

Joint statement from GAPA and Vital Strategies regarding WHO consultation on the development of an action plan to strengthen implementation of the Global Strategy to Reduce the Harmful Use of Alcohol.

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On 16 November WHO released a Working document for development of an action plan to strengthen implementation of the Global Strategy to Reduce the Harmful Use of Alcohol. The document is [open for consultation until 6 December](#). Without a clear Action Plan, the Global Strategy will remain unrealized and the health and economic harms of alcohol consumption will remain high and continue to be an obstacle to achieving the Sustainable Development Goals. The following are three key points to strengthen the draft Plan, agreed by Global Alcohol Policy Alliance and Vital Strategies and offered for consideration for your own submissions.

Role of 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.

More regular reporting on implementation:

We are concerned about the 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, we recommend that the Director-General 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 at the latest to ensure there is no further delay to proportionately addressing any persistent barriers to progress identified through the course of the Action Plan.

Focus on best buys/SAFER

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 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 Global Alcohol Policy Alliance is a network of non-governmental organisations and people working in public health who advocate for effective alcohol policies, free from commercial interests. GAPA has regional alliances in eight regions of the world



Vital Strategies is an international public health organization. Our programs strengthen public health systems and address the world's leading causes of illness, injury and death. We currently work in 73 countries, supporting data-driven decision making in government, advancing evidence-based public health policies and mounting strategic communication campaigns. Vital Strategies' priorities are driven by the greatest potential to improve and save lives. They include cardiovascular health, tobacco control, alcohol policy, road safety, obesity prevention, epidemic prevention, overdose prevention, environmental health, vital statistics systems building and multidrug-resistant tuberculosis treatment research. Our programs are primarily concentrated in low- and middle-income countries in Africa, Latin America, Asia and the Pacific.

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