Development of the Action Plan (2022–2030) for Effective Implementation of the Global Strategy to Reduce the Harmful Use of Alcohol

Regional Technical Consultation on Working Document

Virtual Meeting, 16–17 March 2021

PAHO Pan American Health Organization World Health Organization Americas

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Contents

Introduction

On 16 and 17 March 2021, the Pan American Health Organization (PAHO) held its (virtual) Regional technical consultations with member states on the working document for the development of the action plan (2022–2030) for effective implementation of the global strategy to reduce the harmful use of alcohol. The objectives of these consultations were as follows:

- To discuss the working document and provide feedback on its content.
- To provide recommendations for the content of the first draft of the action plan (2022–2030) reflecting the regional needs and priorities for accelerating action to reduce the harmful use of alcohol.
- To strengthen, as appropriate, the regional networks of technical counterparts in World Health Organization (WHO) Member States that are responsible for the development and implementation of alcohol policies and action plans at the national level.
- To discuss selected technical issues related to the available regional data and the impact of COVID-19 on actions to reduce the harmful use of alcohol.

Background

On 7 February 2020, the WHO Executive Board adopted decision EB146(14), Accelerating action to reduce the harmful use of alcohol. This decision requested that the WHO Director-General develop an action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, in consultation with Member States and relevant stakeholders, for consideration by the 75th World Health Assembly through the 150th session of the WHO Executive Board in 2022.

As a result, a working document (attached) was developed by the Secretariat in line with the mandate provided by the Executive Board decision ("zero draft"), incorporating the input received at a technical expert meeting organized in June 2020. A first public web-based consultation was held in November – December 2020, and all inputs received were made available on the WHO website in two volumes.

Regional consultations on the working document are also being held in all WHO regions and will lead to the development of the first draft of the action plan after the regional technical consultations.

Regional Situation

A brief presentation was given of the regional situation in the Americas (presentation attached), including levels and patterns of alcohol consumption and alcohol-related deaths and disabilities, the number of countries with national alcohol policies, and the level of implementation of each of

the 10 areas of the Global Alcohol Strategy, specifically on the most cost-effective policies, which comprise the action areas promoted by the WHO SAFER initiative. The situation reflects the urgent need to increase political commitment and actions on legislative measures to reduce the harmful use of alcohol in all Member States.

Discussion on the Working Document, "Towards an action plan to strengthen implementation of the Global Strategy to Reduce the Harmful Use of Alcohol"

No objections were made regarding the structure or scope of the document.

Goals, Operational Objectives

Feedback:

It was noted that a definition of the "harmful use of alcohol" is needed to cover harm to others, harm related to low levels of consumption and less severe harm, and harm to vulnerable groups. Accordingly, the Secretariat explained that this broad definition was agreed on and adopted in the Global Alcohol Strategy and would not change.

Regarding alcohol per capita consumption (APC) as an indicator, it was suggested that it would be useful to include an explanation at the beginning of the document as to why this was the indicator chosen. The Secretariat explained that it was chosen after extensive expert discussions as the most feasible indicator for all countries and for reporting globally. Age-standardized rates of alcohol-attributable mortality could be considered another good indicator. However, countries and jurisdictions could use additional indicators.

It was also noted that the role and interactions with the alcohol industry should be specified, because it can interfere with the implementation of strategies at the national level. The WHO Secretariat informed participants that the Organization's position was unchanged: the conflict of interest is too strong for the alcohol industry to participate in the development of alcohol policy strategy; public health interests must be considered at the national level. At the country level, policy development must be protected from lobbying, commercial determinants, and interference.

The Secretariat acknowledges, however, the highly specific role of the industry in implementing the strategy for which regular dialogues will be held.

It was suggested that it would be useful to include the point that enforcement of policies already in place at the country level is highly necessary.

It was also noted that there is a need to strengthen the following areas: health promotion; public education; public awareness of the harm of alcohol and its social determinants; the impact of alcohol use on productivity; the impact of alcohol use on children and adolescents; the need for change in cultural perceptions and accepted norms concerning alcohol and intoxication; and the engagement of civil society, schools, young people and communities. The COVID-19 pandemic

has resulted in an increase in alcohol consumption, and in actions by the industry that undermine alcohol policies.

The Secretariat noted that these topics would be covered in Action Area 3 and other parts of the working document.

Prenatal alcohol exposure was also not thoroughly taken into account in the document, and should not only be a part of research initiatives but also of country actions. It is necessary to identify children affected by fetal alcohol spectrum disorder (FASD) so that they can access services and support. It is also necessary to address women's consumption, which may have increased during the pandemic and consequently become an issue of concern. The stigma attached to women drinking is another barrier to accessing services.

Guiding Principles

No objections or comments were made.

Action Area 1: Implementation of High-Impact Strategies, and Interventions

Feedback:

The WHO SAFER initiative does not replace the Global Strategy; it only adds to it.

Under the Action Areas for the Secretariat, Action 5 can include regional monitoring in addition to global monitoring.

It was proposed to delete the Action for the Secretariat regarding economic operators, but the Secretariat explained the need for dialogue, which does not imply partnership. The Secretariat is also developing guidance on interactions with the alcohol industry.

Action Area 2: Advocacy, Awareness, and Commitment

Feedback:

Positive feedback on Action Area 2 was received, indicating that this was a very well written and important area. It was suggested to place a special emphasis on the prevention of prenatal alcohol exposure.

A question was raised regarding how the proposed targets related to current baseline information. The Secretariat responded that it would take into consideration the data available from 2016 and 2019, and that this issue would be discussed when reviewing Annex 1. When there are no adequate data, an X is presented, and in this case, the quantification of this target will depend on better or updated data.

It was suggested that a stronger emphasis was needed on individual interventions, targeting drinkers in particular. In addition, it is important that equity and equality be addressed. The Secretariat indicated that this area relates to population-level approaches and that help for drinkers is addressed elsewhere in the document.

The need was also raised for timely information and data for national reporting and advocacy efforts. Since generating national evidence is a challenge, countries also rely on regional and global information and reporting. Countries need more technical support, more information, and more data so that they can generate this information directly.

It was noted that labelling actions at the country level is a complex area. The Secretariat is working on the development of standards to assist in this regard.

It is important that the Member States have a space such as a forum, symposium, or conference in order to share experiences and practices related to the control of alcohol.

Action Area 3: Partnership, Dialogue, and Coordination

Feedback:

Being a very broad area, it poses a great challenge to Member States. For example, public health professionals face the challenge of having interests that are in contrast with the alcohol industry and other commercial interests. The messages of the alcohol industry are often broadcast loudly and clearly to the public, which can make it very difficult to enact public health policies. In order to counteract this, it is necessary to work as a network and to avoid being siloed as individual countries. It would be beneficial to implement these policies as a region since it would give them more traction. It will be very important to have the support of PAHO and WHO, and all of the advocacy that they can carry out with decision-makers.

Regarding technical support, it is critical to address the issues of lobbying and influence of commercial actors and the alcohol industry. Work must be carried out in order to counter the interference that they may try to exercise. International law and trade agreements can also present a challenge, and the alcohol industry often uses the same arguments as the tobacco and unhealthy food industries.

The Secretariat responded that the experience with some countries shows that it is possible but difficult to work on these policies. Advocacy and technical support should be provided. There will certainly be issues with alcohol production and trade, but those in public health are concerned above all with the health and well-being of populations.

There is potential for conflict between trade agreements and public health interests. At times, significant disputes can arise from these conflicts of interest, and alcohol is no exception. There are a significant number of requests for technical assistance in these matters. At the WHO Headquarters, there are lawyers who are increasingly examining alcohol-related issues and trade. This is a challenging area, but there is room for negotiations when considering public health interests. It is necessary to explore the possibilities provided by the World Trade Organization (WTO) and the language of bilateral or multilateral agreements. In the action plan, WHO and PAHO are following the global strategy. With regard to international law, it is the Member States' responsibility to initiate the process of addressing public health concerns within international law and make a request to WHO for support if needed.

The Secretariat took note of the need for advocacy and support regarding how to address public health concerns in matters of international law and trade. PAHO and WHO will do everything in their power to ensure that support in this area is provided. In particular, it would be beneficial if international and national entities were involved in this kind of support and advocacy. This is one of the main objectives of this action area: to consolidate the different roles and actions of these entities. All public health professionals participating in this consultation agreed that it was imperative to reduce the harm from alcohol. With regard to the free movement of commodities and their public health impact, these public health considerations must be taken into account.

Action Area 4: Technical Support and Capacity Building

The only feedback was to include technical support and capacity building to implement drink-driving countermeasures.

It was noted that technical support and capacity building for drink-driving countermeasures would be included under Action Areas 1 and 3 in the action plan rather than in Action Area 4. In addition, it was mentioned that it was necessary to ensure that the alcohol industry does not play a role in this technical support and capacity building. Member States should limit or avoid collaboration in this area. Another area in which the alcohol industry has been actively involved in Latin America is in training health professionals and others in brief interventions for alcohol problems. This is another area that goes beyond the scope of their roles as producers, distributors, and sellers of alcoholic beverages.

Action Area 5: Knowledge Production and Information Systems

Feedback:

The text relating to actions for Member States and their surveillance activities should be revised. There is some repetition in this area, which creates confusion between data reported to WHO and national surveillance data.

There is a need for the following: standard tools and instruments to evaluate policies and services provided; standard indicators of consumption and harms (included mortality and related ICD codes to use); and guidance on how to develop sentinel surveillance systems and national information systems.

Action Area 6: Resource Mobilization

Feedback:

There is a need to increase human resources as well financial resources for addressing the issue of alcohol at the national level. Where possible, teams with specific capacities should be created to coordinate alcohol-related activities. These can also be valuable at the primary health care level.

The alcohol industry should not be included under resource mobilization.

It was noted by the Secretariat that resource mobilization of the alcohol industry would be limited to funding activities solely related to their roles as producers, distributors, and vendors of alcohol.

The text should be amended to include the following: "*The alcohol industry should refrain from funding public health and policy-related activities and research to prevent any potential bias.*"

Annex 1: Indicators and Milestones for Achieving Global Targets

Feedback:

Industry activities should be monitored for which a tool should be produced and an additional indicator included or at least mentioned in the action plan.

The Secretariat replied that this topic was discussed at the World Health Assembly and the United Nations Assembly. There was difficulty in addressing the following question: Granted that it is important to monitor the activities of the alcohol industry, is this not, rather, a distraction from the other very important monitoring work that needs to be carried out, especially when many countries do not have many resources? The alcohol industry engages in many different types of marketing and advertising, and attempting to formally monitor these activities might become a distraction. Hence, the Secretariat decided not to pursue this directly, but rather to encourage research institutions and civil society groups to do so.

Action Area 1

Feedback:

Target 1.2 references total APC with the same terms as Sustainable Development Goal (SDG) 3.5.2. However, the definition of the "harmful use of alcohol" varies; more clarity is needed here. The Secretariat will review the text, but is certain that there should be no discrepancies here because it also provided the same definitions to the United Nations. Adding other indicators is not recommended, and APC remains the best indicator for measuring the disease burden from alcohol consumption.

Action Area 2

No comments received.

Action Area 3

Feedback:

There is a need to better describe how countries can participate in global networks. There is a regional network and interest in keeping it active. Maintaining networks also requires resources.

The Secretariat explained the challenges of the global network given the costs and communication issues. However, online communications have improved and allowed for more collaboration at less cost, so the plan is to revamp the global network.

The regional network, the Pan American Network on Alcohol and Public Health (PANNAPH), was never dismantled. Its last meeting took place in September 2019, and monthly webinars were held in 2020. Currently, one of the challenges is that there is a very high number of webinars being offered and thus a great deal of competition for the time and attention of participants. Hence, some

strategic planning is needed. New ideas are needed on how to strengthen the network so that it may better serve Member States. It is important to have people appointed to the network as focal points and to have continuity over time. One interesting suggestion from a participant was the creation of a discussion forum, which has the potential to generate joint work and publications.

A focal point who has previously coordinated a Latin American cancer registry group shared her experience working regionally. She had several suggestions as to how her experience could be applied to focal points working on alcohol-related issues. In her previous work, it was very important to have an agreement signed with the International Agency for Research on Cancer (IARC), which allowed for better development of registries. With respect to alcohol, standardizing deaths codes according to alcohol-attributable or alcohol-related death would be helpful because it would allow for greater collaboration and for focal points to participate more widely in policy development and action (i.e., action as more than just providing data to WHO). The data analysis and dissemination are also important for policy-making at the national level.

It was suggested that the global plan be consolidated before the possibility of a regional plan is discussed.

Action Area 4

Feedback:

There is a need for an indicator on drink-driving.

The Secretariat explained that this is included in the SAFER package and in other parts of the document.

Action Area 5

Feedback:

PAHO developed a tool for estimating APC consumption and provides training for any Member State that requests assistance on its use. It is currently offered in English and Spanish. The data are available in most countries but not always accessible to those working in health. There is a need for coordination and collaboration across sectors (e.g., finance, trade, commerce) to determine who receives the information, when to calculate APC, and how to report nationally and internationally on a regular basis. In response to this, a participant suggested that training and collaboration on APC data collection with the Common Southern Market (MERCOSUR) might be useful.

Action Area 6

Feedback:

In addition to standard indicators, indicators for health services and at different levels of harm should be considered.

Alcohol taxation requires the advocacy of international organizations so that Member State governments will pay attention. More information and tools are needed, including arguments for increasing taxes in the context of the COVID-19 pandemic. There is a need for advocacy, success

stories, and strategies, particular on the following questions: How are these taxes collected? How can governments organize this taxation to fund the health system?

As an additional comment, taxation is an area in the hands of the subnational authority in many countries and would therefore require more internal discussion.

The Secretariat explained what resources are already available and what new tools are being finalized for dissemination. In 2017, WHO published a handbook on alcohol taxation entitled, "Resource tool on alcohol taxation and pricing policies", and is new currently developing a new one. In addition, the United Nations Development Programme (UNDP) is currently working on investment cases with specific countries. The International Monetary Fund, World Bank, and PAHO are promoting health taxes on harmful commodities to help generate revenue for COVID-19 recovery and reduce the harm from these products.

It was suggested that a reference to Alcoholics Anonymous (AA) be included in the document. The Secretariat indicated that despite recognizing the organization as an effective partner in treatment, it will not be referred to specifically (nor will any other group) since this is a broad document. AA could be mentioned in national guidance on alcohol developed by Member States at the country level.

It was also suggested that alcohol marketing control be mentioned in the document. The Secretariat indicated that this was already the case and that a global report on cross-border marketing, advertising, and sale was also being prepared. Language from the Political Declaration of the third high-level meeting on the prevention and control of noncommunicable diseases from the United National General Assembly on 27 September 2018 was used in the action plan, which already encouraged economic operators to prohibit sales and advertising to minors. This language was broadened for other groups. Participants observed that the issue of alcohol licensing for consumption on and off premises is currently a clear challenge given the change in alcohol purchasing trends due to COVID-19. These changes may be difficult to claw back.

With respect to the scope of the plan, colleagues noted that health emergencies were mentioned in the working document. They expressed interest in seeing humanitarian and conflict settings included in the document, and noted that it may be useful to connect the WHO Health Emergencies Programme to any actions developed.

A comment on the action plan for future consideration: developing positive alternatives that may reduce harm could be included. Non-alcoholic alternatives have been mentioned in discussions. These alternatives include non-alcoholic drinks, alcohol-free bars, and greater options for "dry curious" individuals (those curious about reducing or eliminating their alcohol consumption). Data on the effects on public health and on reducing the harms of alcohol misuse are still limited. WHO could consider including them in the plan, as appropriate.

Other Technical Matters

Country profiles reflecting responses to alcohol policy areas from the survey undertaken in 2019 were finalized and will be sent for country validation by PAHO. It will also include country

responses to the questions related to coverage of substance use disorders, which will serve to develop a treatment capacity indicator. Countries will have two weeks to reply; when no reply is received, WHO will assume that the country agreed with the information.

In addition, the COVID-19 pandemic has impacted the estimation and predictions carried out by the Secretariat related to APC. Initial evidence on drinking during the pandemic shows that in some countries, sales increased and in others, decreased, but there is limited information regarding how APC will change in the future. Therefore, it is important to collate all information possible related to alcohol consumption during 2020 so that the Secretariat can better revise its models and predictions, and can provide this information to Member States and the public. It was requested that any information available be sent to PAHO and WHO for consideration.

Finally, WHO is organizing an international forum in June 2021 on alcohol, drugs, addictive behaviors, and gambling. All participants of the consultation will be invited to attend the event (online), and the Secretariat is looking into possible ways to make translation available.

Summary of Recommendations and Comments

Overall, there is broad consensus on the working document.

1. Health promotion and health literacy need to be more explicitly reflected, including through: new communication strategies; social mobilization at the local and national levels; and increased awareness about alcohol harm and risks, including to the fetus and as a result of prenatal alcohol exposure.
2. Data generation and access to timely information should be strengthened in order to assist countries in the production and dissemination of knowledge and evidence.
3. There is a need for tools, instruments, and common indicators for the following: alcohol consumption at the national level (in addition to APC); alcohol harms; policy assessment; health assessment; and codification of alcohol attributable mortality and morbidity.
4. Managing and preventing conflicts of interest and interference of the alcohol industry are a challenge at the national level; hence, there is a need for technical support, advocacy, guidance, sharing of experiences, and networking.
5. A broad view of the harmful use of alcohol underlies the document: different levels of consumption for different groups mean different risks. The concept of harmful use as defined by the global strategy covers it all, including harm to others.
6. International standards on labelling will facilitate country actions to protect consumers and provide them with appropriate information on content and health warnings.
7. Capacities should be created or built for acquiring knowledge, generating evidence of the impact of policies, standardizing data collection and indicators related to ICD codes, and improving national surveillance.
8. There is interest in organizing regional and international forums to exchange experiences and learn about success stories of policy implementation, on how barriers have been overcome, and on multisectoral collaboration.
9. Guidance is needed on practical enforcement of drink-driving laws.
10. Guidance is needed on the best practices of assessing and treating alcohol problems in health services.

11. In the area of taxation, more guidance is recommended, including on how to earmark tax revenue for health services.
12. More focus must be placed on prenatal alcohol exposure, research and capacity building.
13. More support is needed to estimate APC consumption at the national level.

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The Pan American Health Organization (PAHO) held its regional technical consultation on the working document for development of the action plan (2022–2030) for effective implementation of the global strategy to reduce the harmful use of alcohol on 16 and 17 March 2021.

The objectives of this consultation were to: discuss the working document, and provide feedback on its content; provide recommendations for the content of the first draft of the action plan, reflecting the regional needs and priorities for accelerating action to reduce the harmful use of alcohol; strengthen, as appropriate, the regional networks of technical counterparts in WHO Member States who are responsible for the development and implementation of alcohol policies and action plans at the national level; and discuss selected technical issues related to the available regional data and impact of COVID-19 on actions to reduce the harmful use of alcohol.

This document is a summary of the discussions held during the regional technical consultation. Participants included staff from WHO headquarters, PAHO headquarters, PAHO regional offices and Member State Focal Points.

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