

**Political declaration of the third high-level meeting
of the General Assembly on the prevention and
control of non-communicable diseases**

Appendix¹

DRAFT ACTION PLAN (2022–2030) TO EFFECTIVELY IMPLEMENT THE GLOBAL STRATEGY TO REDUCE THE HARMFUL USE OF ALCOHOL AS A PUBLIC HEALTH PRIORITY

BACKGROUND

Setting the scene

1. Alcohol consumption is deeply embedded in the social landscape of many societies. Several major factors have an impact on levels and patterns of alcohol consumption in populations – such as historical trends in alcohol consumption, the availability of alcohol, culture, economic status and trends in the marketing² of alcoholic beverages, as well as implemented alcohol control measures. At the individual level, the patterns and levels of alcohol consumption are determined by many different factors, including gender, age and individual biological and socioeconomic vulnerability factors, as well as the policy environment. Prevailing social norms that support drinking behaviour and mixed messages about the harms and benefits of drinking encourage alcohol consumption delay appropriate health-seeking behaviour and weaken community action.

2. Alcohol is a psychoactive substance with intoxicating and dependence-producing properties. The accumulated evidence indicates that alcohol consumption is associated with inherent health risks, although health consequences of alcohol consumption vary significantly in magnitude and nature among drinkers. At the population level, any level of alcohol consumption is associated with preventable net harms due to multiple health conditions such as injuries, alcohol use disorders (AUDs), liver diseases, cancers and cardiovascular diseases, as well as harms to persons other than drinkers. Several aspects of drinking have an impact on the health consequences of alcohol consumption, namely the volume of alcohol consumed over time; the pattern of drinking, in particular drinking to intoxication; the drinking context; and the quality of the alcoholic beverage or its contamination with toxic substances such as methanol. Repeated consumption of alcoholic beverages may lead to the development of AUDs, including alcohol dependence that is characterized by impaired regulation of alcohol consumption and manifested by impaired control over alcohol use, increasing precedence of alcohol use over other aspects of life and specific physiological features.³

3. The current draft action plan refers to the “harmful use of alcohol” as defined in the global strategy to reduce the harmful use of alcohol as “drinking that causes detrimental health and social consequences for the drinker, the people around the drinker and society at large, as well as patterns of drinking that are associated with increased risk of adverse health outcomes”.⁴ Its concept is much broader than the clinical concept of diagnostic category of “harmful pattern of use”, which represents a part of the spectrum of “alcohol use disorders” in the International Classification of Diseases.

¹ See document EB150/7, Annex 8.

² In this document, the term “marketing” is used to mean any form of commercial communication or message that is designed to increase – or has the effect of increasing – the recognition, appeal and/or consumption of particular products and services. It comprises anything that acts to advertise or otherwise promote a product or service.

³ International Classification of Diseases, 11th Revision (ICD-11). Geneva: World Health Organization; 2021.

⁴ Document WHA63/2010/REC/1, Annex 3.

4. The impact of the harmful use of alcohol on health and well-being is not limited to health consequences; it incurs significant social and economic losses relating to costs in the justice sector, costs from lost workforce productivity and unemployment and the costs assigned to pain and suffering. The harmful use of alcohol can also result in harm to others, such as family members, friends, co-workers and strangers. Among the most dramatic manifestations of harm to persons other than drinkers are road traffic injuries and the consequences of prenatal alcohol exposure, which may result in the development of fetal alcohol spectrum disorders (FASDs). There is no safe limit established for alcohol consumption at any stage of pregnancy. The harms to others may be very tangible, specific and time-bound (e.g. injuries or damage) or may be less tangible and result from suffering, poor health and well-being and the social consequences of drinking (e.g. being harassed or insulted or feeling threatened).

5. Awareness and acceptance of the overall negative impact of alcohol consumption on a population's health and safety is low among decision-makers and the general public. This is influenced by commercial messaging and poorly regulated marketing of alcoholic beverages, which deprioritize efforts to counter the harmful use of alcohol in favour of other public health issues. The COVID-19 pandemic highlighted the importance of appropriate policy and health system responses to reduce the harmful use of alcohol during health emergencies.

6. The health, economic and social burden attributable to alcohol consumption is largely preventable. Historically, in recognition of the intoxicating, toxic and dependence-producing properties of alcohol, there have always been attempts to regulate the production, distribution and consumption of alcoholic beverages. The protection of the health of populations by preventing and reducing the harmful use of alcohol is a public health priority and should be a focus of alcohol policies and alcohol control measures implemented at different levels.

Global strategy to reduce the harmful use of alcohol and its implementation

The global strategy and its mandate

7. The global strategy to reduce the harmful use of alcohol, which was endorsed by the Sixty-third World Health Assembly in May 2010 (resolution WHA63.13), remains the only global policy framework for reducing deaths and disabilities due to alcohol consumption in their entirety – from mental health conditions and noncommunicable diseases (NCDs) to injuries and alcohol-attributable infectious diseases. The global strategy builds on several WHO global and regional strategic initiatives and represents the commitment of WHO Member States to take sustained action at all levels. Following the endorsement of the global strategy, regional action plans aligned with the global strategy were developed or revised and adopted in WHO's Region of the Americas (2011) and European Region (2012), while a regional strategy for reducing the harmful use of alcohol was developed and adopted in the WHO African Region (2013).

8. The global strategy was developed to promote and support local, regional and global actions to prevent and reduce the harmful use of alcohol. It outlines key components for global action and recommends a portfolio of policy options and measures that could be considered for implementation and adjusted as appropriate at the national level. These policy options take into account national circumstances such as religious and cultural contexts; national public health priorities; and resources, capacities and capabilities. The global strategy also contains a set of principles that should guide the development and implementation of policies at all levels.

9. Since the endorsement of the global strategy in 2010, Member States' commitment to reducing the harmful use of alcohol has been reinforced by the adoption of the political declarations emanating

from the high-level meetings of the United Nations General Assembly on the prevention and control of NCDs, including the declaration of 2011 and the subsequent adoption and implementation of the WHO Global action plan for the prevention and control of NCDs 2013–2020 (NCD-GAP). In 2019, the Seventy-second World Health Assembly (in resolution WHA72.11) extended the NCD-GAP to 2030, ensuring its alignment with the 2030 Agenda for Sustainable Development. The NCD-GAP lists the harmful use of alcohol as one of four key risk factors for major NCDs. It enables Member States and other stakeholders to identify and use opportunities for synergies to tackle more than one risk factor at the same time; strengthen coordination and coherence between measures for reducing the harmful use of alcohol and activities for preventing and controlling NCDs; and set voluntary targets for reducing the harmful use of alcohol and other risk factors for NCDs. In May 2013, the Sixty-sixth World Health Assembly adopted the comprehensive NCD Global Monitoring Framework, in which the voluntary global target for the harmful use of alcohol to be achieved by 2025 is defined as at least 10% relative reduction, as appropriate, within the national context, and measured by indicators across three domains, including total alcohol per capita consumption within a calendar year in litres of pure alcohol, age-standardized prevalence of heavy episodic drinking, and alcohol-related morbidity and mortality.¹

10. The international mandate to reduce the harmful use of alcohol was further strengthened with the adoption of the 2030 Agenda and the Sustainable Development Goals 2030 (SDG 2030). Reducing the harmful use of alcohol will contribute to progress towards the attainment of the multiple goals and targets of the 2030 Agenda and the SDGs, including SDG goal 1 on ending poverty; SDG goal 4 on ensuring a quality education; SDG goal 5 on achieving gender equality; SDG goal 8 on promoting decent work and economic growth; SDG goal 10 on reducing inequalities within and among countries; and SDG goal 16 on promoting peace and providing justice and strong institutions. In view of the negative impact of the harmful use of alcohol on the development and outcomes of many diseases and health conditions, including major NCDs and injuries, the effective reduction of the harmful use of alcohol will make a substantial contribution towards the attainment of SDG goal 3 (Ensure healthy lives and promote well-being for all), in particular SDG target 3.5 (Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol). This reflects the broader impact of the harmful use of alcohol on health in areas beyond NCDs and mental health (SDG target 3.4), such as road traffic accidents (SDG target 3.6), reproductive health (SDG target 3.7), universal health coverage (SDG target 3.8) and infectious diseases (SDG target 3.3).

11. One of the guiding principles of the global strategy states that public policies and interventions to prevent and reduce alcohol-related harm should be guided and formulated by public health interests and based on clear public health goals and the best available evidence. Evidence of the cost-effectiveness of alcohol policy options and interventions was updated in a revision of Appendix 3 to the NCD-GAP, which was endorsed by the Health Assembly in resolution WHA70.11. This resulted in a new set of enabling and recommended actions to reduce the harmful use of alcohol. The most cost-effective actions or best buys include increasing taxes on alcoholic beverages; enacting and enforcing bans or comprehensive restrictions on exposure to alcohol advertising across multiple types of media; and enacting and enforcing restrictions on the physical availability of retailed alcohol. By prioritizing the most cost-effective policy measures, the WHO Secretariat and partners launched the SAFER initiative, with the primary objective of supporting WHO Member States in reducing the harmful use of alcohol by enhancing the ongoing implementation of the global strategy and other WHO and United Nations strategies. The WHO-led SAFER initiative focuses on the support for implementation of cost-effective policy options and interventions. It also aims to protect public health-oriented policy-making against interference from commercial interests and establish strong monitoring systems to ensure accountability and track progress in the implementation of SAFER policy options and interventions.

¹ Document WHA66/2013/REC/1, Annex 4, Appendix 2.

Implementation of the global strategy since its endorsement¹

12. Since the endorsement of the global strategy, its implementation has been uneven across WHO regions as well as within regions and countries. The number of countries with a written national alcohol policy has steadily increased and many countries have revised their existing alcohol policies. However, the presence of written national alcohol policies continues to be most common in high-income countries and least common among low-income countries, with written national alcohol policies missing from most countries in the African Region and the Region of the Americas. The disproportionate prevalence of effective alcohol control measures in higher-income countries raises questions about global health equity. Specifically, it underscores the need for more resources and greater priority to be allocated to support the development and implementation of effective policies and actions in low- and middle-income countries.

Challenges in implementation of the global strategy

13. Considerable challenges remain for the development and implementation of effective alcohol policies. These challenges relate to the complexity of the problem; differences in cultural norms and contexts; the intersectoral nature of cost-effective solutions, including pricing strategies, and associated limited levels of political will and leadership at the highest levels of government; and the influence of powerful commercial interests in policy-making and implementation. These challenges operate against a background of competing international economic commitments. The limited availability of comprehensive and reliable data on alcohol consumption and related harm, generated at the national level, presents additional challenges for the evaluation of the impact of implemented national policy responses in many countries. Coordination and cooperation at all levels for dealing with these challenges is further complicated by contexts in which the responsibility for actions to reduce the harmful use of alcohol is dispersed between different entities – including government departments, different professions and technical areas.

14. The production of alcoholic beverages has become increasingly concentrated and globalized in recent decades, particularly in the beer and spirits sectors. A significant proportion of alcoholic beverages is consumed at heavy drinking events associated with significant health risks and heavy drinking is often associated with the presence of AUDs. This highlights the inherent contradiction between the interests of alcohol producers and public health. At the same time, there is mounting evidence that any level of alcohol consumption is associated with health risks. Some countries experience substantial challenges in protecting alcohol policy development from commercial interests, while the issue of safeguarding alcohol policy development at all levels from alcohol industry interference is consistently presented as a major challenge in international policy dialogues. Strong international leadership is needed to counter interference from commercial interests in alcohol policy development and implementation in order to prioritize the public health agenda for alcohol in the face of the strong commercial interests associated with alcohol beverage production and trade. Competing interests across the whole of government at the country level, including interests related to the production and trade of alcohol and government revenues from alcohol taxation and sales, often result in policy incoherence and the weakening of alcohol control efforts. The situation varies at national and subnational levels and is heavily influenced by the commercial interests of alcohol producers and distributors, religious beliefs and spiritual and cultural norms. General trends towards deregulation in recent decades have often resulted in the weakening of alcohol controls, to the benefit of economic interests and at the expense of public health and well-being.

¹ See document EB146/7Add.1.

15. Alcohol remains the only psychoactive and dependence-producing substance that exerts a significant impact on global population health that is not controlled at the international level by legally binding regulatory instruments. This absence limits the ability of national and subnational governments to regulate the distribution, sale and marketing of alcohol within the context of international, regional and bilateral trade negotiations. It also hampers efforts as to protect the development of alcohol policies from interference by transnational corporations and commercial interests. This has prompted calls for a global normative law on alcohol at the intergovernmental level, modelled on the WHO Framework Convention on Tobacco Control.¹ Discussions about the feasibility and necessity of such a legally binding international instrument indicated a lack of consensus among Member States on this issue.

16. Informally and illegally produced alcohol accounts for an estimated 25% of total alcohol consumption per capita worldwide and in some jurisdictions exceeds half of all the alcohol consumed by the population. Informal and illegal production and trade are different in nature and require different policy and programme responses. Informal production and distribution of alcohol are often embedded in cultural traditions and the socioeconomic fabrics of communities. Illicit alcohol production is associated with significant health risks and challenges for regulatory and law enforcement sectors of governments. The capacity to deal with informal or illicit production, distribution and consumption of alcohol, including safety issues, is limited or inadequate, particularly in jurisdictions where unrecorded alcohol makes up a significant proportion of all the alcohol consumed.

17. Satellite and digital marketing present a growing challenge for the effective control of alcohol marketing and advertising. Alcohol producers and distributors have increasingly moved towards investing in digital marketing and using social media platforms, which are profit-making businesses with an infrastructure designed to allow “programmatically native advertising” that is data-driven and participatory. Internet marketing crosses borders with even greater ease than satellite television and is not easily subjected to national-level control. In parallel with the greater opportunity for marketing and selling alcohol through online platforms, delivery systems are rapidly evolving, imposing considerable challenges on the ability of governments to control alcohol sales. From a public health perspective, recent developments in marketing, advertising and promotional activities related to alcoholic beverages are of deep concern, including those implemented through cross-border marketing and those targeting or reaching out to children, adolescents and young people.

18. Limited technical capacity, human resources and funding hinder efforts to develop, implement, enforce and monitor effective alcohol control interventions at all levels. Technical expertise in alcohol control measures is often insufficient at national and subnational levels, as are the available human and financial resources at all levels of WHO for the provision of required technical assistance and the compilation, dissemination and application of technical knowledge in practice. Few civil society organizations prioritize alcohol as a health risk or motivate governments to take action compared to the number of organizations that support tobacco control. In the absence of philanthropic funding and with limited resources in WHO and other intergovernmental organizations, there has been little investment in capacity-building in low- and middle-income countries.

19. The lack of sufficiently developed national systems for monitoring alcohol consumption and the impact of alcohol on health reduces the capacity of advocacy for effective alcohol control policies and for monitoring their implementation and impact.

¹ Au Yeung SL, Lam TH. Unite for a Framework Convention for Alcohol Control. *Lancet*. 2019;393(10183):1778–1779. doi: 10.1016/S0140-6736(18)32214-1.

Opportunities for reducing the harmful use of alcohol

20. In recent years, alcohol consumption among young people has decreased in many countries throughout Europe and in some other high-income societies, with the exception of some disadvantaged groups. The decline seems to be continuing into the next age group as the cohort ages. Capitalizing on this trend offers a considerable opportunity for public health policies and programmes. There is also a trend towards an increase in the proportion of former drinkers among people aged 15 years and above. One contributory factor is the increasing awareness of the negative health and social consequences of the harmful use of alcohol and its causal relationships not only with alcohol-induced mental disorders, interpersonal violence and suicides but also with several types of cancer, liver and cardiovascular diseases, as well as its association with increased risk of infectious diseases such as tuberculosis and HIV/AIDS. Increasing the health literacy and health consciousness of the general public provides an opportunity for strengthening prevention activities by integrating and linking alcohol policies and action plans with those on major noncommunicable and communicable diseases, including national cancer control plans, as well as with those on psychoactive drugs and addictions, and by scaling up screening and brief interventions in health services.

21. While recognizing its negative influences and effects, social media also provides new opportunities for changing peoples' relationship with alcohol through increased awareness of the negative health consequences of drinking and new horizons for the communication and promotion of recreational activities as an alternative to drinking and intoxication. At the same time, social media can serve as a powerful source of marketing communication and brand promotion for alcoholic beverages.

22. Alcohol consumption and its impact on health have been increasingly recognized as factors in health inequality. Within a given society, adverse health impacts and social harm from a given level and pattern of drinking are greater for poorer individuals and societies. Increased alcohol consumption can exacerbate health and social inequalities between genders, social classes and communities. Policies and programmes to reduce health inequalities and promote sustainable development need to include sustained attention to alcohol policies and programmes.

23. The body of evidence for the effectiveness and cost-effectiveness of alcohol control measures has been significantly strengthened in recent years. The latest economic analysis undertaken under the auspices of WHO demonstrated high returns on investment for best buys in alcohol control. Every additional US\$ 1 invested in the most cost-effective interventions per person per year will yield a return of US\$ 9.13 by 2030, a return that is higher than a similar investment in tobacco control (US\$ 7.43) or prevention of physical inactivity (US\$ 2.80). The notion that economic savings are greater than implementation costs for effective alcohol control policies is supported by recent OECD estimates, showing that every US\$ 1 invested in a comprehensive policy package yields a return of up to US\$ 16 in economic benefits.¹

24. The COVID-19 pandemic and measures to curb virus transmission (e.g. lockdowns, stay-at-home mandates) have had a significant impact on population health and well-being, as well as on patterns of alcohol consumption, alcohol-related harms and the implementation of existing policy and programme responses. The COVID-19 outbreak has underscored the importance of developing appropriate alcohol policy responses and alcohol-focused activities and interventions during public health emergencies, as well as the importance of including alcohol policy responses as a key element of preparedness for health emergencies. This will have important implications for reducing not only the harmful use of alcohol at

¹ OECD (2021), Preventing Harmful Alcohol Use, OECD Health Policy Studies, OECD Publishing, Paris, (<https://doi.org/10.1787/6e4b4ffb-en>, accessed 9 December 2021).

national, regional and global levels but also the alcohol-related health burden and demand for health service interventions during pandemics and other health emergencies.

Scope of the action plan

25. In its decision EB146(14) (2020), the Executive Board recognized the continuing relevance of the global strategy to reduce the harmful use of alcohol and requested the Director-General to review the global strategy and report to the Executive Board at its 166th session in 2030 for further action. It also requested the Director-General to develop an action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, in consultation with Member States and relevant stakeholders, for consideration by the Seventy-fifth World Health Assembly, through the Executive Board at its 150th session in 2022.

26. The proposed draft action plan is based on guidance provided by the global strategy with regard to global action, its key role and components, as well as on lessons learned from the implementation of the global strategy and regional strategies and action plans on alcohol over the last 10 years. The draft action plan aims to strengthen the implementation of the global strategy by accelerating actions at all levels and by supporting and complementing national responses to the public health problems caused by the harmful use of alcohol in the 10 target areas recommended by the global strategy for national action (see paragraph 34 below) and tailored to country contexts.

27. The draft action plan proposes specific actions and measures to be implemented at the global level in line with key roles and components of global action, as formulated in the global strategy, and the latest available evidence on the effectiveness and cost-effectiveness of policy options for reducing the harmful use of alcohol. The proposed actions and measures are presented in six action areas that correspond to the four key components of global action included in the global strategy: public health advocacy and partnership; technical support and capacity-building; production and dissemination of knowledge; and resource mobilization.¹ An action area on the implementation of high-impact strategies and interventions was also included in the draft action plan based on evidence of the effectiveness and cost-effectiveness of different policy options and reflecting the lessons learned from implementation of the global strategy. The proposed actions and measures included in action area 1 (Implementation of high-impact strategies and interventions), when implemented and enforced, have the highest potential for reducing the harmful use of alcohol. These measures are prioritized in the draft action plan in view of the evidence of their cost-effectiveness and the insufficient progress achieved globally in reducing the harmful use of alcohol to date. Their prioritization and implementation at the national and subnational levels, as well as the prioritization of other policy options and interventions recommended by the global strategy, is at the discretion of each Member State, depending on the needs and status of implementation of these measures in a given country. It is also dependent on national and subnational social, economic and cultural contexts, public health priorities, health system policies and available resources. National needs and contexts may require, at the discretion of a Member State, the implementation of more stringent measures than those proposed in the draft action plan.

28. The actions and measures proposed in the draft action plan are envisaged to support and complement policy measures and interventions implemented at the national level in the following 10 areas recommended in paragraph 16 of the global strategy: (1) leadership, awareness and commitment; (2) health services' response; (3) community action; (4) drink-driving policies and countermeasures; (5) availability of alcohol; (6) marketing of alcoholic beverages; (7) pricing policies;

¹ Document WHA63/2010/REC/1, paras 43–58.

(8) reducing the negative consequences of drinking and alcohol intoxication; (9) reducing the public health impact of illicit alcohol and informally produced alcohol; and (10) monitoring and surveillance.

29. As highlighted in the global strategy, its successful implementation requires concerted actions by Member States, effective global governance and the appropriate engagement of all relevant stakeholders. The draft action plan includes proposed actions for international partners and non-State actors such as civil society organizations, professional associations, academia and research institutions. The draft action plan also outlines proposed measures for economic operators in alcohol production and trade¹ in line with the mandates provided in paragraph 45(d) of the global strategy and other relevant policy guidance and policies, including but not limited to the WHO's framework of engagement with non-State actors.

30. The draft action plan is linked to and aligned with other relevant global action plans and commitments, including Agenda 2030; the political declaration of the high-level meeting on universal health coverage adopted by the United Nations General Assembly in 2019; the comprehensive mental health action plan 2013–2030; the NCD-GAP; the political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases; the global action plan on the public health response to dementia; and the global plan of action to address interpersonal violence.

31. The draft action plan is envisaged to strengthen the implementation of the global strategy at all levels, with the acknowledgement that the implementation of the action plan at national level and the prioritization of proposed actions and measures depend on national contexts.

GOAL OF THE ACTION PLAN

32. The goal of the action plan is to boost the effective implementation of the global strategy to reduce the harmful use of alcohol as a public health priority and to significantly reduce morbidity and mortality due to alcohol consumption – over and above general morbidity and mortality trends – and associated social consequences. The action plan also aims to improve the health and well-being of populations globally.

33. The effective implementation of the action plan at the regional levels will require the development or elaboration and adaptation of region-specific action plans, in coordination with the WHO Secretariat, so that more efficient and consistent progress will be made.

OPERATIONAL OBJECTIVES OF THE ACTION PLAN

34. The proposed operational objectives of the action plan 2022–2030 and its proposed action areas are aligned with the objectives of the global strategy² and the four key components of global action to reduce the harmful use of alcohol effectively.³ However, the operational objectives of the draft action plan are not identical to those of the global strategy. The six operational objectives of the draft action

¹ In this document, the term “economic operators in alcohol production and trade” means manufacturers of alcoholic beverages, wholesale distributors, major retailers and importers that deal solely and exclusively in alcoholic beverages or whose primary income comes from trade in alcohol beverages, as well as business associations or other non-State actors representing any of the afore-mentioned entities.

² Document WHA63/2010/REC/1, Annex 3, paras 7–11.

³ Document WHA63/2010/REC/1, Annex 3, paras 43–58.

plan reflect the action-oriented nature of the action plan, as well as more recent goals and objectives of other relevant global strategies and action plans, as well as lessons learned in implementing the global strategy since its endorsement:

1. Increase population coverage, implementation and enforcement of high-impact policy options and interventions to reduce the harmful use of alcohol worldwide for better health and well-being, taking into account gender perspective and a life-course approach.
2. Strengthen multisectoral action through effective governance, enhanced political commitment, leadership, dialogue and coordination of multisectoral action.
3. Enhance the prevention and treatment capacity of health and social care systems for disorders due to alcohol use and associated health conditions as an integral part of universal health coverage and aligned with the 2030 Agenda and its health targets.
4. Raise awareness of the risks and harms associated with alcohol consumption and its impact on the health and well-being of individuals, families, communities and nations, as well as of the effectiveness of different policy options for reducing consumption and related harm.
5. Strengthen information systems and research for monitoring alcohol consumption, alcohol-related harm, their determinants and modifying factors, and policy responses at all levels, with dissemination and application of information for advocacy in order to inform policy and intervention development and evaluation.
6. Significantly increase the mobilization of resources required for appropriate and sustained action to reduce the harmful use of alcohol at all levels.

OPERATIONAL PRINCIPLES

35. The global strategy includes guiding principles for the development and implementation of alcohol policies at all levels¹ and in the draft action plan the guiding principles listed in the global strategy are complemented by the following **operational action-oriented guiding principles**:

Multisectoral action. The development, implementation and enforcement of alcohol control policies at all levels require concerted multisectoral action, with the engagement of the health sector and other relevant sectors, such as social welfare and employment, customs, agriculture, education, transport, sport, culture, finance and law enforcement, as appropriate, to address the harmful use of alcohol in their activities.

Universal health coverage. All individuals and communities, including those in rural areas, receive the health services they need, without suffering financial hardship, to reduce the health burden caused by the harmful use of alcohol, including the full spectrum of essential quality health services, from health promotion to prevention, treatment, rehabilitation and palliative care across the life course.

Life-course approach. Recognizing the importance and interrelationship of alcohol control measures and prevention and treatment strategies and interventions to prevent and reduce

¹ Global strategy to reduce the harmful use of alcohol. Geneva: World Health Organization, 2010, page 9 (<https://apps.who.int/iris/handle/10665/44395>, accessed 5 June 2021).

alcohol-related harm at all stages of a person's life and for all generations. This ranges from eliminating the marketing, advertising and sale of alcoholic products to minors and the protection of the unborn child from prenatal alcohol exposure to the prevention and management of the harms due to the use of alcohol in older people.

Protection from commercial interests. The development of public policies to reduce the harmful use of alcohol should be protected, in accordance with national laws, from commercial and other vested interests that can interfere with and undermine public health objectives.

Equity-based approach. Public health policies and interventions to reduce the harmful use of alcohol should aimed to reduce health inequalities and protect people in different groups (across social, biological, economical, demographical or geographical divides) from alcohol-related harm.

Human rights approach. Protection from alcohol-related harm and access to the prevention and treatment of AUDs in health systems contributes to the fulfilment of the right to the highest attainable standard of health; strategies and interventions to reduce the harmful use of alcohol should address and eliminate discriminatory practices (both real and perceived) and stigma with regard to preventive measures and health and social services for people with AUDs.

Empowering of people and communities. The development and implementation of strategies and interventions to reduce the harmful use of alcohol and protect people and communities from alcohol-related harm should provide opportunities for the active engagement and empowerment of people and communities, including people with lived experiences of alcohol-related harm or AUDs.

KEY AREAS FOR GLOBAL ACTION

36. To achieve the goal and objectives set out above, the following key areas are proposed for action by Member States, the WHO Secretariat, international and national partners and, as appropriate, other stakeholders:

Action area 1: Implementation of high-impact strategies and interventions

Action area 2: Advocacy, awareness and commitment

Action area 3: Partnership, dialogue and coordination

Action area 4: Technical support and capacity-building

Action area 5: Knowledge production and information systems

Action area 6: Resource mobilization

37. At the national level, Member States have the primary responsibility for the development, implementation, monitoring and evaluation of public policies to reduce the harmful use of alcohol according to their national needs and contexts. The roles of other stakeholders may differ across Member States.

ACTION AREA 1: IMPLEMENTATION OF HIGH-IMPACT STRATEGIES AND INTERVENTIONS

38. The limited global progress – or no progress at all in some parts of the world – achieved to date in reducing the harmful use of alcohol can be explained by insufficient uptake, implementation and enforcement of the most effective and cost-effective alcohol policies and interventions. The goal of considerably reducing morbidity and mortality due to alcohol consumption over and above general morbidity and mortality trends and associated social consequences can be achieved by tackling the determinants that drive the acceptability, availability and affordability of alcohol consumption, while also strengthening the coverage and implementation of comprehensive and integrated policy options and measures with proven effectiveness.

39. The most effective and cost-effective policy options and interventions are summarized in the updated Appendix 3 of the NCD-GAP, endorsed by the Seventieth World Health Assembly.¹ These policy options and interventions constitute core elements of the SAFER initiative and SAFER technical package. Other policy options and interventions will be subject to cost-effectiveness analysis as evidence emerges regarding their effectiveness.

Global targets for action area 1

Global target 1.1: By 2030, at least a 20% relative reduction (in comparison with 2010) in the harmful use of alcohol.²

Global target 1.2: By 2030, 70% of countries have introduced, enacted or maintained the implementation of high-impact policy options and interventions.³

Proposed actions for Member States

Action 1. On the basis of the evidence of the effectiveness and cost-effectiveness of policy measures, to promote the prioritization, according to national needs and contexts, of the sustainable implementation, continued enforcement, monitoring and evaluation of high-impact cost-effective policy options included in the WHO SAFER technical package,⁴ as well as other interventions already proven to be cost-effective or subsequently proven to be cost-effective based on upcoming evidence, including the assurance of universal access to affordable treatment and care for people with AUDs within national health systems.

¹ See document WHA70/2017/REC/1, Annex 3.

² The “at least 20% relative reduction” target is based on the latest available WHO data and trends since 2010 and exceeds the voluntary target set at the NCD Global Monitoring Framework (at least 10% relative reduction by 2025) to reflect the aims of the action plan as mandated by decision EB146(14) (2020) (“...to effectively implement the global strategy... as a public health priority...”) and its goal to considerably reduce morbidity and mortality due to alcohol consumption – over and above general morbidity and mortality trends.

³ Included in the SAFER technical package and informed by upcoming updates.

⁴ The SAFER technical package: five areas of intervention at national and subnational levels. Geneva: World Health Organization; 2019 (<https://www.who.int/publications/i/item/the-safer-technical-package>).

- Action 2. Consider, as appropriate for a national context, developing national action plans, road maps or action frameworks to accelerate the implementation of global and regional commitments.
- Action 3. Implement, as appropriate in national contexts, high-impact and effective strategies and interventions, supported by legislative measures, addressing: (a) the affordability of alcoholic beverages, by appropriate taxation and pricing policies; (b) the advertising and marketing of alcoholic beverages, through comprehensive and robust restrictions or bans across multiple types of media, including digital media; (c) the availability of alcohol, by enacting and enforcing restrictions on spatial and temporal availability of alcoholic beverages; (d) driving under the influence of alcohol, by enacting and enforcing drink-driving laws and regulations; and (e) hazardous patterns of drinking and AUDs, by providing brief psychosocial interventions, treatment and care in health and social services.
- Action 4. Ensure that the development, implementation and evaluation of alcohol policy measures are based on public health goals and the best available evidence and are protected from the interference of commercial interests.
- Action 5. Build or strengthen and support broad partnerships and intragovernmental and intergovernmental mechanisms at different levels for collaboration across different sectors for the implementation of prioritized policy options.

Proposed actions for the WHO Secretariat

- Action 1. Provide policy and technical guidance, advocacy and, as required, technical assistance for the assessment, development, implementation and evaluation of effective and cost-effective policy options.
- Action 2. Periodically review the evidence of the effectiveness and cost-effectiveness of alcohol policy options and interventions and formulate and disseminate recommendations for reducing the harmful use of alcohol.
- Action 3. Develop a portfolio of policy guidance for outlet locations, outlet densities and days and hours of sale; implementation of minimum pricing and taxation policies; regulating alcohol marketing, sponsorships, promotions and advertising, also via social media; the management of unrecorded alcohol; the management of conflicts of interest in policy design and implementation; and the development and implementation of warning labels.
- Action 4. Develop a comprehensive technical package to facilitate the development, implementation, monitoring and evaluation of recommended high-impact policy options and interventions.
- Action 5. Promote and support international collaboration in addressing cross-border alcohol marketing, advertisement and promotion, with a focus on the public health risks associated with new cross-border marketing practices.
- Action 6. Promote a comprehensive approach to tackling the determinants that drive the acceptability, availability and affordability of alcohol consumption, thereby ensuring

a comprehensive portfolio of population-wide interventions, expanding from health promotion and prevention to screening and treatment interventions.

Proposed actions for international partners, civil society organizations and academia

- Action 1. Major partners in the United Nations system and intergovernmental organizations are invited to increase their collaboration and cooperation with WHO on the development, implementation and evaluation of high-impact policy measures and by joining the WHO-led SAFER initiative.
- Action 2. Civil society organizations and academia are invited to strengthen their advocacy and support for the implementation of high-impact policy options by creating enabling environments; promoting the SAFER initiative; strengthening global and regional networks and action groups, with appropriate engagement of community and cultural leaders; developing and strengthening accountability frameworks; and monitoring the activities and commitments of economic operators in alcohol production and trade.

Proposed measures for economic operators in alcohol production and trade

Economic operators in alcohol production and trade are called on to focus on the implementation of measures that can contribute to reducing the harmful use of alcohol, which are stringently within their core roles as developers, producers, distributors, marketers and sellers of alcoholic beverages, and to abstain from interfering with alcohol policy development and refrain from activities that might prevent, delay or stop the development, enactment, implementation and enforcement of high-impact strategies and interventions to reduce the harmful use of alcohol.

ACTION AREA 2: ADVOCACY, AWARENESS AND COMMITMENT

40. Strategic and well-developed international communication and advocacy are needed to raise awareness about alcohol-related harms and the effectiveness of policy measures among decision-makers and the general public in order to increase their support for the accelerated implementation of the global strategy. Special efforts and activities are needed to mobilize different stakeholders for coordinated actions to protect public health and foster broad political commitment to reduce the harmful use of alcohol.

41. It is necessary to raise awareness among decision-makers and the general public about the risks and harms associated with alcohol consumption. Appropriate attention should be given to the prevention of the initiation of drinking among children and adolescents; the prevention of drinking among pregnant women; and the protection of people from pressures to drink, especially in societies with high levels of alcohol consumption, in which heavy drinkers are encouraged to drink even more. The unique circumstances of indigenous populations require special culturally appropriate efforts in addressing the levels and patterns of alcohol consumption, alcohol-related harms and the social and economic factors that influence the impact of alcohol consumption on their health and well-being. An international day or week of awareness of alcohol-related harm or a “World no alcohol day/week” could help to focus and reinforce public attention on the problem. Public health advocacy is more likely to succeed if it is well supported by evidence and based on emerging opportunities and if the arguments are free from moralizing. International discourse on alcohol policy development and implementation should address the health inequalities associated with the harmful use of alcohol and its broad socioeconomic impacts,

including the impact on the attainment of the health-related and other targets of the 2030 Agenda. Awareness of the impact of use of alcohol on health and well-being should not be limited to the impact on NCDs, including issues related to interactions between alcohol and medicines used in management of NCDs and mental health, and should be expanded to include other areas of health and development such as injuries, violence, infectious diseases, productivity at workplaces, family functioning and a “harm to others” perspective, including the impact on financial and psychological security. Modern communication technologies and multimedia materials are needed for successful advocacy and behavioural change campaigns, including social media engagement. Such awareness, along with the development and enforcement of alcohol policies, needs to be protected from the interference of commercial interests. Appropriate mechanisms that involve academia and civil society must be set up in order to systematically monitor, prevent and counteract such interference.

Global targets for action area 2

Global target 2.1: By 2030, 75% of countries have developed and enacted national written alcohol policies.

Global target 2.2: By 2030, 50% of countries have produced periodic national reports on alcohol consumption and alcohol-related harm.

Proposed actions for Member States

- Action 1. Develop and enact, as appropriate in national contexts, national written alcohol policies or continue effective implementation and updates, as necessary, of existing national alcohol policies.
- Action 2. On the basis of evidence of the nature and magnitude of alcohol-attributable public health problems, advocate for the development and implementation of high-impact strategies and interventions and other actions to prevent and reduce alcohol-related harm. This includes placing a special emphasis on protecting at-risk populations and those affected by the harmful drinking of others; preventing the initiation of drinking among children and adolescents; preventing drinking in pregnancy; and preventing FASDs, including by providing information about the risks of drinking when planning pregnancy or breastfeeding.
- Action 3. Raise awareness of health risks and harms associated with different levels and patterns of alcohol consumption with the aim of reducing the levels of alcohol consumption among drinkers.
- Action 4. Advocate for paying appropriate attention, congruous with the magnitude of related public health problems, to reducing the harmful use of alcohol in multisectoral policies and frameworks, as well as in national, economic, environmental, agricultural and other relevant policies and action plans.
- Action 5. Include a commitment to reduce the harmful use of alcohol and its impact on health and well-being in high-level national developmental and public health strategies, programmes and action plans, and support the creation and development of advocacy coalitions.

- Action 6. Public health authorities should regularly produce (every two to three years in most countries) national reports on alcohol consumption and alcohol-related harm, targeting decision-makers and the general public with information on alcohol's contribution to specific health and social problems and disseminating such information through available modern communication technologies.
- Action 7. Increase awareness of the health risks of alcohol consumption and its related overall impact on health and well-being through strategic, well-developed and long-term communication activities that target the general population, with a special focus on young people. This should include the option of a national alcohol-related harm awareness day/week/month to be implemented by public health agencies and organizations, involving countering misinformation and using targeted communication channels, including social media platforms.
- Action 8. Ensure appropriate consumer protection measures through the development and implementation of labelling requirements for alcoholic beverages that display essential information for health protection on alcohol content in a way that is understood by consumers and also provides information on other ingredients with potential impact on the health of consumers, caloric value and health warnings.
- Action 9. Ensure consumer protection measures through the development and implementation of product quality control measures for alcoholic beverages.
- Action 10. Support education, training and networking activities on reducing the harmful use of alcohol for representatives of authorities at different levels, health and education professionals, civil society organizations, youth organizations, community and cultural leaders, journalists and mass media representatives, taking into consideration the ineffectiveness and risks of the current "responsible drinking" campaigns designed as marketing campaigns by alcohol producers and distributors.

Proposed actions for the WHO Secretariat

- Action 1. Raise the priority given to the alcohol-attributable health and social burden and effective policy responses on the agendas of high-level global, regional and other international forums, meetings and conferences of international and intergovernmental organizations, professional associations and civil society groups, and seek the inclusion of alcohol policies in relevant social and development agendas.
- Action 2. Develop and implement an organization-wide communication plan to support actions to reduce the harmful use of alcohol that reflect emerging challenges (such as the COVID-19 pandemic), targeting different population groups and using different communication channels, and support activities to establish an international day or week of awareness of alcohol-related harm.
- Action 3. Prepare and disseminate every two to three years global status reports on alcohol and health in order to raise awareness of the alcohol-attributable burden and advocate for appropriate action at all levels.

- Action 4. Develop, test and disseminate technical and advocacy tools for the effective communication of consistent, scientifically sound and clear messages about alcohol-attributable health and social problems, the health risks associated with alcohol consumption and effective policy and programme responses.
- Action 5. Develop and disseminate information product(s) on the health implications of the interactions of alcohol with certain essential medicines and other psychoactive substances, as well as on the impact of alcohol consumption on compliance with treatment regimens and treatment outcomes.
- Action 6. Review, update and disseminate WHO nomenclature and definitions of alcohol-related terms, particularly in the area of alcohol policy and monitoring.
- Action 7. Ensure the timely countering of widespread myths and disinformation about the health effects of alcohol consumption and alcohol control measures and provide technical support to Member States in this regard, as required.
- Action 8. Develop technical guidance on the labelling of alcoholic beverages to inform consumers about the content of products and health risks associated with their consumption.
- Action 9. Facilitate dialogue and information exchange regarding the impact of international trade, including the marketing of alcoholic beverages, as well as trade agreements on health and alcohol-attributable health burdens; advocate for appropriate consideration of these issues by parties in international trade negotiations; and seek international solutions within WHO's mandate if appropriate actions to protect the health of populations cannot be implemented.
- Action 10. Bridge knowledge and practice by organizing and supporting policy dialogues, webinars and round tables with a focus on particular technical areas that are pertinent to alcohol control, health promotion and the prevention of alcohol-related harm.

Proposed actions for international partners, civil society organizations and academia

- Action 1. Major partners in the United Nations system and intergovernmental organizations are invited to include activities for reducing the harmful use of alcohol in their agendas and to ensure support for policy coherence between health and other sectors in international multisectoral policies, strategies and frameworks, as well as appropriate deference to public health interests in relation to competing interests.
- Action 2. Civil society organizations, professional associations and academia are invited to scale up their activities in support of global, regional and national awareness and advocacy campaigns, as well as in countering misinformation about alcohol consumption and associated health risks. They are also invited to motivate and engage different stakeholders, as appropriate, in the implementation of effective strategies and interventions to reduce the harmful use of alcohol and to monitor activities that undermine effective public health measures.

Proposed measures for economic operators in alcohol production and trade

Economic operators in alcohol production and trade, as well as operators in other relevant sectors of the economy, are invited to strengthen their commitment and contribution to reducing the harmful use of alcohol within their core roles and to take concrete steps towards eliminating the marketing and advertising of alcoholic products to minors and, where relevant, towards developing and enforcing self-regulatory measures on marketing and advertising in conjunction with the development and enforcement of statutory regulations or within a co-regulatory framework. The economic operators are invited to refrain from promoting drinking; eliminate and prevent any positive health claims related to alcohol; and ensure, within regulatory or co-regulatory frameworks, the availability of easily understood consumer information on the labels of alcoholic beverages (including composition, age limits, health warnings and contraindications for alcohol consumption).

ACTION AREA 3: PARTNERSHIP, DIALOGUE AND COORDINATION

42. New partnerships and the appropriate engagement of all relevant stakeholders are needed to build capacity and support the implementation of practical and focused technical packages that can ensure returns on investments within “Health for All” and “whole-of-society” approaches. Increased coordination between health and other sectors, such as social welfare, finance, transport, sport, culture, communication, education, trade, agriculture, customs and law enforcement, as well as a multisectoral accountability frameworks, are required for the implementation of effective multisectoral measures to reduce the harmful use of alcohol and ensure policy coherence. The WHO-led SAFER initiative and partnership to promote and support the implementation of best buys, alongside other recommended alcohol control measures at the country level, can invigorate action in countries through coordination with WHO’s partners both within and outside the United Nations system. Effective alcohol control, including measures to address unrecorded alcohol consumption, requires a “whole-of-government” and “whole-of-society” approach, with clear leadership by the public health sector and appropriate engagement of other government sectors, civil society organizations, academic institutions and, as appropriate, the private sector. There is a need to strengthen the role of civil society in alcohol policy development and implementation.

43. Global and regional networks of country focal points and WHO national counterparts for reducing the harmful use of alcohol, as well as technical experts, will facilitate country cooperation, knowledge transfer and capacity-building. The technical networks and platforms should focus on particularly challenging technical areas and situations such as the control of digital marketing, social media advertising and reducing the harmful use of alcohol during health emergencies such as the COVID-19 pandemic.

44. The continuing global dialogue with economic operators in alcohol production and trade should focus on industry’s contribution to reducing the harmful use of alcohol in their roles as developers, producers and distributors/sellers of alcoholic beverages. This dialogue should also aim for the implementation of comprehensive restrictions or bans on traditional, online or digital marketing¹ (including sponsorship), as well as on the role of economic operators in the regulation of sales, e-commerce, delivery, product formulation and labelling and on providing data on production and sales.

¹ In this document the term “marketing” is used with the meaning of any form of commercial communication or message that is designed to increase – or has the effect of increasing – the recognition, appeal and/or consumption of particular products and services. It could comprise anything that acts to advertise or otherwise promote a product or service.

The dialogue should engage, as appropriate, economic operators in other sectors of the economy that are directly involved in the distribution, sales and marketing of alcoholic beverages.

Global targets for action area 3

Global target 3.1: By 2030, 50% of countries have an established national multisectoral coordination mechanism for the implementation and strengthening of national multisectoral alcohol policy responses.

Global target 3.2: By 2030, 50% of countries are engaged in the work of the global and regional networks of WHO national counterparts for international dialogue and coordination on reducing the harmful use of alcohol.

Proposed actions for Member States

- Action 1. Encourage the mobilization and the active and appropriate engagement of all relevant entities and groups in reducing the harmful use of alcohol in a “whole-of-society” approach, including by advocating for appropriate coordination and accountability mechanisms, strategies and action plans in the context of the 2030 Agenda, taking into consideration and managing any stakeholder conflicts of interest.
- Action 2. Ensure effective national governance and effective coordination between different sectors and different levels of government, while maintaining policy coherence based on public health objectives.
- Action 3. Ensure the effective coordination of activities, as appropriate, of all relevant stakeholders in the implementation of national strategies, action plans and policies to reduce the harmful use of alcohol in the 10 targets areas for action recommended in the global strategy to reduce the harmful use of alcohol.¹
- Action 4. Build and support a broad multisectoral mechanism for formulating and implementing public health policies to reduce the harmful use of alcohol and adopt a “whole-of-government” approach to the protection of the health and well-being of populations from alcohol-related harm, while taking into consideration and managing any stakeholder conflicts of interest.
- Action 5. Collaborate with the WHO Secretariat on the implementation of the global strategy, including through representation in WHO’s global and regional networks of national counterparts and (technical) contributions to their working mechanisms, processes and structures.
- Action 6. Document and share experiences and information on the development, implementation and evaluation of multisectoral actions to reduce the harmful use of alcohol at national and subnational levels.

¹ See para. 28 above.

Proposed actions for the WHO Secretariat

- Action 1. Further develop and strengthen broad international partnerships on reducing the harmful use of alcohol and support international mechanisms for intersectoral collaboration with United Nations entities, civil society, academia and professional organizations.
- Action 2. Liaise and cooperate with major partners in the United Nations system and intergovernmental organizations and coordinate and develop collaborative activities through the functioning of inter-agency working mechanisms on reducing the harmful use of alcohol, including those established for mental health, NCDs and health promotion.
- Action 3. Provide support for the global and regional networks of WHO national counterparts and their working mechanisms and procedures by ensuring regular information exchange and their effective functioning. This may include the establishment of working groups or task teams to address priority areas for reducing the harmful use of alcohol.
- Action 4. Facilitate dialogue and information exchange on the impact of the international aspects of the alcohol market on the alcohol-attributable health burden and advocate for appropriate consideration of these aspects by parties in international trade negotiations.
- Action 5. Support international collaboration and information exchange among public health-oriented NGOs, academic institutions, professional associations and organizations of people with lived and living experience, with a special focus on facilitating multisectoral collaboration, ensuring policy coherence (with due consideration of differences in cultural contexts) and providing support for strengthening the contributions of civil society organizations to alcohol policy development and implementation.
- Action 6. Every two years, organize an international forum on reducing the harmful use of alcohol within the WHO Forum on alcohol, drugs and addictive behaviours, with the participation of representatives of Member States, United Nations entities and other intergovernmental and international organizations, civil society organizations and professional associations and people with lived and living experiences, and support broader representation of civil society organizations from low- and middle-income countries.
- Action 7. Organize regular (every year or every two years, as considered necessary by the WHO Secretariat) global dialogues with economic operators in alcohol production and trade in line with relevant mandates and policies, including but not limited to the WHO framework of engagement with non-State actors, focused on and limited to industry partners' contribution to reducing the harmful use of alcohol as developers, producers and distributors/sellers of alcoholic beverages. Dialogues will not focus on the development of alcohol control policies.

- Action 8. Convene permanent dialogue with civil society, supporting coalition-building and strengthening the capacity of civil society organizations to advocate and lobby for effective measures to reduce the harmful use of alcohol.

Proposed actions for international partners, civil society organizations and academia

- Action 1. Major partners in the United Nations system and intergovernmental organizations are invited to include, as appropriate, implementation of the global strategy and action plan 2022–2030 in their developmental strategies and action plans and to develop horizontal multisectoral programmes and partnerships to reduce the harmful use of alcohol as a public health priority, in line with the guiding principles of the global strategy.
- Action 2. Civil society organizations, professional associations and academia are invited to prioritize and strengthen their activities on reducing the harmful use of alcohol by motivating and engaging their stakeholders in implementation of the global strategy within existing partnerships or by developing new collaborative frameworks, as well as by promoting and supporting, within their roles and mandates, intersectoral and multisectoral collaboration and dialogue while monitoring and countering undue influences from commercial vested interests that undermine attainment of public health objectives.

Proposed measures for economic operators in alcohol production and trade

Economic operators are invited to substitute, whenever possible, higher-alcohol products with no-alcohol and lower-alcohol products in their overall product portfolios, with the goal of decreasing the overall levels of alcohol consumption in populations and consumer groups, while avoiding the circumvention of existing regulations for alcoholic beverages and the targeting of new consumer groups with alcohol marketing, advertising and promotional activities. Economic operators in alcohol production and trade, as well as economic operators in other relevant sectors (such as retail, advertisements, hospitality, tourism, social media and communication), are encouraged to contribute to the elimination of marketing and sales of alcoholic beverages to minors and to the elimination of commercial activities targeted towards other high-risk groups, as well as to implement self-regulatory measures and take other actions to contribute to the elimination of such marketing practices within regulatory and co-regulatory frameworks with a legislative basis.

ACTION AREA 4: TECHNICAL SUPPORT AND CAPACITY-BUILDING

45. There is a need to strengthen the capacity and capability of countries to create, enforce and sustain the necessary policy and legislative frameworks; develop infrastructure and sustainable mechanisms for their implementation at national and subnational levels; and ensure that implemented strategies and interventions are based on the best available scientific evidence and best practices of their implementation that have accumulated in different cultural, economic and social contexts. The implementation of alcohol policy measures at the country level based on national contexts, needs and priorities may require strong technical assistance, particularly in less-resourced countries and in technical areas such as taxation, legislation, regulations for digital marketing and their enforcement, or the consideration of health protection from alcohol-related harm in trade negotiations.

Global targets for action area 4

Global target 4.1: By 2030, 50% of countries have a strengthened capacity for the implementation of effective strategies and interventions to reduce the harmful use of alcohol at national level.

Global target 4.2: By 2030, 50% of countries have a strengthened capacity in health services to provide prevention and treatment interventions for health conditions due to alcohol use in line with the principles of universal health coverage.

Proposed actions for Member States

- Action 1. Develop national institutional capacities for applying population-wide initiatives to tackle the determinants that drive the acceptability, availability and affordability of hazardous and harmful drinking patterns, including for the provision of country-tailored technical assistance, strengthening governance mechanisms towards accountability, transparency and the participation of stakeholders.
- Action 2. Develop or strengthen technical capacity and infrastructure, with the involvement of public health-oriented civil society organizations, including youth organizations, for the implementation of high-impact strategies and interventions to reduce the harmful use of alcohol and, when appropriate, collaborate with the WHO Secretariat on the testing, dissemination, implementation and evaluation of WHO technical tools, recommendations and training materials.
- Action 3. Document and share with WHO good practices and examples of policy responses and implemented measures to reduce the harmful use of alcohol in different socioeconomic and cultural contexts, based on the 10 recommended target areas for policy options and interventions included in the global strategy.
- Action 4. Develop or strengthen the capacity of health professionals in health and social care systems, including health providers working in the areas of NCDs and mental health, to prevent, identify and manage hazardous drinking¹ and disorders due to alcohol use, and develop the capacity of health and social care systems in urban and rural areas to ensure universal health coverage for people with AUDs and comorbid health conditions.
- Action 5. Support the capacity-building of health professionals, including health providers working in the areas of NCDs and mental health, as well as public health experts and representatives of civil society organizations, including mutual help groups and associations of affected individuals and their family members, to advocate for, implement, enforce and sustain the implementation of effective measures to reduce the harmful use of alcohol, including through screening and brief interventions for hazardous and harmful drinking, as well as through support for the relevant education and training programmes.

¹ In the International Classification of Diseases, 11th revision (ICD-11) (Geneva: World Health Organization; 2019), the “hazardous alcohol use” is defined as a “pattern of alcohol use that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals”.

- Action 6. Develop and support the implementation of activities aimed at the prevention of alcohol-related violence towards women, children and the elderly, as well as activities aimed at the prevention of alcohol-related suicides, and ensure access to health services for those affected by alcohol-related violence or suicides.
- Action 7. Develop and support the implementation of activities for reducing the public health impact of illicitly or informally produced alcohol, taking into consideration the differences in strategies to address informally and illegally produced alcohol, including activities related to the assessment of the level of unrecorded alcohol consumption in populations, the efficient control of alcohol production and distribution, raising awareness of the associated health risks and community mobilization.
- Action 8. Promote policies for healthy settings (e.g., educational campus, sport sites, workplace); analyse, assess and develop guidance on population-based interventions related to risk exposure; support local and bottom-up initiatives for protecting against harmful alcohol consumption (e.g., integrated actions across sectors such as the education, social, health care and public health sectors); and support community actions that advocate for alcohol policy changes in various settings and populations, including high-risk groups (e.g., indigenous populations, young people, women).
- Action 9. Develop health promotion services based on learning loops and behavioural change, while ensuring links to promoting health interventions in primary health care.

Proposed actions for the WHO Secretariat

- Action 1. Collect, compile and disseminate, through WHO information channels at global and regional levels, good practices and examples of policy responses and implemented measures to reduce the harmful use of alcohol in Member States, based on the 10 recommended target areas for policy options and interventions, including legislative provisions, and develop and maintain the global and regional repositories of good practice and examples, including those for workplaces and educational institutions.
- Action 2. Foster and strengthen global and regional networks of national technical counterparts by developing capacity-building platforms, in partnership with academia and civil society organizations, with a focus on particularly challenging areas such as digital marketing and social media advertising; protecting alcohol control in the context of supranational policy and regulatory frameworks; strengthening health service and social care responses; and building up national monitoring systems on alcohol and health or integrating these focus areas into existing national monitoring systems.
- Action 3. Develop, test and disseminate global evidence-based and ethical recommendations, standards, guidelines and technical tools, including a protocol for the comprehensive assessment of alcohol policies; propose, as deemed necessary and according to WHO procedures, other normative or technical instruments to provide normative and technical guidance on the effective and cost-effective prevention and treatment interventions in different settings; and provide support to Member States in implementing the global strategy according to the 10 recommended target areas for policy options and interventions.

- Action 4. Develop information products and technical tools to support the prevention, management and monitoring and surveillance of alcohol-related suicides and alcohol-related violence, including violence towards women, children and the elderly, as well as to provide technical guidance on the treatment and care of those affected by alcohol-related violence or suicides.
- Action 5. Increase the capacity of the Secretariat to provide technical assistance and support to countries in addressing cross-border alcohol marketing, advertising and promotional activities, as well as unrecorded alcohol¹ consumption and related harm.
- Action 6. Develop a global country support network of experts and strengthen the global coordination of relevant activities of WHO collaborating centres in order to increase the Secretariat's capacity to respond to Member States' requests for support for their efforts to develop, implement and evaluate strategies and programmes to reduce the harmful use of alcohol.
- Action 7. Develop, test and disseminate technical guidance and supporting technical tools for the assessment, prevention and reduction of alcohol-related harm in humanitarian settings.
- Action 8. Support the development and implementation of sustainable programmes on the identification and management of hazardous and harmful drinking in primary health care and other non-specialized and specialized health care programmes, such as programmes for noncommunicable or infectious diseases, and promote screening and brief interventions, as well as other interventions with proven effectiveness.
- Action 9. Develop a global programme of training and capacity-strengthening activities on priority areas for global action and target areas for action at national level, and implement this programme by organizing and supporting global, regional and intercountry workshops, seminars (including web-based seminars), online consultations and other capacity-building activities covering multisectoral responses and measures beyond the health sector.
- Action 10. Support and conduct capacity-building projects and activities on planning and implementing research and the dissemination of research findings, with a particular focus on alcohol policy research in low- and middle-income countries, as well as on data generation to produce reliable estimates of alcohol consumption, alcohol-related harm and treatment coverage for AUDs.
- Action 11. Reconvene the WHO Expert Committee on Problems Related to Alcohol Consumption for a comprehensive review of the accumulated evidence on feasible and effective measures to address the harmful use of alcohol, monitoring the progress made and providing recommendations on the way forward, and ensure the convening of regular meetings of the Committee during the period of implementation of the action plan.

¹ Unrecorded alcohol refers to alcohol that is not accounted for in official statistics on alcohol taxation or sales in the country where it is consumed, because it is usually produced, distributed and sold outside formal channels under government control.

Proposed actions for international partners, civil society organizations and academia

- Action 1. Major partners in the United Nations system and intergovernmental organizations are invited to prioritize technical assistance and capacity-building activities for accelerating implementation of the global strategy in their developmental assistance and country support activities and plans.
- Action 2. Civil society organizations, professional associations and research institutions are invited to develop capacity-building activities at national and, if appropriate, international levels within their roles and mandates. They are invited to contribute to capacity-building and provide technical assistance for activities undertaken by Member States, WHO or other international organizations, in line with the objectives and principles of the global strategy and the action plan.
- Action 3. International partners, civil society organizations and academia are encouraged to monitor and report activities that undermine effective public health measures and are encouraged to refrain from co-funding initiatives with economic operators in alcohol production and trade.

Proposed measures for economic operators in alcohol production and trade

Economic operators in alcohol production and trade are invited to implement capacity-building activities for reducing the harmful use of alcohol within their core roles and sectors of alcohol production, distribution and sales, and to refrain from engagement in capacity-building activities outside their core roles that may undermine or compete with the activities of the public health community.

ACTION AREA 5: KNOWLEDGE PRODUCTION AND INFORMATION SYSTEMS

46. The production and dissemination of knowledge facilitates advocacy, policy prioritization and evaluation and supports overall global actions to reduce the harmful use of alcohol. International collaborative research and knowledge production should focus on the generation of data that are highly relevant to understanding the epidemiology of the health risks associated with alcohol consumption and the development and implementation of alcohol policies. The effective monitoring of the levels and patterns of alcohol consumption in populations and of alcohol-related harm, including alcohol-attributable disease burden, is of the utmost importance for monitoring the progress of implementation of the global strategy at national, regional and global levels and should be conducted in conjunction with monitoring the implementation of alcohol policy measures. The effective monitoring of alcohol consumption, alcohol-related harm and policy responses requires streamlined data generation, collection, validation and reporting procedures that will allow regular updates of country-level data at one to two year intervals, with minimized time lags between data collection and reporting. The effective monitoring of treatment coverage for AUDs requires not only taking these actions but also developing better methods of monitoring treatment coverage, all within the framework of universal health coverage.

47. Significantly more resources are required for investment in international research on alcohol policy development and implementation in low- and middle-income countries, based on evidence of the uneven implementation of alcohol policy measures in different jurisdictions, including quantitative and qualitative analyses of barriers, enabling factors, the impact of different policy options and levels of implementation in different population groups. Research, including international research projects, is

needed on the role of alcohol consumption in the development, progression and treatment outcomes of major NCDs, including cancers, as well as in the transmission, progression and treatment outcomes of some infectious diseases. There is a need to intensify international research activities on harm to others from drinking; the impact of the harmful use of alcohol on child development and maternal health; FASDs; and the consumption of informally and illegally produced alcohol and its health consequences. International studies are needed on effective ways to increase health literacy with regard to alcohol and the health of people who consume alcohol. Studies on the costs and benefits of alcohol control measures and the development of investment cases can help to overcome the resistance to effective alcohol control measures rooted in the financial and other revenues associated with alcohol production and trade.

Global targets for action area 5

Global target 5.1: By 2030, 75% of countries have national data generated and regularly reported on alcohol consumption, alcohol-related harm and implementation of alcohol control measures.

Global target 5.2: By 2030, 50% of countries have national data generated and regularly reported on monitoring progress towards the attainment of universal health coverage for AUDs and major health conditions due to alcohol use.

Proposed actions for Member States

- Action 1. Support the generation, compilation and dissemination of knowledge at the national level on the magnitude and nature of public health problems caused by the harmful use of alcohol and the effectiveness of different policy options, and undertake activities for informing the general public about health and other risks associated with alcohol consumption and alcohol-related health conditions in different populations.
- Action 2. In coordination with relevant stakeholders, develop or strengthen national and subnational monitoring systems and sets of national health system indicators and targets for monitoring alcohol consumption and its socioeconomic and behavioural modifiers, including on the affordability and availability of alcohol, the awareness of alcohol-related risks, the attitudes towards alcohol consumption and the exposure to digital marketing and the health and social consequences of alcohol consumption, as well as appropriate policy and programme responses, including treatment coverage for AUDs, in line with the SDGs and WHO indicators and their definitions.
- Action 3. Establish national monitoring centres or other appropriate institutional entities with the responsibility to collect and compile national data on alcohol consumption, alcohol-related harm and policy responses, as well as monitoring trends, and to report regularly to national authorities and the WHO's regional and global information systems on alcohol and health.
- Action 4. Support monitoring and research activities that are focused on alcohol consumption and related harms among particularly vulnerable population groups, such as young people, pregnant women, people with chronic health conditions that increase vulnerability to alcohol-related harm, people in contact with criminal justice systems and people experiencing homelessness.

- Action 5. Support research activities on risk and protective factors for different patterns of alcohol use and its health consequences, including the development of AUDs, in order to inform national prevention and treatment strategies and interventions.
- Action 6. Include alcohol modules with recommended questions on alcohol consumption and related harms in the data-collection tools used in population-based surveillance activities at national and subnational levels in order to facilitate international comparisons, paying due attention to the possibilities for data disaggregation.
- Action 7. Collaborate with the WHO Secretariat on global surveys on alcohol and health by collecting, collating and reporting the information required, as well as by validating the country estimates and profiles received from the WHO Secretariat for inclusion in global and regional monitoring frameworks and databases.
- Action 8. Document, collate and disseminate practical experiences in the implementation of alcohol policy measures and interventions and support and promote the evaluation of their effectiveness, cost-effectiveness and impacts on alcohol-attributable harm in order to document the feasibility, effectiveness and cost-effectiveness of policy measures in different contexts and populations.

Proposed actions for the WHO Secretariat

- Action 1. Maintain and further develop the WHO's Global Information System on Alcohol and Health (GISAH) and regional information systems by developing and integrating indicators for monitoring the implementation of the global strategy and the NCD-GAP; the further operationalization and standardization of GISAH indicators; the coordination of data collection activities at all levels; and the consolidation of information on the effectiveness and cost-effectiveness of policy measures and interventions to reduce the harmful use of alcohol and public health problems attributable to alcohol.
- Action 2. Support capacity-building for research, monitoring and surveillance on alcohol and health by establishing and supporting global and regional research networks and training and supporting data collection, analysis and dissemination.
- Action 3. Prepare and implement during the period 2022–2030 at least three waves of data collection on alcohol consumption, alcohol-related harm and alcohol policies from Member States through the WHO Global Survey on Alcohol and Health (tentatively in 2022, 2025 and 2028) and from other relevant information sources. Also, use computerized data-collection tools and web-based data-collection platforms and disseminate information through GISAH, regional information systems, and global and regional status reports on alcohol and health. Whenever necessary, organize data-consensus workshops for improving the quality of data.
- Action 4. Continually review, analyse and disseminate the emerging scientific evidence on the magnitude and nature of the public health problems that are attributable to alcohol consumption and the determinants of the availability and affordability of alcohol beverages, paying due attention given to the attitudes, risk awareness and inequities related to alcohol consumption, as well as the effectiveness and cost-effectiveness of policy measures and interventions. This includes convening meetings of related

technical advisory groups, including the WHO Technical Advisory Group on Alcohol and Drug Epidemiology.

- Action 5. Continue to generate comparable data on alcohol consumption, its determinants, alcohol-related mortality and morbidity and estimates of alcohol-attributable burden, with disaggregation, whenever possible, by gender, age and socioeconomic status, within the comparative risk assessment and global burden of disease estimates.
- Action 6. Continue and further develop collaboration with international organizations and United Nations agencies on data collection and analysis in order to harmonize data-collection tools and activities and facilitate international comparisons, as well as to continue dialogue and information exchange with alcohol producers, industry-supported data providers and research groups and organizations so as to improve the coverage and quality of data on alcohol production and distribution and the consumption of alcoholic beverages at global, regional and national levels.
- Action 7. Promote and support priority-setting for international research on alcohol and health, as well as specific international research projects, in low- and middle- income countries, with the engagement of WHO collaborating centres. This should include a particular focus on the epidemiology of alcohol consumption and alcohol-related harm, the evaluation of policy measures and interventions in health services, comparative effectiveness research and the relationship between harmful use of alcohol and social and health inequities. Initiate and implement in selected low- and middle-income countries international research projects on the determinants of alcohol consumption and alcohol-related harm, including research on FASDs, alcohol-related suicides and other mental health conditions, as well as the role of alcohol consumption in the development and progression of major NCDs, including cancers.
- Action 8. Develop methodology, core indicators and computerized data-collection tools and support the generation of comparable data on the implementation of effective policy measures at national level, using the system of indices and scores, and support information- and experience-sharing among countries, particularly those with similar socioeconomic and cultural contexts.

Proposed actions for international partners, civil society organizations and academia

- Action 1. Major partners in the United Nations system and intergovernmental organizations are invited to support knowledge generation and monitoring activities on alcohol and health at all levels and to work with WHO on alcohol policy research, including the impact of differentiated policies according to the alcohol content of alcoholic beverages, as well as on harmonization of indicators and data-collection tools, and to support national monitoring capacities in line with the reporting commitments of major international monitoring frameworks.
- Action 2. Civil society organizations, professional associations and research institutions are invited to support WHO efforts on data collection and analysis to improve the coverage and quality of data on alcohol consumption, alcohol-related harm, policy responses and treatment coverage for AUDs at global, regional and national levels,

as well as to support countries in their efforts to build and strengthen research and monitoring capacities in this area.

Proposed measures for economic operators in alcohol production and trade

Economic operators in alcohol production and trade are called upon to disclose, with due regard for the limitations associated with the confidentiality of commercial information, data of public health relevance, including a description of the methodology used to generate such data, in order to contribute to the improvement of WHO estimates of alcohol consumption in populations. This includes data on the production and sales of alcoholic beverages, as well as data on consumer knowledge, attitudes and preferences regarding alcoholic beverages.

ACTION AREA 6: RESOURCE MOBILIZATION

48. Lack of the required financial and human resources presents a primary barrier to introducing or accelerating global and national actions to reduce the harmful use of alcohol and reducing the inequities related to alcohol consumption and its consequences between and within different jurisdictions. Adequate resources need to be mobilized at all levels for implementation of the global strategy, namely for the development, implementation and monitoring of alcohol policies in low- and middle-income countries; international collaboration and research in this area and on the social, economic and environmental determinants of alcohol control; and civil society engagement at the international level to reduce the harmful use of alcohol. Such resources are not limited to funding, although this is a priority, but also include human resources and workforce capacity, appropriate infrastructures, international cooperation and partnerships.

49. The lack or insufficiency of available resources to finance alcohol control measures and programmes and interventions for the prevention and treatment of substance use disorders requires, as appropriate within national contexts, innovative funding mechanisms if the related targets of the SDGs are to be met. Several innovative approaches have been reported across countries and at the international level and several are being discussed, such as the United Nations catalytic fund for NCDs and mental health or the establishment of specific funds for the treatment, care and support of those affected by the harms due to the use of alcohol. There are existing examples of revenues from taxes on alcoholic beverages being used to fund health promotion initiatives; the health coverage of vulnerable populations; the prevention and treatment of alcohol and substance use disorders; and in some cases, support for international work in these areas. In some jurisdictions, earmarked funding for the prevention and treatment of AUDs and related conditions is provided with funds generated from state-owned retail monopolies, a levy on profits across the value chains for alcoholic beverages, taxation on alcohol advertising or fines for non-compliance with alcohol regulations.

Global targets for action area 6

Global target 6.1: At least 50% of countries have dedicated resources for reducing the harmful use of alcohol by implementing alcohol policies and by increasing coverage and quality of prevention and treatment interventions for disorders due to alcohol use and associated health conditions.

Proposed actions for Member States

Action 1. Increase the allocation of resources, including international and domestic financial resources generated by new or innovative ways and means to secure essential funding, for reducing the harmful use of alcohol and increasing the coverage and

quality of prevention and treatment interventions, according to the scope and nature of public health problems caused by alcohol consumption.

- Action 2. Consider, when appropriate in national contexts, the development and implementation of earmarked funding or contributions from alcohol tax revenues or other revenues that are linked to alcohol beverage production and trade, or establishing a dedicated fund for reducing the harmful use of alcohol and increasing the coverage and quality of prevention and treatment interventions for disorders due to alcohol use and associated health conditions.
- Action 3. Ensure the availability and allocation of necessary resources by developing resource allocation plans and accountability frameworks for the implementation of community action and the support of community-based programmes, coalitions and interventions to reduce the harmful use of alcohol and associated inequalities, including programmes for indigenous populations and subpopulations at particular risk, such as young people, unemployed persons and family members of people with AUDs.
- Action 4. Increase the resources available for implementation of the global strategy and action plan by mainstreaming alcohol policy options and interventions in public health and developmental activities in other areas, such as maternal and child health, violence prevention, suicide prevention, road safety and infectious diseases.
- Action 5. Participate in and support international collaboration to increase the resources available for accelerating implementation of the global strategy and action plan to reduce the harmful use of alcohol and support provided to low- and middle-income countries in developing and implementing high-impact strategies and interventions.
- Action 6. Promote and support resource mobilization for the implementation of the global strategy and the action plan in the framework of broad developmental agendas such as the 2030 Agenda and responses to health emergencies such as the COVID-19 pandemic.
- Action 7. Share experiences at the international level, including with the WHO Secretariat and other international organizations, of good practice in financing policies and interventions to reduce the harmful use of alcohol.

Proposed actions for the WHO Secretariat

- Action 1. Collect, analyse and disseminate experiences and good practices in financing policies and interventions to reduce the harmful use of alcohol, especially in low- and middle-income countries, and promote the implementation of new or innovative ways and means to secure adequate funding for implementation of the global strategy and the action plan at all levels.
- Action 2. Develop and disseminate, in collaboration with international finance institutions, technical tools and information products in support of efforts to increase the resources available for reducing the harmful use of alcohol, health promotion and increasing the coverage and quality of prevention and treatment interventions for disorders due to alcohol use and associated health conditions.

- Action 3. At global and regional levels, monitor the allocation of resources for the implementation of the global strategy and action plan.
- Action 4. Promote and support the pooling of resources and their effective use by better coordination and intensified collaboration between different programme areas within WHO, United Nations agencies and other international partners.
- Action 5. Promote the allocation of resources for alcohol policy development and implementation of the global strategy and action plan in bilateral and other cooperation agreements with donor countries and agencies.
- Action 6. Intensify fundraising and resource mobilization efforts to support the implementation of the global strategy in low- and middle-income countries by organizing donor conferences and meetings of interested parties.

Proposed actions for international partners, civil society organizations and academia

- Action 1. Major partners in the United Nations system and intergovernmental organizations are invited to mainstream their efforts to reduce the harmful use of alcohol in their developmental and public health strategies and action plans, and to promote and support financing policies and interventions in order to ensure the availability of adequate resources for accelerated implementation of the global strategy, while maintaining independence from funding from alcohol producers and distributors.
- Action 2. Civil society organizations, professional associations and research institutions are invited to promote and support new or innovative ways and means to secure required funding and to facilitate collaboration between the finance and health sectors to ensure the mobilization, allocation and accountability of the resources necessary to reduce the harmful use of alcohol and accelerate the implementation of the global strategy at all levels.

Proposed measures for economic operators in alcohol production and trade

Economic operators in alcohol production and trade are invited to allocate resources for the implementation of measures that can contribute to reducing the harmful use of alcohol within their core roles as developers, producers, distributors, marketers and sellers of alcoholic beverages; to refrain from funding public health and policy-related activities and research to prevent any potential bias in agenda-setting emerging from the conflict of interest; and to cease the sponsorship of scientific research on the public health dimensions of alcohol consumption and alcohol policies and its use for marketing or lobbying purposes.

Indicators and milestones for achieving global targets

| Global targets | Indicators | Milestones | Comments |
|---|--|--|--|
| 1.1. By 2030, at least 20% relative reduction (in comparison with 2010) in the harmful use of alcohol. ¹ | <p>1.1.1 Total alcohol per capita consumption defined as the estimated total (recorded plus unrecorded) alcohol per capita (aged 15 years and older) consumption within a calendar year in litres of pure alcohol, adjusted for tourist consumption.</p> <p>1.1.2. Age-standardized prevalence of heavy episodic drinking.</p> <p>1.1.3. Age-standardized alcohol-attributable deaths.</p> <p>1.1.4 Age-standardized alcohol-attributable DALYs.</p> | <p>2019</p> <p>2022</p> <p>2025</p> <p>2027</p> <p>2029/2030</p> | <p>This target and indicators are fully consistent with SDG and NCD global monitoring frameworks and data on these indicators have been periodically collected and regularly reported by WHO. WHO estimates for indicator 1.1.1 are produced annually – and for other indicators under this target are produced periodically. WHO estimates for all indicators under this target have been previously reported for 2010, 2012, and 2016.²</p> |
| 1.2. By 2030, 70% of countries have introduced, enacted or maintained the implementation of high-impact policy options and interventions. | <p>1.2.1 Number of countries (as a percentage of all WHO Member States) that have introduced, enacted or maintained the implementation of high-impact policy options across the following areas: (a) affordability of alcoholic beverages; (b) advertising and marketing of alcoholic beverages; (c) availability of alcoholic beverages; (d) drink-driving; (e) screening and brief interventions for risky patterns of alcohol use; and treatment of AUDs.</p> | <p>2019</p> <p>2022</p> <p>2025</p> <p>2027</p> <p>2029/2030</p> | <p>Data on all indicators under this target have been collected through WHO global surveys on alcohol and health and progress towards the attainment of SDG target 3.5. The data on alcohol policy indicators is available and periodically updated in the WHO's GISAH. SAFER monitoring and other relevant activities undertaken at the global, regional or country levels will provide additional information to improve the validity and reliability of data.</p> |

¹ The target description is identical to the voluntary target agreed for the NCD Global Monitoring Framework. The “at least 20% relative reduction” target is based on the latest available WHO data.

² See, respectively, Global status report on alcohol and health 2011. Geneva: World Health Organization; 2011; Global status report on alcohol and health 2014. Geneva: World Health Organization; 2014; and Global status report on alcohol and health 2018. Geneva: World Health Organization; 2018.

| Global targets | Indicators | Milestones | Comments |
|---|--|---|---|
| 2.1. By 2030, 75% of countries have developed and enacted national written alcohol policies. | 2.1.1 Number of countries (as a percentage of all WHO Member States) with a written and enacted national alcohol policy. | 2019 2022 2025 2027 2029/2030 | The data for these targets and indicators is collected through existing WHO global surveys on alcohol and health and on progress towards the attainment of SDG target 3.5, as well as other relevant monitoring activities at the global and regional levels. Data for indicator 2.1.1 have been previously reported by WHO for 2010, 2012, and 2016. ¹ Data for indicator 2.2.1 will require minor adjustments in existing data collection tools for reporting on this indicator. |
| 2.2. By 2030, 50% of countries have produced periodic national reports on alcohol consumption and alcohol-related harm. | 2.2.1. Number of countries (as a percentage of all WHO Member States) producing at least two national reports within the last 8-year period on alcohol consumption and alcohol-related harm. | | |
| 3.1. By 2030, 50% of countries have an established national multisectoral coordination mechanism for the implementation of national multisectoral alcohol policy responses. | 3.1.1. Number of countries (as a proportion of all WHO Member States) with an established multisectoral national coordination mechanism for the implementation of national multisectoral alcohol policy responses. | 2022 2025 2027 2029/2030 | “Multisectoral” refers to engagement with one or more government sectors outside of health, such as finances, criminal justice, social welfare etc. Data collected through WHO global surveys on alcohol and health and on progress towards the attainment of SDG target 3.5, as well as other relevant monitoring activities at the global and regional levels. The current data collection tools require minor adjustments for reporting on this indicator. |
| 3.2. By 2030, 50% of countries are engaged in the work of the global and regional networks of WHO national counterparts for international dialogue and coordination on reducing the harmful use of alcohol. | 3.2.1. Number of countries (as a proportion of all WHO Member States) actively represented in the global and regional networks of WHO national counterparts. | 2022 2025 2027 2029/2030 | Information from WHO regional offices and headquarters collated on a regular basis. |

¹ See, respectively, Global status report on alcohol and health 2011. Geneva: World Health Organization; 2011; Global status report on alcohol and health 2014. Geneva: World Health Organization; 2014; and Global status report on alcohol and health 2018. Geneva: World Health Organization; 2018.

| Global targets | Indicators | Milestones | Comments |
|--|--|---|--|
| 4.1. By 2030, 50% of countries have a strengthened capacity for the implementation of effective strategies and interventions to reduce the harmful use of alcohol at national level. | 4.1.1. Number of countries (as a proportion of all WHO Member States) that have increased governmental resources for implementation of effective alcohol policies at the national level. | 2019 2022 2025 2027 2029/2030 | This target is formulated by taking into consideration the number of countries with the developed capacity and infrastructure to address the harmful use of alcohol at national level. For these targets and indicators, data is collected through existing WHO global surveys on alcohol and health and on progress towards the attainment of SDG target 3.5, as well as other relevant monitoring activities at the global and regional levels. The current data collection tools require minor adjustments for reporting on these indicators. |
| 4.2. By 2030, 50% of countries have a strengthened capacity in health services to provide prevention and treatment interventions for health conditions due to alcohol use, in line with the principles of universal health coverage. | 4.2.1. Number of countries (as a proportion of all WHO Member States) that have increased service capacity to provide prevention and treatment interventions for health conditions due to alcohol use within health systems, in line with the principles of universal health coverage. | 2019 2022 2025 2027 2029/2030 | This target is formulated by taking into consideration the number of countries with the developed capacity and infrastructure to provide prevention and treatment interventions for health conditions due to alcohol use at national level. Data collected through WHO global surveys on progress towards the attainment of SDG target 3.5. |
| 5.1. By 2030, 75% of countries have national data generated and regularly reported on alcohol consumption, alcohol-related harm and implementation of alcohol control measures. | 5.1.1. Number of countries (as a proportion of all WHO Member States) that generate and report national data on per capita alcohol consumption, alcohol-related harm and policy responses. | 2019 2022 2025 2027 2029/2030 | Passive surveillance of available data and data collection through WHO global surveys on alcohol and health and progress towards the attainment of SDG health target 3.5, as well as other relevant monitoring activities at the global and regional levels. Data collection and reporting on this indicator is a part of WHO regular monitoring and reporting on alcohol-related indicators for the existing global monitoring frameworks, such as the SDGs and the NCD Global Monitoring Framework. |

| Global targets | Indicators | Milestones | Comments |
|---|---|---|--|
| 5.2. By 2030, 50% of countries have national data generated and reported on monitoring progress towards the attainment of universal health coverage for AUDs and major health conditions due to alcohol use. | 5.2.1. Number of countries (as a proportion of all WHO Member States) that have a core set of agreed indicators and generate and report national data on treatment coverage and treatment capacity for alcohol use disorders and related health conditions due to alcohol use. | 2019 2022 2025 2027 2029/2030 | Passive surveillance of available data and data collected through WHO global surveys on progress towards the attainment of SDG health target 3.5 and other relevant monitoring activities at global and regional levels. Data collected through activities undertaken for monitoring SDG indicator 3.5.1. |
| 6.1. At least 50% of countries have dedicated resources for reducing the harmful use of alcohol by implementing alcohol policies and increasing the coverage and quality of prevention and treatment interventions for disorders due to substance use and associated health conditions. | 6.1.1 Number (absolute) of countries that have secured dedicated resources for the implementation of alcohol policies at the national level. 6.1.2. Number (absolute) of countries that have secured dedicated resources for increasing the coverage and quality of prevention and treatment interventions within health systems for disorders due to substance use. 6.1.3. Number (absolute) of countries that introduced, when appropriate, dedicated funding for reducing the harmful use of alcohol from alcohol tax revenues or other revenues linked to alcohol production and trade. | 2022 2025 2027 2029/2030 | Data collected through existing WHO global surveys on alcohol and health and on progress towards the attainment of SDG target 3.5, as well as other relevant monitoring activities undertaken at the global and regional levels. The current data collection tools require some adjustments for reporting on these indicators. |

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