Terms of Reference for the Technical Advisory Group on Alcohol Labelling

Alcohol is a leading risk factor for premature mortality and burden of disease worldwide. The World Health Organization (WHO) provides technical support and expertise to countries in implementing effective and cost-effective policies to reduce alcohol consumption and alcohol-attributable harms. WHO recommends providing consumer information on the ingredients, nutritional values and harms of alcohol on the labels of alcoholic beverages to increase awareness and ensure that consumers make informed decisions.

Currently, labelling practices across countries are not standardized as they are with medicine, foods and soft drinks. Policy- and decision-makers need the best available evidence on the design and messaging of health warning labels to design, implement and enforce labelling provisions. However, inconsistencies in displaying information on labels and research methodology have resulted in divergent practices and evaluation outcomes, leaving labelling practices often up to inconsistent sets and standards of self-regulation of alcohol producers and distributors and thus also leaving consumers without critical information on the labels to make informed decisions. Significant work needs to be done on establishing a robust evidence base for the use of health warning labels on alcoholic beverages as so far the topic of health warning labels for alcohol has been under-researched.

In 2017, the WHO Regional Office for Europe (WHO/Europe) published a discussion document presenting an analysis of available policy options for introducing warning and product labelling on alcoholic beverage containers. Later, in 2020 WHO/Europe launched a Health Evidence Network synthesis report on the current alcohol labelling practices in the WHO European Region, and the barriers and facilitators to development and implementation of alcohol labelling policy. Both documents identify the lack of comprehensive labelling practices in the WHO European Region and lay out how these can be developed and implemented.

In 2022, as part of a European Union/WHO multicomponent project, WHO/Europe was tasked with the production of evidence on the potential impact of alcohol health warning labels on consumer awareness, knowledge, choices and purchasing behaviours. This work aims at: 1) developing the evidence base for the development of impactful health warning labels for alcohol and testing their potential impact in a series of studies, employing different methodologies, including real-life experiments on purchasing choices in different environments; and 2) based on the conducted studies and the data collected, providing practical guidance for the design and implementation considerations for the European Commission and Member States of the European Union.

The Technical Advisory Group on Alcohol Labelling (the “TAG”) will act as an advisory body to WHO/Europe in this field.

I. Functions

In its capacity as an advisory body to WHO/Europe, the TAG shall have the following functions:
1. To provide independent evaluation of the scientific technical and strategic aspects of alcohol labelling, particularly with a special focus on the best available evidence and relevant research in the area of health warning labels;

2. To identify and describe current and potential future challenges in the development of evidence on labelling of alcoholic beverages, including on development of policies, their associated regulatory frameworks, their implementation, monitoring and compliance, including economic and legal aspects;

3. To advise on the development of evidence and evidence-based policy recommendations on alcohol labelling,

4. To advise on the development, methodologies and carrying out of research projects and facilitation of real-life experiments on alcohol labelling, including data collection procedures, analyses and interpretation;

5. To support in the advancement of the international research agenda on alcohol labelling;

6. To advise on strategic directions to be prioritized and on the development of strategic documents in alcohol labelling.

II. Composition

1. The TAG shall have up to 25 members,\(^1\) who shall serve in their personal capacities to represent the broad range of disciplines relevant to alcohol labelling, and alcohol health warnings specifically. In the selection of the TAG members, consideration shall be given to attaining an adequate distribution of technical expertise across different disciplines, geographical representation and gender balance.

2. Members of the TAG, including the Chairperson, shall be selected and appointed by WHO following an open call for experts. The Chairperson’s functions include the following:

   - to chair the meeting of the TAG;
   - to liaise with the WHO/Europe Secretariat between meetings.

   In appointing a Chairperson, consideration shall be given to gender and geographical representation.

3. Members of the TAG shall be appointed to serve for a period of two years and shall be eligible for reappointment. A Chairperson is eligible for reappointment as a member of the TAG, but is only permitted to serve as Chairperson for one term. Their appointment and/or designation as Chairperson may be terminated at any time by WHO/Europe if WHO’s interest so requires, or as otherwise specified in these terms of reference or letters of

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\(^1\) Members serve as full participants and partake in the deliberations and the adoption of the recommendations of the meeting in which they are involved.
appointment. Where a member’s appointment is terminated, WHO/Europe may decide to appoint a replacement member.

4. TAG members must respect the impartiality and independence required of WHO. In performing their work, members may not seek or accept instructions from any government or from any authority external to the Organization. They must be free of any real, potential or apparent conflicts of interest. To this end, proposed members/members shall be required to complete a declaration of interests form and their appointment, or continuation of their appointment, shall be subject to the evaluation of completed forms by the WHO/Europe Secretariat, determining that their participation would not give rise to a real, potential or apparent conflicts of interest.

5. Following a determination that a proposed member’s participation in the TAG would not give rise to a real, potential or apparent conflict of interest, the proposed member will be sent a letter inviting them to be a member of the TAG. Their appointment to the TAG is subject to WHO receiving the countersigned invitation letter and letter of agreement. Notwithstanding the requirement to complete the WHO declaration of interest form, TAG members have an ongoing obligation to inform the WHO of any interests real or perceived that may give rise to a real, potential or apparent conflicts of interest.

6. As contemplated in paragraph II.4 above, WHO may, from time to time, request TAG members to complete a new declaration of interest form. This may be before a TAG meeting or any other TAG-related activity or engagement, as decided by WHO. Where WHO has made such a request, the TAG member’s participation in the TAG activity or engagement is subject to a determination that their participation would not give rise to a real, potential or apparent conflict of interest.

7. Where a TAG member is invited by WHO to travel to an in-person TAG meeting, WHO shall, subject to any conflict of interest determination as set out in paragraph II.6 above, issue a letter of appointment as a temporary adviser and accompanying memorandum of agreement (together “Temporary Adviser Letter”). WHO shall not authorize travel by a TAG member, until it receives a countersigned Temporary Adviser Letter.

8. TAG members do not receive any remuneration from the Organization for any work related to the TAG. However, when attending in-person meetings at the invitation of WHO, their travel costs and per diem shall be covered by WHO in accordance with the applicable WHO rules and policies.

III. Operation

1. The TAG shall normally meet at least once each year. However, WHO/Europe may convene additional meetings. TAG meetings may be held in person (at the WHO Regional Office for Europe in Copenhagen or another location, as determined by WHO/Europe) or virtually, via video or teleconference.

TAG meetings may be held in open and/or closed session, as decided by the Chairperson in consultation with WHO/Europe.
(a) Open sessions: Open sessions shall be convened for the sole purpose of the exchange of non-confidential information and views, and may be attended by observers (as defined in paragraph III.3 below).

(b) Closed sessions: The sessions dealing with the formulation of recommendations and/or advice to WHO shall be restricted to the members of the TAG and essential WHO/Europe Secretariat staff. The meetings shall be confidential and TAG members shall not share information with third parties.

2. The quorum for TAG meetings shall be two thirds of the members.

3. WHO may, at its sole discretion, invite external individuals from time to time to attend the open sessions of an advisory group, or parts thereof, as “observers”. Observers may be invited either in their personal capacity, or as representatives from a governmental institution/intergovernmental organization, or from a non-state actor. WHO will request observers invited in their personal capacity to complete a confidentiality undertaking and a declaration of interests form prior to attending a session of the advisory group. Invitations to observers attending as representatives from non-state actors will be subject to WHO internal due diligence and risk assessment including conflict of interest considerations in accordance with the Framework for Engagement with Non-State Actors (FENSA). Observers invited as representatives may also be requested to complete a confidentiality undertaking. Observers shall normally attend meetings of the TAG at their own expense and be responsible for making all arrangements in that regard.

   At the invitation of the Chairperson, observers may be asked to present their personal views and/or the policies of their organization. Observers will not participate in the process of adopting recommendations of the TAG.

4. The TAG may decide to establish smaller working groups (subgroups of the TAG) to work on specific issues. Their deliberations shall take place via teleconference or video-conference. For these subgroups, no quorum requirement will apply; the outcome of their deliberations will be submitted to the TAG for review at one of its meetings.

5. TAG members are expected to attend meetings. If a member misses two consecutive meetings, WHO may end his/her appointment as a member of the TAG.

6. Reports of each meeting shall be submitted by the TAG to WHO/Europe. All recommendations from the TAG are advisory to WHO, which retains full control over any subsequent decisions or actions regarding any proposals, policy issues or other matters considered by the TAG.

7. The TAG shall normally make recommendations by consensus. If, in exceptional circumstances, a consensus on a particular issue cannot be reached, minority opinions will be reflected in the meeting report.
8. Active participation is expected from all TAG members, including in working groups, teleconferences and interaction over email. TAG members may, in advance of TAG meetings, be requested to review meeting materials and to provide their views for consideration by the TAG.

9. WHO shall determine the modes of communication by the TAG, including between WHO and the TAG members, and the TAG members among themselves.

10. TAG members shall not speak on behalf of, or represent, the TAG or WHO to any third party.

IV. Secretariat

WHO/Europe shall provide the secretariat for the TAG, including necessary scientific, technical, administrative and other support. In this regard, the WHO/Europe Secretariat shall provide the members in advance of each meeting with the agenda, working documents and discussion papers. Distribution of the aforesaid documents to observers will be determined by the WHO Secretariat. The meeting agenda shall include details, such as: whether a meeting, or part thereof, is closed or open; and whether observers are permitted to attend.

V. Information and documentation

1. Information and documentation to which members may gain access in performing TAG-related activities shall be considered as confidential and proprietary to WHO/Europe and/or parties collaborating with WHO/Europe. In addition, by countersigning the letter of appointment and the accompanying terms and conditions referred to in section II(5) above, TAG members undertake to abide by the confidentiality obligations contained therein and also confirm that any and all rights in the work performed by them in connection with, or as a result of, their TAG-related activities, shall be exclusively vested in WHO/Europe.

2. TAG members and observers shall not quote from, circulate or use TAG documents for any purpose other than in a manner consistent with their responsibilities under these Terms of Reference.

3. WHO retains full control over the publication of the reports of the TAG, including deciding whether or not to publish them.