WCRF International's Recommendations for Cancer Prevention](#). Evidence shows that effective policy implementation will reduce the chances of people developing cancer and other NCDs.

Alcohol use and cancer risk

The harmful use of alcohol is a public health problem and among the main drivers of the global epidemic of premature deaths from non-communicable diseases. Our [Third Expert Report](#) found that there is strong evidence that alcoholic drinks increase the risk of 8 types of cancer, and one of our Cancer Prevention Recommendations is to limit alcohol consumption. Consequently, WCRF International supports policy measures and efforts that reduce alcohol consumption and overall harm.

The development of alcohol control measures through evidence-based policy development and implementation, an increase in the allocation of resources and strengthening of political will are all necessary in order to accelerate progress on decreasing alcohol harm. Our [Driving Action Policy framework](#) highlights a range of actions that can be taken to reduce alcohol consumption.

Part 1: Our comments on the Working Document

We have prepared several comments about the working document for consideration.

1. Layout and accessibility

The working document uses clear and concise language, with a logical structure, starting by setting the background and reaching to the proposed actions, which is easy to follow. Regarding the tone, it mainly 'invites' the non-State actors and international partners to take action but instructs the WHO secretariat and Member states to act on the proposed actions. However, the document would benefit from a reduction in the numbers of the action points and targets to ensure that all elements of the plan are achievable within the time frame of the plan.

2. Key positive aspects

The document has several positive aspects, which we would like to note:

- a. It recognises the global inequity due to lack of policy in lower- and middle-income countries (LMICs) and the lack of implementation by member states and focusses on ways to drive action.
- b. It also acknowledges the importance of political will in driving implementation as well as the current lack of resourcing available to implement the action plan.
- c. It also recognises the important role civil society can play, and the harmful effect of conflict-of-interest processes on the implementation of the Global Action Plan.
- d. It includes strong, updated evidence endorsed by WHA for the non-communicable diseases (NCDs) set of affordable, feasible and cost-effective intervention strategies - *Tackling NCDs: 'best buys' and other recommended interventions for the prevention and control of noncommunicable diseases* - (to be referred to as 'Best Buys' henceforth).

3. Background information

The working document provides a comprehensive introduction to the Global Strategy to Reduce the Harmful Use of Alcohol, the steps of developing the Strategy, its aim, vision and purpose. Providing additional information on the progress since the development of the Strategy nicely sets the background and purpose of developing the current action plan.

However, it would benefit from further additions. For example, there is a lack of background information on the corporate strategies of the Trans National Alcohol Corporations (TNACs), including their targeting of LMICs for growth in sales as new and emerging markets. In addition, there is no discussion on the lack of regulation of the TNACs and digital platforms used to target vulnerable consumers. Finally, the cultures and populations where alcohol is not an embedded part of the culture should be highlighted.

4. Goals and Principles

We welcome the goals and principles, especially around managing conflict of interest through the protection of commercial interest. However, we have concerns that the Global strategy guiding principles regarding these protections, namely around conflict of interest, are not reflected in the development of action plan. Specifically, we believe that:

- a. Attention should be paid to ensure that the principle is laid out comprehensively in the Global strategy and clear conflict of interest guidelines in the action plan should be developed, incorporated, and operationalised.
- b. The development and implementation of effective national alcohol policy should be free from industry influence and should be reinforced throughout the action plan.
- c. Conflict of interest guidelines in SAFER should be developed which will be promulgated with participating Member States.

5. Objectives

We believe that the need for global action and an international response should be highlighted under the objectives.

In addition, objectives 4 (page 7 '*strengthened partnerships and better coordination among stakeholders and increased mobilization of resources required for appropriate and concerted action to prevent the harmful use of alcohol*') and 5 (page 8 '*improved systems for monitoring and surveillance at different levels, and more effective dissemination and application of information for advocacy, policy development and evaluation purposes*') are overlapping and objective 5 should be adjusted to have a clearer accountability objective.

6. Stakeholders

We have several comments about the roles of stakeholders:

- a. WHO and Member States should consider strategies to manage conflict of interest in the development and implementation of the proposed action plan, including details of meetings held between WHO Secretariat and the alcohol industry to be publicly available, records of participants, meeting costs, discussion topics and actions included.
- b. At no stage in the action points is there any mention of a role for the Secretariat in monitoring and countering commercial interests' interference with public health policy. This is urgently needed. The responsibility for monitoring and reporting interference from commercial interest is given solely to civil society. Accountability measures could be strengthened by mandating a role for the Secretariat.

7. The role of civil society and NGO non-state actors

We have several comments about the engagement of non-state actors and civil society:

- a. WHO and Member States should consider strengthening the provisions of WHO Framework for Engagement with Non-State Actors (FENSA) to include specific reference to alcohol industry in relation to conflict of interest, and to improve the implementation of FENSA.
- b. The structure of the action statements should not include a role for economic operators. Currently economic operators are positioned as equivalent to other Non-state actors. This can lead to 'invitations' to economic operators to implement the plan, which could be skewed by their commercial motivations

and responsibilities to shareholders. Economic operators rely on substantial sales, which can include heavy drinking occasions and individuals with alcohol use disorder.

- c. Relying only on civil society for monitoring industry interference reduces the capacity of civil society to engage in policy development and implementation processes. Member States and the WHO Secretariat should also have a role to play.

8. Timeline and milestones

The WHO EB decision 146(14) asks for an action plan 2022-2030 and for a report on the review of the Global strategy to reduce the harmful use of alcohol in 2030. That will be twenty years after the Global strategy was endorsed. We believe that this is too late and that there will not be effective mechanisms to assess progress. We urge:

- a. Member States should make a resolution in 2022 calling for an Expert Committee and/or
- b. Review in 2024 the Global strategy with a mid-term review.

9. The use of international legal instruments

The WHO should commit to explore the possibility and feasibility of legally binding instruments 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.

10. Comments on the Action areas

We have prepared a number of general comments which can be applied across the action plan:

- a. WHO and Member States must ensure that the action plan has sufficient monitoring and evaluation mechanisms and clear-cut accountability measures specifically in relations to the 'Best Buys'.
- b. The actions highlighted in the working document should be SMART, however there is lack of specific time intervals for review and evaluation. Consequently, it is very difficult to assess progress.
- c. The working document clearly acknowledges the disproportionate impact of alcohol on the LMICs but does not include targeted action to address the issue.
- d. WHO needs to be resourced at all levels, including in regional and country offices, to be able to give substantial and appropriate technical assistance to Member States to reduce alcohol harm through the implementation of SAFER, including protection against conflict of interest.
- e. WHO Secretariat should establish and strengthen ongoing channels of communication with SAFER partners and Member States to achieve wide take-up of the SAFER technical package and development of national alcohol regulations.
- f. WHO Secretariat should initiate communication with relevant UN agencies and develop collaborative initiatives to promote the contribution of alcohol control to the development of the Sustainable Development Goals. We believe the

working document should encourage all aspects of SAFER being implemented - a comprehensive approach to all policy options should be advocated.

- g. We believe a specific date for the convening of the WHO Expert Committee on Problems Related to Alcohol Consumption should be specified.

11. Accelerating action and priority areas

We believe that the following elements should be priority areas:

- a. WHO and Member States need to ensure that the 'Best Buys' are not diluted in the action plan and that measures are put in place to measure the uptake and implementation of the 'Best Buys' policies. Pricing policies must include health tax on alcohol to reduce harm and recycle revenue to support implementation of 'Best Buys'.
- b. WHO and Member States must ensure that the action plan has sufficient monitoring and evaluation mechanisms and clear-cut accountability measures specifically in relations to the 'Best Buys'. Regular evaluation of the progress made is required, and revisions made to the plan, where evidenced and deemed necessary.

12. Accountability: Monitoring and evaluation

There is a lack of specific time intervals for review and reporting of the implementation of the Action Plan. Given the importance of intergovernmental collaboration to reduce alcohol harm, the Director-General should be requested to report to the World Health Assembly biennially on the progress of implementing the Global Action Plan. This should include any challenges faced by Member States and the nature and extent of collaboration between UN agencies.

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.

13. Existing barriers to effective implementation

We highlight several barriers to implementation.

- a. Alcohol industry actors are well organised and well mobilised in influencing national policy making.
- b. E-commerce in trade agreements, "designed to keep the digital domain, as far as possible, a regulation-free zone", pose new obstacles to national efforts to regulate the availability of alcohol.
- c. Alcohol control is severely under-funded, compared to other public health challenges. There is also a lack of resource within WHO to serve this area.
- d. There is a lack of political will within Member States to design and implement policy measures outlined in the SAFER technical package and in the 'Best Buys'.

14. Additional recommendations to catalyse action

The numerous and sometimes overlapping recommendations in the draft document tend to obscure a focus on the most cost-effective policies to reduce alcohol-related harms. The Action Plan should be strongly framed around every country implementing all of the 5 most effective, science-based interventions, as articulated in the SAFER guidance: Strengthening restrictions on alcohol availability; Advancing and enforcing drink driving counter measures; Facilitating access to screening, brief interventions, and treatment; Enforcing bans or comprehensive restrictions on alcohol advertising sponsorship, and promotion; and raising prices on alcohol through excise taxes and pricing policies.

The monitoring indicators should include specific metrics of SAFER implementation, and countries' reporting of the implementation of SAFER policies should be facilitated, especially in LMICs, which currently lack adequate resources and are subject to interference from commercial interests.

The lack of political will is highlighted as one of the barriers on the implementation of alcohol policy. However, the working documents does not mention how this issue could be tackled, for example, a summit could be a way to catalyse political leadership.

15. Examples of learnings from other Action Plans

An annex report from the United Nations Inter-Agency Task Force on the Prevention and Control of Noncommunicable Diseases¹ highlighted pervasive industry attempts to influence government policy, comparing activities of the alcohol industry with that of the tobacco industry, which can provide useful learnings.

Key learnings include:

- a. Interference by industry impedes the implementation of the 'Best Buys' and other recommended interventions, including raising taxation on tobacco, alcohol and sugar-sweetened beverages.
- b. Multinationals with vested interests routinely interfere with health policy-making, for instance by lobbying against implementation of 'Best Buys' and other recommended interventions, working to discredit proven science and bringing legal challenges to oppose progress. In some instances, these efforts are actively supported by other countries, for instance through international trade disputes. Industry interference is one of the commercial determinants of health, a concept that extends to governmental policies and practices such as trade promotion.
- c. Member States should be encouraged to explore the emerging idea that the income they receive from taxation of the global revenue derived by multinational companies based in high-income countries from the sales of tobacco products, alcoholic beverages and sugar-sweetened beverages in low-income and middle-income countries could be ploughed back – through official development assistance – into low-income and lower-middle-income countries in order to support their national efforts to implement the 'Best Buys' and other recommended interventions for the prevention and control of noncommunicable diseases.

¹ WHO. Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018; Report by the Director-General. EB142/15. 22 December 2017. https://apps.who.int/gb/ebwha/pdf_files/EB142/B142_15-en.pdf

- d. WHO should provide guidance to Member States on how to implement and strengthen national alcohol control policies.
- e. WHO could develop an approach that can be used to register and publish the contributions of non-State actors to the achievement of the alcohol 'Best Buys'.

16. Insights from other NCD risk factors

We believe there are several learnings from other NCD risk factors.

- a. Promote all areas of the SAFER technical package and urge Member States to adopt a comprehensive approach to action in all 5 areas. Furthermore, Member States should prioritise mandatory regulatory responses over voluntary ones.
- b. Addressing the alcohol industry interference as a major determinant of people's health and well-being is a formidable challenge, that goes beyond public health. Strict conflict of policy policies need to be developed and enacted.
- c. Tracking and monitoring alcohol as a risk factor for disease, multi-morbidity and pre-mature death is vital to assess progress.
- d. A shift in mindset from expenditure to investment thinking regarding health spending is one way to drive political will.

17. Conflict of interest and 'economic operators'

In the current document the "economic operators" – i.e., alcohol industry entities (producers, distributors, retailers, etc) – are listed as stakeholders in equal standing alongside civil society and other UN organisations. This is inappropriate, given their inherent conflict of interest and long record of influence undermining effective alcohol policies, including in low- and middle-income countries (LMICs). The alcohol industry should, instead, be addressed in a separate section with due regard to conflict of interest toward safeguarding public health.

WHO and Member States should consider conflict of interest in the development and implementation of the proposed action plan, including details of meetings held between WHO Secretariat and the alcohol industry to be publicly available, records of participants, meeting costs, discussion topics and actions included.

Part 2: Recommendations for advancing alcohol policy

1. Overcoming barriers to alcohol control advocacy

- a. Alcohol is a delicate topic – Public acceptance around regulation on purchasing and consumption is challenging, given how alcohol is ingrained in many cultures.
- b. Industry lobbying is very strong, and the alcohol industry has a fundamental conflict of interest with many elements within the working document. Therefore, we believe the working document should be strengthened to:

1. Safeguard the NCDs response on all levels against conflicts of interest, avoid undue influence of the alcohol industry and refrain from incompatible partnerships.
2. Identify and regulate the alcohol industry as a vector in the NCDs epidemic and a commercial determinant of health and development.
3. Put the public interest and Human Rights, including the Convention on the Rights of the Child, at the centre of all efforts to prevent and control NCDs and their risk factors.

2. Adopting a comprehensive, whole-of-government, whole-of-society approach

A whole-of-government, whole-of-society approach is necessary to create environments for people and communities that are conducive to limiting alcohol consumption.

A comprehensive package of policies is needed to reduce alcohol consumption at a population level, including policies that influence the availability, affordability and marketing of alcoholic beverages. Policymakers should be encouraged to frame specific goals and actions according to their national context.

For more information:

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