

Submission by the Global Alcohol Policy Alliance to the web-based consultation (10-16 May 2018)

## WHO Independent High-level Commission on NCDs draft report

The Global Alcohol Policy Alliance<sup>1</sup> (GAPA) appreciates the opportunity to comment on the above draft report of the WHO Independent High-level Commission. Having reviewed the draft report, we commend the work of the Commission and submit the following comments.

The Commission in the outset recognises the lack of global progress in combating NCDs (paragraph 1). This underlines the urgency to step up interventions to prevent and control NCDs in order to meet the targets set for 2030.

Harmful use of alcohol is recognized as one of the four major modifiable risk factors driving the rise in Non-communicable diseases worldwide. Addressing the risk factors is paramount in preventing and controlling NCDs. Without successful prevention, the burden on the health systems and the cost to society at large will be too big to cope with, particularly in low and middle income countries where NCDs are a major challenge.

Our comments follow the headlines of the Commission's report:

### Challenges to implementation

This section points out that the policies of the health sector are sometimes at odds with the interest of trade, agriculture and industry, as are economic, market and commercial factors (paragraph 29). It goes on to identify the *“lack of political will and capacity to overcome the economic, market and commercial factors that contribute to the burden of NCDs.”* (Second bullet, paragraph 30). These are important observations, but GAPA wants to underline that the commercial determinants of health – the commercial interests of the alcohol industry among them – is a driving force for increased harm and something that needs to be regulated in order for progress be made for health and development. We would propose that this is emphasised more strongly in the report.

### Rationale for the recommendations

The principles set out by the Commission are important and it needs to be underlined that management of conflict of interest (paragraph 32) will be essential for countries to curb the

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<sup>1</sup> The Global Alcohol Policy Alliance is a network of non-governmental organisations and people working in public health agencies who share information on alcohol issues and advocate evidence-based alcohol policies, free from commercial interests.

increasing NCD burden. The commission also rightly points to the identified “best buys” for prevention and control of NCDs and these should again be highlighted.

## **Recommendations**

The Commission sets out that the NCD agenda must be firmly placed on the path to UHC (paragraph 35). In doing so it is important to note that no health system can cure their way out of the NCD epidemic. It is essential to implement effective preventive policy measures to take the burden off the health system.

In recommendation 1 the Commission identifies a small set of priorities. It lists two preventive and three treatment actions (a) and list additional interventions that countries should also work towards (b). Neither of the lists includes any interventions related to alcohol policy measures. Implementing such measures is essential to make meaningful progress and should be inserted in the list. We propose a new point after tobacco control:

- 2) Implement best buys alcohol control policies

## **The private sector**

In line with the Political Declaration from the UN High Level Meeting in 2011 the alcohol industry is not mentioned as one where interaction can lead to progress in reducing NCDs. This is appropriate considering the fundamental conflict of interest of this industry sector. In paragraph 39 it is still mentioned that *“governments should employ their regulatory and legislative powers”*. This is a relevant point and should be brought out as a stand-alone message, not only in the contexts of *“when engagement with the private sector fails to contribute to the achievement of public health goals”* and *“especially critical for children in today’s food environment”*.

## **Financing**

Early in the draft report the Commission points to the Lancet Task Force on the Economics of NCDs (para 9) and in line with the papers from that Task Force recommends *“Increase prices and taxes on tobacco and alcohol”* – Recommendation 3, a), 2) This is an important recommendation following on from the clear message from the Task Force that these measures are not only effective, but also have a positive effect on health equity.

Since many cities and municipalities around the world are tasked with regulating alcohol availability, one of the best buys for alcohol policy control, it would be appropriate to include alcohol control also on the list 3. b).

GAPA welcomes the proposal in 3.c) 3) to *“Explore the establishment of a Global Solidarity Tobacco and Alcohol Contribution as a voluntary innovative financing mechanism for the prevention and treatment of NCDs.”* This would add to the positive effects of increasing prices and taxation and would in addition contribute to the international financing of efforts to combating NCDs. It is not clearly stated in the Commission’s report who would make the voluntary contributions, but we consider it obvious that this would not come from the tobacco and alcohol industries.

## Final point

Finally we want to take up one element that is missing from the report. The report from the Technical consultation in Geneva 21-22 March 2018 draws up some “Bold and innovative recommendations” (page 5). Among them is to “*Explore the potential for new Framework Convention(s) (in particular Childhood Obesity, Alcohol, Health-harming Industries) following the encouraging experience of the WHO FCTC*”. These perspectives are missing in the Commission’s report. GAPA is of the opinion that bold and innovative steps need to be taken to make an impact in the prevention of NCDs. As such there is a need for an international convention on alcohol control. It would be a bold and innovative step for the Commission to put this on the Global health agenda.

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