

IOGT International submission

WHO Consultation on 13th General Program of Work 2019 – 2023

IOGT International commends the new WHO leadership for its efforts to develop the draft concept note towards the 13th General Program of Work 2019 – 2023 (GPW) with a clear intention to fast-track the preparation of the GPW to better facilitate resource mobilization for WHO's crucial work in the coming years and decades, to better prepare the Proposed Program Budget 2020 – 2021 discussion and to better enable rapid implementation of the new Director-General's mandate from Member States.

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).

IOGT International contribution – two major concerns

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

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.

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.

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.

IOGT International's second central concern is the urgent need to address the global burden of alcohol harm in line with its impact on people, families, communities and societies. 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 given resources corresponding to its importance in both the global burden of disease and the obstacles it places on achieving the Sustainable Development Goals.

Massive burden – affecting children, women, adolescents, other diseases of political priority and entire economies

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 alcohol¹.

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.

¹ Perry, C., et.al.: Alcohol consumption and non-communicable diseases: epidemiology and policy implications,

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.

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.

The economic burden of alcohol worldwide is substantial, accounting for up to 5.44% of Growth Domestic Product in some countries.

Two conclusions – acting on alcohol's burden of disease and obstacle to SDGs

Analyzing WHO's response to alcohol's global burden both on disease prevention and promoting development since the adoption of the WHO Global Alcohol Strategy in 2010 shows that more could have been done to address alcohol as a cross-cutting risk factor.

IOGT International therefore proposes two concrete solutions, to be added to the part “What will WHO do differently” (p.3).

- Address cross-cutting risk factors
- Promote norms and standards that foster healthy environments and healthy lifestyle choices

Both points and the ensuing section should be added to the part about what will change at WHO.

Addressing cross-cutting risk factors, such as alcohol (but not the only one), adversely affecting policy goals in several areas of priority, is highly efficient and reaps co-benefits in different areas, such as NCDs as well as communicable diseases; road traffic safety as well as violence against women and girls prevention; or promotion of healthy lifestyles in adolescents as well as promoting public health on population level.

Addressing cross-cutting risk factors like alcohol also supports the core mission to achieve Universal Health Coverage – it both alleviates the burden on the health system, including the financial burden and also helps to mobilize resources for UHC and health promotion.

Additionally, making it a priority to adequately address cross-cutting risk factors will help better position WHO to more strongly promote prevention – a focus that Dr Tedros has made clear in his speeches at the regional committee meetings this fall.

Finally, the best buy policy options for cross-cutting risk factors such as alcohol allow for evidence-based and streamlined interventions in this area.

Promoting norms and standards for health and well-being should be WHO's core contribution to the 2030 Agenda beyond the concrete strategic priorities set out in the chart on page 4 of the concept note.

This is not about WHO communicating with individuals but WHO taking its leadership role in global health seriously, in line with its mission and vision, to define what healthy environments ought to be like in the 21st century.

A few concrete concerns

- Help countries achieve universal health coverage

IOGT International commends WHO for including commercial determinants of health as key influence on both people's opportunities to live healthy as well as on the burden of ill health placed on the public health system.

We also agree with highlighting that UHC is about prevention and health promotion.

However, we lack the mention of the need for domestic resource mobilization to make UHC possible – especially in low- and middle-income countries. Evidence shows, for instance that alcohol taxation – a best buy measure from the WHO NCDs Global Action Plan – is a win-win measure for health systems. It helps mobilize resources for health systems and in reducing alcohol harm it eases the burden on health systems.

Therefore, we propose for WHO to add the following to the section:

Increasing the feasibility of UHC will be strengthened by preventive actions across cross-cutting disease risk factors, such as alcohol. Especially the implementation of fiscal measures has been shown to be a win-win, both generating domestic resources and reducing and preventing harm from risk factors. For example, alcohol taxation is a well researched best buy measure with broad evidence about its effectiveness in reducing alcohol-related harm and for generating additional revenue for health promotion.²

² Babor, T. et al. (2009). Alcohol: no ordinary commodity. Research and public policy. Second edition. New York: Oxford University Press.



Strategy or intervention	Effectiveness	Breadth of research support	Crossnational testing
PRICING AND TAXATION			
Alcohol taxes	+++	+++	+++
Minimum price	?	+	0
Bans on price discounts and promotions	?	+	0
Differential price by beverage	+	+	+
Special or additional taxation on alcopops and youth-oriented beverages	+	+	+

- Lead on health-related SDGs

IOGT International's own analysis shows that alcohol is a major obstacle to sustainable development, adversely affecting 13 of 17 SDGs and 52 targets. Therefore, we strongly agree with the strategic priority of WHO to lead on health-related SDGs.

However, given alcohol's pervasive adverse effects across the SDGs, IOGT International strongly recommends adding SDG3.5 also to the list of SDGs that will be used to measure success (page) in terms of the Every Woman Every Child Global Strategy.

It is important to ensure that alcohol-related harm is being addressed when it plays a major role. And such is the case with regard to women's children's and adolescents' health.

Likewise, alcohol is not only a major risk factor for the NCDs epidemic but also for the TB and HIV/ AIDS epidemics. While we agree with SDG3.5 being a key goal to measure success by concerning NCDs, IOGT International also strongly encourages the inclusion of SDG3.5 as measuring goals for success with regard to tackling communicable diseases.

Conclusion

Analysis of the progress in reducing and preventing alcohol harm worldwide shows that the world is, unfortunately, not on track.

Part of the problem is that alcohol is not adequately addressed – despite overwhelming evidence – as cross-cutting risk factor adversely affecting other policy goals within and beyond global health.

Aligning the work closer with the SDGs should place WHO in a position to address this strategic gap.

In this spirit, IOGT International urges WHO to prioritize and consequently allocate adequate resources facilitating a more comprehensive response to the global burden of alcohol harm, commensurate with alcohol's role in both the global burden of disease as well as in hindering achievement of 13 of 17 SDGs.