

Global Alcohol Policy Alliance
Response to WHO's Global alcohol action plan (2022-2030) to strengthen
implementation of the Global Strategy to Reduce the Harmful Use of Alcohol
– Second Draft
11 November 2021

Key Points

1. Enhance protection against industry interference

- 1.1 The proposed “measures” for economic operators 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 minimised.
- 1.2 In accordance with the Framework for Engagement with Non-State Actors (FENSA), WHO should clarify how it 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 regularly on the **WHO register of non-State actors. Details of any meetings** held should be made publicly available, including records of participants, meeting costs, discussion topics and actions included. WHO should also clarify whether these dialogues will cover alcohol **marketing** – ref paragraphs 35 and 50 and Action area 3, Action 6 for WHO Secretariat.
- 1.3 More than guidance on “management of conflict of interest in policy design and implementation, “**guidance to Member States** is specifically needed on how they can **protect alcohol policy development, implementation and evaluation from alcohol industry interference**. Ref. Action area 1, Action 3 for WHO Secretariat.
- 1.4 In line with WHO’s “best buys” and the SAFER initiative, the action plan should clearly recommend **total bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion including digital marketing and alcohol brands/ logos/company names associated with all forms of charitable and other PR activities, including corporate social responsibility initiatives, as actions for Members States and priority actions for WHO Secretariat** going substantially further than a proposed measure for economic operators to contribute to the elimination of marketing to minors and other “high-risk groups” by the alcohol industry under Action area 1.
- 1.5 **Public relations initiatives**, often called **corporate social responsibility (CSR)**, are commonly used by the alcohol industry, including education, research, drink driving prevention campaigns, policy involvement and the policies from social aspects organizations. The action plan should identify the **full range of public relations/CSR initiatives** which identify the corporate or brand logo in any way as a form of **marketing and policy interference** by the alcohol industry. These

initiatives should be included as a measure that may “prevent, delay or stop the development, enactment and enforcement” of SAFER interventions under Action area 1. This should take into consideration identification of the role of private sector influence in the recent WHO Factsheet on the commercial determinants of health¹

2. Report regularly on implementation to the World Health Assembly

- 2.1 To prevent the sunseting of reporting requirements, the action plan should clearly outline the need for **biennial reporting** to the World Health Assembly (WHA) on the **progress of its implementation**, at least for the duration of the action plan (2022-2030). This should be included in the action, for example as a new paragraph 37 and as a specific new action for the WHO Secretariat.
- 2.2 How **international partners, civil society organizations and academia** could contribute to such reporting should be clarified and agreed upon prior to implementation of the action plan.

3. Strengthen the role of the “best buys”

- 3.1 For consistency with the “best buys” and the SAFER initiative, Action area 1 should **highlight implementation of the “best buys”**, and specifically mention:
 - a) increasing excise taxes on alcoholic beverages;
 - b) enacting and enforcing bans or comprehensive restrictions on exposure to alcohol marketing including digital marketing; and
 - c) enacting and enforcing restrictions on the physical availability of alcohol.
- 3.2 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”.
- 3.3 Reinsert language about “... cost effective interventions summarized in the SAFER technical package, is key for successful achievement...” under Key Areas for Global Action (page 14) and similarly reinstate the list of SAFER Policy options under the introduction to Action area 1.
- 3.4 Remove the inserted “*as well as other interventions that will be proven to be cost-effective based on upcoming evidence*” in Action area 1, Action 1 for MS (line 526). In this context it is contributing to the obfuscating the main point of this action and is only casting doubt on the validity of the SAFER measures and the Best buys. See also comment 8.1 below. Mention of the need to consider emerging evidence on cost effective measures is sufficiently covered in the introduction of Action area 1, (line 514).

¹ WHO Commercial Determinants of Health Factsheet: <https://www.who.int/news-room/factsheets/detail/commercial-determinants-of-health>

4. Initiate interagency project on cross-border marketing

4.1 To achieve effective restriction of cross-border alcohol marketing, WHO should initiate and lead an **interagency project** with input from national technical counterparts, academia and civil society to examine the implications of digital media platforms and e-commerce for governments' regulatory options. Ref Action area 3, Action 2 for the WHO Secretariat; and Action area 4, Action 4 for the WHO Secretariat;

5. Expand terms of reference for the WHO Expert Committee

5.1 We welcome that the terms of reference for the WHO Expert Committee on Problems Related to Alcohol Consumption includes providing **recommendations on the way forward**. This is in line with the WHA's decision 72(11) in 2019 asking the 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". The "as needed" should be removed so as not to delay the reconvening of the Expert Committee. (Action area 4, Action 10 for the WHO Secretariat)

6. Support target 1.2 – 20% reduction in alcohol per capita consumption

6.1 In line with the WHO triple billion aims, the goal of the action plan to considerably reduce morbidity and mortality due to alcohol use and in view of the present level of health harm from alcohol, we support the suggested Global target 1.2 of at least a 20% relative reduction in alcohol per capita consumption by 2030. This target should be guidance for the implementation of the action plan and its achievement requires adequate funding, a focus on equity, and effective implementation of the best buys policy options.

7. Increase financial and normative support to reduce global inequity in alcohol harm

7.1 As high-income countries have become alcohol saturated 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. LMICs have called on WHO for a stronger global response and for support to build capacity at national level. 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 implement SAFER including protection against conflicting interests of the industry and other actors. Investigation of the need for a stronger global response by means of a global treaty on alcohol controls is needed.

7.2 GAPA welcomes the new Action 7 under Action Area 3 which calls for WHO to convene permanent dialogue with civil society, supporting coalition building and

strengthening capacity of civil society organizations to advocate and lobby for effective measures to reduce the harmful use of alcohol.

- 7.3 GAPA suggests that in the 'Proposed actions for international partners and non-State actors' under Action area 6 this should include a request/invitation to philanthropic institutions to provide funding for evidence-based advocacy and capacity building in the alcohol field comparable to that provided for tobacco.