COMMENTS ON DRAFT OUTCOME DOCUMENT – MONTEVIDEO ROADMAP 2018-30 ON NCDs AS A SUSTAINABLE DEVELOPMENT PRIORITY (9 August version)

Who we are

The International Alliance for Responsible Drinking (IARD) is a not-for-profit organization supported by, and uniquely positioned as the sole convener of, the global CEOs of the leading wine, spirits, and beer producers. IARD’s mission is to reduce the harmful use of alcohol and promote moderate, responsible consumption.

IARD works to help reduce harmful drinking and promote responsible drinking through research, national and global programmes and policy dialogue. IARD is funded by leading wine, spirits and beer producers. IARD takes a multisectoral approach to harmful drinking through dialogue and the establishment of partnerships with stakeholders, including governments, intergovernmental organisations, civil society, the research and public health communities and the private sector.

What we do

Central to IARD’s mission is supporting implementation of the Beer, Wine and Spirits Producers’ Commitments to Reduce Harmful Drinking launched in 2013 (www.producerscommitments.org). Building on longstanding efforts in this area, producers undertook these Commitments in recognition that harmful use of alcohol is a risk factor for some non-communicable diseases (NCDs) and to support WHO’s work in this field.

As this initial programme draws to a close in 2017, we are convening our members to consider what further initiatives can be undertaken collectively as an industry to reduce the harmful use of alcohol.

We are determined to make a real difference, but acknowledge that the development and implementation of our programmes will be more effective as part of a multi-stakeholder approach, in dialogue with other stakeholders and coordinated with the work of WHO and other UN agencies concerned with delivering the SDGs.

We want to maximize the impact of our unique contribution in terms of consumer and retailer engagement, communication expertise, product and packaging innovation, and data gathering and continuing to provide quality control to prevent product contamination and counterfeiting.

General comments

IARD 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.

1 Anheuser-Busch InBev; Asahi Group Holdings; Bacardi Ltd; Beam Suntory; Brown-Forman Corporation; Carlsberg; Diageo; Heineken; Kirin Company Ltd; Molson Coors; Pernod Ricard.
We also are 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 government’ 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 Noncommunicable 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. The outcome document could also be strengthened by including a commitment by governments to adopt a ‘whole-of-society’ approach 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 for 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 which 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.

The Beer, Wine and Spirits Producers Commitments (referred to above) recognise the importance of education in their commitment to reducing under-age drinking by committing to working with stakeholders to develop, promote and disseminate educational materials and programmes designed to prevent and reduce underage purchase and consumption, which either address young people themselves or those known to have a strong influence over their behaviour. Our experience of working collaboratively with other stakeholders in the implementation of this commitment suggests the approach is having a positive effect.
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
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.

August 2017