

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

29.03.2013

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 Updated Revised Draft Global Action Plan of March 15, 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 Updated 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.

In our submission, IOGT International on behalf of our members, provides a detailed response to those provisions of the updated draft that are related to alcohol use, one of the major risk factors for NCDs world wide and a major obstacle to development and betterment of society in other policy areas as well.

**IOGT International comments to Updated Revised Draft Global Action Plan for the
Prevention and Control of Noncommunicable Diseases, 2013-2020 (version dated 15 March
2013)**

IOGT International welcomes the opportunity to comment in the fourth 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 acknowledgement that NCDs do constitute a “major health challenge that undermines social and economic development throughout the world.”
IOGT International congratulates WHO for this unmistakably clear statement. Above all IOGT International, on behalf of our members worldwide, supports and emphasizes the expression of urgency and rational that NCDs need to be tackled as soon as possible. It is our conviction that all efforts should be made for the prevention and control of NCDs.

- **Paragraph 2)**
Outlines 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, especially in financial crisis-ridden countries and regions.

The GAP should be clear on the fact that policies that prevent and control NCDs and their four major risk factors are policies that help ease the burden of the financial and economic crisis. NCDs today burden the global economy with €34 trillion costs.

Outlines a focus and an approach that make prevention and public policies key components: “... the Noncommunicable disease burden can be greatly reduced if cost effective preventive and curative interventions already available are implemented effectively and in a balanced manner.”

However, we noticed that an important and crucial sentence is now missing from this paragraph: “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 had recently assembled 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 must address: 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 NCDs risk factors like alcohol use.

- **Paragraph 4)**

Reflects the process and the different contributions from all kinds of stakeholders. IOGT International wants to first of all congratulate WHO and the WHO regional offices for their heart driven efforts to include and be as transparent as possible to civil society involvement and participation in the consultation process.

And IOGT International also wants to emphasize concerns from our members and partners from all over the world because of the heavy lobbying pressure mounted by the global alcohol industry. This consultation process has clearly showed that the alcohol industry continuously attempts to exert undue influence, ignoring scientific evidence concerning both most effective and impactful policy measures to control and prevent NCDs as well as facts about alcohol harm in the world.

- **Paragraph 5)**

Comments on the scope of the Global Action Plan and lays out the cross sectorial impact of the NCDs – cardiovascular diseases, cancer, chronic respiratory diseases and diabetes.

It is highly significant to emphasize the focus on the fact that NCDs “can be largely prevented or controlled by means of effective interventions that tackle shared risk factors...” such as alcohol use. Alcohol use, a major risk factor for NCDs, is in itself a cross sectorial hazard,

negatively impacting public health, women's rights and gender equality, development and achievement of the MDGs, indigenous communities, children and young people, economic prosperity and democracy. With regard to this IOGT International holds that the final GAP must adequately address alcohol use within its role as major risk factor for NCDs as well as within its role as cross sectorial hazard. It is with that intention we will later on make a couple of suggestions for improving the GAP.

- **Paragraph 7)**

Enumerates World Health Assembly resolutions that are the foundation and reference point for this Global Action Plan, among them the Global Strategy to Reduce Harmful Use of Alcohol (resolution WHA63.13). IOGT International and its members has been actively involved in the drafting of the WHO Global Alcohol Strategy and is committed to working for its realization in local, national and regional policies.

That means we see a need to highlight that Monitoring framework for the NCDs 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.

The WHO Global Alcohol Strategy outlines evidence-based and high-impact measures to reduce alcohol use and in doing so alcohol harm, like NCDs, and it does that by highlighting that governments can choose from a mix of measures to adjust the policy response to the specific circumstances. Therefore, there is no need and no rationale to make these special and obviously strange considerations for alcohol in the GAP.

- **Paragraph 9)**

Details the cost of inaction versus the costs of taking action; and IOGT International wants to express strong support for this paragraph and congratulate WHO for the unmistakable message: "Continuing business as usual will result in an escalation of health care costs in all countries. The economic impact of Noncommunicable diseases in low- and middle-income countries is an estimated USD 500 billion per year, equivalent to 4 per cent of their current gross domestic product. Over the period 2011-2025, the cumulative lost output in low- and middle-income countries due to Noncommunicable diseases is projected to be USD 7.28 trillion."

Having this on mind and working relentlessly for the prevention and control of alcohol harm through evidence-based and high-impact, cost-effective alcohol policy measures IOGT International wants to point out that new research – presented at the 19th International AIDS Conference in Washington DC – shows a so called "Global Health Charge", i.e. a modest increase of taxes on alcohol and tobacco, could generate enough income to cover costs of antiretroviral treatment, tuberculosis treatment and malaria treatment and prevention – together with reducing and preventing NCDs caused by alcohol and tobacco.

This new research supports the point IOGT International makes throughout this document that addressing alcohol harm by the three "Best Buys" and with a cross sectorial approach will have benefits for the respective sectors and policy goals. The GAP must address equally clear and outspoken as the quote above.

- **Paragraph 10)**

Describes the vision that the GAP strives to make reality. IOGT International strongly supports it and will make all efforts possible to contribute to the achievement.
Moreover, IOGT International holds this vision to be a brilliant formulation that could be used in the framework of the post-2015 development agenda discussions for a specific goal on NCDs.

- **Paragraph on Overarching principles and approaches**

IOGT International strongly supports the principle of a “Rights based approach”. IOGT International proposes to add to this approach the consideration of the special rights of children, in reference to the importance and high impact of prevention of NCDs. IOGT International suggests adding the following sentence:
“Recognize that the prevention of Noncommunicable diseases and the harm of their four major risk factors lies within the Best Interest of children and the provision of the Convention of the Rights of the Child.”
IOGT International fully supports the principle of “Multisectoral action” because NCDs prevention and control can only be successful if other policy areas act upon their impact on the spread and the epidemic of NCDs. It is however crucial to add the following:
“A health-in-all-policies and whole-of-government approach must be accompanied by a change of practice that lifts NCDs policy interventions, like the three “Best Buys” to control and prevent alcohol harm, above mere public health policies and into the realm of policies with merits in several other policy areas.”
Thirdly in this section, IOGT International strongly supports the principle of “Evidence-based strategies”. However, the global alcohol industry has made it clear through the consultation process and by its conduct concerning other alcohol policy issues around the world in the meantime, that it does not stand up for evidence-based policies, the WHO Global Alcohol Strategy and the three “Best Buys” to prevent and control alcohol harm. This reality should have consequences for the global alcohol industry and it should not be part of public health deliberations.
Finally, IOGT International strongly supports the principle of “Conflict of interest” because “public health policies, strategies and multisectoral action for the prevention and control of Noncommunicable diseases must be protected from influence by any form of vested interest.” 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 NCDs 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 14)**

Explains the importance and need for adapting the framework provided by the Global Action Plan on regional level to be able to address region-specific conditions and priorities. IOGT International strongly supports this and works for the realization of this approach because evidence-based measures can only unfold high impact if they address the specific conditions and context of the community and society they are implemented in. From the perspective of IOGT International Paragraph 14 is highly important and it also means that its addressing of regional and national adaptation of the framework and suggested actions renders the qualitative additions to the formulation of the global target on alcohol use, under "Objective 3 and policy options for member states" redundant and do not make sense.

Objective 1) "Raise the priority accorded to the prevention and control of Noncommunicable diseases in the global, regional and national development agendas and in internationally-agreed development goals through strengthened international cooperation and advocacy".

IOGT International holds and proposes that the part on Advocacy for action ought to include the following: "ensuring NCDs are included in the post-2015 development agenda". Please refer to our comment on the vision for this GAP.

- **Paragraph 17)**

Explains the need for a coordinated response due to the involvement of a myriad of actors and reaffirms the "leadership and coordination role of the World Health Organization". IOGT International strongly supports the leadership role of the WHO. We are thankful for the efforts and leadership the WHO has provided on issues of NCDs. Additionally we propose the following amendment: "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."

- **Paragraph 18)**

addresses policy options for Member States. Since poverty, economic productivity, family and community stability, health-system effectiveness and the negative impact of NCDs on the achievement of the MDGs are issues affected by NCDs and their risk factors like alcohol use, IOGT International proposes to amend this paragraph with a clearer stance on NCDs and policy measures preventing and controlling them are, in fact, development policy, too. An important policy option for high-

income Member States is to allocate funding for civil society to development projects addressing NCDs and their major risk factors.

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.

Objective 2) “To strengthen national capacity, leadership, governance, multisectoral action and partnership to accelerate country response for the prevention and control of Noncommunicable diseases”.

- **Paragraph 20 to 22)**

Address the lead role of governments in guarding their people’s health, state that NCDs undermine the achievement of the MDGs and take a look at the link of impoverishment to NCDs.

IOGT International fully supports those three paragraphs.

- **Paragraph 23)**

Touches upon the importance of and need for active participation of civil society in efforts to address NCDs.

IOGT International supports this paragraph, too and wishes to amend it with the following consideration: From a prevention perspective it is crucial not only to involve organizations representing victims of NCDs but also children and youth because the young generation will have to bear the biggest burden of financial, economic and social costs and thus they should have a strong say in shaping the world they inherit and the policy responses they favor.

We clearly see that, for example, the alcohol industry aggressively targets children and young people in a drive to promote so called Western lifestyles and recruit new customers, in this way contributing to the spread of NCDs.

- **Paragraph 24)**

Takes up the requirement of a whole-of-government, whole-of-society and health-in-all-policies approach in order to effectively prevent NCDs.

This paragraph is very good and important and IOGT International supports it but we wish to see a more specific formulation, because the European Union, for instance, has a health-in-all-policies approach already in the Lisbon Treaty and yet fails to make it reality and policy practice. Therefore IOGT International recommends the amendment: “Health-in-all-policies approach means that governments mainstream policy measures preventing and controlling the major NCDs risk factors.”

Objective 3) ”To reduce modifiable risk factors for Noncommunicable diseases and underlying social determinants through creation of health-promoting environments”.

IOGT International holds and proposes that the part on Advocacy for action ought to include the

following: "ensuring NCDs are included in the post-2015 development agenda". Please refer to our comment on the vision for the GAP.

- **Paragraph 28)**

Contains crucial comments on the significance of environments that promote health and positive role models.

IOGT International holds that "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 adults to be protected in their choice to live free from alcohol. That is why this particular objective is crucial for the overall draft GAP.

- **Paragraph 33)**

Finally coming to terms with "Policy options for Member States: reducing the harmful use of alcohol".

IOGT International supports the voluntary global target, but we want to be clear about the fact that it is a low target and that a 25% relative reduction is just as possible, not much more costly in terms of policy implementation but, relating to above comments for example concerning the so called "Global Health Charge", would bring many more benefits.

IOGT International holds and strongly points out that the Monitoring framework for the NCDs 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.

IOGT International comment on the amendment in **paragraph 33a)**

There is a newly added paragraph in the section referring to the target areas of the Global strategy to reduce the harmful use of alcohol:

“The measures should be implemented at the discretion of each Member State depending on national, religious and cultural contexts, national public health priorities and available resources, and in accordance with constitutional principles and international legal obligations.”

This paragraph is obsolete and reflects efforts to weaken the Global Action Plan. Rather than weakening this paragraph IOGT International proposes the following alternative text:

“Efforts to implement evidence based policy measures may be undermined by other international agreements (for example trade agreements) and Member States are recommended to take actions to avoid being limited in their future availability of public health policy options.”

Furthermore, in the sections on Member States policy options for the four risk factors (sections 30-33), only in the case of alcohol are the policy options and cost-effective interventions in Appendix 3, not mentioned. We therefore suggest that these policy options are added to section 33, in the same way as for tobacco, unhealthy diet and physical inactivity. We therefore suggest the following text be added to section 33 a)

In order to reduce the harm caused by alcohol consumption, give priority to the following core set of very cost-effective interventions as part of a comprehensive multisectoral package:

- Excise tax increases on alcoholic beverage
- Comprehensive restrictions and bans on alcohol advertising and promotion
- Restrictions on the availability of retailed alcohol

This is in line with our previous contributions:

The three Best Buys should be included in the text and IOGT International suggests 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.

We note that although the overarching principle of conflict of interest is repeated for tobacco control in the section on policy options for Member States, the wording is different in the section on alcohol harm (“protecting these policies from undue influence of commercial and other vested interests”). Given the inherent contradiction of the commercial interests of the tobacco and alcohol industries and improved public health, the wording in the section on alcohol harm should be the same as in the overarching principles and on tobacco control. We therefore suggest that to the text of section 33 a) the following is added:

The development and implementation of such policies should be protected from commercial and other vested interests of the alcohol industry.

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.

Objective 5 and 6) “To promote and support national capacity for high quality research and development for the prevention and control of Noncommunicable diseases” and “To monitor the trends and determinants on Noncommunicable diseases and evaluate progress in their prevention and control”.

IOGT International holds both objectives to be important. Evidence, research, monitoring and evaluation are part of the equation that should lead to a world free from harm from preventable NCDs.

When it comes to high quality research we know that low- and middle-income countries might not always have financial resources available and ready. The same goes for monitoring and evaluation. For that reason IOGT International wants to amend with a comment on using grass-roots know-how to establish a foundation of basic evidence where high-level research may not be possible. The method of Social Mapping is conducted by civil society organizations, drawing on the knowledge of inhabitants of communities and thus is very effective in establishing evidence based about the situation concerning NCDs risk factors like alcohol use.

Appendix 1: “Synergies between major Noncommunicable diseases and other conditions”

We consider the points of this section 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.

Appendix 2: “Comprehensive global monitoring framework, including 25 indicators, and a set of 9 voluntary global targets for the prevention and control of Noncommunicable diseases”

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.

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.

The Monitoring framework for the NCDs 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 language of the Monitoring framework may be reconsidered during the process toward the final endorsement by the World Health Assembly.

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.

Appendix 4: “Initial division of labor for the United Nations Funds, Programmes and Agencies besides WHO”

IOGT International strongly supports the three recommended Best Buys related to alcohol. There is strong evidence behind this selection:

- UNDP: IOGT International strongly supports the envisioned task to “support the national AIDS commissions to integrate interventions to address the harmful use of alcohol into existing national HIV programmes”. As we discussed above alcohol use impacts the spread of HIV/ Aids and negatively impacts the effectiveness of ARVs, too.
- UNFPA:
IOGT International strongly supports the envisioned task to “Support health ministries in integrating Noncommunicable diseases into existing reproductive health programmes, with a particular focus on (1) cervical cancer and (2) promoting healthy lifestyles among

adolescents”.

IOGT International holds that in this frame UNFPA should be a champion of the WHO Global Alcohol Strategy and work for promotion of alcohol free environments for children and adolescents. Therefore UNFPA should extend its support to all other relevant ministries as well, not only health.

- UNICEF:

IOGT International strongly supports the envisioned task to “Strengthen the capacities of health ministries to reduce risk factors for Noncommunicable diseases among children and adolescents.”

IOGT International holds that in this frame UNICEF should be a champion of the WHO Global Alcohol Strategy and work for promotion of alcohol free environments for children and adolescents. Therefore UNICEF should extend its support to all other relevant ministries as well, not only health.

- UN Women:

IOGT International strongly supports the envisioned task to “Support ministries of women or social affairs to promote gender-based approaches for the prevention and control of Noncommunicable diseases”.

IOGT International holds moreover that in this frame UN Women should be a champion of especially the three ”Best Buys” concerning alcohol policy because of the positive impact on a reduction of gender-based violence, especially intimate partner violence and domestic violence. Thus UN Women should work for ministries of social affairs or women to embrace those approaches, too.

- FAO:

IOGT International strongly supports the envisioned task to “Strengthen the capacity of ministries of agriculture to redress food insecurity, malnutrition and obesity”.

IOGT International holds moreover that FAO in this frame should work agricultural policies making sure that less and less financial resources go to harmful products like alcohol and tobacco.

- WTO:

IOGT International holds that WTO should be in line with the resolutions of other UN Bodies, like the Global Alcohol Strategy, meaning that Free Trade should not come at the expense of public health, societal development and the democratic right of citizens, especially in low- and middle income countries. This GAP should reflect this stance.

- UN Habitat:

IOGT International strongly supports the envisioned task to “Support ministries of housing to address Noncommunicable diseases in a context of rapid urbanization”.

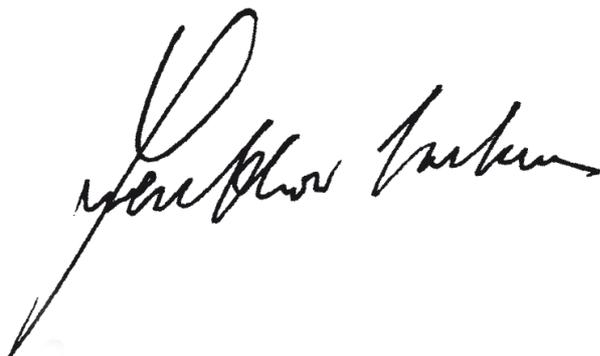
IOGT International holds that UN Habitat should additionally work for the protection of public space and ensure that public space promotes inclusive environments that foster healthy lifestyle choices.

Appendix 5: “Examples of cross-sectorial government engagement to reduce risk factors and potential health effects of multisectoral action”

With regard to the “Examples of multisectoral action” IOGT International and its members from all over the world want to once more emphasize that the GAP cannot do without mentioning and specifically addressing the three “Best Buys” concerning alcohol policy.

We also wish to see an amendment in this section that promotes more alcohol free environments, especially for children and young people, as an important tool, in line with the WHO Global Alcohol Strategy, to prevent alcohol harm and NCDs among youth and promote healthy lifestyle.

Finally IOGT International considers the following ministries should be added to the list when it comes to alcohol policy – to allow a comprehensive health-in-all-policies approach and to be able to address alcohol harm in the many policy areas it occurs: Ministry of Sports, Youth, Gender Equality, Agriculture, Family/ Social Affairs, Labor.



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Stockholm, 29 March 2013