



IOGT International submission

15.05.2018

**[Web-Based Consultation on
WHO Independent High-Level Commission on NCDs Preliminary Draft
Report, dated May 1, 2018](#)**

IOGT International commends the WHO Independent High-Level Commission on NCDs for its preliminary draft report and all the work that has been until this point by the Commissioners.

IOGT International also welcomes the opportunity to contribute our expertise to the process of developing the first report of the Independent High-Level Commission on Non-Communicable Diseases.

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 151 Member Organizations in 60 countries; IOGT International has special consultative status with the United Nation's Economic and Social Committee (ECOSOC) and is in Official Relations with the World Health Organization.

In contributing to the web-based consultation, we appreciate the enormity of the Commissioners' task at hand. It is in the spirit of profound appreciation for their efforts that we share our proposals hoping that the consultation will lead to some key improvement in the final report.

We have noted with appreciation that the co-chairs' description of the key challenge:

"The challenge is not only to gain political support, but also to guarantee investment and implementation. We need to keep arguing for NCDs to have greater priority, but countries must also take responsibility for delivery on agreed outputs and outcomes, as stated in endorsed documents. There is no excuse for inaction, as we have evidence-based solutions."

IOGT International supports this description of the key challenge. In this very same spirit, we propose the following key improvements necessary to ensure that the final report inspires evidence-based solutions and does not leave room for more excuses for inaction on some of the biggest NCDs issue to date.

6 key messages for improvements of the report

1. Better address alcohol policy best buy interventions as critical and fundamental tools to foster progress on SDG 3.4.
2. Address more explicitly the urgent need for fiscal policies, including countries' need for technical support and cross-border collaboration, to raise domestic resources, to prevent and reduce NCDs risk factors and to reduce the NCDs burden and achieve SDG 3.4.
3. Outline a more coherent approach to cross-cutting NCDs risk factors and highlight the benefits of such an approach to cross-cutting risk factors and root causes (like harmful use of alcohol) common to many of the Sustainable Development Goals, to unlock synergies, sustainable outcomes and cost-effective interventions for co-benefits.
4. Pivot to prevention: Strengthen the focus on prevention and health promotion as corner stones of global health and as fundamental tools to achieve more healthy lives.
5. Make recommendations to support - including financing and civil society space – the crucial role of civil society organizations in achieving SDG3.4 and other SDGs change agents that mobilize grass-roots, provide services, act as catalysts for community transformation, that advocate cost-effective and evidence-based policy solutions and that function as watchdogs service providers, advocates and watch dogs.
6. More clearly outline the response to the commercial determinants of health and development.

#1 Key message

Better address alcohol policy best buy interventions as critical and fundamental tools to foster progress on SDG3.4

The solution

Add the following sentence to Recommendation 1a:

New 2): “Reduce harmful use of alcohol through cost-effective interventions.”

Amended 5): “Scaling up treatment of depression and co-occurring conditions like substance use disorders, in primary health care.”

Add the following sentence to Recommendation 1b:

New 2): “Ensuring that NCD and mental health interventions are integrated into the development of UHC, especially screening and brief interventions for substance use disorders.

New 3): “Primary health care responses should be strengthened, especially through integration of NCDs into programmes for substance use disorders, sexual and reproductive health, maternal and child health, HIV, and TB. ”

The rationale

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.

¹ Perry, C., et.al.: Alcohol consumption and non-communicable diseases: epidemiology and policy implications, Addiction 2011

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.

Alcohol policy best buys – affordability reduction, availability regulations and bans on advertising, sponsoring and promotions - are proven interventions, cost-effective and high-impact that should be included in the list.

Also, alcohol screening and brief interventions are proven good buys and are critical in the harm reduction response especially on the intersection of NCDs and mental health.

#2 Key message

Address more explicitly the urgent need for fiscal policies, including countries' need for technical support and cross-border collaboration, to raise domestic resources, to prevent and reduce NCDs risk factors and to reduce the NCDs burden and achieve SDG3.4.

The rationale

IOGT International considers the omission of highlighting the potential and importance of fiscal policies, like alcohol taxation, for development and NCDs financing a serious omission. For example, alcohol taxation is a triple win measure, with benefits across at least 10 SDGs – all of which are positive for achieving SDG 3.4.

We also lack the mention of the need for domestic resource mobilization to make Universal health Coverage 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.

The International Standards for Drug Use Prevention show that alcohol prevention is economically sound and ethically important. Therefore, evidence-based prevention in line with the Standards should be employed as financing interventions.

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.

The solution

Add a new 42. Under “Financing”:

The implementation of fiscal measures has been shown to be a triple win for NCDs control and SDGs achievement. Alcohol tobacco and sugar-sweetened beverage taxation is generating domestic resources, is reducing and preventing harm from risk factors and promoting healthier environments and lifestyle choices. 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

Add the following sentence to Recommendation 3a:

New 4): “Increase investment in evidence-based prevention of NCDs risk factors, as long-term, sustainable financing effort to control and prevent NCDs.”

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
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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	+	+	+

BENEFIT PUBLIC HEALTH

USA: Binge alcohol use causes more than 50% of all 90,000 alcohol-related deaths each year. It accounts for 75% of the annual costs of alcohol of \$224 Billion. 1% increase in alcohol beverage prices would lead to a 1.4% decrease in adult binge alcohol use.

Analysis of 112 different studies showed raising the alcohol price decreases alcohol use and thus helps reduce NCDs, such as cancer, sexually transmitted diseases, suicide rates, and alcohol-related mortality.

BENEFIT PUBLIC SAFETY

At any given level of alcohol consumption, poorer people can be as much as three or four times as likely to die from an alcohol-related condition as richer people.

Evidence from 14 countries: Increasing alcohol tax by 1% resulted in 0.19% reduction in likelihood of robberies, 0.25% reduction in probability of assaults and 0.16% reduction in probability of sexual assault.

BENEFIT DOMESTIC RESOURCES

A study of 42 high-, middle- and low-income countries found that raising excise duties on alcohol to at least 40% of the total retail price would increase tax revenue in these countries by 80% to US\$ 77 Billion.

ALCOHOL TAXATION BENEFITS

BENEFIT WOMEN RIGHTS

A 1% increase in the alcohol price is associated with a 5% reduced risk of being a victim of domestic violence as a wife.

Children achieve better school results when alcohol harm among their parents can be prevented.

With a 10% price increase the proportion of college students involved in violence each year would decline by ca. 200,000 (i.e. 4%).

BENEFIT CHILD RIGHTS

USA: 10% rise in beer duty would reduce likelihood of severe violence against children by 2.3% and overall violence against children by 1.5%.

Finland: A 33% reduction in alcohol taxation reduced retail prices by 22% causing rising consumption and a rise in mortality rates by 17%. Mortality was particularly concentrated on lower socio-economic groups.

BENEFIT SOCIO ECONOMIC PROGRESS

Globally, alcohol is #1 risk factor for ill-health and premature death among 25 - 59 year-olds, the core of the working age population. Including alcohol's harm to others, alcohol costs amount to 4-6% of GDP annually. USA: 10-year analysis of workplace accidents found a 10% rise in beer taxes would result in 1.7% fewer work days lost due to injuries.

#3 Key message

Outline a more coherent approach to cross-cutting NCDs risk factors and highlight the benefits of such an approach to cross-cutting risk factors and root causes (like harmful use of alcohol) common to many of the Sustainable Development Goals, to unlock synergies, sustainable outcomes and cost-effective interventions for co-benefits

The Rationale

Achieving the targets of the NCDs Global Action Plan is actually central to achieving the Agenda 2030. In our analysis, addressing the cross-cutting risk factors and root causes is a cost-effective way to unlock much needed co-benefits across the SDGs. Alcohol harm is one – but by far not the only – example for a cross-cutting risk factor adversely affecting all three dimensions of development and posing a formidable obstacle to achieving SDG 3.4. The economic burden of alcohol worldwide is substantial, accounting for up to 5.44% of Growth Domestic Product in some countries.

The Solution

Add a new 21.

New 21): “Make the response to NCDs risk factors a priority because tackling cross-cutting risk factors has the potential of unlocking co-benefits across the SDGs, including SDG 3.4.”

#4 Key message

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

The Solution

Add a new 36. under the headline “Prioritization”

New 36) “*Systematic investments in evidence-based prevention and health promotion are critical parts of the NCDs response and if governments need to prioritize, prevention and health promotion are economically sound interventions with added value for other societal goals, such as community resilience.*”

Add the following sentence to Recommendation 1a:

New 7): “Scale up investment in evidence-based prevention of NCDs risk factors.”

The Rationale

While IOGT International recognizes that lack of prevention services is acknowledged in the draft report as challenge to implementation in point 28, we consider the lack of substantial language on the need for prevention a serious omission.

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. 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 of the response to NCDs, 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 literacy³.

If governments need to prioritize, prevention must be part of the mix of responses because the NCDs and risk factor is too great to turn the tide by treatment and care only; there must be a renewed commitment to prevention and health promotion.

³ International Standards on Drug Use Prevention, UNODC, 2015

#5 Key message

Make recommendations to support - including financing and increasing civil society space – the crucial role of civil society organizations in achieving SDG3.4 and other SDGs change agents that mobilize grass-roots, provide services, act as catalysts for community transformation, that advocate cost-effective and evidence-based policy solutions and that function as watchdogs service providers, advocates and watch dogs.

The Rationale

Civil society organizations are agents of change; their work fosters community resilience, provides platforms for engagement, creates meaning and a sense of belonging and is often on the cutting edge of social change.

Civil society has the ability to mobilize the grass-roots, to change environments to promote health and to provide services to the most marginalized and vulnerable.

For example, the members of IOGT International work to provide treatment and recovery services for substance use disorders, create safe and enabling environments for children and youth to live up to their full potential and mobilize grass-roots against the unethical business practices of the alcohol industry.

As such civil society has an indispensable role as catalyst for transformation towards communities that protect Human Rights, promote health and well-being and encourage civic participation.

The Solution

Add the following bullet point to point 30, page 9:

New bullet point: “Lack of involvement of, engagement with and openness to civil society”

Add the following sentence to Recommendation 4:

New c): “Strengthen the role of civil society in the accountability and evaluation mechanisms of the NCDs response and increase civil society space for participation and scale civil society funding to address NCDs control and prevention effectively.”

#6 Key message

More clearly outline the response to commercial determinants of health and development.

The Solution

Rephrase point 29.

Improved wording:

“Health-in-all-policies, whole-of-government, cross-sectorial approaches are critical to addressing NCDs. Unfortunately, the policies of the health sector are often found to be opposed, delayed or derailed by economic, market and commercial factors and in the interests of trade, agriculture and industry.”

Improve the wording of point 38.

Improved wording: “Because of this limited progress, the Commission considers that a fresh working relationship must be established with private sector entities that are free from fundamental conflicts of interest between their core mission and the goals and targets of SDG 3, SDG 3.4, and SDG 3.5, to form public-private partnerships that promote health and behavior change. Moreover, such public-private partnerships can be effective in successful NCD responses, especially in strengthening the infrastructure and capacity of primary health systems. There are a number of private sector entities that are free from conflicts of interest and that should be involved to play a constructive role in global efforts to prevent and control NCDs and their risk factors. Countries should be encouraged to enter into such public-private partnerships to complement international collaboration.

Improve point 40.

Add the following for point 40 to read:

“... A health forum for investors would bring together civil society innovators and best practitioners, individuals, institutions, investment companies, money managers, and financial institutions to encourage shifts towards investments in healthier portfolios and health-promoting partnerships. ...”

Improve recommendation 2:

Make two bullet point out of 2b and add conflicts of interest safeguards, to read:

New 2b:

"Governments should implement regulatory and legislative solutions to minimize the production, marketing, and consumption of health-harming products."

New 2c:

"Governments should increase opportunities for positive contributions from the private sector entities free from any conflicts of interest to help reach SDG 3.4."

Add to recommendation 4 a new bullet point:

New bullet point d)

"Private sector entities should be monitored and held accountable for business practices that oppose, undermine or threaten progress on achieving SDG 3.4."

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 environment in which people live, work, spend their free time and make their consumer and civic choices: namely the social, psychological, financial and physical availability of unhealthy products. The environment shapes the so-called life worlds, lifestyles, and choices of individual consumers—ultimately determining health outcomes.⁴

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

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

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.

While we are mindful of points 29 and 30 on page 8, IOGT International's concern is that the Commission's report does not adequately address the role of health harmful industries, the dimensions of conflicts of interests and the need for safeguards against undue influence.

Other concrete comments for suggested changes

- Point 13, page 5:

Add "sustainable development" to read:

"... Failure to implement proven interventions is rapidly increasing health care costs, and continued lack of investment in action against NCDs will have enormous sustainable development, health, economic, and societal consequences. ..."

- Separate air pollution from mental health and add a new point 16, to better address mental health:

New wording:

"16. Greater realization of the critical need to prevent and treat mental ill-health as an integral part of action against NCDs. Mental health conditions, including substance use disorders, impose an enormous disease burden on societies: depression alone affects 200 million people globally and is the leading cause of disability worldwide."

- Point 23, page 7

Add "SDG 3.5" to the enumeration to read:

"SDG 3.5 calls for the strengthening of the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol."

- Point 24, page 8

Correct the name of SDG 11: "Sustainable consumption and production"

Add more SDGs that are highly relevant: SDG 1, SDG 5, and SDG 10.

- Point 31, page 9

Add important criteria for recommendations to the list to read:

"The Commission agreed upon certain criteria for inclusion in the recommendations: specifically, recommendations should have the potential to be evidence-based, cost-effective, high-impact, actionable, innovative, transformative, and scaled up (and thus be transformative in terms of their health impact) and feasible to implement across all contexts."

What we support

IOGT International commends the Commissioners for the impressive work done to develop this draft preliminary report.

IOGT International strongly supports anchoring the report in recommendations made in already existing agreed instruments, like the WHO Global Alcohol Strategy, the WHO Mental Health Action Plan and, obviously, the WHO Global Action Plan on NCDs.

In that spirit, IOGT International wants to express support for the following points. We think the following points are excellent and support their inclusion in the final report:

- Point 28, page 8
- Recommendation 2f, page 12
- Point 43, page 12
- Point 45, page 12-13, if necessary safeguards against undue influence and conflicts of interest are put in place

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- Recommendation 3c3, page 13, if it is ensured that it is in line with the Framework Convention on Tobacco Control
- Point 47, pages 13-14