

# Integration of alcohol measures into United Nations Sustainable Development Cooperation Frameworks



World Health  
Organization



UN INTERAGENCY  
TASK FORCE ON NCDs



@un\_ncd



# Integration of alcohol measures into United Nations Sustainable Development Cooperation Frameworks

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## Acknowledgements

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# Abbreviations and acronyms

<b>ADB</b>	Asian Development Bank
<b>AfDB</b>	African Development Bank
<b>EBRD</b>	European Bank for Reconstruction and Development
<b>FAO</b>	Food and Agriculture Organization
<b>Global Fund</b>	The Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>IADB</b>	Inter-American Development Bank
<b>IDLO</b>	International Development Law Organization
<b>ILO</b>	International Labour Organization
<b>IMF</b>	International Monetary Fund
<b>NCDs</b>	Noncommunicable diseases
<b>OCHA</b>	Office for the Coordination of Humanitarian Affairs
<b>OHCHR</b>	Office of the United Nations High Commissioner for Human Rights
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNDP</b>	United Nations Development Programme
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>UNFPA</b>	United Nations Population Fund
<b>UN-Habitat</b>	United Nations Human Settlements Programme
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations Children's Fund
<b>UN NCD Task Force</b>	United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>UNSDCF</b>	United Nations Sustainable Development Cooperation Framework
<b>UN Women</b>	United Nations Entity for Gender Equality and the Empowerment of Women
<b>WHO</b>	World Health Organization

**Of 135 countries that rolled out a UNSDCF between 2020 and 2023, 9 countries (7%) included alcohol measures as a strategic priority and/or as a metric.**

## 1. Background

1.1 United Nations Sustainable Development Cooperation Frameworks (UNSDCFs) are important tools for planning and implementing country-tailored UN activities in line with the 2030 Agenda for Sustainable Development. UNSDCFs are jointly designed and co-signed by the UN development system in the country and the respective government (1).

1.2 Alcohol negatively impacts 13 of the 17 Sustainable Development Goals (SDGs), spanning all three dimensions of the 2030 Agenda—economic, social, and environmental. It has a direct impact on health-related targets such as those for maternal and child health, infectious diseases (HIV, viral hepatitis, and tuberculosis), noncommunicable diseases (NCDs), mental health, and road injuries (2).

1.3 UNSDCFs can play a crucial role in accelerating countries' progress to reaching SDG target 3.5 – “Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol” by positioning alcohol policies and interventions as national strategic priorities, calling for joint UN action.

1.4 This paper aims to describe if and how alcohol has been integrated into UNSDCFs as a risk factor for developing NCDs and/or as a link to mental health and behavioural conditions. The results will also support discussions at the UN General Assembly High Level Side event on “Alcohol policy for delivering a better present and safeguarding the future” on the 23 of September in New York.

## 2. Methodology

2.1 The analysis was based on the methodology developed by the Secretariat of the United Nations Interagency Task Force on the Prevention and Control of NCDs (UN NCD Task Force) to assess the integration of NCDs and/or mental health in UNSDCFs. Further information on the methodology can be found in the Task Force's most recent UNSDCF analysis report (3).

2.2 A UNSDCF is considered to include alcohol if referenced as part of the UNSDCF strategic priorities and/or results matrix section. The strategic priority section defines key national development priorities and strategies to address these, and it is often paired with a theory of change. The results matrix outlines the outcomes linked to the strategic priorities, specific outputs that contribute to reaching the outcomes, and indicators to monitor progress and report results.



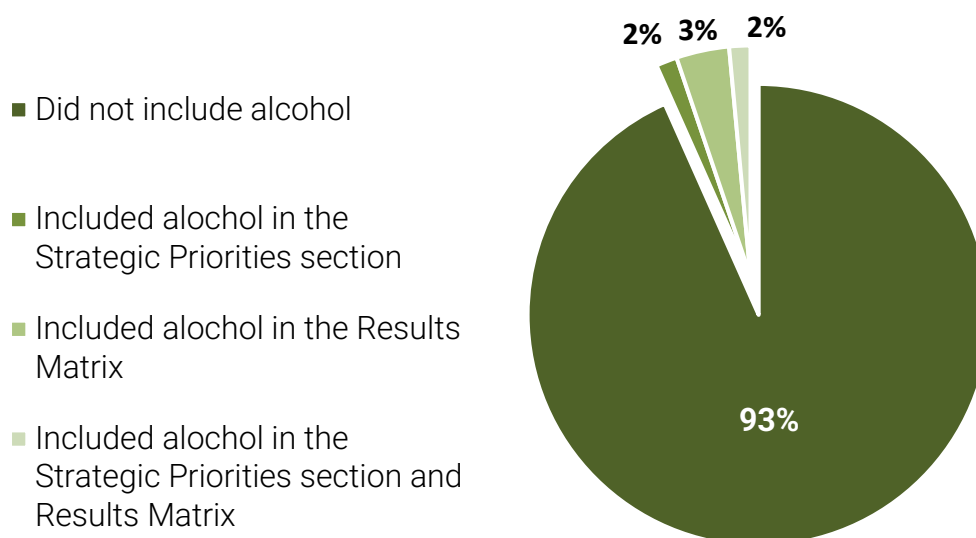
### 3. Integration of alcohol measures into UNSDCFs

3.1 UNSDCFs that were rolled out between 2020 and 2023 were analysed. Of the 135 countries that rolled out a UNSDCF during this period, 9 countries (7%) included alcohol measures as a strategic priority and/or as a metric. Specifically, 93% (126/135) did not include alcohol measures, 3% (4/135) integrated it solely in the results matrix, 2% (3/135) solely in the strategic priorities section, and 2% (2/135) in both sections (Figure 1).

3.2 Most (5/9, 56%) of the countries that include alcohol measures are in the WHO European Region, (Albania, Armenia, Belarus, Montenegro, and Serbia); two are in the WHO South-East Asia Region (Indonesia and Timor-Leste); one is in the WHO African Region (Sao Tome and Principe); and one is in the WHO Western Pacific Region (China). No countries in the WHO Americas region and WHO Eastern Mediterranean Region included alcohol measures in their UNSDCF.

3.3 For almost all countries, the inclusion of alcohol measures was framed under the need for a shift towards healthier behaviours. In the case of Timor-Leste, the UNSDCF included alcohol sin tax as an example of health financing mechanisms, whereas Albania and Indonesia focused on access to rehabilitation services for alcohol dependence. Annex 1 provides details of how each country included alcohol measures in their UNSDCFs.

**Figure 1. Percentage of UNSDCFs that include and exclude alcohol measures**



Source: UN NCD Task Force UNSDCF data (2024)

## 4. Points for discussion

4.1 The inclusion of alcohol measures in only 9 out of 135 countries' UNSDCFs suggests that alcohol measures are not seen as a priority and calls for UN country support to bridge the gap by raising awareness with national counterparts and other stakeholders.

4.2 Not all countries are expected to prioritize alcohol measures in their UNSDCFs, considering their competing priorities. However, for countries with greater burden, higher alcohol per capita consumption, heavy drinking episodes, and increasing young people consumption, it is crucial to tackle the root causes driving alcohol consumption and, consequently, due consideration should be given to include alcohol in their UNSDCFs (4).

4.3 To maximize the possibility of alcohol measures being included as a priority in UNSDCFs, they should be framed specifically to government focus areas and target groups as well as topics of shared interest by multiple UN agencies. A variety of focus areas can be considered for joint UN action on alcohol policies. Table 1 outlines some examples.

4.4 The WHO Global Alcohol Action Plan (2022-2030) should be used as a reference for identifying priority actions when building UNSDCFs (5). The Plan details high-impact strategies and interventions for Member States, international partners and other stakeholders, emphasizing advocacy, partnerships, capacity building, and resource mobilization.

4.5 Alcohol measures should be referenced throughout the UNSDCFs to ensure that the burden, vision, and priority actions—along with collaborative efforts between the UN and governments—are effectively integrated and interconnected. Specifically, the UNSDCF should highlight the burden and prevalence of alcohol consumption in the situation analysis, position alcohol control measures as a national strategic priority, and develop specific outputs and indicators to track progress and report results.

4.6 UNSDCFs should call on strengthening a joint approach to alcohol policies and serve as a foundation for joint UN workplans. A tool that could bring together the different UN actions at the country level is the SAFER package (6), which involves coordinated partner efforts among WHO, UNDP and civil society organizations aiming to reduce alcohol-related harm.

4.7. To strengthen the inclusion of alcohol measures in UNSDCFs, UN agencies at global and regional levels should jointly contact UN country teams with an expiring UNSDCF to identify and/or re-emphasize why reducing alcohol consumption should be a strategic priority and develop country-specific activities.

**Table 1. Examples of thematic areas for framing alcohol measures as a priority in UNSDCFs**

Alcohol thematic area	UN agencies, intergovernmental organizations and development banks at country level
Alcohol as a determinant of road safety risks	UNDP and WHO
Alcohol dependence and access to prevention, screening, treatment and rehabilitation services	UNDP, UNICEF, UNODC, WHO
Alcohol consumption of young people and its impact on brain development and completion of formal education	UNESCO, UNICEF, WHO
Alcohol consumption during pregnancy as a risk factor for the child and mother's health	UNFPA, UNICEF, UN Women, WHO
Alcohol consumption as a risk factor for developing NCDs	UNDP, UNICEF, WHO
Alcohol consumption as a risk factor for communicable diseases, including HIV/AIDS and tuberculosis	Global Fund, UNAIDS, WHO
Alcohol as a determinant of harassment and violence against women and children	OHCHR, UNFPA, UNICEF, UN Women, UNODC
Alcohol taxation and marketing restrictions as components of fiscal and social protection policies	ADB, AfDB, EBRD, IADB, IMF, UNDP, WHO, World Bank
Alcohol availability, including illicit forms, and its production play a direct role in generating economic disparities and act as a barrier to sustainable livelihoods	ADB, AfDB, EBRD, FAO, IADB, IDLO, ILO, IMF, UNDP, UN-Habitat, UNODC, WHO, World Bank
Alcohol as a risk to occupational health and safety and impact on workers' productivity and absenteeism	ILO, UNDP, WHO
Alcohol use in conflict-affected and displaced populations	OCHA, UNHCR, WHO

## 5. Limitations of this analysis

5.1 Alcohol measures that were not explicitly described in the UNSDCF may have been overlooked. For example, if the UNSDCF mentioned substance abuse without specifying the word alcohol, it would have been excluded from the analysis. In addition, the annual UN country team result reports have not been examined, which could have provided additional insights into alcohol initiatives within the country or area.

## References

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- (2) Alcohol consumption and sustainable development. Copenhagen: World Health Organization; 2020; (<https://iris.who.int/bitstream/handle/10665/340806/WHO-EURO-2020-2370-42125-58041-eng.pdf?sequence=1>, accessed 09 September 2024)
- (3) Integration of noncommunicable diseases and mental health into United Nations Sustainable Development Cooperation Frameworks: 2022–2023 rollout report. Geneva: World Health Organization; 2024 (<https://doi.org/10.2471/B09122>, accessed 09 September 2024)
- (4) Global status report on alcohol and health and treatment of substance use disorders. Geneva: World Health Organization; 2024 (<https://www.who.int/publications/i/item/9789240096745>, accessed 09 September 2024)
- (5) Global alcohol action plan 2022–2030. Geneva: World Health Organization; 2024 (<https://www.who.int/publications/i/item/9789240090101>, accessed 09 September 2024)
- (6) SAFER – alcohol control initiative. World Health Organization (<https://www.who.int/initiatives/SAFER>, accessed 09 September 2024))

## Annex 1. Extraction of UNSDCF sections related to alcohol

WHO Region	Country	Implementation period	Alcohol input	UNSDCF section	Link
AFR	Sao Tome and Principe	2023–2027	“An improved health system must count on health financing reform and an integrated package of essential services including prevention protection, diagnostic, treatment and rehabilitation at community and primary health care, in line with National Health Policy 2022-2023. The promotion of healthy behavioural changes to increase the knowledge of health risks, the environmental and digital awareness, to reduce the high alcohol and sugar consumption and increase physical exercise show strong benefits for the socio-economic welfare of the population.” (p.21)	Strategic Priority	<a href="#">Link</a>
EUR	Albania	2022–2026	“End violence against women and children: Government institutions at central and local levels and CSOs service providers have increased capacities to prevent and respond to all forms of violence and exploitation against women and children, with focus on vulnerable groups and multidisciplinary, specialized services for the rehabilitation of children suffering sexual abuse, drug and alcohol addiction, and mental health challenges.” (p.76)	Results Matrix (output)	<a href="#">Link</a>
EUR	Armenia	2021–2025	“As emerged in the CCA, the main challenges in the health sector are linked to underfunding, high out-of-pocket expenditures, the burden of communicable and non-communicable diseases, and malnutrition. These are connected with deficiencies in the health system and unhealthy behaviours, (e.g., alcohol consumption, unbalanced diets, smoking) as well as with large flows of displaced people and the economic situation in general.” (p.30)	Strategic Priority	<a href="#">Link</a>
EUR	Belarus	2021–2025	“3.5.2. Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol.” (p.58)	Results Matrix (indicator)	<a href="#">Link</a>
			“3.1: A comprehensive set of activities is developed in the framework of inter-agency collaboration for implementing programmes of the environment-related health monitoring and risk management and prevention of non-communicable diseases (NCDs) by means of reducing the consumption of alcohol, tobacco, narcotic drugs, psychotropic substances, their analogues, salt, promoting diverse and healthy diets and increasing physical activities, and	Results Matrix (output)	

			programmes to decrease morbidity and prevent HIV, tuberculosis, and hepatitis." (p.62)		
EUR	Montenegro	2023–2027	"The UN and Government will jointly work on mitigating the harmful health impacts of tobacco and alcohol, inadequate diet and physical inactivity." (p.50)	Strategic Priority	<a href="#">Link</a>
EUR	Serbia	2021–2025	"Alcohol per capita consumption (aged 15 years and older) within a calendar year in liters of pure alcohol, by sex (%). SDG 3.5.2." (p.88)	Results Matrix (indicator)	<a href="#">Link</a>
SEAR	Indonesia	2021–2025	"Number of drugs abusers and adverse alcohol users, who access rehabilitation services" (p.60)	Results Matrix (indicator)	<a href="#">Link</a>
SEAR	Timor-Leste	2021–2025	"In the context of Timor-Leste, where development assistance is significant, this also involves improving the effectiveness of external funding support. Other sources of revenue (e.g. sin taxes – for tobacco, alcohol and sugary drinks) as development assistance declines need to be explored." (p.45)	Strategic Priority	<a href="#">Link</a>
			"Indicator 4.3.7: Percentage of students 13–17 years old who currently drink alcohol (at least one drink of alcohol on at least one day during the 30 days before the survey), disaggregated by gender." (p.83)	Results Matrix (indicator)	
WPR	China	2021–2025	"The UN will support reducing the risk of communicable and non-communicable diseases, including through healthier diets, more physical activity, improved hygiene practices, reduced alcohol, tobacco and drug consumption, along with efforts to reduce unintentional death and injury caused by road and traffic accidents and improve occupational health services." (p.13)	Strategic Priority	<a href="#">Link</a>
			"2.13 Alcohol per capita consumption (aged 18 years and older) within a calendar year in litres of pure alcohol (SDG 3.5.28)." (p.27)	Results Matrix (indicator)	



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