IOGT International

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IOGT International Response to Revised Draft Global Action Plan for Prevention and Control of Noncommunicable Diseases 2013-202 **10.03.2013**

IOGT International, the largest worldwide community of non-governmental organizations with the vision and mission to independently enlighten people around the world on a lifestyle free from alcohol and other drugs. Around the world we work on alcohol (and other drugs) policy issues by promoting scientific, evidence-based policies independent of commercial interests. Therefore IOGT International and our members have closely followed the global political and research processes to prevent and control the burden of Noncommunicable Diseases (NCDs).

We are thankful for this opportunity – referring to the WHO Revised Draft Global Action Plan of February 11, 2013 – to contribute to the drafting of a new Global Action Plan for the Global Strategy for the Prevention and Control of NCDs 2013 – 2020. IOGT International welcomes the Revised Draft of the Global Action Plan (GAP) for the Prevention and Control of NCDs 2013 – 2020. IOGT International and our members acknowledge the significant progress since the previous iteration.

The new draft structures the GAP into six objectives that capture the ambitious UN Political Declaration on NCDs; and emphatically acknowledges the need for integration of NCDs into global development processes.

In our submission, IOGT International on behalf of our members, provides a detailed response to those provisions of the new draft that are related to alcohol use, one of the major risk factors for NCDs world wide.

IOGT International comments to Revised Draft; Global Action Plan for the Prevention and Control of Noncommunicable Diseases, 2013-2020 (version dated 11 February 2013)

IOGT International welcomes the opportunity to comment in the third round of informal consultations on the development of a WHO global action plan for the prevention and control of NCDs 2013-2020. We will make these observations and suggestions in regard to the draft GAP:

- **Paragraph 1)** contains the highly important and crucial awareness and rational that NCDs are and will be a tremendous burden on low- and middle-income countries. IOGT International and our members stand behind this rational and its implications.
  But we also want add to the paragraph that NCDs are an economic burden in high-income countries. This dimension is missing in the draft GAP right now and it is important to be mentioned along with NCDs' impact in low- and middle-income countries. The current deterioration of youth alcohol use, for example, in Spain will have severe negative consequences for public health, societal development and economic prosperity. Thus NCDs pose also a huge challenge to high-income countries. The GAP should be clear on the fact that policies that prevent and control NCDs and their four risk factors, are policies that help ease the burden of the financial and economic crisis in Europe, for instance. Britain, for example, today suffers from an epidemic in liver disease in young women triggered by an increase of alcohol use some 15 years ago. If the NCDs risk factors like alcohol use are not controlled and prevented other countries will face similar problems in near future. NCDs today burden the global economy with €34 trillion costs.

- **Paragraph 2)** outlines a focus and an approach that make prevention and public policies key components: "Most premature deaths from Noncommunicable diseases are preventable by influencing public policies in sectors other than health, rather than by making changes in health policy alone." These perspectives are important and should be promoted throughout the GAP.
  The world community is assembled these days to agree on commitments to eliminate violence against women, which is a good example in the eyes of IOGT International and our members for the cross cutting nature of policy interventions the GAP addresses: alcohol use is a major risk factor for NCDs. Alcohol use

is also an important factor in violence against women and girls, especially domestic and intimate partner violence. Policies that restrict alcohol availability and affordability, as well as ban alcohol advertising and sponsorship reduce violence against women and have positive economic repercussions: In the USA the economic costs of alcohol-related intimate partner violence are $12.6 billion every year (55% of all cases of IPV are alcohol-related). This is just one example for the crosscutting benefits of policy implementation to control NCD risk factors like alcohol use.

Paragraph 4 and table 1 that provides a conceptual overview of the main elements of the draft GAP) include several issues IOGT International feels a need to comment on:

Objective 3) ”To reduce exposure to modifiable risk factors for Noncommunicable diseases through creation of health promoting environments” is a crucial objective that earns full support of IOGT International and our members. With regard to the reality of young people around the world we want to make the point that the global alcohol industry is promoting unhealthy and detrimental environments and an intoxicating culture where alcohol is supposed to be omnipresent. Research shows that 67% of young people in Sweden use alcohol because ”there is nothing else to do” in their free time.
We feel the need to emphasize the provision of the WHO Global Alcohol Strategy Guiding Principle G that sets out the right of children, youth and adult sto be protected in their choice to live free from alcohol. That is why this particular objective is crucial for the overall draft GAP.

The Set of 9 voluntary global targets for the prevention and control of Noncommunicable diseases to be achieved by 2025 contains **”the harmful use of alcohol”**. IOGT International holds and strongly points out that the Monitoring framework for the NCD draft GAP is inconsistent with regard to the “Behavioral risk factors” in that the modifying terms “as appropriate” and “within the national context” are used for alcohol alone.

There is no rationale for these special considerations for alcohol as opposed to other risk factors. We are aware that Member States negotiated the Monitoring framework in November 2012. Still we make these comments here and ask for them to be considered to the extent that the World Health Assembly may reconsider the language of the Monitoring framework during the process toward the final endorsement.

Alcohol use is a major risk factor for NCDs, and as outlined above a cross cutting factor on other major societal, human rights, development and public health problems of our world: violence against women and girls, communicable diseases, poverty eradication, economic prosperity and productivity – just to name a few. It is therefore imperative that the GAP does not make obvious distinctions between the different risk factors in terms of quality or importance.

Reminding of our previous consultation contributions IOGT International also wants to reiterate that a 10% relative reduction in the harmful use of alcohol is a low target, that governments could easily have chose a more ambitious target and that the current in the draft GAP must get the same qualitative emphasize as those of other risk factors.

- **Paragraph 6)** contains an important statement of the rationale behind the draft GAP: “There are many other conditions of public health importance that are closely associated with the four major Noncommunicable diseases, […]”. IOGT International supports the statement because our members and we know that both the linking to other Noncommunicable conditions e.g. mental health, violence and injury, as well as communicable diseases is important to avoid further vertical divisions in public health. As outlined above with the help of the violence against women and girls example, IOGT International strongly supports the emphasis on “potential synergies and linkages between major Noncommunicable diseases and interrelated conditions to maximize opportunities and efficiencies for mutual benefit.”

- **Paragraph 11)** addresses overarching principles and approaches: IOGT International and our members hold that the draft GAP manages to enlist important principles. However the important principle of avoiding conflict of interest in public health policy-making is not addressed here.
  We are aware that the draft GAP mentions these concerns at various instances (for example paragraph 18, 23, 27 etc.) but we think it ought to be listed among the overarching principles and approaches.

  As we have explained in our previous consultation contributions, the members of IOGT International from around the world are all highly concerned over the global alcohol industry's activities related to the WHO Global Alcohol Strategy. Since this strategy is central in the NCD Global Action Plan, the concerns are of equal importance in this context. On October 8, 2012, thirteen of world's largest alcohol producers issued a set of commitments to reduce the harmful use of alcohol worldwide, ostensibly in support of the World Health Organization's 2010 Global Alcohol Strategy. Based on the alcohol industry's lack of support for effective alcohol policies, misinterpretation of the Global Strategy's provisions, and lobbying against effective public health measures, it is evident that the alcohol industry's inappropriate commitments must be met with a united response from the global health community. The industry commitments are based on questionable assumptions, and the actions proposed in the five commitments are weak, rarely evidence-based, and unlikely to reduce alcohol use and associated harm. A statement of concern was recently circulated throughout the global public health community. It is available at www.globalgapa.org. In the course of a single month, public health advocates from over 60 countries registered more than 650 endorsements.
  With regard to these facts IOGT International reiterates that all conflicts of interest ought to be eliminated from public health policy making.

- **Paragraph 15)** addresses the importance of regional and national adaptation of the framework and suggested actions. IOGT International holds this to be crucial for the success and sustainable impact on controlling and preventing NCDs and all their major risk factors. Therefore IOGT International and our members support this approach and are ready to give technical support to governments and regional bodies in the process of alcohol policies implementation.
  Moreover we want to be clear that with the provisions of Paragraph 15 on the regional and national adaptations of framework and actions, the qualitative additions to the formulation of the global target on alcohol use (see above, Paragraph 4 and Table 1) are redundant and do not make sense.

- **Paragraph 18)** touches upon the economic impact and the tremendous challenges posed by NCDs in the years to come. Poverty, economic productivity, family and community stability, health-system effectiveness and the negative impact of NCDs on the achievement of the MDGs are issues addressed by Paragraph 18.
  IOGT International certainly supports this emphasis. In our global work for development we see the cross cutting impact of alcohol use on a number of MDGs: poverty eradication, school education for children, HIV/ Aids, violence against women and girls, access to water and environmental sustainability are all affected by alcohol harm. That means that addressing alcohol use as one of the four major risk factors for NCDs with the same vigor as the other risk factors will give benefits also for other policy areas and MDGs. It is important to keep that in sight.

- **Paragraph 21 b)** Advocacy for action ought to include "ensuring NCDs are included in the post-2015 development agenda".

- **Paragraph 21 e)** addresses "Partnerships" and takes up the need to "Forge multisectoral partnerships". IOGT International wants to reiterate that any conflict of interest must be eliminated and that the alcohol industry does not have a place in public health policy making or any collaborations delivering public health outcomes.

- **Paragraph 22 c)** Policy advice and dialogue ought to comprise in addition "Include health indicators for NCDs in accordance with the global monitoring framework in the post-2015 development agenda".

- **Paragraph 26)** contains comments on the significance of cooperation with the civil society, especially on grass-roots level, for delivering on the UN Political Declaration and achieving national targets for NCDs control and prevention. IOGT International supports this paragraph and highlights its meaning. The experience of IOGT International and our members shows that by involving CSOs on grass-roots level both achievement of overall targets and ownership by the people who are affected by the measures are accomplished best. Often the people at the grass-roots come up with the most effective solutions, best adapted to their context and conditions.

- **Paragraph 31)** addresses the UN Political Declaration. IOGT International holds that it is timely to bring the attention to the UN Political Declaration that "recognizes the vital importance of reducing the level of exposure of individuals and populations to the common modifiable risk factors for Noncommunicable diseases." If the target of 25% relative reduction in overall mortality from NCDs is to be at all achievable, addressing the exposure levels in a meaningful and equitable way needs to have high priority.

- **Paragraph 32)** highlights the economic soundness of prevention. IOGT International sees that shortsighted interests all too often outweigh efforts for middle- and long-term strategies to invest in prevention.
  It is thus important, as this paragraph does, to highlight that prevention pays off and that the policy measures at hand, for example in terms of alcohol policy (three Best Buys) are high-impact measures and cost-effective.
  It is also important, and IOGT International suggest that this be added to this paragraph, to say that the costs of NCDs and their associated risk factors, like alcohol use, outweigh the economic benefits that the (alcohol) industry propagates.

- **Paragraph 38)** refers to the WHO Global Strategy to Reduce the Harmful Use of Alcohol, as does the draft GAP repeatedly throughout the document. This is an important instrument and a meaningful approach. Still, to make significant progress in reducing alcohol-related mortality and morbidity, the WHO Global Strategy needs to be equipped with substantial financial resources at the global, regional and national level. Realizing that one of the best practices outlined in the Global Alcohol Strategy is influencing the price of alcohol through taxation, the revenue raised could be invested back into NCD prevention and interventions.

  Specific comments to the sub-paragraphs:

  a) IOGT International supports the need to develop, adopt and implement "comprehensive and multisectoral national policies and programs to reduce the harmful use of alcohol, addressing the general levels, patterns and contexts of alcohol consumption and the wider social determinants of health in a population." The three Best Buys identified in Appendix 3 should be included in the text and suggest the following amendment:

Prioritizing the WHO identified 'three best buy interventions of increased excise taxes, comprehensive restrictions and bans on advertising and promotion for alcohol products, restrictions on the availability of retailed alcohol, alongside other crucial policy areas of leadership, awareness, and commitment; health services response; community action; drink-driving countermeasures; reducing negative consequences of drinking and alcohol intoxication; reducing public health impact; monitoring and surveillance.

b) This paragraph holds up a very important principle: "that public health policies and interventions […] are guided and formulated by public health interests and are based on existing best practices and the best available evidence […]"
We suggest editing it in the following way: "Ensure that public health policies and interventions to reduce the harmful use of alcohol are guided and formulated by public health interests, based on the best available evidence and protected from commercial and other vested interests of the alcohol industry.

c) The consideration that addressing alcohol-related harm needs to bring together ministries is important. An all-of-government approach will be needed and will have positive effects also for other policy areas and policy targets like eliminating violence against women through applying the three best buys. Therefore IOGT International emphasizes that stakeholders from the global alcohol industry should have no role in "policy development" as the implementation of evidence-based alcohol policies will conflict with the industry's vested commercial interests.

d) Whereas "increasing capacity of health-care service" is important, providing treatment services to cope with the growing problems related to increasing alcohol consumption in many low and middle-income countries is far beyond the capacity of strained health systems. Prevention through public health policies is thus the preferred approach.

- **Paragraph 39)**

c) IOGT International proposes this paragraph be amended to include policy options among the list of guidance from the Secretariat: Publish and disseminate guidance on *evidence to support the policy options and* how to operationalize …"

d) IOGT International proposes the following amendment at the end of the paragraph: *"WHO will continue its practice of no collaboration with the various sectors of the alcohol industry. Any interaction should be confined to discussion of the contribution the alcohol industry can make to the reduction of alcohol-related harm only in the context of their roles as producers, distributors and marketers of alcohol, and not in terms of alcohol policy development or health promotion."*

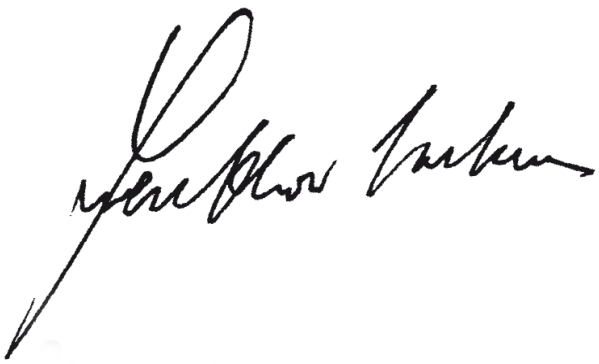
- **Appendix 1**)

We consider the considerations in Appendix 1 highly important, as synergies need to be sought after. Thus IOGT International would like to bring forward one missing perspective which is a key issue related to communicable diseases and alcohol as a risk factor.
We addressed earlier the cross cutting impact of alcohol on other areas, such as MDGs. In fact, there is strong evidence that in addition to alcohol being a risk factor for tuberculosis infection (which is mentioned), alcohol use, and particular heavy use, is detrimental to treatment outcomes both for TB patients and HIV positive people receiving highly active antiretroviral therapy (HAART). The effect of these treatments depends among several factors on the ability to adhere to the treatment regime, which is negatively affected by alcohol use or alcohol use disorders. The influence of alcohol on treatment

compliance is of special concern, given the evolution of new drug-resistant strains of TB.
In the last paragraph we strongly support the need to keep focus on alcohol impairment as a factor in injury prevention.

- **Appendix 2)**
  Please see above for our thoughts and recommendations in paragraph 4 and table 1.
  Additionally IOGT International and our members want to reiterate our position and call on decision-makers from previous consultations: Alcohol and tobacco are two of the most serious, modifiable threats to health world- wide. Alcohol alone causes almost 5 million deaths each year. It is the responsibility of member state governments, and of WHO, to ensure that setting and implementing policies to prevent the human suffering from these deaths and the burden of disease, is made in the interest of the public and protected from the economic interests of the tobacco and alcohol industries.

- **Appendix 3)**
  IOGT International strongly supports the three recommended Best Buys related to alcohol. There is strong evidence behind this selection:
  - Excise tax increases on alcoholic beverages;
  - Comprehensive restrictions and bans on alcohol advertising and promotion;
  - Restrictions on the availability of retailed alcohol.



Sven-Olov Carlsson,

International President

IOGT International,

Stockholm, 10 March 2013