

# Implementing what works in alcohol policy

Progress report on  
the SAFER initiative

## **SAFER – the name, and how to carry it across languages**

*A short note for translators, communicators and designers.*

### **About the name SAFER**

SAFER is two things at once. It is an *acronym* – five evidence-based, cost-effective measures that any country can use to reduce the harm done by alcohol:

- S**trengthen restrictions on alcohol availability
- A**dvance and enforce drink–driving countermeasures
- F**acilitate access to screening, brief interventions and treatment
- E**nforce bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion
- R**aise prices on alcohol through excise taxes and pricing policies

And it is a word. In English, safer is exactly what these measures make us – safer on the roads, safer at home and in our communities, safer from disease and injury. The promise is built into the name: the goal and the word are the same.

### **Carrying the name into other languages**

This double meaning is part of SAFER's strength in English – and the one thing translation cannot easily preserve. In other languages the five interventions translate well, but their initials no longer spell the word, and the five letters on their own carry no meaning. The aim, then, is not to *translate* the name but to *re-create its effect* – transcreation rather than translation.

#### **A simple principle – keep the anchor, build the bridge.**

**Anchor.** Keep SAFER unchanged as a single global wordmark in every language and script, like a logo – so that each local effort is recognized as part of one worldwide movement to reduce alcohol harm, convened by WHO.

**Bridge.** Beside it, add a local layer that restores the sense of being *safer*. Depending on the language and the resources available, this can take one of three forms: a short local tagline that conveys the “safer” promise; the five-letter structure kept as a memory aid, with each letter introducing the local name of an intervention where the language allows; or a locally created word or phrase that is itself a promise of safety, with SAFER retained as the technical sub-brand.

**Non-Latin scripts.** Where a language is written in a non-Latin script, the five-letter mnemonic cannot carry across and the letters cannot be read as a word. Here SAFER works best as a Latin-script logo – a visual anchor – transliterated into the local script where that helps it be spoken and recognized, with the meaning carried by the local tagline or name.

Whichever form is chosen, keep the five interventions clearly numbered and colour-coded so the structure survives even where the acronym cannot – and develop and test every adaptation together with native speakers and language services.

# Implementing what works in alcohol policy

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## Foreword

Alcohol use remains a major challenge to public health and sustainable development. It contributes to millions of deaths each year, increases the risk of noncommunicable diseases, injuries and violence, and places a heavy burden on families, communities and health systems. Alcohol harm is not inevitable. It follows predictable patterns shaped by policy environments, commercial practices, and social and economic conditions.

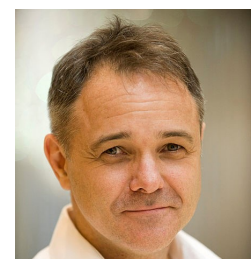
The SAFER initiative was launched to support countries in implementing the most effective and cost-effective alcohol policies, contributing to progress towards the United Nations Sustainable Development Goals, including target 3.5. Introduced at the 2018 United Nations General Assembly High-Level Meeting on noncommunicable diseases, SAFER provides a practical framework for translating evidence into action. Its mandate was reinforced and extended through adoption of the WHO Global Alcohol Action Plan 2022–2030, which calls for coordinated action across the broader United Nations system.

This report documents progress since the launch of the SAFER initiative. Governments, civil society, academic institutions and communities have strengthened legislation, expanded enforcement, integrated screening and brief interventions into primary health care, and improved monitoring systems – supported by regional learning platforms that accelerate delivery through peer exchange. SAFER has increasingly functioned as a delivery platform, helping countries to move from commitment to implementation by connecting action across sectors and levels of governance, and by supporting adaptation to local contexts.

A central implementation lesson is that progress depends not only on adopting policies but on building a coherent delivery chain that links population-level measures, community action and health services. In many settings, implementation cannot stop at the national level; local authorities often hold key competencies that shape real-world impact. Experience to date suggests that when national policy is carried through to subnational implementation and everyday community practice, progress is more likely to be sustained and visible.

While meaningful progress is evident, challenges persist. Commercial pressures, limited domestic financing and uneven enforcement capacity continue to constrain alcohol policy, underscoring the need for sustained cross-sectoral coordination, consistent public communication and robust mechanisms to safeguard policy formulation and implementation. The next phase of SAFER is therefore defined not by new concepts but by consolidation and scale – embedding SAFER in governance structures, financing arrangements, health and regulatory systems, and everyday community life, while strengthening links between population-level policies and accessible, quality services.

The progress documented in this report provides a strong foundation for continued action to reduce alcohol-related harm and to improve health, safety and well-being for all.



A handwritten signature in black ink that reads "Jeremy Farrar".

**Dr Jeremy Farrar**

Assistant Director-General  
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## Abbreviations

<b>APC</b>	Alcohol per capita consumption
<b>BIGRS</b>	Bloomberg Philanthropies Initiative for Global Road Safety
<b>FPCRN</b>	Forum for Protection of Consumer Rights Nepal
<b>GAPA</b>	Global Alcohol Policy Alliance
<b>IARC</b>	International Agency for Research on Cancer
<b>INEBRIA</b>	International Network on Brief Interventions for Alcohol and Other Drugs
<b>NCD</b>	Noncommunicable disease
<b>NHEICC</b>	National Health Education, Information and Communication Centre (Nepal)
<b>Norad</b>	the Norwegian Agency for Development Cooperation
<b>SBIRT</b>	Screening, brief intervention and referral to treatment
<b>SDG</b>	Sustainable Development Goal
<b>ThaiHealth</b>	Thai Health Promotion Foundation
<b>UN</b>	United Nations
<b>UNDP</b>	United Nations Development Programme
<b>UNIATF</b>	United Nations Inter-Agency Task Force on the Prevention and Control of Noncommunicable Diseases
<b>WHO</b>	World Health Organization

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## Executive summary

Alcohol-related harm is a major and preventable threat to public health, social well-being and sustainable development. It causes an estimated 2.6 million deaths each year, drives noncommunicable diseases, injuries and violence, and disproportionately affects disadvantaged populations. These harms are shaped by policy environments and commercial practices – and can be substantially reduced through proven, cost-effective public health measures. Accelerating implementation, strengthening monitoring and safeguarding policy-making from commercial interests are therefore essential to deliver on the WHO Global Strategy to Reduce the Harmful Use of Alcohol, the Global Alcohol Action Plan 2022–2030 and SDG target 3.5.

Launched by WHO at the 2018 United Nations High-Level Meeting on Noncommunicable Diseases, SAFER has become WHO's main platform for translating evidence and political commitments into delivery of the most effective and cost-effective alcohol policies, and was formally mandated through the Global Alcohol Action Plan 2022–2030. From the outset, SAFER has been built as a partnership approach – led by countries but enabled through coordinated engagement across the United Nations system and sustained civil society collaboration to implement effective measures, strengthen monitoring and protect policy-making from commercial interference and conflicts of interest. This includes global, regional and national networks and partners such as Movendi International, the Global Alcohol Policy Alliance (GAPA), the NCD Alliance and Vital Strategies, alongside national and subnational actors – including Uganda Alcohol Policy Alliance, Forum for Protection of Consumer Rights Nepal (FPCRN) and Alcohol Forum Ireland.

In-depth country experiences from Uganda, Nepal and Ireland illustrate how coordinated action across legislation, health services, enforcement and community engagement can translate national policy commitments into sustained delivery at subnational and community levels in diverse governance contexts.

Across WHO regions, SAFER is delivered through structured regional pathways that link peer learning with sustained follow-up and practical implementation planning. In the WHO African Region, intercountry learning has expanded from the 2023 Addis Ababa workshop, which involved seven countries, to the 2025 workshop in Accra with participation from 15 countries.

In WHO's South-East Asia Region, the Bangkok intercountry learning workshop in August 2023 brought together five Member States to develop delivery plans and address shared challenges, including enforcement gaps, digital marketing and industry interference.

In the Western Pacific Region, a subregional workshop on SAFER policy implementation was convened in Manila in December 2023, bringing together representatives from five Member States to strengthen national alcohol policy action. Participants included representatives of health authorities, finance and taxation officials, road-safety and transport agencies and civil society organizations. This whole-of-government approach was critical in shaping comprehensive national action plans aligned with SAFER. In October 2025 the Western Pacific Regional Committee endorsed a regional plan to accelerate implementation of the Global Alcohol Action Plan – making the Western Pacific the first WHO region formally to embed SAFER as the organizing framework for regional cooperation and delivery. In the Americas, the Pan American Health Organization (PAHO) has scaled up capacity-building through the Virtual Campus, with the flagship

SAFER course. In the European Region, SAFER has been anchored through governance commitments, including the unanimous endorsement by all 51 Member States of the WHO European Framework for Action on Alcohol (2022–2025), which places SAFER at the centre of the regional response.

Implementation experience highlights that progress depends not only on policy adoption but also on building a coherent approach that links population prevention measures, community action and health services. In many settings, implementation cannot stop at ministry level: local authorities often hold competencies that shape real-world impact, including availability and licensing (sometimes influencing the availability of unrecorded alcohol), as well as aspects of marketing enforcement, road safety action, service delivery and, in some contexts, elements of pricing policy implementation. Experience to date suggests that when national policy is carried through to subnational implementation and everyday community practice, progress is more likely to be sustained and visible.

Momentum has also strengthened across the United Nations system. Following outreach from WHO's Director-General in late 2024 to heads of United Nations agencies, these are working through UNIATF to translate commitment into coordinated action, including development of a model United Nations system policy on preventing alcohol harm and addressing industry interference.

Experience across countries also underscores that SAFER implementation is shaped by recurring systemic barriers – including resource limitations, fragmented governance, weak monitoring systems, industry interference and the normalization of alcohol – and that addressing these through strengthened financing, coordination, monitoring and protection of the policy space is essential to sustain delivery.

The next phase of SAFER focuses on consolidation and scale-up: embedding implementation in governance and financing arrangements; strengthening enforcement, monitoring and safeguards against commercial interference; and enabling United Nations partners and civil society to mobilize communities and sustain accountability – so that progress translates into visible benefits for people and communities. Ultimately, SAFER succeeds when individuals and societies can feel the difference: safer roads, fewer hospitalizations, reduced violence, lower health-system costs, and healthier and safer communities.

# Setting the stage: Accelerating implementation of alcohol policy across 15 African countries



From planning to implementation: country teams use group work and peer exchange to identify priorities, barriers and next steps for advancing SAFER alcohol policy measures. © WHO

# Accra, Ghana | April 2025

WHO's African Region faces one of the highest levels of alcohol-attributable mortality globally – averaging **70 deaths per 100 000 population** and reaching **84 per 100 000** in some countries. Without stronger implementation of high-impact policies, this burden will continue to grow.

To accelerate action, **over 60 representatives from 15 countries** met in Accra for a SAFER Intercountry Learning Workshop focused on advancing alcohol control and road safety measures. The workshop was jointly organized by WHO, the WHO-led SAFER initiative and the Bloomberg Philanthropies Initiative for Global Road Safety (BIGRS), with support from Bloomberg Philanthropies and the Government of Norway.

“The gallery walk was a huge opportunity for knowledge exchange and helped us sharpen our thinking.”

**Workshop participant**

## Multisectoral and implementation-focused

Delegations included ministries of health, transport, finance, justice, and attorney-general's offices – reflecting the need for coordinated leadership across government. Building on earlier engagements in Addis Ababa and Kampala, the workshop expanded participation to eight newly engaged countries, thus strengthening regional collaboration.

Through structured pre-work consultations, landscape assessments, delivery plan refinement and expert sessions on monitoring and policy integrity, countries showed how strategy could be translated into steps for concrete implementation.

## A defining moment: the “Gallery Walk”

An interactive gallery walk enabled country teams to present plans for delivery and to exchange peer feedback, thus sharpening priorities and reinforcing accountability.

## Concrete results

- 15 countries finalized or revised SAFER draft delivery plans.
- Eight newly engaged countries presented implementation roadmaps.
- Commitment statements and follow-up mechanisms were agreed.

## Strong endorsement

Post-workshop evaluation showed exceptionally high satisfaction and relevance. All respondents were satisfied or better, with more than seven in 10 rating the workshop as “very” or “extremely” satisfactory. Objectives were unanimously considered clear, and 95% reported that expectations were met. Participants also reported increased confidence and preparedness to advance national SAFER implementation – demonstrating that the workshop translated knowledge into readiness for action.



**Planning**



Country team mapping implementation gaps

**Engagement**



Cross-country peer discussions

**Action**



Identifying SMART actions



Joint prioritization exercise



Multisectoral coordination discussion



Sharing lessons and commitments

Inter-country learning in action: country teams advancing SAFER implementation through planning, peer engagement, and coordinated action (Accra, Ghana, April 2025). © WHO





# Introduction

# 1 Introduction

Alcohol use remains a major obstacle to achieving the Sustainable Development Goals (SDGs), contributing to millions of deaths each year and to a substantial share of the global burden of disease (United Nations, 2015; WHO, 2010; WHO, 2018a; WHO, 2024b). Long before the SDGs were adopted, the World Health Assembly recognized the scale of alcohol-related harm and, in 2010, endorsed the Global strategy to reduce the harmful use of alcohol (WHO, 2010), providing the first comprehensive global policy framework for reducing alcohol harm.

In 2013, the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 was adopted, with an updated Appendix 3 in 2017 that identified a set of highly cost-effective “best buy” interventions for the four main noncommunicable disease (NCD) risk factors, including alcohol (WHO, 2013; WHO, 2017; Rekve et al., 2019). In 2015, the 2030 Agenda for Sustainable Development introduced SDG target 3.5, establishing alcohol policy as a priority for both health and development (United Nations, 2015). In 2022, WHO Member States agreed the Global Alcohol Action Plan 2022–2030 (hereafter “the Global Alcohol Action Plan”), which sets out a time-bound, measurable framework for accelerating action on alcohol at global, regional and national levels and for contributing to SDG target 3.5 (WHO, 2024a).

As shown in Fig. 1, SAFER is WHO’s operational platform for implementing global alcohol policy commitments, providing since



Fig. 1 | SAFER: WHO’s five evidence-based, cost-effective interventions to reduce alcohol-related harm.

its 2018 launch a unifying framework and technical package built around five high-impact action areas: 1) strengthening restrictions on alcohol availability; 2) advancing and enforcing drink-driving countermeasures; 3) facilitating access to screening, brief intervention and treatment; 4) enforcing bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion; and 5) raising prices on alcohol through excise taxes and pricing policies (WHO, 2018b; WHO, 2019; WHO, 2024a). By explicitly embedding SAFER as the delivery mechanism for evidence-based alcohol policies, the Global Alcohol Action Plan 2022–2030 establishes it as the core organizing framework for WHO’s alcohol policy work and a central reference for Member State implementation (WHO, 2024a). Focusing on the most cost-effective priority interventions and drawing on a suite of WHO tools and resources, SAFER translates global commitments into concrete, measurable action at national and subnational levels to prevent and reduce alcohol-related harm. Box 1 provides a summary of the origins and evolution of the SAFER initiative.

The successful implementation of SAFER relies on strong partnerships across governments, United Nations agencies and civil society. Collaboration and local ownership have been central from the outset, ensuring that global commitments translate into meaningful national action. WHO works closely with Member States and the United Nations system – particularly through UNIATF and the United Nations Development Programme (UNDP) – reflecting SAFER’s significance under SDG target 3.5.

Equally vital has been the sustained engagement of civil society. Organizations such as the Global Alcohol Policy Alliance (GAPA), Movendi International, the NCD Alliance, Vital Strategies, Alcohol Forum Ireland, the Uganda Alcohol Policy Alliance, and FPCRN have played indispensable roles in shaping agendas, amplifying community voices, monitoring implementation and countering industry interference. Their contributions have strengthened accountability, built political momentum, and connected global frameworks to real-world contexts.

GAPA has been instrumental in global advocacy, ensuring that alcohol policy remains high on international health and development agendas. The NCD Alliance has broadened civil society involvement by integrating alcohol policy into wider NCD prevention efforts, creating synergies across health agendas. Movendi International and Vital Strategies have been particularly influential in driving SAFER forward. Movendi combines global advocacy with technical assistance and capacity-building, empowering civil society and governments to integrate SAFER into national policies. Vital Strategies was pivotal in the early phase of SAFER implementation and later launched the RESET Alcohol initiative, which has become a major driver of policy change in multiple countries, particularly through advancing alcohol taxation as a cost-effective intervention. Together, these organizations

### Box 1 | Origins and evolution of the SAFER initiative

- Normative foundation: Global Strategy to Reduce the Harmful Use of Alcohol (2010); World Health Assembly resolution WHA63.13.
- Cost-effectiveness backbone: Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2030 (Appendix 3 “best buys”).
- Development agenda: SDG target 3.5 (2015) positioned alcohol as a United Nations development priority.
- United Nations collaboration: UNDP and UNIATF, which established multisectoral entry points.
- Civil society engagement: Global and national organizations played a catalytic role from the outset. Four partners in particular – the Global Alcohol Policy Alliance (GAPA), Movendi International, the NCD Alliance and Vital Strategies – were instrumental in advocacy, accountability, agenda-setting and technical input. Their work helped SAFER to combine global evidence with legitimacy and a pathway to community voice at country level.
- Political launch: SAFER was officially launched at the 2018 United Nations General Assembly third High-level Meeting on NCDs in New York, giving alcohol policy visibility on the global stage and signalling high-level political commitment.
- Operational anchoring: the Global Alcohol Action Plan 2022–2030 embedded SAFER as the delivery mechanism for evidence-based alcohol policies.

## Box 2 SAFER 2026–2027: A high-impact investment opportunity

Every year, millions of deaths, disabilities and social harms are caused not by lack of knowledge, but by lack of implementation of that knowledge. Alcohol use is among the most preventable and most neglected drivers of global ill-health, especially among young and working-age populations. The 2026–2027 biennium represents a decisive opportunity for SAFER. The initiative has shown that high-impact alcohol policies can be delivered through country-led partnerships, intercountry learning and localized implementation. The priority now is to consolidate and scale these gains by embedding SAFER in durable, country-owned systems and by strengthening the entire delivery chain from national policy to subnational enforcement, community action and health services.

Why does investment matter now?

- Alcohol policy and programmes deliver exceptionally high returns, simultaneously improving health, road safety, productivity and fiscal sustainability.
- SAFER translates political commitment into measurable implementation.
- Investment can help countries transition towards sustainable domestic financing, including through alcohol excise taxation and pricing policies.

Support that can enable health system responses (2026–2027) includes:

- accelerating the adoption and implementation of policies on pricing, availability, marketing and drink–driving, together with strengthened enforcement and systematic implementation follow-up;
- national investment cases that link alcohol policy and programmes to health, revenue and development outcomes;
- stronger monitoring, transparency and accountability, including use of public reporting tools;
- support for subnational delivery capacity (licensing/availability, including unrecorded alcohol, aspects of marketing enforcement and road safety) with strengthened primary care and community-based services; and
- protection of policy space through conflict-of-interest safeguards and strengthened civil society accountability mechanisms, including legal capacity where appropriate.

### The added value of SAFER

SAFER is designed to turn time-bound external financing into lasting domestic capacity-strengthening governance, delivery and accountability so that implementation continues after project funding ends. It also provides a bridge between health priorities and development financing, enabling coordinated action across government and the United Nations system.

### What success looks like by 2027

By 2027, SAFER is integrated into national policy and financing frameworks, operationalized through subnational enforcement and community-level delivery, and reported transparently so that progress is visible, comparable and sustained.

have complemented WHO's leadership by providing evidence, tools and advocacy strategies that accelerate policy adoption and protect integrity. This evolution illustrates how partners have adapted their strategies to maximize impact while remaining aligned with SAFER's core objectives.

National and community-based organizations are at the frontline of bringing SAFER directly to people. Alcohol Forum Ireland has championed policy change and public awareness in Ireland, particularly by translating SAFER into concrete action at the local level. The Uganda Alcohol Policy Alliance has mobilized civil society and engaged decision-makers to advance alcohol policy measures and protect communities from harm. In Nepal, the FPCRN has not only advocated for stronger alcohol policies but also defended existing bans on alcohol advertising – going as far as taking the government to the Supreme Court to ensure accountability and to uphold public health protections. These efforts demonstrate that SAFER's success depends not only on global leadership but on grassroots action that makes policy meaningful for individuals, families and communities (Box 2).



# How SAFER works

## 2 How SAFER works

SAFER was designed as a practical set of recommendations that help countries translate political will and technical guidance into concrete action and measurable progress. As shown in Fig. 2, the SAFER operational model rests on three mutually reinforcing strategies, namely: Implement, Monitor, Protect.



Fig. 2 | SAFER implementation framework

Implement: turning commitments into practice. SAFER country partnerships typically follow a structured delivery pathway (Fig. 3). Governments initiate the partnership; a SAFER landscape report is developed to map the policy environment and implementation gaps,

Fig. 3 | Structured pathway through which the SAFER initiative translates global and national commitments into coordinated implementation



and a joint programming mission helps to align priorities across sectors. Countries then prioritize the SAFER interventions, agree with an implementation structure and milestones, and move into roadmap implementation – often supported by an alcohol policy investment case to mobilize domestic financing and sustain delivery. Progress reviews maintain political momentum, while targeted “enforcement accelerators” (e.g. breath-testing protocols, licensing systems, comprehensive marketing restrictions) help translate policies into routine practice.

A core feature of implementation is localization – working at national and subnational levels in parallel. From the outset, SAFER supports countries to identify which elements require municipal or provincial action – such as outlet density management, licensing conditions, local enforcement operations, restrictions regarding schools and events, and compliance checks for marketing and sales to minors. Municipalities and local authorities operationalize national measures through bylaws, permitting inspection systems, community engagement and visible enforcement – making SAFER tangible “on the street”. SAFER intercountry learning cohorts provide a lighter but structured model for this, enabling countries to exchange practical tools (including bylaw templates and enforcement protocols) and shorten the path from evidence to implementation.

Monitoring is included to ensure transparency and accountability. The SAFER monitoring system tracks progress across four tiers: 1) adoption of laws and bylaws; 2) enforcement outputs, such as inspections and fines; 3) changes in alcohol affordability and population exposure, including through pricing policies and marketing controls; and 4) outcomes, such as hospital admissions, injuries and treatment coverage. Data are drawn from multiple sectors and aligned with indicators of the Global Alcohol Action Plan and adapted to national and subnational contexts. To sustain momentum, results are summarized in concise “SAFER snapshots”, providing a clear view of progress, bottlenecks and next steps.

Protection includes defence of the policy space. Protection measures ensure that alcohol policy remains grounded in public health and insulated from vested interests. This includes governance rules that exclude industry actors, transparent consultations, health- and rights-based communication, and legal design that is resilient to litigation. Rapid counter-briefs and evidence of syntheses help countries to respond to interference when it arises.

Together, these three strategies form the operational backbone of SAFER – supporting countries to adopt, implement, localize, monitor and defend effective alcohol policies over time.



SAFER gave us the structure, technical expertise and resources to move into action. We understood the problem, but we needed the momentum that SAFER provided.

**Kenneth Okware Kalani**

Senior Medical Officer  
Mental Health Division  
Ministry of Health  
Uganda

## 2.1 Milestones 2017–2025

### 2.1.1 From conception to launch (2017–2019)

The foundations for SAFER were laid well before its launch. The Global Strategy to Reduce the Harmful Use of Alcohol, endorsed by the World Health Assembly in 2010, provided the first global policy framework and vision for coordinated action (WHO, 2010). In 2015, the adoption of the 2030 Agenda for Sustainable Development elevated alcohol policy to the level of a development priority under SDG target 3.5 (United Nations, 2015). Two years later, in 2017, the World Health Assembly adopted an updated Appendix 3 of the Global Action Plan for the Prevention and Control of Noncommunicable Diseases, listing five cost-effective alcohol policy interventions for the first time (WHO, 2013; Rekve et al., 2019).

In parallel, UNIATF on NCDs and its working group on alcohol, together with collaboration between WHO, the United Nations Development Programme (UNDP) and civil society organizations, built the interagency and multisectoral momentum that would later anchor SAFER. Together, these political, technical and institutional elements created the foundation for what would become SAFER.

Momentum accelerated in 2018 when WHO, together with Member States and civil society partners, officially launched SAFER at the United Nations General Assembly in New York (Fig. 4) (WHO, 2018b). This moment marked alcohol policy’s arrival on the global political stage, signalling both urgency and commitment. In 2019, WHO published the SAFER technical package, distilling decades of research into a concise framework for governments (WHO, 2019). That same year, a landmark article in the *British Medical Journal* entitled “Time to deliver on alcohol control” underscored SAFER’s legitimacy, highlighting its cost-effectiveness and the breadth of institutional collaboration behind it (Rekve et al., 2019).



**Fig. 4** SAFER was officially launched at the United Nations General Assembly in 2018



SAFER brought together elements that had too often remained separate: the evidence on what works, the political commitment needed to act, and the partnerships required to deliver. This convergence gave alcohol policy a more coherent operational framework for implementation.

**Kerstin Vesna Petrič**  
Head of the Office for Cooperation with WHO  
Ministry of Health, Slovenia

### 2.1.2 Institutionalization and expansion (2020–2022)

The coronavirus disease (COVID-19) pandemic disrupted in-person missions and, in many places, diverted public and political attention in ways that made it harder to sustain population-level alcohol-prevention measures. It also contributed, for some people, to increased behavioural risk factors for NCDs, such as lack of physical activity, unhealthy diets and alcohol use.

SAFER adapted quickly by shifting to virtual engagement, organizing webinars and online consultations to maintain momentum. Despite the crisis, 2021 marked a turning point with the launch of SAFER Uganda – the first in-depth country partnership – and the establishment of SAFER/Euro as a European regional initiative. A SAFER video was also produced for the 2020 Big Event for Mental

Health, illustrating links between alcohol policy and mental health (WHO, 2018b). Together, these steps demonstrated SAFER's resilience and adaptability under pressure.

At the Seventy-fifth World Health Assembly in 2022, Member States adopted the Global Alcohol Action Plan 2022–2030, which explicitly embedded SAFER as the delivery mechanism for evidence-based alcohol policies. This transformed SAFER from an innovative initiative into a formal framework guiding global alcohol policy (WHO, 2024a). That same year, SAFER Nepal was launched, RESET Alcohol was initiated, and the Pan American Health Organization (PAHO) introduced a regional e-learning course on SAFER (WHO, 2024b).

### 2.1.3 Consolidation and global and local reach (2023–2025)

By 2023, SAFER had moved more deeply into regional and community spheres. Intercountry learning workshops were held in Addis Ababa, Bangkok and Manila, helping countries to design delivery plans on taxation, marketing restrictions, drink-driving enforcement and treatment access. A training course in Kampala under the BIGRS highlighted synergies between policies to promote alcohol policy and programmes and road safety. SAFER featured prominently at both the 2023 and 2025 WHO Forum on Alcohol, Drugs and Addictive Behaviours and the Global Alcohol Policy Conference.

In Uganda, a national task force composed of line ministries, civil society and academia was adopted by the Office of the Prime Minister to guide a whole-of-government and whole-of-society intervention against alcohol harm. Groundbreaking efforts were made to introduce screening, brief intervention and referral to treatment (SBIRT) services at the level of primary health care. In Nepal, five municipalities developed their own action plans, piloted breath-testing and received national backing through a directive to all 753 local governments – a model of grassroots leadership in a low-resource context. In Ireland, the Building SAFER Communities initiative, launched in 2024, demonstrated how SAFER could be embedded at municipal level as well as being effectively linked with national strategies, including in high-income settings. Together, these experiences show that SAFER can be adapted across different governance and resource environments.

At the end of 2024, the SAFER initiative reached a new level of political momentum within the United Nations system. Box 3 highlights the Director-General's outreach and the resulting system-wide engagement.

In 2025, Accra, Ghana, hosted the WHO African Region's second intercountry learning workshop. Delegations from 15 of the region's Member States developed practical delivery plans and, for

#### Box 3 Building political support across the United Nations system

At the end of 2024, the WHO Director-General wrote to a number of heads of United Nations agencies, noting that reducing the socioeconomic burden from alcohol is key to meeting a number of SDG targets – not only those related to health but also those that relate to peace and justice, exclusion, deprivation, inequality and exploitation, as well as gender-based violence and sexual and reproductive health and rights. The Global Alcohol Action Plan 2022–2030 makes clear that the United Nations system needs to work alongside Member States and other health and development partners to meet the action plan's objectives.

The Director-General's letter encouraged heads of agencies to scale up their actions, in line with their mandates, including through UNIATF on the Prevention and Control of Noncommunicable Diseases and involvement in the SAFER initiative. A large number of positive responses were received from the heads of agencies.

Experts in agencies are now working together through UNIATF to turn this renewed political commitment into action, especially at country level but also at institutional level. As of 2026, UNIATF is working on a model policy for agencies of the United Nations on preventing alcohol harm, including industry interference.

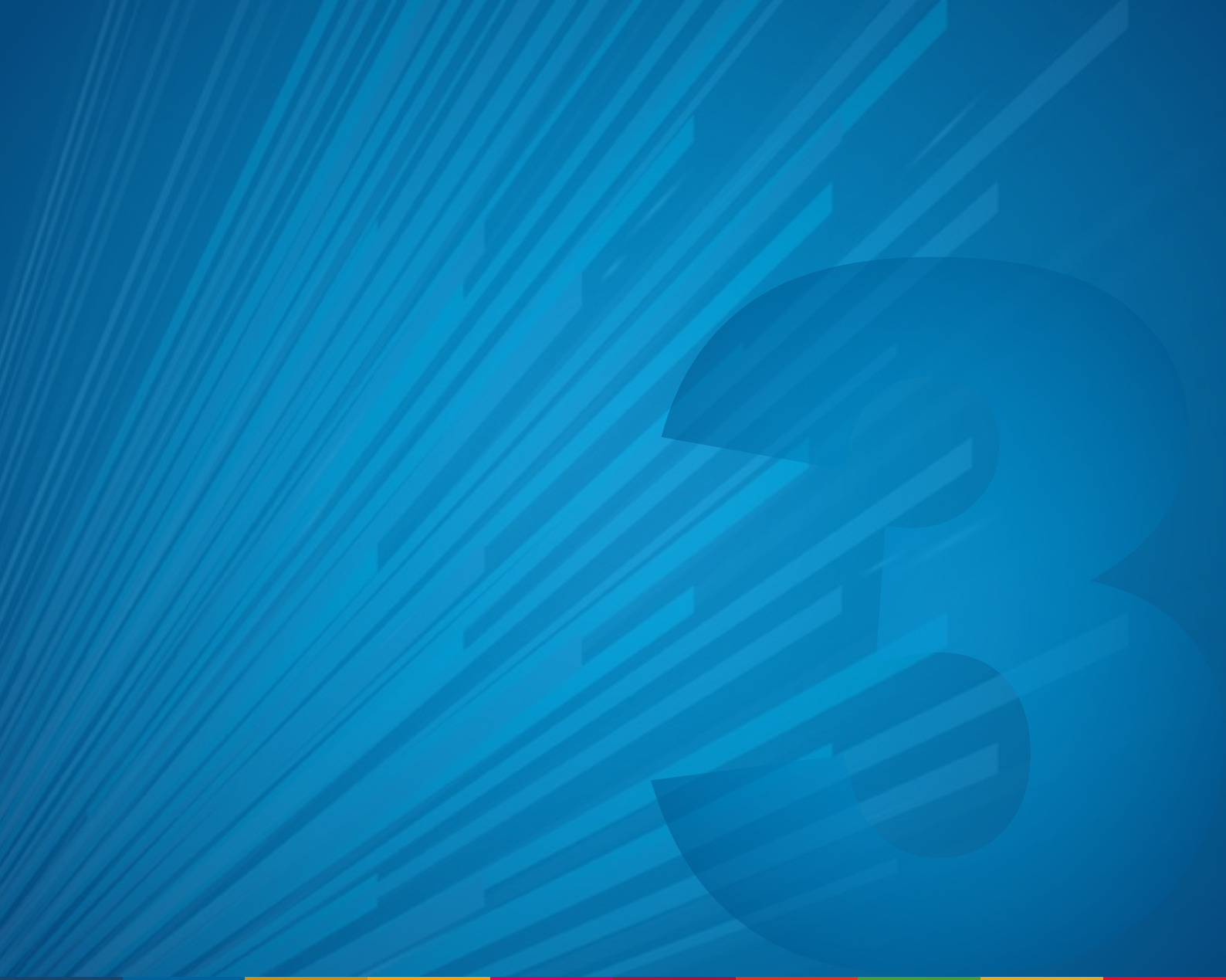
**Box 4 | Timeline highlights 2017–2025**

- **2017** – The updated Appendix 3 of the Global Action Plan for the Prevention and Control of Noncommunicable Diseases lists five cost-effective alcohol policy interventions.
- **2018** – SAFER launched at the United Nations General Assembly in New York.
- **2019** – SAFER technical package published; *British Medical Journal* article on “Time to deliver on alcohol control”.
- **2020–2021** – COVID-19 pandemic prompts virtual shift; SAFER Uganda and SAFER/Euro established; SAFER video produced for the Big Event for Mental Health.
- **2022** – SAFER embedded in the Global Alcohol Action Plan 2022–2030; SAFER Nepal launched; RESET Alcohol initiated; PAHO e-learning course on SAFER launched.
- **2023** – Regional intercountry learning workshops (African Region, South-East Asia Region, Western Pacific Region); BIGRS training held in Kampala.
- **2024** – Building SAFER Communities initiative in Ireland; WHO Director-General writes to United Nations agencies to catalyze system-wide action.
- **2025** – Intercountry learning workshop in Accra consolidates commitments in the African Region; the Western Pacific Region becomes the first WHO region formally to embed SAFER through Regional Committee endorsement.

the first time, aligned alcohol policy and programmes with road-safety programming. The workshop highlighted the operational collaboration between SAFER and the Bloomberg Philanthropies Initiative for Global Road Safety, showing how alcohol policy measures can reinforce broader injury-prevention efforts.

In October 2025, the WHO Regional Committee for the Western Pacific (Seventy-sixth session) endorsed the regional plan *Accelerating implementation of the WHO Global Alcohol Action Plan 2022–2030*. The Western Pacific Region thus became the first WHO region to embed SAFER as a core organizing framework for regional cooperation and delivery.

Highlights in the development of SAFER from 2017 onwards are listed in Box 4.



# National and local SAFER delivery

# 3

## National and local SAFER delivery



These country experiences demonstrate the importance of governance and the leadership role of the health sector in convening actors whose policies affect population health.

### Nhan Tran

Head  
Violence and Injury Prevention  
World Health Organization

This chapter shows how SAFER moves from policy commitment to real-world delivery through coordinated national and subnational action. It presents three in-depth case studies – Uganda, Nepal and Ireland – illustrating different governance contexts, delivery pathways and partnership models. Together, they demonstrate how cross-sectoral coordination, combined with strong engagement from civil society and local authorities, translates evidence into sustained implementation.

While many countries have adopted individual SAFER measures – often supported through intercountry learning – fewer have advanced to structured, comprehensive approaches that align legislation, enforcement, health system responses and community action. The experiences presented here show that such integrated approaches are more likely to generate sustained and visible progress than isolated interventions.

The chapter covers:

- **Uganda** – a whole-of-government and whole-of-society approach linking advocacy for national legislation, integration of SBIRT in primary health care, fiscal policy development, and strengthened monitoring systems;
- **Nepal** – a localization model in a federal system combining national directives, municipal bylaws, enforcement mechanisms and strategic litigation to protect policy space; and
- **Ireland** – community-led implementation connecting a strong national legislative framework with local enforcement routines, accredited training and structured evaluation.

Taken together, these cases illustrate how global evidence is translated into local action through regional and national pathways, enabling technical exchange, peer learning and mutual accountability. They also highlight that sustained progress depends not only on sound technical design, but on governance, political leadership and the capacity to mobilize actors across sectors and levels of government.

Civil society plays a central role by strengthening advocacy, representing community interests and supporting accountability – helping to ensure that policies are both legitimate and sustained, and that governments and the private sector, including the alcohol industry, are held to account.



SAFER training session with Ugandan parliamentarians, supporting informed debate on the Alcohol Control Bill. © David Kalema

## UGANDA

### 3.1 Uganda – SAFER in-depth partnership

Uganda became the first country to adopt SAFER as a national delivery platform, following a 2021 request from the Ministry of Health for WHO support. A joint United Nations mission and baseline landscape analysis laid out the groundwork for a three-phase rollout: needs assessment (2021), participatory planning and roadmap development (2022), and implementation with ongoing monitoring (2023–2025). SAFER Uganda is a whole-of-government and whole-of-society effort led by the Ministry of Health, in partnership with national civil society and academia, and supported by global SAFER collaborators and a broad range of stakeholders.

In October 2025, the Office of the Prime Minister convened a first-ever multisectoral meeting in Kampala, bringing together government agencies to discuss alcohol policy measures. As the leader of government business, the Office of the Prime Minister has the mandate to instruct government agencies to incorporate alcohol policy measures into their respective units. The meeting was attended by commissioners and technical staff from the Ministry of Health, the National Drug Authority, the Uganda Heart Institute, the Uganda Lung Institute, the Uganda Revenue Authority (URA), the National Mental Referral Hospital, the Ministry of Internal Affairs, the Office of the President, State House, the Uganda Cancer Institute, the Uganda National Bureau of Standards, the Ministry of Education and Sports, civil society (Uganda Alcohol Policy Alliance) and academia (Makerere University School of Public Health). SAFER was fully embraced by participants, who also committed to quarterly meetings to review progress.



The WHO SAFER initiative helped raise national awareness of alcohol harm and strengthen our capacity to advance evidence-based alcohol control measures. It catalyzed policy discussions across government and supported the integration of alcohol prevention and care into the health system.

**Hafsa Lukwata Ssentongo**

Assistant Commissioner, Mental Health Division  
Ministry of Health  
Uganda



Multisectoral meeting on alcohol control in the Office of the Prime Minister of Uganda. © Ntensibe Edgar Michael



From development to delivery: Uganda’s SBIRT protocol (top) was designed by nationals and experts (bottom) and introduced through health worker training in Jinja district (centre). © David Kalema



Through SBIRT training, I strengthened my ability to identify and address risky substance use and to provide evidence-based interventions for people who might otherwise not access care.

**Veronica Kagasa**  
Nursing Officer and SBIRT Supervisor  
Kisenyi Health Centre IV  
Kampala, Uganda

### 3.1.1 Policy advocacy and leadership

The Ministry of Health provides overall leadership for SAFER Uganda, while the WHO Country Office hosts the secretariat. To guide implementation, five technical working groups – on 1) advocacy and communications, 2) alcohol availability, 3) SBIRT, 4) monitoring and research and 5) fundraising – were established to provide structure, oversight and quality assurance.

From the outset, Uganda prioritized restricting alcohol availability and strengthening health-system responses. Advocacy centred on the Alcohol Control Bill, with SAFER training for more than 100 parliamentarians and 59 local leaders to support evidence-based reforms. SAFER also mobilized cultural institutions, police and district governments, with more than 30 traditional leaders joining advocacy efforts by 2025. In total, an estimated 1139 key stakeholders – including policy-makers, health workers, and local leaders – were actively engaged through SAFER implementation processes in 2025. Despite sustained opposition to alcohol policy measures during parliamentary debates, including from commercial stakeholders, momentum was maintained through local bylaws, public campaigns, and the establishment of a multisectoral alcohol control committee, with parallel work initiated on a national alcohol monitoring framework and an alcohol communication strategy. The Uganda Alcohol Policy Conferences in 2022 and 2024 brought together more than 500 participants and positioned SAFER Uganda as the national reference point for alcohol policy dialogue. In parallel, cross-sectoral Ugandan delegations participated in international forums such as the Global Alcohol Policy Conference and the WHO Forum on Alcohol, Drugs and Addictive Behaviours. These exchanges not only raised Uganda’s international profile but also reinforced domestic collaboration across ministries, civil society and academia.

### 3.1.2 Health-system integration

Uganda integrated SBIRT into primary health-care services. A national SBIRT working group – comprising WHO experts, members of the International Network on Brief Interventions for Alcohol and Other Drugs (INEBRIA) and Ugandan professionals – developed a tailored protocol, training tools and information, education and communication materials. Pilot programmes in Jinja and Kampala districts trained more than 60 health workers and officials (Box 5).

In 2025, the Ministry of Health technical committees approved piloting the SBIRT protocol in two health facilities, marking a major milestone towards system-wide adoption. By December 2025, SBIRT services had reached approximately 3435 health-service users in the two pilot centres. A reporting mechanism for SBIRT was established, and SBIRT has been incorporated into the strategic plan of the Ministry of Health.

Initial results indicate a substantial shift in detection of, and response to, alcohol use: during the first two months of implementation, nearly half of screened patients were identified as being current drinkers, and more than one in five of those identified received a brief intervention. This represents a marked increase compared with the pre-pilot period, when alcohol use was rarely recorded in routine facility data.

### 3.1.3 Fiscal policy and economic evidence

Building on parliamentary debates on excise reforms, SAFER Uganda and partners contributed to amendments to the Excise Duty Acts in 2024, 2025 and 2026, the last of which delivered a further increase in alcohol excise duty. Sustained dialogue with the Ministry of Finance, the Uganda Revenue Authority, the National Planning Authority and civil society raised the visibility of health taxation as a durable prevention instrument. In parallel, UNDP's national NCD investment case — whose health-tax modelling covered alcohol — supplied locally tailored fiscal evidence for the stakeholder sessions held in May 2025, reinforcing the public-health framing of excise reform and informing revenue and burden-reduction scenarios. Together, these processes helped align alcohol taxation with Uganda's broader NCD strategy and public finance agenda, creating policy space for sustained implementation and for future optimization of tax design and enforcement.

### 3.1.4 Monitoring, data and research

A multisectoral process customized SAFER monitoring indicators for Uganda, drawing on inputs from 15 institutions, including the Uganda Revenue Authority, the Uganda Bureau of Statistics, the Uganda Police Force, academia and addiction treatment agencies. By 2025, interagency collaboration had begun to collect data on alcohol harm and enforcement. Alcohol-related data have been collected from 22 agencies for the years 2020, 2021, 2022, 2023 and 2024. A scientific protocol to guide SBIRT implementation research was initiated to enable documentation and dissemination of lessons learned, while work was begun on outlet-density mapping and an alcohol investment case. SAFER also encouraged the Uganda Bureau of Statistics to consider integrating alcohol indicators into the national surveillance system.

### 3.1.5 Progress and operational insights

By 2025, SAFER Uganda had expanded advocacy, built cross-sector alliances and strengthened health-system responses to alcohol harm. Box 6 summarizes the key milestones of the SAFER Uganda journey to date. Civil society organizations increased their capacity; cultural and religious leaders became visible advocates; and local bylaws multiplied. The progress made in developing the national alcohol communication strategy and the SBIRT protocol place Uganda in a position to sustain policy and effective service delivery.

#### Box 5 How Uganda scaled up SBIRT in primary care

##### Uganda's approach

Uganda integrated SBIRT into primary health care. A national working group developed tailored protocols and training materials, which were piloted in selected facilities in Jinja and Kampala districts.

Key steps were:

- A multisectoral SBIRT working group was formed.
- National protocols and information, education and communication materials were developed.
- More than 60 health workers were trained.
- A reporting mechanism was established for SBIRT outcomes.

##### Impact

In the first two months of the pilot, 1646 of 3435 patients screened positive for alcohol use. Of these, 373 met the criteria for a brief intervention and this was delivered, reflecting the phased clinical pathway of SBIRT implementation. SBIRT has since been incorporated into the national health strategy, with plans for nationwide scale-up.



Health workers training with SBIRT at Bugembe health centre in Jinja. © David Kalema

**Box 6 | Uganda SAFER milestones**

- **2021** – Joint WHO–government mission; roadmap drafted; governance structure established.
- **2022** – SAFER Uganda formally launched; technical working groups created; first Uganda Alcohol Policy Conference held.
- **2023** – Alcohol Control Bill tabled; strong industry pushback; pivot to enforcement; bylaws piloted at district level; participation in Addis Ababa intercountry learning; Ministry of Health receives a UNIATF Award for leadership in alcohol policy; strong delegation to the WHO Forum on Alcohol, Drugs and Addictive Behaviours and the Global Alcohol Policy Conference.
- **2024** – SBIRT protocol drafted and approved by the Ministry of Health for piloting; Uganda Alcohol Policy Conference 2024 attracts more than 500 participants.
- **2025** – Multisectoral alcohol harm prevention task force formed under the Office of the Prime Minister; SBIRT piloted in two districts, reaching an estimated 3435 health-service users in the first two months; excise duty amendments debated; SAFER indicators integrated into surveillance; Uganda delegation showcases progress at the Accra intercountry learning workshop and at the WHO Forum on Alcohol, Drugs and Addictive Behaviours.

In Uganda, the RESET Alcohol initiative and Movendi International supported the Uganda Alcohol Policy Alliance (UAPA) to lead civil society efforts to advance the Alcohol Drinks Control Bill. In support of the Ministry of Health, UAPA worked with civil society partners on evidence-based advocacy for stronger alcohol regulation by engaging key government officials, parliamentarians, and cultural and religious leaders to build broad support for the adoption of the bill. They also worked to amplify public awareness by driving key messages across social media platforms and convening alcohol policy dialogues.

**Operational insights:**

- Continued and sustained Ministry of Health leadership is decisive.
- Strong networks linking government, United Nations actors, civil society and academia accelerate delivery.
- Early, consistent engagement of parliamentarians and traditional leaders builds legitimacy.
- A focus on tangible outcomes (e.g. bylaws enforced, providers trained, services delivered, plans endorsed) maintains momentum.
- Proactive measures to anticipate and counter alcohol-industry interference are essential.
- Diversified funding and international collaboration support scale-up and resilience.

**3.1.6 Challenges and next steps**

In Uganda, progress on the Alcohol Control Bill was slowed by sustained industry interference during parliamentary deliberations, alongside limited availability of health data, resource constraints and frequent turnover of parliamentary committee membership. These factors collectively weakened continuity, delayed decision-making and reduced the capacity to advance evidence-based provisions in a timely manner.



Crowded triage area at a primary health care facility in Uganda, where limited space and privacy constrain confidential patient–provider interactions. This creates a key barrier to screening for alcohol use disorders (AUDs) and highlights that integrating SBIRT into primary care is also a systems and infrastructure challenge. Picture blurred to protect privacy in a clinical setting. © David Kalema

Looking ahead, priorities include compiling a comprehensive national status report on alcohol; launching the national alcohol communication plan; scaling up SBIRT nationwide; securing adoption of the Alcohol Control Bill; integrating alcohol into routine surveillance systems and health budgets; and consolidating fundraising strategies for long-term sustainability. Strengthening understanding of, and responses to, alcohol-industry interference will also be critical to accelerating implementation of these priorities and safeguarding policy processes.

## NEPAL

### 3.2 Nepal – compliance and community delivery

Launched on 19 April 2022, the SAFER Nepal partnership is led by the Government of Nepal and WHO in close collaboration with local and SAFER partners, including the UNIATF Secretariat, UNDP, Movendi International, the NCD Alliance, Vital Strategies and the Global Alcohol Policy Alliance. As the second country globally to adopt SAFER, Nepal signals a strong commitment to reducing alcohol-related harm through proven, cost-effective measures. The initiative aligns with Nepal's Multisectoral Action Plan for the Prevention and Control of Noncommunicable Diseases 2021–2025 (Ministry of Health and Population, 2021) and advances the national goal of a 10% reduction in harmful alcohol use by 2025.

SAFER implementation was supported by a coalition of national civil society actors, including FPCRN, the Nepal Alcohol Policy Alliance, Child Workers in Nepal Concerned Centre and Nepal NCD Alliance, which contributed to advocacy coordination, legal follow-up and policy dialogue alongside WHO technical support.



Alcohol marketing in print media: AI-assisted anonymized illustration showing a fictional newspaper before and after removal of a full-page alcohol advertisement. The newspaper title, brand and text have been fictionalized.



Launch of SAFER Nepal, marking a national commitment to reducing alcohol-related harms and advancing implementation of the SAFER technical package. © WHO



Affirming the primacy of health protection over commercial interests. © WHO

A national SAFER Advisory Committee, chaired by the Director-General of the Ministry of Health and Population, was established in 2022, bringing together government, the United Nations system, academia and civil society. A joint WHO–United Nations–government mission produced a 24-month roadmap, and the National Health Education, Information and Communication Centre (NHEICC) was designated as SAFER secretariat, ensuring national ownership and coordination.

### 3.2.1 Civil society, judiciary and industry power

On 23 February 2023, Nepal’s Supreme Court issued an interim order upholding the nationwide ban on alcohol advertising, following petitions from the FPCRN challenging the continued presence of alcohol marketing and sponsorship despite existing legal restrictions. The ruling protected policy space at a critical juncture by affirming the enforceability of national law and triggering renewed attention to implementation gaps (Government of Nepal, 2018; Supreme Court of Nepal, 2023).

Nepal’s experience draws attention to the importance of holding commercial actors legally accountable when industry practices undermine or circumvent public health regulation. Through strategic litigation and sustained watchdog monitoring, civil society actors used judicial processes to compel government action, limit industry-linked marketing practices, and reaffirm the primacy of health protection over commercial interests.

Beyond enforcement, this experience also underscored the value of pre-emptive monitoring of industry actors to identify and address emerging forms of policy interference before they become entrenched. Civil society’s role in safeguarding alcohol policy was formally recognized when FPCRN received a 2023 award from UNIATF.



Members of FPCRN receive the UNIATF Award in recognition of their leadership and sustained efforts to advance alcohol policy and protect public health in Nepal. © FPCRN/Suresh Thapa

### 3.2.2 From provinces to municipalities: scaling up SAFER locally

Localization has been a hallmark of SAFER implementation in Nepal. To build momentum, NHEICC organized provincial-level workshops in Dhangadhi (Sudurpashchim Province, 6 October 2023) and Hetauda (Bagmati Province, 1 December 2023). These events brought together influential stakeholders, including the Deputy Speaker, provincial assembly members, mayors and deputy mayors, district coordination committee members, police representatives, chambers of commerce, hotel entrepreneurs, youth councils and consumer rights groups. The workshops raised awareness and helped to secure political commitment for cost-effective alcohol policy measures.

Five municipalities – Birtamod, Tulsipur, Hetauda, Birendranagar and Dhangadhi – have since adopted SAFER action plans addressing outlet density, licensing, community education and enforcement, with support from WHO and the FPCR. Provinces such as Sudurpashchim and Bagmati have convened multisectoral workshops to better align provincial and municipal implementation. Orientation workshops in Dharan Sub-metropolitan City, Pokhara and Surkhet – involving mayors, deputy mayors, rural municipality chairpersons and representatives from administrative, health and law-enforcement agencies – were organized by NHEICC with support from WHO (Box 7).

In 2025, NHEICC, together with WHO Nepal, convened a SAFER workshop in Surkhet for 14 municipalities in Karnali Province, bringing together mayors, deputy mayors, chief administrative officers, provincial health authorities and police. Participants reaffirmed grassroots leadership and multisectoral collaboration as key to advancing alcohol policy and programmes at community level.

These subnational advances were made possible in part by the normative and legal clarity established at national level, which reinforced the enforceability of advertising restrictions and strengthened the broader regulatory environment.

### 3.2.3 Screening, brief interventions and treatment

Nepal integrated harmful alcohol use reduction into primary health care through the WHO Package of Essential Noncommunicable Disease Interventions and mental health programmes. Health workers provide screening, brief interventions and referrals, and high-level hospitals are being equipped for detoxification and relapse prevention. Nepal participated in the annual conference of the International Network on Brief Interventions for Alcohol and Other Drugs (INEBRIA) held in Barcelona, Spain, in 2024, and the training package for health-care providers was being revised in 2025.



With support from WHO Nepal, Nepal Police ran a road safety sensitization campaign in Janakpur, Madhesh. WHO/SAFER provided 30 breathalyzers; 30 new checkpoints will be deployed at high-risk highway locations across the province's eight districts. © WHO

#### Box 7 Federal government directive to local governments on tobacco and alcohol control

In July 2024, the Ministry of Federal Affairs and General Administration instructed all 753 local governments to implement 14 tobacco and alcohol control tasks. Six of these focus specifically on alcohol and provide a clear mandate for local enforcement, namely by:

- banning alcohol advertising on signboards and hoardings;
- increasing registration and renewal fees for alcohol outlets;
- restricting licensing to specified types of outlets;
- setting and enforcing restricted sales hours for alcohol;
- prohibiting sales to pregnant women; and
- strengthening monitoring and enforcement of alcohol-related regulations.

This directive gives municipalities strong national backing to implement and enforce local alcohol control measures in line with SAFER.



Localization of the SAFER initiative in Nepal: multi-stakeholder meetings and capacity-building sessions supporting provincial and municipal adaptation of alcohol harm prevention measures. © WHO/Doris Gampo

### 3.2.4 International networking, advocacy and knowledge-sharing

Nepal engaged actively in SAFER intercountry learning, sharing enforcement experience at the 2023 SAFER intercountry learning workshop in Bangkok. In the same year, SAFER Nepal featured prominently at the WHO Forum on Alcohol, Drugs and Addictive Behaviours in Geneva, including a SAFER day that spotlighted Nepal’s implementation of its advertising ban. Advocacy with online and media platforms led Meta to stop alcohol advertising on Facebook and Instagram in Nepal and prompted action to curb alcohol advertisements in the Nepal edition of *The New York Times*. In 2024, Nepal also contributed case material at the WHO workshop on unrecorded alcohol and tobacco held in Bangkok.

### 3.2.5 Outcomes and lessons

Nepal has demonstrated remarkable progress in implementing SAFER (Fig. 5). The decisive Supreme Court ruling now protects health policy by securing the removal of alcohol advertising from both print and digital media, reinforcing the national advertising ban and overcoming significant industry pressure. Federal directives, particularly from the Ministry of Federal Affairs and General Administration, have provided municipalities with a clear mandate to act. Civil society engagement, led by FPCRN, has enhanced accountability and gained international recognition, while local government leadership has ensured cultural legitimacy and sustainability.

The WHO Country Office in Nepal has provided support in maintaining policy coherence and coordination between national and local levels, helping to sustain momentum through political transitions and ensuring alignment with broader health and development agendas. The Surkhet workshop and other provincial gatherings galvanized grassroots commitment, and at national level the Advisory Committee's recommendation to draft a unified alcohol bill laid the foundation for consolidating scattered laws.

Together, these developments demonstrate how coordinated judicial, governmental, civil society and United Nations engagement can embed alcohol policy and programmes into daily governance, even in a fluid and sometimes turbulent political context (Box 8).

### 3.2.6 Challenges and next steps

Persistent challenges include fragmented legacy laws, uneven local capacity and industry efforts to normalize alcohol through sport and media. Implementation also takes place within a changing political environment marked at times by political turmoil and administrative turnover, which can affect continuity and enforcement of alcohol policy measures.

Priorities going forward include:

- drafting and adopting a unified alcohol bill to consolidate existing legislation;
- expanding taxation reforms to strengthen fiscal measures;
- institutionalizing breath testing nationwide;
- continuing localization of SAFER and supporting municipalities in implementing the directive of the Ministry of Federal Affairs and General Administration;
- embedding SAFER indicators in the national surveillance system to sustain accountability; and
- developing screening and brief intervention strategies for early prevention and treatment.



Fig. 5 | Roadmap for SAFER Nepal

#### Box 8 | Timeline – Nepal SAFER

- **2022**  
SAFER Nepal initiated and Advisory Committee established; roadmap developed; NHEICC designated as secretariat.
- **2023**  
Supreme Court confirms a total ban on alcohol advertising; FPCRN receives the UNIATF Award; WHO supports monitoring of 14 municipalities; breath-testing scaled up.  
Municipalities develop SAFER action plans; provincial workshops held in Sudurpashchim and Bagmati provinces.
- **2024**  
Joint WHO–Norad mission re-energizes Advisory Committee; priorities set on enforcement and fiscal measures; municipalities endorse action plans; the Ministry of Federal Affairs and General Administration issues directives to all 753 local governments on alcohol and tobacco control.  
SAFER Advisory Committee reconvenes and agrees to draft a new alcohol bill; NHEICC is confirmed as secretariat and alcohol focal unit of the Ministry of Health and Population; Committee commits to regular meetings; provincial workshops held in Gandaki and Koshi provinces.
- **2025**  
Community mobilization: NHEICC and WHO Nepal host Surkhet workshop with 14 municipalities of Karnali Province, demonstrating strong grassroots commitment to SAFER.

## IRELAND

### 3.3 Ireland – Building SAFER communities through local action



SAFER created a shared framework for collective action, enabling coordination and helping us to avoid working in silos. While greater resourcing is still needed, we are advancing with determination using the tools available to us.

**Grainne Ketelaar**

Lecturer, Dept of Early Years and Childhood Studies, Atlantic Technological University & Chair SAFER  
Letterkenny, Ireland

Ireland demonstrates how a high-income country can translate strong national legislation into community-level action (Fig. 6). The Public Health (Alcohol) Act 2018 introduced a comprehensive package of measures – including minimum unit pricing, advertising and sponsorship restrictions, labelling requirements and retail separation. While Ireland has established a comprehensive legislative framework, there is a recognized need to strengthen implementation and enforcement across all levels – particularly where delivery depends on subnational action, cross-sectoral coordination and sustained community ownership. Greater activation of existing provisions – supported by national leadership, intersectoral coordination and community engagement – would help ensure that the intent of the legislation translates into consistent practice.

At the same time, policy discussions such as the Sale of Alcohol Bill (2022), which proposes significant liberalization of alcohol licensing, underline the importance of reinforcing implementation capacity and safeguards, including protections against conflicts of interest in order to protect policy coherence and public health objectives.

International civil society engagement also aligned with national policy momentum. The Global Alcohol Policy Conference 2020, co-hosted by the Global Alcohol Policy Alliance and the Department of Health, explicitly aimed to reinforce implementation of the Public Health (Alcohol) Act, illustrating how global policy forums can support domestic reform processes.



Fig. 6 Building SAFER Communities in Ireland: translating global, regional and national alcohol policy into community-level action to prevent and reduce alcohol-related harm. © Alcohol Forum Ireland

Within this context, Ireland launched Building SAFER Communities in 2024, covering 10 communities and approximately 190 000 people, as an important step to stimulate action, build momentum and strengthen the practical delivery chain linking national policy to local implementation, prevention and services (Fig. 7).

### 3.3.1 Community-led implementation with global support

Building SAFER Communities is spearheaded by Alcohol Forum Ireland in partnership with the Irish Community Action on Alcohol Network, local and regional drug and alcohol task forces and the Gardaí. Local steering groups co-design action plans tailored to community needs, focusing on enforcement routines, public campaigns and monitoring frameworks. A defining feature is its independence from the influence of the alcohol industry, reinforced by the i-Mark standard launched in 2022 to expose industry tactics at community level (see Box 9). Ireland's experience demonstrates how national leadership and community engagement have been central to localizing SAFER. The efforts were supported by technical input and collaboration with global and regional partners, including UNDP and WHO's Regional Office for Europe, and leading international researchers, ensuring that SAFER principles and the evidence base were reflected in national strategies without losing local ownership. This partnership model shows how global expertise can complement local experts and community-driven action to deliver meaningful policy change.



Fig. 7 | The communities involved in Building SAFER Communities in Ireland. © Alcohol Forum Ireland

#### Box 9 | Cross-cutting strategy: protecting SAFER implementation from alcohol industry interference

Participating communities in Building SAFER Communities initiative in Ireland (see 3.3.1) are provided with a toolkit to guide local SAFER implementation. Alongside policy-specific actions, the toolkit highlights the importance of protecting communities and organizations from alcohol industry interference as a cross-cutting strategy that supports effective implementation and monitoring (Alcohol Forum Ireland, 2023).

To support this protective function, communities are encouraged to adopt the i-Mark: Supporting Communities Free from Alcohol Industry Influence. Launched in 2022, the i-Mark is an initiative of Alcohol Forum Ireland and the Irish Community Action on Alcohol Network. Organizations adopting the i-Mark receive a toolkit, resources, campaigning support and training, and become part of a growing network that works collectively to resist alcohol industry interference. In mid-2025, a second iteration – the i-Mark for Academics and Researchers – was launched globally.

The i-Mark has been embedded within the Building SAFER Communities initiative to support community education and understanding of alcohol industry tactics and their impact on health and well-being.

#### In adopting the i-Mark, SAFER partners pledge:

1. to review partnership and funding proposals using the i-Mark toolkit;
2. to never accept alcohol industry funding or partnerships, including with affiliates or social aspects organizations;
3. to never use or promote alcohol-industry-funded materials, including for young people; and
4. to scrutinize, challenge and raise awareness of alcohol industry tactics undermining public health.

**Box 10 Academic capacity-building linked to implementation: the Certificate in Building SAFER Communities (Ireland)**

Atlantic Technological University (ATU) offers a Certificate in Building SAFER Communities, an accredited, practice-oriented programme designed to strengthen community-level capacity to reduce alcohol harm using evidence-based approaches. Delivered through ATU’s Department of Early Education and Social Studies, the programme translates the principles of the WHO SAFER technical package into applied learning for professionals working in local systems and services.



The certificate is closely aligned with, and builds on, the Building SAFER Communities project, which focuses on supporting communities to assess local alcohol-related harms, to mobilize cross-sectoral partnerships, and to implement practical prevention and harm-reduction actions. Through this linkage, the programme connects on-the-ground project experience with formal academic training, reinforcing learning through real-world application.

The course emphasizes:

- understanding alcohol harm within community and social systems;
- applying SAFER-aligned actions in local prevention, enforcement and service pathways;
- strengthening collaboration between health, education, social services and community actors; and
- translating policy frameworks into sustainable local action.

By embedding SAFER-related competencies within a tertiary-level qualification, this initiative illustrates how community action projects can be institutionalized through education and professional development, helping to move from short-term interventions to longer-term workforce and system strengthening. It provides a concrete example of how academic institutions can support the implementation pathway of SAFER and the Global alcohol action plan at community level.

**3.3.2 Governance and evaluation**

The governance structure for the “Building SAFER Communities” initiative in Ireland illustrates the roles and links between national steering groups, advisory committees, research networks and local implementation teams (Fig. 8). A national steering group, including health services, academia and the WHO Regional Office for Europe, provides oversight and ensures alignment with national and international standards. Evaluation is led by Trinity College Dublin, combining milestone tracking, annual learning seminars and standardized data collection. Atlantic Technological University launched an accredited Certificate in Building SAFER Communities, equipping local leaders to navigate licensing, enforcement and safeguards against conflicts of interest (Box 10).



Fig. 8 The governance structure of “Building SAFER Communities” in Ireland. © Alcohol Forum Ireland

**3.3.3 Funding and institutionalization**

The initiative is supported through the Department of Health’s National Drug Prevention and Education Funding Scheme, with a €300 000 grant over three years. This structured investment secures sustainability, embeds SAFER principles within national drug and alcohol strategies and reinforces independence from commercial interests.

**3.3.4 Outcomes and lessons**

Building SAFER Communities has already shown an impact (Box 11). Ten communities at municipal level are implementing SAFER-aligned action plans. The i-Mark standard has safeguarded civil society’s independence and has helped to build public trust. Local leaders will be trained through the Certificate in Building SAFER Communities, ensuring professional implementation. Evaluation by Trinity College Dublin has provided robust learning and adaptation, while international recognition has affirmed Ireland’s role as a pioneer in community-driven SAFER implementation.

### Box 11 SAFER Ireland milestones

- **2018** – Ireland enacts the Public Health (Alcohol) Act, establishing a comprehensive legislative framework aligned with SAFER principles, including labelling, marketing restrictions and retail separation.
- **2019–2021** – Phased implementation of marketing restrictions and visibility requirements begins, laying the groundwork for enforcement and public awareness.
- **2022** – Alcohol Forum Ireland and Irish Community Action on Alcohol Network launch the i-Mark standard, a community-led initiative to safeguard independence from alcohol industry influence and raise awareness of its strategies.
- **2023** – Alcohol labelling regulations are signed, introducing mandatory health warnings, nutritional information and links to public health resources, with full implementation scheduled by 2026. The Building SAFER Communities initiative is awarded €300 000 over three years under the National Drug Prevention and Education Funding Scheme, enabling the design and resourcing of a national demonstration programme.
- **2024** – Ten communities are selected to participate in the programme, focusing on local enforcement, public engagement and capacity-building. The Certificate in Building SAFER Communities is launched in partnership with Atlantic Technological University to train local leaders in SAFER implementation and will commence in 2026.
- **2025** – National rollout events and local launches take place. Trinity College Dublin begins formal evaluation of implementation and outcomes. Ireland’s localization experience is featured at the WHO Forum on Alcohol, Drugs and Addictive Behaviours, highlighting community participation and enforcement as key themes.



A local manifestation of SAFER.  
Group photos: © Aishling Conway  
Van: © Steven Joyce

Ireland highlights that national legislation is a backbone but not an end-point: local translation is crucial for visibility and impact. Independence from the alcohol industry builds credibility, while accredited training and structured evaluation embed sustainability. National and local steering groups ensure alignment across levels, and demonstration projects create momentum for future expansion.

### 3.3.5 Challenges and next steps

Enforcement consistency varies between communities. Funding beyond 2026 is uncertain, and maintaining public awareness of the health rationale remains a challenge.

Looking ahead, Ireland plans to:

- refine and codify the Building SAFER Communities model;
- secure long-term financing;
- ensure enforcement consistency; and
- share its experience as a scalable model for high-income and international contexts.



SAFER provided a strong foundation and a clear pathway, giving us the confidence to define our own direction as we continue our journey along the road to change.

#### Marie Lawless

Policy and Research Officer, Ballymun Local Drug and Alcohol Task Force & Chair of SAFER  
Ballymun, Ireland

### 3.4 Cross-country synthesis

Together, Ireland, Nepal and Uganda illustrate SAFER's adaptability across governance systems. Uganda demonstrates how national roadmaps, policy enforcement and advocacy can accelerate change; Nepal shows how federal and municipal authorities can align around availability and marketing controls; and Ireland pairs a comprehensive legislative framework with community-level delivery and accredited training – illustrating how evidence becomes action when policy, enforcement and local capacity are sequenced and supported. The same adaptability is increasingly evident below the national level, where subnational governments are taking up and tailoring SAFER on their own initiative – as Greater Manchester's 'A SAFER GM' strategy illustrates (Box 12).

#### Box 12 Adapting SAFER locally: “A SAFER GM” in Greater Manchester, United Kingdom of Great Britain and Northern Ireland

Greater Manchester (GM) is a city-region of 2.8 million people in north-west England. In July 2025 its Integrated Care Partnership launched the Greater Manchester Alcohol Harms Strategy 2025–2030 (Greater Manchester Integrated Care Partnership, 2025), which adopts WHO's SAFER framework as its explicit guiding structure. Developed independently of WHO over a 16-month co-design process that embedded data analysis and the input of people with lived experience, the strategy illustrates how the SAFER framework is increasingly being taken up by subnational governments on their own initiative. Notably, it was built without a supporting national alcohol strategy to draw on, with SAFER providing the organizing structure in its place.

To reflect local priorities – particularly children, young people and people with lived experience – Greater Manchester adapted the five SAFER action areas into an expanded eight-part framework, “A SAFER GM”:

- A Amplify** community engagement around living well and reframing relationships with alcohol
- S Strengthen** restrictions on alcohol availability
- A Advance** and enforce drink–driving countermeasures and work with police, probation and other partners to prevent alcohol-related crime
- F Facilitate** access to screening, brief interventions and treatment
- E Enforce** bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion
- R Raise** prices on alcohol through excise taxes and pricing policies
- G Give** every child the best start in life
- M Mobilize** a sustainable, community-led approach to recovery, peer support and mutual aid

The adaptation keeps the five evidence-based SAFER levers intact while adding two locally driven priorities – giving every child the best start in life, and mobilizing community-led recovery – alongside a stronger emphasis on community engagement and cultural change, informed by The Big Alcohol Conversation, one of the largest public consultations on alcohol in the country. Delivery is coordinated by a Greater Manchester Alcohol Harms Alliance that brings together the NHS, local authorities, police, probation services, licensing, treatment providers and people with lived experience.

#### Why this matters for SAFER

Greater Manchester shows that the SAFER framework is robust and intuitive enough to be adopted – and locally extended – by a subnational government acting on its own initiative, and to do so where no national alcohol strategy exists to build on. The five evidence-based levers remain intact and recognizable while accommodating context-specific priorities, here child well-being and community-led recovery. As an instance of organic, bottom-up uptake, it complements the national experiences of Ireland, Nepal and Uganda and signals that SAFER's adaptability now reaches the subnational level.

### 3.4.1 Civil society and industry power in alcohol policy: lessons from Ireland, Nepal and Uganda

In Ireland, Nepal and Uganda, efforts to strengthen alcohol policy brought public health priorities into direct conflict with powerful commercial interests. The cases illustrate both the vulnerabilities of government institutions and the importance of civil society.

**Nepal.** Despite some of South Asia's strongest statutory bans on alcohol advertising, enforcement in Nepal has been uneven. Sponsorship of sports events and football teams by multinational alcohol brands has continued across media and venues, showing how marketing can penetrate even tightly regulated markets. In response, civil society organizations – notably the FPCRN – petitioned the Supreme Court. In 2023, the Court issued an interim order upholding the legal ban on alcohol advertising and instructing government bodies to monitor and enforce compliance, demonstrating how strategic litigation and watchdog monitoring can compel the implementation of existing laws (Republica, 2023).

**Uganda.** In 2022, a private member's Alcohol Control Bill was introduced in the parliament to strengthen regulation of alcohol marketing, production and availability. The Bill was eventually rejected after sustained opposition from major brewers and their trade association. Analyses document how these actors used corporate social responsibility and strategic communication – foregrounding support to farmers, road safety and other development initiatives, and close partnerships with government – to frame themselves as indispensable development partners and to mobilize political allies against the Bill. Civil society organizations campaigned for the law, but without strong institutional backing their advocacy was overshadowed. (Lesch et. al., 2024; Movendi International, 2024).



One of the most engaging moments in the SAFER intercountry learning workshops is the gallery walk – a participatory session in which country teams set up "stations" to present their group work and delivery plans. Other delegations walk from station to station and discuss the plans. © WHO

**Box 13 | Alcohol policy investment cases**

Investment cases for alcohol policy translate epidemiological evidence into economic and fiscal terms in order to inform government decision-making. They assess the health, social and economic costs of alcohol use and model the expected impact of implementing SAFER interventions, particularly taxation, availability restrictions and marketing bans.

Investment cases typically estimate:

- deaths and illnesses averted;
- health-care cost savings and productivity gains;
- changes in government revenue, especially from excise taxes; and
- broader social and distributional effects.

Evidence from multiple settings shows that pricing policies and comprehensive SAFER packages generate substantial health gains and favourable economic returns, often within a short time. In many contexts, increases in alcohol excise taxation result in both reduced consumption and increased revenue. By linking public health outcomes with fiscal and development objectives, alcohol policy investment cases support sustainable, domestically financed implementation of the Global Alcohol Action Plan.

**Ireland.** Comprehensive health-warning labelling – including cancer warnings, calorie information and grams of alcohol per container – was adopted after a prolonged legislative process and scrutiny under the European Union’s technical-regulation notification procedure. In 2025, however, the government extended the three-year transition period for compliance, effectively postponing implementation until 2028. The regulation itself remains in force, but the delay illustrates how sustained opposition from industry and trade interests can slow – even when it does not overturn – structural public-health measures (Centre for European Policy Network, 2023; Cox, 2025).

**Comparison.** In Nepal, civil society engagement supported the use of judicial processes to strengthen enforcement of existing laws; in Uganda, parliamentary advocacy encountered complex, multi-layered resistance; and in Ireland, sustained state leadership delivered rule changes, while implementation timelines remained sensitive to wider political and stakeholder influences. In all three cases, industry recruited local allies—sports bodies in Nepal, farmers in Uganda and trade/single-market framings and media campaigns in Ireland – and framed regulation as a threat to economic development.

**Lessons.** Civil society is indispensable in advocating for alcohol policy, but it cannot succeed in isolation. Where regulation is consistently framed as a threat to economic development, effective progress depends on political leadership, sustained enforcement and strong institutional allies —such as the judiciary and committed executive authorities – supported by a credible, nationally owned investment case (Box 13). The integration of health, economic, trade, revenue and livelihood considerations into alcohol policy strengthens the case for action and helps to counter industry narratives. Recent work to develop and pilot methodologies for the alcohol policy investment case, including in Sri Lanka, illustrates the value of this approach and points to opportunities for closer collaboration with broader NCD financing and development initiatives such as NCD 2030.



# Regional pathways – intercountry learning

## 4 Regional pathways – intercountry learning

SAFER's strength lies in its ability to translate global evidence into local action. While country deep-dives highlight in-depth partnerships, regional pathways show how WHO and partners foster peer-to-peer learning, mutual accountability and cross-country momentum. Intercountry learning workshops and regional initiatives provide a structured space where multisectoral teams can step back from daily pressures, review their national policy landscapes and set clear priorities.

These workshops combine technical assistance, updated evidence and peer exchange, allowing countries to design or refine delivery plans that are both evidence-based and context-specific. By bringing together ministries of health, finance, justice, law enforcement and transport alongside civil society and academia, regional pathways strengthen multisectoral coalitions and ensure that alcohol policy is not treated as a siloed agenda. The participatory approach builds trust between countries, reinforces political commitments and accelerates the adoption of high-impact interventions.

Crucially, regional pathways are not one-off events but part of a continuum of support. Preparatory work, in-person collaboration and structured follow-up – through webinars, bilateral consultations and technical missions – create continuity and accountability. This approach enables countries to learn from each other's challenges and successes, generating case studies and building a shared narrative for alcohol policy. In this way, regional pathways extend SAFER's impact, turning individual country progress into regional and global momentum.

Regional pathways have thus transformed SAFER from resource-intensive country missions into a global delivery platform whereby progress in one country inspires and accelerates action in another.

### 4.1 African Region

In the WHO African Region, SAFER has been advanced as a continuous process of intercountry learning and technical support under the leadership of WHO's Regional Office for Africa. A first step in 2023 was the BIGRS training in Kampala which brought together teams from four countries to strengthen drink-driving countermeasures. The training addressed legislation, enforcement practices and tools such as random breath-testing, sobriety checkpoints and ignition interlocks. This road safety perspective complemented SAFER and highlighted the natural synergies between alcohol policy and traffic injury prevention.

The process continued in Addis Ababa in October–November 2023, where seven countries participated in a SAFER intercountry learning workshop. Multisectoral teams – including representatives from the areas of health, finance, justice and transport – completed landscape



SAFER intercountry learning workshop in Addis Ababa, Ethiopia in 2023. © WHO

assessments, identified gaps and drafted delivery plans to cover taxation, marketing restrictions, availability controls, treatment and enforcement. The Addis Ababa workshop reinforced the importance of coordinated national planning and built momentum for translating the Global Alcohol Action Plan into concrete country actions.

The Global Alcohol Policy Conference 2023 marked the first time the conference was held in Africa, reflecting the growing centrality of low- and middle-income countries in global alcohol policy debates. SAFER policy measures featured prominently in plenary and concurrent sessions as well as in side-events, reinforcing alignment between civil society advocacy and WHO's evidence-based framework.

From 2 to 4 April 2025, Accra hosted the first joint SAFER–BIGRS intercountry workshop (with 15 countries represented), moving from parallel agendas to coordinated delivery. Countries aligned drink-driving enforcement with health and police data systems, coordinated communications and linked national road safety plans with broader efforts to reduce alcohol-related harm – including through policy measures on pricing, availability and marketing, and strengthened health-system responses.

On the basis of the progress in implementing screening and brief intervention in Uganda, INEBRIA Africa, a regional network for brief interventions, is now being planned, with its first meeting scheduled for 15–17 April 2026 in Kampala, Uganda.

## 4.2 Region of the Americas

In the WHO Region of the Americas, the SAFER initiative has progressed through sustained capacity-building, technical cooperation and advocacy led by the Pan American Health Organization (PAHO). The region is characterized by intensive use of digital learning platforms and consolidated mechanisms for sharing experience, all aimed at supporting the design and implementation of effective alcohol policies aligned with SAFER.

A central pillar of this work is PAHO's Virtual Campus for Public Health, which hosts a suite of courses in English, Portuguese and Spanish that directly support Member States in advancing SAFER (Fig. 9). The flagship five-module course *SAFER: cost-effective policies to reduce alcohol-related harm* has had 4799 enrolled participants, with 2402 certified learners, standardizing technical training across the Region of the Americas. Complementing this, the Virtual Campus offers several courses that strengthen strategic areas linked to SAFER, including: Estimating Alcohol Per Capita Consumption in the Americas (5708 enrolled; 3078 certified), aimed at improving the monitoring and annual estimation of consumption; Alcohol Policies and Public Health (16 095 enrolled; 11 250 certified), which provides a framework for advancing population-level policies for the prevention of alcohol-



SAFER helped move road safety beyond the usual networks, expanding partnerships and supporting 15 African countries to turn drink-driving commitments into concrete policy reform and stronger national laws.

**Binta Sako**  
WHO African Region



**Fig. 9** SAFER guidance on PAHO's Virtual Campus for Public Health.

related harm; and Advocacy for Alcohol Policy (6025 enrolled; 3253 certified), which develops strategic skills for moving alcohol policies forward. In addition, AUDIT–DIT training for primary health care has been updated, with a relaunch in late 2025 during which 2402 participants completed the course and received certification. Overall, completion rates for these virtual courses are high compared with typical online training, underscoring strong regional engagement with SAFER.

To promote regional exchange and support implementation, PAHO created a SAFER Webinar Series 2024–2026. In 2024, the webinar *Actions to prevent alcohol harm within the SAFER framework* showcased regional experiences and challenges in deploying SAFER interventions such as drink–driving measures, brief interventions and tax policies. In 2025, this was followed by *Actions to regulate alcohol advertising: how to advance implementation*. A series of four additional webinars focused on SAFER is planned for 2026. In October 2024, PAHO also convened a regional workshop on alcohol taxation with participation from Brazil, Colombia and Mexico, bringing together focal points from ministries of health and finance to review international evidence, fiscal modelling and opportunities to strengthen excise taxation.

As part of its technical support, PAHO has developed the *Alcohol and Health Information Sheet* series, covering SAFER-related topics such as drink–driving, availability regulation, health warning labels, unrecorded alcohol and monitoring of Global Alcohol Action Plan indicators (Serie Hojas Informativas sobre Alcohol y Salud, available at: <https://www.paho.org/es/serie-hojas-informativas-sobre-alcohol-salud>). PAHO has also translated the SAFER technical package into Portuguese and Spanish, making this key guidance more accessible across the region. Direct technical assistance has been provided to several Member States to develop strategic plans for advancing SAFER, including diagnostic assessments, gap identification and facilitation of multisectoral coordination processes.

PAHO country offices, together with national authorities, have further supported the institutionalization of national spaces to strengthen the SAFER agenda. In Colombia, for instance, national SAFER workshops have been held annually over the past four years, consolidating a recurring space for technical and political dialogue and for sharing subnational experiences (Fig. 10).

Chile has achieved important regulatory advances consistent with SAFER's focus on restricting alcohol marketing and providing health information. Between 2021 and 2023, the country moved from a system based on industry self-regulation to binding legislation that establishes broad restrictions on alcohol advertising and requires clear health warnings on packaging and advertising materials. All alcoholic beverages with  $\geq 0.5\%$  alcohol content must display visible textual and graphic warnings on consumption risks. From 2026,



Fig. 10 | Learning materials from a systematization meeting on SAFER in Colombia. Note: Reproduced for reporting and illustrative purposes. © PAHO/WHO

further provisions will enter into force, including limits on television advertising to specific time slots, prohibitions on radio advertising during defined hours, and a total ban on advertising, promotion and sponsorship linked to sports activities, advertising on clothing and promotional items, and in products or spaces intended exclusively for minors.

Across the Region of the Americas, these digital training programmes, regional learning platforms, technical tools and country-level reforms have significantly amplified the visibility and uptake of SAFER, linking it closely to the broader NCD and sustainable development agendas. Beyond this knowledge-building work, PAHO's sustained technical cooperation, policy dialogue and capacity-building are translating into concrete country-level action: with support from PAHO country offices and national authorities, Member States across the Region are advancing initiatives on alcohol taxation, the regulation of alcohol availability, drink-driving prevention, alcohol marketing restrictions and other evidence-based interventions.

### 4.3 European Region

The WHO Regional Office for Europe used the development and launch of the regional status report *Making the WHO European Region SAFER: developments in alcohol control policies, 2010–2019*



SAFER changed how we understand the problem. Introducing tools such as the AUDIT in primary care showed us that early detection and brief interventions are essential steps in preventing and treating alcohol-related harm.

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WHO/Europe SAFER Civil Society Meeting, June 2022: engaging civil society partners to advance alcohol policy implementation and strengthen regional action on alcohol-related harm. © WHO

as a catalyst for rolling out the global SAFER initiative in the Region (WHO Regional Office for Europe, 2021). The report established a strong evidence base by documenting trends in alcohol consumption and harm, assessing policy implementation across Member States, and identifying priority gaps across the five SAFER action areas. This provided a clear foundation for coordinated regional action to reduce alcohol-related harm.



Fig. 11 Pamphlet explaining how SAFER functions.

Building on this momentum, the WHO Regional Office for Europe developed a regional SAFER concept note that positioned SAFER as the guiding framework for reducing alcohol harm across Europe. The initiative emphasizes evidence-based policy, multisectoral collaboration, community engagement and protection of public health policy from commercial interference, supported by advocacy, technical assistance and communication efforts at regional and country levels (Fig. 11).

Regional implementation has been advanced through partnerships with national authorities, WHO country offices, civil society, youth advocates and the research community. Collaboration with PAHO facilitated joint work on cross-cutting issues such as conflicts of interest and industry interference, including a regional webinar series on safeguarding public health in alcohol policy-making. Engagement with the Kettil Bruun Society further strengthened the scientific foundations of SAFER by reinforcing dialogue with independent alcohol researchers and highlighting the importance of academic evidence in informing policy.

Country-level action has been central to SAFER delivery in the region. WHO country offices have supported implementation across prevention, enforcement and health-system responses. In Kyrgyzstan, for example,

the WHO Country Office focused on strengthening primary health care capacity through training on screening and brief interventions, including the adaptation and use of the AUDIT tool, alongside intersectoral dialogue and work on alcohol taxation. Similar country-level efforts across the region illustrate how SAFER can be operationalized within diverse health system and governance contexts.

Several Member States have explicitly integrated SAFER into national or subnational alcohol policy frameworks. Scotland was the first government to endorse SAFER formally, embedding it within its Alcohol Framework and advocating for its application nationally and internationally (Scottish Government, 2018). Ireland’s Building SAFER Communities initiative has demonstrated how the framework can be localized through collaboration between communities, law enforcement and health services, providing a practical model for other countries. Slovenia and Spain have also referenced SAFER in national strategies, while subnational plans such as the East Sussex Alcohol Harm Reduction Strategy in England reflect its influence at local level. Together, these examples show how SAFER functions both as an international standard and as a practical tool for action.

Key governance milestones have further anchored SAFER in the European Region. Side events at the 71st session of the WHO Regional Committee for Europe highlighted the persistent gap between evidence and policy action in a region with the world’s highest alcohol consumption and burden of alcohol-attributable harm (Fig. 12). This momentum culminated at the 72nd Regional Committee, where all 53 Member States unanimously endorsed the WHO European Framework for Action on Alcohol, 2022–2025 (WHO Regional Office for Europe, 2022). The framework places SAFER at the centre of the



Fig. 12 SAFER was the focus of a side-event at WHO’s Europe Regional Committee.



SAFER workshops have taken place in many European countries, here from a workshop in Kyrgyzstan. © WHO

regional response, aligning ambitious targets with the most effective and cost-effective policy measures.

Together, the European Framework for Action on Alcohol and the SAFER initiative provide a unified policy vision and implementation platform for the Region, supporting Member States to accelerate progress, strengthen protection from alcohol harm, and translate evidence into sustained public health gains.

### 4.4 South-East Asia Region

In WHO’s South-East Asia Region, SAFER has been steadily embedded in practice – anchored by ThaiHealth’s partnership model and the regional monitoring using the SAFER framework by WHO’s Regional Office for South-East Asia in 2019. SAFER itself was launched at the United Nations in New York in 2018, with Sri Lanka’s President joining the WHO leadership to elevate the agenda and help position SAFER as a unifying framework for global policy and delivery.

Building on this baseline, the first SAFER in Action intercountry learning event in Bangkok (August 2023) convened delegations from Bhutan, Nepal, Sri Lanka, Thailand and Timor-Leste with WHO and civil society partners. Countries presented rapid landscape reports and drafted delivery plans: Bhutan prioritized taxation and availability; Nepal – one of SAFER’s in-depth countries – focused on implementing its comprehensive advertising ban and subnational rollout; Sri Lanka advanced tax measures amid fiscal strain; Thailand targeted drink-driving enforcement and physical availability control; and Timor-Leste progressed its Alcohol Control Bill. Cross-cutting challenges – weak enforcement, rising digital marketing and industry interference – were addressed through peer exchange and technical



SAFER helped turn commitment into action by providing a structured pathway that empowers local implementation and strengthens accountability.

**Rajesh Pandav**  
WHO Representative, Sri Lanka  
(formerly WHO Representative in Nepal)



The first SAFER intercountry learning was organized in Bangkok, Thailand in 2023. © WHO

guidance. ThaiHealth’s earmarked-excise model was highlighted as an innovative financing approach, reinforced by a study visit showcasing two decades of policy and advocacy innovation.

In Thailand, the National Action Plan for the Implementation of Alcohol Control Policy (2023-2030) was developed following the five SAFER measures with two additional strategies, including community actions and good governance. Thailand’s SAFER Province Project (2023-2030) (Fig. 13) is another example of subnational delivery (Nasueb et.al., 2024). Five pilot provinces – Chiang Rai, Sisaket, Chachoengsao, Nakhon Si Thammarat and Pattani – tested four governance and enforcement set-ups (provincial social-organization operations; Alcoholic Beverage Control subcommittees; Alcohol Control Technical Units; and ad hoc committees). Early lessons point to the importance of clear national targets, committed provincial leadership, resourced policy infrastructure and context-aware strategies that account for marketing concentration and industry interference – showing how SAFER functions as both a technical package and a shared subnational playbook (similar to Ireland’s project). In Thailand, evolving political and economic priorities – particularly a stronger focus on economic development and tourism – have reshaped the policy environment in which alcohol control operates. At the same time, increasing calls for regulatory flexibility from political actors and alcohol business associations have brought renewed attention to the importance of maintaining policy coherence and safeguarding public health objectives. Within this context, strengthening mechanisms to manage industry engagement and prevent undue influence has emerged as a key area where continued support and coordination are needed.

## 4.5 Western Pacific Region

In December 2023, the WHO Regional Office for the Western Pacific convened its first SAFER subregional intercountry learning workshop in Manila, bringing together delegations from Cambodia, the Lao People’s Democratic Republic, Mongolia, the Philippines and Viet Nam. The meeting built on earlier webinars and provided a platform for cross-country learning, technical exchange and cross-sector joint planning. Participants reviewed their national alcohol policy landscapes, identified gaps against the SAFER package and worked on multisectoral action plans tailored to their contexts.

The workshop focused on priority interventions – such as raising alcohol taxes, enforcing comprehensive marketing bans and strengthening restrictions on availability. Countries also examined random breath-testing and drink-driving enforcement, as well as measures to expand screening, brief interventions and treatment. Technical sessions included case studies from Mongolia and the Philippines on taxation and discussions on digital marketing, unrecorded alcohol and community-level enforcement.



**Fig. 13** Example of group work from Thailand’s SAFER Province Project. Note: Reproduced for reporting and illustrative purposes.



SAFER provides the common language, structure, evidence and pathway that countries need to implement proven alcohol policies and to measure progress across the region.

**Xi Yin**  
WHO Western Pacific Region



SAFER regional activities support countries through policy dialogue, advocacy and cross-country learning, as illustrated by the 2023 subregional workshop in the Western Pacific Region. © WHO



WHO's Regional Office for the Western Pacific is setting a standard for alcohol-free workplaces and events.

In October 2025, the WHO Regional Committee for the Western Pacific adopted Resolution WPR/RC76/R4, endorsing the regional plan to accelerate implementation of the WHO Global Alcohol Action Plan 2022–2030 (WHO Regional Office for the Western Pacific, 2025). The plan operationalizes SAFER across the region, prioritizing measures to reduce affordability through price and tax policy, strengthen comprehensive restrictions on marketing (including digital), tighten controls on physical availability, step up drink-driving enforcement and scale up screening, brief intervention and treatment through primary health care. The regional plan includes a structured implementation roadmap that guides countries in aligning national actions with high-impact measures and monitoring progress toward regional targets. It emphasizes stronger coordination, enforcement and integration of alcohol policy and programmes within broader health and development agendas, including NCD prevention, universal health coverage and primary health-care strengthening.

Crucially, the resolution and plan also address the protection of public health policy from alcohol industry interference. They call for whole-of-government and whole-of-society action, with procedures grounded in transparency and accountability, to manage conflicts of interest and to curb commercial influence – particularly regarding taxation, marketing regulation and legislative processes. Embedding these safeguards along with the SAFER measures strengthens the enabling environment for implementation and responds directly to Member States' requests for legal, technical and enforcement support.



Advocacy,  
communications  
and visibility

## 5 Advocacy, communications and visibility



**Fig. 14** Screenshot from the SAFER webpages serving as a global reference for alcohol policy action.



**Fig. 15** Screenshot (still images) from the SAFER video.

From its inception, SAFER was conceived not only as a technical package of interventions but also as a unifying framework and narrative to guide collective action. Raising the visibility of alcohol policy – among policy-makers, the media and the public – was recognized as essential from the start. Advocacy, communications and public visibility have therefore been central to SAFER’s progress.

### 5.1 SAFER webpages

The SAFER webpages have reinforced public visibility. The main SAFER landing page consolidates technical guidance, country examples and advocacy resources in one accessible platform. Fact sheets and dedicated background documents explain the rationale and cost-effectiveness of each intervention, offering governments ready-to-use material for policy design (Fig. 14).

By 2024, the SAFER webpages had become a global reference point – cited in academic papers, linked in civil society toolkits and used by ministries of health to brief decision-makers. In this way, digital visibility has complemented in-person advocacy, ensuring that SAFER remains a living, evolving resource for action on alcohol policy worldwide.

### 5.2 SAFER video

In 2020, WHO released a short, animated video explaining the five SAFER action areas in all six United Nations languages – Arabic, Chinese, English, French, Russian and Spanish. The video provides a common reference point, helping to champion alcohol policy and frame it as a broader issue of development (Fig. 15). Many governments have used the video in national campaigns; civil society organizations have disseminated it through their networks and development partners have amplified it through social media.



The SAFER initiative uses clear, accessible advocacy and communication tools to support a shared vision: a world free from alcohol-related harm.

### 5.3 SAFER tiles

To make the five action areas easy to grasp and use, SAFER is presented as a set of media tiles (Fig. 16). The tiles have been used in country briefings and civil society campaigns, providing a consistent visual shorthand that helps officials, parliamentarians and media to discuss concrete policy measures.



Fig. 16 | Examples of the SAFER media tiles.

### 5.4 Forums and conferences

Visibility has also been strengthened through high-profile events of WHO and partners. At both the 2023 and 2025 WHO Forum on Alcohol, Drugs and Addictive Behaviours, SAFER featured prominently in plenary sessions and technical discussions, linking alcohol policy to broader public health and development agendas. Similarly, at the Global Alcohol Policy Conference, SAFER was highlighted in keynote addresses and country panels, showcasing real-world implementation in Ireland, Nepal, Uganda and beyond.



SAFER Uganda, Ugandan Parliament, and WHO Regional Office for Africa representatives at the Global Alcohol Policy Conference, Cape Town, South Africa, 2024. © David Kalem

SAFER has also been represented at broader public health and NCD platforms. From the 2019 WHO High-level Meeting on NCDs in Oman to the 2024 International Network on Brief Interventions conference in Barcelona, SAFER has been positioned as a unifying framework that connects alcohol policy to prevention, treatment and sustainable development. Regional and national conferences – such as intercountry learning exchanges in Africa and South-East Asia, and national workshops in Colombia, Ghana, Norway and Thailand, to name a few – have further expanded SAFER’s visibility and demonstrated practical pathways for implementation.

Civil society partners have also been instrumental in amplifying SAFER. Movendi International has organized multiple side-events at the World Health Assembly and the United Nations General Assembly, bringing SAFER to the attention of policy-makers and diplomats. With the participation of other organizations such as the NCD Alliance, Vital Strategies and GAPA, these events have provided platforms for coalition-building, policy dialogue and cross-sectoral engagement.

Taken together, these international, regional and national events have given SAFER legitimacy, strengthened its global profile and created opportunities to align governments, researchers and civil society around a common agenda for reducing alcohol harm.

### 5.5 Webinar series

During the coronavirus disease (COVID-19) pandemic, when in-person travel was paused, WHO moved the emphasis to webinars. Between 2020 and 2025, a variety of webinars were organized by technical units in WHO and by SAFER, covering topics from alcohol taxation and marketing bans to the implementation of screening, brief interventions and drink-driving enforcement (Fig. 17). These events attracted more



Fig. 17 Expanding reach through a growing online presence – SAFER webinars foster interactive exchange, peer learning and sustained engagement across countries and regions.

than 2500 participants worldwide, providing capacity-building and peer learning even in the most constrained circumstances. The webinars also allowed WHO to bring new partners into the SAFER network, from ministries of finance to digital regulators. Civil society partners also adapted to resource and travel constraints by using digital platforms, including multi-day, multi-time-zone virtual events, to sustain global policy dialogue and technical exchange – some of it directly related to SAFER.

## 5.6 Media, civil society and WHO engagement

Civil society partners such as Movendi International and the Global Alcohol Policy Alliance at global level, alongside national organizations including the Uganda Alcohol Policy Alliance, FPCRN and Alcohol Forum Ireland, have contributed to giving SAFER a visible civil society voice. These organizations have used SAFER as a reference framework in advocacy, public communication and accountability efforts, helping to translate global evidence into nationally resonant narratives.

WHO has supported this by providing a common evidence base, policy framing and technical reference points through SAFER-related guidance, country collaboration and intercountry learning activities, which have in turn informed media coverage and public debate. National media increasingly report on alcohol policy not only as a health issue but also as a governance and development concern.

In Nepal, media coverage of the Supreme Court's 2023 interim order prohibiting alcoholic beverage advertisements – issued following civil society petitions seeking enforcement of existing public health legislation – brought public attention to implementation gaps in marketing restrictions and reinforced the legitimacy of regulatory approaches. In Uganda, national reporting on parliamentary debate and the rejection of a proposed Alcohol Control Bill highlighted civil society concerns about the need to protect public health interests in legislative processes – illustrating how media can amplify accountability for alcohol policy decisions.

Through the combined engagement of WHO, civil society and media, SAFER is contributing to a gradual shift in public discourse. Alcohol use is increasingly framed not solely as a matter of individual responsibility but as a collective public health challenge that requires government action, regulation and sustained implementation.

## 5.7 Country snapshot series

A key advocacy tool has been the SAFER country snapshot series – concise, visually engaging briefs that summarize each country’s alcohol consumption, health burden, policy status and opportunities for action (available at: <https://www.who.int/initiatives/SAFER>). Developed by national teams with WHO support, the snapshot series translates complex data into accessible messages for policy-makers, media and civil society (Fig. 18).



Fig. 18 | Examples of the SAFER country snapshot series.



Challenges and  
opportunities

# 6

## Challenges and opportunities

The implementation of SAFER has unfolded amid a consistent set of challenges that can slow momentum, jeopardize sustainability and blunt impact, even where there is strong policy intent. Yet for each barrier, an opportunity exists – one that, if recognized and acted upon, can speed up progress. Tackling these challenges systematically within the implement–monitor–protect framework is essential to sustain delivery.

### 6.1 Implement: from commitment to capacity

**Barrier – resource limitations.** Despite growing political commitment, SAFER implementation remains constrained by structural resource limitations. Many countries rely on short-term external funding to initiate alcohol policy measures, creating risks of discontinuity in the absence of dedicated domestic budget lines. Enforcement agencies frequently lack the personnel, equipment and training needed to operationalize existing laws, while alcohol policy units within health ministries are often smaller and less resourced than those working on tobacco or illicit drugs, thus slowing technical progress and integration in relation to psychoactive substances.

These constraints extend beyond national governments. Overall external financing for alcohol policy and programmes remains limited across the United Nations system, including in WHO and partner agencies supporting SAFER delivery, therefore restricting the ability to provide sustained, country-level support at scale. Civil society organizations – critical for advocacy, accountability and implementation support – face similar resource pressures. Closing the gap between political ambition and delivery capacity is essential for translating SAFER commitments into durable implementation.

**Opportunity – domestic financing and capacity-building.** These gaps highlight the importance of embedding sustainable financing and institutional investment from the outset of SAFER implementation. Strengthening alcohol excise taxation – recognized as a development financing instrument in the Sevilla Commitment and reaffirmed in the Political Declaration of the Fourth High-Level Meeting on the Prevention and Control of Noncommunicable Diseases – offers a major opportunity to mobilize domestic resources while advancing public health objectives (United Nations, 2025a; 2025b).

Beyond revenue generation, earmarking a share of excise revenue, integrating alcohol control into recurrent health budgets, dedicated programmes and primary health care, and standardizing enforcement procedures can make national responses more durable and predictable (WHO, 2024a). The structured SAFER approach provides governments with a practical pathway to move from donor dependence toward resilient, country-owned systems, while ensuring that development

partner support is used strategically to catalyze sustained national action.

**Barrier – political and administrative commitment.** Alcohol policy and programmes often struggle for attention on crowded national agendas. Changes in leadership or turnover in ministries can stall or reverse momentum. Vested interests exploit these gaps by framing strong measures as politically or economically risky. Without accountability mechanisms, governments face little pressure to maintain direction.

**Opportunity – leadership and accountability.** Visible political champions, parliamentary oversight, and interministerial mandates can institutionalize alcohol policy as a sustained government priority, even in crowded policy environments. This is strengthened where nationally tailored evidence demonstrates that alcohol policy and programmes advance – rather than compete with – other development objectives, including health system efficiency, road safety, productivity, revenue mobilization and social protection. Clear milestones and performance indicators reinforce delivery, while SAFER snapshots and public reporting keep progress visible. Civil society and media can amplify these accountability mechanisms, helping sustain momentum beyond electoral cycles.

**Barrier – governance gaps.** Responsibilities for alcohol policy and programmes are often scattered across ministries of health, finance, trade, transport and justice. Coordination is frequently ad hoc; multisectoral committees may lack authority, resources or regular meeting schedules. At local level, municipalities are critical for bylaws on availability, marketing and drink-driving, yet they often lack the necessary powers or technical support.

**Opportunity – institutionalized multisectoral collaboration.** Legislated committees with dedicated budgets create durable coordination platforms. Delegating authority and providing municipalities with model bylaws and enforcement templates enable visible action at street level. SAFER intercountry learning has shown how local leadership can complement national strategies, accelerating implementation across governance levels.

## 6.2 Monitor: from information to accountability

**Barrier – weak data and information systems.** Reliable, timely data remain a foundational gap. Household and school surveys that include alcohol questions are infrequent, and administrative sources are fragmented across health, police, tax and transport sectors. Few countries maintain treatment registries or integrated monitoring systems, leaving policy decisions to be based on partial evidence.



One of the “best kept secrets” highlighted in this report is how countries can build awareness of and support for alcohol policies that improve population health at relatively low cost.

**Thomas F. Babor**  
Emeritus Professor  
University of Connecticut School of Medicine  
United States of America

**Opportunity – integrated monitoring platforms.** Investments in monitoring that connect adoption, enforcement outputs, affordability and outcomes strengthen both accountability and design. The SAFER monitoring system, aligned with indicators of the Global Alcohol Action Plan 2022–2030, provides a ready-made framework for consolidating data across sectors. Expanding treatment registries and survey cycles further anchor policy in evidence, enabling governments to steer with greater precision.

## 6.3 Protect: from policy space to public support



Evidence-informed alcohol policy implementation is challenging everywhere. Without SAFER support, this situation would be made worse — and even with it, high-level vigilance is needed to protect health policy-making from commercial interference.

**Jim McCambridge**  
 Visiting scientist  
 University College London  
 United Kingdom

**Barrier – industry interference.** Interference by alcohol industry actors – from multinational corporations to national producer and trade associations – is a persistent barrier to implementing SAFER. Across contexts, these actors seek to delay, dilute or deflect evidence-based measures—particularly pricing, marketing restrictions and controls on availability – through lobbying, promotion of corporate social responsibility initiatives and public–private partnerships, and framing themselves as “responsible stakeholders”. These strategies systematically shift policy debate away from enforceable regulation towards voluntary codes, self-regulation and individual responsibility narratives, despite their limited effectiveness. Over time, such interference shapes policy environments by influencing which evidence is prioritized, which options are seen as feasible, and how alcohol is positioned within development and economic agendas.

**Opportunity – conflict-of-interest safeguards and civil society watchdogs.** Clear conflict-of-interest policies, firewalled consultations and transparency rules – applied across sectors and parliamentary processes, not only within health ministries – are essential for protecting the policy space. Legislation on public access-to-information and open disclosure frameworks further strengthen accountability by enabling independent scrutiny of decision-making processes. However, even where such safeguards exist, effective enforcement is not automatic. Outcomes are often shaped by how evidence is generated and communicated, how incentives are aligned, and how ideas about alcohol and development are framed in public and political debate. In this context, civil society organizations play a critical watchdog role – exposing interference, sustaining scrutiny, and reinforcing the evidence base for public health law. SAFER’s Protect strategy provides governments with practical tools to strengthen both the formal safeguards and the enabling conditions required to uphold public health interests (see Box 14).

### Box 14 | Industry interference: strategies and countermeasures

Protecting the alcohol policy space depends on practical systems that translate safeguards into routine governance and sustained implementation. A commercial perspective on the determinants of health can help identify predictable governance risks arising from misaligned incentives and power asymmetries. However, its value lies in how it informs concrete action.

#### What countries have found useful in practice

- **Define the protected policy space clearly:** Specify which processes are safeguarded (policy formulation, standard-setting, advisory roles, enforcement planning) and where engagement may occur under transparent and controlled conditions (e.g. technical compliance discussions).
- **Operationalize conflict-of-interest safeguards:** Apply written procedures, disclosure requirements, meeting registers and documented agendas, ensuring that safeguards extend beyond health ministries to the parliamentary processes and non-health sectors where key decisions are taken.
- **Firewall consultations and evidence processes:** Separate evidence review from stakeholder input, apply participation criteria consistently, and ensure transparency in submissions and deliberations.
- **Strengthen legal preparedness:** Anticipate litigation and legal intimidation by ensuring that measures are legally robust, supported by evidence and accompanied by access to legal expertise and relevant precedents.
- **Create documentation and rapid-response capacity:** Support routine monitoring of marketing and other violations, such as sales and inappropriate lobbying, in order to clear reporting channels and ensure timely administrative follow-up, with escalation to judicial mechanisms where appropriate.
- **Link safeguards to public communication:** Communicate the rationale and expected benefits of measures in order to build public understanding, reduce vulnerability to misleading narratives and reinforce social licence for action.
- **Use regional and global learning platforms:** Share tools, templates, case law and enforcement protocols so that countries can build safeguards efficiently and consistently.
- **Ensure transparency and access to information:** Maintain public registers of meetings, disclosures and submissions, and operate under access-to-information legislation or policies that enable independent scrutiny of decision-making processes.

#### Key takeaway

Safeguards are most effective when treated as part of the delivery chain – embedded in everyday governance, resourced for implementation, and linked to accountability, enforcement and public legitimacy. When operationalized in this way, the protection of policy space becomes a practical enabler of SAFER delivery rather than a procedural requirement.

**Barrier – normalization of alcohol.** In many societies, alcohol is deeply embedded in cultural and social life. Even heavy episodic drinking may be normalized or accepted, while dependence is stigmatized. Sponsorships, festivals and digital marketing – including influencer marketing and product placement – amplify its visibility, particularly among young people, and make restrictions appear intrusive.

**Opportunity – public awareness and social reframing.** Health communication that highlights alcohol's links to cancer, injury and gender-based violence can reframe it as a harmful commodity rather than an ordinary good. Community mobilization, youth advocacy and public campaigns can shift norms and build public support for regulation. SAFER aligns these efforts with broader equity and development narratives, giving governments a stronger social licence for action.





# Outlook and priorities

# 7

## Outlook and priorities

The challenges and opportunities described above show that SAFER's delivery system is resilient but that sustained progress depends on a limited set of enabling conditions, namely: predictable financing, political leadership, multisectoral governance, protection from vested interests, public awareness and robust monitoring. Where these conditions are in place, countries have translated policy commitments into action; where the conditions are weak, implementation has stalled despite strong formal frameworks. Consequently, these enablers will shape the priorities for the coming biennium.

The outlook for 2026–2027 focuses on consolidating SAFER as an institutionalized delivery framework – moving beyond time-bound projects towards durable national systems aligned with broader development agendas and supported by whole-of-government and whole-of-United-Nations engagement. The priorities below combine the technical actions required to reduce alcohol-related harm with the cross-cutting strategies needed to sustain the impact at scale.

By 2025, SAFER had moved beyond its initial in-depth partnerships. Intercountry learning cohorts in Africa, South-East Asia and the Western Pacific, together with localization models in countries such as Ireland and Nepal, have demonstrated that SAFER can operate effectively at national, regional and municipal levels. The coming biennium is likely to be decisive in determining whether these experiences will be consolidated, replicated in new settings, embedded in governance structures and supported by sustainable financing.

SAFER has proven to be an effective platform for delivering high-impact alcohol policies but now needs to transition to nationally institutionalized approaches. Country experience shows that the model can work through national partnerships, regional learning and localized delivery. This momentum provides a foundation for scaling up implementation and embedding SAFER in durable policy, financing and accountability structures.

This biennium also coincides with the mid-term review of the Global Alcohol Action Plan 2022–2030. It will test whether SAFER is firmly anchored in national and regional systems, adequately resourced and aligned with SDG target 3.5. Progress should be visible, measurable and resilient to interference by vested interests if SAFER is to consolidate its place in global health governance.

### 7.1 Technical priorities

The technical priorities for 2026–2027 focus on accelerating implementation of evidence-based alcohol policies while strengthening the systems required to sustain them. The policies reflect lessons from intercountry learning, national partnerships and localized delivery models, and are designed to operate in concert with the cross-cutting enablers set out below.

**1. Accelerate policy reform**

Use global evidence, standardized data sets and nationally tailored investment cases to drive reforms across pricing, availability, marketing, road safety and health-system responses, while demonstrating how alcohol policies and programmes advance health, fiscal sustainability and broader development objectives.

**2. Strengthen regulatory frameworks and standards**

Advance national regulatory frameworks and standards, and support municipal and subnational regulations, to ensure that policy actions are resilient to political change and interference.

**3. Consolidate monitoring and transparency**

Finalize and operationalize the SAFER indicator set, expand its use across WHO regions, and establish public dashboards linking policy adoption, enforcement and outcomes to support accountability and learning.

**4. Scale enforcement packages**

Replicate proven enforcement models – such as comprehensive advertising bans and random breath-testing – to increase compliance and credibility of alcohol policy measures rapidly.

**5. Broaden intercountry learning**

Consider extending SAFER learning cohorts to new linguistic and regional groupings, reinforcing peer accountability and the exchange of practical implementation tools.

**6. Strengthen advocacy and communication**

Amplify the evidence base through strategic communication, empower civil society to mobilize communities and sustain accountability, and frame alcohol as a harmful commodity that has impacts across health, safety and development.

**7. Build capacity for early detection and care**

Strengthen early detection, brief interventions and referral pathways for alcohol use disorders, with a focus on primary health care and community-based services.

## 7.2 Cross-cutting enablers

Translating political commitment into sustained implementation requires more than policy adoption. Experience shows that progress depends on a small number of cross-cutting enablers that determine whether ambition can be converted into large-scale results. These enablers address systemic constraints related to financing, governance, institutional engagement and accountability. They shape the extent to which alcohol policy and programmes can be accepted throughout government and sustained beyond short-term projects. Four enablers are decisive:



SAFER provided a rare platform for cultural leaders to exchange experiences and build a unified response for the well-being of our communities. I shared these lessons through radio programmes and community meetings to help mobilize action towards healthier and more productive communities.

**Alex Ogwal**  
Cultural Leader  
Lango Subregion, Northern Uganda

### 1. Resource mobilization and sustainable financing

Sustained progress requires predictable financing. Domestic resource mobilization—particularly through strengthened alcohol excise taxation—can offer a high-impact opportunity to align public health with fiscal sustainability and development objectives. Dedicated budget lines, selective earmarking of excise revenue, and integration of alcohol policy into recurrent health budgets and primary health care can reduce dependence on short-term external funding.

At the same time, external financing for alcohol policy and programmes remains limited across the United Nations system, including in WHO and partner agencies supporting SAFER. Addressing this gap is essential if political ambition is to match delivery capacity.

### 2. Conflict-of-interest safeguards and protection of policy space

Effective implementation depends on safeguards that protect public health policy from undue influence. Clear conflict-of-interest policies, transparency rules and firewalled consultations—applied across all sectors and parliamentary processes—are essential. Even where such rules exist, enforcement depends on the ways in which evidence, incentives and ideas are advanced in policy debates. Civil society watchdogs, supported by SAFER’s Protect strategy, can play a critical role in sustaining scrutiny and accountability.

### 3. United Nations system engagement and expansion

Delivering SAFER at scale requires both the expansion of engagement to additional United Nations entities and deepening of collaboration with existing partners. While WHO, UNDP and UNIATF provide key entry points, their comparative strengths—particularly in public finance, governance and development planning—are underutilized. The integration of alcohol policy and programmes into United Nations agendas on taxation, youth, gender, human rights and sustainable development offers a major opportunity to strengthen country-level support.

### 4. Civil society engagement

Civil society is essential to keeping SAFER both legitimate and grounded in community realities. Civil society organizations amplify local voices, monitor implementation, counter industry interference and sustain accountability. Their engagement complements actions of the United Nations system by maintaining public visibility and continuity beyond political and institutional cycles.

## 7.3 Partnerships enabling SAFER delivery

Effective alcohol policy and programmes require more than technical guidance. There is also a need for sustained political commitment, coordinated governance across sectors, domestic financing, enforcement capacity, monitoring systems and protection of the policy space from commercial interference. SAFER has therefore evolved as a delivery platform that supports countries to move from commitment to implementation through partnerships operating at global, regional, national and subnational levels.

### 7.3.1 Country leadership and whole-of-government ownership

Implementation should ideally be country-led, with the Ministry of Health typically serving as the technical lead and convener. Where SAFER implementation makes consistent progress, ministries of health are able to “own” the process while also deliberately reaching beyond the health sector to secure whole-of-government action. The drivers and consequences of alcohol harm relate to multiple policy domains, and sustainable implementation depends on institutional responsibilities and budgets beyond the health sector.

A whole-of-government approach commonly involves engagement with a range of ministries – such as finance (taxation and pricing), transport and interior/justice (drink-driving enforcement), trade/commerce and communications (marketing restrictions and digital environments), education and social affairs (protection of children and vulnerable groups), and local government (availability, licensing, enforcement and community safety). Partnerships can strengthen – rather than substitute for – government leadership, and can support institutional arrangements that endure beyond time-bound projects.

### 7.3.2 United Nations system enablers for delivery at scale

Partnerships across the United Nations system can help countries to operationalize SAFER within broader development priorities and delivery platforms. Two system functions are particularly important: 1) aligning mandates and incentives across agencies so that alcohol policy is addressed as a development issue and not only as a health issue; and 2) embedding SAFER priorities in country-level planning, financing and accountability frameworks, including United Nations Sustainable Development Cooperation Frameworks (UNSDG, 2019).



SAFER, driven by community action and governance, shaped Thailand's alcohol plan and enabled provincial multisectoral action.

**Orratai Waleewong**

Global Health Division  
Ministry of Public Health, Thailand

UNIATF provides a convening platform that can align United Nations agencies with shared priorities and strengthen coherence across their mandates, while UNDP brings comparative strengths in development planning, governance and public finance that can help countries to translate SAFER priorities into country-owned implementation and financing pathways.

### 7.3.3 Civil society and non-State actor contributions

Civil society and other non-State actors play enabling roles that governments and United Nations entities cannot readily perform. Their contribution is most valuable when it strengthens national ownership and implementation capacity while reinforcing accountability and protecting the policy space. Key functions include:

- **Mobilization and constituency-building:** sustaining political attention, amplifying community perspectives, and building public demand for effective policy responses;
- **Evidence translation and communications:** turning technical evidence into accessible narratives and practical tools that support the uptake of policies;
- **Accountability and protection of the policy space:** monitoring implementation gaps and documenting/challenging alcohol industry interference and conflicts of interest; and
- **Convening and peer learning:** connecting governments, researchers and advocates across regions and over time to share lessons in implementation.

Global networks and partners such as Movendi International, GAPA, the NCD Alliance, and Vital Strategies illustrate these roles in different ways. At the same time, regional, national and local organizations – including community groups, professional associations and locally rooted civil society coalitions – are often the critical link between national policy commitments and actual delivery, particularly for subnational enforcement, community safety and sustained public engagement. While the diversity of global networks and partners makes it impractical to document them comprehensively, their presence is a recurring determinant of whether implementation is maintained and adapted to local realities. Illustrative partnership roles are presented in section 7.4.

### 7.3.4 Targeted investment and implementation accelerators

SAFER implementation is frequently constrained not by lack of evidence but by under investment in the practical capacities that are needed to design, adopt, implement, enforce and monitor policy

measures. Targeted investment and implementation accelerators can help to close these gaps by financing and organizing work that is essential but often overlooked – such as legal drafting and regulatory design, tax policy analysis, enforcement planning, monitoring systems, strategic communications and coalition-building.

Such support can take multiple forms such as philanthropic investment, catalytic funding through pooled mechanisms, time-bound technical assistance models, and multi-partner initiatives that concentrate resources on high-impact measures. RESET Alcohol is one example that demonstrates the broader lesson that focused, multi-year support, linked to country leadership and embedded in government processes, can help translate policy intent into sustained implementation.

### 7.3.5 Priorities for the next phase

As SAFER moves into a consolidation and scale-up phase, there is a need for partnerships that are oriented towards closing the gap between political ambition and routine delivery. Priorities include the following:

- Stronger Ministry of Health leadership and whole-of-government mechanisms are needed so that alcohol policy and programmes are jointly owned and implemented by different sectors and levels of government.
- Alcohol policy needs to be embedded in development and financing pathways, including United Nations country programming and domestic resource mobilization, in order to make implementation sustainable.
- Building enforcement and monitoring capacity, particularly at subnational level, will help to support accountability and consistent implementation.
- The policy space requires protection that includes practical conflict-of-interest safeguards and approaches in order to prevent commercial interference across all sectors.
- Civil society mobilization and accountability need to be recognized and supported. Regional, national and local organizations play a central role as long-term partners in delivery.

In combination, these partnership functions can help to ensure that SAFER implementation translates into benefits that people can see and experience – safer roads, reduced violence, fewer health harms, lower health-system costs and healthier communities.

## 7.4 Partnership examples supporting SAFER delivery

This section provides illustrative partnership examples that support SAFER implementation. They are included to show the range of functions that enable delivery, namely: system alignment, country programming, financing pathways, mobilization, accountability and technical support. Inclusion of an organization or initiative does not imply endorsement of it; the examples document enabling roles and practical points that can help countries to translate their SAFER commitments into sustained implementation.

### 7.4.1 A United Nations system-wide response to alcohol policy through SAFER: UNIATF and the Cooperation Framework integration gap

UNIATF supports coordinated action across the United Nations system to prevent and control NCDs and their related risk factors. The work of UNIATF shows how SAFER can be advanced not only as a health intervention package but as a shared element of the United Nations system delivery agenda linked to development, governance and human rights priorities.



Reducing alcohol-related harm requires coordinated action across sectors. Each UN entity has a mandate-relevant role, and the UN system must act collectively to support implementation of SAFER and national progress towards SDG target 3.5.

**Nick Banatvala**  
UNIATF

#### What the evidence shows: an integration gap

A UNIATF review of United Nations Sustainable Development Cooperation Frameworks found that alcohol policy and programmes remain underrepresented in United Nations country programming. Of 135 countries that rolled out a cooperation framework between 2020 and 2023, only nine (7%) included alcohol policy measures as a strategic priority or monitoring metric (WHO, 2024c).

#### System-wide mobilization and political visibility

The findings were presented in 2024 at a high-level side-event during the Seventy-ninth session of the United Nations General Assembly. The event – titled *Alcohol policy for delivering a better present and safeguarding the future: why delivering on the Global Alcohol Action Plan is critical for meeting the SDGs* – was co-sponsored by the governments of Brazil, Ghana, Latvia, Lesotho and Slovenia together with UNICEF, UNDP, UNIATF, Movendi International and Vital Strategies, with WHO as a partner. The report was also presented to the Friends of the Task Force, co-chaired by the Government of the Philippines and WHO.

#### Key functions that support SAFER delivery

- **Aligning United Nations system priorities** supports the integration of alcohol policy and programmes into cooperation frameworks and strengthens links with broader development and human rights agendas.

- **Supporting country delivery** promotes multisectoral engagement through United Nations country teams in support of Member States' efforts on alcohol policy.
- **Leveraging partnerships and financing** provides support to system-wide engagement and useful entry points, including pooled or catalytic funding mechanisms where relevant.
- **Protecting policy space** promotes system-wide approaches to prevent alcohol industry interference, drawing on experience from tobacco control, to safeguard public health policy processes from vested interests.

### Why this matters for SAFER

Closing the Cooperation Framework gap is a practical pathway to turning political commitment into routine United Nations country support, helping to embed alcohol policy within multisectoral planning, financing and delivery.

### 7.4.2 United Nations Development Programme: enabling SAFER delivery through development planning, governance and public finance

The United Nations Development Programme (UNDP) is a key partner for advancing SAFER as a health and development priority. UNDP's engagement shows how the implementation of alcohol policy can be strengthened when it is aligned with national development planning, governance arrangements and domestic resource mobilization – all areas where UNDP has comparative strengths that remain underutilized in alcohol policy.

### Key functions supporting SAFER delivery

- **Integrating alcohol policy and programmes into development planning** supports whole-of-government approaches by helping to position alcohol policy within national development priorities and United Nations country programming, including cooperation frameworks.
- **Public finance and domestic resource mobilization** bring expertise that can help countries to translate SAFER priorities – particularly taxation and pricing – into sustainable, country-owned financing and budget pathways.
- **Governance and institutional strengthening** help to connect alcohol policy and programmes to governance and accountability mechanisms beyond the health sector, supporting multisectoral coordination and policy coherence across development, equity and human rights agendas.



SAFER has enabled us to connect alcohol policy to governance and public finance, strengthening our work with countries and partners to advance sustainable development.

**Roy Small**  
Policy Specialist  
United Nations Development Programme

### Why this matters for SAFER

UNDP's development planning and public finance capabilities can help embed alcohol policy and programmes in routine country programming, strengthen sustainable financing pathways, and reinforce governance arrangements that protect the policy space and enable delivery at scale.

### 7.4.3 Movendi International: civil society mobilization and accountability in SAFER implementation

Movendi International is a global civil society organization that has engaged with SAFER since 2018. Its experience illustrates how civil society can support SAFER implementation by building capacity, mobilizing constituencies, strengthening accountability, and reinforcing safeguards against alcohol industry interference, thus complementing government-led actions.

#### Key functions supporting SAFER delivery



SAFER has transformed alcohol policy from aspiration to implementation — sharpening priorities, facilitating partnerships, and delivering measurable health, equity and fiscal gains.

**Kristína Šperková**  
International President  
Movendi International

- **Experience, knowledge exchange and capacity-building** can facilitate peer-to-peer exchange of alcohol policy experience and implementation lessons, sharing of knowledge and tools, and coordination of civil society advocacy at country, regional and global levels.
- **Knowledge translation and advocacy** include producing policy-oriented reports, briefs and other outputs. These focus on various alcohol harms, alcohol policy benefits, industry interference and conflicts of interest as well as the potential of implementing policy areas of SAFER and “best buys”, emphasizing the role of alcohol excise taxes in prevention and sustainable financing. This function also includes curating policy-relevant resources linked to SAFER and publishing tools to address conflicts of interest and industry interference.
- **Convening and agenda-setting** support policy dialogue and capacity-building initiatives to strengthen policy engagement and integrity.
- **Rights- and equity-based framing** can link SAFER to broader commitments (e.g. child rights, SDGs, women's rights, commercial determinants of health, environmental rights, social justice) to broaden support beyond the health sector.
- **Global advocacy and agenda-setting** can mobilize a global network of members and partners from civil society in Member States and academia in order to keep alcohol policy visible in processes related to NCDs, universal health coverage, SDGs and other global health- and human rights-related processes, and to promote the prioritization of SAFER-aligned measures.

- **Country and regional engagement** provides technical inputs and advocacy support across multiple regions, often focusing on pricing/tax measures, marketing restrictions, availability policies and governance safeguards.

#### Why this matters for SAFER

This experience highlights the enabling role of civil society in sustaining momentum, strengthening transparency and accountability, and supporting protected policy space for evidence-based alcohol policy.

### 7.4.4 Global Alcohol Policy Alliance: networks and convening to sustain SAFER momentum

The Global Alcohol Policy Alliance (GAPA) is a global civil society network comprising regional and national alliances that work to advance evidence-based alcohol policy. GAPA's experience shows how civil society coalitions can support SAFER implementation by mobilizing advocates, facilitating knowledge exchange and sustaining political attention to high-impact measures.

#### Key functions supporting SAFER delivery

- **Networked mobilization** connects civil society organizations across regions and supports coordinated engagement at national and subnational levels.
- **Knowledge exchange and capacity-building** facilitate the sharing of policy experiences, tools and implementation lessons.
- **Convening and agenda linkage** aim to position alcohol policy within broader agendas —including NCDs, SDGs, road safety and the commercial determinants of health.

#### The Global Alcohol Policy Conference platform

GAPA's Global Alcohol Policy Conferences provide a recurring forum that connects governments, researchers and civil society. Since SAFER was launched, conference programmes have included SAFER-related sessions and implementation experiences that have reinforced SAFER as a shared reference point for policy dialogue and learning in all regions. Building on this momentum, the Global Alcohol Policy Conference was held in Brazil in 2026, with continued strong global engagement on SAFER policy priorities.

#### Why this matters for SAFER

Strong networks and convening platforms help to sustain momentum, diffuse practical lessons on implementation and support accountability over time.



SAFER has provided a structure for advocacy and equipped regional networks with the tools needed to translate commitments into sustained policy implementation.

#### Sally Casswell

Professor  
Chairperson  
Global Alcohol Policy Alliance

### 7.4.5 NCD Alliance: integrated advocacy and policy to advance SAFER

The NCD Alliance is a global civil society network that has supported the integration of alcohol policy into the broader NCD response. Its work illustrates how civil society can help advance SAFER by sustaining political attention across wider health agendas, amplifying the evidence base for action and promoting good governance in policy processes.



SAFER strengthens civil society advocacy by providing a credible technical framework to support implementation of alcohol policy, including through integration into national NCD plans.

**Alison Cox**  
Policy & Advocacy Director  
NCD Alliance

#### Key functions supporting SAFER delivery

- **Global advocacy and agenda-setting** help to mobilize a wide membership network that keeps alcohol policy visible in NCD-related processes and promotes the prioritization of SAFER-aligned measures.
- **Evidence synthesis for policy action** aims to produce policy-oriented knowledge products relating to NCD risk factors. Topics can include marketing restrictions, labelling and fiscal measures, emphasizing, for instance, the role of excise taxes in prevention and sustainable financing.
- **Protection of policy space** challenges alcohol industry interference in policy-making, drawing on lessons and best practices from addressing other NCD risk factors.
- **Country engagement** supports the building of coalitions of in-country civil society groups in order to advance their national advocacy efforts, including for alcohol policy.

#### A civil society policy position

Following a consultation process, the NCD Alliance has developed a policy position on alcohol harm that is based on strong evidence to support advocacy efforts from the NCD community. The position argues that: 1) there is no safe level of alcohol consumption and that no-alcohol and low-alcohol products require regulation; 2) population-level strategies should be inclusive and equity-oriented; and 3) conflicts of interest and industry interference should be actively addressed.

#### Why this matters for SAFER

Advocacy and knowledge exchange can strengthen the enabling environment for implementing high-impact measures and maintaining policy coherence over time.

### 7.4.6 Vital Strategies: scaling SAFER implementation through targeted country action, including RESET Alcohol

Vital Strategies is a global public health organization that works with governments and partners to strengthen public health systems and advance evidence-based policy. Its work shows how implementation support from a non-State actor can complement WHO's normative guidance and country leadership by strengthening the design of policy, the readiness for implementation and communications.

#### Key functions supporting SAFER delivery

- **Policy and legal groundwork** support policy design, legal analysis and the development of options for reform, including for pricing/taxation and marketing restrictions.
- **Data and evidence for policy-making** support economic analysis (e.g. tax modelling, societal costs, employment and trade impacts; epidemiological analysis of the health impact of taxation and other policies; and public opinion polling of attitudes to alcohol harms and policy solutions).
- **Strategic communication and advocacy** support communications, stakeholder engagement and coalition-building in order to strengthen the policy environment for reform.

#### RESET Alcohol (administered by Vital Strategies as an implementation mechanism)

RESET Alcohol (launched in 2022) is a global multi-partner initiative that is aligned with SAFER and concentrates on three action areas – pricing/taxation, marketing restrictions and availability controls – with emphasis on alcohol excise taxes. RESET Alcohol shows how targeted, multi-year technical support and catalytic investment can strengthen the policy and implementation efforts that are required for alcohol reform in close collaboration with government leadership and with strong civil society engagement.

#### Why this matters for SAFER

Targeted technical support models can help to address chronic under investment in the practical capacities needed to implement high-impact SAFER measures and to demonstrate the benefits of a comprehensive multidimensional approach to policy-making.



Like MPOWER and SAVE Lives, SAFER provides countries with clear and evidence-based guidance on the interventions that deliver the greatest public health impact.

**Adam Karpati**  
Senior Vice President  
Vital Strategies



With support from the WHO SAFER initiative, we moved from commitment to coordinated action — strengthening the alliance, expanding the advocacy base and elevating alcohol control as a national priority.

**Juliet Namukasa**  
Chairperson  
Uganda Alcohol Policy Alliance



SAFER supports the protection of consumer rights and the constitutional right to health. Our nationwide volunteer network is helping strengthen and enforce the Supreme Court order prohibiting alcohol advertising and advocating for the SAFER initiative.

**Jyoti Baniya**  
Senior Advocate, Chair,  
Forum for Protection of Consumer Rights  
Nepal

#### 7.4.7 Uganda Alcohol Policy Alliance: watchdog action, parliamentary engagement and broad mobilization for SAFER

The Uganda Alcohol Policy Alliance (UAPA) is a national civil society coalition that works to reduce alcohol harm through policy advocacy, public communication and accountability. UAPA's experience shows how nationally rooted alliances can strengthen the delivery of SAFER by combining sustained watchdog functions with engagement in parliamentary processes and broad-based mobilization.

##### Key contribution to SAFER implementation

In Uganda, UAPA has contributed to SAFER by sustaining scrutiny of policy developments and implementation gaps, and by supporting evidence-informed debate in legislative and parliamentary processes where key decisions are taken. Through coalition-building and public engagement, UAPA has mobilized diverse partners, helping to keep alcohol harm on the policy agenda, strengthening public understanding, and reinforcing expectations of effective regulation and enforcement.

##### Why this matters for SAFER

In contested policy environments, coalitions that can operate across public communication, parliamentary processes and implementation accountability can help protect the policy space and sustain momentum. By bridging national decision-making and public engagement, coalitions can reinforce the chain of accountability that is needed to translate SAFER measures from policy commitments into real-world impact.

#### 7.4.8 Forum for Protection of Consumer Rights Nepal: watchdog action and community mobilization to support enforcement of marketing restrictions

FPCRNL is a national civil society organization engaged in consumer protection and public-interest advocacy, including on alcohol-related harm in Nepal. The Forum's experience shows how nationally rooted organizations can strengthen the delivery of SAFER by combining accountability and community mobilization with legal competency to support enforcement.

##### Key contribution to SAFER implementation

In Nepal, the Forum has played a pivotal watchdog role in supporting implementation of the alcohol advertising ban by documenting apparent violations, reporting concerns and supporting follow-up with the relevant authorities. An important added contribution has been the Forum's ability to bring legal competency and capacity to the enforcement process – helping to interpret provisions, frame complaints in legally actionable terms and, where appropriate,

supporting follow-up through administrative mechanisms and legal channels. The Forum has also helped to catalyze community action in order to raise awareness and reinforce expectations of compliance.

### Why this matters for SAFER

Marketing restrictions deliver impact only when implemented and enforced. Beyond monitoring and public communication, civil society organizations with legal capacity can help close the gap between law and practice by strengthening the accountability chain—i.e. supporting follow-up, enabling escalation when needed, and reinforcing compliance at national and local levels.

### 7.4.9 Alcohol Forum Ireland: national advocacy, implementation accountability and public engagement for SAFER

Alcohol Forum Ireland is a national civil society organization working to reduce alcohol harm through policy advocacy, public communication and accountability, now rebranded to Well Ireland. Its experience illustrates how national organizations can support SAFER delivery by linking global evidence to national policy pathways and community-level action in order to help sustain momentum beyond the adoption of policy. Alcohol Forum Ireland also demonstrates the continued relevance of SAFER in high-income countries, where strong policy frameworks still require sustained implementation, public support and protection of the policy space.

### Key contribution to SAFER implementation

Alcohol Forum Ireland has tapped into national policy processes to help maintain attention on alcohol harm, to mobilize resources for implementation and to initiate coordinated action through broad community-level networks. The Forum's work has helped to connect national legislation with local implementation realities by supporting advocacy, monitoring progress, and strengthening accountability where enforcement and delivery depend on subnational action. This approach links local mobilization and public engagement with the global evidence base on effective and cost-effective alcohol policy.

### Why this matters for SAFER

National civil society organizations can accelerate the delivery of SAFER when they align advocacy with the needs for implementation, reinforce accountability across sectors and levels of governance, and help translate global evidence into sustained community action. By bridging national policy commitments and local practice, civil society groups can help ensure that implementation reaches the places where impact is most likely needed. Ireland's experience underlines the fact that SAFER is not limited to low- and middle-income settings: implementation gaps, commercial pressure and normalization dynamics are present across income groups and require sustained action to translate policy into impact.



In Ireland, community action on alcohol has been an effective, participatory practice for over a decade. SAFER has given us a solid framework, clarity on the most effective interventions, and confidence to drive implementation forward.

**Paula Leonard**

CEO, Well Ireland, formerly Alcohol Forum Ireland

Together, these examples show that the delivery of SAFER depends on a coherent partnership ecosystem: country ownership and whole-of-government action, United Nations system alignment and country programming, and civil society and community engagement that strengthens accountability and protects the policy space. While partnership configurations vary by context, common success factors include sustained political leadership, clear institutional roles, adequate financing for implementation and enforcement, credible monitoring, and safeguards against commercial interference. These enabling conditions are central to scaling up implementation of the Global Alcohol Action Plan 2022–2030 and translating commitments into measurable improvements for people and communities.



# Conclusion and way forward



# 8

## Conclusion and way forward

SAFER has now been tested in diverse national and local contexts and has demonstrated its capacity to translate evidence-based alcohol policies into concrete action. Experience to date shows that SAFER is not only a technical policy package but also a politically sensitive delivery framework that is capable of working across sectors and supporting whole-of-government and whole-of-society approaches, even in contested policy environments.

The next phase is therefore one of scale-up and consolidation. SAFER is ready to move beyond pilots and projects towards systematic execution, turning proven approaches into policy norms, strengthening the protection of decision-making from commercial interference and conflicts of interest, and embedding transparent monitoring and accountability. As in earlier phases, evidence must guide priorities and sequencing, and countries must both lead and own implementation. Within this framework, United Nations partners can better align mandates and capabilities, while civil society is enabled to mobilize communities, monitor progress and hold actors to account – including through legal and accountability mechanisms where appropriate.

One consistent implementation lesson is the importance of a coherent delivery chain that connects population-level measures, community action and health services, and that extends beyond the national level. In many settings, there are key competencies relevant to SAFER at subnational level – including licensing and availability (sometimes influencing unrecorded alcohol), aspects of marketing enforcement, road safety and elements of service provision. Experience suggests that progress is more likely to be sustained and visible when national policy is carried through to local implementation and everyday community practice.

Looking ahead, SAFER must evolve into a stable and enduring platform, characterized by predictable and diversified financing, clear governance arrangements that are safeguarded from conflicts of interest and commercial interference, and robust and transparent reporting that makes both progress and gaps visible to decision-makers and the public. Beyond policies and systems, SAFER can also mature into a shared approach that connects alcohol policy measures to people's lived experience. By documenting and communicating tangible benefits – safer roads, fewer hospitalizations, reduced violence, lower health-system costs and healthier communities – countries can build public trust and a constituency that helps sustain and defend effective alcohol policies over time.

Countries and partners should close the implementation gap by putting in place the delivery conditions that determine whether policies work in practice: clear leadership and whole-of-government ownership, adequate and predictable financing, effective enforcement and subnational accountability, and strong protection of the policy

space from commercial interference. Monitoring systems, independent evaluation and routine learning cycles could, if institutionalized, support implementation that is faithful to what works while adapting delivery to the context.

SAFER works best when it turns external support into durable, government-owned reform – linking health objectives with development financing and coordinated action across government, the United Nations system and civil society. Taken together, these actions can convert evidence into impact – accelerating the Global Alcohol Action Plan, advancing SDG target 3.5, and delivering measurable and sustained gains for health and development.

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# Annex. WHO guidance and tools to deliver SAFER

Since SAFER was launched, WHO has developed a comprehensive portfolio of technical tools to help Member States implement effective alcohol policies. These include global strategies, technical manuals, monitoring systems, legal frameworks, and communication guides. Together, they form a practical toolbox for action across all SAFER levers and the cross-cutting areas of monitoring, implementation, and protecting policy space. The following tables present WHO's core tools, clustered by intervention area.

## Implementation and governance



### **Global strategy to reduce the harmful use of alcohol**

**2010**

Strategy (ResolutionWHA63.13 PDF)

<https://iris.who.int/handle/10665/44395>



### **Global alcohol action plan 2022-2030**

**2022**

Action plan (PDF)

<https://iris.who.int/handle/10665/376939>



### **The SAFER technical package: five areas of intervention at national and subnational level**

**2019**

Technical package (PDF)

<https://iris.who.int/handle/10665/330053>



**Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases, second edition**

**2024**

Policy options (PDF)

<https://iris.who.int/handle/10665/376624>



**Laws and regulations addressing the acceptability, supply and use of alcoholic beverages**

**2025**

Legal guidance (PDF)

<https://iris.who.int/handle/10665/381441>



**Empowering public health advocates to navigate alcohol policy challenges: alcohol policy playbook (WHO/Europe)**

**2024**

Policy playbook (PDF)

<https://iris.who.int/handle/10665/379378>



Virtual course: **SAFER initiative: cost-effective policies to reduce alcohol problems**

**2022**

Online course

<https://campus.paho.org/en/course/Implementing-SAFER-in-the-Americas>



**Alcohol policies: IARC Handbooks of Cancer Prevention Volume 20B**

**2025**

Handbook

<https://publications.iarc.who.int/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention/Alcohol-Policies-2025>

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## Monitoring and surveillance



### **Global status report on alcohol and health and treatment of substance use disorders 2024**

Global report (PDF)  
<https://iris.who.int/handle/10665/37796>



### **Global Information System on Alcohol and Health (GISAH) Ongoing**

Data portal  
<https://www.who.int/data/gho/data/themes/global-information-system-on-alcohol-and-health>



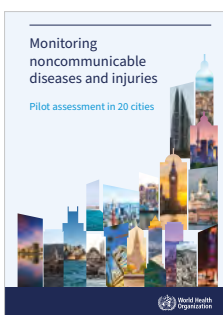
### **The Global health tax database Ongoing**

Data portal  
<https://www.who.int/tools/health-taxes-database>



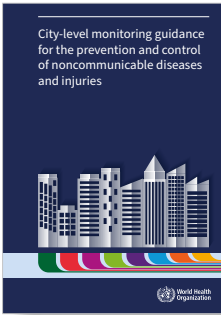
### **Noncommunicable diseases progress monitor 2025 2025**

Global report (PDF)  
<https://iris.who.int/handle/10665/381602>



### **Monitoring noncommunicable diseases and injuries: pilot assessment in 20 cities 2024**

Technical report  
<https://iris.who.int/items/00fef168-08be-4357-b401-19c1afac07da>

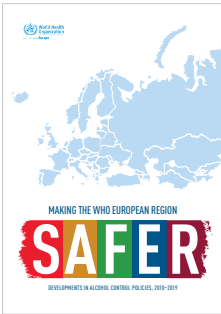


**City-level monitoring guidance for the prevention and control of NCDs and injuries**

**2024**

Assessment instrument

<https://iris.who.int/handle/10665/374874>

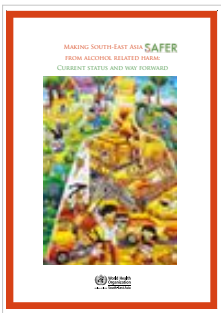


**Making the WHO European Region SAFER: developments in alcohol control policies**

**2021**

Regional report

<https://iris.who.int/handle/10665/340727>



**Making South-East Asia SAFER from alcohol-related harm**

**2019**

Regional report

<https://iris.who.int/handle/10665/326535>

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## Protecting policy space (conflict of interest)



**Supporting Member States in reaching informed decision-making on engaging with private sector entities for NCD prevention and control: a practical tool (GCM/NCD)**

**2024**

COI decision tool (PDF)

<https://iris.who.int/handle/10665/378209>



## Addressing and managing conflicts of interest in alcohol policy

2022

Technical guidance (PDF)

<https://iris.who.int/handle/10665/352517>

## S Availability

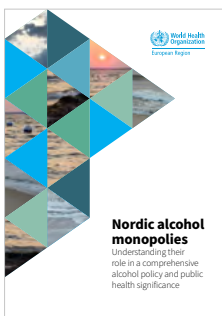


## Laws and regulations addressing the acceptability, availability and affordability of alcoholic beverages

2025

Technical report (PDF)

<https://iris.who.int/handle/10665/381441>



## Nordic alcohol monopolies: understanding their role in a comprehensive alcohol policy structure and public health significance

2025

Regional report

<https://iris.who.int/items/104511e3-05ea-4427-b7f8-4112b6221887>

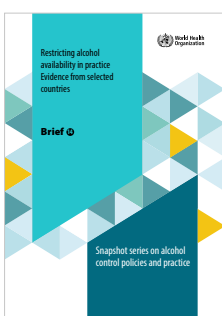


## A public health perspective on alcohol establishments: licensing, density and locations

2023

Snapshot brief (PDF)

<https://iris.who.int/handle/10665/364039>



## Restricting alcohol availability in practice: evidence from selected countries

2025

Snapshot brief (PDF)

<https://iris.who.int/handle/10665/381461>

## A Drink-driving



### **Drink-driving: a road safety manual for decision-makers and practitioners, second edition**

**2022**

Implementation manual (PDF)

<https://www.who.int/publications/m/item/drink-driving--a-road-safety-manual-for-decision-makers-and-practitioners-2022>



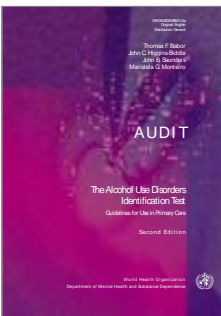
### **Global status report on road safety**

**2023**

Global report (PDF)

<https://iris.who.int/handle/10665/375016>

## F Treatment and health systems response

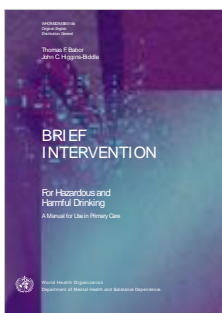


### **AUDIT: The Alcohol Use Disorders Identification Test: guidelines for use in primary care, second edition**

**2001**

Screening guideline (PDF)

<https://iris.who.int/handle/10665/67205>



### **Brief intervention for hazardous and harmful drinking: a manual for use in primary care**

**2001**

Clinical manual (PDF)

<https://iris.who.int/handle/10665/67210>



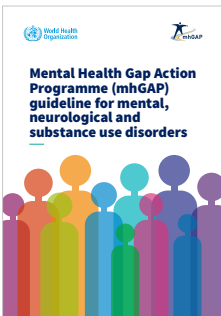
### **The WHO ASSIST package for hazardous and harmful substance use**

**2010**

Toolkit (PDF)

<https://iris.who.int/handle/10665/44320>, <https://iris.who.int/handle/10665/44321>,

<https://iris.who.int/handle/10665/44322>



### **mhGAP guideline for mental, neurological and substance use disorders, third edition**

**2023**

Guideline (PDF)

<https://iris.who.int/handle/10665/374250>

## **E** Marketing



### **Restricting digital marketing in the context of tobacco, alcohol, food and beverages, and breast-milk substitutes: existing approaches and policy options**

**2024**

Technical report (PDF)

<https://iris.who.int/handle/10665/373130>



### **Reducing the harm from alcohol by regulating cross-border alcohol marketing, advertising and promotion: a technical report**

**2022**

Technical report (PDF)

<https://iris.who.int/handle/10665/354078>



**Digital marketing of alcohol: challenges and policy options for better health in the WHO European Region**

**2021**

Regional technical report (PDF)  
<https://iris.who.int/handle/10665/350186>



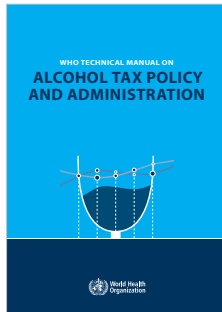
**Alcohol marketing in the WHO European Region: update report on evidence and recommended policy actions**

**2020**

Regional report (PDF)  
<https://iris.who.int/handle/10665/336178>

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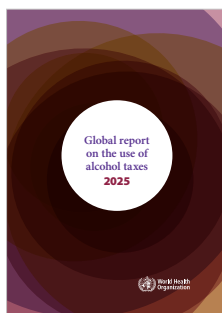
**R** Pricing and taxation



**WHO technical manual on alcohol tax policy and administration**

**2023**

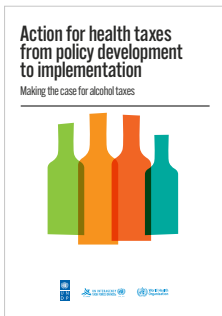
Technical manual (PDF)  
<https://iris.who.int/handle/10665/374284>



**Global report on the use of alcohol taxes**

**2025**

Global report (PDF)  
<https://iris.who.int/handle/10665/384526>



### **Action for health taxes from policy development to implementation: making the case for alcohol taxes**

**2024**

Global toolkit

<https://iris.who.int/handle/10665/378474>



### **Alcohol taxation and pricing policies implementation toolkit: a practical guide for selecting, implementing and evaluating policies (WHO/Europe)**

**2025**

Regional toolkit (PDF)

<https://iris.who.int/handle/10665/381218>

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