



Key advocacy points from the Global Alcohol Policy Alliance (GAPA) in response to the Zero Draft Political Declaration of the 4th UN High Level Meeting on Non-communicable diseases and mental health, September 2025 (UNHLM on NCDs)

30.06.2025

The negotiations towards a Political Declaration of the 4th UN High Level Meeting on Noncommunicable diseases and Mental Health will progress through July 2025. These proposed comments and suggestions from the Global Alcohol Policy Alliance (GAPA) refers to specific sections of the Zero Draft document but with relevance for later iterations as well.

GAPA Policy Position

The upcoming Fourth United Nations High Level Meeting on Non-Communicable Diseases and Mental Health (HLM4) will follow those held in 2011, 2014 and 2018. When High Level officials from Member States convene in New York in September there is an urgent need for action to reduce the global burden of NCDs and Mental Health.

In the outset GAPA issued a set of [policy recommendations](#) for the HLM4:

- GAPA requests that the HLM should result in the approval of a forward-looking, concise, and action-oriented outcome document with specific, measurable commitments that boost NCD investment and accelerate action on NCDs by strengthening their integration with other global health agendas and across the Sustainable Development Goals.
- GAPA requests Member States to address conflicts of interest in the development of the outcome document and ensure that alcohol policy development is free from industry influence of commercial actors and prioritises public health.
- GAPA requests Member States' commitment to implementing the WHO Global Alcohol Action Plan, specifically the cost-effective alcohol policy measures identified in the NCD Global Action Plan and the WHO SAFER alcohol policy initiative.
- GAPA requests Member States to place the need of LMIC for assistance developing sustainable alcohol policy to the forefront of the outcome document while also acknowledging the importance of alcohol policy in mature markets to reduce alcohol harm world-wide.
- GAPA requests Member States to weigh the financial costs from alcohol harm in making policy decisions and consider use of protective clauses in trade and investment agreements to enable governments to implement 'best buys' regulations.

GAPA also supports the positions promoted by the NCD Alliance in response to the proposals of Member States in the second compilation text regarding the need to retain the language about 'commercial determinants of health' and 'conflict of interest' as will be reflected in the specific proposals below.

Alongside the NCD Alliance we:

"support a systemic approach to NCD risks that focuses on social, economic, commercial, and environmental determinants of health, as recognised by the current document. We urge Member States to retain the term commercial determinants of health in the Political Declaration as proposed by many blocs, bringing awareness to the impact that commercial actors and activities can have on health, and the need to address negative impacts, compared to wider economic considerations that have an impact on health, such as income inequities, revenue taxation models, or austerity measures.

The Political Declaration must remain consistent by recognising how systemic drivers of NCDs, such as socioeconomic status, food systems, harmful commercial marketing practices, structural discrimination, and other factors, shape and restrict individual choices. We therefore urge additional recognition and commitments to address these population-level drivers, rather than using language attributing risk factor trends to individuals' "lifestyles."

We also urge Member States to replace the term "harmful use of alcohol" with "alcohol use," reflecting the findings of scientific research that there is no safe level of alcohol consumption. Even moderate consumption has been associated with a wide range of NCDs."

As the negotiations of the Draft Political Statement are ongoing between UN Member States, GAPA wants to bring the following specific issues to their attention

Feedback on ZERO draft from GAPA

Positive aspects:

There are many very positive aspects to the Zero Draft document and GAPA applauds the work done to prepare the Zero Draft.

- Reference to strong, updated evidence endorsed by the World Health Assembly for the 'Best Buys'
- Recognition of global inequity due to lack of policy in Low- and Middle-Income countries (LMICs) and INS
- Recognition of the need for co-ordinated action across different sectors in countries and across countries

- Commitment to increase taxation on alcohol
- Commitment to reduce harmful use of alcohol by: (i) banning or comprehensively restricting exposure to alcohol (ii) restricting the physical availability of retailed alcohol; and (iii) enacting and enforcing drink-driving laws,
- Recognition of the need for functioning health systems to prevent, screen, diagnose, treat and care for people living with NCDs

While we encourage Member States to maintain these important elements in the draft Political Declaration, we are however concerned about the lack of specific targets for alcohol as well as the lack of current status of alcohol consumption and harm in the document. In our specific feedback and suggestions below highlight these and recommend strengthening these gaps.

Aspects of Zero draft in need of improvement:

- There is no data provided or used on the alcohol attributable burden of disease on NCDs
- There is a lack of detailed statistics on alcohol use prevalence and harm
- There are no clear objectives for addressing alcohol harm as is the case for tobacco control and unhealthy food
- There is insufficient attention given to the commercial determinants of health, particularly in relation to alcohol
- The Global Alcohol Action Plan is not referred to in the document nor is there a comprehensive list of actions that will be taken to address alcohol control
- There is no commitment to work towards a global legally binding treaty to reduce alcohol harm

We request Member States to rectify these shortcomings during their development of the document through the negotiation process.

Specific feedback to sections and paragraphs in Zero draft:

The following comments relate to specific sections and paragraphs of the zero draft or relevant passages of later iterations of the document.

Paragraph 7: Recognize that the main modifiable risk factors are environmental, behavioural and metabolic, are largely preventable, and require cross-sectoral actions to be addressed.

Zero draft page 2

GAPA suggestion – add and change sequencing to ‘risk factors are structural, commercial, environmental, behavioural and metabolic, are largely preventable, and require cross-sectoral actions to be addressed.’

Paragraph 8: Emphasize with concern that globally there are: (1)1.3 billion tobacco users; 1.3 billion adults living with hypertension...

Zero draft page 2

GAPA suggestion – add more detail on alcohol harm and its causes comparable to tobacco and unhealthy food.

Paragraph 10: Recognize that noncommunicable diseases, mental health conditions and their underlying risk factors and determinants, including the environments where people live, work and play, affect people of all ages, including children and adolescents, and recognize that currently 54% of the world's population live in cities and this is expected to rise to 68% by 2050.

Zero draft page 2

GAPA suggestion: add to paragraph 10: Recognize the importance of the four risk factors for NCDs and the need for the supply and promotion of health harming products: tobacco, alcohol and unhealthy food to be regulated in line with the Best Buys to reduce harm.

Paragraph 16: Acknowledge that all stakeholders share responsibility and can contribute to creating an environment conducive to preventing and controlling noncommunicable diseases and promoting mental health and well-being and recognize the need to bring together governments, civil society and the private sector.

Zero draft page 3

GAPA suggestion: add... 'and the private sector taking due regard to conflict of interest, to mobilize all available resources, as appropriate, for the implementation of national responses. Acknowledge the behaviours of commercial actors which drive harm from alcohol, tobacco and unhealthy food and the reasons to exclude them from multi-sector stakeholder engagement in view of the conflict of interest.

Paragraph 19: Acknowledge that there are evidence-based interventions for preventing, screening, diagnosing, treating, and caring for people with noncommunicable diseases¹ and

¹ [Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases, second edition. Geneva: World Health Organization; 2024.](#)

mental health conditions,² while also acknowledging that scarce resources means Member States must prioritize the most cost-effective, affordable and feasible interventions, and those delivered at community and primary health care level;

Zero draft page 3

GAPA suggestion: add 'Member States must prioritize the most cost-effective, affordable and feasible interventions, including government policies and those delivered at community and primary health care level;

Paragraph 20: Acknowledge further that investing in the World Health Organization 'Best Buys' between now and 2030 will save close to 7 million lives, further result in 50 million additional years of healthy life, and that these outcomes can be achieved with a return on investment of at least US\$7 by 2030 for every US\$1 spent, which would result in more than US\$ 230 billion in economic benefits;

Zero draft page 3

GAPA suggestion: add to this or as a separate paragraph: ' Recognizes and signals greater awareness of the difficulties countries face in putting in place the Best Buy policies in the face of the efforts of commercial actors to prevent these being adopted and that many countries have asked for greater support and guidance in managing conflict of interest on the part of stakeholders.'

Paragraph 21: Recognize that obesity is largely driven by unhealthy food environments and lack of physical activity, and that there has been no progress to stem the rate of overweight in children under 5 years of age in nearly 20 years; the number of children currently affected is 35 million;

Zero draft page 4

GAPA suggestion: add to this, or as a separate, paragraph: 'Recognize that alcohol harm is largely driven by the affordability, ubiquitous supply and marketing of commercial alcohol products and countries in economic transition are especially subjected to this and alcohol harm is high.

Paragraph 24: Recognize that cost-effective and affordable population level interventions to prevent noncommunicable diseases are available and require leadership, political commitment, action, and coordination beyond the health sector;

Zero draft page 4

² [Mental Health Gap Action Programme \(mhGAP\) guideline for mental, neurological and substance use disorders. Geneva: World Health Organization; 2023.](#)

GAPA suggestion: add '.....require leadership, political commitment, action, coordination beyond the health sector and management of conflicts of interest among commercial actors;

Paragraph 25: Fast-track progress on noncommunicable diseases and mental health over the next five years, focusing on tobacco control, preventing and scaling up effective treatment of hypertension and improving mental health care, with the aim to achieve the following global targets: by 2030, 150 million less people are using tobacco, 150 million more people have hypertension under control, and 150 million more people have access to mental health care;

Working document page 4

GAPA suggestion: add 'Fast-track progress on noncommunicable diseases and mental health over the next five years, focusing on tobacco and alcohol control, preventing and scaling up effective treatment of hypertension and improving mental health care, with the aim to achieve the following global targets: by 2030, 150 million less people are using tobacco, Alcohol per capita consumption reduced by 20% in line with SDG targets , 150 million more people have hypertension under control, and 150 million more people have access to mental health care;

To reach these targets and deliver on our commitment to prevent and control noncommunicable diseases and promote mental health and well-being, we will:

Zero draft page 4

Create health-promoting environments through action across government

Zero draft page 4

GAPA suggestion: add 'Create health-promoting environments through implementation of evidence based public health policies, regulation of harmful products, and action across government

Paragraph 27: Enact within national and, where relevant, regional contexts legislation and regulation and take action to:

e) reduce harmful use of alcohol by: (i) banning or comprehensively restricting exposure to alcohol advertising; (ii) restricting the physical availability of retailed alcohol; and (iii) enacting and enforcing drink-driving laws;

Zero draft page 4

GAPA suggestion: add reduce harmful use of alcohol by: (i) banning or comprehensively restricting exposure to alcohol advertising including in digital platforms; (ii) restricting the physical availability of retailed alcohol; and (iii) enacting and enforcing drink-driving laws;

And add ... 'accelerate implementation of the World Health Organization Global Alcohol Action Plan and the WHO SAFER alcohol policy initiative.'

Paragraph 28: Increase health literacy and implement sustained best practice information and age appropriate communication programmes across the entire population to: (i) educate the public about the harms and drivers of smoking/tobacco use; (ii) promote healthy diets; (iii) promote physical activity, with links to school and community-based programmes and environmental improvements; and (iv) promote healthy life skills, resilience and mental health and well-being through school-based social and emotional learning;

Working document page 5

GAPA suggestion: Increase health literacy and implement sustained best practice information and age appropriate communication programmes across the entire population to: (i) educate the public about the harms and drivers of smoking/tobacco and alcohol use; (ii) promote healthy diets; (iii) promote physical activity, with links to school and community-based programmes and environmental improvements; and (iv) promote healthy life skills, resilience and mental health and well-being through school-based social and emotional learning;

Strengthen primary health care

Zero draft page 5

Paragraph 36: Scale up the availability and provision of as well as the access to psychosocial, psychological and pharmacological treatments for depression, anxiety, psychosis, within general health care services, as well as for other related priority conditions, including childhood and youth mental health conditions, self-harm, alcohol use, epilepsy and dementia, while addressing the stigma associated with these conditions;

Zero draft page 6

GAPA suggestion: Scale up the availability and provision of as well as the access to psychosocial, psychological and pharmacological treatments for depression, anxiety, psychosis, substance use disorders and addiction within general health care services, as well as for other related priority conditions, including childhood and youth mental health conditions, self-harm, alcohol use disorder, epilepsy and dementia, while addressing the stigma associated with these conditions;

Strengthen data and surveillance to monitor progress and hold ourselves accountable

Zero draft page 8

Paragraph 50: Develop and support national and regional capacity for data collection, data analysis, health economic analysis, health technology assessment and implementation

research related to noncommunicable diseases and mental health service development and evaluation;

Zero draft page 9

GAPA suggestion: Add' implementation research related to noncommunicable diseases, risk factors and policy responses and mental health service development and evaluation;

Follow up

In order to ensure adequate follow up, we:

Zero draft page 9

Paragraph 52: Emphasize the leading role of the World Health Organization as the directing and coordinating authority on international health to continue to support Member States through its normative and standard-setting work, provision of technical cooperation, assistance and policy advice, and the promotion of multisectoral and multistakeholder partnerships and dialogue;

Zero draft page 9

GAPA suggestion: add ' Emphasize the leading role,and the promotion of multisectoral and multistakeholder partnerships and dialogue while taking into account conflict of interest;