

EXECUTIVE SUMMARY

Alcohol is a leading driver of death and disability in the Western Pacific Region, claiming one life every minute. It contributes to cancer, liver disease, road injuries, violence, and worsens inequality. Despite this toll, alcohol remains normalized and aggressively marketed.

The campaign **“Every Drink Leaves A Mark”** is WHO Western Pacific Region’s strategic communication initiative to expose alcohol’s wide-reaching harms, mobilize public and policy support, and sustain advocacy for stronger regulation.

Drawing from the **WHO Global Alcohol Action Plan 2022–2030** and aligned with the region’s vision **Weaving Health for Families, Communities and Societies**, this plan follows a **new three-phased approach** (Sept 2025 – Dec 2026):

1. **Phase 1: Launch & Reach (Sept 2025 – Jan 2026)**
2. **Phase 2: Engagement & Resonance (Jan 2026 – June 2026)**
3. **Phase 3: Path to Policy & Behavior Change (June 2026 – Dec 2026)**

SOCO

Strengthened regulation on alcohol and reduction of its consumption and related harms to achieve healthier families, communities and societies in the Western Pacific Region.

Target Audiences

- **Primary:** Policymakers (decision-makers who can enact and enforce alcohol regulation, taxation, and policy).
- **Secondary:** Parents, caregivers, adolescents, young adults, working-age adults, community organizations, advocacy groups, media professionals, and influencers.

Key Messages

- Every drink leaves a mark.
- Alcohol-related harm extends beyond health—undermining economies, widening inequities, and eroding families and communities.
- What seems like a harmless amount can cause cancer, road crashes, or violence.
- Alcohol is cheap; the consequences are not.

Monitoring, Evaluation, and Learning (MEL)

- **Phase-based KPIs** track impressions, engagement, awareness, policy discussions, and intent to reduce consumption.
- **Midline and endline surveys** provide evidence of knowledge and behavior change.
- **Partner adoption and policy references** demonstrate systemic impact.

Phase 1: Launch & Reach

Timeline: Sept 2025 – Jan 2026

Key Focus: Dissemination and reach of campaign content; secure country office (CO) engagement.

Objectives:

- Increase awareness of alcohol harms among key audiences.
- Make harms visible, relatable, and emotional.
- Drive regional and country-level dissemination of campaign materials.

Deliverables:

- Campaign toolkit: hero video (plus cutdowns), posters, editable templates, caption sets.
- Regional social media rollout across WPRO channels.
- At least 6 COs actively promoting content with localized adaptations.

KPIs:

- ≥200,000 impressions.
- ≥50,000 engagements.
- 6 COs engaged

Phase 2: Engagement & Resonance

Timeline: Jan 2026 – June 2026

Key Focus: Deepen awareness and relatability; drive conversations.

Objectives:

- Strengthen resonance through emotional and narrative-driven content.
- Amplify campaign through partner and media networks.
- Gather midline evidence of shifts in knowledge and perception.

Deliverables:

- Amplified CO dissemination, including localized narratives.
- Content that includes personal/emotive storytelling (≥70%).

- Media amplification and partner engagement.
- Midline survey on awareness levels.

KPIs:

- ≥15% knowledge increase in surveys.
- ≥10 media mentions or partner amplifications

Phase 3: Path to Policy Action & Behavior Change

Timeline: June 2026 – Dec 2026

Key Focus: Influence policy discourse and behavioral intent.

Objectives:

- Position alcohol regulation as a necessary public health intervention.
- Connect public awareness with policy discussions and donor/partner advocacy.
- Gather endline evidence on behavioral intent.

Deliverables:

- Policy briefs referencing campaign content.
- Donor/partner uptake of materials.
- Endline survey on intent to reduce consumption.
- Campaign evaluation report.

KPIs:

- ≥3 policy discussions referencing alcohol harms.
- ≥5 advocacy organizations adopting campaign content.
- ≥10% increase in intent to reduce alcohol consumption.

Theory of Change

1. Comms inputs → Activities

Inputs (staff expertise, budget, partnerships, technical guidance) are the foundation. They make it possible to run activities such as developing toolkits, rolling out social media campaigns, and conducting trainings. Without these resources, activities cannot take place.

2. Activities → Outputs

*When activities are implemented (e.g. social toolkit development, campaign launch, CO localization), they generate **tangible outputs**: content published, impressions/engagements, country offices disseminating materials, and partners engaged. These outputs are directly measurable and confirm the campaign has been delivered.*

3. Outputs → Outcomes

Outputs create the conditions for outcomes. For example:

- A toolkit (output) ensures COs and partners can adapt materials, which leads to **greater visibility and resonance** (outcome).

- *High social engagement (output) builds **increased awareness and understanding** (outcome).*
- *Regular reporting and sharing create a **supportive policy dialogue environment** (outcome).*

4. **Outcomes → Impact**

*Outcomes are intermediate changes that contribute to the **long-term impact (SOCO)***