

ISSUE BRIEF EB150 WHO GLOBAL ALCOHOL ACTION PLAN

About the WHO Global Alcohol Action Plan

At the 146th session of the World Health Organization’s Executive Board Member States identified alcohol harm as a “public health priority” and called for “accelerated action”. EB146 adopted the decision unanimously to task the Secretariat with developing a new global alcohol action plan to improve the implementation of the Global Alcohol Strategy. After 2 years of consultations, this action plan (Annex 8, Agenda item 7) is now proposed for EB150 to adopt and to recommend adoption at the World Health Assembly (WHA75).

About Movendi International

Movendi International is the largest independent global social movement for development through alcohol prevention. We unite, strengthen, and empower civil society to tackle alcohol as an obstacle to development on personal, community, societal, and global level. We are 135 member organizations from 54 countries and in 2020 we reached more than 24 million people through our work. Movendi International stands for the most comprehensive response to alcohol harm, working with prevention and treatment and recovery, as well as with advocacy, awareness raising campaigns and with exposing and counter-acting the unethical business practices of the alcohol industry.

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1. Background, key facts and figures

The WHO Executive Board 146 took a decision, in February 2020 to request three things from the WHO Secretariat:

1. Develop an action plan (2022-2030) to effectively implement the WHO Global Alcohol Strategy as a public health priority, in consultation with Member States and relevant stakeholders, for consideration by the 75th World Health Assembly through the 150th session of the WHO Executive Board in 2022.
2. Develop a technical report on cross-border alcohol marketing, advertising, and promotion issues, including targeting of youth and adolescents, before the 150th session of the WHO Executive Board, which could contribute to the development of the action plan.
3. Adequately resource WHO's work on alcohol harm.

The development of the global alcohol action is the central element of this decision, and the WHO Secretariat has conducted an extensive consultation process in 2020 and 2021. Controversially, the consultation process was also open to the alcohol industry (and their allies in the tobacco industry), see point 4, below.

Failure of the WHO Global Alcohol Strategy to facilitate alcohol policy development over the last decade

The implementation of the WHO Global Alcohol Strategy (WHO GAS) has been ineffective, inadequate, and outdated.

- Alcohol policy development has been ineffective over the past decade of the WHO Global Alcohol Strategy (WHO GAS).
- Technical support to governments has been inadequate, as concrete technical tools have not been developed and adequate resource allocation fell short.
- The role of the alcohol industry in the WHO GAS is outdated and flawed. The products and practices of the alcohol industry are the major barrier to implementation of the WHO GAS.
- Most countries, esp. low- and middle-income countries (LMICs), have NOT implemented a comprehensive set of alcohol policies.
- No low-income country has reported increasing resources for implementing alcohol policy since the WHO GAS was adopted.
- Many countries are failing to implement the alcohol policy best buy solutions, with LMICs more likely to have fewer evidence-based and cost-effective policies.

Alcohol affordability policy solutions – inadequate implementation

- Few countries use alcohol taxes as a public health policy to reduce consumption.
- Less than half use price strategies such as adjusting taxes to keep up with inflation and income levels, imposing minimum pricing policies, or banning selling below cost or volume discounts.

Alcohol availability policy solutions – inadequate implementation

- Less than one-third of countries have regulations on outlet density and days of alcohol sale.
- Some countries, mainly LMICs in Africa, still have no legal minimum purchase age.

Alcohol marketing policy solutions – inadequate implementation

- Alcohol marketing regulation continues to lag behind technological innovations and e-commerce, including rapidly developing new delivery systems.
- Most of the countries that reported no restrictions across all media types were in the African or Americas regions.

Alcohol consumption, alcohol harm, and alcohol's contribution to the global burden of disease are not declining and alcohol-related NCDs and SDGs targets will NOT be achieved with current trends.

- Without action, Africa could see an increase in both the absolute number and proportion of people consuming alcohol, the amount consumed per capita and heavy episodic alcohol use.
- Southeast Asia has seen a 29% increase in per capita alcohol use since 2010.

Alcohol is the eighth leading preventable risk factor for global disease burden.

- Alcohol's contribution to the global disease burden has increased from 2.6% of DALYs in 1990 to 3.7% of DALYs in 2019.
- In high income countries, alcohol is the second fastest growing risk factor and in LMICs alcohol is the fourth fastest rising risk factor.
- Alcohol is the second largest risk factor for disease burden in the age group 10-24 years.
- Alcohol is the largest risk factor for disease burden in the group 25-49 years.

2. Key messages: Flaws of proposed action plan



2.1 The Global Alcohol Action Plan normalizes the alcohol industry.

There are three problems:

- The role of the alcohol industry in the action plan
- The WHO dialogue with the alcohol industry
- The concept of "harmful use of alcohol"

We strongly disagree with the role assigned to the alcohol industry in the global alcohol action plan, especially in the key areas for global action. The abundance of "measures" assigned to the alcohol industry across the action areas is problematic and this language is riddled with conflicts of interest and risks legitimizing alcohol industry involvement.

Movendi International advocacy asks:

- ✗ The alcohol industry should not be assigned any role, action, or measure in the policy response to the harm that their own products and practices are causing.
- ✗ In the action plan, the alcohol industry should be dealt with in a single paragraph, addressing conflict of interest; and that the alcohol industry is interfering against WHO-recommended alcohol policy solutions.
- ? The action plan should be much clearer about spelling out the fundamental conflict of interest inherent in any involvement of the alcohol industry in public health-oriented alcohol policymaking.
- ✗ The action plan should focus on substantial action to protect alcohol policy development from alcohol industry interference.
- ? The Action Plan should clearly recommend total bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion across all platforms, instead of a partial elimination of marketing to minors and other "high-risk groups" by the alcohol industry.

Examples of problematic content:

- The term “economic operators” is mentioned 24 times throughout the action plan; however, the term “community” is only mentioned 9 times.
 - But “community action” is one of ten areas of the WHO Global Alcohol Strategy – indicating the imbalance in the action plan towards the alcohol industry.
- Measures for alcohol industry in every action area.
 - Under action area 2 (page 18), the action plans recommend self- and co-regulation of marketing and advertising.
- Action areas 1, 3, 6 for the WHO Secretariat (area 1), Member States (area 3), and economic operators in the alcohol industry (area 6) address conflicts of interest but this is not a substantial, clear way of spelling out conflict of interest concerns and protective measures against it.

The conflict of interest between alcohol industry profit interests and member states' call to make alcohol policy a public health priority is fundamental and direct.

Alcohol industry interference against public health action to prevent and reduce alcohol harm has been identified by Member States as the biggest obstacles to country action on alcohol policy, according to the regional consultations with WHO member states.

2.2 The Global Alcohol Action Plan maintains WHO dialogue with alcohol industry

Due to their fundamental, direct, and irreconcilable conflict of interest, the alcohol industry has not lived up to their self-regulatory objectives. Instead, it is actively working against them.

WHO's engagement with the alcohol industry has not yielded any public health gains but has been used by the alcohol industry to re-cast their image as a legitimate stakeholder in policymaking and interfere in effective implementation of the WHO Global Alcohol Strategy.

Movendi International advocacy asks:

- ✘ WHO should desist with dialogues with the alcohol industry whose interests' conflict with those of public health. In the same manner that WHO does not engage with the tobacco industry and abides by the International Code of Marketing of Breast-milk Substitutes, WHO should cease this harmful practice of annual dialogue meetings that does not serve public and global health, but instead can be seen to help advance the alcohol industry's profit maximization interest.

Examples of problematic content:

- In OP18, WHO specifies the dialogue with the alcohol industry (pages 18-19)
- WHO Secretariat Action 7 under area 3 (page 20) stipulates the Secretariat should organize “regular global dialogues” with the alcohol industry, in line with FENSA, focused on “industry partners’ contribution to reducing harmful use of alcohol as developers, producers, and distributors/ sellers of alcoholic beverages.”
- WHO Secretariat Action 6 under area 5 (page 28) makes it look like the alcohol industry dialogue has the same importance as collaboration with international organizations on data collection.

Some language has improved and become more robust with regards to conflict of interest considerations (Action areas 1 and 3). But all in all, this language cited above belongs to the most problematic parts of the alcohol action plan. For example, it is unclear what the term “industry partners’ contribution...” means and who it means. WHO should not extend the remit of the dialogue to industry front groups. The alcohol industry also has a fundamental conflict of interest with regards to data collection and WHO should primarily rely on official government data, not industry data.

2.3 The Global Alcohol Action Plan fails to replace flawed concept of “harmful use of alcohol”

The Global Burden of Disease study 2018 showed that there is no safe level of alcohol consumption. The concept “harmful use of alcohol” is thus not compatible with evidence that has developed since the publication of the WHO GAS in 2010.

The concept of “harmful use of alcohol” however contributes to confusion about the origin of alcohol harm (it is the alcoholic products and industry practices, not the individual user) and about the perceived health benefits of alcohol use. Latest evidence shows that there is no positive effect of alcohol use, only negative and even small amounts of alcohol are harmful and increase the risk of developing cancer.

For public health promotion it is important to increase recognition of this risk through correct language, accurate information, labelling, campaigns, and other means.

Movendi International advocacy asks:

- ✘ The draft global action applies the latest scientific evidence and the term “harmful use” be updated to “alcohol use” and/or “alcohol harms”.

Examples of problematic content:

- The word “harmful” is used 119 times throughout the document, making it one of the most used terms in the alcohol action plan.
- Notably, OP3 (page 2) defines “harmful use of alcohol” in line with the definition of the WHO Global Alcohol Strategy and refers to ICD-10 that also uses the same concept but with a different definition.
- OP4 highlights the confusion and lack of clarity in what “harmful use of alcohol” entails as concept.
- Action area 4, action 8 (WHO Secretariat): what is “harmful drinking” as opposed to “harmful use of alcohol”? This reflects inaccuracy of terms.

3. Key messages: Positive elements of proposed action plan

Key Message	Status
Ensure bolder targets and bigger ambition	Positive (✓)
Denormalize Big Alcohol	Problematic (✗)
Improve review, reporting, and resourcing	Unclear (?)
Improve alcohol policy infrastructure	Positive (✓)
Convening an Expert Committee	Positive (✓)
Update nomenclature	Problematic (✗)

3.1 Increased ambition and commitment with focus on country impact

The last 10 years are a lost decade for alcohol policy action to protect more people and communities from the harms caused by the products and practices of the alcohol industry. That is why ambitious targets and bold actions are needed in the global alcohol action plan – especially through the alcohol policy best buys to facilitate impact on the country level.

Movendi International advocacy asks:

- ✓ An ambitious target to reduce overall alcohol use in countries by 30% until 2030 is needed.
 - ✓ Improvement of targets in each action area to improve logic, coherence, and ambition.
- ✓ An even more ambitious focus on and investment in advancing the three alcohol policy best buys to improve countries’ alcohol policy action is needed in the action plan.
 - ✓ Strong support for SAFER, WHO’s technical blueprint for alcohol policy development.
 - ✓ Increased commitment to technical capacity building for more countries to advance alcohol policy development.

Examples of positive content:

- Global targets 1.1 and 1.2, and 4.1
- Action area 1: Action 3 (Member States) and action 1, 3, 4, 6 (WHO Secretariat)
- Action area 4: Action 1, 2 (Member States) and action 3 and 5 (WHO Secretariat)
- Action area 6: Action 2 (Member States)

The language of the action is robust about the alcohol policy best buys, including alcohol taxation, and the commitment to technical support for member states.

Implementation of the three best buys would result in a return on investment of more than \$8 for every \$1 invested. Already in 2010, the World Health Report outlined that: “Raising taxes on alcohol to 40% of the retail price could have an even bigger impact [than a 50% increase in tobacco taxation]. Estimates for 12 low-income countries show that consumption levels would fall by more than 10%, while tax revenues would more than triple to a level amounting to 38% of total health spending in those countries.” And the recent OECD report also contributed new evidence about the impact of the alcohol policy best buys. It outlines the triple dividend of preventing alcohol harm.

3.2 Build a better, more sustainable, and functional alcohol policy infrastructure

According to the analysis of Movendi International, the current weak, flawed, and inadequate global infrastructure for alcohol policy development is one reason for the lack of progress in the last decade.

The platforms, networks, mechanisms of exchange and leadership for alcohol policy on global, regional, and national level need development and strengthening. This will facilitate alcohol policy mainstreaming and ensure greater attention across policy areas for alcohol policy solutions.

Movendi International advocacy asks:

- ✓ Global day/ week to raise awareness about alcohol harm and policy solutions,
- ✗ Global ministerial conference on alcohol under the guidance of WHO – like there is for mental health, for ending tuberculosis or for road safety for example,
- ? Global inter-agency initiative to support Member States in the development of public health oriented alcohol taxation,
- ✓ Functioning international network of alcohol focal points,
- ✓ Institutionalized permanent coordinating entity within national governments for alcohol policy consisting of senior representatives from all relevant departments of government as well as representatives from civil society

Examples of positive content:

- Action area 1: Action 5 (Member States) and Action 5 (WHO Secretariat)
- Action area 2: Action 5 and 10 (Member States) and Actions 1 and 9 (WHO Secretariat)
- Action area 3: Targets 3.1 and 3.2 as well Actions 2, 4 (Member States) and Actions 1, 3 (WHO Secretariat)
- Action area 4: Action 2 (WHO Secretariat)

These infrastructure elements are critically important for a more functional, sustainable, and fit-for-purpose alcohol policy infrastructure on all levels. This is needed for countries to learn from each other, support one another, exchange best practices, and collaborate across borders.

- Launching a global ministerial conference remains an important building block of fit-for-purpose infrastructure. Movendi International calls on Member States to take the lead.
- The action contains a strong mandate for the WHO Secretariat to advance an inter-agency initiative for supporting member states in the development of public health oriented alcohol taxation. Movendi International calls on WHO and other international organizations to make use of that mandate.

Fit-for-purpose infrastructure will generate much needed momentum, facilitate synergies, and raise the level of alcohol policy commitment, leadership, and action.

3.3 Convening an Expert Committee

Movendi International members welcome the proposal to reconvene the WHO Expert Committee on Problems Related to Alcohol Consumption.

Movendi International advocacy asks:

- ✓ The remit of the Committee should be expanded to include providing recommendations on the way forward.
- ✓ A specific timeline for the convening of the WHO Expert Committee on Problems Related to Alcohol Consumption should be specified.
- ? Ensure participation in the expert committee from Knowledge Hubs, Collaborating Centers, and organizations in Official Relations with WHO.

Examples of positive content:

- Action area 4, action 11 (WHO Secretariat), including language on “providing recommendations on the way forward, and ensure the convening of regular meetings...”

When WHO “reconvenes” the expert committee, Movendi International calls for inclusion of broader set of participants to cover the entire field of expertise in the response to the global alcohol burden – as is already the case in other WHO expert committees.

Movendi International also requests a specific timeline for the convening of the WHO Expert Committee on Problems Related to Alcohol Consumption.

4. FENSA applied? Alcohol and tobacco industry interference

WHO’s consultative processes for developing the Global Alcohol Action Plan have not been adequate to address conflicts of interest in relation to the alcohol industry, violating the principles of FENSA.

As first exposed by Movendi International, organizations with known links to the tobacco industry participated in both web-based consultations, despite FENSA’s principle of non-engagement with tobacco industry actors.

Member States must ensure that WHO has the resources to implement and is held accountable for appropriate and consistent safeguards against industry interference in the development of global alcohol policy.

In a recent study, researchers analyzed the alignment of WHO’s consultative processes with non-state actors on the global alcohol action plan with FENSA. The researchers referred to publicly accessible WHO documents.

The researchers found that WHO’s processes to conduct due diligence, risk assessment and risk management as required by FENSA was inadequate.

Limited information was published on non-state actors, primarily the alcohol industry, that participated in the consultations, including their potential conflicts of interest. No minutes were published for WHO’s virtual meeting with the alcohol industry, suggesting a lack of transparency.

Organizations with known links to the tobacco industry participated in both web-based consultations, despite FENSA’s principle of non-engagement with tobacco industry actors.

5. Summary of analysis and summary key messages

Movendi International welcomes and endorses the WHO draft Global Alcohol Action Plan.

The draft alcohol action plan contains several important elements to accelerate action on alcohol as public health priority – which Member States have called for in the decision at EB146.

Nevertheless, the members of Movendi International remain deeply concerned about the role the alcohol industry is given in the draft and about alcohol industry interference in the development of the global alcohol action plan.

The draft action plan still affords a role to the alcohol industry, still maintains WHO's dialogue with the alcohol industry, and still maintains the flawed and outdated concept of "harmful use of alcohol". These are serious shortcomings of the alcohol action plan and might jeopardize urgently needed acceleration of action to protect people from the harms caused by the alcohol industry.

- **The target of a 20% reduction of per capita alcohol consumption is crucial to catalyze evidence-based public health action and reach the alcohol-related SDGs.**
- **A strong focus on the alcohol policy best buys and the SAFER initiative in the action plan will accelerate positive country impact to protect more people from alcohol harms.** Best practice example in almost all WHO regions demonstrate the positive impact on health, economy, and development when countries implement the alcohol policy best buys.
- **The way forward, paved by the global alcohol action plan, also needs investments in the global, regional, and national alcohol policy infrastructure.** The draft contains important elements, but more should be done. We call for an inter-agency initiative to support countries in the development of alcohol excise taxation. And it is time for a global ministerial conference on alcohol policy to continue build momentum and leadership.
- The last 10 years since the adoption of the WHO Global Alcohol Strategy have been a lost decade for alcohol prevention and control. To ensure more attention and maintain much needed momentum, **regular review at the WHO governing bodies about the progress of implementing the action plan is essential. A mechanism that facilitates biannual review of progress or lack thereof at the WHO governing bodies is important and should be included in the decision.**
- **We remain concerned about alcohol industry interference on all levels.** In the consultation process, the alcohol industry mobilized tobacco industry affiliates, highlighting the need for WHO to better use FENSA protection concerning the alcohol industry. **The draft action plan still affords a role to the alcohol industry, still maintains WHO's dialogue with the alcohol industry, and still maintains the flawed and outdated concept of "harmful use of alcohol". These are serious shortcomings of the alcohol action plan and might jeopardize urgently needed action to protect people from the harms caused by the alcohol industry.**

- In this context of aggressive alcohol industry interference and persisting lack of protection measures, **the task of the proposed expert committee to provide recommendations on the way forward is most welcome.**
- Alcohol policy solutions hold substantial potential to improve health and help achieve the SDGs. **To unlock the full alcohol policy potential, the rights and needs of people and communities affected by alcohol harm need to be placed at the center of action.**