CONSULTATION ON ACCELERATING THE REGIONAL IMPLEMENTATION OF THE GLOBAL STRATEGY TO REDUCE THE HARMFUL USE OF ALCOHOL IN THE WESTERN PACIFIC

25–26 September 2019
Manila, Philippines
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MEETING REPORT

CONSULTATION ON ACCELERATING THE REGIONAL IMPLEMENTATION OF THE GLOBAL STRATEGY TO REDUCE THE HARMFUL USE OF ALCOHOL IN THE WESTERN PACIFIC

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Manila, Philippines
25–26 September 2019
NOTE

The views expressed in this report are those of the participants of the Consultation on Accelerating the Regional Implementation of the Global Strategy to Reduce the Harmful Use of Alcohol in the Western Pacific 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 Consultation on Accelerating the Regional Implementation of the Global Strategy to Reduce the Harmful Use of Alcohol in the Western Pacific in Manila, Philippines from 25 to 26 September 2019.
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Key words

Alcohol drinking - adverse effects / Alcoholism - prevention and control / Alcohol-related disorders / Health promotion / Regional health planning
SUMMARY

Globally, harmful use of alcohol causes an estimated 2.5 million deaths every year and is the third leading risk factor for poor health. Alcohol harm affects not only individuals but also their families, communities and society, and youth are particularly vulnerable to these negative impacts. In 2010, the World Health Assembly endorsed the *Global Strategy to Reduce the Harmful Use of Alcohol*. During the Seventy-second World Health Assembly in May 2019, Dr Tedros Adhanom Ghebreyesus, World Health Organization (WHO) Director-General, articulated a commitment to Member States to report back in 2020 through the Executive Board on the implementation of the Global Strategy. In line with this mandate, WHO organized consultations with the six WHO regions to gather input from country experiences, identify lessons learnt and suggest recommendations on the way forward in alcohol control.

In the Western Pacific Region, alcohol consumption has increased significantly from 2010 to 2016, with some countries in the Region among those with the highest consumption globally. The WHO Regional Office for the Western Pacific invited a number of countries in the Region to participate in the consultation. Countries were selected on the basis of total alcohol per capita consumption as well as previous collaboration and interest. A total of 16 country focal points from nine Western Pacific Member States attended the meeting. They were joined by three temporary advisers, two observers and nine Secretariat members from WHO headquarters, the WHO Regional Office for the Western Pacific, and country offices in Mongolia, Tonga and Viet Nam.

A Consultation on Accelerating the Regional Implementation of the Global Strategy to Reduce the Harmful Use of Alcohol in the Western Pacific was convened in Manila, Philippines from 25 to 26 September 2019, with the following objectives:

1. to review the implementation of the *Global Strategy to Reduce the Harmful Use of Alcohol* in the WHO Western Pacific Region since its endorsement in 2010;
2. to inform the development of a detailed regional analysis on factors contributing to successes and challenges in the implementation of the Global Strategy; and
3. to identify lessons learnt and recommendations from the Region on the way forward.

Since the endorsement of the Global Strategy in 2010, progress has been observed in almost all key priority areas for national action. Significant pieces of alcohol control legislation have been passed in some countries as a result of sustained advocacy and commitment by various stakeholders. In particular, Member States reported progress in reducing the harmful use of alcohol through taxation and pricing policies, and drink–driving policies and countermeasures. Some Member States reported progress in reducing the availability and restricting the marketing of alcohol, as well as in the provision of services and interventions through the health system. Limited progress was reported in addressing the illicit trade of alcohol and informal production of alcohol was not reported.

Participants reported several challenges and setbacks. For example, limited technical capacity, human resources and funding often hinder efforts in developing, implementing and monitoring effective alcohol control interventions at national, regional and local levels. Alcohol industry interference is pervasive and oftentimes deceptive, with various examples cited across the cycle of policy development and implementation. Participants expressed a growing concern over the increasing use of digital marketing by the alcohol industry and the inability of national governments to adequately
respond to it. Also mentioned was illicit alcohol and informally produced alcohol, which fall within a regulatory gap in many jurisdictions. Lack of intersectoral collaboration and mechanisms for cooperation among civil society, nongovernmental organizations (NGOs), academia and other sectors were also identified as challenges.

Participants felt that awareness of the negative impact of alcohol on public health and safety among decision-makers and the general public remains low, which contributes to the equally low priority attributed to alcohol control compared to other public health issues. This is further compounded by competing interests within the health sector and across the whole of government, resulting in policy incoherence and weakening of alcohol control efforts. Civil society movements for alcohol control, while present to some extent, are perceived as weak or still in their infancy. Factors contributing to this lack of action include sociocultural values related to the consumption of alcohol, and stigma associated with alcohol dependence. These contribute to prevailing social norms that may encourage the harmful use of alcohol, delay appropriate health-seeking behaviour and weaken community action.

Participants agreed on the importance of adopting a strategic approach to alcohol control. There was discussion about the possibility of a high-level, legally binding mechanism – such as a Framework Convention on Alcohol Control – that could facilitate international cooperation and foster multisectoral action. Further progress on such an agreement would have to factor in the political landscape, as well as the time and resources necessary to achieve consensus.

Several alcohol control interventions require close collaboration with other sectors, such as finance, trade, law enforcement, social welfare and education; therefore, multisectoral collaboration can help address policy incoherence and overcome resource constraints. It can also facilitate the mainstreaming of alcohol control in the public sector agenda and further integration into cross-cutting themes, programmes and initiatives, such as universal health coverage (UHC) and the Sustainable Development Goals (SDGs).

Information technology and digital forms of communication, such as the Internet and social media, have fundamentally changed the communication landscape and are potent forces for shaping public perception and discourse surrounding alcohol. As such, they pose both a threat and an opportunity. The alcohol industry has increasingly harnessed digital communication to market their products, especially targeting young people. However, new technologies and media also present an opportunity for alcohol control stakeholders, including governments, to raise awareness, mobilize social support, foster political commitment and advance the implementation of the Global Strategy.

Member States agreed to prioritize further action on the most cost-effective interventions, as elaborated by the SAFER framework, supported by multisectoral collaboration and improved surveillance systems for monitoring and evaluation.
1. INTRODUCTION

1.1 Meeting organization

Globally, harmful use of alcohol causes an estimated 2.5 million deaths every year, and in the Western Pacific Region, alcohol consumption has increased significantly from 2010 to 2016, with some countries in the Region among those with the highest consumption globally. In 2010, the World Health Assembly endorsed the Global Strategy to Reduce the Harmful Use of Alcohol. During the Seventy-second World Health Assembly in May 2019, WHO Director-General Dr Tedros articulated a commitment to Member States to report back in 2020 through the Executive Board on the implementation of the Global Strategy. In line with this mandate, consultations were organized with all the WHO regions to give Member States an opportunity to provide input on their country experiences, identify lessons learnt and suggest recommendations on the way forward in alcohol control.

A Consultation on Accelerating the Regional Implementation of the Global Strategy to Reduce the Harmful Use of Alcohol in the Western Pacific was held in Manila, Philippines from 25 to 26 September 2019. The WHO Regional Office for the Western Pacific invited a number of countries in the Region to participate in the Consultation, basing the selection on total alcohol per capita consumption as well as previous collaboration and interest. A total of 16 country focal points from nine Western Pacific Member States attended the meeting. They were joined by three temporary advisers, two observers and nine Secretariat members from WHO headquarters, the WHO Regional Office for the Western Pacific, and country offices in Mongolia, Tonga and Viet Nam. A list of participants is available in Annex 1.

1.2 Meeting objectives

The objectives of the Consultation were:

(1) to review the implementation of the Global Strategy to Reduce the Harmful Use of Alcohol in the WHO Western Pacific Region since its endorsement in 2010;
(2) to inform the development of a detailed regional analysis on factors contributing to successes and challenges in the implementation of the Global Strategy; and
(3) to identify lessons learnt and recommendations from the Region on the way forward.

2. PROCEEDINGS

2.1 Opening session

Dr Hai-Rim Shin, Director of the Division of Healthy Environments and Populations (DHP) of the WHO Regional Office for the Western Pacific, welcomed participants to the meeting. Speaking on behalf of Dr Takeshi Kasai, WHO Regional Director for the Western Pacific, Dr Shin acknowledged major breakthroughs amidst persistent challenges in alcohol control in the Region. She also highlighted the growing political momentum in support of further action at different levels of government. Dr Shin concluded by reiterating WHO’s commitment to supporting Member States in addressing this significant threat to public health.

Mr Martin Vandendyck, Mental Health and Substance Use Technical Lead of the WHO Regional Office for the Western Pacific, then gave an overview of the meeting, explaining that Member States with total alcohol per capita consumption amounting to more than 5 litres were invited to nominate
and send technical focal points to the Consultation; countries were also invited if they had previously indicated interest. Besides these participants, the Consultation also benefitted from the attendance of WHO representatives from three levels of the Organization.

2.2 Background and context of the Consultation

**Noncommunicable disease (NCD) and SDG frameworks related to the reduction of the harmful use of alcohol**

Dr Shin delivered a presentation describing international frameworks and commitments relevant to alcohol control. She began with a discussion of the evolution of global NCD prevention and control over the years, beginning with the 2011 Moscow Declaration to the third High-level United Nations General Assembly meeting in 2018. The WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 includes the harmful use of alcohol as a key risk factor and identifies several alcohol-related interventions that are cost-effective. Among the four time-bound commitments in the Noncommunicable Diseases Progress Monitor 2018 are three measures on alcohol – restricting physical availability, banning/restricting exposure to advertising and increasing excise taxes. The voluntary global NCD target for alcohol is at least a 10% reduction of consumption of alcohol, as appropriate, within the national context, by 2025. Dr Shin also discussed the SDGs, many of which can be linked to addressing alcohol use; for instance, it is a relevant factor in achieving SDG 5 on gender equality, as gender-based violence increases with alcohol use. Furthermore, SDG 3.5 is specifically to “strengthen the prevention and treatment of substance abuse, including narcotic drug use and harmful use of alcohol”. She encouraged participants to keep these connections in mind and to think about the status of implementation of related key cost-effective interventions in their countries during the meeting.

**Alcohol and its impact on health: an update**

Dr Vladimir Poznyak from WHO headquarters started his presentation by giving a brief background and summary of the timeline that the WHO Secretariat will follow to prepare its report for the Seventy-third World Health Assembly in 2020. He then provided an update on the impact of alcohol consumption on global health, including the role that alcohol plays in deaths, premature mortality and disability-adjusted life years (DALYs). These include alcohol-attributable deaths and DALYs resulting from diseases (digestive and cardiovascular, as well as cancers), depression and suicides, road traffic accidents and interpersonal violence. Alcohol use disorders affect approximately 5.1% of people aged 15 and above, and a total of 132.6 million DALYs are lost due to alcohol. Other people and property are also negatively impacted. The burden is worst among low- and middle-income countries, which typically also have the worst health care. Although there are some positive global trends in terms of alcohol-attributable mortality, Dr Poznyak cautioned that this could be due to the efficacy of treatment and not necessarily due to decreased alcohol consumption. Alcohol dependence and heavy episodic drinking remain serious global concerns.

**International alcohol policy context**

Professor Sally Casswell from Massey University presented on the policy context surrounding global efforts to address alcohol harm. The body of data on alcohol became more widely understood in the 1990s, and alcohol was consistently ranked as one of the top 10 risk factors; however, at the same time, there was public messaging that some consumption of alcohol was good for heart health. Before the adoption of the Global Strategy, calls were made for a Framework Convention on Alcohol Control (FCAC) similar to the internationally binding WHO Framework Convention on Tobacco Control
(FCTC); while there was contestation over the content of the Global Strategy, it was ultimately viewed as a success. However, the current global context includes significant challenges, including, among others: lack of funding and resources for multilateral agencies or philanthropic organizations working on alcohol control; failure to address conflicts of interest by the alcohol industry; expansion of social and digital media by the industry to target users and encourage heavier consumption; and new trade treaties that protect electronic commerce, thus allowing corporations to sue governments. Professor Casswell stated that evidence now indicates alcohol is a group 1 carcinogen (i.e. there is no safe level of consumption) and that there is no relevant benefit to heart health. Potential future challenges include the commercialization of cannabis and the climate crisis, which could lead to less attention and funding being allocated to non-climate-related issues. There are efforts to raise alcohol control on the global agenda by organizations such as IOGT International and the Global Alcohol Policy Alliance, with the latter adopting FCAC as an advocacy goal in 2016.

Regional progress related to the reduction of the harmful use of alcohol

Building on the previous presentations, Mr Vandendyck presented on regional progress in alcohol control in the Western Pacific Region. In 2016, total alcohol per capita consumption in the Region amounted to 7.3 litres – a significant jump from 4.8 litres in 2000. Based on data reported by Member States in the Global Status Report on Alcohol and Health 2018, most countries do have a written national alcohol policy, but few have reported progress in restricting alcohol availability or exposure to alcohol advertising. Breakthroughs were reported in alcohol taxation and pricing, as well as drink–driving countermeasures; however, adjustments for inflation and enforcement of drink–driving remain challenging for the countries in the Region. Mr Vandendyck encouraged participants to refer to the country profiles included in their meeting packets to understand where their countries stand in relation to the regional efforts.

2.3 Implementation of the WHO Global Strategy to Reduce the Harmful Use of Alcohol in the Western Pacific Region during the first decade since its endorsement and of regional strategies and action plans

Dr Dag Rekve from WHO headquarters presented on the Global Strategy, which was developed through collaboration and consensus between the Secretariat and Member States to tackle the harms of alcohol use at all levels. He outlined the five objectives of the strategy and 10 recommended target areas for national action that participants should bear in mind during the first breakout session. After summarizing some of the global data on alcohol consumption, health consequences and alcohol policies and interventions, Dr Rekve pointed out that because effective alcohol interventions may be outside of the health sector, a multisectoral approach is necessary but challenging, as is addressing industry interference in policy-making. Other challenges include cultural norms and practices that endorse or even encourage alcohol consumption, and the mutually promoting nature of alcohol and marijuana policies. However, opportunities do exist, such as the trend towards decreasing youth alcohol consumption in some high- and middle-income countries, increasing recognition of the role of alcohol control policies in meeting the SDGs, and available evidence showing the cost-effectiveness of alcohol control measures. We do have enough knowledge about the problem and solutions, but what is needed are local adaptations and national action.
2.4 Challenges and opportunities in addressing the public health dimensions of the harmful use of alcohol at the national level

Following these presentations, participants broke out into three working groups to discuss the challenges, setbacks, success stories and opportunities in the implementation of effective alcohol control policies and interventions in their countries. They were led by the following key questions:

1. What have been the highest achievements (“success stories”) in reducing the harmful use of alcohol and implementation of the WHO Global Strategy (and corresponding regional strategies and action plans) in your country since 2010?

2. What have been the most important setbacks in reducing the harmful use of alcohol and implementing the Global Strategy (and corresponding regional strategies and action plans) in your country since 2010?

3. Based on the developments regarding alcohol policy in your country since 2010, what do you see as the most important challenges for the development and implementation of alcohol policies at the national level in the future?

After the breakout session, a rapporteur from each of the three groups summarized their discussion.

Examples of achievements or success stories included the passage of new laws and policies on alcohol control, taxation measures, laws and campaigns on drink-driving, and engagement by NGOs. Participants described setbacks that included lack of resources to implement desired policies and activities, dissemination of false data by the alcohol industry, difficulty changing behaviour due to cultural norms, weak enforcement of alcohol control laws, and lack of multisectoral coordination. The most significant challenges were therefore identified as the following: lack of funding and technical capacity; alcohol industry interference and conflicts of interest; illicit trade of tobacco and informal alcohol production (such as homebrews) falling into a regulatory gap; policy incoherence and competing government priorities; low awareness among decision-makers and the general public about the harms of alcohol; and stigma against alcohol use disorders affecting the efficacy of health-care responses.

2.5 The way forward to reduce the harmful use of alcohol at the national level

Once challenges had been articulated, participants went on to brainstorm in small groups on the way forward, guided by the following questions:

1. What do you see as the most important opportunities for development and implementation of alcohol policies at the national level in the future?

2. What should be priority areas for future actions to reduce the harmful use of alcohol and strengthen the implementation of the Global Strategy (and corresponding regional strategies and action plans) at the national level?

3. What new or strengthened existing mechanisms, tools and activities are needed to reduce the harmful use of alcohol at the national level and accelerate the implementation of the Global Strategy (and corresponding regional strategies and action plans) to reduce the harmful use of alcohol?

Participants were able to identify opportunities, priority areas, and mechanisms, tools and activities specific to their country contexts that can be harnessed to accelerate the national implementation of the Global Strategy. Many viewed alcohol industry interference and conflicts of interest as a mounting
threat to be addressed. The need for multisectoral action and political will are also essential elements for actions going forward. While the use of digital marketing by the industry is worrisome because it is pervasive and increasingly targets the youth, new technologies and media also present opportunities to raise public awareness on the harms of alcohol use, mobilize social support and foster political commitment.

2.6 Regional activities related to the reduction of the harmful use of alcohol

As an introduction to thinking about alcohol control efforts at the regional and global levels, Mr Vandendyck gave an overview of the initiatives, tools, activities and meetings organized by the WHO Regional Office for the Western Pacific to support each country’s alcohol control efforts within the national context. Some examples include providing support to ministries of health and programme managers in government responsible for alcohol legislation development (e.g. in Cambodia, Lao People’s Democratic Republic, Mongolia and Viet Nam); organizing expert visits to China, Tonga and Vanuatu; offering legislative support to the Philippines and Solomon Islands; and raising awareness of NCDs in Palau, among others. There are also four WHO collaborating centres in the Region that are actively engaged in conducting research and generating evidence related to alcohol use. Mr Vandendyck encouraged Member States to reach out and request for technical support and assistance from the WHO Regional Office, which has been recently restructured. The Division of Healthy Environments and Populations (DHP) focuses on addressing the upstream drivers of poor health such as tobacco and alcohol use, unhealthy environments and social determinants; as alcohol is specifically mentioned, efforts to address its harm are aligned with its mission.

Participants offered feedback from which future consultations would benefit, including a suggestion to invite sectors beyond health and more NGOs or community groups to share their input. This suggestion was well noted.

2.7 The way forward to reduce the harmful use of alcohol at regional and global levels

Dr Rekve explained the purpose of the next breakout session, which is for participants to identify – based on the content of the Global Strategy and their national situations – global efforts that can best support national and regional actions. He also introduced a new WHO-led initiative – SAFER – which was launched during a side event on alcohol at the Third High-level Meeting on NCDs in September 2018. The SAFER technical package and its three workstreams will focus on the most cost-effective priority interventions (“best buys”) using a set of WHO tools and resources to prevent and reduce alcohol-related harm.

Participants identified the following global efforts for each of the four priority areas of the Global Strategy:

1. Public health advocacy, partnership and dialogue

High-level advocacy, partnership and dialogue:
- WHO support for dialogue with government leaders.
- Advocate to high-level policy- and decision-makers (prime minister, ministers).
- Support stronger community engagement and collaboration.
- Support the organization of campaigns and high-level meetings to set targets on alcohol control.
- Develop quad media (television, print, radio, social) materials for advocacy to decision-makers and for the general public.
• Convene a platform for dialogue especially for legislators, conduct high-level advocacy missions, and ensure availability of experts for public hearings.

**International restrictions and FCAC:**
• Initiate advocacy for FCAC by asking the WHO Director-General to investigate necessity and feasibility.
• Develop international restrictions on alcohol digital marketing.
• Develop a stronger, legally binding international mechanism or a global coalition on alcohol control to strengthen the implementation of alcohol control measures at the national level.

**Civil society:**
• Strengthen partnerships and engagement with NGOs and civil society organizations and networks.

**Evidence:**
• Raise the issue of health consequences of alcohol by presenting the evidence.
• Provide evidence and analysis of the impact of commercial and trade agreements on the harmful use of alcohol.
• Compensate for weak civil society voice.
• Publish WHO data in reputable academic journals.
• Maximize the resources of the WHO collaborating centres.
• Request technical and funding support from WHO and donors.

**Others:**
• Raise the profile of alcohol as a health issue in international platforms and meetings, and put out consistent messaging for guidance (e.g. information on binge drinking versus heavy episodic drinking), keeping alcohol abuse/dependence at the forefront of the international agenda.
• Highlight alcohol as a key component of other larger initiatives, e.g. Bloomberg Healthy Cities, World Bank supported road safety strategy.
• Foster collaboration among development partners.
• Promote intercountry network through a platform.

**(2) Technical support and capacity-building:**
• Strengthen local capacity and provide tools for advocacy and communication; improve capacity for local data collection; facilitate learning from other countries; provide support in establishing surveillance systems; offer direct support for funding and training for data collection, such as youth survey.
• Offer continued guidance and support for countries to learn more about success stories, including learning from challenges and setbacks.
• Facilitate knowledge and skill transfer to governments (sustained capacity-building); build local expertise in the bureaucracy; provide links to best resources (including in other related technical areas); sustain seamless technical support; and supply a direct line to headquarters and global experts.
• Organize dedicated training courses (e.g. webinars) and invite experts and country representatives to attend.
• Expand capacity-building workshops.
• Institute effective taxation.
• Develop an intervention package at the community level.
• Invest in continuity-building using the model employed in the Western Pacific Region to bring together countries with representatives from different sectors, including civil society and non-health agencies.
• Develop approaches to working with the media, including training of journalists.
• Provide technical assistance for monitoring and evaluation of interventions.
• Consider requiring a larger set of indicators for alcohol monitoring.
• Strengthen capacity-building for both government and NGOs.
• Develop advocacy packages and information, education and communication (IEC) materials.
• Review and disseminate evidence from international surveys and best practices.
• Intensify dissemination of information on alcohol harms.

(3) Production and dissemination of knowledge

• Strengthen monitoring systems, building a knowledge base on epidemiology for benchmarking.
• Ensure data comparability as national health surveys capture data sometimes differently from WHO – norms setting for developing indicators.
• Support case building (return-on-investment studies) and more operational and implementation research.
• Provide global recommendations on best practices, success stories, policy review and operational research on novel approaches to alcohol control.
• Create a comprehensive database of alcohol control–related laws and policies, with translations available.
• Streamline and standardize global monitoring and surveillance systems to achieve greater integration.
• Support capacity development for collection of data on alcohol:
  • Establish better coordination mechanisms to draw available data together.
  • Improve existing data collection system to capture high-quality evidence on the production, sale, storage, export/import of alcohol, and the burden attributed to alcohol use.
  • Develop an international mechanism and network for monitoring alcohol marketing.
  • Establish a regional network for knowledge sharing, including sectors beyond health and NGOs.
• Offer leadership training for non-health sector people.
• Provide technical support on situation analysis and policy development.
• Provide technical support for revision of national alcohol control laws.
• Provide continuous support for training and development and adaptation of IEC materials.

(4) Resource mobilization

• Assist and support the strengthening of national policies and development of a strategy for resource mobilization.
• Develop a strategy or roadmap/upstream policies, given competing national interests.
• Improve absorptive capacity, transfer funding to development partners and find innovative ways to allocate budget expenditure, developing estimates of resource requirement for alcohol control.
• Provide recommendations for funding through taxation and inclusion in UHC.
• Fund capacity-building for treatment of alcohol dependence.
• Develop mechanisms within government to enhance operational efficiency; include good case studies.
• Identify and link countries with global donors for resources.
• Foster a global focus on raising resources for reducing alcohol-related harm at the country level.
• Provide technical and funding support for implementation of a national strategy on alcohol control.
• Provide support for resource mobilization, better funding allocation for alcohol control and disbursement of funding support from WHO/donors.

2.7 Plenary discussion

After the breakout sessions, participants engaged in a lively discussion over a range of issues, including: the feasibility, practicality and political process of pushing for an international and intergovernmental mechanism such as FCAC; difficulties in meeting the challenges of industry interference and conflicts of interest; lack of public understanding of the harms of alcohol; the importance of developing regional and focal point networks; and lack of funding for alcohol control activities at global, regional and national levels. All feedback and concerns expressed by participants were noted by the Secretariat.

2.8 Alcohol consumption, its health consequences and policy and programme responses globally and in countries within the Region since the endorsement of the Global Strategy to Reduce the Harmful Use of Alcohol

In the final presentation of the meeting, Dr Vladimir Poznyak gave an overview of the various alcohol surveillance and monitoring systems being used to collect global data and information on alcohol consumption. The 2019 Global Survey on Progress with SDG Health Target 3.5 (Substance Use) integrates two surveys – WHO Global Survey on Alcohol and Health and WHO Global Survey on Prevention and Treatment Resources for Substance Use Disorders – and covers five areas: 1) alcohol consumption, 2) surveys, 3) alcohol policies, 4) progress since 2010 on implementation of the 10 policy areas in the Global Strategy and 5) treatment capacity. Dr Poznyak encouraged Member States that have not responded to the survey to do so as soon as possible despite the difficulties of gathering and submitting data. Countries that can institutionalize internal monitoring systems and regularly compile information will be able to more easily report at the global level. Participants expressed frustration with the length of the survey and short deadline; however, there was agreement that valid, reliable and current data are critical to future alcohol control efforts.

2.9 Conclusions to be put forward to the Seventy-third World Health Assembly

The Secretariat presented a list of conclusions for discussion and noted inputs and comments from everyone at the meeting. Participants agreed to prioritize further action on the most cost-effective interventions, as elaborated by the SAFER framework, supported by multisectoral collaboration and improved surveillance systems for monitoring and evaluation.

2.10 Closing session

In his closing remarks, Mr Vandendyck thanked the country representatives, temporary advisers and observers for their engaged and active participation, as well as their valuable inputs and feedback. Drs Poznyak and Rekve expressed their gratitude to the participants and the WHO Regional Office for the Western Pacific for a successful and productive consultation.
3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

The objectives of the Consultation were met through presentations, group sessions and plenary discussions. Representatives from the nine Member States reported on progress and success stories in their countries, identified challenges in the implementation of the Global Strategy, and discussed ways forward in reducing the harmful use of alcohol at national, regional and global levels.

3.2 Recommendations

3.2.1 Recommendations for Member States

Member States are encouraged to:

(1) Continue to implement interventions to reduce the harmful use of alcohol, guided by the Global Strategy to Reduce the Harmful Use of Alcohol and other relevant global and regional strategies, actions plans and frameworks.
(2) Strengthen the implementation of existing alcohol control policies and programmes through capacity-building, strategic partnerships and enhanced monitoring and evaluation.
(3) Initiate and/or strengthen intra- and intergovernmental mechanisms for collaboration across different sectors involved in alcohol control.
(4) Apply strategic communications and advocacy to raise awareness among decision-makers and the general public of the multiple harms of alcohol, mobilize different stakeholders and foster political commitment.
(5) Integrate alcohol control into UHC, NCD prevention and control programmes, and primary health care.
(6) Develop tools and resources for the local adaptation and implementation of national alcohol control policies.
(7) Conduct regular and evidence-based reviews of national alcohol control strategies.
(8) Consider action to address illicit alcohol and informal production of alcohol.

3.2.2 Recommendations for WHO

WHO is recommended to:

(1) Lead high-level advocacy for alcohol control at global, regional and national levels.
(2) Enhance local capacity to develop, implement and monitor alcohol control interventions.
(3) Improve access to data, evidence and expert resource persons.
(4) Support training and capacity-building, including the use of online formats for knowledge transfer and dissemination, and other learning opportunities through the network of WHO collaborating centres.
(5) Develop multimedia communication materials to support public awareness and behaviour change campaigns and advocacy for policy change.
(6) Initiate and/or support networks for alcohol policy development, intercountry dialogue among focal points and multisectoral collaboration.
(7) Collect evidence on best practices and disseminate models and case studies of effective and innovative examples of alcohol control.
(8) Develop databases and knowledge networks for benchmarking.
(9) Streamline information systems and data collection tools.
(10) Support resource mobilization through capacity-building, access to global and regional donors, and innovative funding mechanisms.
ANNEXES

Annex 1: List of participants, temporary advisers, observers and secretariat
Annex 2: Programme of activities
Annex 1. List of participants, temporary advisers, observers and Secretariat

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Annex 2. Programme of activities

Day 1, Wednesday, 25 September 2019

08:30 – 09:00 Registration

09:00 – 09:30 Opening remarks

Overview of the consultation and introduction of participants

Dr Hai-Rim Shin
Director, Division of Healthy Environments & Populations (DHP)
WHO/WPRO

Mr Martin Vandendyck
Technical Lead
Mental Health and Substance Abuse
WHO/WPRO

09:30 – 10:30 Background and context of the consultation

• NCD and SDG frameworks related to the reduction of the harmful use of alcohol
• Alcohol and its impact on health: an update
• International alcohol policy context
• Regional activities related to the reduction of the harmful use of alcohol

Dr Hai-Rim Shin

Dr Vladimir Poznyak
Coordinator
Management of Substance Abuse
WHO Geneva

Professor Sally Casswell
Director
SHORE & Whariki Research Centre
Massey University

10:30 – 11:00 Group photo

Coffee and tea / Mobility break

11:00 – 13:00 Implementation of the WHO Global strategy to reduce the harmful use of alcohol in the Western Pacific Region during the first decade since its endorsement and of regional strategies and action plans

• 10 years of the Global Strategy to Reduce the Harmful Use of Alcohol: goals achieved and lessons learnt at the global level
• Working groups on implementation of effective policies and interventions: challenges, setbacks, success stories and opportunities
• Reporting back and plenary discussion on challenges and opportunities in addressing public health dimensions of the harmful use of alcohol at the national level

Mr Martin Vandendyck

Dr Dag Rekve
Senior Technical Officer
Management of Substance Abuse
WHO Geneva

WHO Secretariat

Dr Yuta Setoya
Technical Officer and Officer-in-Charge
WHO Country Liaison Office in Tonga
13:00 – 14:00  Lunch break

14:00 – 15:30 Alcohol consumption, its health consequences, and policy and programme responses globally and in countries within the Region since the endorsement of the \textit{Global Strategy to Reduce the Harmful Use of Alcohol}

- Presentation of the 2019 global survey on the progress of Sustainable Development Goal target 3.5
- Feedback and discussion

\textbf{Dr Vladimir Poznyak}
\textbf{Mr Phuong Nam Nguyen}
Technical Officer
Substance Abuse
WHO Viet Nam

15:30 – 16:00  \textbf{Coffee and tea / Mobility break}

16:00 – 17:30 The way forward to reduce the harmful use of alcohol at the national level

- Short introduction in plenary
- Group discussion on priority areas for national action to reduce the harmful use of alcohol

\textbf{Dr Dag Rekve}
WHO Secretariat

18:00  \textbf{Welcome reception}
Venue: Sagittarius – Capricorn Room, 27th Floor, Diamond Hotel Philippines
Day 2, Thursday 26 September 2019

08:30 – 09:00  Morning energizer
Recapitulation of Day 1
Mr Martin Vandendyck

09:00 – 10:30  The way forward to reduce the harmful use of alcohol at the national level
• Reports from the groups
• Plenary discussion
WHO Secretariat

10:30 – 11:00  Coffee and tea / Mobility break

11:00 – 13:00  The way forward to reduce the harmful use of alcohol at regional and global levels
• Group discussion on priority areas for regional and global action to reduce the harmful use of alcohol
WHO Secretariat

13:00 – 14:00  Lunch break

14:00 – 15:30  The way forward to reduce the harmful use of alcohol at regional and global levels
• Reports from the groups
• Plenary discussion
WHO Secretariat

Dr Yuta Setoya

15:30 – 16:00  Coffee and tea break / Mobility break

16:00 – 17:00  Conclusions to be put forward from the regional consultation to the seventy-third World Health Assembly
• Presentation of a draft report
• Discussions
Mr Martin Vandendyck

Dr Jason Ligot

17:00 – 17:30  Closing
Dr Hai-Rim Shin