

Summary report on the

**Regional technical consultation
on the working document for
development of the action
plan (2022–2030) to effectively
implement the global strategy
to reduce the harmful use of
alcohol as a public health priority**

WHO-EM/MNH/227/E

Virtual meeting
23 February 2021



REGIONAL OFFICE FOR THE

**World Health
Organization**

Eastern Mediterranean

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1. Introduction

Alcohol use is associated with a wide range of social and health consequences. Over 200 health conditions are linked to harmful alcohol use, including liver diseases, road injuries and violence, cancers, cardiovascular diseases, suicide, tuberculosis, HIV/AIDS, and mental, neurological and substance use disorders.

In response to the unacceptably high global burden of disease and injuries attributable to alcohol consumption, the World Health Organization (WHO) Executive Board in decision EB146(14) called for accelerated action to reduce the harmful use of alcohol, and requested the WHO Director-General, *inter alia*, “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 WHO Executive Board at its 150th session in 2022”.

To implement EB146(14), the WHO Secretariat held a technical meeting in June 2020, which was followed by the production of a [working document](#) for the development of an action plan that went through a web-based consultation process from 16 November to 13 December 2020. As the next step, the WHO Secretariat organized regional technical consultations to seek recommendations from Member States that will feed into the development of the draft action-plan (2022–2030).

As part of this process, the Mental Health and Substance Use unit of the WHO Regional Office for the Eastern Mediterranean, in collaboration with the Alcohol, Drugs and Addictive Behaviours unit of the Department of Mental Health and Substance Use at WHO headquarters, held a virtual regional technical consultation with Members States of the Eastern Mediterranean Region on the working document for

development of an action plan on 23 February 2021. The meeting was attended by participants from 18 countries and territories in the Region¹, including representatives from ministries of health, academic institutions, WHO collaborating centres and WHO country offices, as well as staff from the WHO Regional Office and WHO headquarters.

The objectives of the meeting were to:

- discuss the working document and provide recommendations, based on the regional needs and priorities, for developing the first draft of the action plan to accelerate action on implementation of the global strategy to reduce the harmful use of alcohol as a public health priority; and
- strengthen the regional network of technical counterparts in the Eastern Mediterranean Region for implementation of the regional framework for action to strengthen the public health response to substance use and to accelerate implementation of the global strategy to reduce the harmful use of alcohol at national level.

2. The regional context

Alcohol consumption among the adult population (aged 15 years and above) in the Eastern Mediterranean Region is estimated to be 0.6 L of pure alcohol/per capita/year, which is much lower than the global average of 6.0 L of pure alcohol/per capita/per year. The Region's share of global alcohol consumption is under 1% and the Region has the highest rate of abstention. However, 70.5% of alcohol consumption in the Region is unrecorded (i.e. not accounted for in national statistics on alcohol taxation or sales as it is produced and sold outside official channels).

¹ Afghanistan, Bahrain, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, occupied Palestinian territory, Pakistan, Qatar, Somalia, Syrian Arab Republic, Tunisia, United Arab Emirates, Yemen.

Information about treatment coverage in the Region is very limited and most countries do not have specialized treatment services for alcohol use disorders and dependence. According to the Global status report on alcohol and health 2018, about half the countries in the Region have either total or partial bans on alcohol importation, production, consumption, sale and marketing, and have restrictions on alcohol advertising/promotion and the physical availability of retailed alcohol, and more than 40% of countries have increased the excise tax on alcoholic beverages.

3. Feedback from Member States

The working document included sections on the scope, goal and operational objectives and guiding principles of the action plan and on the six action areas with their related global targets and proposed actions for Member States, WHO Secretariat, and international partners and non-State actors, as well as a section on indicators and milestones for achieving the global targets. It was reviewed section by section to obtain feedback from the meeting's participants. Their comments are outlined below.

Scope, goal, operational objectives and guiding principles of the action plan

- Problems due to alcohol use exist in all countries of the Region, even in countries with the most restrictive legislation.
- The global action plan is relevant to all countries and offers a wide range of policy options and interventions for all of them. Member States can adopt the proposed actions according to their specific social, cultural, religious and legal contexts.
- Implementation of some actions proposed in the action plan will be challenging due to the specific situation of countries in the Region, which have total or partial bans on the import, production, consumption, sale and marketing of alcohol.

- There is a need to strengthen intersectoral collaboration. In addition to the ministry of health, there are other sectors, such as the media and the ministries of education, finance and interior, which will have a key role to play in implementation of alcohol-related policy and strategy in the Region.
- Limited data and information are available about alcohol use and its harmful effects in the Region.
- Research studies and assessments are needed to generate Region-specific knowledge on alcohol use and the interventions required to support implementation of the action plan.
- There is a lack of awareness about the harms of alcohol use, especially among adolescents and youth, and misinformation about alcohol use (for example, that it has a neutralizing effect on the COVID-19 coronavirus when consumed).
- The needs of special populations must be addressed. Specific policy options are required to address the problem of alcohol use among populations such as the migrants, refugees and internally displaced people.
- There is limited availability of treatment facilities for those with alcohol use disorders in the Region.
- Addressing alcohol issues within the framework of mental health and substance abuse and the noncommunicable disease agenda is a good strategy for the countries in the Region.

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

- Implementing high-impact strategies and interventions in the countries of the Region with a total ban on alcohol could be challenging.

Action area 2: Advocacy, awareness and commitment

- With the prevailing humanitarian situation in many countries of the Eastern Mediterranean Region, alcohol use may become a major problem among the large number of refugees and internally displaced people in the Region.
- Changing legislation is a very cumbersome process and although there are still nine years until 2030, participants felt that reaching the global target of “75% of countries have developed and enacted a written national alcohol policy that is based on best available evidence and supported by legislative measures for effective implementation of high-impact strategies and interventions” might be too ambitious. The WHO Secretariat explained that the global targets are based on the available data in 2019 that shows that about 50% of countries have developed and enacted a written national alcohol policy, so a target of 75% should be possible to achieve by 2030.

Action area 3: Partnership, dialogue and coordination

- There is a degree of overlap between the action areas in the working document. For example, partnership, dialogue and coordination is relevant to all action areas. It is therefore important to focus on and highlight the synergistic nature of the action areas.

Action area 4: Technical support and capacity-building

- Alcohol use and its related harms exist in the Region and is even increasing in some countries, which calls for enhanced technical support and capacity-building to address the problem.
- Globally and regionally, the effective treatment coverage for alcohol use disorders is low, even in high-income countries.

- The need to strengthen prevention and treatment programmes is not well appreciated in some countries of the Region and it is important to highlight alcohol prevention in the action plan.
- It was felt that global target 4.2 could be increased from 50% to 75%.² The WHO Secretariat explained that based on the existing data, 50% seems reasonable, but said it would review and re-analyse the available data.
- Areas such as gender, equity and community-based approaches are not covered as targets, despite being defined in the indicators.

Action area 5: Knowledge production and information systems

- Providing estimates on alcohol consumption, alcohol-related harms and policy responses included in the monitoring frameworks of WHO is very challenging, especially when data are not available or are not updated regularly.
- Some countries in the Region do not agree to include alcohol modules in population-base data collection tools/surveys.

Action area 6: Resource mobilization

- There has not been much success in resource mobilization in the past 10 years since the development of the global strategy.
- In the Region, achieving the targets of action area 6 seems challenging due to the specific context of the countries of the Region. For example, the second target is only applicable to a few countries of the Region where trade in alcohol is not banned, and this may affect implementation of this action area.

² “Global target 4.2: 50% of countries have increased capacity to provide prevention and treatment interventions for health conditions due to alcohol use in line with the principles of universal health coverage.”

- There are different groups of countries in the Region in terms of income, resources and the way health systems are organized, financed and run, and in each group, a specific set of strategies are required to mobilize resources. This should be taken into consideration when implementing the action plan and proposing policy options at the national level.

Indicators and milestones for achieving global targets

- Data collection is generally a challenge for most countries in the Region.
- Collecting data about some indicators is particularly challenging in the Region. For example, population-based surveys exclude alcohol modules or data on alcohol sales are not available.
- It is important to retain the core indicators to be able to report on them for monitoring implementation of the global action plan and to ensure comparability of data between countries. However, where necessary, indicators that are appropriate to specific regional contexts can be added.
- Information related to most of the proposed indicators can be generated based on data routinely collected through global or regional activities, such as the global survey for collecting data on SDG 3.5 indicator.

4. Recommendations on the working document

Scope, goal, and operational objectives of the action plan

1. Add cultural sensitivity and contextualization as a guiding principle, including in all relevant action areas.
2. The scope, goal, operational objectives and guiding principles were endorsed as presented in the working document, with the proviso that the above recommendations is addressed.

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

3. The global targets and the proposed actions for Member States, the WHO Secretariat, and international partners and non-state actors, were endorsed as presented in the working document.

Action area 2: Advocacy, awareness and commitment

4. Identify specific actions under this action area for Member States, the WHO Secretariat, and international partners and non-State actors to address the potential problem of alcohol use among refugees and internally displaced people.
5. Emphasize “commitment” by changing the wording of the title of this action area so that commitment comes first, and place greater emphasis on actions related to awareness-raising.
6. The global targets and the proposed actions for Member States, the WHO Secretariat, and international partners and non-State actors, were endorsed as presented in the working document, with the proviso that the above recommendations are addressed.

Action area 3: Partnership, dialogue and coordination

7. Consider the overlap between different action areas and focus on and highlight the synergistic nature of the action areas.
8. Highlight the activation/revival of global and regional networks for implementation of the action plan under this action area.
9. The global targets and proposed actions for Member States, the WHO Secretariat, and international partners and non-State actors, were endorsed as presented in the working document, with the proviso that the above recommendations are addressed.

Action area 4: Technical support and capacity-building

10. Give more focus to the needs of specific population groups, such as young people, women, migrants, refugees and internally displaced people, in the proposed actions for Member States, the WHO Secretariat, and international partners and non-State actors.
11. Review the text to ensure the focus on prevention is maintained clearly throughout the document across all action areas.
12. Review and re-analyse the available data to look at the possibility of increasing global target 4.2 from 50% to 75%.
13. The global targets and the proposed actions for Member States, the WHO Secretariat, and international partners and non-State actors, were endorsed as presented in the working document, with the proviso that the above recommendations are addressed.

Action area 5: Knowledge production and information systems

14. The global targets and the proposed actions for Member States, the WHO Secretariat, and international partners and non-State actors, were endorsed as presented in the working document.

Action area 6: Resource mobilization

15. Introduce preventive and treatment interventions for alcohol use disorders within broader health packages with guaranteed funding from government revenues, such as within universal health coverage benefit packages.
16. Develop investment cases for alcohol, specifically under the SAFER global initiative, as they can be a good advocacy tool for resource mobilization.

17. In countries of the Region with a total or partial ban on alcohol, consider merging alcohol with mental health and substance use to increase funding possibilities.
18. In countries with significant revenues from alcohol production, distribution, sales and export, earmark funding to enhance access to treatment and care for people with alcohol use disorders, especially for the most vulnerable groups that would be otherwise be neglected.
19. Increase awareness among policy-makers about alcohol problems and the need for prevention and treatment resources in order to facilitate resource mobilization.
20. The global targets and the proposed actions for Member States, the WHO Secretariat, and international partners and non-State actors, were endorsed as presented in the working document, with the proviso that the above recommendations are addressed.

Indicators and milestones for achieving global targets

21. Complete the definitions for the proposed indicators as soon as possible after finalizing the list of targets and their related indicators.
22. The indicators and milestones for achieving global targets were endorsed as presented in the working document.

5. Follow-up actions

For Member States

- Take into consideration the outcomes of the regional technical consultation when developing country positions on the draft action plan during next stages of the consultation process, including those planned in Geneva in September 2021 in which the positions of Member States will be presented to the WHO Secretariat.

- Continue to support WHO in the development of the global action plan, through providing input to consultation meetings and web-based consultations, and through regular communication with different levels of government.
- Facilitate the nomination of members for the regional network from national counterparts who work on the prevention and management of substance use and substance use disorders. The network is expected to actively participate in the different stages of the development and implementation of the global action plan.

For the WHO Secretariat

- Share the draft report for final comments from participants.



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