

GLOBAL ALCOHOL ACTION PLAN 2022-2030

A Summary on Indicators to be Monitored in the Americas

The World Health Organization (WHO) action plan (2022-2030) was endorsed by the Seventy-fifth World Health Assembly in May 2022 to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority (1). It has six action areas, in which indicators are proposed at global level for monitoring its implementation.

Currently, 35 Member States of the Americas are monitored by WHO and the Pan American Health Organization (PAHO). The success of the action plan requires actions from Member States and territories in the Region, effective global and regional governance, and the appropriate engagement of all appropriate and relevant stakeholders.



ACTION AREA 1.

IMPLEMENTATION OF HIGH-IMPACT STRATEGIES AND INTERVENTIONS

Global Target 1.1. By 2030, at least 20% relative reduction (in comparison with 2010) in the harmful use of alcohol.

Indicators:

- 1.1.1 Total alcohol per capita consumption (in liters of pure alcohol, recorded plus unrecorded) within a calendar year, adjusted for tourist consumption.
- 1.1.2. Age-standardized prevalence of heavy episodic drinking.
- 1.1.3. Age-standardized alcohol-attributable deaths.
- 1.1.4 Age-standardized alcohol-attributable disability-adjusted life years (DALYs).

Global Target 1.2. By 2030, 70% of countries have introduced, enacted or maintained the implementation of high-impact policy options and interventions.

Indicator:

- 1.2.1 Number of countries (as a percentage of all WHO Member States) that have introduced, enacted or maintained the implementation of high-impact policy options across the following areas:
 - (a) Affordability of alcoholic beverages.
 - (b) Advertising and marketing of alcoholic beverages.
 - (c) Availability of alcoholic beverages.
 - (d) Drink driving.
 - (e) Screening and brief interventions for risky patterns of alcohol use; and treatment of alcohol use disorders (AUDs).

ACTION AREA 2. ADVOCACY, AWARENESS AND COMMITMENT

Global Target 2.1. By 2030, 75% of countries have developed and enacted national written alcohol policies.

Indicator:

2.1.1. Number of countries (as a percentage of all WHO Member States) with a written and enacted national written alcohol policy.

Global Target 2.2. By 2030, 50% of countries have produced periodic national reports on alcohol consumption and alcohol-related harm.

Indicator:

2.2.1. Number of countries (as a percentage of all WHO Member States) producing at least two national reports within the last 8-year period on alcohol consumption and alcohol-related harm.

ACTION AREA 3. PARTNERSHIP, DIALOGUE AND COORDINATION

Global Target 3.1. By 2030, 50% of countries have an established national multisectoral coordination mechanism for the implementation of national multisectoral alcohol policy responses.

Indicator:

3.1.1. Number of countries (as a proportion of all WHO Member States) with an established multisectoral national coordination mechanism for the implementation of national multisectoral alcohol policy responses.

Global Target 3.2. By 2030, 50% of countries are engaged in the work of the global and regional networks of WHO national counterparts for international dialogue and coordination on reducing the harmful use of alcohol.

Indicator:

3.2.1. Number of countries (as a proportion of all WHO Member States) actively represented in the global and regional networks of WHO national counterparts.

ACTION AREA 4. TECHNICAL SUPPORT AND CAPACITY-BUILDING

Global Target 4.1. By 2030, 50% of countries have a strengthened capacity for the implementation of effective strategies and interventions to reduce the harmful use of alcohol at national level.

Indicator:

4.1.1. Number of countries (as a proportion of all WHO Member States) that have increased governmental resources for the implementation of effective alcohol policies at the national level.

Global Target 4.2. By 2030, 50% of countries have a strengthened capacity in health services to provide prevention and treatment interventions for health conditions due to alcohol use, in line with the principles of universal health coverage.

Indicator:

4.2.1. Number of countries (as a proportion of all WHO Member States) that have increased service capacity to provide prevention and treatment interventions for health conditions due to alcohol use within health systems, in line with the principles of universal health coverage.

ACTION AREA 5. KNOWLEDGE PRODUCTION AND INFORMATION SYSTEMS

Global Target 5.1. By 2030, 75% of countries have national data generated and regularly reported on alcohol consumption, alcohol-related harm and implementation of alcohol control measures.

Indicator:

5.1.1. Number of countries (as a proportion of all WHO Member States) that generate and report national data on per capita alcohol consumption, alcohol-related harm and policy responses.

Global Target 5.2. By 2030, 50% of countries have national data generated and reported on monitoring progress towards the attainment of universal health coverage for AUDs and major health conditions due to alcohol use.

Indicator:

5.2.1. Number of countries (as a proportion of all WHO Member States) that have a core set of agreed indicators and generate and report national data on treatment coverage and treatment capacity for alcohol use disorders, and related health conditions due to alcohol use.

ACTION AREA 6. RESOURCE MOBILIZATION

Global Target 6.1. At least 50% of countries have dedicated resources for reducing the harmful use of alcohol by implementing alcohol policies and increasing the coverage and quality of prevention and treatment interventions for disorders due to substance use, and associated health conditions.

Indicators:

6.1.1 Number (absolute) of countries that have secured dedicated resources for the implementation of alcohol policies at the national level.

6.1.2. Number (absolute) of countries that have secured dedicated resources for increasing the coverage and quality of prevention and treatment interventions within health systems for disorders due to substance use.

6.1.3. Number (absolute) of countries that introduced, when appropriate, dedicated funding for reducing the harmful use of alcohol from alcohol tax revenues or other revenues linked to alcohol production and trade.



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References

1. World Health Organization. Appendix: Draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority. In: World Health Organization. Political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases. Executive Board 150th session, 11 January 2022, Provisional agenda item 7. Geneva: WHO; 2022. Available from: https://apps.who.int/gb/ebwha/pdf_files/EB150/B150_7Add1-en.pdf.