

IOGT International submission

Development of an outcome document for the WHO Global Conference on NCDs: Montevideo roadmap 2018 – 2030 on NCDs as Sustainable Development priority (draft version 9 Aug 2017)

IOGT International commends WHO and member states, especially Permanent Missions of Finland, Uruguay and the Russian Federation in Geneva, for the efforts to develop an outcome document for the WHO Global Conference on NCDs, 2017.

IOGT International welcomes the opportunity to contribute our expertise to the process of developing the outcome document “Montevideo roadmap 2018 – 2030 on NCDs as Sustainable Development priority.”

IOGT International is the premier global network of civil society organizations working to prevent and reduce alcohol-related harm through evidence-based policy measures 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).

General comments on the draft version 9 August 2017

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, Addiction 2011

Given this evidence, IOGT International believes that the outcome document should cover alcohol as a risk factor for NCDs substantially better. In our comments below, we will seek to outline how concretely.

Alcohol kills 3.3 million people worldwide every year. It means: Every 10 seconds a human being dies because of alcohol. This represent 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 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 relationships 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.

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

Strong paragraphs in the draft that IOGT International supports

We recognize the substantial work in drafting this roadmap as outcome document. The following paragraphs are supported by IOGT International:

- Paragraph 6

The use of fiscal policies in the response to the NCDs epidemic is of crucial importance. In fact, evidence shows that taxation measures to increase the price of health harmful products is a win-win measure both increasing domestic resource mobilization and reducing harm caused by NCD risk factors.²

- Paragraph 7

For a whole-of-government health impact assessment are brilliant tools to stimulate commitment to prevention and reduction of NCDs.

The creation of environments that support, encourage and facilitate healthy behavior and lifestyle choices is important. It is important to emphasize that many risk factors and their respective determinants are largely out of the control of the individual.³

- Paragraph 9

IOGT International holds that prevention is key, also in the context of NCDs. Well-trained health workers can play an important role in prevention and reduction of NCDs.

Prevention science demonstrates that many substance abuse prevention interventions and policies also prevent other risky behaviors. Substance abuse prevention is an integral part of a larger effort to ensure children and young people are less vulnerable and more resilient. For every dollar spent on prevention, at least ten can be saved in future health, social and crime costs.⁴

- Paragraph 11

Integrating the response to infectious diseases with the NCDs response is crucial. Especially when an integrated approach can be found to common risk factors, such as harmful use of alcohol, synergies could be identified and resources could be used more efficiently.

² Alcohol Taxation – A win-win measure for financing development http://iogt.org/wp-content/uploads/2015/03/Alcohol-taxation-report_s.pdf

³ The commercial determinants of health Kickbusch, Ilona et al. The Lancet Global Health , Volume 4 , Issue 12 , e895 - e896 <http://iogt.org/reports/commercial-determinants-health/>

⁴ UNODC International Standards on Drug Use Prevention, 2015 https://www.unodc.org/documents/prevention/UNODC_2013_2015_international_standards_on_drug_use_prevention_E.pdf

- Paragraph 12

IOGT International supports the wording in this paragraph. Community-based prevention interventions are crucial, especially as they address NCD risk factor. Likewise, addressing NCD risk factors through strengthened health service delivery. Currently, for instance, there are too few people with an alcohol use disorder who receive treatment and too few general practitioners who have conversations with their patients about alcohol use.

- Paragraph 13

IOGT International strongly supports the wording in this paragraph. For example, evidence shows that NCDs children of alcoholics are about four times more likely than the general population to develop alcohol problems. Children of alcoholics also have a higher risk for many other behavioral and emotional problems⁵. Alcohol is the leading risk factor for death and disability among people aged 15 to 49 years worldwide.

We strongly agree with the highlighted need for targeted responses for different populations and their respective needs and with a life-course approach. Evidence shows increasing substance use problems in the baby boomer generation, across several developed countries. And gender-based responses to NCDs and their risk factors are essential to better protect and promote Women's Rights and women empowerment.

- Paragraph 15

Domestic resource mobilization through fiscal policies must be a cornerstone of any effort to tackle NCDs and the risk factors. Therefore, we strongly support the wording of this paragraph. Taxation of alcohol, tobacco and sugar-sweetened beverages is a win-win measure⁶ and investment cases have shown to be crucial tools in assessing the potential of and mobilizing political will for the implementation of these policies.

- Paragraph 18

This paragraph is very important and IOGT International supports its wording. From our perspective, for instance, alcohol is a cross-cutting risk factor and obstacle to achieving 13 of 17 Sustainable Development Goals⁷.

⁵ NIH Publication No. 03-5340, 2012 <https://pubs.niaaa.nih.gov/publications/familyhistory/famhist.htm>

⁶ Mike Rayner, Kremlin Wickramasinghe, Julianne Williams, Karen McColl, Shanthi Mendis: An Introduction to Population-level Prevention of Non-Communicable Diseases, 2017

⁷ Alcohol and the Sustainable Development Goals. Major obstacle to development, IOGT Booklet, 2017
http://iogt.org/wp-content/uploads/2015/03/Alcohol-and-SDGs_new.pdf

In this context, upstream action to create environments that promote policy coherence and support healthy lifestyle choices are crucial and hold potential to reap benefits across the 2030 Agenda.

- Paragraph 19

IOGT International strongly supports paragraph 19 in its entirety.

- Paragraph 30

IOGT International supports paragraph 30. Addressing the commercial determinants of health and development is essential for success in preventing and reducing NCDs and the risk factors.⁸ The concept of commercial determinants of health is important in the context because it helps address that NCDs and their risk factors are not just about individuals' choices but about the values, conditions, and risk factors promoted by commercial activities in communities around the world that influence – and often limit – people's abilities to make healthy and sustainable lifestyle choices.

- Paragraph 32

As a global movement of 143 civil society organizations from 58 countries, IOGT International and our members are making substantial contributions to NCDs prevention, especially as it pertains to issues related to the harmful use of alcohol. In this context, we strongly support paragraph 32.

- Paragraphs 37 and 38.

IOGT International strongly supports both paragraphs under the “Act in unity” headline – both with regard to placing NCDs and the risk factors at the core of the 2030 Agenda as well as with regard to shaping a world free from avoidable and preventable NCDs and risk factors.

⁸ The commercial determinants of health Kickbusch, Ilona et al. The Lancet Global Health , Volume 4 , Issue 12 , e895 - e896 <http://iogt.org/reports/commercial-determinants-health/>

Suggestions for improvements, per paragraph and in general

IOGT International would like to see stronger and more consistent language on the benefits of addressing NCDs for achieving Universal Health Coverage, especially as it pertains to the nexus of domestic resource mobilization and alleviating the burden of preventable diseases and their risk factors.

Addition of a new paragraph:

We recognize that reducing NCD burden and increasing the feasibility of UHC will be strengthened by preventive actions across all major NCD risk factors. 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.

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	+	+	+

Explanation:

There is broad evidence about the effectiveness of alcohol taxation in reducing alcohol-related harm and for generating additional revenue for health promotion.⁹

While we recognize that alcohol-related harm and policy responses are addressed in the draft roadmap, IOGT International would like to emphasize the importance of better coverage of harmful use of alcohol in the outcome document, especially concerning how to tackle the problem within the context of NCDs and development.

Addition of a new paragraph:

Implementation of evidence based strategies to reduce alcohol use, first outlined in the 2010 Global Alcohol Strategy and reinforced by the Best Buys of the NCDs Global Action Plan as well as SDG target 3.5 of the 2030 Agenda, has been slow. Cost-effective, high-impact and evidence-based population measures in alcohol policy do exist for governments to use in order to achieve the goal of 10% reduction of per capita alcohol use by 2025. We urge governments to do so. And we acknowledge that it is necessary to formulate and enact these policies independently of conflicts of personal and commercial interest in order to reverse the extent of alcohol related NCD and other harms.

With regard to both philanthropic foundations and the private sector mentioned in different paragraphs throughout the document, IOGT International holds that it is of vital importance to employ clearer language on conflicts of interest. Please see below.

⁹ Babor, T. et al. (2009). Alcohol: no ordinary commodity. Research and public policy. Second edition. New York: Oxford University Press.

Improvements of existing paragraphs

- Paragraph 2

IOGT International recommends the addition of “commercial determinants of health” to the enumeration of determinants.

New sentence:

*“We acknowledge that premature mortality from NCDs continues to constitute one of the major challenges for development in the 21st century, driven by economic, environmental, **commercial** and social determinants of health.”*

- Paragraph 3

We acknowledge that conflict of interest is being addressed in paragraph 3. But IOGT International would like to add one more sentence for clarity.

New sentence:

*“One of the main obstacles at country level is the lack of capacity in addressing the conflicting public health goals and private sector objectives and drivers in order to adequately leverage the role of the diverse range of private sector entities in combatting NCDs. **Strong safeguards against conflicts of interest need to be put in place on government level.** In addition, ...”*

- Paragraph 9

Suggestion for improvement: We would recommend to change the second sentence in this paragraph to

*“We will ensure a highly skilled, well-trained and well-resourced health workforce to lead actions in the field of **NCDs risk factor** prevention and promotion of health.”*

- Paragraph 14

IOGT International acknowledges the commitment expressed to prioritize domestic budget allocation. While this is important, a priority must clearly also be to find additional domestic resources.

Add new sentence:

"We will start by prioritizing domestic budgetary allocations along with efforts to mobilize additional domestic resources, for example through fiscal measures, for addressing NCDs, where possible."

- Paragraph 16

When addressing the role of philanthropic foundations and the private sector, IOGT International would like to see better reflection of the importance to safeguard against conflicts of interest.

Add wording in the sentence:

"...regional development banks, and philanthropic foundations free from conflicts of interest, to scale up support to ..."

- Paragraph 20

The role of education and awareness raising in the response to NCDs and the risk factors is important. But the paragraph should better mention the limitations and purpose of such interventions in order to avoid misunderstandings about the limitations of education, persuasion and awareness raising.

Add new sentence:

"School environments in general, and health literacy education in particular must be free from commercial conflicts of interest."

Add to existing sentence:

"In order to complement best buy policies to address NCD risk factors, we will also improve..."

- Paragraph 22

IOGT International respects the inclusion of a paragraph addressing nutrition and diet-related NCDs.

In the same manner, we recommend the inclusion of a paragraph on alcohol-related harm, alcohol-related NCDs and the policies that help prevent and reduce that burden. Please see above.

- Paragraph 24

IOGT International strongly recommends improving this paragraph.

Improve first sentence:

*"One of the main challenges for the prevention and control of NCDs is that public health objectives and private sector interests **do**, in many cases, conflict – **especially concerning those economic operators that produce, market, retail and distribute health harmful products.**"*

Add a new sentence:

"We commit to strengthening national safeguards against such conflicts of interest."

Improve following sentence:

*"We commit to enhancing the national capacity to engage constructively with the private sector, **where no conflicts of interest exist**, for NCDs prevention and control in a way that maximizes health gains."*

- Paragraph 28

Again, this paragraph should address conflicts of interest. Clearly, for example, the alcohol industry has no role to play with commitments to national NCDs responses.

Reformulate that sentence:

*"We will take steps, where needed, to implement reliable national accountability systems to monitor the implementation of **those private sector commitments and their contribution to national NCDs responses that are free from conflicts of interest.** We call on WHO to support countries with expertise and tools to address these gaps."*

- Paragraph 33

Again, IOGT International holds that paragraph 33 is incomplete and insufficient without clearly mentioning conflicts of interest. Again, to name one example: the alcohol industry has no role to play in the context of SDG 17, due to its inherent conflict of interest in both sustainable development and public health.

Reformulate that sentence:

*"We call on **all those private sector entities, ranging from micro-enterprises to cooperatives to multinationals, free from any conflicts of interest** to contribute to*

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*address NCDs as a development priority, in the context of the achievement of the
SDGs, in particular SDG 17."*