



GAPA principles for advocacy 2020 – 2022 and key recommendations

**for the WHO decision to
"accelerate action to reduce the harmful
use of alcohol 2022-2030"**

Executive Summary:

GAPA's key recommendations for the WHO decision to 'accelerate action to reduce the harmful use of alcohol 2022-2030'

Following a decision at the World Health Organisation 146th Executive Board WHO has started a two-year process to develop an action plan for the Global strategy to reduce the harmful use of alcohol (2010). This includes a consultation towards an action plan 2022-2030; development of a technical report on the harmful use of alcohol related to cross-border alcohol marketing; a call for more resources to be made available; and a review of the Global strategy in 2030" The following are the recommendations from the Global Alcohol Policy Alliance for that process.

There will be opportunities to comment on a working document in July-September 2020; the draft action plan in WHO Regional Committee meetings, October 2020 – March 2021; and a web-based consultation, April – June, 2021.

WHO action plan 2022-2030
1. Reflect Global strategy guiding principles regarding conflict of interest in development of action plan
GAPA requests WHO and Member States to heed the Guiding principles laid out in the Global strategy and develop, incorporate, and operationalise clear conflict of interest guidelines in the action plan. GAPA further requests WHO and SAFER partners to support development and implementation of effective national alcohol policy free from industry influence. GAPA also requests the operationalising of conflict of interest guidelines in SAFER and that this is promulgated with participating Member States.
2. Reflect aspects of the Global strategy calling for protection against conflict of interest in Secretariat activities
GAPA requests WHO and Member States to strongly 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.
3. Calling for improved implementation of the relevant parts of the FENSA document
GAPA requests WHO and Member States to 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.
4. Focus on the global aspects of the Global strategy
GAPA requests WHO and Member States to underline the need for global action and ensure that global action gets a prominent place in the action plan. GAPA applauds the interagency nature of the SAFER initiative and requests the Secretariat to establish 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. WHO Secretariat must 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.
5. Advocacy for the 'best buys' as part of action plan for Global strategy and beyond
GAPA requests WHO and Member States to protect and promote the 'best buys' policy measures as the key elements of the action plan. Strengthening the work on the WHO SAFER package for supporting Member States in implementing alcohol policy measures could be one aspect of this. 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. Civil society needs to be vigilant to advocate for the best buys. Pricing policies must include health tax on alcohol to reduce harm and recycle revenue to support implementation of 'best buys'. Lastly, 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.

6. Underline the changes since the Global strategy was endorsed

GAPA encourages WHO and Member States to consider that in the decade since the endorsement of the Global strategy the world has changed in many aspects, including with economic agreements, developments in digital platforms and the adoption of the SDGs. This needs to be factored in the development of the action plan. Given these changes the next step for global action is international legally binding regulations and one element of the action plan should be for WHO to explore the possibility and feasibility of such regulations. In parallel with the development and implementation of an action plan, Member States are requested to continue discussion on the need for a legally binding international mechanism.

7. Underline the unmet ambitions of the Global strategy to support low and middle-income countries

GAPA requests WHO and Member States to place the need of LMIC for assistance in stemming the tide of alcohol to the forefront of the action plan. WHO needs to be resourced at all levels, including in regional and country offices, to be able to give substantial assistance to Member States to reduce alcohol harm through the implementation of SAFER including protection against conflict of interest.

Technical report on cross border marketing

GAPA requests WHO and Member States to give prominence to the technical report:

- Document contemporary developments in cross border alcohol marketing including the architecture of the digital ecology
- Ensure findings and implications from the technical report on cross border marketing are reflected in the action plan
- Initiate an inter-agency project with input from national regulatory authorities and public health to examine the implications of e-commerce rules for national governments' regulatory options to achieve effective restriction of alcohol marketing.

Adequately resource the work on harmful use of alcohol

Member States are requested to provide funding for WHO commensurate with the health burden from alcohol to adequately resource the action plan now being developed. Recycling health taxes on alcohol is one viable approach.

Need for review of Global strategy and action plan before 2030

GAPA calls on Member States for a resolution in 2022 calling for an Expert Committee and/or review in 2024 of the Global strategy. The review/Committee should include consideration of the necessity and feasibility of an international legally binding instrument to reduce harm from alcohol.

GAPA will participate constructively on the way forward

While GAPA will continue to advocate for an international control mechanism such as a Framework Convention on Alcohol Control (FCAC), we will be working constructively with our regional alliances, other civil society partners, Member States and WHO on accelerating actions to reduce alcohol harm.

GAPA principles for advocacy 2022-2022 and key recommendations

for the WHO decision to ‘accelerate action to reduce the harmful use of alcohol 2022-2030’

Introduction

Following a decision at the World Health Organisation 146th Executive Board WHO will start a two-year process to “accelerate action to reduce the harmful use of alcohol”¹. This includes a consultation towards an action plan 2022-2030 for the Global strategy to reduce the harmful use of alcohol; development of a technical report on the harmful use of alcohol related to cross-border alcohol marketing; a call for more resources to be made available; and a review of the Global strategy in 2030. Civil society has an important role to play in contributing to consultations and communicating with decision-makers about what such an accelerated action will entail. GAPA and its global network will participate actively in the two-year process and beyond.

Primary advocacy goal is the achievement of an FCAC

GAPA reiterates that its primary advocacy goal is the achievement of an international legally binding instrument, a Framework Convention on Alcohol Control (FCAC). This reflects the developments in the global alcohol market and particularly the expansion by transnational alcohol corporations in low- and middle-income countries (LMIC). In a global environment dominated by powerful corporations and economic agreements that privilege their interests, global legally binding responses to support health and wellbeing are required. There is a precedent in the Framework Convention on Tobacco Control for a legally binding international treaty that has assisted the efforts of nation states to reduce harm from tobacco². There are an estimated 3 million alcohol deaths globally every year³, and the additional burden of harm to people other than the drinker, socio-economic effects for the family, community and society at large are also substantial, but much more difficult to measure.

Action plan 2022-2030 for the Global strategy

The deliberation at the 72nd World Health Assembly (WHA) in May 2019 led to a commitment by WHO Director-General to report on “the implementation of WHO’s global strategy to reduce the harmful use of alcohol during the first decade since its endorsement, and the way forward”. Following this commitment, a consultation process with Member States and non-state actors was conducted forming the background to the two reports⁴ presented by the Secretariat to the WHO 146th Executive Board (EB). All relevant contributions are published on the WHO website.⁵ Seven out of the 29 submissions representing 25 Member States called for an international legally binding treaty or framework agreement and more than half (68 of 107) contributions from NGOs did the same⁶, included the one from GAPA⁷.

¹ WHO to accelerate action to reduce the harmful use of alcohol; Assignment given to the WHO Secretariat by the Executive Board. WHO Departmental News 28 March 2020. <https://www.who.int/news-room/detail/28-03-2020-who-to-accelerate-action-to-reduce-the-harmful-use-of-alcohol>

² Casswell, S. Will alcohol harm get the global response it deserves? The Lancet Vol 394 October 19, 2019

³ WHO Global status report on alcohol and health 2018. Geneva: World Health Organization, 2018.

⁴ EB146/7: Report by the Director-General: Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (https://apps.who.int/gb/ebwha/pdf_files/EB146/B146_7-en.pdf); and

EB146/7 Add.1 Report by the Director-General: Findings of the consultative process on implementation of the global strategy to reduce the harmful use of alcohol and the way forward (https://apps.who.int/gb/ebwha/pdf_files/EB146/B146_7Add1-en.pdf)

⁵ WHO. 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. 2019. <https://www.who.int/health-topics/alcohol/online-consultation>

⁶ June Leung. Summary of 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. GAPA 2019.

⁷ GAPA position paper on 10 years of GS and way forward 24Oct2019. Posted on WHO website. http://apps.who.int/datacol/answer_upload.asp?survey_id=744&view_id=835&question_id=14592&answer_id=22048&respondent_id=304130

Disappointment

At the WHO EB in February 2020 a decision proposal was tabled by a group of LMIC outlining a working group “to review and propose the feasibility of developing an international instrument for alcohol control”.⁸ In this light it was disappointing that the agreement reached by WHO Member States after several hours of negotiations behind closed doors was a decision that did not point in the direction of such an international instrument.⁹ Many share the belief that, despite good evidence of how to reduce harm, an adequate policy response is not being made. This due to a combination of industry interference, lack of political will and an ongoing ‘blindspot’ in global health governance.¹⁰ The agreement reached called for WHO to develop an action plan (2022-2030) to effectively implement the global strategy and a technical report on the harmful use of alcohol related to cross-border alcohol marketing, advertising and promotional activities, including those targeting youth and adolescents. The decision also requests the Director General to adequately resource the work on the harmful use of alcohol; and to review the global strategy to reduce the harmful use of alcohol and report to the Executive Board at its 166th session in 2030 for further action.

Key recommendations for the WHO action plan 2022-2030

1. Reflect Global strategy guiding principles regarding conflict of interest in development of action plan

GAPA requests WHO and Member States to heed the Guiding principles laid out in the Global strategy and develop, incorporate, and operationalise clear conflict of interest guidelines in the action plan. GAPA further requests WHO and SAFER partners to support development and implementation of effective national alcohol policy free from industry influence. GAPA also requests the operationalising of conflict of interest guidelines in SAFER and that this is promulgated with participating Member States.

The Global strategy outlines a vision of considerably reduced morbidity and mortality due to harmful use of alcohol and their ensuing social consequences (paragraph 8). It goes on to draw up some important guiding principles which need to be integrated into an action plan. Among the principles the following should be noted (paragraph 12).

- a. Public policies and interventions to prevent and reduce alcohol-related harm should be guided and formulated by public health interests and based on clear public health goals and the best available evidence. [...]
- c. All involved parties have the responsibility to act in ways that do not undermine the implementation of public policies and interventions to prevent and reduce harmful use of alcohol.
- d. Public health should be given proper deference in relation to competing interests and approaches that support that direction should be promoted [...]

” All involved parties have the responsibility to act in ways that do not undermine the implementation of public policies and interventions to prevent and reduce harmful use of alcohol. ”

Global strategy, paragraph 12

During the course of the decade since the Global strategy was endorsed, these guiding principles have met with challenges, particularly the one in paragraph 12.(c). The transnational alcohol corporations (TNAs) individually and working together in public relations organisations, such as the International Alliance for Responsible Drinking (IARD) and their national partners, are active in the global

⁸ World Health Organization. 146th Executive Board. International mechanisms for alcohol control (provisional agenda item 7.2). Draft decision proposed by the delegations of Bangladesh, Bhutan, Indonesia, Iran, Sri Lanka, Thailand and Vietnam.

⁹ WHO Decision EB146(14): Accelerating action to reduce the harmful use of alcohol. 2020

¹⁰ Casswell. S. Opening speech at GAPA 2020.

health policy space. The transnational alcohol corporations also have a track record of opposing any of the public health policies which are proven cost effective and efficient (best buys) and rather promoting ineffective policies or measures based on individual “responsibility”. Alcohol industry actors are highly strategic, rhetorically sophisticated and well organized in influencing national policy-making.¹¹ The WHO Director General submitted a report to the WHO Executive Board in the context of the preparation for the third UN High Level Meeting on NCDs 2018, where industry interference is listed as obstacles to implementation of the best buys, including raising taxation on tobacco, alcohol and sugar-sweetened beverages (table 5). The report points out that “multinationals with vested interests routinely interfere with health policy-making.” An annex report from the United Nations Inter-Agency Task Force on the Prevention and Control of Noncommunicable Diseases highlighted pervasive industry attempts to influence government policy, comparing activities of the alcohol industry with that of the tobacco industry¹².

Industry front organisations are also pushing for the use of ineffective indicators in the global space such as the WHO NCD Monitoring Framework and the Sustainable Development Goals (SDG). In the 2015 consultation on SDG Indicators IARD suggested to replace the well accepted per capita alcohol consumption indicator¹³. Similarly, in 2019 for the 2020 review of SDG indicators IARD proposed replacing alcohol per capita consumption (APC) with “Age-standardized prevalence of heavy episodic drinking among adolescents and adults” (HED)¹⁴. There were strong objections to the proposal from renowned alcohol researchers but supported by IARD and other alcohol industry front organisations¹⁵. In a recent analysis of the merits of these two indicators the conclusion is that APC is both a better indicator and that data is more available internationally than HED¹⁶. Henceforth, the Inter-agency and Expert Group on SDG Indicators (IAEG-SDGs) decided against the proposed replacement¹⁷. By continuously challenging the best evidence in this and similar ways the alcohol industry contributes to obscure, deflect and undermine the implementation of public health policies.

In 2013 the public health community raised alarms over alcohol industry PR activities in relation to the implementation of the WHO global strategy. At that time thirteen of the world’s largest alcohol producers issued a set of commitments to reduce the harmful use of alcohol worldwide, ostensibly in support of the WHO Global strategy. A Statement of Concern from a group of public health professionals, researchers, and representatives of non-governmental organisations pointed out that the actions proposed by the industry were weak and unlikely to reduce harmful alcohol use. It also underlined that the alcohol companies had misinterpreted their roles and responsibilities with respect to the implementation of the WHO Global strategy.¹⁸

¹¹ McCambridge J, Mialon M, Hawkins B. Alcohol industry involvement in policy making: A systematic review. *Addiction* 2018; published online March 15: doi: 10.1111/add.14216.

¹² 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

¹³ Inter-agency and Expert Group on Sustainable Development Goal Indicators (IAEG-SDGs). RESULTS Open Consultation 4-7 Nov 2015_All Goals_For Upload_V5 (Final). 2015

¹⁴ IAEG-SDG. Compilation of 2020 Comprehensive Review Proposals Received 24 June 2019. https://unstats.un.org/sdgs/files/2020%20Comprehensive%20Review%20Proposals_web.pdf

¹⁵ IAEG-SDG. Compilation of Inputs from the IAEG-SDG Open Consultation for the 2020 Comprehensive Review, 20 September 2019.

¹⁶ Rehm, J., Crépault, J.-F., Wettlaufer, A., Manthey, J. and Shield, K. (2020), What is the best indicator of the harmful use of alcohol? A narrative review. *Drug Alcohol Rev.* doi:10.1111/dar.13053

¹⁷ Global indicator framework for the Sustainable Development Goals and targets of the 2030 Agenda for Sustainable Development. A/RES/71/313; E/CN.3/2018/2; E/CN.3/2019/2; E/CN.3/2020/2. https://unstats.un.org/sdgs/indicators/Global%20Indicator%20Framework%20after%202020%20review_Eng.pdf

¹⁸ Babor T, Brown K, Jernigan D, Mbona N, Hastings G, Laranjeira R, Obot I, Carlsson S, Gillan E, Hao W, Bakke O, Daube M, Robaina K, Miller P, Anderson P, Veryga A, Casswell S, Chun S. Statement of Concern: The international public health community responds to the global alcohol producers’ attempts to implement the WHO global strategy on the harmful use of alcohol: Global Alcohol Policy Alliance, 2013.

The WHO SAFER technical package¹⁹ to support governments in taking practical steps to addressing the harmful use of alcohol is very clear in pointing to three key strategies: implement, monitor, and protect. The latter principle is explained:

- SAFER will support countries by ensuring that alcohol control measures are guided, formulated and implemented by public health interests and as such are protected from industry interference and commercial interests

2. Reflect aspects of the Global Strategy calling for protection against conflict of interest in Secretariat activities

GAPA requests WHO and Member States to strongly 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, including records of participants, meeting costs, discussion topics and actions included.

The Global strategy outlines a role for “economic operators in alcohol production” within a very limited scope as developers, producers, distributors, marketers and sellers of alcoholic beverages (paragraph 45. (d)). In outlining the dialogue that WHO will have with the private sector it is underlined that considerations will be given to the possible conflict with public health objectives (paragraph 48. (i)). During the first decade of implementation of the global strategy occasional consultations have been held with the alcohol industry. However, at the WHO EB145 in 2019 in the discussion on the follow-up of the UN High Level Meetings on NCDs there was a proposal from the WHO Secretariat to hold 6-monthly consultations with a number of private sector entities, including the alcohol industry²⁰. This would have meant an increase in the frequency of such meetings, and this raised concerns among civil society and some Member States. At the Executive Board meeting in January an intervention by Estonia, Finland, Iceland, Ireland, Latvia, Lithuania, Netherlands, Norway, Panama, Sri Lanka, Sweden and Thailand made the following statement: “(...) we voice concern about the proposed dialogue meetings with the alcohol industry. Lessons already learned where such dialogues have been carried out, underlines the need to establish very clear public health objectives for engagement to assure that limited resources are fully used to support achieving our goals and deliverables. And that resources required for such meetings should not come at the expense of much needed technical collaboration with Member States.” The concerns by this group of countries contributed to reducing the frequency of the consultations with the industry to every 12 months²¹.

” The Secretariat will provide support to Member States by: [...] continuing its dialogue with the private sector on how they best can contribute to the reduction of alcohol-related harm. Appropriate consideration will be given to the commercial interests involved and their possible conflict with public health objectives ”

Global strategy, paragraph 48. (i)

¹⁹ WHO SAFER Framework. https://www.who.int/substance_abuse/safer/msb_safer_framework.pdf?ua=1

²⁰ WHO. Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues Prevention and control of noncommunicable diseases Report by the Director-General. EB144/20 23 November 2018 - https://apps.who.int/gb/ebwha/pdf_files/EB144/B144_20-en.pdf

²¹ WHO. Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues Prevention and control of noncommunicable diseases. Report by the Director-General. A72/19. 18 April 2019 https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_19-en.pdf

3. Calling for improved implementation of the relevant parts of the FENSA document

GAPA requests WHO and Member States to 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.

Since the Global strategy came into effect in 2010 the Member States of WHO have negotiated a Framework for Engagement with Non-State Actors (FENSA). This has been criticised for not being stringent enough to handle all aspects of conflict of interest in public health policy making²². There has been further criticism about the implementation of the FENSA agreement²³. FENSA is clear in pointing to the challenges related to the health harming industries where “WHO will exercise particular caution”. This applies for engagement with private sector entities “in particular those that are related to noncommunicable diseases and their determinants”²⁴ (FENSA, para 45). Since alcohol is identified as one of the NCD risk factors the need for “particular caution” applies to the alcohol industry, which, as demonstrated in the previous section, is saddled with conflict of interest. The language in the WHA Programme budget document (A72/4) had a worrying paragraph where alcohol industry was grouped together in a paragraph with a number of other entities on (...) “forging multistakeholder partnerships and alliances that mobilize and share knowledge, assess progress, provide services and raise awareness about people living with and affected by poor health. In accordance with WHO’s Framework for Engagement with Non-State Actors, the Secretariat will establish or strengthen specific mechanisms with the food and non-alcoholic beverage industry; economic operators in alcohol production and trade; the pharmaceutical industry; consumer organizations; private health facilities and private practitioners; consumer organizations; investment industry (promoting health-related Sustainable Development Goals and innovation); information technology, telecoms and marketing industries (to identify opportunities for scaling up processes); and civil society organizations.”²⁵

We consider it inappropriate to refer to vested interests as if they are equivalent to civil society. Such proposals illustrate the need to revise and strengthen the provisions of FENSA with regard to alcohol industry.

4. Focus on the global aspects of the Global Strategy

GAPA requests WHO and Member States to underline the need for global action and ensure that global action gets a prominent place in the action plan. GAPA applauds the interagency nature of the SAFER initiative and requests the Secretariat to establish 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. WHO Secretariat must 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.

²² Buse, K, Hawkes, S. Sitting on the FENSA: WHO engagement with industry: The Lancet 2016 [https://doi.org/10.1016/S0140-6736\(16\)31141-2](https://doi.org/10.1016/S0140-6736(16)31141-2)

²³ WHO. Evaluation: update and proposed workplan for 2020–2021; Initial evaluation of the Framework of Engagement with Non-State Actors; Executive summary; Report by the Secretariat. EB146/38 Add.2 23 December 2019. https://apps.who.int/gb/ebwha/pdf_files/EB146/B146_38Add2-en.pdf

²⁴ WHO. Framework of engagement with non-State actors. Resolution WHA69.10, 2016.

²⁵ WHO. Proposed programme budget 2020–2021. A72/4. 10 May 2019.

The WHO global strategy is global in character and this is reflected in several of the paragraphs. One of the first challenges identified is the need for **”increasing global action and international cooperation”** (paragraph 6. (a)), and it is pointed out that “National and local efforts can produce better results when they are supported by regional and **global action** within agreed policy frames” (paragraph 7). The Global strategy aims to set priority areas for **global action** (paragraph 9), and underlines that **“effective global governance”** is one of the success criteria (paragraph 59).

” (...) The current relevant health, cultural and market trends worldwide mean that harmful use of alcohol will continue to be a global health issue. (...) [T]here is a need for global guidance and increased international collaboration to support and complement regional and national actions.”

Global strategy, paragraph 6. (a)

5. *Advocacy for the ‘best buys’ as part of action plan for Global strategy and beyond*

GAPA requests WHO and Member States to protect and promote the ‘best buys’ policy measures as the key elements of the action plan. Strengthening the work on the WHO SAFER package for supporting Member States in implementing alcohol policy measures could be one aspect of this. 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. Civil society needs to be vigilant to advocate for the best buys. Pricing policies must include health tax on alcohol to reduce harm and recycle revenue to support implementation of ‘best buys’. Lastly, 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.

WHO has identified the ‘best buys’ interventions to reduce the harmful use of alcohol.²⁶ These are:

- Increase excise taxes on alcoholic beverages
- Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)
- Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours of sale)

These measures are also reflected in the WHO SAFER technical package mentioned above, together with two other good buy interventions:

- Enact and enforce drink-driving laws and blood alcohol concentration limits
- Provide brief psychosocial intervention for persons with hazardous and harmful alcohol use.

It is essential that when the Global strategy is being supported by an action plan that these best and good buys are the key point for implementation. This is also an area where the conflict of interest of the alcohol industry is often illustrated.

²⁶ WHO. ‘Best buys’ and other recommended interventions for the prevention and control of noncommunicable diseases. WHO/NMH/NVI/17.9. WHO 2017.

6. *Underline the changes since the Global strategy was endorsed*

GAPA encourages WHO and Member States to consider that in the decade since the endorsement of the Global strategy the world has changed in many aspects, including with economic agreements, developments in digital platforms and the adoption of the SDGs. This needs to be factored in the development of the action plan. Given these changes the next step for global action is international legally binding regulations and one element of the action plan should be for WHO to explore the possibility and feasibility of such regulations. In parallel with the development and implementation of an action plan, Member States are requested to continue discussion on the need for a legally binding international mechanism.

There is sufficient evidence of the effect advertising and marketing have in influencing the public to consume more at an earlier age. Alcohol marketing is essential for the transnational alcohol corporations both in its direct recruitment of drinkers and building of brand allegiance but also by normalising alcohol use in new contexts. This includes the recruitment of women traditionally unlikely to consume alcohol in many countries while at the same time they continue to experience violence exacerbated by heavy alcohol use. Alcohol marketing resources are increasingly being shifted to the digital arena, particularly in the social media platforms and to other methods of alcohol promotion, such as so-called "beer girls" in Africa and Asia, who encourage customers to drink more.

There is a general absence of policy coherence between trade and health; many countries have, since 2010, signed up to economic agreements that, by allowing corporations to sue governments, have a chilling effect on governments' willingness and capacity to implement effective alcohol policy. 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 alcohol²⁷.

In 2015 reducing harm from alcohol was included among the Sustainable Development Goals (SDGs) in goal 3.5: strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. Alcohol is also relevant for other SDG health targets including 3.4 on non-communicable diseases and 3.6 on traffic injury prevention. Beyond health alcohol has relevance for SDG targets related to poverty (1.1); interpersonal violence (16.1); gender-based violence (5.2); and a number of other targets. Claims have been made that alcohol adversely affects 13 of the 17 SDGs²⁸.

” The Secretariat will provide support to Member States by: [...] advocating appropriate consideration by parties in international, regional and bilateral trade negotiations to the need and the ability of national and subnational governments to regulate alcohol distribution, sales and marketing, and thus to manage alcohol-related health and social costs. ”

Global strategy, paragraph 48. (g)

²⁷ Kelsey J. How the digital age is reshaping the challenges facing alcohol policy in the trade and investment arena. Public Health And The Global Governance Of Alcohol Conference, Kettil Bruun Society Thematic Meeting, Melbourne, Australia, 30 September – 3 October; 2019.

²⁸ IOGT International. Alcohol and the sustainable development goals; Major obstacle to development. 2016 [IOGT International is now Movendi International]

7. **Underline the unmet ambitions of the Global Strategy to support low- and middle-income countries**

GAPA requests WHO and Member States to place the need of LMIC for assistance in stemming the tide of alcohol to the forefront of the action plan. WHO needs to be resourced at all levels, including in regional and country offices, to be able to give substantial assistance to Member States to reduce alcohol harm through the implementation of SAFER including protection against conflict of interest.

Data on alcohol exposure indicate that between 1990 and 2017 global adult per-capita consumption increased from 5.9 L to 6.5 L and is projected to continue rising²⁹ and particularly so in Middle Income Countries (MIC) in the Americas, Asia and the Pacific³⁰. But these increases are not uniform; as with tobacco, as high-income countries have become saturated and more health oriented, alcohol producers have turned to the markets of countries with growing economies, youthful and urbanising populations, and where the prevalence of drinking commercial alcohol is lower than in high-income countries. These are countries with few of the effective alcohol policies enumerated by the global strategy in place.³¹ An evaluation of implementation of NCD policies in 151 countries 2015-2017 shows that alcohol measures were very poorly implemented, and particularly so in Sub Saharan Africa and other LMIC. Implementation rose for several policies, except for those targeting alcohol and physical activity. Alcohol advertising restrictions was the one best buy that was least widely implemented, with decreased uptake in the two-year period³². Insufficient resource was put into implementation of WHO's global strategy and little policy to reduce alcohol consumption and harms has been developed in LMICs, where the evidence is growing that alcohol harm is proportionally greater.

” (...) Global action will support national action through the development of sustainable mechanisms and the provision of the necessary normative guidance and technical tools for effective technical support and capacity building, with particular focus on developing and low- and middle-income countries. ”

Global strategy, paragraph 49

²⁹ Manthey J, Shield KD, Rylett M, Hasan OSM, Probst C, Rehm J. Global alcohol exposure between 1990 and 2017 and forecasts until 2030: a modelling study. *The Lancet* 2019;393:2493-502.

³⁰ World Health Organization. Global status report on alcohol and health 2018. Geneva. 2018. <http://apps.who.int/iris/bitstream/handle/10665/274603/9789241565639-eng.pdf?ua=1>.

³¹ WHO. Global status report on alcohol and health 2018. Geneva: World Health Organization, 2018.

³² Allen, L.N. Nicholson, B.D. Yeung, B.Y.T. Goiana-da-Silva, F. Implementation of non-communicable disease policies: a geopolitical analysis of 151 countries. *The Lancet Global Health*. 2020;8: e50–58. [https://doi.org/10.1016/S2214-109X\(19\)30446-2](https://doi.org/10.1016/S2214-109X(19)30446-2)

Technical report on cross border marketing

GAPA requests WHO and Member States to give prominence to the technical report:

- Document contemporary developments in cross border alcohol marketing including the architecture of the digital ecology
- Ensure findings and implications from the technical report on cross border marketing are reflected in the action plan
- Initiate an inter-agency project with input from national regulatory authorities and public health to examine the implications of e-commerce rules for national governments' regulatory options to achieve effective restriction of alcohol marketing.

A positive move in EB146 was the initiation of a technical report on the harmful use of alcohol related to cross-border alcohol marketing, advertising and promotional activities, including those targeting youth and adolescents. This topic underlines the transnational character of contemporary marketing efforts of the alcohol corporations and the urgent need to address it in a concerted manner. Restriction on marketing is one of the best buys. This is reflected in the preamble of the WHO EB decision 146(14): "Expressing deep concern that alcohol marketing, advertising and promotional activity, including through cross-border marketing, targeting youth and adolescents, influences their drinking initiation and intensity of drinking". Governments are, however, left with a challenging territory to navigate as advertising and marketing get more and more international and digital in character. They are left with a complicated field where industry interests are protected by international trade and investment agreements.

The WHO EB has reason to be concerned. Alcohol marketing resources are increasingly being shifted to the digital arena, particularly in the social media platforms. Digital platforms provide the opportunity to use detailed data to target individuals and use 'native' marketing, which does not appear to be marketing material, to influence recipients. LMICs are part of the digital revolution and young people in these countries are exposed to such marketing^{33, 34}. Local, national and global celebrities and influencers are increasingly promoting alcohol brands through their blogs and other social media posts, often without information that this is paid advertising, thereby blurring the divide between advertising and content. Sports and cultural sponsorships are other avenues where alcohol producers are reaching a very young audience globally. Corporate social responsibility activities, cross border television and online deliveries are other examples of areas where international collaboration is necessary.

It is significant that the EB Decision [EB146(14)] outlines that the technical report will contribute to the development of the action plan and that WHO can step forward and support Member States in passing and enforcing marketing restrictions.

” The exposure of children and young people to appealing marketing is of particular concern, as is the targeting of new markets in developing low- and middle-income countries with a current low prevalence of alcohol consumption or high abstinence rates. ”

Global strategy, paragraph 30

³³ Shaikh Z, Pathak R, Kapilashrami M. Misuse of social media marketing by alcohol companies. *Journal of Mental Health and Human Behavior* 2015;20:22-7.

³⁴ Carah N, Angus D. Algorithmic brand culture: participatory labour, machine learning and branding on social media. *Media, Culture & Society* 2018;40:178-94.

Adequately resource the work on the harmful use of alcohol

Member States are requested to provide funding for WHO commensurate with the health burden from alcohol to adequately resource the action plan now being developed. Recycling health taxes on alcohol is one viable approach.

Compared to other public health challenges alcohol is severely under-funded. Funding commensurate with the health burden is urgently needed in order to fulfil the ambition of accelerating action on harmful use of alcohol as was pointed out in the EB decision requesting the Director-General to adequately resource the work on the harmful use of alcohol. Of course, from 2020 the financial disposition of WHO is going to be heavily influenced by the response to the Covid-19 pandemic, and it is difficult to tell how this will impact on other areas, including the alcohol. However, it is important that the response to alcohol harm is recognised as needing increased resources.

Overall, only a small proportion of the WHO budget is financed by free funding, the so-called assessed funding from Member States.

The most recent figures available in the WHO portal are the 2018-2019 project period when less than 16% of the budget was assessed funding, with an additional 2,6% as Core Voluntary Contributions. This means that around 80% of the budget was earmarked by Member States, Philanthropic Foundations and other funders.³⁵ One much mentioned example in this regards is the huge funding from the Bill and Melinda Gates Foundation of 367.7 million USD for the two year period, where about 50% go towards Polio eradication.

WHO has increased transparency of funding streams and budgets with a designated website. It is, however, a complex issue to estimate the total funding towards the different programmes. The work on alcohol is distributed across different clusters and programs at the WHO Headquarters in Geneva (HQ) and regional offices, and in HQ it has become even more complicated recently with new structures being put in place from 2020. Looking back at the 2018-2019 programme period, where figures are available, alcohol was mostly under the programme of Mental Health and Substance Abuse, that covers all of the Mental Health agenda, alcohol and the WHO engagement on illegal drugs and other addictive behaviours. This programme received 0.74% of the WHO budget in that two-year period and spent 38,2 million USD all together at all levels of the organisation. Of this the WHO HQ spent close to 19 million USD. No philanthropic funder contributed to this programme except for some tiny funding in Africa and South East Asia (USD 62.000). For comparison the Bloomberg Family Foundation alone provided WHO with 22,8 million USD, most of it through HQ (69%), towards prevention and control of Non Communicable Diseases and Violence and Injury prevention. (Alcohol is not included directly, but it may benefit from some of the activities, for example surveillance of risk factors for NCDs and traffic safety, but this will not include any internal transfers of funding).

” The Secretariat will provide support to Member States by:

- (a) promoting exchange of experience and good practice in financing policies and interventions to reduce harmful use of alcohol;
- (b) exploring new or innovative ways and means to secure adequate funding for implementation of the global strategy;
- (c) collaborating with international partners, intergovernmental partners and donors to mobilize necessary resources to support developing and low- and middle-income countries in their efforts to reduce harmful use of alcohol. ”

Global strategy paragraph 58

³⁵ WHO website: <http://open.who.int/2018-19/budget-and-financing/flow>

The Mental Health and Substance Abuse programme runs across three output areas, where one of them covers most of the alcohol work by WHO. It also includes the organisation’s work on illegal drugs and other addictive behaviours (gambling, gaming etc). Deliverables for outputs were listed as “Countries have technical capacity and policy development strengthened for expanding country strategies, policies and systems to increase coverage and quality of prevention and treatment interventions for disorders caused by alcohol, psychoactive drugs and addictive behaviours.” The work on this area also contributes to other output areas, for example where alcohol is a risk factor, but it does not necessarily imply any extra funding coming in. This output area was only funded with 71% of the 8.8 million USD budgeted³⁶ and WHO reports USD 5,9 million spent in total at country, regional and global level in 2018-2019.³⁷ Of this 3.1 million was spent at HQ including for staff and all activities – a little over 1.5 million per year to lead the global efforts to reduce the harmful use of alcohol and illegal drugs and other addictive behaviour. With a rough estimate that alcohol makes up at most two thirds of this, the total for alcohol at WHO HQ level is about 1 million USD a year. This is a very miniscule amount to meet the challenge of one of the major risk factors for ill health according to the Global Burden of Disease³⁸.

Countries have technical capacity and policy development strengthened for expanding country strategies, policies and systems to increase coverage and quality of prevention and treatment interventions for disorders caused by alcohol, psychoactive drugs and addictive behaviours

Org. Level	Budget		Total	Financing	Financing %	Expenditure
	Staff	Activity				
Headquarters	2.4M	1.1M	3.5M	3.2M	90%	3.1M
Regional	2.3M	794K	3.1M	1.7M	55%	1.7M
Country	172K	2M	2.2M	1.4M	63%	1.2M
Total	4.9M	3.9M	8.8M	6.2M	71%	5.9M

Figure 1 Output figures by level - from WHO website.

The sources of funding for the alcohol, drugs and addictive behaviour output area were 60% from assessed funding, 22% from Voluntary Specified contributions from Member States and the rest from other minor funding streams. Of the voluntary specified contributions only about 0.7 million went to HQ, mainly from Germany and Norway.

Just like there are no funders coming forward to support the alcohol portfolio in WHO, there are hardly any funders (government or private) willing to fund civil society efforts to address alcohol harm, either on the ground for community programs or for policy advocacy at the national or global level.

³⁶ WHO website: <http://open.who.int/2018-19/our-work/category/02/programme/02.002/about/key-figures>

³⁷ WHO website: <http://open.who.int/2018-19/our-work/category/02/programme/02.002/flow>

³⁸ GBD 2016 Alcohol and Drug Use Collaborators. The global burden of disease attributable to alcohol and drug use in 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet Psychiatry* 2018. [http://dx.doi.org/10.1016/S2215-0366\(18\)30337-7](http://dx.doi.org/10.1016/S2215-0366(18)30337-7)

Need for review of Global strategy and action plan before 2030

GAPA calls on Member States for a resolution in 2022 calling for an Expert Committee and/or review in 2024 of the Global strategy. The review/Committee should include consideration of the necessity and feasibility of an international legally binding instrument to reduce harm from alcohol.

The WHO EB decision 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 and this is too late. Waiting for another ten years could easily give the transnational alcohol corporations more time to expand their markets in LMICs with emerging economies. In these next 10 years, the alcohol industry will benefit from the existing and future economic agreements, continue its unregulated marketing in the digital world, using big data to identify and target potential and current alcohol users, and continue lobbying to prevent the uptake of effective policy³⁹. The alcohol issue is likely to return to the agendas of the WHO governing bodies (EB and WHA) for the adoption of the action plan in 2022. Member States should use this opportunity to request the Director-General for an earlier review of the Global strategy along with a report on the necessity and feasibility of an international legally binding treaty to reduce the harmful use of alcohol.

GAPA will participate constructively on the way forward

While GAPA will continue to advocate for an international control mechanism such as an FCAC, we will be working constructively with our civil society partners, Member States and WHO on accelerating actions to reduce alcohol harm. This includes active and constructive participation in the process outlined by WHO to implement the decision EB146(14) and present a draft action plan (2022-2030) to the 150th session of the EB in January/ February 2022.⁴⁰ In this two-year period GAPA will engage in the consultation process, with Member States, civil society and engage our own network to make sure that the most important aspects of the WHO Global strategy to reduce the harmful use of alcohol⁴¹ is maintained or strengthened in the action plan.

” Reporting on the implementation of the global strategy to Member States will take place through regular reports to WHO regional committees and the Health Assembly. Information about implementation and progress should also be presented at regional or international forums and appropriate intergovernmental meetings. ”

Global strategy, paragraph 69

” The Secretariat will provide support to Member States by: [...] ensuring that the WHO Secretariat has processes in place to work with nongovernmental organizations and other civil society groups, taking into consideration any conflicts of interest that some nongovernmental organizations may have; ”

Global strategy, paragraph 48. (h)

³⁹ Casswell, S. Rehm, J. Reduction in global alcohol-attributable harm unlikely after setback at WHO Executive Board. The Lancet. Vol 395 March 28, 2020

⁴⁰ WHO to accelerate action to reduce the harmful use of alcohol; Assignment given to the WHO Secretariat by the Executive Board. WHO Departmental News 28 March 2020. <https://www.who.int/news-room/detail/28-03-2020-who-to-accelerate-action-to-reduce-the-harmful-use-of-alcohol>

⁴¹ WHO Global Strategy to reduce the harmful use of alcohol. 2010. Resolution WHA63.13 <https://www.who.int/publications-detail/global-strategy-to-reduce-the-harmful-use-of-alcohol>