COMMENTS ON DRAFT OUTCOME DOCUMENT – MONTEVIDEO ROADMAP 2018-30 ON NCDs AS A SUSTAINABLE DEVELOPMENT PRIORITY

By way of introduction, the Comité Européen des Entreprises Vins (CEEV – www.ceev.eu) represents the wine companies in the industry and trade in the European Union for still wines, sparkling wines, liqueur wines, aromatised wines, and other vine products. It brings together 24 national organisations. Its members produce and market the vast majority of quality European wines, with and without geographical indication, and account for over 90% of European wine exports.

General comments

CEEV welcomes the WHO Global Conference on NCDs and the draft outcome document as an initiative to provide necessary momentum to global and national efforts to accelerate progress on NCDs, and in particular to meet the target by 2030 set out in SDG 3.4.

We are also grateful for the opportunity to comment on the draft outcome document and believe it will be strengthened by taking into account comments and input from a diverse group of stakeholders, especially those for which the document assigns a role.

We strongly agree with the emphasis on creating “whole of governments responses”. The roadmap would be strengthened by acknowledging a “whole-of-society” approach to developing policies to address SDGs, as set out in the 2030 Agenda for Sustainable Development, the 2011 UN Political Declaration on the Prevention and Control of Non-communicable Diseases and the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020.

We believe the outcome document should emphasise how working across sectors should be encouraged, to include stakeholders other than those in the health sector. Considering, not only but specially the social and cultural dimension of wine production and consumption, the outcome document could also be strengthened by including a commitment by governments to adopt a ‘whole-of-society’ approach mentioned above and to developing a shared understanding of how to implement this approach.

We welcome the paragraphs (31-33) which acknowledge the need to engage with non-state actors, and particularly the references (in paragraphs 24 and 25) to “enhancing national capacity to engage constructively with the private sector for NCD prevention and control in a way that maximizes health gains,” but feel it would benefit from some suggestions of how to achieve common agreement with the private sector, so that it can support national action.

We strongly agree with the need to develop coordinated and coherent policies and strengthen evidence-based regulatory frameworks, and to align private sector incentives with public health goals. For this to happen interventions must be supported by scientific evidence and an understanding of which are the most effective and cost-effective policy initiatives. This alignment should be led by governments through dialogue to create common understanding of what should be the private sector’s contribution.

We would like to see even more emphasis on multi-stakeholder approaches and public-private partnerships, which recognise that no single actor will have sufficient impact on their own and which harnesses the experience, skills and resources of the many different types of stakeholder. However, we have concerns about general negative references to the private sector, which are addressed in our specific comments below.

We believe the draft outcome document should include a positive statement reflecting a commitment to public-private and civil society partnerships as encouraged and promoted in SDG 17 and as expressed in the
recently adopted Ministerial declaration of the high-level political forum on sustainable development, that “a stronger commitment to partnership and cooperation is needed to achieve the Sustainable Development Goals.”

We also agree with paragraph 20 that recognises that health literacy has an important role to play. Consumers should be well informed about the potential risks and benefits of their lifestyle decisions to health. Given that moderate drinking is linked to both risks and benefits, health literacy must also include information about both in order to provide a balanced and accurate picture. Consumers can only be empowered to make informed choices if they are provided with the full range of available information.

Specific comments

Paragraph 3 – the reference to ‘industry interference including through legal disputes’ is generalised and out of place in a document which otherwise welcomes and encourages private sector contributions to reducing NCDs. Industry has an important stakeholder role as a contributor to the public health agenda and it has a legitimate right to present evidence and views to policy-makers regarding the impact of policies under consideration, particularly when there is evidence to show such policies might not achieve the desired objective or have other unintended impacts. Industry also has the right, as do all other stakeholders, to challenge measures which do not have a sound legal basis.

Paragraph 6 – It is proposed that governments prioritise the ‘most cost effective, affordable and evidence-based interventions’.

With regard to the harmful use of alcohol, we wholly agree that interventions should be affordable and evidence-based. However cost-effectiveness will vary by context and with available resources across high, middle and low income countries, a point noted in the report of the Expert Consultation on Updating Appendix 3 of the WHO Global Action Plan on NCDs (June 2015) which explicitly states “it is unclear if “very cost-effective” recommendations will apply to all countries....”.

Furthermore, such policies do not allow for those interventions that, although perhaps more costly to implement in the short term, are likely to be more effective in reducing harm.

Paragraph 15 – We have concerns about the reference to interventions which have the capacity to generate revenues, which includes taxation of alcohol.

Financial resources are needed to support NCD prevention, wherever possible, particularly to address the four major NCD risk factors which include harmful use of alcohol. We acknowledge that alcoholic beverages should be reasonably taxed, to meet the desire for regulation and as a source of revenue for governments. In setting tax levels for alcohol beverages at a reasonable level, and to maximise their effectiveness in raising revenue, governments need to take into account a number of factors specific to the country context: the particular system of production and the atomised economic structure of the wine sector; the economic impact of raising alcohol taxes; the impact on domestic production and trade; and the unintended impact on the safety of consumers of the informal and illicit market.

Raising alcohol taxes may not always result in increased revenue and strong evidence indicates that fiscal measures are not useful tools for reducing harmful drinking patterns. Indeed, consumers may shift to cheaper products, including to informal and illicit (and, therefore, untaxed) beverages. Increasing alcohol prices through taxation may also lead to increased cross-border trade with neighbouring countries where alcohol is cheaper, resulting in a loss to domestic revenue.

If taxation of alcohol is to be referred to at all in the outcome document, these factors should be mentioned in order to provide a balanced perspective for policy-makers.
Paragraph 26 (or new paragraph after 26) - we propose adding to paragraph 26 or creating an additional paragraph, as follows:

‘Economic operators in the alcohol production and trade are especially encouraged to consider effective ways to prevent and reduce the harmful use of alcohol in their roles as developers, producers, distributors, marketers and sellers of alcoholic beverages, including self-regulatory actions and initiatives and by making available data on sales and consumption of alcoholic beverages’.

Paragraph 28 - Effective monitoring and evaluation of the implementation of private sector commitments and their contribution to national NCDs responses is essential. However, we do not think this should be restricted to private sector interventions but expanded to provide that monitoring and accountability mechanisms include initiatives by all parties, including governments and civil society.

Paragraph 30 - proposes a commission to address the ‘commercial determinants of health’. Such a commission must recognise that commercial determinants have both positive and negative health outcomes. To ensure a successful outcome that has a positive bearing on the prevention and control of NCDs, the perspectives of and representation by commercial interests on the commission are essential. We therefore recommend amending the paragraph to reflect this point.