

Joint submission - WHO Web-Based Consultation on the first draft of the global action plan to improve the implementation of the WHO Global Alcohol Strategy

Joint submission by:

1. American Institute for Cancer Research,
2. CLAS Coalition for Americas' Health / Coalición América Saludable,
3. European Public Health Alliance,
4. Movendi International,
5. NCD Alliance,
6. Norwegian Cancer Society (Kreftforeningen),
7. Union for International Cancer Control,
8. Vietnam NCD Alliance,
9. Vital Strategies,
10. World Cancer Research Fund International,
11. World Heart Federation, and
12. World Obesity Federation.

We appreciate the opportunity to submit a joint response to the web-based consultation on the first draft of the global alcohol action plan to improve implementation of the WHO Global Alcohol Strategy (WHO GAS).

We have structured our feedback into three categories: Positive elements that we support and wish to see strengthened and expanded; negative elements of the current draft that we propose to remove or significantly alter; and additional elements that we suggest should be included in the second draft to enhance the action plan.

Positive elements in comparison to the working document (to be maintained and strengthened in the final draft)

- Improved focus on SAFER and high-impact alcohol policy solutions

To facilitate greater action on the country level, the three alcohol policy best buys and the SAFER technical package are essential. We welcome stronger focus on these central tools to advance alcohol control around the world. The role of and space for these high-impact alcohol policy solutions should be further expanded and resourced, with more ambitious targets and indicators aligned and more supportive action to facilitate development, implementation, and evaluation of these alcohol policy solutions as supportive actions.

Although the first draft of the Action Plan emphasizes more on high impact practices such as the SAFER initiative and the alcohol “best buys” under the

Action Area 1, this area does not include guidance on how the Member States can implement the “best buys”. 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 global targets and indicators for Action area 1 should relate specifically to the implementation of each “best buy” intervention, instead of the composite indicator “high-impact policy options and interventions”.

Learnings from tactics used by the tobacco and Big Food industries can be used and applied to minimize conflict of interest. For example, WCRF International’s Building Momentum series provides lessons on implementing evidence-informed nutrition policy on sugar taxes, front of pack nutrition labelling and restrictions of marketing food and non-alcoholic beverages high in fat, sugar and salt (HFSS) to children. These resources can be used to inform the development of alcohol policy and in particular alcohol taxation and labelling and restrictions of alcohol marketing – covering two of the alcohol “Best Buys”.

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’.

- Greater ambition in the overall objective to reduce per capita alcohol use

We welcome and support the raised ambition in the first draft to protect more people from alcohol harm, for instance through increasing the goal to reduce per capita alcohol use. All action areas would benefit from further increase in ambition concerning targets and indicators. Alcohol policy development and implementation is a public health emergency, and the new global alcohol action plan should make this clear through the actions, targets, and indicators it sets out.

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.

- Increased national and regional reporting on trends and implementation

We welcome the increased focus on reporting back and sharing good practice at national, regional, and global levels. We urge WHO to provide a clear timeline for

reporting to support regular data collection, as mentioned in the current draft of the action plan. To support this, we recognize and applaud the focus on building the capacities of governments to implement alcohol policy solutions, especially the three best buys and the SAFER technical package.

To achieve these two goals, we would encourage the WHO to engage with Knowledge Hubs, Collaborating Centers, and organizations in Official Relations with WHO to develop a network to support the Secretariat. This could adapt models from existing WHO collaborations and could provide additional practical support alongside the period meetings of the Expert Committee.

- Removal of “co-regulation” proposal in public health labelling of alcohol products

Co-regulation is in fact self-regulation and the alcohol industry – due to their inherent and fundamental conflict of interest – fails deliberately to drive change through self-regulation schemes. Therefore, we welcome the removal of the proposal to co-regulate public health labelling on alcohol products.

- Separation of alcohol industry from civil society

The last ten years have clearly shown, and WHO member states reported this in the regional consultations, too, that the alcohol industry is the major barrier to achieving the global targets for reducing alcohol consumption and related harm. The alcohol industry should therefore be clearly addressed as the major obstacle it is and not grouped together with civil society. We welcome this change in the first draft. And we suggest to further review and adapt the role the draft action plan assigns the alcohol industry. Please refer to the next section.

- Convening an Expert Committee

We welcome the proposal to reconvene the WHO Expert Committee on Problems Related to Alcohol Consumption. To cover the entire field of expertise in the response to the global alcohol burden, it will be important that WHO ensures participation in the expert committee from Knowledge Hubs, Collaborating Centers, and organizations in Official Relations with WHO. Such an expert committee could conduct valuable work if its remit is fully in line with the 2019 WHA decision asking the WHO Director-General to report on “the implementation of the WHO Global Alcohol Strategy ... and the way forward.”

Therefore, we recommend that the remit of the Committee be expanded to include providing recommendations on the way forward.

We also suggest that the expert committee be tasked with exploring important policy options referred to in the draft Action Plan, including “calls for a global normative law on alcohol at the intergovernmental level, modelled on the WHO

Framework Convention on Tobacco Control, and discussions about the feasibility and necessity of such a legally binding international instrument” (p.7). Thirdly, we suggest a specific date for the convening of the WHO Expert Committee on Problems Related to Alcohol Consumption be specified.

Negative elements (to be removed)

1. The role of the alcohol industry

The 2010 WHO Global Alcohol Strategy (WHO GAS) encourages the alcohol industry to contribute to the prevention and reduction of alcohol harm in their core roles as economic operators. Furthermore, the Political Declaration of the third high-level meeting of the United Nations General Assembly on the prevention and control of non-communicable diseases in 2018 invited the alcohol industry to strengthen their commitment to eliminate marketing, advertising, and sale of alcoholic products to minors.

But evidence shows that the alcohol industry is the major obstacle to implementation of the WHO GAS. Evidence is also clear that the alcohol industry undermines, impedes, and blocks alcohol policy development on national and local levels.

Since the adoption of the Declaration of the third high-level meeting of the United Nations General Assembly on the prevention and control of non-communicable diseases in 2018, the alcohol industry has failed completely to eliminate marketing, advertising, and sale of alcohol products to minors. To the contrary, the alcohol industry has exploited the pandemic for marketing purposes targeting and exposing minors as well as investing in social media to promote alcohol to children and youth.

Given this evidence, we question the role given to the alcohol industry in the first draft of the global alcohol action plan for better implementation of the WHO Global Alcohol Strategy.

Due to the fundamental and irreconcilable conflict of interest, the alcohol industry has not lived up to the self-regulatory objectives. Instead, it is actively working against them.

The alcohol industry has a track record of

- driving heavy alcohol use for profit maximization;
- political interference around the world to delay, derail, and destroy the development or roll out of Best Buy alcohol policy solutions;
- continuing targeting and exposure of children and youth to alcohol advertising, sponsorship and promotion;
- consistent failure to deliver sufficient public health outcomes via self-regulation; and

- counterproductive and even harmful corporate social responsibility campaigns subverting effective public health measures.

Clearly, WHO's engagement with the alcohol industry has not yielded any public health gains but has been used by the alcohol industry to re-cast their image as a legitimate stakeholder in policymaking, and interfere in effective implementation of the WHO Global Alcohol Strategy.

We therefore request WHO to reassess the role assigned to the alcohol industry in the action plan. The abundance of activities assigned to the alcohol industry across the action areas is riddled by conflicts of interest and legitimizes industry involvement. The amount of attention WHO would need to pay to monitoring the alcohol industry places an undue burden on the Secretariat and diverts precious resources from evidence-based work and providing technical guidance and developing global public goods for alcohol control. In line with independent scientific evidence, the role of the alcohol industry should be reduced to providing data on alcohol consumption and alcohol availability at global, regional, and national levels.

We propose:

- a. The number of tasks/actions proposed for the industry should be reduced, especially since they are disproportionate with the ones of the WHO secretariat. Based on the above, industry measures should not be included under each action area of the Action Plan, instead they should be placed in a single section separate from the action areas and focus on how the alcohol industry's conflicts of interest in policy development and implementation can be minimized or eliminated.
- b. Under the key areas for global action p.14, civil society organizations, professional associations, academia, research institutions and industry are lumped together under the wording "other stakeholders". There should be a clear separation between the alcohol industry and the other relevant stakeholders.
- c. The Action Plan should clearly recommend total bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion across all platforms, instead of a partial elimination of marketing to minors and other "high-risk groups" by the alcohol industry. The document should also address the amount of marketing in alcohol sponsorship of sports clearly targeting youth.
- d. More emphasis should also be given on the challenges of tackling the digital marketing of alcoholic drinks and the interference and infiltration of alcohol industry in communities and youth networks through sports and recreation. As the marketing practices across multiple harmful commodity industries share many similarities, such as the tobacco, High in Fat, Sugar and Salt (HFSS) food etc., the WHO Secretariat and the other UN agencies

should coordinate their efforts in advancing the approaches to protect children from harmful marketing.

WHO should desist with dialogues with the alcohol industry whose interests conflict with those of public health. In the same manner that WHO does not engage with the tobacco industry and abides by the International Code of Marketing of Breast-milk Substitutes, WHO should cease this harmful practice that does not serve public and global health, but instead can be seen to legitimize or further the interests of the alcohol industry.

2. Concept of “harmful use of alcohol”

The first draft contradicts itself in not properly applying the WHO definition of the concept of “harmful use of alcohol” – a fact that illustrates the flaws and pitfalls of the concept.

The Global Burden of Disease study 2018 showed that there is no safe level of alcohol consumption. The concept “harmful use of alcohol” is thus not compatible with evidence that has developed since the publication of the WHO GAS in 2010.

The concept of “harmful use of alcohol” however contributes to confusion about the origin of alcohol harm (it is the alcoholic products and industry practices, not the individual user) and about the perceived health benefits of alcohol use. Latest evidence shows that there is no positive effect of alcohol use, only negative and even small amounts of alcohol are harmful and increase the risk of developing cancer.¹

In addition, even alcohol use within most governments' guidelines could be harmful. For example, research by the American Institute for Cancer Research and WCRF International has found that alcohol intake increases the risk of at least 6 types of cancer. For three of these cancer types - breast, esophageal, and head and neck - cancer risk increases with any amount of alcohol intake, even less than one alcoholic drink per day. For public health promotion it is important to increase recognition of this risk through correct language, accurate information, labelling, campaigns, and other means.

We request that the draft global action applies the latest scientific evidence and the term “harmful use” be updated to “alcohol use” and/or “alcohol harms”.

3. Conflict of interest concerns, safeguards not nearly enough addressed, mentioned, and outlined

On reviewing the first draft, we acknowledge that there is recognition of the alcohol industry as barrier to implementation of the WHO GAS. However, we are concerned about the lack of substance to address conflicts of interest. Concrete

steps to avoid, tackle, and safeguard against conflicts of interest are largely lacking from the first draft. The positioning of the alcohol industry as a barrier to implementation yet welcoming engagement of industry in dialogues embeds conflict of interest within the plan.

As such the draft action plan should ensure that policies in the public interest are protected from all actors that may affect the resolve to take effective action act against alcohol harm, including the tobacco, agri-food, and advertising industries.

The Action Plan should provide specific guidance to Member States on how they can protect alcohol policy development, implementation, and evaluation from alcohol industry interference. WHO mentions as a barrier to alcohol policy development the lack of financial resources more often than the primary barrier which is the alcohol industry.

In accordance with the Framework for Engagement with Non-State Actors (FENSA), WHO and Member States should consider strategies to manage Conflict of Interest in the development and implementation of the proposed Action Plan. They should clarify how they will exercise particular caution, especially while conducting due diligence, risk assessment and risk management, in their dialogues with the alcohol industry. For transparency, information on economic operators with whom WHO has engaged should be published on the WHO register of non-State actors. Details of meetings held between WHO Secretariat and the alcohol industry should be publicly available, including records of participants, meeting costs, discussion topics and actions included.

We additionally suggest that WHO includes principles and guidance for Member States in identifying, avoiding, and managing the perceived and actual conflicts of interest inherent in the engagement with the alcohol industry in public health. Other fields of NCDs prevention and control, especially other risk factor areas, possess vital experience, know-how and evidence-based solutions that should be applied in the field of alcohol prevention and control, too.

4. Structure of the document

We welcome the work to improve the structure and logic of the first draft in comparison to the working document.

Nevertheless, having worked with the development of action plans in multiple areas of NCDs prevention and control, we highly recommend the structure of the draft action plan to be revised again. Making the draft global alcohol action even more concise and focused will aid its uptake and implementation, in our experience.

We suggest reviewing the number and quality of actions in each action area and to reassess the logic placement of actions – not all are currently in their right place and the current list of actions are not always the most impactful ones.

Examples for consideration:

- Area 1, action 1: One element of SAFER is specifically highlighted but it is unclear what the purpose is and why others are not specifically mentioned; the framing distorts the entire point.
- Area 2, action 3: fits better into action area 1 “implementation of high-impact strategies and interventions”.
- Area 4, action 2: Alcohol taxation is missing and should clearly be among the priority actions of global and regional networks of national technical counterparts.
- Area 4, action 4: The Secretariat’s capacity to provide technical assistance needs to be increased to provide adequate and timely support to Member States for all alcohol policy best buys, protection against alcohol industry interference, as well as monitoring and reporting capacity; it is unclear why only “unrecorded alcohol” is mentioned in this action.
- Area 4, action 7: The action is framed as technical capacity building but belongs into the SAFER technical work; it is again unclear why screening and brief intervention is singled out, while the three best buys are not addressed in similar fashion.
- Area 5, action 1: This action clearly belongs into the awareness raising action area; it should either be shortened or placed under a different action area.

We also suggest that the number of targets and indicators be reviewed and amended to facilitate better evaluation and assessment of implementation and progress. A focus on quality over quantity would further improve the draft action plan.

Additional elements and considerations for further action plan improvements

1. Bigger, bolder ambitions concerning the actions, targets, and indicators

The development of the global alcohol action plan is a unique chance to reverse a decade of inaction on alcohol control and to create a sense of urgency in the face of the global alcohol burden.

Therefore, we recommend increasing the ambition in every action area.

We welcome the increased ambition concerning the overall reduction of capita alcohol consumption. These targets are necessary to illustrate the scope of what is needed to protect more people from alcohol harms.

We suggest reviewing and revising each action area to increase the level of ambition and to propose even bolder actions, targets, and indicators in the draft action plan.

2. Facilitate country action

In addition to a stronger focus on the highest-impact alcohol policy solutions, especially the three best buys, an even stronger focus on facilitation of country action is the second most crucial element of the draft global alcohol action plan to improve implementation of the WHO GAS. It is country action on the best buys that matters most for protecting more people from alcohol harms.

We recommend strengthening this dimension in the draft action plan.

Experience and best practices from other NCDs risk factor areas shows that this can be done through three mechanisms that should all be included in the draft action plan:

1. Institutionalized permanent coordinating entity within the national government for alcohol policymaking, consisting of senior representatives from all relevant departments of government as well as representatives from civil society, academia, and professional associations;
2. National governments conduct regular (if possible annual) alcohol policy roundtables/ meetings with national leaders and civil society to discuss latest alcohol policy issues; and
3. The country has a distinct mechanism to safeguard alcohol policymaking from actual, perceived, or potential conflicts of interest with alcohol industry actors.
4. National governments establish sustainable mechanisms to routinely and longitudinally collect, analyze, review, and disseminate indicators related to health and development aspects of alcohol (including consumption patterns, sales, health outcomes, social impacts, economic harm, alcohol industry actions, and more)

These are actions to be taken to develop these best practice mechanisms to advance national action, ensure accountability and promote a long-term commitment to alcohol policymaking. These are also indicators for success that show ambition and bold action (see above).

Additionally, 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.

Finally, ensuring policy coherence across health, trade, education, sports, and all other relevant policy areas is critical for facilitating country action. The draft action plan should address policy coherence considerations more clearly. The draft

action plan should also more strongly recognize the value of law in the formulation and implementation of cost-effective alcohol policies.

3. Infrastructure

In addition to alcohol policy development and national mechanism to facilitate country action, alcohol policy infrastructure matters greatly but has been neglected for a decade.

We see a need to strengthen this dimension in the draft action plan. There is a need for stronger infrastructure on global, regional, and national levels to drive implementation, facilitate leadership, and ensure knowledge sharing.

The draft action plan therefore should suggest:

1. Organize a global ministerial conference on alcohol under the guidance of WHO – like those for mental health, for ending tuberculosis or for road safety.
2. Initiate a global initiative to advance alcohol taxation (or alcohol marketing regulation) – like there is for tobacco taxation.
3. Explore the possibilities of a One Health Global Leaders Group on Alcohol Policy – like it was recently launched for Anti-Microbial Resistance.
4. Explore opportunity to integrate funding for alcohol control with existing mechanisms to ensure that Member States of all income levels can access the technical and fiscal assistance needed to drive action.

4. On the WHO Global Alcohol Strategy

The Action Plan 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 information. For example, there is a lack of background information on the corporate strategies of the Transnational Alcohol Corporations (TNACs), including their targeting of LMICs for growth in sales as new and emerging markets. There is also 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.

5. Proposed Actions for WHO Secretariat

- 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. This should include language mandating the update of the alcohol 'Best Buys' to reflect the latest best evidence, such as on pricing policies including health taxes 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
- c. 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.
- d. 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 Action Plan should encourage all aspects of SAFER being implemented - a comprehensive approach to all policy options should be advocated.

6. Alcohol policy content

To round-off our joint submission and building on recommendations above, we wish to underline that the alcohol policy content in the draft action plan should be improved.

- a. Across the action areas, the actions proposed for Member States should be reviewed and revised along the questions: are they in the right spot, are they the right ones (anything missing, anything that can be replaced), and can some be merged and condensed?
- b. Across the action areas, the action proposed for the WHO Secretariat should also be reviewed and revised.
- c. And all action areas as such need to be reviewed to improve the logic, eliminate redundancies and important missing high-impact elements.
- d. In addition to the policies in the SAFER technical package, we recommend including recommendations to strengthen alcoholic beverage labeling and education. For example, in the United States,

the law governing alcoholic beverage labeling was enacted more than 30 years ago and is based on outdated science. There is a need to inform consumers about the health harms of alcohol intake based on the current evidence. For example, the current warning statement "GOVERNMENT WARNING: Consumption of alcoholic beverages impairs your ability to drive a car or operate machinery and may cause health problems," is woefully inadequate and misleading in its statement "may cause health problems," as 3 million deaths worldwide are caused by alcohol use each year.

7. Strengthen review of and reporting on progress (or lack thereof) on a regular basis

We commend articulation of specific and strengthened global targets as well as reporting points for countries and the WHO Secretariat. To stay on track over the next 10 years, and in complement with specific targets for the Action Plan, biannual reporting to the WHO governing bodies is essential. We urge introduction of a biannual 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. This can be best done through a stand-alone agenda item.

This submission has been developed collaboratively by the following civil society organizations:

1. American Institute for Cancer Research,
2. CLAS Coalition for Americas' Health / Coalición América Saludable,
3. European Public Health Alliance,
4. Movendi International,
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6. Norwegian Cancer Society (Kreftforeningen),
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