

Submission from FORUT and partners

Consultation on first draft of WHO's Global alcohol action plan (2022-2030),

September 3rd, 2021

Introduction

FORUT is a Norway-based development NGO with a focus on alcohol and drug problems as a development issue. We work with partners from Asia and Africa. Several of them have contributed to and are signatories of this submission. They are:

Child Workers in Nepal Concerned Centre (CWIN-Nepal), Nepal
Rural Development Tuki Association (RDTA), Nepal
Recovery and Humanitarian Action Management Agency (RAHAMA), Sri Lanka
Association for Promoting Social Action (APSA), India
Foundation for Innovative Social Development (FISD), Sri Lanka
Healthy Lanka, Sri Lanka

In the document “we” refers to FORUT and the signing partners. We are thankful for the opportunity to give comments and feedback on the first draft, and through that contribute to the important task of reducing harms from alcohol worldwide.

Key Points

We support and echo the 7 key points submitted by the Global Alcohol Policy Alliance, including the specific points under each of GAPA's key points, and make the following comments:

1. **Enhance protection against industry interference**

The draft action plan recognises the conflict of interest of and interference in alcohol policy development from commercial interests, and state that strong international leadership is needed. Still throughout the document the role allocated to the “economic operators” is far too extensive. We are therefore deeply concerned that the economic operators are treated as what may easily be understood as an equal partner alongside other international partners and non-state actors with tasks under each of the action areas. However, reference to the economic operators must be restricted to one paragraph that takes the conflict of interest as the starting point. Jeffrey Sachs recently said this about the world's food problem, addressing the private sector: "The private sector is not going to solve this problem. Behave, pay your taxes, follow the rules. That's what you should do"¹. We say the same is true for the world's alcohol problem.

We also recommend that one action point in the plan is the development of clear principles and guidance for Member States in identifying and managing conflicts of interest associated with engaging alcohol industry stakeholders in alcohol policy processes.

Clear principles and guidance are particularly important in the developing world where unlawful breweries have a huge negative impact on society, and where this is often not detected, due to political patronage. Also, in many LMICs, the private sector, also known

¹ <https://youtu.be/WZ1xc491mnU>

as the profit-making sector, is known to be responsible for corruption and unethical practices.

2. **Report regularly on implementation to the World Health Assembly**

What gets reported gets done. Regular reporting to the WHO governing bodies under a specific alcohol agenda item is necessary to keep the focus on implementation of the action plan and the way forward for alcohol as a global public health issue.

Also, there needs to be provisions to advocate for WHO Member States to reflect the action points agreed to be reverted back to their respective countries to make use of such recommendations particularly in public health and poverty alleviation sector.

3. **Strengthen the role of the “best buys”**

SAFER is an important tool for the implementation of the Global strategy and the action plan, and emphasis should be maintained on the three best buys (excise taxes, availability, advertising) and without additional elements that obscure this focus.

Therefore, we ask to delete a paragraph under Action Area 1 – Action 1 for MS. The new addition (since the Working Document), “[...] with assurance of access to affordable treatment and care for people with alcohol use disorders”, is obsolete, confusing and may contribute to removing the focus from SAFER. If anything, an addition could be “[...] with a focus on the three Best buy policy options”.

4. **Initiate interagency project on cross-border marketing**

The WHO EB (decision EB 146/14) specifically asked for findings from the mandated technical report on cross-border alcohol marketing, advertising, and promotional activities to contribute to development of the action plan. An interagency program will go a long way in moving this forward.

5. **Expand terms of reference for the WHO Expert Committee**

The WHO EB (EB 144/1, paragraph 3.d.) and the World health Assembly (decision 72(11)) expressed a concern for “the way forward”. The action plan should heed this call by including this in a broader mandate and simply remove “to strengthen implementation of the Global strategy” at the end of the sentence in Action area 4, Action 5 for the Secretariate.

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

We support the suggested global target 1.2 of at least a 20% relative reduction in alcohol per capita consumption by 2030. This is in line with the goal of the action plan to considerably reduce alcohol-related morbidity and mortality. It is also in line with the WHO triple billion aims, and it is necessary given the present level of health harm from alcohol.

We need also to further probe and investigate the impact of alcohol on the SDGs, and particularly goal 3.5. on alcohol drug problem and goal 1 on poverty eradication.

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

Compared to other public health challenges alcohol is severely under-funded. Funding commensurate with the health burden is urgently needed to fulfil the ambition of

accelerating action on harmful use of alcohol as was pointed out in the EB decision requesting the Director General to adequately resource this work.

In addition, FORUT and our partner network make the following additions:

- **Need for simplification and editing of the action plan**

We appreciate that the draft action plan is a comprehensive document that covers a lot of ground. However, the length and complexity of the document is a problem. We understand that the first part of the text will become a report from the Secretariate to the Executive Board. This will help in terms of removing some repetitions, but there is still a need for simplification to make the action plan the effective tool we all want it to be. As for the specific actions in the action plan we observe:

- There is a need to reduce the total number of actions to focus on those that are most important.
- There is also a need to simplify each of the actions by both shorten and split sentences into two or more sentences. Presently the complexity of each of the proposed actions (often with too many elements included in one) obscure the key actions to be taken.
- There are several repetitions that contribute to blurring the content of the action plan.
- We also reiterate what we submitted in the consultation made for the working document last year: We suggest that the document is restructured in line with a logical approach that reflects the operational character of the action plan. This means going from overall *goals*, through *outcomes*, “down” to outputs and activities. This means streamlining the global actions by avoiding repetition, reducing overlap and adding prioritization. Also, we propose to identify responsible actors and stakeholder with targets, milestones, and indicators for changes to be achieved.

- **Replace the term “harmful use of alcohol”**

Since the Global strategy was adopted in 2010 research has time and time again shown that there is no safe level of alcohol use. This fact is also endorsed by WHO. The consequence is that the term «harmful» is no longer compatible with the evidence and may instead create or uphold public belief that there is alcohol consumption that is harmless. We recommend that the term “harmful use” is replaced by “alcohol use” and/or “alcohol-related harms” throughout the document.

- **Need for equity and a LMIC perspective**

People in Low-Income Countries drink 2/5ths of what those in High Income Countries drink; but suffer 3.7 times the “harm per litre”. Also, as Robin Room pointed out in the WHO Forum on Alcohol, Drugs and Addictive Behaviours in June 2021, what we see in LMICs today echoes the situation in the Global North some 150 years ago: Countries in the Global South are rising from extreme poverty, and their alcohol consumption is also rising. In addition, traditional beverages (often prepared by women) are displaced by global brands, leading to vested local interests in increasing consumption, and a global industry pushing for market access and promotional opportunities. This indisputably leads to an increase in alcohol-related harm in these countries, and calls for immediate action in avoiding the lag between public health devastation and societal response.

We know that insufficient resources have been put into the implementation of WHO's global strategy and little policy to reduce alcohol consumption and harms has been developed in LMICs. We urge WHO and Member States to give proper attention to the need of LMIC for assistance in stemming the tide of alcohol in 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 reduce alcohol harm.

In this, we urge the WHO to investigate possible coordinated effort with the other like-minded institutions such as PAHO, ILO, ADB, WB etc. to develop a concerted effort to reduce harm from alcohol-use.

Also, discursively we need to draw attention to and remove the myth of an alcohol industry providing employment to people.