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World Health Organization  
UNICEF

## **Comments on the 1 February 2013 Draft Report of the Global Thematic Consultation on Health in the Post-2015 Development Agenda**

IOGT-NTO is grateful for the opportunity to comment on the Draft Report on Health in the Post-2015 Development Agenda.

IOGT-NTO is a Swedish Non-Governmental Organisation with around 32 000 members. We work with alcohol policy issues by promoting science-based policies independent of commercial interests, as well as with drug policy and preventive and social work, both internationally and in Sweden.

### **NCDs as part of Post-2015 Development Agenda**

We wholeheartedly agree with the draft report's statements on the challenges from the rising burden of NCDs that are undermining development. As NCDs already today account for the majority of mortality and burden of disease globally, and this burden is likely to increase with demographic and economic development, including influence from global economic interests on the life-styles of individuals and populations, it is of critical importance to include the control of NCDs in the Post-2015 Development Agenda.

Health is a human right and should therefore in itself be a goal for the Post-2015 Development Agenda. But population health also strengthens economic development.

### **Act on determinants of health**

To promote health, it is important not only to promote and strengthen health care, but to act on the determinants of health. Not only does this directly achieve a better health for individuals and populations, but it also contributes to health indirectly by giving greater possibilities for allocating health care sector resources effectively.

### **Adopt reduction of alcohol per capita consumption as goal**

It is therefore important to monitor and act upon the main determinants of NCDs, i.e. tobacco and alcohol use, poor diet and lack of exercise. For alcohol a reduction of 10 per cent is discussed among WHO member states. Given the scientifically well-established relation between adult per capita consumption and alcohol harm<sup>1</sup>, alcohol per capita consumption should be used as indicator for this goal. This is strengthened by the linear risk increase for many alcohol-related NCDs, where for e.g. cancers even a moderate consumption of alcohol entails an increased risk. Decrease of adult per capita consumption is therefore an important target in order to reduce the global burden of NCDs.

The Political Declaration adopted by the UN General Assembly in September 2011 that recognizes alcohol as one of the four main risk factors to NCDs and the critical importance

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<sup>1</sup> For details please see enclosed document IOGT-NTO Comments on the second WHO Discussion Paper, dated 22 March 2012

of reducing the level of exposure of individuals and populations to these modifiable risk factors, should be carried through to the Post-2015 Development Agenda.

#### **Use effective measures**

As stated by the UN, WHO, World Bank and World Economic Forum the “best buys” of measures to achieve reduced harm from alcohol consumption is

- Raising excise taxes on alcohol
- Restricting access to retail alcohol
- Enforcing bans on alcohol advertising

It is of course important to strengthen the awareness and use of these effective measures, in order to achieve the goals of improved health and development. This should also be a part of the Post-2015 Development Agenda.

It is important to stand firm by the Political Declaration of the UN General Assembly to advance the implementation of population-wide interventions in order to reduce the impact of alcohol, together with the other main risk factors, as well as to stand firm by the WHO global alcohol strategy on the influence on public health of the general level of consumption of alcohol in a population, and on the proposed interventions based on current scientific knowledge, such as availability and pricing policies.

#### **Avoid conflicts of interest**

There is an inherent contradiction between the alcohol industry’s interest in increased sales and consumption of alcohol and the society’s interest in limiting the harm caused by alcohol through limiting consumption. The conflict of interest for the alcohol industry is apparent and the strong interest from the industry in the outcome of policy-making processes can fundamentally compromise and distort international and national public health priorities and policies. There is also a need to make a clear distinction between business-interest, not-for-profit, NGOs that are set up by, representing or closely linked to, business interests, and public-interest NGOs.

It is therefore important for international bodies like UN and WHO to develop a Code of Conduct that sets out a clear framework for interacting with the private sector that includes texts to recognize and avoid conflicts of interest. In regard to alcohol being a significant risk factor for NCDs there is a need to establish similar guidelines concerning the alcohol industry as for the tobacco industry in the Framework Convention of Tobacco Control, i.e. in setting and implementing public health policies with respect to alcohol control, these policies shall be protected from commercial and other vested interests of the alcohol industry.



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