



# Accelerating alcohol and NCD policy: A requisite to achieve Universal Health Coverage

Liz Arnanz, NCD Alliance

GAPC, Cape Town, 26 October 2023

# NCDs are the #1 cause of mortality & disability globally

Inadequate health systems, treatment, care

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## DISEASES



**Cardiovascular Disease**



**Chronic Respiratory Diseases**



**Cancer**



**Diabetes**



**Mental and Neurological Conditions**

## RISK FACTORS



**Unhealthy Diet**



**Tobacco Use**



**Alcohol Use**



**Physical Inactivity**

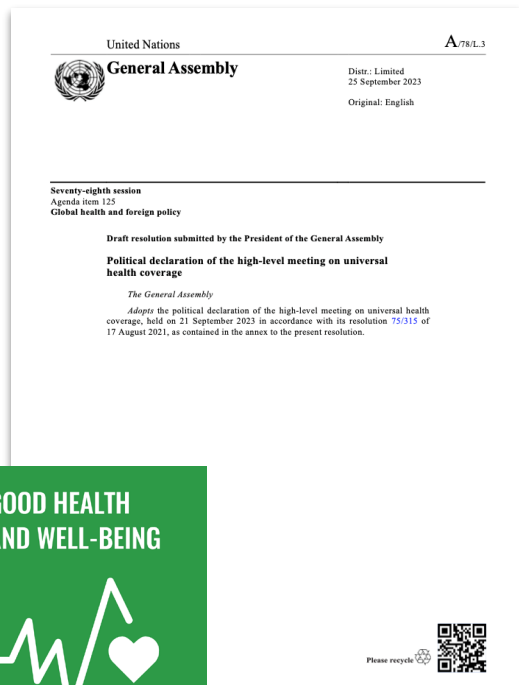


**Air Pollution**

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Social and commercial determinants of health

# UHC – a global health agenda



## uhc2030

### UHC service coverage index

UHC service coverage index combines 14 tracer indicators of service coverage into a single summary measure, as a measure of SDG Indicator 3.8.1.



# What do we understand by UHC?

SDG Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

“Increase and sustain political leadership at the national level for the achievement of universal health coverage by [...] comprehensively addressing social, economic, environmental and other determinants of health by working across all sectors through health-in-all-policies approach [...].”  
(2023 Political Declaration)

“Promote and implement policy, legislative, regulatory and fiscal measures, as appropriate, to prioritize health promotion, health literacy and disease prevention at all levels, aiming at minimizing the exposure to main risk factors of non-communicable diseases [...]” (2023 Political Declaration)

“[UHC] is fundamental for achieving the Sustainable Development Goals related not only to health and well-being, but also to eradicating poverty in all its forms and dimensions, [...].”  
(2023 Political Declaration)

# What should we understand by UHC?

Universal  
Health(care)  
Coverage

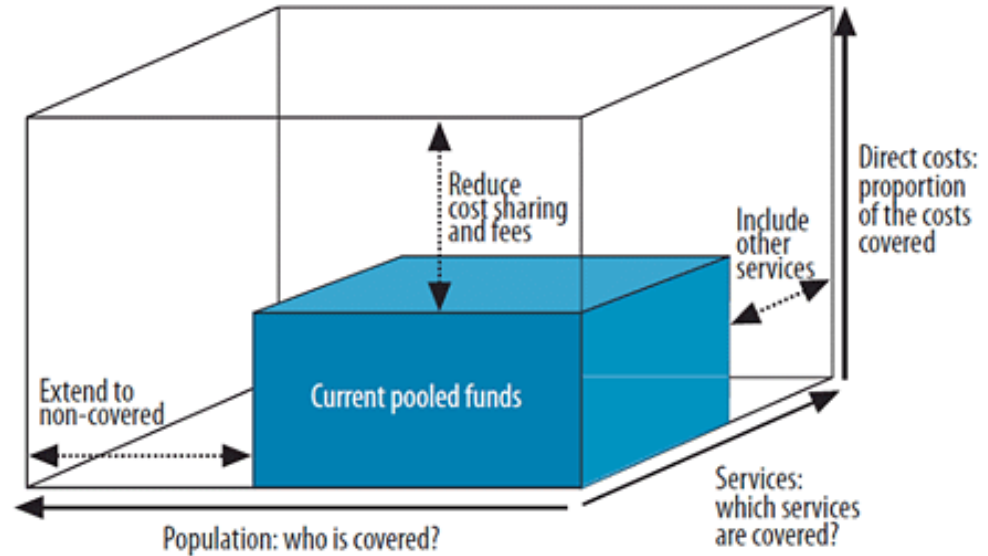
vs

Health  
For All

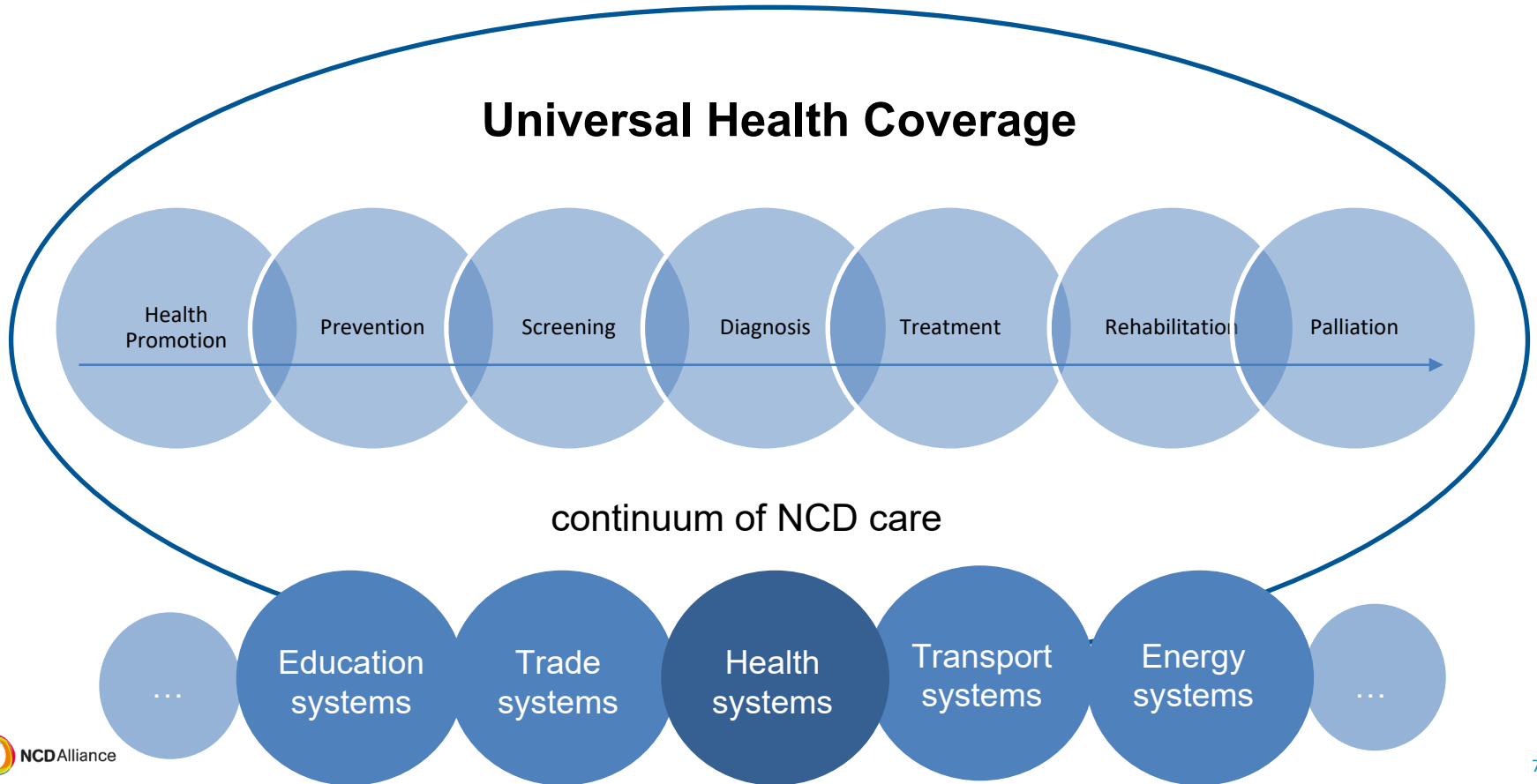
# The dimensions of UHC, gaps and the NCD response

***“All roads lead to Universal Health Coverage”***

*Dr Tedros Adhanom Ghebreyesus,  
WHO*



# Integrating NCD services and policies into UHC



# Advancing alcohol policy as part of the NCD and UHC responses

## 'Best buys' and other recommended interventions

'Best buys': effective interventions with cost effectiveness analysis (CEA)  $\leq$  I\$100 per DALY averted in LMICs



Effective interventions with CEA  $>$ I\$100 per DALY averted in LMICs



Other recommended interventions from WHO guidance (CEA not available)



Increase excise taxes on alcoholic beverages<sup>7</sup>

Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)<sup>8</sup>

Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours of sale)<sup>9</sup>

Enact and enforce drink-driving laws and blood alcohol concentration limits via sobriety checkpoints<sup>10</sup>

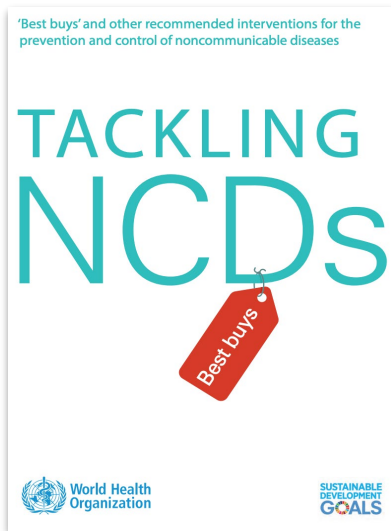
Provide brief psychosocial intervention for persons with hazardous and harmful alcohol use<sup>11</sup>

Carry out regular reviews of prices in relation to level of inflation and income

Establish minimum prices for alcohol where applicable

Enact and enforce an appropriate minimum age for purchase or consumption of alcoholic beverages and reduce density of retail outlets

Restrict or ban promotions of alcoholic beverages in connection with sponsorships and activities targeting young

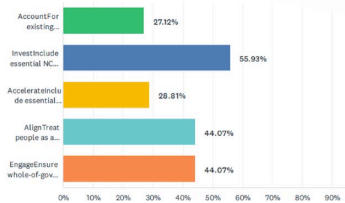




# How NCD Alliance prepared for the 2023 HLM on UHC

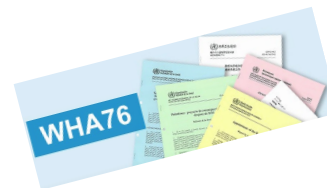


## The Global Noncommunicable Diseases (NCD) Compact 2020-2030 (NCD Compact)



### NCD Alliance Advocacy Priorities For the 2023 United Nations High-Level Meeting on Universal Health Coverage

NCD Alliance #ActOnNCDs



1



**INVEST** in the prevention and control of NCDs through adequate, predictable, and sustained resources for UHC.

2



**ACCELERATE** UHC implementation by including quality NCD prevention and care services in country UHC health benefit packages.

3



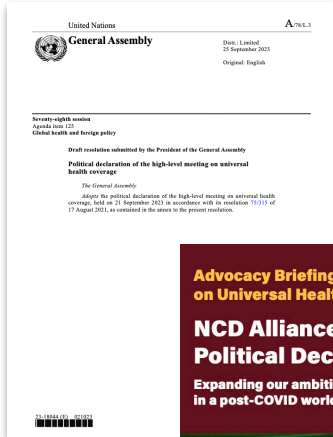
**ALIGN** development and global health priorities to achieve UHC.

4



**ENGAGE** people living with NCDs to keep UHC people-centered.

# Outcomes from the 2023 HLM on UHC



## Advocacy Briefing - UN High-Level Meeting on Universal Health Coverage

### NCD Alliance response to the Political Declaration

Expanding our ambition for health and well-being in a post-COVID world



ACT on NCDs

Global Week for Action on NCDs  
14 - 21 September 2023  
Bridging the care gap. The moment for caring is now!

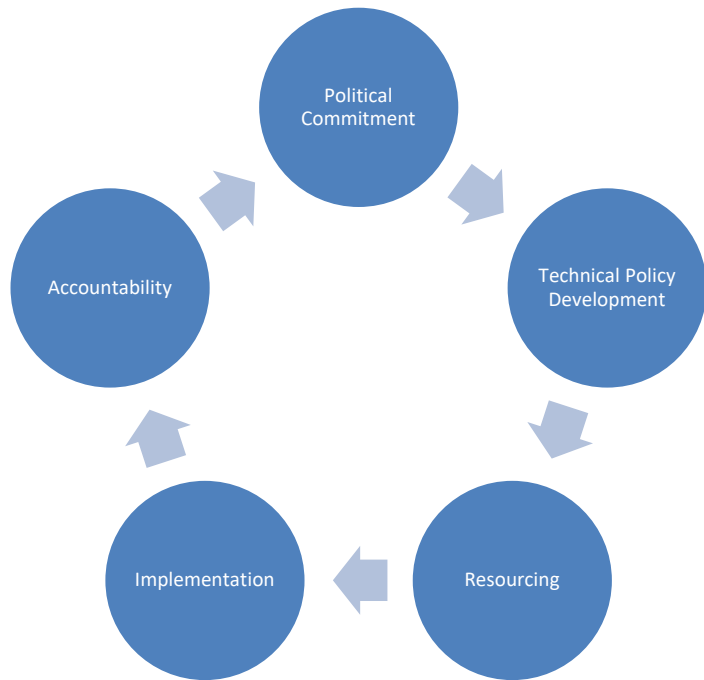
## We applauded:

- Reaffirmation of commitments made in 2019 (**no significant rollbacks**) on PHC as cornerstone for UHC and protecting health for all;
- **Increased references to NCDs** throughout the text;
- Expanded reference to NCDs **across the continuum of care** and the importance of NCD **prevention** in benefits packages and policies;
- Recognition of the **linkages** to environmental, social, and economic determinants of health.

## Missed opportunities:

- Not **differentiating commercial determinants of health** from economic determinants;
- More **robust financing targets** and commitments;
- Stronger **governance and accountability language** to include people living with health conditions (only limited to HIV/AIDS).

# What's next?



**EVERYBODY'S BUSINESS**  
A series on bold actions to close the NCD funding gap

**PAPER 01**

## The Philippines national NCD investment

**NCD Alliance**

In collaboration with the United Nations Development Programme (UNDP) World Health Organization (WHO), and UN Interagency Task Force on NCDs (UN-ITF) on NCDs.

**UN**  
**IDP**

**NCD Alliance**

### NCD Preliminary Comments

#### WHO's Fourteenth General Programme of Work, 2023-2028 (GPW14)

September 2023

This document provides some preliminary key messages from the NCD Alliance (NCDa) on WHO's Fourteenth General Programme of Work, 2023-2028 (GPW14). They are based on information available on [EMRC/CIJG](#). In summary:

- 1. We **applaud and strongly welcome** the draft GPW14 outline, including the proposed strategic objectives, its renewed focus on improving the monitoring and evaluation of health, as well as reference to noncommunicable diseases (NCDs), including mental health and neurological conditions, throughout the text.
- 2. We also welcome the consultation plans with Member States and specific country groups, such as Small Island Developing States, and civil society and other non-state actors free from conflicts of interest, as well as, however, express concern that not enough time and budget might be provided ahead of the GPW14 consultations to allow the meaningful engagement of civil society and people living with health conditions.
- 3. The requirement (GPW14 acknowledges that people living with health conditions, including NCDs, are especially vulnerable to health emergencies), reflects the **ambitious need to increase health spending**, aims to **expand UHC**, reach populations in its most vulnerable settings, and strengthen the **operational capacities of departments of health as a core action area of WHO** work to address the determinants and root causes of health, **leaves WHO's main policy options on NCD prevention and control as a normative reference**, and **bring focus on strengthening health governance and accountability**, particularly by **meaningfully engaging** people living with health conditions, such as NCDs, including mental health and neurological conditions.

**Background**

General Programmes of Work define World Health Organization's (WHO) strategy for a time period. The current Thirteenth General Programme of Work, 2019-2023 (GPW13) was extended for two years (until 2025) through resolution [WHA75.15](#). Following the COVID-19 pandemic, therefore, GPW14 will be finalized in 2024 through a consultation process and final approval from the World Health Assembly at its 77<sup>th</sup> session (WHA77).

GPW13 set the following triple billion targets by 2023 as the core pillars of WHO's strategy: one billion more people are benefiting from universal health coverage (UHC), one billion more people are better protected from health emergencies, and one billion more people are enjoying better health and well-being. These three pillars and targets have aligned WHO's strategy with its structure. NCD prevention and control has been relevant across the three priority action areas of providing, protecting and promoting health – given the importance of integrating NCD and mental health policies and services within national UHC benefit packages, because people living with NCDs are especially vulnerable to health emergencies and pandemics such as COVID-19, and health promotion and NCD prevention are essential components to achieve well-being.

The document [EMRC/CIJG/23](#) was put forward for consultation at the 73<sup>rd</sup> session of WHO AFRO's Regional Committee Meeting. It explains GPW14 will closely align its objectives with GPW13 and will improve the impact measurement at country, regional and global levels with a new high-level results framework, acknowledging that data many WHO changes have been felt primarily at HQ rather than in country and regional offices. Building on GPW13, this consultation document also announces that GPW14 will create a theme of change and well-being (with health) across all national, regional and global levels, building WHO capacity across all these levels, to **empower national structures and processes for the governance of health**. It will also prioritize the need to work with crucial health-related sectors such as "food and agriculture, energy and the environment, education and labour, economics and finance", recognizing that solutions to address the determinants of health, and therefore improve health equity, lie beyond the health sector.

\*AFRC/CIJG/23 also states that "SIP/2023 will be developed to better than the coverage of essential health services and financial barriers, and areas such as climate and health, mental health, disability, gender, violence, and progress care."

**EMRC/4461**

Appendix I

### RAFT ACTION PLAN (2022-2028) 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 landscapes of many societies. Several major factors have an impact on levels and patterns of alcohol consumption in a population – such as historical trends in alcohol consumption, the availability of alcohol, culture, economic status and trends in the marketing 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 socio-economic 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 but harmful health conditions such as injuries, alcohol use disorders (AUDs), liver diseases, cancer 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, a particular drinking to intoxication, the drinking context, and the quality of the alcoholic beverage or its combination with toxic substances such as methanol. Reported 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 prevalence of alcohol use over other aspects of life and specific physiological features.<sup>1</sup>
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 "thinking 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".<sup>2</sup> 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 disorder" in the International Classification of Diseases.

<sup>1</sup>See document EMRC/17, Annex 5.  
<sup>2</sup>In this document, the term "harmful" is used to mean any form of consequential consumption or usage that is designed to determine – or has the effect of determining – the recognition, social policy, consumption or production practices and services. It encompasses anything that is in substance or otherwise present a product or service.  
<sup>3</sup>International Classification of Diseases, 10th Revision (ICD-10). Geneva: World Health Organization, 2001.  
<sup>4</sup>Document WHA64/2018/REC/1, Annex 3.

# Advocating for the implementation of policy areas across NCD risk factors



Knowledge product on **fiscal policies across NCD risk factors** – for advocacy around the 2<sup>nd</sup> Global NCD Financing Dialogue

Liz Arnanz

[larnanz@ncdalliance.org](mailto:larnanz@ncdalliance.org)

# THANK YOU

SHARE. DISCUSS. ENGAGE. CHANGE.



#ActOnNCDs

#NCDs

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NCD Alliance

MAKING NCD PREVENTION AND CONTROL A PRIORITY, EVERYWHERE