

# **A conversation with Vital Strategies, May 22, 2019**

## **Participants**

- Dr. Adam Karpati – Senior Vice President, Public Health Programs, Vital Strategies
- Sandra Mullin – Senior Vice President, Policy, Advocacy and Communication, Vital Strategies
- Michael Eddy – Senior Advisor, GiveWell
- James Snowden – Senior Research Analyst, GiveWell

**Note:** These notes were compiled by GiveWell and give an overview of the major points made by Dr. Karpati and Ms. Mullin.

## **Summary**

GiveWell spoke with Dr. Karpati and Ms. Mullin of Vital Strategies as part of its investigation into alcohol control. Conversation topics included Vital Strategies' work and focus areas, potential strategies for implementing alcohol policy reform, and key barriers to reform.

## **Background on Vital Strategies**

Vital Strategies is a global public health organization that works primarily in low-to-middle-income countries (LMICs), providing technical assistance to governments to help strengthen public health systems and working with civil society organizations to help them advocate for government action on public health.

Vital Strategies has existed in its current form since 2015. It grew out of older organizations that focused largely on tuberculosis (TB) and tobacco control, including a) The International Union Against Tuberculosis and Lung Disease and b) World Lung Foundation. Effective TB and tobacco control tend to involve different approaches:

- TB control tends to focus on building and strengthening health systems, which includes improving diagnosis and treatment, increasing medication availability, following patients prospectively, etc.
- Tobacco control tends to focus on policy-oriented strategies: laws and regulations about price and availability, advocacy and public communications, behavior change, etc.

Vital Strategies aims to apply those paradigms to other issues in public health.

Vital Strategies works in over 60 countries and has an international staff of over 400 employees and consultants. It nearly always employs locally-based staff to implement its technical assistance programs.

## **Focus areas**

Vital Strategies focuses largely on non-communicable disease (NCD) prevention and control and injury prevention, which are often neglected areas in public health (international funding for public health tends to focus on infectious disease and communicable disease control).

In 2017, Vital Strategies launched the Resolve to Save Lives initiative, which focuses on cardiovascular health as well as communicable diseases. Vital Strategies also recently began working in environmental health.

Vital Strategies also works on data systems strengthening. It is currently working on a large project involving civil registration and vital statistics strengthening in 20 countries around the world.

Vital Strategies is open to working in new areas to which it believes it could effectively apply its public health expertise.

## **Vital Strategies' approach to government partnership**

Vital Strategies' approach to working with governments is multi-disciplinary, involving several key components:

- Policy development (including legal and regulatory development)
- Support for operational and programmatic implementation (e.g. enforcement of laws and regulations)
- Strategic communications
- Strengthening data systems to improve understanding of the epidemiology of a given issue, monitoring and evaluation, etc.

Vital Strategies' expertise in all of these areas allows it to offer governments a full suite of technical assistance capacity. Vital Strategies also often works in partnership with other international organizations if it does not have expertise in a particular area, or if such a partnership makes sense geographically.

## **Alcohol policy**

Alcohol use and abuse is a very significant public health concern. However, alcohol policy is largely neglected by donors and the public health community.

The kinds of work Vital Strategies does in other areas (e.g. public education, raising risk perception, and lobbying policymakers) are well-suited to alcohol policy.

## **Existing resources and organizations for alcohol policy reform**

The existing global network of organizations working on alcohol policy reform is well-positioned to work on alcohol policy reform, given sufficient resources to scale up their activities. Examples of these organizations include the International Order of Good Templars (IOGT), the Global Alcohol Policy Alliance (GAPA), and others.

They have expertise on various technical matters and experience working with governments and civil society organizations.

The necessary technical interventions are already well-articulated and supported by a strong evidence base. For instance, Vital Strategies published a report, "[Trouble Brewing](#)" that lays out a roadmap for advocacy around alcohol policy. Vital Strategies also worked with the World Health Organization (WHO) to put together the SAFER package, which is a framework of five strategies to help governments reduce alcohol use and abuse.

### **Key components for alcohol policy reform**

Based in part on the experience and success of the Bloomberg Initiative to Reduce Tobacco Use, Vital Strategies believes there are a number of key components for successful public health policy reform that could be useful for guiding work on alcohol policy. For country-level policy change, these components include:

- Technical assistance to Ministries of Health and Finance on the implementation of tax policy, marketing restrictions, availability regulation, drink driving prevention, and clinical services.
- Strengthening of civil society organizations to increase advocacy for governments to make the necessary reforms.
- Public communications focused on both a) framing the issue as a public health issue in order to increase the likelihood of policy action by governments, and b) engaging in strategic advocacy and communication to cause policy and behavior change.
- Strong data monitoring data to document progress.

Ideally, these components would be delivered by a consortium of international organizations in partnership with country governments, and would be rolled out as a package in 15 to 20 high-burden countries at the same time. Country-based strategies would also ideally be complemented by global support in key areas, including:

- *Support for the WHO.* While the WHO is the main provider of global normative guidance on drug and alcohol policy, its current infrastructure for drug and alcohol policy is fairly limited. It would be useful if there were an ongoing process for developing and refining global guidance in these areas.
- *Capacity building.* It would be beneficial if there were an ongoing expertise building effort for both civil society and governments to develop leaders on these issues (as exists for tobacco control).
- Global investment in industry watchdogs and legal support.

### **Prospects for implementing alcohol policy reform**

With a global effort and adequate resources to identify 5 to 10 interested countries, Vital Strategies thinks it would likely be possible to get at least one or two of the five

elements of SAFER implemented in those countries within a one- to three-year time period.

In the near-term, strategic decisions would need to be made about which elements of SAFER to attempt to implement in which countries and at what level of government. It is often possible to move reforms at the municipal level more quickly than at the national level, and successful reforms in a major city can often go on to influence national policy.

#### *Government interest in alcohol policy reform*

Vital Strategies has had conversations with several country governments that have expressed interest in focusing on alcohol policy. Governments, especially in Africa and Asia, have expressed interest in implementing the SAFER package.

The SAFER initiative was launched at the UN General Assembly last year. The launch event was co-sponsored by several countries, including Sri Lanka, Thailand, and several Baltic countries.

#### **Barriers to increasing alcohol taxation in LMICs**

Excessive alcohol consumption is not widely perceived as a public health issue. Much of the public health community's attention on alcohol consumption is focused specifically on road safety rather than on the health impacts of alcohol consumption more generally (e.g. its links to cardiovascular disease, cancer, etc.).

In most cases, alcohol tax rates in LMICs are set with the primary intention of raising revenue rather than affecting consumption, and the alcohol taxes that do exist are not sufficient to significantly affect consumption.

The cultural importance of alcohol also creates challenges around alcohol policy.

#### *Industry influence*

The influence of the alcohol industry on policymaking is a significant barrier to alcohol tax policy reform. While industry influence on alcohol policy is substantial, it has not generally been very well described or documented.

A narrative has been propagated, by the alcohol industry and others, about the potential health benefits of alcohol, based on some studies that suggest certain health benefits from alcohol consumption. Newer data show that much of that research was biased by, e.g., reference group issues. Emerging evidence supports far fewer specific benefits from alcohol consumption and suggests that overall health risk increases for essentially any level of consumption.

The alcohol industry's attempts to influence policy and public opinion have been less openly documented than those of the tobacco industry, and alcohol is less widely recognized as a toxic substance than tobacco is. The agenda for alcohol policy

reform is also somewhat more complex than that for tobacco policy, which has contributed to a lack of momentum in implementing it.

*Purported downsides of raising taxes*

The recent Bloomberg-funded Task Force on Fiscal Policy for Health has examined some common arguments that governments have made against taxing commercial determinants of health (such as alcohol, sugary drinks, etc.) — e.g. that such taxation will cost jobs, will promote smuggling, is regressive, etc. The task force argues that these objections are either not accurate, or that the negative effects can be mitigated (by e.g. investing in the control of illicit markets).

There has been a fair amount of research on the impact of alcohol taxation on employment markets, which has not found detrimental effects.

*All GiveWell conversations are available at  
<http://www.givewell.org/research/conversations>*