

IOGT International submission

14.11.2017

**WHO Consultation on
EBSS/4/2 Draft 13th General Program of Work 2019 – 2023**

IOGT International commends the new WHO leadership for its efforts to develop the draft 13th General Program of Work 2019 – 2023 (GPW) “Promote health, keep the world safe, serve the vulnerable”.

IOGT International also welcomes the opportunity to contribute our expertise to the process of developing WHO's 13th General Program of Work in light of the 2030 Agenda.

IOGT International is the premier global network of civil society organizations working to prevent and reduce alcohol-related harm through evidence-based policy solutions and community-based interventions. IOGT International was founded in 1851 and has today 143 Member Organizations in 58 countries; IOGT International has special consultative status with the United Nation's Economic and Social Committee (ECOSOC).

In contributing to the consultation in preparation of the special session of the Executive Board, we appreciate the enormity of WHO's task. It is in the spirit of profound appreciation for WHO's efforts that we share our proposals hoping that the consultation will lead to some key changes in the final general program of work.

The content of IOGT International's contribution – 3 parts

In our submission, we will elaborate on five key messages that we would like both the WHO Secretariat as well as Member States to take into consideration for the 13th General Program of Work. This section comprises the key message, the rationale, the solution and IOGT International's concrete proposal.

In the second part of our submission, we will outline which parts of the draft general program of work IOGT International supports and why.

Finally, in the third part of our submission, we will share comments on the Draft Impact Framework for the 13th General Program of Work.

Part 1: Five key messages

1. Design a coherent approach to cross-cutting risk factors common to all three strategic priorities
2. Strengthen prevention and health promotion as corner stones of global health and as fundamental tools to achieve more healthy lives
3. Develop WHO's role in providing technical support to countries for domestic resource mobilization for health
4. Better address the health needs of adolescents
5. More clearly outline the response to commercial determinants of health

#1 Key message

Design a strategic approach to cross-cutting risk factors common to all three strategic priorities

The Rationale

Often, communities face health crisis before the outbreak of health emergencies. That fact is the reason way all three strategic priorities need to be better linked.

In our analysis of the draft 13th General Program of Work, we find that the strategic priorities, health coverage, health emergencies and health priorities, seem to remain silos.

While each of the three strategic priorities are (and must be) distinct in their contribution to global health and well-being, IOGT International is convinced that there are synergies between the three strategic priorities that must be unlocked.

Especially in the era of the 2030 Agenda, WHO should avoid working in silos with its proposed three key priorities.

The Solution

The way to bridge these silos is to a) identify cross-cutting risk factors that are common to all three strategic priorities; b) integrate cost-effective and evidence-based responses to these risk factors within the framework of each strategic priority; c)

empower governments and local communities to address these risk factors, whenever possible with the support of civil society.

Alcohol harm is one – but by far not the only – example for a cross-cutting risk factor adversely affecting all three strategic priorities and posing a formidable obstacle to achieving the triple billion goal.

Alcohol harm and associated costs clearly undermine the goal to achieve health coverage for one billion more people. The economic burden of alcohol worldwide is substantial, accounting for up to 5.44% of Growth Domestic Product in some countries.

Alcohol harm is pervasive, especially in already deprived, marginalized and vulnerable communities – thus clearly forming an massive obstacle to the goal of making one billion more people safer from health emergencies. Root-causes of community dysfunction and poverty must be addressed to create sustainable community resilience and communities' abilities to respond in health emergencies.

While it is vital that the 13th General Program of Work better address cross-cutting risk factors like alcohol in all three strategic priorities, we recognize that for the goal to improve 1 billion lives, alcohol harm is covered adequately.

Addressing cross-cutting risk factors in all three strategic priority areas, as we have highlighted through the example of alcohol harm, helps bridge the silos between them and it helps reap co-benefits across them.

The Concrete proposal

Being aware of the simple fact that cross-cutting risk factors cannot be addressed in the draft 13th General Program of Work individually and concretely, IOGT International would like to see an umbrella sentence or paragraph.

It is possible to add a layer to figure 1 on page 4:

Between “strategic shifts” and “strategic priorities” add “Coherent, synergistic approach”

Also, add one additional sentence:



“Unlocking co-benefits across the strategic priorities through coherently addressing common risk-factors/ obstacles common to all three strategic priorities”.

On page 13, before the strategic shifts, add a short paragraph about cross-cutting risk factors common to all three strategic priorities.

Make alcohol the priority it needs to be

In this context, IOGT International highlights the urgent need to address the global burden of alcohol harm in line with its impact on people, families, communities and societies worldwide. IOGT International urges WHO to more adequately address the global burden of alcohol in its 13th General Programme of Work – in terms of political attention, allocated funding and technical support to countries.

Given the evidence of alcohol's pervasive harm, WHO is well advised to better prioritize efforts to prevent and reduce alcohol-related harm. This work needs to be better resourced, corresponding to its importance in both the global burden of disease and the obstacles it places on achieving the Sustainable Development Goals.

#2 Key message

Strengthen prevention and health promotion as corner stones of global health and as fundamental tools to achieve healthier lives

The Rationale

While we recognize that prevention is indeed mentioned in the draft 13th general program of work (p. 7, 8, 14), IOGT International thinks that the potential of prevention and health promotion to help achieve not only WHO's mission (promote health, keep the world safe, serve the vulnerable) remains largely untapped.

Evidence-based prevention strategies working with families, schools and communities have the potential to ensure that children and young people, especially the most marginalized and poor, grow and stay healthy and safe into adulthood and old age. For every dollar spent on prevention, at least ten can be saved in future health, social and crime costs. The general aim of prevention is even broader: it is the healthy and safe development of children and youth to realize their talents and potential and become contributing members of their community and society. Effective and evidence-based prevention contributes significantly to the positive engagement of

children, young people and adults with their families, schools, workplace and community.

That makes prevention an important tool across all three strategic priorities as it fosters community resilience, eases the burden on health systems and governments' social welfare spending in general and promotes health and well-being, including health literacy¹.

The Solution

Often unrecognized, prevention and health promotion are actually pre-requisites for strong and resilient health systems in particular and sustainable development in general.

As evidence abundantly shows, the burden of the four major risk factors fueling the global NCDs epidemic have the potential alone to jeopardize the functioning and viability of health systems.

Furthermore, prevention and health promotion are crucial tools to help foster healthier environments and more years lived in physical and mental well-being.

For these two reasons it is vital that the 13th General Program of Work addresses prevention and health promotion better.

The Concrete proposal

- Promote norms and standards that foster healthy environments and healthy lifestyle choices

IOGT International suggests two concrete additions to better address the urgent need for prevention and health promotion in the 13th General Program of Work:

Under the section on “Health coverage – 1 billion more people with health coverage”, add prevention and health promotion to the list of prerequisites for a resilient health system.

The sentence on page 7 would read:

¹ International Standards on Drug Use Prevention, UNODC, 2015



“A resilient health system needs: a health workforce that is motivated and fit-for-purpose; a focus on quality and safety; functional supply chains, infrastructure and equipment; adequate financing; good governance, systematic investments in evidence-based prevention and health promotion; and an engaged community.”

Under the section on “Health priorities – 1 billion lives improved” add a new short paragraph on page 11, after the sentence that ends with “multisectoral action”. The new paragraph could read like this:

“As crucial element if this multisectoral approach to achieving the SDGs, WHO will make prevention and health promotion a building block, in order to both promote sustainable approaches to public health as well as to foster a life-course approach to wellbeing. WHO will support countries in achieving increases in years of life lived healthily.”

#3 Key message

Develop WHO’s role in providing technical support to countries for domestic resource mobilization for health

The Rationale

IOGT International commends WHO for highlighting throughout the draft 13th General Program of Work the need for investment in health.

However, we miss the systematic addressing of domestic resource mobilization and WHO’s role in support of countries.

Already in 2010, WHO wrote:

“The absolutely low level of health spending in many low - and middle-income countries is a significant obstacle to moving towards universal coverage. ... domestic resources for health will need to increase in the longer term in order to ensure more predictable and sustainable funding.”²

The Solution

Innovative methods for raising new domestic resources enable a greater flow of funds into the health sector – which affects all three strategic priorities positively. Innovative

² Stenberg et.al.: Responding to the challenge of resource mobilization. Mechanisms for raising additional domestic resources for health, WHO World Health Report 2010, Background paper No. 13, Geneva, 2010

methods include options for broadening the general tax base as well as levies on specific consumption goods or sectors that are risk factors for and determinants of health.

This is obviously in line with the Addis Ababa Action Agenda.

The Concrete proposal

IOGT International suggests one concrete addition to better address innovative financing and domestic resource mobilization for health in the 13th General Program of Work:

IOGT International recommends that after point 2 under the headline “WHO will help countries progress towards UHC by taking the steps set out below” (p. 8) the need for exploring innovative methods and strengthening countries’ technical capacity to mobilize domestic resources should be spelled out.

A new point 3 should be added.

“Exploring innovative methods for domestic resource mobilization. *By working with the UN Inter-agency task force on financing for development and with civil society, WHO will stimulate and guide national whole-of-government processes to explore innovative means for mobilizing domestic resources for health. The Secretariat, together with respective country offices and regional offices and in collaboration with other UN agencies and civil society, will provide technical support and capacity building to increase governments’ domestic resource mobilization.”*

#4 Key message

Better address the health needs of adolescents

The Rationale

Adolescence is a period that needs special attention. And so, IOGT International holds that the 13th General Program of Work should pay attention to it.

In 2014 a WHO landmark report focused attention on the health needs of 10 to 19-year olds. The 13th General Program of Work should thus include a stronger dimension of adolescent health.

We are mindful of the fact that the current draft mentions adolescents only four times (p. 9, 11, 12, 13) and that adolescent brain development is part of the flagship initiative on human capital. We commend WHO for this and are very supportive.

At the same time we lack more substantive explorations of the issue.

"Adolescence is an important time for laying the foundations of good health in adulthood. Many health-related behaviors and conditions that underlie the major non-communicable diseases start or are reinforced during this period of life.

"If left unchecked, health problems and behaviors that arise during adolescence—such as tobacco and alcohol use, diet and exercise patterns, overweight and obesity—have a serious impact on the health and development of adolescents today, and potentially devastating effects on their health as adults tomorrow," says Jane Ferguson, Scientist in WHO's Department of Maternal, Newborn, Child and Adolescent Health and lead author of the report. "At the same time, we must not let up on efforts to promote and safeguard the sexual and reproductive health of adolescents, including HIV."³

Depression, road injuries, iron deficiency anemia, HIV and suicide are the major causes of disability-adjusted life years lost in 10–19 year olds.⁴

The African Region has the highest rates of disability-adjusted life years among adolescents.⁵

This means that adolescent health, especially with regard to low- and middle-income countries where the youth population is generally a large proportion of the overall population, should feature more strongly in the report. It means that all three strategic priorities are either benefiting from improvements in adolescent health or will be jeopardized by deteriorating health among adolescents.

The Solution

Adolescent health is essential for public health.

While adolescent health is addressed through risk factors such as alcohol, tobacco and road traffic fatalities (p. 12), there does not seem to be a concrete target for adolescent health in the first priority area "Women, children and adolescent health".

³ WHO News release: WHO calls for stronger focus on adolescent health, 14 May 2014, Geneva, <http://www.who.int/mediacentre/news/releases/2014/focus-adolescent-health/en/>

⁴ WHO report: Health for the world's adolescents. A second chance in the second decade, 2014

⁵ Ibid. <http://apps.who.int/adolescent/second-decade/section3>

Since violence, labor market access and employability and mental health are some of the main health issues affecting adolescents, the 13th General Program of Work should seek to address them.

Moreover, adolescent health is clearly not only determined through action in the third strategic priority, but also in the first one. We therefore recommend addressing mental health services provision – which will benefit adolescents – in the context of UHC.

Adolescent health should also be addressed in the first strategic priority “1 billion more people with health coverage”. Universal health coverage is about more than access to affordable and quality-assured medicines. UHC is about access to health services, especially mental health services.

Depression is the third leading cause of illness and disability among adolescents, and suicide is the third leading cause of death in older adolescents (15–19 years). Violence, poverty, humiliation and feeling devalued can increase the risk of developing mental health problems.

Provision of and coverage of mental health services, including brief interventions by competent and caring health workers is essential to promote mental health in the vulnerable time of adolescence.

The Concrete proposals

IOGT International suggests five concrete additions to better address adolescent health in the 13th General Program of Work:

With regard to page 12 and the list of measurable targets in the first priority area of women, children and adolescents, IOGT International makes three proposals:

In line with SDG 16.1 to significantly reduce all forms of violence and related death rates everywhere, IOGT International recommends to add one more bullet point for an additional target. This could be:

- *“Increase in the proportion of the population that feel safe walking alone around the area they live”*

Or, in line with SDG 16.2 to End abuse, exploitation, trafficking and all forms of violence against and torture of children, IOGT International recommends to add one more bullet point for an additional target. This could be:

- *“Decrease in the proportion of children aged 1-17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month”*

In line with SDG 8.6 to by 2020, substantially reduce the proportion of youth not in employment, education or training, IOGT International recommends to add one more bullet point for an additional target. This could be:

- *“Proportion of youth (aged 15-24 years) not in education, employment or training”*

Beyond these additional targets, IOGT International would also like to see a stronger rationale for action within the strategic priority “One billion lives improved”.

Therefore, we recommend adding the following sentences to the description of the rationale on page 11:

“Adolescent health is essential for public health. Part of WHO’s third strategic priority is therefore to facilitate the incorporation of a focus on adolescents into all health policies, strategies and programmes. To improve the lives of one billion people, investments in adolescents health are strategic, fundamental and sustainable, especially when these investments facilitate interventions that go beyond the individual adolescent.”

In addition to addressing adolescent health in the third strategic priority, IOGT International recommends to add a short paragraph about health services on page 8, below the paragraph about access to medicines.

“Mental health plays a central role in achieving health for all people⁶. Therefore, Universal Health Coverage must include the provision of comprehensive, integrated and responsive mental health and social care services in community-based settings.

⁶ WHO Mental Health Action Plan 2013 – 2020

WHO will help to end the neglect of mental health services and care, and abuses of human rights and discrimination against people with mental disorders and psychosocial disabilities.

WHO will provide capacity building to countries for more effective leadership and governance for mental health; WHO will strengthen the provision of comprehensive, integrated mental health and social care services in community-based settings; WHO will facilitate the implementation of strategies for promotion and prevention; and WHO provide guidance and technical know-how for strengthened information systems, evidence and research."

#5 Key message

More clearly outline the response to commercial determinants of health

The Rationale

The rise of NCDs is a consequence of health-harmful industries (and a global economic system that caters to their profit-maximization interests) that currently prioritizes wealth creation over health creation. Health outcomes are determined by the influence of corporate activities on the social environment in which people live and work: namely the availability, cultural desirability, and prices of unhealthy products. The environment shapes the so-called life worlds, lifestyles, and choices of individual consumers—ultimately determining health outcomes.⁷

IOGT International's first central concern is that WHO makes a clear distinction between the needs and rights of human beings on the one hand, and the private sector on the other hand. It is the people whose healthy lives are WHO's prime responsibility. Private sector entities too often are in conflict with this overarching goal due to their (and/ or their funders') fiduciary duties to maximize profits. There is a fundamental difference in public-interest actors (who are guided by a human rights-based approach and public-health mission) and private commercial entities that come in many different forms but are guided by a profit-making approach – also when engaging with WHO.

⁷ The commercial determinants of health, Kickbusch, Ilona et al., The Lancet Global Health , Volume 4 , Issue 12 , e895 - e896

Commercial determinants of health are the “strategies and approaches used by the private sector to promote products and choices that are detrimental to health”. Commercial determinants of health are thus about the micro level, including consumer and health behavior, individualization, and choice; as well as the macro level, including the unethical business practices of health-harmful industries, facilitated by the political economy of globalization.

“Corporate influence is exerted through four channels: marketing, which enhances the desirability and acceptability of unhealthy commodities; lobbying, which can impede policy barriers such as plain packaging and minimum drinking ages; corporate social responsibility strategies, which can deflect attention and whitewash tarnished reputations; and extensive supply chains, which amplify company influence around the globe. These channels boost corporate reach and magnify the health impact of commercial enterprise.”

For example, Evidence is growing of alcohol industry efforts to expand and normalize alcohol consumption in emerging markets in many low, and particularly in middle income countries through aggressive marketing and tactics to block, delay or deflect effective measures. Given the considerable amount of the alcohol market consumed in harmful drinking occasions this growth will come at great expense for public health and represents an additional threat to the already vulnerable. As was the case with tobacco, when it becomes harder for the industry to expand markets in high-income countries, there is a marked move to low and middle income countries; the same process is underway in relation to alcohol. These countries need urgent assistance to develop and implement effective policies. The development of effective policy is being subverted by industry lobbying in country contexts where there is a lack of technical expertise. The GPW by increasing the focus on alcohol can respond to an urgent need, which has been repeatedly expressed by affected Member States in WHA discussion

The Solution

Crucially, the GPW needs to ensure that WHO can stay true to its constitutional mandate and protect its most valuable asset: its independence, integrity and leadership in setting norms for global and public health and the promotion of well-being for all at all ages.

Many key problems and solutions lie outside the health sector, especially in the domains of international finance, trade, and investment policies.

That is why it is of fundamental importance that WHO remains a sacred space for evidence-based discussions about cost-effective, high-impact health policies that facilitate both WHO as global, regional and national actors as well as governments to mainstream health into all other relevant policy areas.

That means, that WHO needs to put strong, robust safeguards against conflicts of interest in place and combine these measures with vigilance in monitoring private sector actors, their front groups and lobbying arms to protect WHO and its norm setting mission as well as decision-making processes from undue influence.

The Concrete proposals

Page 23 under headline “Transform partnerships, communications, and financing to resource the strategic priorities”

Add a sentence about conflicts of interest. IOGT International proposes:

“Powerful private sector operators prioritize wealth creation over health creation, fueling ill-health and premature with their unethical business practices. For WHO to be able to carry out its new mission, robust safeguards against potential conflicts of interests need to in place.”

Add a stand-alone section on “Organizational shifts – how WHO will deliver” on conflict of interest safeguards. IOGT International proposes the following:

“Safeguard against undue influence of and stand up to health harmful industries

Commercial determinants of health are the “strategies and approaches used by the private sector to promote products and choices that are detrimental to health. Corporate influence is exerted among other strategies through lobbying and corporate social responsibility; lobbying is employed by health-harmful industry as a tactic to hinder evidence-based, cost-effective and high-impact public health policy-making; corporate social responsibility tactics are employed to deflect attention and whitewash tarnished reputations. These channels facilitate corporate reach, exploit

unaware governments and magnify the health impact of harmful products and practices.

For WHO to be able to carry out its mission and for the global community to be able to achieve the Sustainable Development Goals, it is essential to a) put in place safeguards against corporate influence when conflicts of interest are in play; b) empower governments to discern corporate interests and safeguard against conflicts of interest in public health policy-making; and c) to proactively stand-up to health-harmful industries and their front groups by revealing their tactics, countering their myths and promoting the effects of evidence-based public policy measures.

In the 21st century, with the emergence of the NCDs epidemic and vast harms caused by risk factors such as alcohol and tobacco, it is commercial determinants of health and development that must be viewed and addressed as the greatest risk to WHO's core mission and vision."

Part 2: What we support

IOGT International commends the WHO Secretariat for the work done to develop this draft 13th General Program of Work, following the first round of consultations.

IOGT International strongly supports anchoring the new GPW in the WHO constitution and the WHO vision,

We also support that the GPW is deeply rooted the Sustainable Development Goals and the 2030 Agenda. This is important not only for the strategic priorities but also for the organizational culture and for how WHO engages with its partners and the world around it. The question: "does this and how does this promote sustainability" will hopefully become a guiding principle informing WHO's work.

In principle, we strongly support the Triple Billion strategic priorities. The "1 billion lives improved" strategic priority seems a bit random. But IOGT International strongly support a rights-based approach to global and public health, and a thinking that starts and ends with the people whose lives and health are supposed to benefit from everything WHO does.

IOGT International also supports both the strategic shifts and the organizational shifts. The world needs WHO's global leadership role. It is important that WHO protects its

leadership role from being tarnished by engaging with corporate interests that have opposing goals. From our own experience we know that WHO's work on country level often makes a real difference and therefore we support efforts to drive impact on country level. We also support transforming partnerships, as long as robust conflict of interest safeguards are in place.

IOGT International also supports the flagship initiatives under the strategic priority of improving lives. We believe that these flagship initiative, for example on NCDs and Mental Health, as well as on Human Capital are crucial not only for one strategic priority but for all three of them.

In this spirit, IOGT International also supports WHO's efforts to mainstream health and to increase health literacy on the highest levels of global leadership. That is why we also support WHO's strengthened advocacy function. This is vital, because WHO is needed to stand up to and be a strong advocate against health-harmful industries and their unethical business practices.

Part 3: Draft WHO Impact Framework

At this point, it is difficult to understand the draft WHO Impact Framework. IOGT International is critical of the current version of the framework. There are three reasons:

- a) It is unclear on what basis, which SDGs have been included in the framework.
- b) It is also unclear on what basis, which SDGs have been omitted from the framework.
- c) It is also unclear why the first two strategic priorities are not clearly linked to SDGs.

Critical point a)

It is unclear on what basis, which SDGs have been selected to be included in the framework. It is also unclear why concrete targets have been selected and others not.

We fear that leaving out certain targets means a missed opportunity to synergies and multisectoral action.

Example one: it is very good that SDG 4 is included with its target 4.2. But why target 4.4 is excluded is unclear. The flagship initiative on human capital should for instance

address skill level and employability of adolescents, and health literacy could be a powerful vehicle to achieve this – in collaboration with other partners.

Example two: it is very good that SDG 4 is included with its target 5.2. But why target 5.6 has not been included, when sexual reproductive health and rights are vital for Women's health, remains unclear. Thus this might be a missed opportunity to create synergies with the Women's Rights community.

Critical point b)

It is also unclear on what basis, which SDGs have been omitted from the framework.

IOGT International is surprised to see SDG 1, SDG 8, SDG 10, SDG 11, SDG 12, SDG 16 and SDG 17 missing from the draft framework.

Why is this a problem?

Example one: Concerning SDG 1, WHO misses a unique opportunity to link UHC to poverty eradication.

Example two: Concerning SDG 8, WHO misses another unique opportunity to link health promotion to economic progress and sustainable growth.

WHO should use the impact framework to both highlight synergies across sectors and its own contribution to achieving other SDGs.

Critical point c)

It is also unclear why the first two strategic priorities are not clearly linked to SDGs.

As mentioned above, UHC could be linked to SDG 1. We also hold that health emergencies could be linked to SDG 10 – reducing inequalities within and among countries.

WHO role: Universal health coverage

IOGT International suggests adding “domestic resource mobilization”. We are convinced that it is WHO's role to help build capacity and provide technical support for innovative financing of UHC through domestic resource mobilization.

Health priorities – general comment

IOGT International would like to see a systematic approach to cross-cutting risk factors. Addressing those, like alcohol harm, reaps co-benefits across the SDGs and across several of the targets under “health priorities”.

Alcohol is a major risk factor for non-communicable diseases in particular and for the global burden of disease in general. Evidence shows that there is a strong link between alcohol and NCDs, particularly cancer, cardiovascular disease, liver disease, pancreatitis and diabetes and these findings support calls by WHO to implement evidence-based strategies to reduce harmful use of alcohol⁸.

Alcohol is also a major obstacle to sustainable development, adversely affecting 13 of 17 Sustainable Development Goals, and being included – in target 3.5 – in the 2030 Agenda.

For this reason alone, the Draft WHO Impact Framework should include more SDGs and should better highlight cross-cutting issues.

Alcohol kills 3.3 million people worldwide every year. It means: Every 10 seconds a human being dies because of alcohol. This represents 5.9 % of all deaths.

Overall 5.1 % of the global burden of disease and injury is attributable to alcohol, as measured in disability- adjusted life years (DALYs).

Alcohol harm is a tremendous burden on the young people of the world: Alcohol consumption causes death and disability early in life – relative to other health hazards. In the age group 20 to 39 years of age about 25% of the total deaths are alcohol-attributable.

There is a causal relationship between alcohol use and incidence of infectious diseases such as tuberculosis as well as the course of HIV/AIDS.

⁸ Perry, C., et.al.: Alcohol consumption and non-communicable diseases: epidemiology and policy implications, Addiction 2011

There is a causal relationship between alcohol use and a range of mental and behavioral disorders, other Non-communicable conditions, such as cancer, cardiovascular disease, diabetes, as well as injuries. There is a causal relationship between alcohol use and incidence of infectious diseases such as tuberculosis as well as the course of HIV/AIDS.

Alcohol is the leading risk factor for death and disability among people aged 15 to 49 years worldwide. This is the age range in which people are typically at their most productive economically. Alcohol misuse likely results in billions of dollars of lost wages each year.

Alcohol is a major risk factor for violence against women and girls. Evidence shows that in some communities around the world, up to 80% of gender-based violence can be alcohol-related.

Harm caused to others than the alcohol user him/ herself is an important aspect of the total burden of alcohol harm. Alcohol's harm to others affects family members, friends, co-workers and strangers. Some examples are emergency room staff, police, taxi drivers, children of parents with alcohol problems, children born with fetal alcohol syndrome, road traffic fatalities, or alcohol-related violence – especially gender-based violence. For example, in Europe alone at least 9 million children grow up in homes with parental alcohol problems.

Address alcohol target 3.5 and highlight alcohol policy best buys

Given these facts, IOGT International recommends that alcohol (and SDG 3.5) is included in the response to maternal deaths, HIV, TB, early childhood development, and violence against women.

Especially for violence against, given the fact that alcohol is a major risk factor for violence against women, **IOGT International recommends that SDG 3.5 also be referred to among the relevant indicators.**

WHO role: Achieve gender equality and empower all women and girls



IOGT International recommends that the sentences describing WHO's role for SDG 5 be changed, to read like this:

“Provide guidance and tools to support multisectoral capacity to PREVENT AND reduce violence against women, including in humanitarian settings. Set PUBLIC POLICY AND measurement standards and systems for monitoring.”