World Health Organization

alcohol

Global alcohol action plan 2022-2030

to strengthen implementation of the Global Strategy to Reduce the Harmful Use of Alcohol

Second draft (unedited)

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CONTENTS

BACKGROUND

Setting the scene

1. Alcohol consumption is deeply embedded in the social landscape of many societies, and an estimated 2.3 billion people drink alcoholic beverages around the world. At the same time, more than half of the global population aged 15 years and older report having abstained from drinking alcohol during the previous to survey 12 months. Several major factors have an impact on levels and patterns of alcohol consumption in populations – such as historical trends in alcohol consumption, the availability of alcohol, culture, economic status and implemented alcohol control measures. At the individual level, patterns and levels of alcohol consumption are determined by multiple factors that include gender, age and individual biological and socioeconomic vulnerability factors as well as the policy environment. Prevailing social norms that support drinking behaviour and mixed messages about the harms and benefits of drinking encourage alcohol consumption, delay appropriate health-seeking behaviour and weaken community action.

2. Alcohol is a psychoactive substance with intoxicating and dependence-producing properties. The accumulated evidence indicates that alcohol consumption is associated with inherent health risks, although health consequences of alcohol consumption vary significantly in magnitude and nature between drinkers. At the population level, any level of alcohol consumption is associated with preventable net harms associated with multiple health conditions such as injuries, alcohol use disorders (AUD), liver diseases, cancers, cardiovascular diseases, but also includes harms to others than drinkers. Several aspects of drinking have an impact on the health consequences of alcohol consumption, namely: the volume of alcohol drunk over time; the pattern of drinking, in particular drinking to intoxication; the drinking context; and the quality of the alcoholic beverage or its contamination with toxic substances such as methanol. Repeated consumption of alcoholic beverages may lead to the development of alcohol use disorders (AUD), including alcohol dependence that is characterized by impaired regulation of alcohol consumption and manifested by impaired control over alcohol use, increasing precedence of alcohol use over other aspects of life and specific physiological features[1].

3. The current draft of the action plan refers to the "harmful use of alcohol" as defined in the Global strategy to reduce the harmful use of alcohol as "drinking that causes detrimental health and social consequences for the drinker, the people around the drinker and society at large, as well as patterns of drinking that are associated with increased risk of adverse health outcomes"[2]. Its concept is much broader than the clinical concept of diagnostic categories of the "harmful use" or "harmful pattern of use" which represent a part of a spectrum of "alcohol use disorders" in the International Classification of Diseases[1].

[1] International Classification of Diseases (ICD), 11th revision. Geneva: World Health Organization (https://icd.who.int/en/, accessed 5 June 2021).

[2] Global strategy to reduce the harmful use of alcohol. Geneva: World Health Organization; 2010 (https://apps.who.int/iris/handle/10665/44395, accessed 5 June 2021).

4. The overall disease burden attributable to alcohol consumption is unacceptably high. In 2016,[3] alcohol consumption resulted in some three million deaths (5.3% of all deaths) worldwide and 132.6 million disability-adjusted life years or DALYS (5.1% of all DALYs). Mortality from alcohol consumption is higher than from diseases such as tuberculosis, HIV/AIDS and diabetes. In 2016, an estimated 2.3 million deaths and 106.5 million DALYs among men globally were attributable to alcohol consumption. For women, the figures were 0.7 million and 26.1 million, respectively. Worldwide, in 2016, alcohol was responsible for 7.2% of all premature mortality (in persons aged 69 years or less). Younger people were disproportionately affected by alcohol; 13.5% of all deaths among 20–39 –year olds in 2016 were attributed to alcohol. The age-standardized alcohol-attributable burden of disease and injury was highest in the African Region, whereas the proportions of all deaths and DALYs attributable to alcohol consumption were highest in the European Region (10.1% of all deaths and 10.8% of all DALYs) followed by the Region of the Americas (5.5% of deaths and 6.7% of DALYs). Approximately 49% of alcohol-attributable DALYs are due to noncommunicable diseases (NCDs) and mental health conditions, and about 40% are due to injury. According to estimates of the Organisation for Economic Co-operation and Development (OECD), in OECD and European Union (EU) countries alcohol-related diseases and injuries cause life expectancy to be shortened by 0.9 years over the next 30 years.[4]

5. According to the latest WHO global estimates, 283 million people aged 15 years and older – 237 million men and 46 million women – live with AUD, accounting for 5.1% of the global adult population. Alcohol dependence, as the most severe form of AUD, affects 2.6% of the world's adults, or 144 million people.

6. The impact of the harmful use of alcohol[5] on health and well-being is not limited to health consequences; it incurs significant social and economic losses relating to costs in the justice sector, costs from lost workforce productivity and unemployment, and costs assigned to pain and suffering. The harmful use of alcohol can also result in harm to others, such as family members, friends, co-workers and strangers. Among the most dramatic manifestations of harm to persons other than drinkers are road traffic injuries and consequences of prenatal alcohol exposure that may result in the development of fetal alcohol spectrum disorders (FASD). There is no safe limit established for alcohol consumption at any stage of pregnancy. The harms to others may be very tangible, specific and time-bound (e.g. injuries or damage) or may be less tangible and result from suffering, poor health and well-being, and the social consequences of drinking (e.g. being harassed or insulted, or feeling threatened).

6. Awareness and acceptance of the overall negative impact of alcohol consumption on a population's health and safety is low among decision-makers and the general public. This is

[3] Global status report on alcohol and health 2018. Geneva: World Health Organization; 2018 (https://apps.who.int/iris/handle/10665/274603, accessed 5 June 2021). New WHO estimates of alcohol-attributable disease burden for 2019 will be produced in 2021 and included in the final draft of the action plan.

[4] The effect of COVID-19 on alcohol consumption, and policy responses to prevent harmful alcohol consumption. Paris: Organisation for Economic Co-operation and Development; 2021 (https://www.oecd.org/coronavirus/policy-responses/the-effect-of-covid-19-on-alcohol-consumption-and-policy-responses-to-prevent-harmful-alcohol-consumption-53890024/, accessed 5 June 2021).

influenced by commercial messaging and poorly-regulated marketing[6] of alcoholic beverages which deprioritize efforts to counter the harmful use of alcohol in favour of other public health issues. The COVID-19 pandemic highlighted the importance of appropriate policy and health system responses to reduce the harmful use of alcohol during health emergencies.

7. The health and social burden attributable to alcohol consumption is largely preventable. Historically, in recognition of the intoxicating, toxic and dependence-producing properties of alcohol, there have always been attempts to regulate production, distribution and consumption of alcoholic beverages. The protection of the health of populations by preventing and reducing the harmful use of alcohol is a public health priority and should be a focus of alcohol policies and alcohol control measures implemented at different levels.

Global strategy to reduce the harmful use of alcohol and its implementation

The Global strategy and its mandate

8. The Global strategy to reduce the harmful use of alcohol, endorsed by the Sixty-third World Health Assembly in May 2010 (Resolution WHA63.13), continues to be the only global policy framework for reducing deaths and disabilities due to alcohol consumption in their entirety – from mental health conditions and noncommunicable diseases to injuries and alcohol-attributable infectious diseases. The Global Strategy builds on several WHO global and regional strategic initiatives and represents the commitment by WHO Member States to sustained action at all levels. Following the endorsement of the Global strategy, regional action plans aligned with the Global strategy were developed or revised and adopted in WHO's Region of the Americas (2011) and European Region (2012), and the Regional strategy for reducing the harmful use of alcohol was developed and adopted in the WHO African Region (2013).

9. The Global strategy was developed to promote and support local, regional and global actions to prevent and reduce the harmful use of alcohol. The strategy outlines key components for global action, and recommends a portfolio of policy options and measures that could be considered for implementation and adjusted as appropriate at the national level. These policy options take into account national circumstances such as religious and cultural contexts, national public health priorities, and resources, capacities and capabilities. The Global strategy also contains a set of principles that should guide the development and implementation of policies at all levels.

10. Since the endorsement of the Global strategy in 2010, Member States' commitment to reducing the harmful use of alcohol has been reinforced by the adoption of political declarations emanating from high-level meetings of the United Nations General Assembly on NCDs. This included the declaration in 2011 and subsequent adoption and implementation of the WHO Global action plan for the prevention and control of NCDs 2013–2020. In 2019, the World Health Assembly (in Resolution WHA72.11) extended the NCD Global action plan to 2030, ensuring its alignment with the 2030 Agenda for Sustainable Development. The NCD Global action plan lists the harmful use of alcohol as one of four key risk factors for major NCDs. The action plan enables Member States and other stakeholders to identify and use opportunities for synergies to tackle more than one risk factor at the same time, to strengthen coordination and coherence between

[6] In this document the term "marketing" is used with the meaning of any form of commercial communication or message that is designed to increase, or has the effect of increasing, the recognition, appeal and/or consumption of particular products and services. It could comprise anything that acts to advertise or otherwise promote a product or service.

measures to reduce the harmful use of alcohol and activities to prevent and control NCDs, and to set voluntary targets for reducing the harmful use of alcohol and other risk factors for NCDs.

11. The international mandate to reduce the harmful use of alcohol was further strengthened with the adoption of the agenda of Sustainable Development Goals 2030 (SDG 2030)[7]. Reducing the harmful use of alcohol will contribute to progress achieved with the attainment of multiple goals and targets of the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs). This includes goals on ending poverty (SDG 1), quality education (SDG 4), gender equality (SDG 5), decent work and economic growth (SDG 8), reducing inequalities between and within countries (SDG 10), as well as peace, justice and strong institutions (SDG 16). In view of the negative impact of the harmful use of alcohol on the development and outcomes of many diseases and health conditions, including major NCDs and injuries, effective reduction of the harmful use of alcohol will make a substantial contribution to the achievement of good health and well-being worldwide (SDG 3). Furthermore, target 3.5 of SDG 3 includes the objective of strengthening the prevention and treatment of substance abuse, including harmful use of alcohol. This reflects the broader impact of harmful use of alcohol on health beyond NCDs and mental health (SDG target 3.4) – in areas such as road traffic accidents (SDG 3.6), reproductive health (SDG 3.7), universal health coverage (3.8) and infectious diseases (SDG 3.3).

12. One of the guiding principles of the Global strategy states that public policies and interventions to prevent and reduce alcohol-related harm should be guided and formulated by public health interests and based on clear public health goals and the best available evidence. Evidence on the cost-effectiveness of alcohol policy options and interventions was updated in a revision of Appendix 3 to the NCD global action plan, and this appendix was endorsed by the Health Assembly in Resolution WHA70.11 (2017). This resulted in a new set of enabling and recommended actions to reduce the harmful use of alcohol. The most cost-effective actions, or "best buys", include increasing taxes on alcoholic beverages, enacting and enforcing bans or comprehensive restrictions on exposure to alcohol advertising across multiple types of media, and enacting and enforcing restrictions on the physical availability of retailed alcohol. By prioritizing the most cost-effective policy measures, the WHO Secretariat and partners launched the SAFER initiative[8] with the primary objective to support WHO Member States in reducing the harmful use of alcohol by enhancing ongoing implementation of the Global strategy and other WHO and United Nations strategies. The WHO-led SAFER initiative, focuses on the support for implementation of cost-effective policy options and interventions. It also aims to protect public health-oriented policy-making against interference from commercial interests, to establish strong monitoring systems to ensure accountability, and to track progress in the implementation of SAFER policy options and interventions.

[7] Transforming our World: The 2030 Agenda for Sustainable Development. UN, 2015 (https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf, accessed 26 September 2021).

[8] The SAFER Initiative (https://www.who.int/initiatives/SAFER#:~:text=The%20SAFER%20initiative%20A%20world%20free%20from%20alcohol,international%20partners%2C%20launched%20the%20SAFER%20initiative%20in%202018, accessed 26 September 2021)

Implementation of the Global strategy since its endorsement[9]

13. Since the endorsement of the Global strategy, its implementation has been uneven across WHO regions as well as within regions and countries. The number of countries with a written national alcohol policy has steadily increased and many countries have revised their existing alcohol policies. However, the presence of written national alcohol policies continues to be most common in high-income countries and least common among low-income countries, with written national alcohol policies missing from most countries in the African Region and the Region of the Americas. The disproportionate prevalence of effective alcohol control measures in higher-income countries raises questions about global health equity. Specifically, it underscores the need for more resources and greater priority to be allocated to support the development and implementation of effective policies and actions in low- and middle-income countries.

14. Between 2010 and 2019 some progress was made in reducing total global alcohol per capita consumption; the figures for people aged 15 years and over remained relatively stable in 2010 (6.1 litres) and 2015 (6.2 litres), and decreased to 5.8 litres in 2019, which corresponds to an approximately 5% relative reduction globally in comparison to 2010. The highest levels of consumption per capita were observed in countries in the European Region. Although consumption per capita remained relatively stable between 2010 and 2019 in the Region of the Americas (7.9 and 7.6 litres), the African Region (4.8 and 4.8 litres) and the Eastern Mediterranean Region (0.5 and 0.5 litres), it decreased in the Western Pacific Region (7.1 and 6.5 litres) and the European Region (10.8 and 9.5 litres) – with the European Region surpassing the target (10% relative reduction) set in the global monitoring framework for NCDs for 2025. Consumption of alcohol per capita increased, however, in the South-East Asia Region (3.4 and 4.3 litres). The impact of the COVID-19 pandemic on levels and patterns of alcohol consumption and related harm worldwide remains a topic of ongoing assessment.

15. The number of drinkers declined across all WHO regions between 2010 and 2019. More than half of the global population aged 15 years and older abstained from drinking alcohol during the previous 12 months. In 2019, alcohol was consumed by more than half of the population in three of the six WHO regions: the Americas, European and the Western Pacific regions. Some 2.3 billion people are current drinkers. Age-standardized prevalence of heavy episodic drinking (defined as 60 or more grams of pure alcohol on at least one occasion at least once per month) decreased globally from 20.6% in 2010 to 18.0%[10] in 2019 among the total population but remained high among drinkers, particularly in parts of Eastern Europe and in some sub-Saharan African countries (more than 60% among current drinkers). In all WHO regions, higher alcohol consumption rates and higher prevalence rates of current drinkers are associated with the higher economic wealth of countries. However, the prevalence of heavy episodic drinking is equally distributed between higher- and lower-income countries in most regions. The two exceptions to this are the African Region (where rates of heavy episodic drinking are higher in lower-income countries than in higher-income countries) and the European Region (where, conversely, heavy episodic drinking is more frequent in high-income countries).

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[9] Based on the Executive Board document EB146/7Add.1, 11 December 2019 and outcomes of the consultation process leading to the development of the draft action plan. EB146/7 Add.1: Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues: findings of the consultative process on implementation of the global strategy to reduce the harmful use of alcohol and the way forward. Geneva: World Health Organization (https://apps.who.int/gb/ebwha/pdf_files/EB146/B146_7Add1-en.pdf , accessed 5 June 2021).

[10] Provisional WHO estimates, to be confirmed by the end of 2021.

16. Overall – despite some decreasing trends in alcohol consumption in most WHO regions, improvements in the number of age-standardized alcohol-attributable deaths and DALYs in all regions except South-East Asia, and progress with alcohol policy developments at national level – the implementation of the Global strategy has not resulted in considerable reductions in alcohol-related morbidity and mortality and the ensuing social consequences. Globally, levels of alcohol consumption and alcohol-attributable harm remain unacceptably high.

Challenges in implementation of the Global strategy

17. Considerable challenges remain for the development and implementation of effective alcohol policies. These challenges relate to the complexity of the problem, differences in cultural norms and contexts, the intersectoral nature of cost-effective solutions and associated limited levels of political will and leadership at the highest levels of governments, as well as the influence of powerful commercial interests in policy-making and implementation. These challenges operate against a background of competing international economic commitments. Coordination and cooperation at all levels for dealing with these challenges is further complicated by situations when responsibility for actions to reduce the harmful use of alcohol is dispersed between different entities – including government departments, different professions and technical areas.

18. The production of alcoholic beverages has become increasingly concentrated and globalized in recent decades, particularly in the beer and spirits sectors. A significant proportion of alcoholic beverages is consumed in heavy drinking occasions associated with significant health risks, and by people affected by AUD. This highlights the inherent contradiction between the interests of alcohol producers and public health. At the same time, there is mounting evidence that any level of alcohol consumption is associated with health risks. Some countries experience substantial challenges in protecting alcohol policy development from commercial interests, and the issue of safeguarding alcohol policy development at all levels from alcohol industry interference is consistently presented as a major challenge in international policy dialogues. Strong international leadership is needed to counter interference from commercial interests in alcohol policy development and implementation in order to prioritize the public health agenda for alcohol in the face of a strong commercial interests associated with alcohol beverage production and trade. Competing interests across the whole of government at the country level, including interests related to the production and trade of alcohol and government revenues from alcohol taxation and sales, often result in policy incoherence and the weakening of alcohol control efforts. The situation varies at national and subnational levels and is heavily influenced by the commercial interests of alcohol producers and distributors, religious beliefs, and spiritual and cultural norms. General trends towards deregulation in recent decades have often resulted in a weakening of alcohol controls, to the benefit of economic interests and to the expense of public health and wellbeing.

19. Alcohol remains the only psychoactive and dependence-producing substance that exerts a significant impact on global population health that is not controlled at the international level by legally binding regulatory instruments. This absence limits the ability of national and subnational governments to regulate the distribution, sale and marketing of alcohol within the context of international, regional and bilateral trade negotiations. It also hampers efforts as to protect the development of alcohol policies from interference by transnational corporations and commercial interests. This has prompted calls for a global normative law on alcohol at the intergovernmental

level, modelled on the WHO Framework Convention on Tobacco Control, and discussions about the feasibility and necessity of such a legally binding international instrument[11].

20. Informally and illegally produced alcohol account for an estimated 25% of total alcohol consumption per capita worldwide and, in some jurisdictions, exceed half of all alcohol consumed by the population. Informal and illegal production and trade are different in nature and require different policy and programme responses. Informal production and distribution of alcohol are often embedded in cultural traditions and the socioeconomic fabrics of communities. Illicit alcohol production is associated with significant health risks and challenges for regulatory and law enforcement sectors of governments. The capacity to deal with informal or illicit production, distribution and consumption of alcohol, including safety issues, is limited or inadequate, particularly in jurisdictions where unrecorded alcohol makes up a significant proportion of all alcohol consumed.

21. Satellite and digital marketing present a growing challenge for the effective control of alcohol marketing and advertising. Alcohol producers and distributors have increasingly moved to investing in digital marketing and using social media platforms, which are profit-making businesses with an infrastructure designed to allow "programmatic native advertising" that is data-driven and participatory. Internet marketing crosses borders with even greater ease than satellite television and is not easily subjected to national-level control. In parallel with the greater opportunity for marketing and selling alcohol through online platforms, delivery systems are rapidly evolving, imposing considerable challenges on the ability of governments to control alcohol sales. From a public health perspective, recent developments in marketing, advertising and promotional activities related to alcoholic beverages are of deep concern, including those implemented through cross-border marketing, and targeting of young people and adolescents.

22. Limited technical capacity, human resources and funding hinder efforts to developing, implementing, enforcing and monitoring effective alcohol control interventions at all levels. Technical expertise in alcohol-control measures is often absent at national and subnational levels and sufficient human and financial resources for the provision of essential technical assistance and the compilation, dissemination and application of technical knowledge in practice have been grossly insufficient at all levels of WHO. Few civil society organizations prioritize alcohol as a health risk or motivate governments to action compared to organizations that support tobacco control. In the absence of philanthropic funding, and with limited resources in WHO and other intergovernmental organizations, there has been little investment in capacity-building in low- and middle-income countries.

23. The lack of sufficiently developed national systems for monitoring alcohol consumption and the impact of alcohol on health reduces the capacity of advocacy for effective alcohol-control policies and for monitoring their implementation and impact.

Opportunities for reducing the harmful use of alcohol

24. In recent years, alcohol consumption among young people has decreased in many countries throughout Europe and in some other high-income societies, with the exception of some disadvantaged groups. The decline seems to be continuing into the next age group as the cohort ages. Capitalizing on this trend offers a considerable opportunity for public health policies and programmes. There is also a trend towards an increase in the proportion of former drinkers among people aged 15 years and above. One contributory factor is the increasing awareness of negative

[11] Unite for a Framework Convention for Alcohol Control. *Lancet,* 2019. DOI:https://doi.org/10.1016/S0140-6736(18)32214-1 (accessed 29 September 2021).

health and social consequences of the harmful use of alcohol, and alcohol's causal relationships with some types of cancer, liver and cardiovascular diseases, as well as its association with increased risk of infectious diseases such as tuberculosis and HIV/AIDS. Increasing the health literacy and health consciousness of the general public provides an opportunity for strengthening prevention activities and scaling up screening and brief interventions in health services.

25. While recognizing its negative influences and effects, social media also provides new opportunities for changing peoples' relationship with alcohol through increased awareness of the negative health consequences of drinking, and new horizons for communication and promotion of recreational activities as an alternative to drinking and intoxication. At the same time, social media can serve as a powerful source of marketing communication and brand promotion for alcoholic beverages.

26. Alcohol consumption and its impact on health have been increasingly recognized as factors in health inequality. Within a given society, adverse health impacts and social harm from a given level and pattern of drinking are greater for poorer individuals and societies. Increased alcohol consumption can exacerbate health and social inequalities between genders, social classes and communities. Policies and programmes to reduce health inequalities and promote sustainable development need to include sustained attention to alcohol policies and programmes.

27. The body of evidence for the effectiveness and cost-effectiveness of alcohol control measures has been significantly strengthened in recent years. The latest economic analysis undertaken under the auspices of WHO demonstrated high returns on investment for "best buys" in alcohol control. Every additional United States dollar invested in the most cost-effective interventions per person per year will yield a return of US$ 9.13 by 2030, a return that is higher than a similar investment in tobacco control (US$ 7.43) or prevention of physical inactivity (US$ 2.80). The notion that economic savings are greater than implementation costs for effective alcohol control policies is supported by recent estimates from OECD which show that, for every dollar invested in a comprehensive policy package, up to US$ 16 are returned in economic benefits.[12]

28. The COVID-19 pandemic and measures to curb virus transmission (e.g. lockdowns, stay-at-home mandates) have had a significant impact on population health and well-being, as well as on patterns of alcohol consumption, alcohol-related harms and implementation of existing policy and programme responses. The COVID-19 outbreak has underscored the importance of developing appropriate alcohol policy responses and alcohol-focused activities and interventions during public health emergencies, and including alcohol policy responses as an important element of preparedness for health emergencies. This will have important implications for reducing not only the harmful use of alcohol at national, regional and global levels, but also the alcohol-related health burden and demand for health service interventions during the pandemic.

Mandate for development of an action plan (2022–2030)

29. The WHO Executive Board in its 146th session considered the report on the political declaration of the Third United Nations General Assembly High-level Meeting on the Prevention and Control of Non-communicable Diseases, and particularly Annex 3 on "Implementation of the Global

[12] The effect of COVID-19 on alcohol consumption, and policy responses to prevent harmful alcohol consumption. Paris: Organisation for Economic Co-operation and Development; 2021 (https://www.oecd.org/coronavirus/policy-responses/the-effect-of-covid-19-on-alcohol-consumption-and-policy-responses-to-prevent-harmful-alcohol-consumption-53890024/, accessed 6 June 2021).

strategy to reduce the harmful use of alcohol"[13] and the report on the findings of the consultative process on implementation of the global strategy and the way forward. The Board, in its decision EB146(14),[14] requested the WHO Director-General to, *inter alia*, "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 Seventy-fifth World Health Assembly, through the 150th session of the WHO Executive Board in 2022". In the same decision, the Board further requested the Director-General "to develop a technical report on the harmful use of alcohol related to cross-border alcohol marketing, advertising and promotional activities, including those targeting youth and adolescents, before the 150th session of the WHO Executive Board, which could contribute to the development of the action plan", as well as "to adequately resource the work on the harmful use of alcohol".

Process of development of an action plan (2022–2030)

30. The current draft of an action plan was developed by the WHO Secretariat by implementing the following activities:

- production of a zero draft of the working document with proposed essential elements and components (April–June 2020);
- technical expert meeting to discuss the zero draft of the working document for development of the action plan and the content of the technical report on the harmful use of alcohol related to cross-border alcohol marketing, advertising and promotional activities (10–12 June 2020);
- finalization and translation of the working document to make it available in the six official languages of WHO, followed by a web-based consultation on the working document open to Member States, United Nations organizations and other international organizations, and non-State actors (16 November – 13 December 2020);[15]
- regional technical consultations with Member States on the working document for development of the action plan (2022–2030):
  - in the Eastern Mediterranean Region (23 February 2021)
  - in the South-East Asia Region (10 – 11 March 2021)
  - in the Region of Americas (16 – 17 March 2021)
  - in the European Region (25 – 26 March 2021)
  - in the African Region (31 March – 1 April 2021)
  - in the Western Pacific Region/by correspondence/(March – April 2021); and

[13] Executive Board document EB146/7, 11 December 2019. Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues: Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases. Geneva: World Health Organization (https://apps.who.int/gb/ebwha/pdf_files/EB146/B146_7-en.pdf, accessed 6 June 2021).)

[14] Executive Board document EB146(14), 7 February 2020. Accelerating action to reduce the harmful use of alcohol. Geneva: World Health Organization (https://www.who.int/publications/i/item/decision-eb146(14)-accelerating-action-to-reduce-the-harmful-use-of-alcohol, accessed 6 June 2021).

[15] Submissions with feedback on the working document received by the Secretariat are available from WHO at: https://www.who.int/news-room/articles-detail/global-action-plan-to-reduce-the-harmful-use-of-alcohol (accessed 6 June 2021).

- development of the first draft of the action plan based on input received on the working document in the process of the regional consultations (April – June 2021);
- discussions of the first draft with representatives of civil society organizations, technical focal points from Member States, representatives of UN entities and academia at the Third WHO Forum on Alcohol, Drugs and Addictive Behaviours (FADAB III) (25 June 2021);
- dialogue with economic operators in alcohol production and trade on proposed measures for economic operators in the first draft of the action plan (29 June 2021);
- web-based consultation on the first draft of the action plan open to Member States, United Nations organizations and other international organizations, and non-State actors (27 July 2021 – 3 September 2021);
- informal consultation with Member States on the first draft of the action plan (31 August 2021);
- development of the second draft of the action plan and informal consultation with Member States on the second draft (8 October 2021);
- finalization of the draft action plan and submission for consideration by 150th session of the Executive Board (October 2021).

SCOPE OF THE ACTION PLAN

31. The Global strategy to reduce the harmful use of alcohol was recognized by WHO Member States at the 146th session of the Executive Board (2020) (Annex 2) as continuing to be relevant and, at that same session, the Board requested a review of the Global strategy, with a report to the Executive Board at its 166th session in 2030 for further action.

32. The proposed draft of the action plan is based on guidance provided by the Global strategy with regard to global action, its key role and components, and on lessons learned from implementation of the Global strategy and regional strategies and action plans on alcohol over the last 10 years.

33. The draft action plan includes specific actions and measures to be implemented at the global level in line with key roles and components of global action, as formulated in the Global strategy, and the latest available evidence on effectiveness and cost-effectiveness of policy options to reduce the harmful use of alcohol. The proposed actions and measures are presented in six action areas that correspond to the following key components of global action included in the Global strategy: (1) public health advocacy and partnership; (2) technical support and capacity building; (3) production and dissemination of knowledge; and, (4) resource mobilization. An action area on implementation of high-impact strategies and interventions was included in the draft action plan based on evidence of the effectiveness and cost-effectiveness of different policy options and reflecting the lessons learned from implementation of the Global strategy. The proposed actions and measures included in action area 1, when implemented and enforced, have the highest potential for reducing the harmful use of alcohol. These measures are prioritized in the draft action plan in view of the evidence of their cost-effectiveness and in view of insufficient progress achieved globally with reducing the harmful use of alcohol to date. Their prioritization and implementation at the national and sub-national levels, as well as prioritization of other policy options and interventions recommended by the Global strategy, is at the discretion of each Member State depending on their needs, status of implementation of these measures in a country. It is also dependent on national and sub-national social, economic and cultural contexts, public health priorities and health system policies, and available resources.

34. The actions and measures proposed in the draft action plan address all 10 recommended target policy areas included in the Global strategy for consideration by Member States. Global efforts articulated in the draft action plan are envisaged to support and complement policy measures and

interventions implemented at the national level in the following 10 areas recommended in the Global strategy: (1) leadership, awareness and commitment; (2) health services' response; (3) community action; (4) drink-driving policies and countermeasures; (5) availability of alcohol; (6) marketing of alcoholic beverages; (7) pricing policies; (8) reducing the negative consequences of drinking and alcohol intoxication; (9) reducing the public health impact of illicit alcohol and informally produced alcohol; and, (10) monitoring and surveillance.

35. As highlighted in the Global strategy, its successful implementation requires concerted actions by Member States, effective global governance and appropriate engagement of all relevant stakeholders. The draft action plan includes proposed actions for international partners and non-State actors such as civil society organizations, professional associations, academia and research institutions. Furthermore, the draft action plan outlines proposed actions for economic operators in alcohol production and trade[16] in line with the mandates provided by the global strategy (e.g. paragraph 45(d)), and other relevant policy guidance and policies including, but not limited to, the WHO Framework of engagement with non-State actors (FENSA).[17]

36. The draft action plan is linked to and aligned with other relevant global action plans and commitments, including the UN Sustainable Development Agenda 2030, UN Political declaration on universal health coverage, Comprehensive mental health action plan 2013-2030, the Global action plan for the prevention and control of noncommunicable diseases 2013-2030, UN Political declaration on noncommunicable diseases, the Global action plan on the public health response to dementia, and the Global plan of action to address interpersonal violence.

37. The draft action plan is envisaged to strengthen implementation of the Global strategy at all levels with acknowledgement that implementation of the action plan at national level and prioritization of proposed actions and measures depend on national contexts.

GOAL OF THE ACTION PLAN

38. The goal of the action plan is to boost effective implementation of the Global strategy to reduce the harmful use of alcohol as a public health priority and considerably reduce morbidity and mortality due to alcohol consumption– over and above general morbidity and mortality trends – and associated social consequences. The action plans also aims to improve the health and well-being of populations globally.

39. Effective implementation of the action plan at regional levels will require development or elaboration and adaptation of region-specific action plans in coordination with the WHO Secretariat for more efficient and consistent progress to be made.

[16] In this document "economic operators in alcohol production and trade" means manufacturers of alcoholic beverages, wholesale distributors, major retailers and importers that deal solely and exclusively in alcoholic beverages or whose primary income comes from trade in alcohol beverages, as well as business associations or other non-State actors representing any of the afore-mentioned entities.

[17] Framework of engagement with non-State actors. Geneva: World Health Organization; 2018 (http://apps.who.int/gb/bd/PDF/Framework_Engagement_non-State_Actors.pdf, accessed 6 June 2021).

OPERATIONAL OBJECTIVES OF THE ACTION PLAN

40. The proposed operational objectives of the action plan 2022–2030 and the proposed action areas are aligned with the objectives of the Global strategy[18] and four key components of global action to reduce the harmful use of alcohol effectively.[19] However, the operational objectives of the draft action plan are not identical to those of the Global strategy. The following operational objectives of the draft action plan reflect the action-oriented nature of the action plan, as well as more recent goals and objectives of other relevant global strategies and action plans, and lessons learned in implementing the Global strategy since its endorsement:

1. Increase population coverage, implementation and enforcement of high-impact policy options and interventions to reduce the harmful use of alcohol worldwide for better health and well-being.

2. Strengthen multisectoral action through effective governance, enhanced political commitment, leadership, dialogue and coordination of multisectoral action.

3. Enhance prevention and treatment capacity of health and social care systems for disorders due to alcohol use and associated health conditions as an integral part of universal health coverage and aligned with the 2030 Agenda for Sustainable Development and its health targets.

4. Raise awareness of risks and harms associated with alcohol consumption and its impact on health and well-being of individuals, families, communities and nations as well as of effectiveness of different policy options to reduce consumption and related harm.

5. Strengthen information systems and research for monitoring alcohol consumption, alcohol-related harm, their determinants and modifying factors, policy responses at all levels with dissemination and application of information for advocacy in order to inform policy and intervention development and evaluation.

6. Significantly increase mobilization of resources required for appropriate and sustained action to reduce the harmful use of alcohol at all levels.

[18] Global strategy to reduce the harmful use of alcohol. Geneva: World Health Organization, 2010; page 8 (https://apps.who.int/iris/handle/10665/44395, accessed 5 June 2021).

[19] Ibid, pages 19-23.

OPERATIONAL PRINCIPLES

41. The Global strategy includes guiding principles for the development and implementation of alcohol policies at all levels[20], and

In the draft action plan, the guiding principles listed in the Global strategy are complemented by the following **operational action-oriented guiding principles:**

Multisectoral action. Development, implementation and enforcement of alcohol control policies at all levels require the concerted multisectoral action with engagement by the health sector and other relevant sectors such as customs, education, finance and law enforcement, as appropriate, to address the harmful use of alcohol in their activities.

Universal health coverage. All individuals and communities receive the health services they need without suffering financial hardship to reduce the health burden caused by harmful use of alcohol, including the full spectrum of essential quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course.

Life course approach. Recognizing the importance and interrelationship of alcohol control measures and prevention and treatment strategies and interventions to prevent and reduce alcohol-related harm at all stages of a person's life and for all generations. This ranges from eliminating the marketing, advertising and sale of alcoholic products to minors and protection of the unborn child from prenatal alcohol exposure, to prevention and management of the harmful use of alcohol in older people.

Protection from commercial interests. Development of public policies to reduce the harmful use of alcohol should be protected, in accordance with national laws, from commercial and other vested interests that can interfere with and undermine the public health objectives.

Equity-based approach. Public health policies and interventions to reduce the harmful use of alcohol should be aimed at reducing health inequalities and protecting people from different groups (across social, biological, economical, demographical or geographical divides) from alcohol-related harm.

Human rights approach. Protection from alcohol-related harm and access to prevention and treatment of AUD within health systems contributes to fulfilment of the right to the highest attainable standard of health; strategies and interventions to reduce the harmful use of alcohol should address and eliminate discriminatory practices (both real and perceived) with regard to prevention measures and health and social services for people with AUD.

Empowering of people and communities. Development and implementation of strategies and interventions to reduce the harmful use of alcohol and protect people and communities from alcohol-related harm should provide opportunities for active engagement and empowerment of people and communities, including people with lived experiences of alcohol-related harm or AUD.

[20] Global strategy to reduce the harmful use of alcohol. Geneva: World Health Organization,; 2010, page 9 (https://apps.who.int/iris/handle/10665/44395, accessed 5 June 2021).

KEY AREAS FOR GLOBAL ACTION

42. To achieve the above-listed goal and objectives, the following key areas are proposed for action by Member States, the WHO Secretariat, international and national partners and, as appropriate, other stakeholders:

Action area 1: Implementation of high-impact strategies and interventions

Action area 2: Advocacy, awareness and commitment

Action area 3: Partnership, dialogue and coordination

Action area 4: Technical support and capacity-building

Action area 5: Knowledge production and information systems

Action area 6: Resource mobilization.

43. At the national level, Member States have the primary responsibility for development, implementation, monitoring and evaluation of public policies to reduce the harmful use of alcohol according to their national needs and contexts. The roles of other stakeholders may differ across Member States.

Action area 1: Implementation of high-impact strategies and interventions

44. Limited global progress – or no progress at all in some parts of the world – achieved so far in reducing the harmful use of alcohol can be explained by insufficient uptake, implementation and enforcement of the most effective and cost-effective alcohol policies and interventions. The goal of considerably reducing morbidity and mortality due to alcohol consumption over and above general morbidity and mortality trends and associated social consequences can be achieved by tackling the determinants driving the acceptability, availability and affordability of alcohol consumption while strengthening the coverage and implementation of comprehensive and integrated policy options and measures with proven effectiveness.

45. The most effective and cost-effective policy options and interventions are summarized in Appendix 3 of the Global Action Plan for the Prevention and Control of NCDs, endorsed by the 70th World Health Assembly. These policy options and interventions constitute core elements of the SAFER initiative and SAFER technical package. Other policy options and interventions will be subject to analysis as evidence emerge regarding their effectiveness.

Global targets for Action area 1

Global target 1.1: By 2030, 75% of countries have developed and enacted national alcohol policies that are based on the best available evidence and supported by legislative measures for effective implementation of high-impact strategies and interventions.[21]

[21] Included in the SAFER technical package and upcoming updates.

Global target 1.2: At least a 20% relative reduction (in comparison with 2010) in the harmful use of alcohol achieved by 2030.[22]

Proposed actions for Member States

Action 1. On the basis of the evidence of the effectiveness and cost-effectiveness of policy measures, to promote prioritization, according to national needs and contexts, of sustainable implementation, continued enforcement, monitoring and evaluation of high-impact cost-effective policy options, included in the WHO SAFER technical package, as well as other interventions that will be proven to be cost-effective based on upcoming evidence, including assurance of universal access to affordable treatment and care for people with AUD within national health systems.

Action 2. Consider, as appropriate for a national context, developing national action plans, roadmaps or action frameworks to accelerate the implementation of the global and regional commitments.

Action 3. Develop, strengthen, update as necessary and implement national alcohol policies with legislative measures to support high-impact strategies and interventions.

Action 4. Ensure that development, implementation and evaluation of alcohol policy measures are based on public health goals and the best available evidence, and are protected from interference of commercial interests.

Action 5. Build or strengthen and support broad partnerships and intragovernmental and intergovernmental mechanisms at different levels for collaboration across different sectors for implementation of prioritized policy options.

Proposed actions for the WHO Secretariat

Action 1. Provide policy and technical guidance, advocacy and, as required, technical assistance for the assessment and development, implementation and evaluation of effective and cost-effective policy options.

Action 2. Periodically review the evidence of effectiveness and cost-effectiveness of alcohol policy options and interventions, and formulate and disseminate recommendations for reducing the harmful use of alcohol.

Action 3. Develop a portfolio of policy guidance for outlet locations and densities; implementation of minimum pricing and taxation policies; regulating alcohol marketing, sponsorships, promotions and advertising, also via social media; management of unrecorded alcohol; management of conflicts of interest in policy design and implementation; development and implementation of warning labels.

Action 4. Promote a comprehensive approach for tackling the determinants driving the acceptability, availability and affordability of alcohol consumption thereby ensuring a comprehensive portfolio of population-wide interventions expanding from health promotion and prevention to screening and treatment interventions.

Proposed actions for international partners, civil society organizations and academia

Action 1. Major partners within the United Nations system and intergovernmental organizations are invited to increase collaboration and cooperation with WHO on the development, implementation and evaluation of high-impact policy measures, and by joining the WHO-led SAFER initiative.

Action 2. Civil society organizations and academia are invited to strengthen advocacy and support for implementation of high-impact policy options by creating enabling environments, promoting the SAFER initiative, strengthening global and regional networks and action groups, developing and strengthening accountability frameworks, and monitoring activities and commitments of economic operators in alcohol production and trade.

[22] 20% figure is based on the latest available WHO data and trends since 2010, but can be adjusted on the basis of analysis of the forthcoming WHO estimates for 2019 and taking into consideration the relevant impact on COVID-19.

Proposed measures for economic operators in alcohol production and trade

Economic operators in alcohol production and trade are called on to focus on effective ways to prevent and reduce harmful use of alcohol within their core roles as developers, producers, distributors, marketers and sellers of alcoholic beverages, and refrain from activities that may prevent, delay or stop the development, enactment and enforcement of high-impact strategies and interventions to reduce the harmful use of alcohol. Economic operators in alcohol production and trade, as well as economic operators in other relevant sectors (such as retail, advertisements, hospitality, tourism, social media and communication), are encouraged to contribute to the elimination of marketing and sales of alcoholic beverages to minors and targeted commercial activities towards other high-risk groups, and to take other actions to contribute to the elimination of such marketing practices within regulatory and co-regulatory frameworks.

Action area 2: Advocacy, awareness and commitment

46. Strategic and well-developed international communication and advocacy are needed to raise awareness about alcohol-related harms and the effectiveness of policy measures among decision-makers and the general public in order to increase their support for faster implementation of the Global strategy. Special efforts and activities are needed to mobilize different stakeholders for coordinated actions to protect public health and foster broad political commitment to reduce the harmful use of alcohol.

47. It is necessary to raise awareness among decision-makers and the general public about the risks and harms associated with alcohol consumption. Appropriate attention should be given to prevention of the initiation of drinking among children and adolescents, prevention of drinking among pregnant women, and protection of people from pressures to drink, especially in societies with high levels of alcohol consumption where heavy drinkers are encouraged to drink even more. An international day or week of awareness on the harmful use of alcohol or a "World no alcohol day/week") could help to focus and reinforce public attention on the problem. Public health advocacy is more likely to succeed if it is well supported by evidence and based on emerging opportunities, and if the arguments are free from moralizing. International discourse on alcohol policy development and implementation should address health inequalities associated with the harmful use of alcohol and its broad socioeconomic impacts, including impact on attainment of the health and other targets of the 2030 Agenda for Sustainable Development. The impact of harmful use of alcohol on health and well-being should not be limited to the impact on NCDs, but should be expanded to include other areas of health and development such as mental health, injuries, violence, infectious diseases, productivity at workplaces, family functioning and a "harm to others" perspective, including the impact on financial and psychological security. Modern communication technologies and multimedia materials are needed for successful advocacy and behavioural change campaigns, including social media engagement. Such awareness, along with the development and enforcement of alcohol policies, needs to be protected from interference by commercial interests. Appropriate mechanisms that involve academia and civil society must be set up in order to systematically monitor, prevent and counteract such interference.

Global target for Action area 2

Global target 2.1: By 2030, 50% of countries are periodically producing national reports on alcohol consumption, alcohol-related harm and effective policy responses targeting decision-makers and the general public.

Proposed actions for Member States

Action 1. On the basis of evidence of the nature and magnitude of alcohol-attributable public health problems, advocate for the development and implementation of high-impact strategies, interventions and other actions to prevent and reduce alcohol-related harm. This includes a special emphasis on protecting at-risk populations and those affected by the harmful drinking of others, preventing initiation of drinking

among children and adolescents, preventing drinking in pregnancy, and preventing FASD, also by providing information about the risks of drinking when planning pregnancy or breastfeeding.

Action 2. Raise awareness of health risks and harms associated with different levels and patterns of alcohol consumption with the aim to reduce the levels of alcohol consumption among drinkers.

Action 3. Advocate for appropriate attention, congruous with the magnitude of related public health problems, to reducing the harmful use of alcohol in multisectoral policies and frameworks as well as in national, economic, environmental, agricultural and other relevant policies and action plans.

Action 4. Include a commitment to reduce the harmful use of alcohol and its impact on health and well-being in high-level national developmental and public health strategies, programmes and action plans, and support the creation and development of advocacy coalitions.

Action 5. Public health authorities should regularly produce (every 2–3 years in most countries) national reports on alcohol consumption and alcohol-related harm targeting decision-makers and the general public with information on alcohol's contribution to specific health and social problems, and dissemination of information through available modern communication technologies.

Action 6. Increase awareness of the health risks of alcohol consumption and related overall impact on health and well-being through strategic, well-developed and long-term communication activities targeting the general population, and with a special focus on youth. This should include an option of a national alcohol-related harm awareness day/week/month to be implemented by public health agencies and organizations, involving countering misinformation and using targeted communication channels, including social media platforms.

Action 7. Ensure appropriate consumer protection measures through development and implementation of labelling requirements for alcoholic beverages that display essential information for health protection on alcohol content in a way that it is understood by consumers, other ingredients, caloric value and health warnings.

Action 8. Ensure consumer protection measures through development and implementation of product quality control measures for alcoholic beverages.

Action 9. Support education, training and networking activities on reducing the harmful use of alcohol for representatives of authorities at different levels, health and education professionals, civil society organizations, youth organizations, journalists and mass media representatives, and taking into consideration ineffectiveness and risks of the current "responsible drinking" campaigns designed as marketing campaigns by alcohol producers and distributors.

Action 10. Bridging knowledge and practice by organizing and supporting policy dialogues, webinars and roundtables with a focus on particular technical areas pertinent to alcohol to alcohol control and prevention of alcohol-related harm.

Proposed actions for the WHO Secretariat

Action 1. Raise the priority given to the alcohol-attributable health and social burden, and effective policy responses in the agendas of high-level global, regional and other international forums, meetings and conferences of international and intergovernmental organizations, professional associations and civil society groups, and seek inclusion of alcohol policies in relevant social and development agendas.

Action 2. Develop and implement an organization-wide communication plan to support actions to reduce the harmful use of alcohol reflecting emerging challenges (such as the COVID-19 pandemic), targeting different population groups and using different communication channels.

Action 3. Prepare and disseminate every 2–3 years global status reports on alcohol and health to raise awareness of the alcohol-attributable burden, and advocate for appropriate action at all levels.

Action 4. Develop, test and disseminate technical and advocacy tools for effective communication of consistent, scientifically sound and clear messages about alcohol-attributable health and social problems, health risks associated with alcohol consumption, including those from the interaction of alcohol with the treatment of common health conditions, and effective policy and programme responses.

Action 5. Review, update and disseminate WHO nomenclature and definitions of alcohol-related terms, particularly in the area of alcohol policy and monitoring.

Action 6. Ensure timely countering of widespread myths and disinformation about health effects of alcohol consumption and alcohol control measures, and provide technical support to Member States in this regard, as required.

Action 7. Develop international guidance on labelling of alcoholic beverages to inform consumers about the content of products and health risks associated with their consumption.

Action 8. To facilitate dialogue and information exchange regarding the impact of international aspects of the alcohol market on the alcohol-attributable health burden, advocate for appropriate consideration of these aspects by parties in international trade negotiations, and seek international solutions within WHO's mandate if appropriate actions to protect the health of populations cannot be implemented.

Proposed actions for international partners, civil society organizations and academia

Action 1. Major partners within the United Nations system and intergovernmental organizations are invited to include activities for reducing the harmful use of alcohol in their agendas and ensure support for policy coherence between health and other sectors in international multisectoral policies, strategies and frameworks, as well as proper deference of public health interests in relation to competing interests.

Action 2. Civil society organizations, professional associations and academia are invited to scale up their activities in support of global, regional and national awareness and advocacy campaigns, as well as in countering misinformation about alcohol consumption and associated health risks. They are also invited to motivate and engage different stakeholders, as appropriate, in the implementation of effective strategies and interventions to reduce the harmful use of alcohol, and to monitor activities that undermine effective public health measures.

Proposed measures for economic operators in alcohol production and trade

Economic operators in alcohol production and trade as well as operators in other relevant sectors of the economy are invited to take concrete steps towards eliminating the marketing and advertising of alcoholic products to minors, and, where relevant, developing and enforcing self-regulatory measures on marketing and advertising in conjunction with the development and enforcement of statutory regulations or within a co-regulatory framework. The economic operators are invited to refrain from promoting drinking, eliminate and prevent any positive health claims related to alcohol, and ensure, within regulatory or co-regulatory frameworks, the availability of easily understood consumer information on the labels of alcoholic beverages (including composition, age limits, health warnings and contraindications for alcohol consumption).

Action area 3: Partnership, dialogue and coordination

48. New partnerships and appropriate engagement of all relevant stakeholders are needed to build capacity and support implementation of practical and focused technical packages that can ensure returns on investments within “Health for All” and “whole-of-society” approaches. Increased coordination between health and other sectors such as social welfare, finance, transport, sport, culture, communication, education, trade, agriculture, customs and law enforcement, as well as a multi-sectorial accountability framework are required for implementation of effective multisectoral measures to reduce the harmful use of alcohol and to ensure policy coherence. The WHO-led SAFER initiative and partnership to promote and support the implementation of “best buys”, alongside other recommended alcohol-control measures at the country level, can invigorate action in countries through coordination with WHO’s partners both within and outside the United Nations system. Effective alcohol control, including measures to address unrecorded alcohol consumption, requires a “whole-of-government” and “whole-of-society” approach with clear leadership by the public health sector and appropriate engagement of other government sectors, civil society organizations, academic institutions and, as appropriate, the private sector. There is a need to strengthen the role of civil society in alcohol policy development and implementation.

49. Global and regional networks of country focal points and WHO national counterparts for reducing the harmful use of alcohol, as well as technical experts, will facilitate country cooperation, knowledge transfer and capacity-building. The technical networks and platforms should focus on particularly challenging technical areas and situations such as the control of digital marketing, social media advertising or reducing the harmful use of alcohol during health emergencies such as the COVID-19 pandemic.

50. The continuing global dialogue with economic operators in alcohol production and trade should focus on the industry’s contribution to reducing the harmful use of alcohol in their roles as developers, producers and distributors/sellers of alcoholic beverages. This dialogue should also aim for implementation of comprehensive restrictions or bans on traditional, online or digital marketing (including sponsorship), as well as on the role of economic operators in the regulation

of sales, e-commerce, delivery, product formulation and labelling, and on providing data on production and sales. The dialogue should engage, as appropriate, economic operators in other sectors of the economy directly involved in distribution, sales and marketing of alcoholic beverages.

Global targets for Action area 3

Global target 3.1: x% [23] of countries have established and functioning national multisectoral coordination mechanism for the implementation and strengthening of national multisectoral alcohol policy responses.

Global target 3.2: 75% of countries are engaged in and contribute to the work of the global and regional networks of WHO national counterparts for international dialogue and coordination on reducing the harmful use of alcohol.

Proposed actions for Member States

Action 1. Encourage mobilization and active and appropriate engagement of all relevant entities and groups in reducing the harmful use of alcohol within a "whole-of-society" approach, and also by advocating for appropriate coordination and accountability mechanisms, strategies and action plans in the context of the 2030 Agenda for Sustainable Development, taking into consideration any stakeholder conflicts of interest.

Action 2. Ensure effective national governance, policy coherence and coordination of activities of all relevant stakeholders in the implementation of national strategies, action plans and policies to reduce the harmful use of alcohol, and to ensure policy coherence.

Action 3. Build and support a broad multisectoral mechanism for formulating and implementation of public health policies to reduce the harmful use of alcohol and adopt a "whole-of-government" approach to protection of the health and well-being of populations from alcohol-related harm.

Action 4. Collaborate with the WHO Secretariat on implementation of the Global strategy and through representation in WHO's global and regional networks of national counterparts and (technical) contributions to their working mechanisms, processes and structures.

Action 5. Document and share experiences and information on the development, implementation and evaluation of multisectoral actions to reduce the harmful use of alcohol at national and subnational levels.

Proposed actions for the WHO Secretariat

Action 1. Further develop and strengthen broad international partnerships on reducing the harmful use of alcohol and support international mechanisms for intersectoral collaboration with United Nations entities, civil society, academia and professional organizations.

Action 2. Liaise and cooperate with major partners within the United Nations system and intergovernmental organizations, and coordinate and develop collaborative activities through the functioning of interagency working mechanisms on reducing harmful use of alcohol, including those established for mental health, non-communicable diseases and health promotion.

Action 3. To provide support to the global and regional networks of WHO national counterparts and their working mechanisms and procedures by ensuring regular information exchange and their effective functioning. This may include the establishment of working groups or task teams addressing priority areas for reducing the harmful use of alcohol.

Action 4. To facilitate dialogue and information exchange on the impact of international aspects of the alcohol market on the alcohol-attributable health burden and advocate for appropriate consideration of these aspects by parties in international trade negotiations.

Action 5. To support international collaboration and information exchange among public health-oriented NGOs, academic institutions and professional associations, with a special focus on facilitating multisectoral collaboration, ensuring policy coherence (with due consideration of differences in cultural contexts),

[23] A target figure to be defined on the basis of reanalysis of the WHO global SDG health target 3.5 survey implemented in 2019-2020.

and support for strengthening the contributions of civil society organizations to alcohol policy development and implementation.

Action 6. Every second year organize an international forum on reducing the harmful use of alcohol within the WHO Forum on alcohol, drugs and addictive behaviours (FADAB) with participation of representatives of Member States, United Nations entities and other intergovernmental and international organizations, civil society organizations and professional associations, and support broader representation of civil society organizations from low- and middle-income countries. Organize regular (yearly or every second year, as considered necessary by WHO Secretariat) global dialogues with economic operators in alcohol production and trade in line with the relevant mandates and policies, including, but not limited to, the WHO Framework of engagement with non-State actors (FENSA), focused on and limited to the industry's contribution to reducing the harmful use of alcohol as developers, producers and distributors/sellers of alcoholic beverages. Dialogues will not focus on the development of alcohol control policies.

Action 7. Convening permanent dialogue with civil society, supporting coalition building and strengthening capacity of civil society organizations to advocate and lobby for effective measures to reduce the harmful use of alcohol.

Proposed actions for international partners, civil society organizations and academia

Action 1. Major partners within the United Nations system and intergovernmental organizations are invited to include, as appropriate, implementation of the Global strategy and action plan 2022–2030 in their developmental strategies and action plans, and to develop horizontal multisectoral programmes and partnerships to reduce the harmful use of alcohol as a public health priority, in line with the guiding principles of the Global strategy.

Action 2. Civil society organizations, professional associations and academia are invited to prioritize and strengthen their activities on reducing the harmful use of alcohol, by motivating and engaging their stakeholders in implementation of the Global strategy within existing partnerships or by developing new collaborative frameworks, and by promoting and supporting, within their roles and mandates, intersectoral and multisectoral collaboration and dialogue while monitoring and countering undue influences from commercial vested interests that undermine attainment of public health objectives.

Proposed measures for economic operators in alcohol production and trade

Economic operators in alcohol production and trade are invited to focus on implementation of measures that can contribute to reducing the harmful use of alcohol, which are stringently within their core roles as developers, producers, distributors, marketers and sellers of alcoholic beverages, and abstain from interfering with alcohol policy development, enactment, enforcement and evaluation.

Action area 4: Technical support and capacity-building

51. There is a need to strengthen the capacity and capability of countries to create, enforce and sustain the necessary policy and legislative frameworks, develop infrastructure and sustainable mechanisms for their implementation at national and subnational levels, and ensure that implemented strategies and interventions are based on the best available scientific evidence and best practices of their implementation accumulated in different cultural, economic and social contexts. Implementation of alcohol policy measures at the country level according to national contexts, needs and priorities may require strong technical assistance, particularly in less-resourced countries and in technical areas such as taxation, legislation, regulations for digital marketing and their enforcement, or consideration of health protection from alcohol-related harm in trade negotiations.

Global targets for Action area 4

Global target 4.1: 50% [24] of countries have strengthened capacity and infrastructure for implementation of strategies and interventions to reduce the harmful use of alcohol at national level.

Global target 4.2: 50% [25] of countries have strengthened capacity to provide prevention and treatment interventions for health conditions due to alcohol use in line with the principles of universal health coverage.

Proposed actions for Member States

Action 1. Developing national institutional capacities for applying population-wide initiatives tackling the determinants driving the acceptability, availability and affordability of hazardous and harmful drinking patterns, including provision of country-tailored technical assistance, strengthening governance mechanisms towards accountability, transparency and participation of stakeholders.

Action 2. Develop or strengthen technical capacity and infrastructure, including involvement of public health oriented civil society organizations, including youth organizations, for implementation of high-impact strategies and interventions to reduce the harmful use of alcohol and, when appropriate, collaborate with the WHO Secretariat on testing, dissemination, implementation and evaluation of WHO technical tools, recommendations and training materials.

Action 3. Document and share with WHO good practices and examples of policy responses and implemented measures to reduce the harmful use of alcohol in different socioeconomic and cultural contexts, according to the 10 recommended target areas for policy options and interventions included in the Global strategy.

Action 4. Develop or strengthen the capacity of health professionals in health and social care systems, including health providers working in the areas of mental health and substance use, to prevent, identify and manage hazardous drinking[26] and disorders due to alcohol use, and develop the capacity of health and social care systems to ensure universal health coverage for people with AUD and comorbid health conditions.

Action 5. Support capacity-building of health professionals, including health providers working in the areas of mental health and substance use, as well as public health experts and representatives of civil society organizations, including mutual help groups and associations of affected individuals and their family members, to advocate for, implement, enforce and sustain implementation of effective measures to reduce the harmful use of alcohol, including screening and brief interventions for hazardous and harmful drinking, as well as support of the relevant education and training programmes.

Action 6. Promote policies for healthy settings (e.g., educational campus, sport sites, workplace); analyse, assess and develop guidance on population-based interventions related to risk exposure; support local and bottom-up initiatives aimed at protecting from harmful alcohol consumption (e.g., integrated actions across sectors such as education, social, healthcare and public health sectors); and support community actions advocating for alcohol policy changes in various settings and for populations, including high-risk groups (e.g., indigenous populations, young people, women).

Action 7. Develop health promotion services based on learning loops and behavioural change ensuring links to promoting health interventions in primary health care.

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[24] This figure is indicative and subject to adjustment after ongoing reanalysis of data from the relevant WHO surveys. The baseline for this indicator is the year of endorsement of the action plan.

[25] This figure is indicative and subject to adjustment after reanalysis of data from the relevant WHO surveys. The baseline for this indicator is the year of endorsement of the action plan.

[26] In the *International Statistical Classification of Diseases and Related Health Problems – 11th revision* (ICD-11), "hazardous alcohol use" is defined as a "pattern of alcohol use that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals" (WHO, 2019).

Proposed actions for the WHO Secretariat

Action 1. Collect, compile and disseminate through WHO information channels at global and regional levels good practices and examples of policy responses and implemented measures to reduce the harmful use of alcohol in Member States from around the world according to the 10 recommended target areas for policy options and interventions, including legislative provisions, and develop and maintain global and regional repositories of good practice and examples, including those for workplaces and educational institutions.

Action 2. Foster and strengthen global and regional networks of national technical counterparts by developing capacity-building platforms in partnership with academia and civil society organizations with a focus on particularly challenging areas such as: 1) digital marketing and social media advertising; 2) protecting alcohol control within the context of supranational regulatory and legislative frameworks; 3) strengthening health service and social care responses; and 4) building up national monitoring systems on alcohol and health or integrating these focus areas into existing national monitoring systems.

Action 3. Develop, test and disseminate global evidence-based and ethical recommendations, standards, guidelines and technical tools, including a protocol for comprehensive assessment of alcohol policies; propose, as deemed necessary and according to WHO procedures, other normative or technical instruments to provide normative and technical guidance on effective and cost-effective prevention and treatment interventions in different settings; and provide support to Member States in implementing the Global strategy according to the 10 recommended target areas for policy options and interventions.

Action 4. Increase capacity of the Secretariat to provide technical assistance and support to countries in addressing unrecorded alcohol[27] consumption and related harm, as well as cross-border alcohol marketing, advertising and promotional activities.

Action 5. Develop the global country support network of experts and strengthen global coordination of relevant activities of WHO collaborating centres in order to increase the Secretariat's capacity to respond to Member States' requests for support of their efforts to develop, implement and evaluate strategies and programmes to reduce the harmful use of alcohol.

Action 6. Develop, test and disseminate technical guidance and supporting technical tools for assessment, prevention and reduction of alcohol-related harm in humanitarian settings.

Action 7. Support the development and implementation of sustainable programmes on the identification and management of hazardous and harmful drinking in primary health care and other nonspecialized and specialized health care programmes, such as programmes for noncommunicable or infectious diseases, and promote screening and brief interventions as well as other interventions with proven effectiveness.

Action 8. Develop a global programme of training and capacity strengthening activities on priority areas for global action and target areas for action at national level, and implement this programme by organizing and supporting global, regional and intercountry workshops, seminars (including web-based seminars), online consultations and other capacity-building activities covering multi-sectoral responses and measures beyond the health sector.

Action 9. Support and conduct capacity-building projects and activities on planning and implementing research and dissemination of research findings with a particular focus on alcohol policy research in low- and middle-income countries, and data generation to produce reliable estimates of alcohol consumption, alcohol-related harm and treatment coverage for AUD.

Action 10. Reconvene, as needed, the WHO Expert Committee on Problems Related to Alcohol Consumption for a comprehensive review of the accumulated evidence on feasible and effective measures to address the harmful use of alcohol, monitoring progress made and providing recommendations on the way forward.

Proposed actions for international partners, civil society organizations and academia

Action 1. Major partners within the United Nations system and intergovernmental organizations are invited to prioritize technical assistance and capacity-building activities for accelerating implementation of the Global strategy in their developmental assistance and country support activities and plans.

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[27] Unrecorded alcohol refers to alcohol that is not accounted for in official statistics on alcohol taxation or sales in the country where it is consumed because it is usually produced, distributed and sold outside the formal channels under government control.

Action 2. Civil society organizations, professional associations and research institutions are invited to develop capacity-building activities at national and, if appropriate, international levels within their roles and mandates. They are invited to contribute to capacity-building and provide technical assistance activities undertaken by Member States, WHO or other international organizations in line with the objectives and principles of the Global strategy.

Action 3. International partners, civil society organizations and academia are encouraged to monitor and report activities which undermine effective public health measures, and are encouraged to refrain from co-funding initiatives with economic operators in alcohol production and trade.

Proposed measures for economic operators in alcohol production and trade

Economic operators in alcohol production and trade are invited to implement capacity-building activities aimed at reducing the harmful use of alcohol within their core roles and sectors of alcohol production, distribution and sales, and refrain from engagement in capacity-building activities outside their core roles that may undermine or compete with the activities of the public health community.

Action area 5: Knowledge production and information systems

52. Production and dissemination of knowledge that facilitates advocacy, policy prioritization and evaluation, and supports overall global actions to reduce the harmful use of alcohol. International collaborative research and knowledge production should focus on the generation of data that are highly relevant to understanding the epidemiology of health risks associated with alcohol consumption and the development and implementation of alcohol policies. Effective monitoring of levels and patterns of alcohol consumption in populations and of alcohol-related harm, including alcohol-attributable disease burden, is of utmost importance for monitoring progress of implementation of the Global strategy at national, regional and global levels, and should be conducted in conjunction with monitoring implementation of alcohol policy measures. Effective monitoring of alcohol consumption, alcohol-related harm and policy responses requires streamlined data generation, collection, validation and reporting procedures that will allow regular updates of country-level data at 1–2 year intervals with minimized time lags between data collection and reporting. Effective monitoring of treatment coverage for AUD requires not only these actions but also better methods of monitoring treatment coverage, all within the framework of universal health coverage.

53 Significantly more resources are required for investment in international research on alcohol policy development and implementation in low- and middle-income countries, based on evidence of uneven implementation of alcohol policy measures in different jurisdictions, with quantitative and qualitative analyses of barriers, enabling factors and the impact of different policy options, as well as in different population groups. Research, including international research projects, is needed on the role of alcohol consumption in the transmission, progression and treatment outcomes of some infectious diseases, on harm to others from drinking, on the impact of the harmful use of alcohol on child development and maternal health, as well as on the consumption of informally and illegally produced alcohol and its health consequences. International studies are needed on effective ways to increase the health literacy of people who consume alcohol. Studies on the costs and benefits of alcohol control measures and development of investment cases can help to overcome resistance to effective alcohol control measures in view of financial and other revenues associated with alcohol production and trade.

Global targets for Action area 5

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.

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

Proposed actions for Member States

Action 1. Support the generation, compilation and dissemination of knowledge at the national level on the magnitude and nature of public health problems caused by the harmful use of alcohol and effectiveness of different policy options, and undertake activities for informing the general public about health risks associated with alcohol consumption and alcohol-related health conditions in different populations.

Action 2. In coordination with relevant stakeholders, develop or strengthen national and subnational monitoring systems and national health system indicators and targets for monitoring alcohol consumption and its socio-economic and behavioural modifiers, including exposure to digital marketing, as well as health and social consequences of alcohol consumption, and respective policy and programme responses, including treatment coverage for AUD, in line with the SDGs and WHO indicators and their definitions.

Action 3. Establish national monitoring centres or other appropriate institutional entities with responsibility for collecting and compiling national data on alcohol consumption, alcohol-related harm and policy responses, as well as monitoring trends, and reporting regularly to national authorities as well as to the WHO's regional and global information systems on alcohol and health.

Action 4. Include alcohol modules with recommended questions on alcohol consumption and related harm in data collection tools used in population-based surveillance activities at national and subnational levels to facilitate international comparisons.

Action 5. Collaborate with the WHO Secretariat on global surveys on alcohol and health by collecting, collating and reporting the required information, as well as by validating country estimates and profiles received from WHO Secretariat for inclusion in the global and regional monitoring frameworks and databases.

Action 6. Document, collate and disseminate practical experiences with the implementation of alcohol policy measures and interventions, and support and promote evaluation of their effectiveness, cost-effectiveness and impact on alcohol-attributable harm in order to document feasibility, effectiveness and cost-effectiveness of policy measures in different contexts.

Proposed actions for the WHO Secretariat

Action 1. Maintain and further develop the WHO Global Information System on Alcohol and Health (GISAH) and regional information systems by developing and integrating indicators for monitoring implementation of the Global strategy and the action plan 2022-2030, further operationalization and standardization of GISAH indicators, coordination of data collection activities at all levels, and bringing together information on the effectiveness and cost-effectiveness of policy measures and interventions to reduce the harmful use of alcohol and public health problems attributable to alcohol.

Action 2. Support capacity-building for research, monitoring and surveillance on alcohol and health by establishing and supporting global and regional research networks, training and supporting data collection, analysis and dissemination.

Action 3. Prepare and implement during the period 2022–2030 at least three waves of data collection on alcohol consumption, alcohol-related harm and alcohol policies from Member States through the WHO Global Survey on Alcohol and Health (tentatively in 2022, 2025 and 2028) and from other relevant information sources. Also, use computerized data collection tools and web-based data collection platforms, and disseminate information through GISAH, regional information systems and global and regional status reports on alcohol and health. Whenever necessary, organize data consensus workshops for improving the quality of data.

Action 4. Continually review, analyse and disseminate emerging scientific evidence on the magnitude and nature of public health problems attributable to alcohol consumption, on the determinants of availability and affordability of alcohol beverages, with proper attention given to attitudes, risk awareness and inequities related to alcohol consumption, as well as on the effectiveness and cost-effectiveness of policy measures and interventions. This includes meetings of related technical advisory groups, including the WHO Technical Advisory Group on Alcohol and Drug Epidemiology.

Action 5. Continue to generate comparable data on alcohol consumption, its determinants, alcohol-related mortality and morbidity, and estimates of alcohol-attributable burden with disaggregation, whenever possible, by gender, age and socioeconomic status, within the comparative risk assessment and global burden of disease estimates.

Action 6. Continue and further develop collaboration with international and United Nations agencies on data collection and analysis to harmonize data collection tools and activities and facilitate international comparisons, as well as to continue dialogue and information exchange with alcohol producers and industry-supported research groups and organizations to improve the coverage and quality of data on alcohol production, distribution and consumption of alcoholic beverages at global, regional and national levels.

Action 7. Promote and support priority-setting for international research on alcohol and health as well as specific international research projects in low- and middle- income countries with engagement of WHO collaborating centres. This should include a particular focus on the epidemiology of alcohol consumption and alcohol-related harm, evaluation of policy measures and interventions in health services, comparative effectiveness research, and the relationship between harmful use of alcohol and social and health inequities. Initiate and implement in selected low- and middle-income countries international research projects on the determinants of alcohol consumption and alcohol-related harm, including research on FASD.

Action 8. Develop methodology, core indicators and computerized data collection tools and support generation of comparable data on the implementation of effective policy measures at national level using the system of indices and scores, and support information- and experience-sharing among countries, particularly with similar socioeconomic and cultural contexts.

Proposed actions for international partners, civil society organizations and academia

Action 1. Major partners within the United Nations system and intergovernmental organizations are invited to support knowledge generation and monitoring activities on alcohol and health at all levels, including alcohol policy research, to work with WHO on harmonization of indicators and data collection tools, and to support national monitoring capacities in line with reporting commitments for the major international monitoring frameworks.

Action 2. Civil society organizations, professional associations and research institutions are invited to support WHO efforts on data collection and analysis to improve the coverage and quality of data on alcohol consumption, alcohol-related harm, policy responses and treatment coverage for AUD at global, regional and national levels, and to support countries in their efforts to build and strengthen research and monitoring capacities in this area.

Proposed measures for economic operators in alcohol production and trade

Economic operators in alcohol production and trade are called upon to disclose, with due regard of limitations associated with confidentiality of commercial information, data of public health relevance with a description of methodology used to generate this data, that can contribute to improvement of WHO estimates of alcohol consumption in populations. This includes data on the production and sales of alcoholic beverages, as well as data on consumer knowledge, attitudes and preferences regarding alcoholic beverages.

Action area 6: Resource mobilization

54. Lack of the required financial and human resources presents a primary barrier to introducing or accelerating global and national actions to reduce the harmful use of alcohol, and reducing inequities related to alcohol consumption and its consequences between and within different jurisdictions. Adequate resources need to be mobilized at all levels for implementation of the Global strategy, namely for: 1) development, implementation and monitoring of alcohol policies in low- and middle-income countries; 2) international collaboration and research in this area, also on social and commercial determinants of alcohol control; and 3) civil society engagement at the international level to reduce the harmful use of alcohol. Such resources are not limited to funding, although this is a priority, but also include human resources and workforce capacity, appropriate infrastructures, international cooperation and partnerships.

55. The lack or insufficiency of available resources to finance alcohol control measures, as well as programmes and interventions for prevention and treatment of substance use disorders, requires, as appropriate within the national contexts, innovative funding mechanisms if the related targets of the SDGs are to be met. Several innovative approaches have been reported across countries and at the international level, and several are being discussed, such as establishing funds for treatment, care and support of those affected by the harmful use of alcohol. There are existing examples of revenues from taxes on alcoholic beverages being used to fund health promotion initiatives, health coverage of vulnerable populations, prevention and treatment of alcohol and substance use disorders and, in some cases, support to international work in these areas. In some jurisdictions, earmarked funding for the prevention and treatment of AUD and related conditions

is provided with funds generated from state-owned retail monopolies, a levy on profits across the value chains for alcoholic beverages, taxation on alcohol advertising, or fines for noncompliance with alcohol regulations. Consideration should be given to an intergovernmental commitment for a voluntary levy on alcohol to support this effort, with the use of the money raised to be governed internationally.

Global targets for Action area 6

Global target 6.1: At least 50%[28] of countries with sustainable dedicated resources for reducing the harmful use of alcohol by implementing alcohol policies and by increasing coverage and quality of prevention and treatment interventions for disorders due to alcohol use and associated health conditions, including, when appropriate, funding from alcohol tax revenues or other revenues linked to alcohol production and trade.

Proposed actions for Member States

Action 1. Increase allocation of resources, including international and domestic financial resources generated by new or innovative ways and means to secure essential funding, for reducing the harmful use of alcohol and increasing the coverage and quality of prevention and treatment interventions according to the scope and nature of public health problems caused by harmful use of alcohol.

Action 2. Consider, when appropriate within the national contexts, the development and implementation of earmarked funding or contributions from alcohol tax revenues or other revenues linked to alcohol beverage production and trade, or establishing a dedicated fund for reducing the harmful use of alcohol and increasing the coverage and quality of prevention and treatment interventions for disorders due to alcohol use and associated health conditions.

Action 3. Ensure availability and allocation of necessary resources by developing resource allocation plans and accountability frameworks for the implementation of community action and support of community-based programmes, coalitions and interventions to reduce the harmful use of alcohol and associated inequalities, including programmes for indigenous populations and subpopulations at particular risk such as young people, unemployed persons and family members of people with AUD.

Action 4. Increase the resources available for implementation of the Global strategy and action plan by mainstreaming alcohol policy options and interventions in public health and developmental activities in other areas such as maternal and child health, violence prevention, road safety and infectious diseases.

Action 5. Participate in and support international collaboration to increase resources available for accelerating implementation of the Global strategy and action plan to reduce the harmful use of alcohol and support provided to low- and middle-income countries in developing and implementing high-impact strategies and interventions.

Action 6. Promote and support resource mobilization for implementation of the Global strategy and action plan to reduce the harmful use of alcohol in the framework of broad developmental agendas such as the 2030 Agenda for Sustainable Development and responses to health emergencies such as the COVID-19 pandemic.

Action 7. Share experiences at the international level, including with the WHO Secretariat and other international organizations, of good practice in financing policies and interventions to reduce the harmful use of alcohol.

Proposed actions for the WHO Secretariat

Action 1. Collect, analyse and disseminate experiences and good practices in financing policies and interventions to reduce the harmful use of alcohol, especially in low- and middle-income countries, and promote the implementation of new or innovative ways and means to secure adequate funding for implementation of the Global strategy at all levels.

Action 2. Develop and disseminate, in collaboration with international finance institutions, technical tools and information products in support of efforts to increase the resources available for reducing the harmful

[28] This figure is indicative and subject to adjustment after reanalysis of data from the relevant WHO surveys. The baseline for this indicator is the year of endorsement of the action plan.

use of alcohol, health promotion and increasing the coverage and quality of prevention and treatment interventions for disorders due to alcohol use and associated health conditions.

Action 3. At global and regional levels, monitor the allocation of resources for the implementation of the Global strategy and action plan.

Action 4. Promote and support pooling of resources and their effective use by better coordination and intensified collaboration between different programme areas within WHO, United Nations agencies and other international partners.

Action 5. Promote the allocation of resources for alcohol policy development and implementation of the Global strategy and action plan in bilateral and other cooperation agreements with donor countries and agencies.

Action 6. Intensify fundraising and resource mobilization efforts to support implementation of the Global strategy in low- and middle-income countries by organizing donor conferences and meetings of interested parties.

Proposed actions for international partners, civil society organizations and academia

Action 1. Major partners within the United Nations system and intergovernmental organizations are invited to mainstream their efforts to reduce the harmful use of alcohol in their developmental and public health strategies and action plans, and to promote and support financing policies and interventions to ensure the availability of adequate resources for accelerated implementation of the Global strategy while maintaining independence from funding from alcohol producers and distributors.

Action 2. Civil society organizations, professional associations and research institutions are invited to promote and support new or innovative ways and means to secure required funding and to facilitate collaboration of the finance and health sectors to ensure mobilization, allocation and accountability of the resources necessary to reduce the harmful use of alcohol and accelerate implementation of the Global strategy at all levels.

Proposed measures for economic operators in alcohol production and trade

Economic operators in alcohol production and trade are invited to allocate resources for implementation of measures that can contribute to reducing the harmful use of alcohol within their core roles, and to refrain from funding public health and policy-related activities and research to prevent any potential bias in agenda-setting emerging from the conflict of interest, and to cease sponsorship of scientific research on public health dimensions of alcohol consumption and alcohol policies, and its use for marketing or lobbying purposes.

ANNEX 1: INDICATORS AND MILESTONES FOR ACHIEVING GLOBAL TARGETS

Global targets	Indicators	Milestones	Comments
1.1. By 2030, 75% of countries have developed and enacted national alcohol policies that are based on the best available evidence and supported by legislative measures for effective implementation of high-impact strategies and interventions.	1.1.1 Number of countries (as a percentage of all WHO Member States) with a written and enacted national alcohol policy. 1.1.2 The size of the world's population (as a percentage of the world's population) living in countries that have developed and enacted national alcohol policies. 1.1.3 Composite indicator for monitoring the implementation of high-impact policy options and interventions (in the process of development)[29].	2019 2022 2025 2028/29	Data on indicator 1.1.1 have been collected through WHO global surveys on alcohol and health; indicator 1.1.2 is a derivative indicator from 1.1.1 and does not require additional data collection efforts; indicator 1.1.3 is based on several indicators that are included in the WHO Global Information System on Alcohol and Health (GISAH), and requires only adjustment of the questions in the current GISAH data collection tool. SAFER monitoring and other relevant activities undertaken at the global and regional levels will provide additional information to improve validity and reliability of data for this indicator.
1.2. At least 20% relative reduction (in comparison with 2010) in the harmful use of alcohol to be achieved by 2030.[30]	1.2.1 Total alcohol per capita consumption defined as the estimated total (recorded plus unrecorded) alcohol per capita, (aged 15 years and older) consumption within a calendar year in litres of pure alcohol, adjusted for tourist consumption. 1.2.2. Age-standardized prevalence of heavy episodic drinking.	Annual WHO estimates for alcohol consumption and periodic data collection (2019, 2022, 2025 and 2028/29) for other indicators under this target.	This target and indicators are consistent with SDG 2030 and NCD global monitoring frameworks, and data have been collected and previously reported by WHO on these indicators.

[29] Strategies and interventions in the following areas: (a) pricing policies; (b) availability; (c) marketing of alcoholic beverages; (d) drink-driving policies and countermeasures; (e) health services' response.
[30] 20% target is based on the latest available WHO data, but can be adjusted further taking into consideration the relevant impact of COVID-19.

	1.2.3. Age-standardized alcohol-attributable deaths and disability-adjusted life years (DALYs).		
2.1**.** By 2030, 50% of countries produce periodic national reports on alcohol consumption, alcohol-related harm and effective policy responses targeting decision-makers and the general public.	2.1.1. 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, alcohol-related harm and national alcohol policy responses.	2022 2025 2028/29	Data collected through existing WHO global surveys on alcohol and health and on progress with attainment of SDG health target 3.5, as well as other relevant monitoring activities at the global and regional levels. The current data collection tools require tools require minor adjustments for reporting on this indicator.
3.1. x%[31] of countries have established a functioning national multisectoral coordination mechanism for the implementation of national multisectoral alcohol policy responses.	3.1.1. Number of countries (as a proportion of all WHO Member States) with an established and multisectoral coordination mechanism for the implementation of national multisectoral alcohol policy responses. Full operationalization of the indicator is work in progress.	2022 2025 2028/29	Data collected through existing WHO global surveys on alcohol and health and on progress with attainment of SDG health target 3.5, as well as other relevant monitoring activities at the global and regional levels. The current data collection tools requires minor adjustments for reporting on this indicator.
3.2. 75% 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.	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.	2022 2024 2025 2027 2028/29	Information from WHO regional offices and headquarters collated on a regular basis.

[31] The figure is to be defined on the basis of reanalysis of data from the relevant WHO surveys.

4.1. 50%[32] of countries have strengthened capacity and infrastructure for the implementation of strategies and interventions to reduce the harmful use of alcohol at national level.	4.1.1. Number of countries (as a proportion of all WHO Member States) that have increased governmental resources for implementation of alcohol policies at the national level.	2022 2025 2028/29	Data collected through existing WHO global surveys on alcohol and health and on progress with attainment of SDG health target 3.5, as well as other relevant monitoring activities at the global and regional levels. The current data collection tools require minor adjustments for reporting on this indicator.
4.2. 50%[33] of countries have strengthened capacity to provide prevention and treatment interventions for health conditions due to alcohol use in line with the principles of universal health coverage.	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.	2022 2025 2028/29	Data collected through WHO global survey on progress towards attainment of SDG health target 3.5.The work on this indicator as a proxy measure for treatment coverage for alcohol use disorders and related health conditions is currently in progress.
5.1. By 2030, 75% of countries have national data generated and regularly reported on levels and patterns of alcohol consumption, alcohol-related harm and implementation of alcohol control measures.	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.	2019 2022 2025 2028/29	Passive literature surveillance and data collected through WHO global surveys on alcohol and health and progress with attainment of SDG health target 3.5 as well as other relevant monitoring activities at the global and regional levels.

[32] This figure is indicative and subject to adjustment after reanalysis of data from the relevant WHO surveys.

[33] This figure is indicative and subject to adjustment after reanalysis of data from the relevant WHO surveys.

5.2. By 2030, 50% of countries have national data generated and reported for monitoring progress with attainment of universal health coverage for alcohol use disorders and major health conditions due to alcohol use.	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.	2019 2022 2025 2028/29	Passive literature surveillance and data collected through WHO global survey on progress towards attainment of SDG health target 3.5 and other relevant monitoring activities at global and regional levels; data collected through activities undertaken for SDG 3.5.1 monitoring.
6.1. At least 50% of countries with sustainable dedicated resources for reducing the harmful use of alcohol by implementing alcohol policies and by increasing coverage and quality of prevention and treatment interventions for disorders due to substance use.	6.1.1 Number (absolute) of countries that have secured sustainable dedicated resources for the implementation of alcohol policies at the national level. 6.1.2. Number (absolute) of countries that have secured sustainable dedicated resources for increasing 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 dedicated funding for reducing the harmful use of alcohol from alcohol tax revenues or other revenues linked to alcohol production and trade.	2022 2025 2028/29	Data collected through existing WHO global surveys on alcohol and health and on progress with attainment of SDG health target 3.5, as well as other relevant monitoring activities undertaken at the global and regional levels. The current data collection tools require adjustments for reporting on these indicators.

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1143 # ANNEX 2: WHO EXECUTIVE BOARD DECISION EB146(14)

EXECUTIVE BOARD **EB146(14)**
146th session **7 February 2020**

Agenda item 7.2

Accelerating action to reduce the harmful use of alcohol

The Executive Board, having considered the report on the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases,[1] particularly Annex 3, entitled "Implementation of the global strategy to reduce the harmful use of alcohol," and the report on the findings of the consultative process on implementation of the global strategy to reduce the harmful use of alcohol and the way forward;[2]

Noting with grave concern that, globally, the harmful use of alcohol causes approximately 3 million deaths every year; and that, despite the reduction of age-standardized alcohol-attributable deaths and disability-adjusted life years and of heavy episodic drinking, the overall burden of disease and injuries attributable to alcohol consumption remains unacceptably high; and emphasizing that there is sufficient evidence for the carcinogenicity of alcohol and a causal contribution of the use of alcohol to the development of several types of cancers in humans;[3]

Recognizing the continued relevance of the global strategy to reduce the harmful use of alcohol and further recognizing that resources and capacities for its implementation in WHO and some Member States do not correspond to the magnitude of the problems;

Expressing deep concern that alcohol marketing, advertising and promotional activity, including through cross-border marketing, targeting youth and adolescents, influences their drinking initiation and intensity of drinking;[3]

Noting that some WHO offices do not offer alcohol as a practice to accelerate action to reduce the harmful use of alcohol,

Decided to request the Director-General:

(1) to 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 Seventy-fifth World Health Assembly, through the Executive Board at its 150th session in 2022;

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[1] Document EB146/7.

[2] Document EB146/7 Add.1.

[3] Global status report on alcohol and health 2018. Geneva: World Health Organization; 2018 (https://apps.who.int/iris/bitstream/handle/10665/274603/9789241565639-eng.pdf?ua=1, accessed 7 February 2020).

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(2) to develop a technical report on the harmful use of alcohol related to cross-border alcohol marketing, advertising and promotional activities, including those targeting youth and adolescents, before the 150th session of the Executive Board, which could contribute to the development of the action plan;

(3) to adequately resource the work on the harmful use of alcohol;

(4) to review the global strategy to reduce the harmful use of alcohol and report to the Executive Board at its 166th session in 2030 for further action.

Twelfth meeting, 7 February 2020
EB146/SR/12

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