TRAINING FOR LEADERSHIP AND ADVOCACY TEAMS
TO REDUCE ALCOHOL HARM IN YOUNG PEOPLE IN
SELECTED COUNTRIES IN THE WESTERN PACIFIC REGION
(MODULE 2)

18–20 September 2018
Vientiane, Lao PDR
Training for Leadership and Advocacy Teams to Reduce Alcohol Harm in Young People in Selected Countries in the Western Pacific Region (Module 2)
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MEETING REPORT

TRAINING FOR LEADERSHIP AND ADVOCACY TEAMS TO REDUCE ALCOHOL HARM IN YOUNG PEOPLE IN SELECTED COUNTRIES IN THE WESTERN PACIFIC REGION (MODULE 2)

Convened by:

WORLD HEALTH ORGANIZATION
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Vientiane, Lao People’s Democratic Republic
18–20 September 2018

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NOTE

The views expressed in this report are those of the participants of the Training for Leadership and Advocacy Teams to Reduce Alcohol Harm in Young People in Selected Countries in the Western Pacific Region (Module 2) and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Training for Leadership and Advocacy Teams to Reduce Alcohol Harm in Young People in Selected Countries in the Western Pacific Region (Module 2) in Vientiane, Lao People’s Democratic Republic from 18 to 20 September 2018.
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Keywords
Alcohol drinking - adverse effects / Alcoholism - prevention and control / Adolescent / 
Alcohol-related disorders / Health promotion / Regional health planning / Leadership
SUMMARY

The Training for Leadership and Advocacy Teams to Reduce Alcohol Harm in Young People in Selected Countries in the Western Pacific Region (Module 2) was held in Vientiane, Lao People’s Democratic Republic, on 18–20 September 2018. Module 2 focused on the regulation of marketing of alcoholic beverages and advocacy. Attendees consisted of the same team of participants from Cambodia, the Lao People’s Democratic Republic, Mongolia and Viet Nam that attended Module 1, as well as four temporary advisers from the World Health Organization (WHO), an observer and six WHO Secretariat members.

Alcohol is marketed through increasingly sophisticated advertising and promotion techniques, including linking alcohol brands to sports and cultural activities, sponsorships and product placements, as well as newer marketing techniques such as email, SMS and podcasting, social media, and other communication modalities. The more alcohol marketing that young people are exposed to, the more alcohol they will consume. It is very difficult to target young adult consumers without exposing cohorts of adolescents under the legal age to the same marketing. The exposure of children and young people to appealing marketing is of particular concern, as it targets new markets in the Region with a current low prevalence of alcohol consumption or high abstinence rates. Both the content of alcohol marketing and the amount of exposure of young people to alcohol marketing are crucial issues. A precautionary approach to protecting young people against these marketing techniques should be considered.

Policies that legally restrict alcohol marketing are needed to prevent alcohol companies from influencing young people to become drinkers (and from encouraging them to become heavier drinkers). It is encouraging that all governments are in the process of developing or updating legislation to control alcohol marketing. The training sessions form a substantial support for these processes.

Public health advocacy, partnership and strategic communications are needed to strengthen commitment and develop the abilities of governments and relevant parties at all levels in reducing harmful use of alcohol worldwide. Media advocacy is an important component of community action programmes, which has been shown to change young people’s drinking behaviour and reduce alcohol-related harm such as traffic accidents and violence. Another approach to community action in low-income countries has been to encourage communities to mobilize public opinion to address local determinants of increased levels of harmful use of alcohol.

Consumers – including heavy drinkers and young people – are sensitive to changes in the price of alcohol. Pricing policies can be used to reduce underage drinking, halt progression towards drinking large volumes of alcohol and/or episodes of heavy drinking, and influence consumer preferences. Increasing the price of alcoholic beverages is one of the most effective interventions to reduce the harmful use of alcohol. A key factor for the success of price-related policies in reducing harmful use of alcohol is an effective and efficient system for taxation matched by adequate tax collection and enforcement.

A review of the Lao subnational decree on the ban on all forms of alcohol marketing was held on 21 September 2018. The host country welcomed the presence and expertise of the WHO temporary
advisers, as well as their feedback on the current ongoing developments in the country towards stricter legislative control on marketing of alcoholic beverages.
1. INTRODUCTION

1.1 Training organization

The Training for Leadership and Advocacy Teams to Reduce Alcohol Harm in Young People in Selected Countries in the Western Pacific Region (Module 2) was held in Vientiane, Lao People’s Democratic Republic, on 18–20 September 2018. Module 2 focused on the regulation of marketing of alcoholic beverages and advocacy, based on the report, recommendations and country action plans developed during the previous module. Reducing the impact of marketing, particularly on young people and adolescents, is an important consideration in reducing harmful use of alcohol. Attendees consisted of the same team of participants from Cambodia, the Lao People’s Democratic Republic, Mongolia and Viet Nam that attended Module 1, as well as four temporary advisers from the World Health Organization (WHO), an observer and six WHO Secretariat members.

1.2 Training objectives

The objectives of the training were:

1) to develop competencies and skills to raise awareness and build an advocacy coalition that can be applied to practical and appropriate approaches to reducing the impact of marketing of alcoholic beverages, particularly on young people and adolescents;
2) to acquire knowledge on policy options and interventions on regulation of marketing of alcoholic beverages, particularly on young people and adolescents; and
3) to identify the need and opportunities for strengthening and mobilizing civil society structures.

2. PROCEEDINGS

2.1 Opening session

Opening remarks were delivered by Mr Martin Vandendyck, Technical Lead, Mental Health and Substance Abuse, Division of NCD and Health through the Life-Course, on behalf of Dr Shin Young-soo, WHO Regional Director for the Western Pacific.

Dr Shin expressed WHO’s commitment to protecting young people from the harmful use of alcohol. He emphasized the fact that young people are especially vulnerable to the harmful effects of alcohol. This is significant considering that within the Region, Cambodia, the Lao People’s Democratic Republic and Mongolia have the highest total alcohol consumption per capita among low- and middle-income countries for those aged between 15 and 19 years. Alcohol is marketed using sophisticated advertising and promotion techniques. Brands of alcohol are often linked to sporting and cultural activities, sponsorships and product placements. Furthermore, the marketing is effective – studies have found that young people exposed to alcohol marketing are more likely to start drinking or to drink more.

There are effective measures to successfully control the marketing of alcoholic beverages. WHO has developed the training course to strengthen the leadership and advocacy skills of a local core group of public policy and community leaders on this issue.
2.2 Recapitulation of Module 1

Module 1 of the Training for Leadership and Advocacy Teams to Reduce Alcohol Harm in Young People in Selected Countries in the Western Pacific Region took place in Da Nang, Viet Nam from 14 to 16 November 2017. A team of participants from Cambodia, the Lao People’s Democratic Republic, Mongolia and Viet Nam attended the training.

The first day was dedicated to an overview of alcohol harm with a focus on young people. Alcohol is the world’s fifth leading risk factor for disease burden. In the Western Pacific, 5.9% of all deaths are attributable to harmful use of alcohol. Harmful consumption of alcohol has many negative consequences; it not only leads to many neuropsychiatric disorders and noncommunicable diseases (NCDs) but also is associated with several communicable diseases. Among children and young people, it is further especially linked to injuries.

Adolescence is a key time for behavioural change in an individual’s life cycle and for brain reorganization. Alcohol consumption during this period adversely affects these developmental changes. Further, young people have particular reactions to alcohol compared to adults; while they are less sensitive to sedation and mobility effects, they are more sensitive to its social and rewarding effects. These reactions can make young people easily intoxicated, placing them – and the community – at risk of physical, sexual and emotional harm. Furthermore, young people can develop dependence on alcohol more quickly than adults, and persons who initiate drinking at early ages tend to develop alcohol problems later in life.

The Global Strategy to Reduce the Harmful Use of Alcohol, endorsed in 2010, lists 10 target areas for alcohol harm reduction, ranging from leadership to the role of the health and welfare sectors. There is also global consensus over the need to decrease harmful use of alcohol by 10% as part of the strategy to address NCDs.

The second day focused on the most effective interventions – alcohol policy “best buys” and restriction of illicit and informally produced alcohol. Measures that reduce alcohol consumption and alcohol-related harm specifically among young people are: setting legal minimum drinking ages; regulating access to settings and events frequented by young people; and screening of problematic use and early interventions. The site visit to the district mental health facility also pointed to the need for strengthening informal and primary care service interventions.

The topic of health service response to harmful use of alcohol continued into the last day of the training. Besides policy and legislative measures, additional interventions such as family, school and community actions can prevent or reduce alcohol consumption. There are evidence-based interventions for the clinical management of young patients with harmful alcohol use and/or alcohol use disorder.

Using inputs from the group work, countries drafted action plans and prepared follow-up actions at the country level to implement in the next year. Rotation of the hosting among the participating countries for the organization of Modules 2 and 3 was considered a way to strengthen common interest and feeling of joint ownership of the course.
2.3 Global and regional update on harmful use of alcohol with a focus on young people

The Global Status Report on Alcohol and Health 2018 was released by WHO on 21 September 2018. Worldwide, more than 3 million deaths every year result from the harmful use of alcohol. In addition, 5.1% of the global burden of disease and injury is attributable to alcohol (as measured in disability-adjusted life years). Alcohol consumption causes death and disability relatively early in life: 13.5% of deaths among those aged 20–39 years can be attributed to alcohol, reducing the capacities of an economically productive cohort. The harmful use of alcohol is a major obstacle to sustainable development in all countries. It has an adverse impact on the health and well-being of the alcohol users and their friends, families, colleagues and communities, and it damages the social fabric and economic development of societies. The harmful use of alcohol is also a causal factor in more than 200 disease and injury conditions, affecting maternal health and child development, NCDs such as cancer and cardiovascular diseases, injuries, violence, mental health, and infectious diseases such as tuberculosis and HIV/AIDS.

In the Western Pacific Region, alcohol per capita (for population aged 15 years and older) consumption has shown an increasing trend since 2005. The average total alcohol per capita consumption for the Region is 7.29 litres in pure alcohol in 2016, an increase from 7.04 litres in 2010.

The Division of NCD and Health through the Life-Course, WHO Regional Office for the Western Pacific, developed country profiles published in the Ten Progress Monitoring Indicators for NCDs in the Western Pacific Region 2017, including harmful use of alcohol reduction measures: restrictions on physical availability, advertising bans or comprehensive restrictions and increased excise taxes. Breakthroughs were most commonly reported in alcohol taxation and pricing. However, some responding countries put in place new policies to adjust alcohol excise taxes for inflation. Apart from these two breakthroughs, progress has been greatest in drink–driving countermeasures and awareness campaigns. Far fewer countries recorded any breakthroughs in restricting alcohol availability or in providing greater resources for restricting marketing. Similarly, there were few breakthroughs for treatment and addressing informal or illicit alcohol sales. The Region is on track with monitoring alcohol-attributable harm, especially through the Global Status Reports.

The SAFER initiative was launched in September 2018. It is a WHO-led initiative to reduce death, disease and injuries caused by the harmful use of alcohol using high-impact, evidence-based, cost-effective interventions. SAFER will be focusing on the most cost-effective priority interventions (“best buys”) using a set of WHO tools and resources to prevent and reduce alcohol-related harm. These are:

- Strengthen restrictions on alcohol availability.
- Advance and enforce drink–driving countermeasures.
- Facilitate access to screening, brief interventions and treatment.
- Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion.
- Raise prices on alcohol through excise taxes and pricing policies.

The SAFER initiative includes three interlinked components to support country implementation:

- WHO action package of effective alcohol policy and programme interventions;
- WHO/United Nations-led programme focusing on country action; and
- multistakeholder communications and advocacy campaign.
WHO is in the process of finalizing the implementation toolkit for the 10 areas of action in the global strategy.

2.4 Country update on progress towards alcohol harm reduction in Cambodia, the Lao People’s Democratic Republic, Mongolia and Viet Nam

<table>
<thead>
<tr>
<th>Country</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cambodia</strong></td>
<td>WHO supported the National Centre for Health Promotion, Ministry of Health (NCHP) through a series of meetings to raise awareness of stakeholders and policy-makers on the impact of harmful drinking on young people, and of advertisements, promotion and sponsorship of alcohol consumption. This resulted in the development of information, education and communications (IEC) materials for alcohol control that were subsequently pretested and finalized.</td>
</tr>
<tr>
<td><strong>Lao People’s Democratic Republic</strong></td>
<td>WHO supported the Ministry of Health to develop a subnational decree banning all forms of alcohol marketing. A series of five technical meetings were conducted to develop the draft alcohol beverage control decree, including 80 participants from various ministries – Health, Education and Sports, Industry and Commerce, Justice, Information Culture and Tourism, Transportation, Public Security – as well as the Prime Ministerial Office and the National Assembly (NA).</td>
</tr>
<tr>
<td><strong>Mongolia</strong></td>
<td>WHO supported the School of Public Health, Mongolian National University of Medical Sciences (MNUMS), to implement the “Life without alcohol – development without obstacle” programme carried out against alcohol consumption, based on the participation of local youth and in collaboration with the Dornogovi Province Governor’s Office. Senior class students from five secondary schools in Dornogovi province, two vocational education centre students, and students of a branch school of MNUMS located at the local site have received training from a special module and programme.</td>
</tr>
<tr>
<td><strong>Viet Nam</strong></td>
<td>WHO supported the Ministry of Health to organize a technical workshop to seek comments on the draft alcohol law. Seventy participants from various ministries – health, justice, culture, trade and industry, planning and investment, and transport – and other related government offices provided inputs on the draft alcohol law with a focus on regulation of alcohol availability, advertising and drink–driving control. Comments were also received on the proposed setup of a health promotion fund based on an existing tobacco control fund.</td>
</tr>
</tbody>
</table>
2.5 Strategic communications for advocacy on alcohol control

Strategic communications is an effective public health intervention to support policy and behaviour change in countries and communities where the need to reduce alcohol-related harm is relatively new.

Engaging in advocacy on alcohol control begins with an assessment of the foundations for strategic communications. This was carried out in order to identify specific areas in need of additional support or focus. Five foundations for strategic communications were identified:

- **Leadership and management** – Are structures, processes and systems in place for decision-making and management of available resources?
- **Data, facts and evidence** – Are locally relevant data available? Are there systems in place to generate and disseminate new and relevant evidence?
- **Personal contacts and networks** – Are strategic relationships with individuals, groups, communities or organizations in place?
- **Communication skills and reach** – Are advocates empowered with the appropriate skills and reach to communicate with target audiences? Is there a feedback system to support continuous improvement?
- **Material and human resources** – Are sufficient material (e.g. budget, equipment, infrastructure) and human resources available?

Working in country groups, the status of each of these foundations was assessed by giving a score from 1 (very weak) to 5 (very strong), or 0 if non-existent. This information is available in Annex 3.1.

Building on these inputs, a brief situational analysis of the advocacy on alcohol control through the SWOT (Strengths, Weaknesses, Opportunities and Threats) framework was carried out. Strengths and weaknesses refer to the internal environment (e.g. the advocacy team itself), while opportunities and threats refer to the external environment. Working in country groups, the SWOT analysis framework was discussed and completed; it is available in Annex 3.2.

Strategic health communications can support public health programmes and advocacy by contributing to their success in a variety of ways. For example, strategic health communications can increase knowledge and awareness, demonstrate healthy skills, or increase demand or support for an issue. However, health communications cannot produce sustained change without the support of a larger programme, nor can it be equally effective in addressing all issues or relaying several messages all at the same time. It is therefore fundamental to have a clear understanding of the single overarching communication outcome (SOCO). Working in country groups, the participants developed their SOCO for alcohol control by answering the following questions:

- **Step 1**: What is your issue?
- **Step 2**: Why do you want to focus on this issue and why do you want to focus on it now?
- **Step 3**: Who needs to change their behaviour?
- **Step 4**: What is the change you want to see? This is your SOCO.

The SOCO for each country is available in Annex 3.3.

2.6 Marketing control of alcoholic beverages

Reducing the impact of marketing – particularly on young people and adolescents – is an important consideration in reducing harmful use of alcohol. Alcohol is marketed through increasingly sophisticated advertising and promotion techniques, including linking alcohol brands to sports and cultural activities, sponsorships and product placements, and newer marketing techniques such as
email, SMS and podcasting, social media, and other communication modalities. The transmission of alcohol marketing messages across national borders and jurisdictions on channels such as satellite television and the Internet – and sponsorship of sports and cultural events is emerging as a serious concern in some countries.

It is very difficult to target young adult consumers without exposing cohorts of adolescents under the legal age to the same marketing. The exposure of children and young people to appealing marketing is of particular concern, as is the targeting of new markets in developing and low- and middle-income countries with a current low prevalence of alcohol consumption or high abstinence rates. Both the content of alcohol marketing and the amount of exposure of young people to that marketing are crucial issues. A precautionary approach to protecting young people against these marketing techniques should be considered.

Policy options and interventions include:

- Setting up regulatory or co-regulatory frameworks for alcohol marketing, preferably with a legislative basis and supported when appropriate by self-regulatory measures, by:
  - regulating the content and the volume of marketing;
  - regulating direct or indirect marketing in certain or all media;
  - regulating sponsorship activities that promote alcoholic beverages;
  - restricting or banning promotions in connection with activities targeting young people; and
  - regulating new forms of alcohol marketing techniques, for instance, social media.
- Developing through public agencies or independent bodies effective systems of surveillance of marketing of alcohol products.
- Setting up effective administrative and deterrence systems for infringements on marketing restrictions.

Marketing encompasses a wide range of activities (see Figure 1). The term has traditionally included what is known as the four Ps of marketing: physical availability of alcohol (place), the pricing of alcoholic beverages (price), alcohol product development and labelling (product), and the promotion of alcoholic beverages (promotion). In the 21st century, stakeholder marketing – including socially responsible actions, social marketing and health education activities funded, promoted and implemented by the alcohol industry – is also part of the marketing mix.
The more alcohol marketing to which young people are exposed, the more alcohol they will consume. Policies that legally restrict alcohol marketing are needed to prevent alcohol companies from recruiting young people to become drinkers (and from encouraging them to become heavier drinkers).

Other points made related to potential prevention measures include the following:

- Comprehensive restriction of exposure to alcohol marketing is the most effective means to protect young people from the effects of alcohol marketing, as young people are still exposed to high levels of alcohol marketing when partial bans are implemented.
- Addressing alcohol marketing in social media and on the Internet would be helped by an international agreement.

2.7 Site visit: Mahosot Hospital psychiatric ward and photo voice

A site visit was organized to a governmental health facility, the Mahosot Hospital psychiatric ward, which treats alcohol-related problems. The visit contributed to understanding the needs and opportunities for specialized treatment interventions related to harmful use of alcohol. Participants from Cambodia, Mongolia and Viet Nam had the opportunity to be exposed to and communicate with experts about their experiences in the Lao People’s Democratic Republic.

Photovoice is a participatory research method used to document and reflect community realities and a method for facilitating group discussion by generating insight through common scenes encountered in the community. Using the photovoice methodology, Capturing scenes of alcohol culture was
conducted in Vientiane, with participants working in groups to discuss depictions of examples of alcohol marketing (e.g. advertising, promotion or sponsorship), such as the following:

2.8 Advocacy coalitions to reduce harmful use of alcohol

For advocacy to be successful it is critical to build coalitions. Working groups can identify current partners and review possible future partners for advocacy, as well as consider the role youth organizations can play in addressing harmful use of alcohol.

Public health advocacy, partnership and strategic communications are needed to strengthen commitment and the abilities of governments and all relevant parties at all levels to reduce harmful use of alcohol worldwide. An important component of community action programmes is media advocacy. Community action programmes have been shown to change young people’s drinking behaviour and to reduce alcohol-related harm such as traffic crashes and violence. Another approach to community action in low-income countries has been to encourage communities to mobilize public opinion to address local determinants of increased levels of harmful use of alcohol.

2.9 Pricing policies of alcoholic beverages

Consumers – including heavy drinkers and young people – are sensitive to changes in the price of drinks. Pricing policies can be used to reduce underage drinking, halt progression towards drinking large volumes of alcohol and/or episodes of heavy drinking, and influence consumer preferences. Increasing the price of alcoholic beverages is one of the most effective interventions to reduce harmful use of alcohol. A key factor for the success of price-related policies in reducing harmful use of alcohol is an effective and efficient system of taxation matched by adequate tax collection and enforcement.
Factors such as consumer preferences and choice, changes in income, alternative sources for alcohol in the country or in neighbouring countries, and the presence or absence of other alcohol policy measures may influence the effectiveness of this policy option. Demand for different beverages may be affected differently. Tax increases can have different impacts on sales, depending on how they affect the price relative to the consumer’s buying power. The existence of a substantial illicit market for alcohol complicates policy considerations on taxation in many countries. In such circumstances, tax changes must be accompanied by efforts to bring the illicit and informal markets under effective government control. Increased taxation can also meet resistance from consumer groups and economic operators, and taxation policies will benefit from the support of information and awareness-building measures to counter such resistance.

For this area, policy options and interventions include:
- Establishing a system for specific domestic taxation on alcohol accompanied by an effective enforcement system, which may take into account, as appropriate, the alcoholic content of the beverage.
- Regularly reviewing prices in relation to level of inflation and income.
- Banning or restricting the use of direct and indirect price promotions, discount sales, sales below cost and flat rates for unlimited drinking or other types of volume sales.
- Establishing minimum prices for alcohol where applicable.
- Providing price incentives for non-alcoholic beverages.
- Reducing or stopping subsidies to economic operators in the area of alcohol.

2.10 Next steps for strengthening alcohol harm reduction in Cambodia, the Lao People’s Democratic Republic, Mongolia and Viet Nam

Using inputs from previous work groups, the participants drafted action plans and prepared follow-up actions for their countries to implement in the next year. These are available in Annex 4.

3. CONCLUSIONS

3.1 Conclusions

There was much interest and personal engagement from the participants, and the presentations by invited experts were well received.

Feedback from participants showed that addressing marketing control was a priority issue. Anecdotal evidence in all the participating countries indicated that marketing efforts by the alcohol industry and its partners are increasing substantially. Alcohol is marketed through increasingly sophisticated advertising and promotion techniques, including linking alcohol brands to sports and cultural activities, sponsorships and product placements, as well as newer marketing techniques such as email, SMS and podcasting, social media, and other communication modalities.

The discussions in the Module 2 sessions clearly indicated that the focus on young people needs to be maintained. The more alcohol marketing that young people are exposed to, the more alcohol they will consume. It is very difficult to target young adult consumers without exposing cohorts of adolescents under the legal age to the same marketing. The exposure of children and young people to appealing marketing is of particular concern, as it targets new markets in the Region with a current low prevalence of alcohol consumption or high abstinence rates. Both the content of alcohol marketing
and the amount of exposure of young people to alcohol marketing are crucial issues. A precautionary approach to protecting young people against these marketing techniques should be considered.

Policies that legally restrict alcohol marketing are needed to prevent alcohol companies from influencing young people to become drinkers (and from encouraging them to become heavier drinkers). It is encouraging that all governments are in the process of developing or updating legislation to control alcohol marketing. The training sessions form a substantial support for these processes.

Examples of unethical and intrusive efforts by the industry were highlighted throughout the training sessions, including marketing practices and interventions in policy-making processes. These demonstrate the growing concern in countries over the interference of the industry in policy-making.

Public health advocacy, partnership and strategic communications are needed for strengthening commitment and developing the abilities of governments and relevant parties at all levels in the reduction of harmful use of alcohol worldwide. Media advocacy is an important component of community action programmes, which have been shown to change young people’s drinking behaviour and to reduce alcohol-related harm such as traffic accidents and violence. Another approach to community action in low-income countries has been to encourage communities to mobilize public opinion to address local determinants of increased levels of harmful use of alcohol.

Consumers, including heavy drinkers and young people, are sensitive to changes in the price of alcohol. Pricing policies can be used to reduce underage drinking, halt progression towards drinking large volumes of alcohol and/or episodes of heavy drinking, and influence consumer preferences. Increasing the price of alcoholic beverages is one of the most effective interventions to reduce the harmful use of alcohol. A key factor for the success of price-related policies in reducing harmful use of alcohol is an effective and efficient system for taxation matched by adequate tax collection and enforcement.

Monitoring alcohol-attributable harm in countries is progressing, especially through the global status reports on alcohol and health, WHO STEPS NCD risk factor surveys and other instruments.

In general, the role of primary health care in preventive work or in early interventions is still limited in the participating countries, as is the role of the medical institutions in reducing the harmful use of alcohol. The role of the community and subnational governments is key. Active engagement at the community level is important to reduce the harmful use of alcohol.

The process of exchanging information on current activities in the participating countries through the training sessions is an important component in strengthening legislation and further activities towards an effective and efficient policy in the countries. The Module 2 training sessions serve as a start to intensify activities in the participants’ countries.

A review of the Lao subnational decree on the ban on all forms of alcohol marketing was held on 21 September 2018. The host country welcomed the presence and expertise of the WHO temporary advisers, as well as their feedback on the current ongoing developments in the country towards stricter legislative control on marketing of alcoholic beverages.
3.2 Recommendations

3.2.1 Recommendations for Member States

Member States are encouraged to consider the following:

1) Provide immediate feedback on the results of the training session, including the planning of country activities, to their supervisors and relevant institutions in their country.
2) Initiate and lead the implementation of the action plans as designed at the end of Module 2 of the training course.
3) Provide regular feedback to the WHO Regional Office on the process of implementation of the planned country activities.
4) Continue utilizing the WHO Global Strategy to Reduce the Harmful Use of Alcohol as the lead document in the further development of national policy and strategies.
5) Identify and liaise with relevant nongovernmental organizations and establish a national forum for public health–oriented alcohol action.
6) Strengthen the role of primary health care in preventive work or in early interventions, as well as the role of medical associations to reduce the harmful use of alcohol.
7) Strengthen the role of the community and subnational governments to reduce the harmful use of alcohol.

3.2.2 Recommendations for WHO

WHO is requested to consider the following:

1) Provide rapid follow-up to discussions held in the training sessions and to the individual country action plans drafted.
2) Provide technical support to individual countries in the implementation of their action plans, including support for further translation and dissemination of key documents and for consultation missions by experts.
3) Provide continued support to countries in the implementation of the Global Strategy to Reduce the Harmful Use of Alcohol through implementation of the SAFER initiative and the high-impact, evidence-based, cost-effective interventions:
   a. Strengthen restrictions on alcohol availability.
   b. Advance and enforce drink–driving countermeasures.
   c. Facilitate access to screening, brief interventions and treatment.
   d. Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion.
   e. Raise prices on alcohol through excise taxes and pricing policies.
4) Plan and prepare shortly for the detailed implementation of Module 3 of the training course through one common training session. The tentative time frame is June 2019.
5) Consider combining Module 3 with a national advocacy conference.
6) Consider to what extent other areas (such as nutrition) need to be considered as the perspectives of commercial determinants are common and very powerful in these fields and may render good arguments for tighter control. This would, in addition, be a fruitful approach within NCDs.
7) Ensure that high priority continues to be given to the reduction of alcohol-related harm within the NCD framework.
8) Explore complementary activities with other international activities to reduce alcohol-related harm.
ANNEXES

Annex 1. List of participants

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Annex 2. Programme of activities

Day 1, Tuesday, 18 September 2018

08:30 – 09:00 Registration

09:00 – 09:30 Opening remarks

Dr Juliet Fleischl
WHO Representative in the Lao People's Democratic Republic

Overview of the training course and introduction of participants

Mr Martin Vandendyck
Technical Lead Mental Health and Substance Abuse Division of Noncommunicable Disease and Health through the Life-Course, WHO/WPRO

09:30 – 10:00 Recapitulation of Module 1

Dr Cornelius Goos
Public Health Consultant

10:00 – 10:30 Group Photo

Coffee and tea / Mobility break

10:30 – 11:00 Global and regional update on harmful use of alcohol with a focus on young people

Mr Martin Vandendyck

11:00 – 12:00 Country update on progress towards alcohol harm reduction in Cambodia, the Lao People's Democratic Republic, Mongolia and Viet Nam

WHO Secretariat

12:00 – 13:00 Lunch break

13:00 – 15:00 Group work 1: Strategic communications for advocacy on alcohol control

Dr Jason Ligot
Communications Consultant

15:00 – 15:30 Coffee and tea / Mobility break

15:30 – 17:00 Strategic communications for advocacy on alcohol control (continued)

Dr Jason Ligot

18:00 Welcome reception

Day 2, Wednesday, 19 September 2018

08:30 – 08:45 Morning energizer

Recapitulation of Day 1

Mr Martin Vandendyck
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker/Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:45 – 10:30</td>
<td>Group work 2: Marketing control of alcoholic beverages</td>
<td>Professor Sally Casswell</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Director, Social and Health Outcomes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Research and Evaluation (SHORE) and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Whariki Research Centre, College of Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Massey University</td>
</tr>
<tr>
<td>10:30 – 11:00</td>
<td>Coffee and tea / Mobility break</td>
<td></td>
</tr>
<tr>
<td>11:00 – 12:30</td>
<td>Marketing control of alcoholic beverages</td>
<td>Professor Gerard Hastings, OBE</td>
</tr>
<tr>
<td>12:30 – 13:30</td>
<td>Lunch break</td>
<td></td>
</tr>
<tr>
<td>13:30 – 16:00</td>
<td>Site visit</td>
<td>WHO Secretariat</td>
</tr>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Day 3, Thursday, 20 September 2018</td>
<td></td>
<td></td>
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<tr>
<td>08:30 – 08:45</td>
<td>Morning energizer</td>
<td>Mr Martin Vandendyck</td>
</tr>
<tr>
<td></td>
<td>Recapitulation of Day 2</td>
<td></td>
</tr>
<tr>
<td>08:45 – 10:00</td>
<td>Marketing control of alcoholic beverages</td>
<td>Professor Sally Casswell</td>
</tr>
<tr>
<td>10:00 – 10:30</td>
<td>Coffee and tea / Mobility break</td>
<td></td>
</tr>
<tr>
<td>10:30 – 12:00</td>
<td>Advocacy coalitions to reduce harmful use of alcohol</td>
<td>Dr Cornelius Goos</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dr Jason Ligot</td>
</tr>
<tr>
<td>12:00 – 13:00</td>
<td>Lunch break</td>
<td></td>
</tr>
<tr>
<td>13:00 – 13:30</td>
<td>Pricing policies of alcoholic beverages</td>
<td>Professor Sally Casswell</td>
</tr>
<tr>
<td>13:30 – 15:00</td>
<td>Group work 3: Next steps for strengthening alcohol harm reduction in</td>
<td>WHO Secretariat</td>
</tr>
<tr>
<td></td>
<td>Cambodia, the Lao People's Democratic Republic, Mongolia and Viet Nam</td>
<td></td>
</tr>
<tr>
<td>15:00 – 15:30</td>
<td>Coffee and tea break</td>
<td>Mr Martin Vandendyck</td>
</tr>
<tr>
<td>15:30 – 15:50</td>
<td>Post-test</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Module 2 evaluation</td>
<td></td>
</tr>
<tr>
<td>15:50 – 16:00</td>
<td>Closing</td>
<td>Mr Martin Vandendyck</td>
</tr>
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</table>
Annex 3. Group work

A3.1 Needs assessment

<table>
<thead>
<tr>
<th>Strategic Communications for Advocacy on Alcohol Control – Needs Assessment</th>
<th>KHM</th>
<th>LAO</th>
<th>MNG</th>
<th>VNM</th>
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</thead>
<tbody>
<tr>
<td>Leadership and management</td>
<td>2.00</td>
<td>4.00</td>
<td>3.00</td>
<td>2.50</td>
</tr>
<tr>
<td>Materials and human resources</td>
<td>1.00</td>
<td>2.00</td>
<td>2.75</td>
<td>2.00</td>
</tr>
<tr>
<td>Communication skills and reach</td>
<td>2.00</td>
<td>2.00</td>
<td>2.50</td>
<td>2.50</td>
</tr>
<tr>
<td>Personal contacts and networks</td>
<td>3.00</td>
<td>2.00</td>
<td>3.00</td>
<td>3.00</td>
</tr>
<tr>
<td>Data, facts and evidence</td>
<td>1.00</td>
<td>3.00</td>
<td>4.00</td>
<td>4.00</td>
</tr>
</tbody>
</table>

A3.2 SWOT framework

Country: Cambodia

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Government shows interest to reduce the harmful use of alcohol</td>
<td>• Very limited funding for alcohol control work</td>
</tr>
<tr>
<td>• National strategic plan on alcohol control</td>
<td>• Limited capacity and human resource</td>
</tr>
<tr>
<td>• Multisectoral action plan for prevention and control of NCDs</td>
<td>• Lack of local evidence, data and database system</td>
</tr>
<tr>
<td>includes alcohol control component (2018–2023)</td>
<td>• Lack of awareness and understanding about the harmful use of alcohol</td>
</tr>
<tr>
<td>• Some communities have commitment and initiative to tackle alcohol problem</td>
<td>among general population and policy-makers</td>
</tr>
<tr>
<td>• Strong support from partners: WHO, Thai Health</td>
<td>• Alcohol control perceived as not of high priority for policy-makers,</td>
</tr>
<tr>
<td>• Political support</td>
<td>including health professionals</td>
</tr>
<tr>
<td>• Law and regulations</td>
<td>• Alcohol industry interference</td>
</tr>
<tr>
<td>• Government commitment to Sustainable Development Goals</td>
<td>• Conflict of interest</td>
</tr>
<tr>
<td>• Government supports health insurance initiatives</td>
<td>• Local alcohol production (traditional and home-brewed) leads to alcohol intoxication</td>
</tr>
</tbody>
</table>

Country: Lao People’s Democratic Republic

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Political support</td>
<td>• Lack of evidence support</td>
</tr>
<tr>
<td>• Law and regulations</td>
<td>• Networking (unclear)</td>
</tr>
<tr>
<td>• Strong support from partners: WHO, Thai Health</td>
<td>• Limited law and regulation enforcement</td>
</tr>
<tr>
<td>• Marketing and corporate social responsibility</td>
<td>• Local alcohol production (traditional and home-brewed) leads to alcohol intoxication</td>
</tr>
<tr>
<td>• Alcohol industry interference</td>
<td>• Limited funding</td>
</tr>
<tr>
<td>• Conflict of interest</td>
<td>• Culture norms</td>
</tr>
<tr>
<td>• Strong support from partners: WHO, Thai Health</td>
<td></td>
</tr>
</tbody>
</table>
### Country: Mongolia

#### Strengths
- Law on alcohol
- National programme on NCDs (2018–2021)
- Increase mobile technology: cell phone – over 3 months
- SDG (emphasis on alcohol use)

#### Weaknesses
- Permission of beer advertisements after 10:00 pm (new percentage for alcoholic beverages)
- Flat tax on beer
- Weak control/enforcement
- Weak regulation on locally produced alcoholic beverages
- Lack of evidence/impact assessment, etc. (burden)

#### Opportunities
- Health Promotion Foundation
- Increase local government engagement
- Increase use of social media channels
- WHO-produced guideline
- Peer education
- Return-on-investment case

#### Threats
- Strong lobby group: member of parliament (owner of the new companies are United Parcel Service of America, Inc.)
- 90% alcohol market controlled by local producers
- Increase of imported alcoholic beverages
- Political instability

### Country: Viet Nam

#### Strengths
- Good evidence
- Alcohol control working group
- Strong commitment of Ministry of Health
- The support of organizations working on protecting women and children (Women’s Union, etc.)

#### Weaknesses
- Inadequate budget
- Lack of human resources
- Do not have close relationship with media
- Weak content of alcohol control law

#### Opportunities
- Draft of alcohol control law is accepted in the agenda of National Assembly (NA)
- Some NA members support

#### Threats
- Strong alcohol industry interference
### A3.3 Single overarching communication outcome (SOCO)

#### Cambodia

**Country:** Cambodia  
**Step 1:** What is your issue?  
Massive alcohol advertisement and no existing regulations.  
**Step 2:** Why do you want to focus on this issue and why do you want to focus on it now?  
Having powerful impact on young people and women. Support from public and policy-makers.  
**Step 3:** Who needs to change their behaviour (e.g. stakeholders or influences)?  
Minister of Health, Minister of Information.  
**Step 4:** What is the change you want to see?  
No billboard on alcohol, no advertisement on television promotion (concert).  

**Single Overarching Communication Outcome (SOCO)**  
No alcohol advertising and promotion through billboard and media.

#### Lao People’s Democratic Republic

**Country:** Lao People’s Democratic Republic  
**Step 1:** What is your issue?  
Alcohol marketing.  
**Step 2:** Why do you want to focus on this issue and why do you want to focus on it now?  
Accessible, binge-drinking, driving, accidents, violence, sexual abuse.  
**Step 3:** Who needs to change their behaviour (e.g. stakeholders or influences)?  
Policy makers, law enforcers.  
**Step 4:** What is the change you want to see?  
Strong decree to ban marketing.  

**Single Overarching Communication Outcome (SOCO)**  
Let us ban Alcohol Marketing!!!

#### Mongolia

**Country:** Mongolia  
**Step 1:** What is your issue?  
High use of beer among young people.  
**Step 2:** Why do you want to focus on this issue and why do you want to focus on it now?  
Addiction/unwanted pregnancy/sexually transmitted infections/increase of single/violence/social stress.  
**Step 3:** Who needs to change their behaviour (e.g. stakeholders or influences)?  
Social media people (control of journalists).  
Law makers.  
Educators.  
Role models: peer educators (comedians/singers/actors).  
Family.  
**Step 4:** What is the change you want to see?  
No advertisement on beer after 10:00 pm. Reduction of beer consumption. Pictured health warning (no text).  

**Single Overarching Communication Outcome (SOCO)**  
Change regulation on advertisement.

#### Viet Nam

**Country:** Viet Nam  
**Step 1:** What is your issue?  
Weak regulation on sponsorship in alcohol control law.  
**Step 2:** Why do you want to focus on this issue and why do you want to focus on it now?  
Sponsorship is a kind of alcohol marketing.  
**Step 3:** Who needs to change their behaviour (e.g. stakeholders or influences)?  
Group of women who are NA members.  
**Step 4:** What is the change you want to see?  
They make statement on the next law to control alcohol sponsorship.  

**Single Overarching Communication Outcome (SOCO)**  
By March 2019, the group of women who are NA members will make their statement on the need to control alcohol sponsorship at the NA meeting.
Annex 4. Country action plans

Country: Cambodia

<table>
<thead>
<tr>
<th>Next Step</th>
<th>Timeframe</th>
<th>Partner</th>
<th>Deliverable/Output</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Subdecree on restriction of alcohol consumption</td>
<td>2018–2020</td>
<td>MOH, IMC, WHO, CMH, PDP</td>
<td>Subdecree</td>
</tr>
<tr>
<td>• Set up partnership Inter-Ministerial Committee (IMC) for Alcohol Control</td>
<td>Q4 2018 – Q1 2019</td>
<td>MoH, relevant ministries, MoH</td>
<td>Committee (subdecree to establish committee)</td>
</tr>
<tr>
<td>• Youth debate on alcohol</td>
<td>Q4 2018</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>• Set up network between NCHP, NGOs (PDP, CMH) with technical support from WHO</td>
<td>Q1 2019</td>
<td>NCHP, NGOs association</td>
<td>Evidence on alcohol marketing, harm of alcohol is completed.</td>
</tr>
<tr>
<td>• Leadership training on alcohol control to youths</td>
<td>Q1 2019</td>
<td>CMH/WHO</td>
<td>Training report</td>
</tr>
<tr>
<td>• Meeting of IMC on alcohol control</td>
<td>Q1 Q2 2019</td>
<td>NCHP IMC/WHO</td>
<td>Meeting report (2 meetings)</td>
</tr>
<tr>
<td>• Engage medical association, pharmaceutical association and dental association in alcohol control</td>
<td>Q2 2019</td>
<td>NCHP/WHO</td>
<td>Meeting report declaration of support from medical association</td>
</tr>
<tr>
<td>• Youth discussion on alcohol legislation among medical students</td>
<td>Q2 2019</td>
<td>NCHP/CMH/WHO</td>
<td>Youth report</td>
</tr>
<tr>
<td>• Conduct research burden of alcohol use, pattern of use, perception of alcohol use and attitude towards alcohol advertisement; pattern of alcohol use attitude toward alcohol marketing (photovoice)</td>
<td>Q2–Q3 2019</td>
<td>MoH, WHO, CMH, PDP</td>
<td>Research finding</td>
</tr>
<tr>
<td>• Capacity-building on alcohol leadership to policy-makers and stakeholders (IMC)</td>
<td>Q3 Q4 2019</td>
<td>NCHP/WHO</td>
<td>Training participants</td>
</tr>
<tr>
<td>• Consultative meeting with relevant stakeholders on scope of ban on marketing</td>
<td>Q3 2019</td>
<td>NCHP/MOH/WHO</td>
<td>Training report</td>
</tr>
<tr>
<td>• TV talk show on harm of alcohol use and impact of marketing on youth</td>
<td>Q4 2019</td>
<td>NCHP/CMH/WHO</td>
<td>Talk show</td>
</tr>
<tr>
<td>• Community Alcohol Notification (CAN)</td>
<td>Q1–Q4 2019</td>
<td>PDP + Commune</td>
<td>5 Communes established CAN</td>
</tr>
<tr>
<td>• Community awareness campaign</td>
<td>Q3 Q4 2019</td>
<td>PDP</td>
<td>Small grant to 14 communities</td>
</tr>
<tr>
<td>• Consultative workshop on perception of stakeholders on alcohol legislation</td>
<td>Q4 2019</td>
<td>PDP</td>
<td>Declaration of stakeholder to support law</td>
</tr>
<tr>
<td>• Draft legislation on alcohol marketing and consultation process</td>
<td>Q3 Q4 2020</td>
<td>NCHP/MoH</td>
<td>Draft subdecree</td>
</tr>
<tr>
<td>• Submission of subdecree to council minister</td>
<td>Q2 Q3 2020</td>
<td>NCHP and Council minister/WHO</td>
<td>Submission</td>
</tr>
<tr>
<td>• Dissemination of subdecree through workshop, press conference</td>
<td>Q4 2020</td>
<td>NCHP, IMC, CMH/WHO</td>
<td>Subdecree</td>
</tr>
</tbody>
</table>
### Country: Mongolia

**Team members:** Dr Baigalmaa DANGAA, Dr Narantuya DAVAAKHUU, Ms Bulgantamir ENKHTUR, Dr Munkhtuya SUMIYA, Dr Naranchimeg JAMIYANJAMTS

<table>
<thead>
<tr>
<th>Next step</th>
<th>Time</th>
<th>Partner Involved</th>
<th>Deliverable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish coalitions</td>
<td>1st Quarter 2019</td>
<td>MOH, MOF, MOFA, Stand/C, WHO, IMF, WB, youth NGO, medical/professionals</td>
<td>3 months – coalition established</td>
</tr>
<tr>
<td>Advocacy campaign</td>
<td>1st Quarter – 2nd Quarter 2019</td>
<td>Youth NGO, peer NGO, medical associations, local governors</td>
<td>Advocacy package, IEC, social media</td>
</tr>
<tr>
<td>Expansion of alcohol-free cities, into two cities</td>
<td>2nd Quarter – 3rd Quarter 2019</td>
<td>NCPH, Healthy City Network</td>
<td></td>
</tr>
<tr>
<td>Support implementation of one of the “best buys”</td>
<td>1st Quarter – 3rd Quarter 2019</td>
<td>MOH</td>
<td></td>
</tr>
</tbody>
</table>

### Country: Viet Nam

**Team members:** Dr Tran Quoc Bao, Dr Lam Tu Trung, Ms Nguyen Hanh Nguyen, Ms Nguyen Thi Minh Huong, Mr Nguyen Phuong Nam

<table>
<thead>
<tr>
<th>Next Step</th>
<th>Timeframe</th>
<th>Partner</th>
<th>Deliverable/Output</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy workshop on alcohol marketing control</td>
<td>March – April 2019</td>
<td>WHO, GDPM, Health bridge, WPRO, National Assembly</td>
<td>Workshop report with recommendations for strong marketing control provisions of the law</td>
</tr>
<tr>
<td>Face-to-face advocacy with National Assembly members (health sector, women members)</td>
<td>Sep 2018 – Apr 2019</td>
<td>MOH, Health Bridge</td>
<td>Meeting reports</td>
</tr>
<tr>
<td>Media communication:</td>
<td>+ Oct 2018; Mar 2019; May 2019</td>
<td>MOH, WHO, NGOs</td>
<td>Training reports, news articles, videos of talk shows</td>
</tr>
<tr>
<td>+ 3 media trainings</td>
<td>+ Nov 2018, Jan 2019; Apr 2019</td>
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</tr>
<tr>
<td>+ 3 talks shows on TV, social media, newspaper</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop and disseminate communication materials to National Assembly (Q&amp;As), factsheets, infographics, policy briefs.</td>
<td>Oct 2018 – Apr 2019</td>
<td>WHO, MOH, HSPI, HUPH, NGOs</td>
<td>Q&amp;A: factsheet, infographics, policy briefs</td>
</tr>
</tbody>
</table>

24
**Country: Lao People’s Democratic Republic**

Team members: Dr Tran Quoc Bao, Dr Lam Tu Trung, Ms Nguyen Hanh Nguyen, Ms Nguyen Thi Minh Huong, Mr Nguyen Phuong Nam

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timeframe</th>
<th>Deliverable/Output</th>
<th>Support and resource needs</th>
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<tbody>
<tr>
<td>Next steps</td>
<td>Time</td>
<td>Partner involved</td>
<td>Deliverable</td>
</tr>
<tr>
<td>Development of factsheet on alcohol harms targeting policy-makers</td>
<td>2018–2019</td>
<td>MOH/WHO</td>
<td>Factsheet is available</td>
</tr>
<tr>
<td>Press conference/celebration of No Alcohol Day, December 2018</td>
<td>2018</td>
<td>MOH, MOES, YOUTH UNION, WOMEN UNION, MOPS and MEDIA</td>
<td>Information on alcohol harm shared with young people</td>
</tr>
<tr>
<td>Continue to improve the draft subnational alcohol beverages control decree</td>
<td>2018–2019</td>
<td>MOH, MOES, MOJ, MOICT, MOPS, MOIC, PMO and NA</td>
<td>Finalized the draft decree on alcohol beverages control</td>
</tr>
<tr>
<td>Awareness raising on alcohol harms to young people</td>
<td>2018–2019</td>
<td>MOES, MOH, MEDIA, YOUTH UNION and WOMEN UNION</td>
<td>Increased knowledge on alcohol harms to young people</td>
</tr>
<tr>
<td>Drink Don’t Drive</td>
<td>2018–2019</td>
<td>MOH, MOPS, MOPWT</td>
<td>Reinforced the traffic regulation</td>
</tr>
</tbody>
</table>