Second meeting of the global network of WHO national counterparts for implementation of the Global Strategy to reduce the harmful use of alcohol

12 – 14 May 2014
Venue: Executive Board Room
WHO Headquarters, Geneva, Switzerland
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Introduction
Following the Sixty-third World Health Assembly endorsement of the Global strategy to reduce the harmful use of alcohol in May 2010, a global network of national counterparts was established for implementation of the global strategy, followed by development of similar networks in most of the WHO regions. The first meeting of the global network was held in Geneva from 11 to 13 February 2011\(^1\). As the next step towards strengthening the global network and building capacity to create, enforce and sustain the necessary policy and implementation mechanisms, the Second meeting of the global network took place at WHO headquarters in Geneva 12 - 14 May 2014. During the Second meeting of the network, particular attention was given to sharing experiences in implementing the policy options at national and international levels and capacity building using the WHO tools and training materials developed for this purpose.

Opening
The meeting was opened, on behalf of Dr Oleg Chestnov, Assistant Director General for Noncommunicable Diseases and Mental Health, by Director Douglas Bettcher, Department of Prevention of Noncommunicable Diseases, who welcomed the WHO national counterparts from more than 110 countries of the world, representatives of intergovernmental organizations and UN agencies and WHO colleagues from three levels of the organization – country offices, regional offices and Headquarters. Dr Bettcher forwarded the message from Dr Chestnov emphasizing that there is no room for complacency when it comes to reducing the harmful use of alcohol. In many developing societies increased availability of commercial alcohol presents new challenges to public health and, if not countered by effective alcohol policies, it can result in an increased alcohol-related burden on societies and their health systems. Dr Bettcher concluded by encouraging all to work together to prevent that from happening.

Following the opening presentations, participants elected two co-chairs for the meeting – Professor Melvyn Freeman from South Africa and Dr Vesna-Kerstin Petric from Slovenia – as well as two rapporteurs – Ms Lina Pastorek from Sweden and Mr Esner Vellos from Belize.

Update on recent developments from the WHO Secretariat at Headquarters
Dr. Shekhar Saxena, Director, Department of Mental Health and Substance Abuse presented the WHO`s Mental Health Action Plan running until 2020. Dr. Saxena underlined the close links between substance use disorders and mental health and on how a reduction in the harmful use of alcohol can contribute to better mental health and reduce suicide.

Dr. Saxena was followed by Dr. Bettcher who gave an update on the recent development in the field of noncommunicable diseases; where the harmful use of alcohol is one out of four key risk factors for developing non-communicable diseases. To track the implementation of the NCD action plan a global monitoring framework has been set up, including 25 indicators and a set of nine voluntary global targets. The attainment of the voluntary global targets will be reported in 2015 and 2020. One of the nine voluntary global target is to reach at least 10% reduction in the harmful use of alcohol by 2025.

\(^1\) Meeting report is available to download here: http://whqlibdoc.who.int/publications/2011/9789241502269_eng.pdf?ua=1
Director Mario Raviglione at the Global Tuberculosis Programme presented new research that has established a causal relationships between harmful use of alcohol and infectious diseases such as tuberculosis and HIV/AIDS. 13% of global TB cases is attributable to harmful alcohol use. Screening for either of the diseases can include screening for the other in order to reduce prevalence and coordinate interventions.

Director Etienne Krug, Department of Injuries and Violence Prevention presented how harmful use of alcohol contributes to 17 percent of all deaths from intentional and unintentional injuries at a global scale. It includes for example road traffic crashes, violence and assault, suicides, burns and drowning.

Dr Vladimir Poznyak, Coordinator of the team for Management of Substance Abuse, gave an update from HQ on the work on alcohol. Considerable efforts have gone into advocacy, technical support, capacity building and knowledge production. WHO has co-hosted or co-sponsored three global conferences on alcohol in this period, the global network of national counterparts have been maintained and a face to face meeting with the coordinating council organized. New partnerships within the NCD framework and with UNDP have been developed. An implementation toolkit covering the 10 areas in the strategy is under production. This will be linked to a “clearing house” of case studies and complemented by policy briefs, facts sheets, training materials and other resource material. in the global strategy. A web portal on alcohol with self-help intervention have been launched in four countries. Guidelines for the identification and management of substance use in pregnancy has been developed and released. Two research project under the umbrella of the WHO Research Initiative on Alcohol, Health and Development are currently implemented. The international study "Harm to others" (in partnership with ThaiHealth) are implemented in 6 selected countries of Asia, Africa, Americas and Europe. The WHO International Collaborative Research Project on Child Development and Prenatal Risk Factors with a Focus on FASD (in partnership with CAMH, Canada, and NIAAA, USA) for implementation in Canada, Belarus, Moldova, Ukraine, Namibia and Seychelles. In addition and International research project on alcohol and infectious diseases is planned to be implemented in HIV/AIDS and TB high prevalence countries of Africa and Europe. The Global Information System on Alcohol and Health is regularly updated, partly with inputs from the counterparts in the Global Survey on Alcohol and Health and the Global Status Report on Alcohol Health 2014 will be launched at this meeting. In spite of the efforts to raise funds and pool available resources for implementation of the global strategy, the resources available at all levels continue to be inadequate in the face of the magnitude of alcohol-attributable disease and social burden.

Launch of the Global Status Report on alcohol and Health 2014
At lunchtime, national counterparts joined in the official launch of WHO’s Global status report on alcohol and health 2014. The Global status report focuses on the consumption of alcohol worldwide, the consequences of the harmful use of alcohol, and policy responses. Country profiles of each of WHO’s 194 Member States are included in an appendix of the report.

Acting on behalf of Dr Oleg Chestnov, ADG NMH, Dr Bettcher launched the report and expressed his gratitude to the Department of Mental Health and Substance Abuse for all the efforts made in preparation and producing the report. Dr. Vladimir Poznyak,

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together with his colleagues Mr. Dag Rekve and Dr Alexandra Fleischmann, gave an overview of the content of the report. The main information presented in the report can be summarized as follow:

- Overall, there has been a slight increase in per capita consumption. This trend is mainly driven by an increase in alcohol consumption in China and India.
- The situation in terms of per capita consumption in the past 5 years in Africa, Europe and the Americas is stable, although some countries in Europe and Africa report significant decreases in consumption. Regional increases in per capita consumption have been reported in South-East Asia and the Western Pacific.
- Up to 2025, alcohol per capita consumption is expected to continue to increase in the Western Pacific, the Americas and South-East Asia.
- Worldwide, 3.3 million deaths in 2012 were attributable to harmful use of alcohol, this represent 5.9 % of all deaths.
- The harmful use of alcohol is a causal factor in more than 200 disease and injury conditions.
- Overall 5.1 % of the global burden of disease and injury is attributable to alcohol, as measured in disability-adjusted life years (DALYs)
- Alcohol consumption causes death and disability relatively early in life. In the age group 20 – 39 years approximately 25 % of the total deaths are alcohol-attributable.
- There is a causal relationship between harmful use of alcohol and a range of mental and behavioural disorders, other noncommunicable conditions as well as injuries.
- The latest causal relationships have been established between harmful drinking and incidence of infectious diseases such as tuberculosis as well as the course of HIV/AIDS.
- Beyond health consequences, the harmful use of alcohol brings significant social and economic losses to individuals and society at large, the harmful use of alcohol has to be addressed to ensure sustained social and economic development throughout the world.
- In countries with lower economic wealth the morbidity and mortality risks are higher per litre of pure alcohol consumed than in the higher income countries.
- In the light of the predicted increase in alcohol consumption in the world, the alcohol-attributable disease burden as well as social and economic burden may increase further unless effective prevention policies and measures based on the best available evidence are implemented worldwide.
- It is estimated in South Africa that in 2009 from 10 to 12% of GDP is lost due to factors relating to the harmful use of alcohol.
- 39 percent of the reporting countries now have a written national alcohol policy, which is an increase since the last report. Nevertheless alcohol remains a large problem in many countries and country profiles of all reporting Member States are included in the report.

Update on recent developments from the WHO Secretariat at the regional offices
After the launch of the report the various regions of WHO presented an update on the development in the different regions. The challenges differed tremendously in the various regions. Most regions were trying to strengthen capacity by arranging meetings
and workshops, to disseminate data and reports and by trying to create a link between national-regional-and global alcohol policies. The counterparts from several of the regions reported a rising demand for not just having a written policy in place (although still lacking in many countries), but also for an increased focus on its content and on which components that should or must be included in a policy for it to be effective.

Development and implementation of alcohol policies at country level: sharing experiences
In the afternoon, nine countries shared experiences on challenges and progress in the areas of developing national alcohol strategies; on enforcing the national strategy as well as, on particular projects and programs related to a national strategy. Issues that were raised were for example:

- The need for political leadership and the difficulties when countries are facing elections.
- The strong lobbying from the alcohol industry and how to manage such interference.
- Age limits on alcohol purchases and effects on traffic injuries and in society in general and various initiatives to reduce drinking and driving.
- Consider the social, cultural, religious and political differences when addressing the issue of alcohol at the local level
- Need for a multi sectoral approach and sufficient resources
- The use of social media for campaigns directed towards young people
- The benefits of linking alcohol, tobacco and drugs in national plans and strategies

Implementation of the global strategy to reduce the harmful use of alcohol – key roles and components of global action

At the first meeting of the global network of WHO counterparts in February 2011 mechanisms and structures for implementation of the global strategy was established. Four task forces and two ad hoc technical groups consisted important parts of this mechanism. Although, it was decided that the four task forces could be merged into two groups in the future. The task forces addressed the four key components of global action identified in the global strategy, namely: public health advocacy and partnership; technical support and capacity-building, production and dissemination of knowledge, and resource mobilization. The two ad hoc technical working groups, which was meant to be time-limited, initially looked at issues relating to health services and to the marketing of alcoholic beverages, other groups could be set up later if the network of national counterparts so wished.

The task force for Advocacy and Partnership focuses on raising awareness and advocating for action, promotion of inter-country networking and to facilitate international networking. The task force presented their views need for a clear system for disseminating and generating information to aid advocacy, to identify good practices for setting up national teams for advocacy, to develop guidance for advocacy in the context of the global strategy and finally increased resource mobilization for advocacy. They highlighted the need for a good infrastructure for global advocacy and for clarity and consistency in messaging at the global level.
The Task Force for Technical support and capacity building looked at how to enforce and sustain the necessary policy and legal frames, implementation mechanism and the development of necessary infrastructure for effective policy response in countries with higher or increasing alcohol attributed burden. The task force highlighted the need for stronger public health leadership to reduce the harmful use of alcohol and additionally for stronger commitment from other non-health sectors that are affected by harmful use. There is an urgent need to develop of good practice guidelines that could be adapted to the needs of different countries and cultures. They recommended capacity building workshops for small group of countries with similar backgrounds.

The Task Force for Production and Dissemination of knowledge had supported the implementation of the global survey on alcohol and health and looked ways to developing monitoring systems for alcohol consumption, social and health consequences and policy responses. The task force highlighted the need to maintain and further develop the Global Information System on Alcohol and Health (GISAH), strengthen communication/consultation processes with national counterparts on data collection, analysis, and dissemination, to generate comparable data between countries, to review, analyze and disseminate emerging scientific evidence and to initiate research in select low/middle income countries on fetal alcohol spectrum disorders and alcohol.

Finally the Task Force for Resource Mobilization presented priorities for fund-raising with special attention given to the links of harmful use of alcohol with other public health priorities such as NCDs, violence, road traffic injuries, and emphasized importance of considering “resources” as a broad concept encompassing financial and human resources as well as infrastructure for policy development and implementation. The need to raise resources at national, regional and global levels was highlighted in presentation. The Task Force presented the information note in support of the resource mobilization to reduce the harmful use of alcohol that was distributed at the meeting.

In the discussions following the presentations, a strong need was expressed by many counterparts for the task forces to actively support the implementation of the global strategy and that much could be done to improve this, while acknowledging that both language and technical barriers made this a challenging task.

**Discussion on priorities for global action for 2014 – 2017**

The discussion was initiated by the Secretariat and the Co-chairs of the global network, Professor Melvyn Freeman and Ms Maria Renström. The co-chairs started with some reflections to give a historical perspective. Historically – there has been a big step forward. The global strategy provides a platform to build upon and the exchange of experiences contributes to a broader perspective. The co-chairs stressed that the Coordinating Council and support of the WHO Secretariat is absolutely needed. But there are real challenges to find a sustainable structure and engagement and better accountability should be built into the system. In the discussion that followed the introduction the counterparts stressed various issues of importance for the network and WHO to focus on:

- The need for evidence based information to design effective prevention programs
- The need for monitoring and evaluation mechanism and tools to provide information on the success of programs implemented
The need for political leadership and commitment was also mentioned as essential.

The need for evidence based advocacy

The need to involve and focus on Health Care actions and response

The need to focus on crosscutting issues such as marketing, trade, internet-based marketing, the interaction with alcohol industry.

Some argued the need for fact sheets and arguments to use at national level when speaking with the Industry.

The priorities should also go beyond health issues and explain and clarify the effects of alcohol on, for example, development and GDP

Focus in institutional capacity building instead of individual capacity building

The possibility to elaborate on a target on marketing included in the global work on alcohol

The challenge lies in the implementation process and it should be integrated in NCD-framework to avoid silos but maintain focus on alcohol control.

Several counterparts stressed that the implementation mechanisms were too complex and the need to create a more efficient process. It was agreed that the task forces should be reduced from four to two. One part of the implementation mechanism has been the working groups. The meeting decided unanimously that the working groups should be integrated into the work of the task forces. Member states expressed commitment to contribute to the implementing mechanism but also the need to get information in time in order be able to prepare themselves before the meetings or teleconferences. Regional- or sub regional coordination should be strengthened, particularly regarding networking between the regional counterparts. The need for terms- of reference for participation in the coordinating council was stressed.

**Implementation of the global strategy to reduce the harmful use of alcohol at the global level. Elections to the Coordinating Council**

For the next period 2014 – 2017 the meeting agreed that the Coordinating council should serve as the main coordination mechanism for collaboration between Member States and the WHO Secretariat to support implementation of the strategy at global level. The main networking should take place at the regional level. The meeting agreed that the co-chairs of the Global Network meeting, Dr Melvyn Freeman, South Africa and Dr Vesna Kerstin Petric, Slovenia, should continue as co-chairs of the Global Network and the coordinating council , with Dr Vladimir Poznyak of WHO as a co-chair from the WHO Secretariat. It was also agreed that Mr Dag Rekve of WHO should continue to act as Executive Secretary of the Global Network. In total 24 people were elected to be part of the coordinating council, representing the regions, taskforces and secretariat. The members of the coordinating council signed up to become the link between the global and regional level. The full list of chairs and co-chairs and additional members of the coordinating council and other parts of the established implementation mechanisms and structures is given in Annex I.

The meeting suggested that the coordinating council should conduct a meeting at least once per year. Within the implementation mechanism ad hoc groups can be created if needed. Countries that want to be part of either of the two task forces should inform the secretariat about their interest.
Conclusions and Closure
By the end of the meeting Dr. Saxena and Dr. Poznyak summarized the meeting.

- Preventing and reducing harmful use of alcohol must be given a higher priority among decision-makers at all levels.
- The global strategy needs to be followed up with instruments that focuses more in detail on what to do and how to it.
- When implementing the global alcohol strategy, close cooperation and links should be established with the implementation of the Mental Health Gap Action Programme, the WHO Global NCD Action Plan, activities on violence and health, road safety and health as well as communicable diseases.
- A concerted global coordination and collaboration should remain a priority to create the synergies that are needed to provide increased leverage for Member States to implement evidence-based measures.
- The main coordinating mechanism at the global level will be the Coordinating Council consisting of representatives from the WHO Member States in all regions and the WHO Secretariat.
- The main forum for exchange of experiences, knowledge and policy discussions will be the global and regional networks of WHO national counterparts for the implementation of the Global strategy to reduce the harmful use of alcohol.
- The priorities for the network for the next years includes:
  - Continue to strengthen global and regional coordination and collaboration and create a sustainable mechanism at the global level through the coordinating council.
  - Contribute to the finalization of comprehensive Implementation Toolkit based on the policy options and interventions recommended in the Global strategy to reduce the harmful use of alcohol.
  - Strengthen the system for collecting, analysing and disseminating data on alcohol consumption, alcohol-related harm and policy responses as monitoring and evaluation is necessary to follow the development at global, regional and national levels.
  - Promote and support high quality research on prevention and treatment.
  - Increased advocacy for action against all aspects of harmful use of alcohol and secure sufficient resources at all levels to combat such use.
  - Sharing the experiences by actively contributing to cases studies.

Dr Saxena thanks all participants for their hard work and valuable contributions during the last three days and announced that the next meeting of the global network of national counterparts is planned to take place in approximately two years’ time.

Capacity-building sessions
Six capacity building workshops were held on the last day of the meeting covering selected areas in the global strategy. The draft Implementation Toolkit was introduced to the counterparts to guide implementation of policies in the ten target areas for priority action. In addition to the written technical tools six special sessions were conducted. The
sessions aimed at increasing the counterpart’s capacity in three selected areas: Health service response; Regulations on marketing of alcoholic beverages and Monitoring and surveillance. Feedback on draft technical tools was provided by the national counterparts during the session that will be taken into consideration in the process of finalizing the tools.

**Regional network meetings.**
The global counterparts meeting was followed by meetings of the regional networks on Friday 14 May coordinated and facilitated by WHO staff from the regional offices, Dr Lars Møller and Ms Julie Brummer facilitated the meeting of the WHO Regional Office for Europe, Dr Maristela Monteiro facilitated the meeting of the WHO Regional Office for the Americas/Pan American Health Organization, Dr Davison Munodawafa and Mr Hudson Wenji Kubwalo facilitated the meeting of the WHO Regional Office for Africa, Dr Khalid Saeed facilitated the meeting of the WHO Regional Office for the Eastern Mediterranean, Dr Nazneen Anwar facilitated the meeting of the WHO Regional Office for South-East Asia and Dr Xiangdong Wang facilitated the meeting of the WHO Regional Office for the Western Pacific.
Annexes
Annex I. Representatives on the Coordinating Council:

Co-Chairs
- Melvyn Freeman (South Africa)
- Vesna Kerstin Petric (Slovenia)

WHO Secretariat
- Vladimir Poznyak, Co-Chair
- Dag Rekve, Executive Secretary

Task forces:

Public health advocacy and resource mobilization
- Bernt Bull (Norway)
- Tania Gordillo (Mexico)
- Sheila Ndyanabangi (Uganda)
- Dag Rekve (WHO)

Knowledge production and capacity building
- Taksaphon Thamarangsi (Thailand)
- Sandra Dubowski (Germany)
- Ralph Hingson (USA)
- Eugenia Koshkina (Russian Federation)
- Vladimir Poznyak (WHO)

Regions:

Africa
- Baba Koumare (Mali)
- Beatrice Mwagomba (Malawi)
- Davison Munodawafa (WHO AFRO)

Americas
- Alfredo Pemjean (Chile)
- Vera Violeta Barahona (Costa Rica)
- Maristela Monteiro (PAHO/WHO)

Eastern Mediterranean
- Alireza Noroozi (Iran)
- Nada Ahmed (Egypt)
- Khalid Saeed (WHO EMRO)

Europe
- Jean Nicol (UK)
- Krzysztof Brzozka (Poland)
- Lars Möller (WHO EURO)

South East Asia
- Rakesh Lal (India)
- Rasanjalee Hettiarachchi (Sri Lanka)
- Nazneen Anwar (WHO SEARO)

Western Pacific
- Khun Sokrin (Cambodia)
- Bale Kurabui (Fiji)
- Xiangdong Wang (WHO WPRO)
Scope and Purpose

Following the Sixty-third World Health Assembly endorsement of the Global strategy to reduce the harmful use of alcohol in May 2010, a global network of national counterparts was established for implementation of the global strategy, followed by development of networks in four WHO regions. The global network was inaugurated and working mechanisms established at its first meeting in Geneva in February 2011. As the next step towards strengthening the global network and building capacity to create, enforce and sustain the necessary policy and implementation mechanisms, the Second meeting of the global network will take place at WHO headquarters in Geneva 12 - 14 May 2014. During the Second meeting of the global network of national counterparts, particular attention will be given to sharing experiences in implementing the policy options at national and international levels and capacity building using the WHO tools and training materials developed for this purpose. The Global status report on alcohol and health 2014 will be launched during the meeting.

Specific objectives of the meeting are as follows:

- Take stock of and discuss developments at national, regional and global levels since the endorsement of the WHO Global strategy to reduce the harmful use of alcohol.
- Revisit the working mechanisms, structures and plans for the global network of WHO national counterparts on implementation of the global strategy to reduce the harmful use of alcohol.
- Discuss and elaborate on plans for the continued implementation of the global strategy, including an assessment of a draft implementation toolkit for the global strategy.
- Discuss priority areas and plans for continued implementation of the global strategy at the global and regional levels in order to support and complement the efforts to reduce the harmful use of alcohol at the national level.
- Sharing experiences across countries and cross regions on successes and failures in developing and implementing alcohol policies, and build capacity at country level to create, enforce and sustain effective alcohol policies.
- Discuss monitoring and reporting on the implementation of the global strategy at different levels, also in the context of the global monitoring framework for NCD prevention and control.
- Provide an opportunity for the regional networks to discuss regional policies and action plans and to ensure complementarity and coordination between different policy frameworks.
- Launch the Global status report on alcohol and health 2014.
 Provisional programme of work

**Monday, 12 May 2014**

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<td>08.30 – 09.30</td>
<td>Registration</td>
<td>Main building</td>
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<tr>
<td>09.30 – 09.50</td>
<td>1 Opening ceremony</td>
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<td>- Welcome address</td>
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<td>- Election of chairs and rapporteurs</td>
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<td>- Background and objectives of the meeting</td>
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<td>09:50 – 10:50</td>
<td>2 Update on recent developments from the WHO Secretariat at Headquarters</td>
<td>Executive Board Room</td>
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<td>- Mental Health Action Plan 2013–2020</td>
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<td>- Alcohol as a risk factor for NCD</td>
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<td>- Alcohol and TB</td>
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<td>- Alcohol, violence and injuries</td>
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<td>- Program activities on the implementation of the global strategy at the global level</td>
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<td>- Launch of the Global Status Report on Alcohol and Health 2014</td>
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<td>10:50 – 11:15</td>
<td>Coffee Break</td>
<td>WHO Cafeteria</td>
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<td>11:15 – 12:30</td>
<td>3 Update on recent developments from the WHO Secretariat at the regional offices</td>
<td>Executive Board Room</td>
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<td>12:30 – 14:00</td>
<td>Lunch</td>
<td>WHO Cafeteria</td>
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<td>14:00 – 15:30</td>
<td>4 Development and implementation of alcohol policies at country level: sharing experiences</td>
<td>Executive Board Room</td>
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<td>- Case studies on selected target areas</td>
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<td>15:30 – 16:00</td>
<td>Coffee Break</td>
<td>WHO Cafeteria</td>
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<td>16:00 – 17:00</td>
<td>5 Development and implementation of alcohol policies at country level: sharing experiences (continued)</td>
<td>Executive Board Room</td>
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<td>- Case studies on selected target areas (continued)</td>
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<td>- Discussion</td>
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<td>17:30 – 19:00</td>
<td>Reception</td>
<td>WHO Cafeteria</td>
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### Tuesday, 13 May 2014

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
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| 09:00 – 10:30 | Implementation of the global strategy to reduce the harmful use of alcohol - key roles and components of global action  
- Priority areas identified by the task forces  
- Reflections by co-chairs of the counterparts network | Executive Board Room |
| 10:30 – 11:00 | Coffee Break                                                             |                |
| 11:00 – 12:00 | Discussion on priorities for global action for 2014-2017                 | Executive Board Room |
| 12:00 – 14:00 | Lunch                                                                    | WHO Cafeteria  |
| 14:00 – 15:30 | Implementation of the global strategy to reduce the harmful use of alcohol at the global level  
- Revisiting implementation mechanisms and plans  
- Elections | Executive Board Room |
| 15:30 – 16:00 | Coffee Break                                                             |                |
| 16:00 – 17:00 | Way forward  
- Reflections from the Secretariat  
- Report from rapporteurs  
- Presentation of conclusions and next steps  
- Closure | Executive Board Room |

### Wednesday, 14 May 2014

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<tr>
<td>09:30 – 10:30</td>
<td>Regional network meetings: Part 1</td>
<td>TBC</td>
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<tr>
<td>10:30 – 11:00</td>
<td>Coffee Break</td>
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| 11:00 – 12:30 | Capacity-building sessions  
I. Health services response  
II. Regulations on marketing of alcoholic beverages  
III. Monitoring and surveillance | Salle C  
Salles M |
| 12:30 – 14:00 | Lunch                                                                    | WHO Cafeteria  |
| 14:00 – 15:30 | Capacity-building sessions  
I. Health services response  
II. Regulations on marketing of alcoholic beverages  
III. Monitoring and surveillance | Salle C  
Salles M |
| 15:30 – 16:00 | Coffee Break                                                             |                |
| 16:00 – 17:00 | Regional network meetings: Part 2                                         | TBC            |
List of participants

**WHO African Region**

**Algeria**
Dr Djamila Nadir  
Director, Noncommunicable Diseases  
Directorate General of Prevention  
Ministry of Population Health and Hospital Reform

**Benin**
Dr Julien Toessi  
Point Focal de Lutte contre le Tabac et l’Alcool Atlantique  
Ministère de la Santé

**Botswana**
Mr Phenyo Sebonego  
Chief Health Officer  
Public Health  
Ministry of Health

**Burundi**
Dr Jeanine Ayinkamiye  
Vice-Director  
Programme National intégré de lutte contre les maladies non-transmissibles  
Ministère de la santé publique et de la lutte contre le Sida

**Congo (the)**
Professor Rosalie Likibi-Boho  
Focal Point  
Tobacco Control, Anti-Alcohol and Other Psychoactive Substances  
Ministry of Health and Population

**Democratic Republic of the Congo (the)**
Dr Kapia Patrice Milambo  
Ministry of Health

**Equatorial Guinea**
Dr Vicente Ebale Graciano  
Responsable des Maladies non transmissibles  
Ministère de la Santé  
Ministère de la Santé

**Ethiopia**
Dr Yeneabeba Sima  
Team Leader, Noncommunicable Diseases  
Disease prevention and control directorate  
Ministry of Health

**Gabon**
Dr Mabiala Frédéric Mbungu  
Directeur Programme National de Santé Mentale  
Programme National de Santé Mentale  
Ministère de la Sante
**Gambia**
Dr Omar Badjie  
Programme Manager  
Noncommunicable Diseases  
Ministry of Health and Social Welfare

**Ghana**
Mr Joseph Kofi Adusei  
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