Submission on the draft first report of the WHO Independent High-Level Commission on NCDs

May 16, 2018

Alcohol Healthwatch is an independent charitable trust working to reduce alcohol-related harm. We are contracted by the New Zealand Ministry of Health to provide a range of regional and national health promotion services. These include: providing evidence-based information and advice on policy and planning matters; coordinating networks and projects to address alcohol-related harms, such as alcohol-related injury, fetal alcohol spectrum disorder and supply to minors; and coordinating or otherwise supporting community action projects.

Thank you for the opportunity to provide feedback on the draft first report of the WHO Independent High-Level Commission on NCDs.

If you have any questions on the comments we have included in our submission, please contact:

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1. Alcohol Healthwatch welcomes the draft first report of the WHO Independent High-Level Commission on NCDs. We believe that amendments to the report will better enable WHO Member States to achieve their commitment to reducing premature NCD mortality. In particular, our comments relate to the importance of prioritising alcohol use as a major determinant of NCD death and disability.

2. Among all behavioural risk factors, alcohol use is the major cause of death (Figure 1) and disability (Figure 2) in New Zealanders aged 15-49 years. This age group comprises a significant proportion of the human capital in the population, a segment that is economically productive and nurturing future generations. As described in the draft NCD report, “human capital is now recognised as a significant contributor to the wealth of country, far more than physical or natural capital”.

![Figure 1. Mortality rates by risk factor, New Zealand, both sexes, 15-49 years, 2016. Global Burden of Disease Compare Data Visualisation, Institute for Health Metrics and Evaluation.](image1)

![Figure 2. DALYs by risk factor, New Zealand, both sexes, 15-49 years, 2016. Global Burden of Disease Compare Data Visualisation, Institute for Health Metrics and Evaluation.](image2)
3. Among the entire New Zealand population, alcohol use remains one of the major risk factors for death (Figure 3).2

4. Globally, alcohol use now ranks as the second greatest behavioural risk factor for death.3

5. Alcohol Healthwatch strongly believes that the burden from alcohol use is not reflected in the suggested priorities for action outlined in Recommendation 1. The role of alcohol use in reducing human capital needs to be given greater attention.

6. Therefore, Alcohol Healthwatch strongly recommends that comprehensive alcohol control programmes are included as a priority in Recommendation 1.

7. In addition, Alcohol Healthwatch strongly urges that greater emphasis is given to equity throughout the report. At present, equity is mentioned once as an overarching principle. For equity to be committed to and genuinely embedded into national strategies, higher-level guidance and commitment is required. NCD prevention should be prioritised and evaluated on its ability to reduce the significant and unfair inequities in the burden of NCDs. Equity must be included within Recommendation 1 – countries have a responsibility to ensure that no-one is left behind. Recommendation 1 could read “Countries should also work towards: ensuring equity underpins the development, implementation and monitoring of NCD interventions and policies.” In relation to this, many countries (including New Zealand), currently lack a workforce that can develop and deliver culturally-appropriate interventions. This is a significant barrier to overall progress in reducing NCDs and achieving equity.

8. As described in the report, NCDs share common vectors; commercial interests. Although page 8 of the report clearly outlines one of the major obstacles to implementing effective
interventions being the lack of political will to overcome commercial interests, there remains an absence of recommendations in the report seeking to remedy this.

9. Alcohol Healthwatch **strongly recommends** that Recommendation 2 explicitly include measures that would exclude commercial interests from policy making on NCDs. Whilst there may be limited benefits from engaging with some sectors in relation to the production of their products, commercial interests should be excluded from the policy making progress given ample evidence of interference in policy-making processes and research. This has the effect of diverting policy focus away from evidence-based and cost-effective alcohol policies to reduce availability, increase price and restrict marketing. The reliance of alcohol industry profits in New Zealand on heavy drinking is in stark contrast to, and conflicts with, Government commitments to reduce NCD mortality.

10. Alcohol Healthwatch **strongly urges** the Commission to recommend to the WHO that an international framework convention on alcohol be implemented. Like the Framework Convention on Tobacco Control, a measure should be included requiring Parties to protect the development and implementation of alcohol policies from commercial and other vested interests of the alcohol industry.

11. Alcohol Healthwatch **strongly endorses** Recommendation 3 to increase prices of alcohol. Increased alcohol excise tax can contribute to NCD prevention through increased government revenue (to fund prevention initiatives) whilst at the same time reducing consumption and NCD mortality. Price increases can be considered progressive for low income populations given they experience disproportionately more harm from their drinking.

12. We thank the Commission for this important work and wish them well in future deliberations.

**References**

2. Ibid.
3. Ibid.