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WHO Working document for the development of an action plan to strengthen the implementation of the Global Strategy to Reduce the Harmful Use of Alcohol

WMA COMMENTS

The World Medical Association (WMA), the global federation of Medical Associations representing the millions of physicians worldwide, has a long-standing commitment towards the reduction of the harmful impact of alcohol on health and society and actively supported the adoption of WHO Global strategy to reduce the harmful use of alcohol in 2010. Alcohol consumption constitutes a major trigger for Non-Communicable Diseases (NCD), communicable diseases, violence, and injuries and we note with great concerns the limited progress made to reverse the current trend since 2010.

General comments

We welcome WHO consultation on its working document for developing the global alcohol action plan and acknowledge the efforts made to develop a comprehensive framework encompassing all stakeholders concerned to tackle the alcohol burden weighing on public health and ultimately on health systems. We believe however that a more concise action plan would bring more clarity to the document.

We support the observation in the introduction section to the action plan recognizing that "*limited technical capacity, human resources and funding hinder efforts in developing, implementing, enforcing and monitoring effective alcohol control interventions at all levels*"[1] and call for Member States to adequately fund WHO's work on alcohol.

In our opinion, the absence of specific review and reporting mechanism for the action plan's implementation weakens its prospective impact. We recommend that a report to the World Health Assembly be made biennially to assess the progress made, as is the case with the tobacco status report.

We share the overall analysis of the challenges identified in implementing the Global Strategy. We note however a lack of consistency between those challenges and the actions proposed under the six areas of the action plan. We believe that a successful strategy to address the harmful use of alcohol requires stronger and more tangible commitments and actions in the following areas:

[1] Working document for development of an action plan to strengthen implementation of the Global Strategy to Reduce the Harmful Use of Alcohol, 14th November 2020, p.5

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1. Placing health equity at the core of the action plan

We welcome the point raised in the introduction section of the working document on the "*disproportionate prevalence of effective alcohol control measures in higher-income countries*", raising questions about global health equity and agree on "*the need for more resources and greater priority to be allocated to support the development and implementation of effective policies and actions in low- and middle-income countries*"[2]. We regret that the action plan does not include more tangible actions to meet this requirement.

More generally, we recommend a stronger emphasis on health equity by placing it at the core of the action plan. Social, cultural, environmental and economic factors are major determinants on the quality of life, good health and life expectancy and have decisive impacts on alcohol consumption patterns.

Addressing the problematic of alcohol through a Social Determinants of Health (SDH) perspective requires looking at the root causes of alcohol behaviours. This is essential for the understanding of the problem and makes it possible to unveil health inequities which are often the primary source of addictive patterns and other alcohol abuses.

We believe therefore that it is critical that health inequities are clearly identified in the action plan as major sources of alcohol abuses. This would underscore the ethical and human rights principles as the founding values of the plan, beyond the health costs of the scourge.

2. Health professionals as partners in combatting the harmful use of alcohol

We welcome the actions proposed in the plan for the attention of health professionals, mainly related to capacity-building and education, but regret that their role in documenting and preventing alcohol abuses is not further developed. We note a clear disparity between the overwhelming consideration given to economic operators in the action plan compared to health professionals[3]. This variance seems to us particularly inadequate from a public health perspective.

Physicians and other health professionals play a key role in education, advocacy and research. Physicians in particular work to reduce the harmful use of alcohol by identifying early-stages of addictive behaviour in consultations with their patients and supporting them in changing behaviour in the framework of a trustworthy patients-physicians relationship. They can promote evidence-based prevention strategies in schools and communities and assist in informing the public of alcohol related harm. Physicians also have an important function in facilitating epidemiologic and health service data collection on the impact of alcohol with the aim of prevention and promotion of public health.

We believe that those considerations are not sufficiently reflected in the proposed action plan and recommend its revision so that health professionals are considered as recognized partners in tackling the alcohol affliction.

[2] Working document for development of an action plan to strengthen implementation of the Global Strategy to Reduce the Harmful Use of Alcohol, 14th November 2020, p.2

[3] See below, item 3

3. Protecting public health interests from commercial interference

The working document identifies as one of the challenges in implementing the strategy "*the influence of powerful commercial interests in policy-making and implementation (..) Competing interests across the whole of government at the country level, including interests related to the production and trade of alcohol and government revenues from alcohol taxation and sales, often result in policy incoherence and the weakening of alcohol control efforts". "General trends towards deregulation in recent decades have often resulted in a weakening of alcohol controls, to the benefit of economic interests and to the expense of public health and welfare*"[4].

We welcome this accurate analysis of the situation. Unfortunately, the conclusions are not followed by tangible actions later in the plan. The structure of the action plan includes an explicit role for economic operators suggesting that their contributions are authentic. Under each area of the plan, actions to the attention of economic actors are proposed with a view to *contribute to* the reduction of alcohol burden or *to refrain* from acting against public health interests. We cannot validate those proposals that we consider inappropriate, unrealistic and even dangerous, leaving the door open to commercial intrusion to the very detriment of public health.

Equally, we have strong reservations on the validity to pursue a regular "global dialogue" with the alcohol industry[5], which counteracts the Guiding principle 1 (Global Strategy to Reduce the Harmful Use of Alcohol. WHO, 2010): "*Public policies and interventions to prevent and reduce alcohol-related harm should be guided and formulated by public health interests and based on clear public health goals and the best available evidence*".

The role of the alcohol industry in the reduction of alcohol-related harm should be strictly confined to their roles as producers, distributors and marketers of alcohol, and never include alcohol policy development or health promotion. It is crucial that the action plan sets very clear boundaries on the scope of action of the alcohol industry to protect public health interests.

Furthermore, we are concerned to note that the responsibility for monitoring and reporting interference from commercial interests lies only with civil society actors. We strongly recommend providing the plan with a comprehensive monitoring mechanism led by the WHO secretariat involving all actors, including Member States, to counter commercial intrusions.

Commercial interests contradict the very essence of the strategy to serve public health. We identify no evidence of efficacy for continuing dialogue with the alcohol industry and deeply regret the disproportionate attention given to economic operators in the plan, compared to the limited consideration provided to the health professionals' role in documenting and preventing harmful use of alcohol[6].

4. The need for legally binding regulatory instruments at national and international levels

In the challenges identified, the working document refers to the absence of legally-binding regulatory instruments which "*limits the ability of (...) governments to regulate the distribution, sale and marketing of alcohol within the context of international, regional and bilateral trade negotiations, as well as to protect the development of alcohol policies from interference by transnational corporations and commercial interests. This prompted calls for a global normative*

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[4] Working document for development of an action plan to strengthen implementation of the Global Strategy to Reduce the Harmful Use of Alcohol, 14th November 2020, p.4

[5] Action area 3: partnership, dialogue and coordination, p.16

[6] See above, item 2

law on alcohol at the intergovernmental level, modelled on the WHO Framework Convention on Tobacco Control".

Regretfully, the actions recommended later in the plan to the attention of Member States do not effectively address those challenges. Yet, the "best buys", promoted by WHO-led SAFER initiative, are recognised as the most cost-effective policy measures for alcohol control[7]. Alcohol is responsible for significant mortality and morbidity around the world and it is time for governments to take their responsibilities. We recommend a more ambitious action plan including pertinent regulatory and fiscal measures to reduce harmful alcohol consumption, such as:

- Effective restrictions on advertising;
- Setting a minimum unit price at a level that will reduce alcohol consumption;
- Regulation of access to, and availability of, alcohol by limiting the hours and days of sale, the number and location of alcohol outlets and licensed premises, and with a minimum legal drinking age.

To protect alcohol control measures, we further recommend that alcohol be classified as an extraordinary commodity and that measures affecting the supply, distribution, sale, advertising, sponsorship, promotion of or investment in alcoholic beverages be excluded from international trade agreements. Health impact assessments of trade agreements constitute a necessity to protect, promote and prioritize public health over commercial interests.

Finally, we support the proposal made in the introduction of the action plan to open discussion on a global normative regulation of alcohol at intergovernmental level, modelled on WHO Framework Convention on Tobacco Control.

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[7] Working document for development of an action plan to strengthen implementation of the Global Strategy to Reduce the Harmful Use of Alcohol, 14th November 2020, p.2