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

Executive summary

A web-based consultation was hosted by the World Health Organization (WHO) from 24 October 2019 to 4 November 2019 on the implementation of the global strategy to reduce the harmful use of alcohol since its endorsement in 2010. Member states, United Nations (UN) organizations and non-state actors were invited to submit their views on 1) the most important achievements, challenges and setbacks in the strategy's implementation; and 2) priority areas for future actions to reduce the harmful use of alcohol and strengthen implementation of the strategy.

A total of 189 submissions were received. They included 29 submissions from member states and governmental institutions, four from UN system and other intergovernmental organizations (IGOs), seven from academic institutions, 107 from non-governmental organizations (NGOs), and 42 from private sector entities.

Most member states and governmental institutions agreed that while the global strategy served as a basis for national alcohol policy, vested commercial interests have resulted in limited political will to implement or enforce policy. Notable priority areas for future action included fostering partnerships or networking; an international legally binding treaty or framework agreement on alcohol; and monitoring, surveillance and evaluation of interventions.

Similarly, most UN system and IGOs agreed that although the global strategy has provided guidance and support for initiatives to control alcohol use, there was a lack of data on the effectiveness of alcohol control measures and limited implementation of "best buys". Strengthening of intersectoral partnerships was an important priority for future action.

Academic institutions supported the view that despite some progress, the global strategy has had little impact on reducing alcohol use, possibly due to industry interference, sociocultural norms of alcohol use and low awareness of its harms. More efforts to restrict the industry's role in policy making; stronger support by WHO for member states in policy implementation; and better monitoring and evaluation of interventions were called for.

NGOs cited WHO's "best buys", SAFER initiative, global information system on alcohol and health, and forum for international networking as major achievements. Nonetheless, industry interference as well as trade and economic considerations have hindered progress in implementing "best buy" policies. The majority of NGOs supported a global treaty or legally binding framework for alcohol control. Other notable priority areas included excluding industry from policy making; addressing conflicts of interest; enhancing a multisectoral approach and coalitions; furthering resources to and support from WHO; and curbing alcohol marketing.

Private sector entities exclusively represented alcohol trade associations and social aspects organizations. Major achievements included an emphasis on harmful alcohol use, public-private partnerships, as well as co-regulatory and self-regulatory marketing approaches. An over-emphasis on "best buys" and resistance to industry collaboration were cited as challenges. Notable priority areas included the provision of flexible policy options; a "whole of society" and multisectoral

approach; enhanced industry participation in policy development; and the protection of vulnerable groups.

Overall, 78 submissions from all sectors except private sector entities indicated support for a global legally binding treaty to reduce the harmful use of alcohol, as proposed by the Global Alcohol Policy Alliance (GAPA). Such an instrument would potentially foster international cooperation, ensure the achievement of global and national targets for reduction of alcohol use and harm, denormalize alcohol use, curb alcohol industry interference, and counterbalance the effects of international trade and economic treaties on alcohol control policy.

Background

The WHO global strategy to reduce the harmful use of alcohol was negotiated and agreed by member states in 2010. The 72nd World Health Assembly in 2019 requested the WHO Director-General to "report to the 73rd World Health Assembly in 2020, through the Executive Board, 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." The WHO Director-General committed that the "report will be elaborated in full consultation and engagement with member states". To this end, the WHO Secretariat hosted a web-based consultation from 24 October 2019 to 4 November 2019 on a discussion paper (dated 21 October 2019). Member states, UN organizations and non-state actors were invited to submit comments through a dedicated webpage or by email using any of the six official WHO languages. All relevant contributions are published on the WHO website. This document provides a brief summary of the contributions received.

Methods

Organizations were asked to provide their responses to two questions at the end of the discussion paper:

1. What, in your organization's view, have been the most important achievements, challenges and setbacks in implementation of the WHO global strategy to reduce the harmful use of alcohol since 2010?
2. What, in your organization's view, should be priority areas for future actions to reduce the harmful use of alcohol and strengthen implementation of the global strategy to reduce the harmful use of alcohol?

Each organization was also requested to indicate:

- Type of organization
- Whether their organization was an economic operator in alcohol beverage production, distribution, marketing or sales, or if they received funding from such economic operators (for academic institutions, NGOs and private sector entities)
- Additional information
- Country
- Additional comments

Individual responses by type of organization are summarized in point form in the Appendix. Responses not in English have been translated using Google Translate. Due to the large volume of responses, this summary highlights common threads in multiple submissions. Relevant individual submissions are referred to using their assigned numbers in parentheses where appropriate.

Focusing on the priority areas for future actions, aggregate responses are grouped under the following headings according to section 4.2 of the discussion paper:

1. Public health advocacy, partnership and dialogue
2. Technical support and capacity building
3. Production and dissemination of knowledge
4. Resource mobilization
5. Others

Results

1. Member states and governmental institutions

A total of 29 submissions representing 25 member states was received. Fourteen of these member states belonged to EURO, followed by six from PAHO, two from AFRO, two from WPRO and one from SEARO. No member states from EMRO were represented. Fourteen member states were high-income economies, nine were upper-middle income, and one was low-income.[1]

One submission (12) explicitly mentioned that it reflected views of the alcohol industry.

Achievements

The global strategy has served as a basis for national alcohol policy or legislation, such as taxation, availability restrictions, marketing restrictions, and drink-driving laws. It has also ensured that alcohol has remained on the UN NCD and SDG agendas, as well as increased awareness of alcohol harms. Alcohol consumption has fallen in many countries, especially in Europe. Other achievements of the global strategy include improving monitoring and surveillance, and facilitating networking and exchange of experience.

Challenges and setbacks

There has been limited political will by some governments to implement policy or enforce legislation due to vested commercial interests. The lack of a legal framework has also led to disjointed action and industry interference. Other challenges and setbacks include inadequate resourcing or capacity by WHO, strong cultural norms of alcohol use, cross-border issues, illegal alcohol, and changing media environments for marketing.

Priority areas for future actions

a) Public health advocacy, partnership and dialogue

Eight submissions mentioned fostering partnerships or networking, and four submissions mentioned intersectoral work as a priority. Three submissions advocated for avoidance of industry involvement in policy development or establishing rules of engagement with the industry, while three submissions supported engagement of the industry or public-private partnerships. Seven submissions called for an international legally binding treaty or framework agreement, similar to the Framework Convention on Tobacco Control (FCTC), aiming to reduce industry interference in public policies.

b) Technical support and capacity building

Five submissions cited this area as a priority, specifically increasing resources for WHO to support member states in capacity building and monitoring implementation of policies.

c) Production and dissemination of knowledge

Seven submissions mentioned monitoring, surveillance and evaluation of interventions as a priority, and four submissions called for improving information and data collection on alcohol harms and policy implementation. Four submissions also supported enhancing communication strategies in advocacy. Two submissions requested WHO to clarify the terminology concerning “harmful use” of alcohol.

d) Resource mobilization

Two submissions supported increasing alcohol taxes, which could be used to fund health promotion initiatives.

[1] Cook Islands was not classified by the World Bank as it did not provide data on GNI per capita.

e) Others

Other priority areas included strengthening implementation of "best buys" (2, 3, 4, 7, 9, 11, 17, 20, 23, 24, 27), cross-border issues (1, 10, 24, 28), brief interventions and primary health care (2, 9, 20), catering to risk perception and cultural practices (3, 29), dealing with digital marketing (14, 23, 27), managing illicit alcohol (16, 29) and reducing alcohol use during pregnancy (23, 26).

2. UN system and other IGOs

A total of four submissions was received.

Achievements

The global strategy has provided guidance and support for national and local initiatives to control alcohol use, such as excise taxes and drink-driving legislation. The investment case in Armenia on NCDs has also directed its government to implement strategies reducing alcohol consumption. Other achievements include public-private partnerships and actions targeting illicit alcohol.

Challenges and setbacks

Lack of data on the relative effectiveness of alcohol control measures and limited implementation of "best buys" were challenges.

Priority areas for future actions

a) Public health advocacy, partnership and dialogue

Two submissions supported strengthening intersectoral partnerships. One submission called for WHO to provide leadership on the role of industry in policy making and another submission strongly recommended an international legally binding treaty on alcohol similar to the FCTC. One submission supported WHO to continue its forum for international networking.

b) Technical support and capacity building

One submission supported enhancing WHO's resources to provide technical support to member states.

c) Production and dissemination of knowledge

One submission suggested building evidence on interventions other than the "best buys" and to advance methodology of investment cases to include additional interventions.

d) Resource mobilization

Not available

e) Others

One submission supported addressing the illicit alcohol trade.

3. Academic institutions

A total of seven submissions was received. None reported involvement with the alcohol industry.

Achievements

The global strategy has had limited effect on reducing alcohol use. Although some progress has been achieved, implementation has been slow and reduction in health inequalities limited.

Challenges and setbacks

There have been inconsistent actions by government, possibly due to vested interests or industry interference, coupled with sociocultural norms of alcohol use and low awareness of its harms. Other challenges or setbacks include social media or cross-border marketing, limited impact of community actions or interventions delivered at the local level, persistent health inequities, and difficulties in gathering data to monitor the effectiveness of interventions.

Priority areas for future actions

a) Public health advocacy, partnership and dialogue

Two submissions mentioned increasing awareness of alcohol harms as a priority. Three submissions called for more efforts to restrict the industry's role in policy making and two requested WHO to provide guidance for member states in addressing conflicts of interest with the alcohol industry. Two submissions advocated for an international legally binding treaty for alcohol control, similar to the FCTC.

b) Technical support and capacity building

Three submissions requested stronger political will by WHO to provide further support to member states in policy implementation.

c) Production and dissemination of knowledge

Three submissions cited monitoring and evaluation of interventions, and two submissions called for improving data collection and research methods. One submission requested WHO to avoid using the term "harmful use" of alcohol.

d) Resource mobilization

One submission suggested a global impost (tax) on alcohol and evaluation of minimum unit pricing policies.

e) Others

One submission suggested enhancing professional training and medical insurance for alcohol-related disorders. Another submission mentioned managing online marketing as a priority.

4. NGOs

A total of 107 submissions was received, of which 27 identical submissions represented the views of IOGT International[2] and six identical submissions represented the views of the West African Alcohol Policy Alliance (WAAPA)[3]. Nine submissions specifically supported the Global Alcohol Policy Alliance's call for a global legally binding treaty on alcohol control.[4] One submission (25) reported funding by the alcohol industry.

Of the 107 NGOs represented, 37 were based in EURO, followed by 26 in AFRO, 13 each in PAHO and WPRO, 12 in SEARO, and two in EMRO. The remaining four were international NGOs.

Achievements

While the global strategy has failed to substantially reduce alcohol harms overall, it has provided a framework for national strategies and raised awareness on alcohol harms. Major achievements include the "best buys" and SAFER initiative, the WHO global information system on alcohol and health, and the WHO forum for international networking.

Challenges and setbacks

There has been a lack of progress in adopting the "best buys", potentially due to low awareness of alcohol harms among decision makers and alcohol industry interference. Public-private partnerships, industry self-regulation and WHO's absence of a clear stance on industry involvement are symptomatic of the alcohol industry's influence. Other challenges include the lack of a legally binding framework, lack of resources at WHO, inadequate monitoring and surveillance, persistent inequities, and the stigma surrounding drinking.

The lack of policy implementation has given rise to increasing availability and affordability of alcohol. Failure to counter the alcohol industry and its activities, continued expansion of the industry, as well as trade and economic considerations are also contributing factors. Other setbacks include inadequate public health advocacy and knowledge production.

Priority areas for future actions

a) Public health advocacy, partnership and dialogue

A total of 68 submissions, including those by IOGT International and WAAPA, supported a global treaty or legally binding framework for alcohol control, as proposed by GAPA. It was suggested that such an instrument could help to foster international cooperation, ensure the achievement of global and national targets for reduction of alcohol use and harm, denormalize alcohol use, curb alcohol industry interference, and counterbalance the effects of international trade and economic treaties on alcohol control policy. In addition, 33 submissions supported excluding industry from policy making, 14 called for addressing conflicts of interest, and two supported monitoring for industry interference. Nineteen submissions mentioned enhancing a multisectoral approach and coalitions, and three advocated for an area-based or community approach. IOGT International supported a "harm to others" perspective and human rights approach in advocacy. They further suggested that more ambitious targets be set and a "world no alcohol day" be established, the latter of which was echoed by two other submissions.

b) Technical support and capacity building

A total of 42 submissions, including those by IOGT International and WAAPA, called for increasing resources to WHO and more support from WHO. Sixteen submissions mentioned curbing marketing,

[2] See submission (56): response by IOGT International

[3] See submission (105): response by West African Alcohol Policy Alliance (WAAPA)

[4] See submission (33): response by Global Alcohol Policy Alliance (GAPA)

particularly in digital media, as an area where support is needed. IOGT International also called for the global strategy to be updated with more recent developments, a WHO expert committee and separate joint global initiative for alcohol taxation to be established, as well as more frequent forums or conferences to be held. Three submissions suggested increasing youth participation in policy development, and two suggested that alcohol-related harms should be included in the medical curriculum.

c) Production and dissemination of knowledge

Three submissions cited the need for better data, while eight submissions mentioned monitoring and evaluation as a priority. Regarding knowledge dissemination, 12 submissions suggested enhancing health literacy and awareness through health promotion and education, five called for product labelling and health warnings, and four mentioned sharing of expertise, e.g. through case studies. IOGT International and three other submissions also suggested rethinking the concept of "harmful use".

d) Resource mobilization

Nine submissions supported the use of taxes or pricing policies, e.g. a levy to fund alcohol treatment. Minimum unit pricing was specifically mentioned in three submissions.

e) Others

Four submissions urged for the adoption of "best buys". Ten submissions advocated for a focus on young people and women as vulnerable groups, and two submissions supported preventing drink-driving. Two submissions suggested a ban on serving alcohol at official functions.

5. Private sector entities

A total of 42 submissions were received, including 34 from alcohol trade associations and eight from social aspects organizations. All reported economic ties to the alcohol industry.

Achievements

Globally the harmful use of alcohol has decreased. Notably, the alcohol industry has collaborated with government and civil society to reduce harmful alcohol use through campaigns promoting responsible consumption, preventing drink driving and reducing youth consumption. These marketing objectives have been achieved through various co-regulatory and self-regulatory programmes. Other achievements by the industry include the establishment of national private sector groups and alliances, increasing consumption of higher priced products, enhanced professional training and product labelling.

Challenges and setbacks

Alcohol use is deeply embedded in tradition and harmful use is not widely understood. There has been little change in old regulations, over-emphasis on "best buys", excessive tax increases and weak implementation or enforcement of laws. Industry collaboration with WHO and academia has also been met with resistance. Other challenges and setbacks include informal alcohol, the use of digital technology, gaps in data and persistent health inequalities.

Priority areas for future actions

a) Public health advocacy, partnership and dialogue

In total 20 submissions mentioned the protection of vulnerable groups (including youth, pregnant women and the elderly) as a priority. Seventeen submissions prioritized promoting moderate consumption and responsible drinking, and five referred to preventing drink-driving and promoting road safety. In addition, 14 submissions called for WHO to focus on harmful alcohol use and its indicators, instead of alcohol consumption per se. Eighteen submissions urged for a larger role of

economic operators in policy development, working collaboratively with WHO and enhancing public-private partnerships. Fifteen submissions reiterated the importance of a "whole of society" and multisectoral approach to alcohol control, with more room for industry participation, and three suggested more explicitly referencing the UN Political Declaration on NCDs. Eighteen submissions called for WHO to provide a menu of flexible policy options that can be adapted to the national context, accounting for cultural and regulatory differences between settings.

b) Technical support and capacity building

Ten submissions called for improving co-regulatory and self-regulatory frameworks for responsible advertising and promotion. Two submissions proposed the development and sharing of best practices.

c) Production and dissemination of knowledge

Eleven submissions mentioned the need for better data on alcohol consumption patterns, and eight emphasized monitoring and evaluation of interventions as a priority. As regards dissemination of knowledge, 12 submissions supported enhancing consumer awareness and the enabling of informed decisions by consumers, e.g. via product labelling and health education.

d) Resource mobilization

Two submissions suggested modifying alcohol taxation, one of which mentioned that tax policies should encourage "premiumisation" or consumption of higher priced products. Three submissions highlighted the potential use of innovative technology to promote products, and six pointed to the use of e-commerce and digital marketing as opportunities.

e) Others

Eight submissions proposed a shift to no-alcohol and low-alcohol beverages as a means to reduce harmful use. Ten submissions called for the management of illicit alcohol or illegal substances as alternatives.