In the preface to Heather Wipfli’s history of the Framework Convention on Tobacco Control (FCTC), she recounts how when she joined the World Health Organization (WHO) to work on the FCTC, a recent fellow graduate from her master’s program invited her to lunch. He had been hired as a consultant for the alcohol industry which, in his words, was “petrified by the progress of the FCTC and believed that they would be the next target.” His role was to collect “intelligence on the process to help them prepare a defense.” Close to twenty years later, it is safe to say the alcohol industry was largely successful. While there is growing awareness of the 3.3 million lives lost annually to alcohol, the alcohol industry has broadly evaded global and national regulation, and avoided the pariah status of the tobacco industry.

Despite the World Health Assembly declaring alcohol-related problems amongst the world’s major health concerns as early as 1983, and repeated calls for a Framework Convention on Alcohol Control, a 2016 analysis found existing efforts largely ineffective. A more recent study found “little seems to have been done to address the increasing use of alcohol, its associated burden and the new challenges that derive from the growing influence of the alcohol industry in Africa.” Nevertheless, alcohol control advocates have found some recent success. Alcohol is now included in the Sustainable Development Goals (SDGs) and recognized as one of WHO’s “Best Buys” for tackling NCDs.

With this in mind, the Global Fund to fight HIV, Tuberculosis and Malaria’s recent decision to enter into partnership with Heineken in African countries is both puzzling and disturbing. Heineken is the world’s second largest beer brewer, and has been criticized for its practices in Africa. Africa is a new strategic market for global beer producers. Thus this partnership allows Heineken to increase its social capital with policymakers at a crucial stage in the development of a regulatory regime (or lack thereof) for alcohol. It provides Heineken with legitimacy and credibility to continue aggressively marketing its harmful products to consumers, whilst establishing the company as a responsible partner to governments.

Engaging with the alcohol industry also presents a clear conflict of interest with the Global Fund’s objective to address HIV/AIDS. The implications of alcohol use in terms of NCDs and injuries, especially road traffic injuries, are increasingly well known, but the evidence of alcohol’s role as a structural driver of HIV is also growing. The WHO 2014 Global Status Report on Alcohol and Health summarized that a “strong association exists between alcohol consumption and HIV infection and sexually transmitted diseases” and “there is a clear causal effect of alcohol consumption on HIV/AIDS patients’ adherence to antiretroviral treatment.”

The partnership with Heineken is antithetical to the Fund’s core interests. It is clearly an attempt by the alcohol industry to market partnerships with key global health actors to reframe themselves as part of the solution instead of the problem. This partnership shapes and distorts policymakers’ perceptions of the industry and deflects public attention away from regulation to protect public health and save lives. By cooperating with, supporting and legitimizing the alcohol industry, the Global Fund is endangering its own credibility and risking public trust.

We respect and admire the work of the Global Fund. We laud its zero-tolerance policy for corruption and misappropriation, but we recommend it consider similar policies for partnering with the alcohol industry. Given the obvious conflict of interest between alcohol marketing and HIV prevention, and the wider effects this has on undermining effective alcohol policies, we respectfully call on the Global Fund to reconsider its partnership with Heineken. In addition, we recommend the Global Fund consider introducing policies to ensure such partnerships are avoided in the future.

More broadly, we also recognize the need for other global health institutions to call greater attention, and devote more resources, to alcohol control and the influence of the alcohol industry within global health. A recent study concluded that “the extensive similarities which exist between the tobacco and alcohol industries in terms of market structure and strategy, and political strategy, call into question the rationale for both the relatively weak regulatory approach taken towards alcohol, and the continued participation of alcohol corporations in policy-making processes.” We agree and hope global health institutions will act accordingly, especially in the lead up to this year’s UN High Level Meeting on NCDs.


