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Official Statement William Ntakuka Regional Representative to the UN

Addressing: 69th Session WHO Regional Committee for Africa, Brazzaville, Congo Agenda item 12

IOGT International Official Statement RC69 Agenda item 12 Framework for Provision of Essential Health Services Through strengthened District/ Local Health Systems to Support UHC in the Context of the SDGs

19.08.2019

Honorable Chairperson, Distinguished Delegates, I thank you for the opportunity to address you on behalf of IOGT International, supported by the East African Alcohol Policy Alliance.

The absolutely low level of health spending in African countries remains a significant obstacle to achieving health and development for all.

In the era of the SDGs, we call for a paradigm shift! It consists of three elements:

- Pivot to prevention of health risk factors, such as tobacco and alcohol;
- Provide comprehensive care packages addressing co- and multimorbidities; and
- Focus on health spending as investments.

Preventing health problems from occurring or expanding is by far the best approach to reaching health for all – especially considering the ever-increasing burden of health risk factors.

In the response to the HIV/ AIDS and TB epidemics WHO and our governments have so far failed to properly address alcohol as major risk factor and alcohol use disorder as serious co-morbidity; this matters because it also fuels the NCDs epidemic; therefore comprehensive care packages need to close this gap to best promote the human right to health.

Health spending is not an expenditure but an investment in human capital and potential, in community resilience and thriving economies.

Resources for these three elements are available through leveraging health promotion taxes, like alcohol and tobacco taxes.

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In 2010, the World Health Report presented the following evidence:

"Raising taxes on alcohol to 40% of the retail price could have an even bigger impact [than a 50% increase in tobacco taxation].

"Estimates for 12 low-income countries show that consumption levels would fall by more than 10%, while tax revenues would more than triple to a level amounting to 38% of total health spending in those countries."

Alcohol taxation, like other health promotion taxes, holds massive potential for achieving UHC.

We therefore urge WHO and our governments to embrace these three critical elements of the paradigm shift, driven by a commitment to health promotion taxes.

I thank you for your attention.

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