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GAPA Key Points for the 75th World Health Assembly discussion

DRAFT ACTION PLAN (2022–2030) TO EFFECTIVELY IMPLEMENT THE GLOBAL STRATEGY TO REDUCE THE HARMFUL USE OF ALCOHOL AS A PUBLIC HEALTH PRIORITY

The draft WHO Alcohol Action Plan to be discussed at the 75th World Health Assembly (WHA) was recommended for adoption by the WHO Executive Board meeting ([EB150](#)) in January 2022 as contained in Appendix 1 to Annex 8 of the report on the NCD agenda item (document [EB150/7 Add.1](#)). It was one of 10 different items included in one decision under the Non-Communicable Disease (NCD) package.

Given its bundling into the NCD suite of documents and the recommendation from the EB to adopt the Alcohol action plan **Member States may refrain from proposing amendments to the text of the action plan and also from proposing additional points for the resolution/decision**. If, however, the matter is opened for negotiations in intersessional meetings or in the WHA, GAPA wants to ensure the opportunity is used to address some shortcomings of the present text and recommends promoting:

- regular reporting to the WHA,
- strengthening support for Member States to manage interference in policy making by the alcohol industry,
- protecting recommendations for the Best Buy alcohol policies and the WHO SAFER measures, and
- reinstating the target of a 20% reduction in alcohol per capita consumption (APC) by 2030.

1. Regular reporting

The adoption of the Alcohol Action Plan with no requirement for reporting to the WHA until 2030 will not guarantee acceleration of action to reduce the alcohol harm. Accelerating action was the purpose of the WHO Executive Board decision [EB146\(14\)](#).

At WHA 2022 Member States should ensure accountability and opportunity for more discussion and for alcohol to be on the WHA agenda before 2030. To this end, an important goal is to have regular reporting of the Member States' progress towards implementation of the action plan. Hence GAPA proposes Member States interventions would raise the need for more regular reporting and in any negotiations that could happen to ensure the inclusion in the WHO Alcohol Action Plan or in a Decision or Resolution operational paragraphs that:

- request Member States, in collaboration with civil society, monitor and report on the implementation of the Global Alcohol Action Plan, and
- request the Director-General to report biennially to the WHA on the status of implementation of the Global Alcohol Action Plan.

This is in line with Article 62 of the WHO Constitution which requires reporting on recommendations from member states:

Article 62: Each Member shall report annually on the action taken with respect to recommendations made to it by the Organization and with respect to conventions, agreements and regulations.

And in line with the precedent set by Article 11 of the International Code on Marketing of Breast Milk Substitutes.

2. Strengthen support for Member States to manage interference in policy making by the alcohol industry

- a) There is a fundamental and irreconcilable conflict of interest between the commercial and other vested interests of the alcohol industry's primary objective to sell more of its products and public health interests. While the Alcohol Action Plan acknowledges the role of industry as a major barrier to progress in alcohol policy development and points to "Protection from commercial interest" as one of the Operational principles, it is undermined by the inclusion of measures for industry across every Action Area of the action plan.

If the text is opened up for discussion GAPA proposes for inclusion:

"The Secretariat shall develop specific guidance to Member States on how to protect alcohol policy development, implementation, and evaluation from alcohol industry interference."

- b) The draft action plan conveys conflicting messages in that it points to the harmful marketing practices of the industry while recommending self-regulatory measures, which are known to be ineffective.

If the text is opened for discussion GAPA proposes:

- 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.
 - Removing reference to "self-regulatory measures on marketing and advertising" (Action Area 2 - Proposed measures for economic operators in alcohol production and trade). Also, similar references to self-regulatory and co-regulatory measures in Action Area 3 should be removed.
- c) Trade and Investment agreements are used by the industry to suggest governments should not take steps to implement effective alcohol policy. Even when this is not accurate it may have a 'chilling effect' on governments' willingness to adopt good policy.

GAPA proposes consideration of this issue in the current Alcohol Action Plan should remain included without amendments (Action area 2, Action 9 for WHO Secretariat):

"Facilitate dialogue and information exchange regarding the impact of international trade, including the marketing of alcoholic beverages, as well as trade agreements on health and alcohol-attributable health burdens; advocate for appropriate consideration of these issues by parties in international trade negotiations; and seek international solutions within WHO's mandate if appropriate actions to protect the health of populations cannot be implemented."

3. Strengthen the role of the Best Buys

The Best Buy policy options as identified in Annex 3 of the NCD Global Action Plan have strong evidence of effectiveness. Evidence of effectiveness in LMICS has increased. Action Area 1 should highlight implementation of the Best Buys, and specifically mention:

- Increase and adjust excise taxes on alcohol products to reduce affordability.
- 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 alcohol.

4. Target 1.2 – 20% reduction in alcohol per capita consumption

In the 1st draft, the target was for a 20% reduction in alcohol per capita consumption (APC) by 2030 (page 15). Since the second draft, it has changed to a 20% reduction in “harmful use of alcohol”. APC is the strongest measure well accepted in the research community and would be preferable to a composite target which is now in the action plan. GAPA strongly supports returning to the target of a 20% reduction in APC, but as a minimum the present element of alcohol per capita consumption in the composite indicator needs to be protected.

5. Other GAPA concerns

During the drafting process some key points have been promoted by GAPA, and on these the following observations can be made:

- **Initiate an interagency project on cross-border marketing**
Cross border marketing of alcohol was a key concern of the EB146 which also asked for a technical report on that topic (EB146(14)). The full technical report has not yet been published but a [summary](#) is available
- In the draft Alcohol Action Plan, as a minimum, present wording needs to be protected:
 - Action Area 1, Action 5 for WHO Secretariat: “Promote and support international collaboration in addressing cross-border alcohol marketing, advertisement and promotion, with a focus on the public health risks associated with new cross-border marketing practices.”
- **Terms of reference for the WHO Expert Committee**
The wording on the Expert Committee (Action Areas 4, Action 11 for WHO Secretariat) has improved since the 2nd draft and the present wording, which provides a broad mandate for investigation of effective ways forward to reduce alcohol harm, should be protected.
- **Increase financial and normative support to reduce global inequity in alcohol harm**
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 WHO Global Alcohol Strategy in place. LMICs have called on WHO for a stronger global response and for support to build capacity at the national level.
- **GAPA requests WHO and Member States to place the need of assistance for LMICs in stemming the tide of alcohol to the forefront of the action plan.** Member States need to protect the following two Actions:
 - As a minimum Action Area 6, Action 2 for Member States “Consider, when appropriate in national contexts, the development and implementation of earmarked funding or contributions from alcohol tax revenues [...]” needs to be protected.
 - Action 5 under the same action area: “Participate in and support international collaboration to increase the resources available for accelerating implementation of the global strategy and action plan to reduce the harmful use of alcohol and support provided to low- and middle-income countries in developing and implementing high-impact strategies and interventions.” This Action also needs to be protected and implemented.