



ICAP Africa Region Conference 2008

REPORT

9–10 September 2008
Dar es Salaam, Tanzania

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International Center for Alcohol Policies (ICAP) is a not-for-profit organization whose mission is to promote the understanding of the role of alcohol in society through dialogue and partnerships involving the beverage alcohol industry, the public health community, and others interested in alcohol policy, and to help reduce the abuse of alcohol worldwide. ICAP is supported by major international producers of beverage alcohol.

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Introduction

The International Center for Alcohol Policies (ICAP) organized its second **Africa Region Conference** on 9–10 September 2008 in Dar es Salaam, Tanzania. Seventy participants from 15 countries attended the Conference, representing government ministries and agencies (including health, finance, trade, police, tourism, and food and drug), public health organizations, nongovernmental organizations (NGOs), and the beverage alcohol industry (see Annex 1).

Participants discussed regional and international initiatives aimed at reducing harmful drinking, addressed knowledge gaps, and explored integrated approaches that can support effective, efficient, and sustainable implementation of alcohol policies and targeted interventions in the Africa region.

Key conference objectives were to strengthen regional networks and to facilitate the exchange of best practices on regional issues related to alcohol. ICAP recognizes that strategies and interventions addressing alcohol misuse must be considered and implemented in ways sensitive to different practices in the Africa region and each individual country.

This conference built on the successful ICAP regional workshop on self-regulation, held in Cape Town in October 2006.¹ Over a quarter of the participants in Dar es Salaam had attended the workshop in Cape Town, and many had been to national workshops facilitated in the past two years by ICAP's senior consultants and sponsoring companies. Many participants commented on the desirability of growing an African network for stakeholders in alcohol policy issues. They expressed their appreciation for ICAP's role in facilitating an ongoing exchange of information, knowledge, and partnerships among countries and stakeholders in the region.

Participants of the Dar conference were aware of the joint commitments adopted in the Cape Town Declaration. The program for the Dar conference (see Annex 2) was developed in recognition that several of the key issues identified in Cape Town need further exploration. Experts were recruited from Africa as speakers and small-group leaders to share their knowledge and experience on national alcohol policy development, noncommercial alcohol/informal markets, and drinking patterns in sub-Saharan Africa. Small-group and plenary discussions were enlivened by the expertise and view points of all the participants.

Regional and National Developments on Alcohol

The conference opened with a presentation highlighting the World Health Organization's (WHO) global and regional developments on alcohol.

WHO's World Health Assembly (WHA) adopted a resolution on "Strategies to Reduce Harmful Use of Alcohol" in May 2008. The WHA 61.4 resolution mandates the WHO Director-General to prepare "a draft global strategy to reduce harmful use of alcohol that is based on all available evidence and existing best practices and that addresses relevant policy options, taking into account different national, religious and cultural contexts, including national public health problems, needs and priorities, and differences in Member States' resources, capacities and capabilities." In developing the strategy, WHO is directed to "collaborate and consult with Member States, as well as consult with intergovernmental organizations, health professionals, nongovernmental organizations and economic operators on ways they could contribute to reducing harmful use of alcohol."

At the 58th session of the WHO Regional Committee for Africa, held on 1–5 September 2008 in Yaoundé, Cameroon, delegations from 46 Member States belonging to WHO's Africa Region adopted a report, prepared by the WHO Regional Office for Africa (AFRO), on actions to reduce harmful drinking. AFRO is now mandated to draft and submit a regional strategy on this subject to the Regional Committee session in 2009, which will be held from 31 August to 4 September in Kigali, Rwanda.

Both of these WHO decisions provide opportunities for stakeholders from all sectors to participate in the debate and contribute to the development of policies and programs that will reduce harmful drinking.

Focusing on Africa, the AFRO report highlighted key issues and challenges, such as:

- changing patterns of drinking and limited research and documentation regarding patterns and effective, feasible interventions;
- a "lack of information" about the risks from alcohol misuse among at-risk groups, as well as the need for information and advocacy campaigns;
- the considerable consumption of homebrewed and illicit beverages that often constitute an important challenge given the "safety issues related to the unregulated production of alcohol;"
- the need for regular and systematic surveillance;
- an absence of comprehensive policies, which impedes efforts to reduce the negative health and social impact of alcohol misuse;

¹ See the Cape Town Report and Declaration, available on the ICAP website: http://63.134.214.153/Portals/0/download/all_pdfs/Africa%20Region/Cape%20Town%20Report.pdf.

- the need to build consensus on effective alcohol policies and plans of action, taking into consideration the local and national contexts.

The AFRO report recognized the complexity of the situation and the need to balance population-wide and targeted interventions. Most notably, the report provided a list of possible policy interventions that AFRO deems appropriate to prevent and reduce alcohol-related health problems.

Short- to mid-term interventions included:

- raising political commitment and building partnerships;
- increasing community action and support;
- establishing and strengthening alcohol information and surveillance systems;
- strengthening health sector response;
- enacting, strengthening, and enforcing drinking and driving laws.

Long-term interventions included:

- regulating alcohol availability;
- restricting alcohol sales;
- regulating alcohol marketing;
- increasing taxes and prices.

Participants of the Dar conference noted that, while the AFRO report acknowledged the need to balance population-wide and targeted interventions, the long-term options focused exclusively on population measures.

Subsequent presentations and conference discussions emphasized that population measures alone are unresponsive to the needs of different cultures and contexts and may lack relevance to the requirements for addressing harmful drinking in a particular society. Assessments of drinking patterns and targeted interventions are critical complementary components of sound and sustainable alcohol policy.

Alcohol Policy Development

The importance of comprehensive approaches to alcohol policy development and implementation was highlighted. Such approaches draw upon various factors, including:

- an understanding of drinking patterns and outcomes, both positive and potentially negative;
- the involvement of all stakeholders in the dialogue about alcohol policy development;
- the need for assessment to identify the key issues;
- pragmatic interventions that target alcohol misuse and negative drinking outcomes;

- sensitivity to local conditions, culture, religion, and history.

The goal of any sensible and sustainable approach to alcohol policy should be to maximize benefits and minimize harms, accept the reality of both benefits and risks, and involve all relevant stakeholders. A balanced policy framework focuses on the rights of the individual consumer alongside the wellbeing of society.

Government and industry are working together in many African countries to develop comprehensive and balanced alcohol policies and targeted interventions. Thus, SABMiller, Heineken, and Diageo are cooperating with several African governments, NGOs, and public health organizations to develop national alcohol policies to reduce alcohol-related harm.

A presentation by Dr. Sheila Ndyabangi from the Ugandan Ministry of Health highlighted the process for developing a national policy and its content.

The fundamental principle driving alcohol policy development is its significance to the community, the government, the individual consumer, and the beverage alcohol industry. There is a desire to have in place a comprehensive, sustainable, fair, equitable, and robust national alcohol policy. This is largely a government process, but one in which all relevant stakeholders—including a range of government agencies and ministries, civil society organizations, and industry—have a role. They have responsibilities in the policy's subsequent implementation and review.

In Uganda, for instance, consultations and workshops were held with all interested stakeholders to ensure buy-in and identify the fundamental issues the national alcohol policy should address. Participants of these national workshops recognized that Ugandans wish to live in a society where alcohol is available for adults who chose to drink responsibly but where appropriate regulation protects those at risk for harm associated with alcohol misuse.

The Ugandan government also recognized the need for a national alcohol policy and took note of the World Health Assembly's resolution WHA 58.26, which requested Member States to initiate collaboration among stakeholders for implementation of effective policies and programs to reduce harmful drinking. The 7th Ugandan Parliament expressed concern about high alcohol consumption in the country and asked the Ministry of Health to develop a policy, in consultation with other sectors and institutions, to be integrated within the existing legal framework. A process of consensus building and approval was initiated and significantly enhanced by the involvement of senior Ministry of Health officials, including the Minister and Director-General of Health.

The Ugandan alcohol policy has sought to:

- reduce the incidence of intoxication among drinkers;
- develop and promote self-regulatory mechanisms by the alcohol industry;
- address the problem of the informal alcohol sector and develop a comprehensive implementation of the national policy;
- develop a nationwide strategy for data collection and dissemination to relevant stakeholders;
- develop strategies to enhance public safety and amenity in relation to alcohol;
- establish a statutory body, such as a Uganda National Alcohol Authority, to oversee implementation of this policy.

There were major challenges at various stages of the policy development process:

- the need to overcome strong anti-alcohol attitudes of some participants, lack of trust in the alcohol industry, and calls for banning alcohol;
- the need to balance an emphasis on both benefits and harms of alcohol.

But there were also factors that enabled the policy process to continue:

- the emphasis that the WHO places on reducing alcohol-related harm;
- familiarity with existing public-private partnerships at the Ministry of Health and its desire to strengthen such partnerships and collaborations in the country;
- availability of research information to inform the process;
- knowledgeable and flexible facilitators and a committed drafting team;
- support and resources from ICAP.

Goals of the policy were discussed at individual and societal levels.

At individual level, the policy has aimed to:

- prevent underage drinking;
- change behavior by discouraging negative drinking patterns and encouraging positive patterns;
- safeguard health and offer protection from harm;
- increase understanding of harm resulting from alcohol misuse and of benefits from moderate drinking.

At societal level, the policy has aimed to:

- provide regulated access to legally produced alcohol;
- regulate the production, sale, and consumption of alcohol from the informal sector;
- reduce the burden of harm due to alcohol misuse;

- provide effective treatment and support services;
- ensure public safety;
- create an informed society about alcohol-related issues;
- ensure product quality and integrity, thus protecting consumers from unsafe products.

Although the adoption of policy by government can be often a slow and frustrating process, there is no doubt that the Ugandan experience has proven to be innovative, unique, and successful. The inclusion of all stakeholders has ensured a full, frank, and fruitful debate, which has aimed to facilitate a consensus on the best way forward.

Key issues were identified as areas of concern during the policy development stage. The discussions with government and other stakeholders also highlighted feasible responses that would target harmful use of alcohol and that could be introduced in partnership.

1. Intoxication

Measures include:

- improving licensees' compliance with regulations;
- improving the enforcement of licensing regulations;
- increasing public awareness and understanding of the extent and impacts of intoxication;
- implementing strategies to reduce the outcomes of intoxication and associated harm in and around licensed premises;
- developing and communicating best practice guidelines on "safer" drinking establishments;
- increasing healthcare workers' awareness of how to manage intoxication.

2. Public Safety and Amenity

Measures include:

- preventing and reducing alcohol-related injuries;
- developing and communicating best practice guidelines on selling and serving alcohol;
- improving settings where alcohol may be consumed.

3. Health Impacts

Measures include:

- initiating a national effort to enhance the capacity of the healthcare and related professions in addressing alcohol-related health problems;
- promoting primary care settings as an accessible opportunity for health promotion, prevention, and treatment of problem drinking;

- improving capacity and encouraging a system-wide health response to people at risk of short- and long-term alcohol-related health problems;
- supporting efforts to reduce alcohol-related health problems;
- initiating a comprehensive program to reduce the harms from illicit alcohol.

4. Patterns and Availability

Measures include:

- undertaking research into physical availability of alcohol;
- monitoring and reviewing alcohol commercial communications;
- developing and implementing education and awareness campaigns to reduce alcohol-related harms;
- developing a shared vision for a long-term pattern change with the aim of reducing alcohol-related harm and fostering safer and healthy drinking cultures.

5. At-risk Populations

Measures include:

- collecting detailed information about underage drinkers and pregnant women;
- establishing marketing and communications standards around underage people;
- developing and communicating best practice on drinking guidelines, adult responsibilities, and antenatal care;
- establishing programs and producing material to educate young people, their parents, pregnant women, and those implementing various interventions.

6. Research

Measures include:

- initiating a comprehensive range of research to develop an understanding of the role of alcohol in society and the extent of alcohol-related harm.

7. Implementation Framework

Measures include:

- partnerships among key stakeholders;
- capacity building (e.g., alcohol education for health-care workers);
- policy dissemination;
- National Action Plans by government agencies;

- legal framework;
- resource mobilization for policy implementation;
- monitoring and evaluation.

Other countries are tackling alcohol policy issues as well. Lesotho adopted its first national policy in October 2007. Botswana, Ghana, Kenya, Malawi, Namibia, Swaziland, and Zambia are also engaged in policy development through a multi-stakeholder approach.

Drinking Patterns

The emphasis on understanding drinking patterns and their outcomes was underscored by the launch of a multi-country regional literature review, commissioned by ICAP. How people drink, not only how much they drink, determines the outcomes they are likely to experience. Different drinking patterns are related to different health and social outcomes. Moderate drinking has been associated with a range of health and social benefits for many individuals. Patterns of heavy drinking have been correlated with increased risks to health and can carry with them negative social outcomes.

Understanding drinking patterns provides an opportunity to:

- target drinking patterns associated with abuse and harm;
- develop education programs and campaigns to influence cultural norms;
- promote protective factors that reduce harm and minimize risk factors;
- focus on collaboration with stakeholders and engage communities;
- concentrate on prevention.

Like many other activities, drinking can confer pleasure and benefit when done responsibly, and may cause personal and societal harm when alcohol is misused. Therefore, alcohol is subject to reasonable regulation within a framework that balances individual freedoms against the wellbeing of society. Such regulations must be realistic, pragmatic, and feasible in order to be successful.

Noncommercial Alcohol

There was a significant discussion about noncommercial alcohol in the Africa region. Prof. Moruf Adelekan, a consulting psychiatrist at the Royal Blackburn Hospital in the United Kingdom, presented an overview of his paper on this topic (this paper is to be published as part of the October 2008 *ICAP Review*). The topic, originally raised at the Cape Town conference, was acknowledged by participants to be a significant issue in their own countries.

Within the African context, noncommercial alcohol—as defined in Prof. Adelekan’s paper—primarily consists of homebrewed beers, some fruit-based beverages, palm wine, and home-distilled drinks. Although the word “noncommercial” may suggest that these beverages are not produced at an industrial or large-scale level, they are commoditized. In some rural African settings, a majority of women engage in the production and sale of these beverages as their main commercial activity and as a means of supporting their families. In some countries, homemade beer may be the most widely consumed of all beverages and therefore becomes quite significant in economic terms.

As a unifying characteristic, these beverages generally exist outside the traditional oversight by governments and the public health community, thus making the monitoring of drinking behavior, safety regulations, quality assurance, and official revenue generation difficult. From a legal perspective, these beverages are also sometimes referred to as “illicit” or “illegal.” The utilization of such terms varies widely and depends on the availability and enforcement of laws in different countries. However, in view of the sociocultural and economic significance of these beverages and their popularity among considerable segments of the African population, the terms “illicit” and “illegal” are not often applied.

Following a historical treatment of alcohol generally in African culture and noncommercial alcohol specifically, Prof. Adelekan highlighted the economic implications and rural-urban divide that often is characteristic of drinking patterns in African societies. Although data are often lacking to firmly establish the size of the noncommercial alcohol market, it is generally acknowledged to be sizeable (in some areas it can make up the majority of alcohol consumed) in many parts of Africa. There are also considerable risks associated with noncommercial alcohol, including health risks, negative social outcomes, and economic complications.

Throughout the discussions by the conference participants, there was an emphasis on the need for African governments to recognize the complexity of the issues involved in reaching the informal alcohol sector. The governments need to institute and/or update the necessary legislative framework and ensure its enforcement. In this regard, governments need to be innovative and work with other stakeholders—NGOs and community groups, local and international funding agencies, formal alcohol manufacturers and distributors, the academia, and others—to formulate policy and action plans, as well as assist in their implementation and enforcement.

There is certainly an issue about governments finding ways of engaging with those whose activities might be classified as “illegal.” While the enactment and enforcement of legislation are necessary, they are unlikely to

produce the desired results of “positive engagement” when implemented solely on their own.

Conference participants critically discussed the issue of engagement with the informal alcohol sector. They were unanimous in their views that, in order to positively engage the producers and consumers of noncommercial alcohol in their countries, governments should decriminalize the activities in this sector and provide support and tools for development of quality standards. These views were based on the fact that noncommercial alcohol remains ubiquitous and relevant in the social, cultural, and economic life of the majority of the poor in most African countries. Further criminalization could only serve to drive the activities of producers, retailers, and consumers underground.

Conference participants elaborated on some recommendations for addressing noncommercial alcohol, including the potential of engaging NGOs in government programs for illegal producers and sellers (e.g., through alternative revenue generating activities). They also stressed the need to engage the consumers of noncommercial alcohol by tackling the topic within the context of poverty, where illicit products are consistently cheaper than their legal counterparts. It was noted that governments may consider encouraging affordable legal alternatives to illicit alcohol.

From Cape Town to Dar es Salaam: A Declaration

A highlight of the workshop was the final Declaration (see Annex 3). The commitments were prepared by the participants themselves and endorsed unanimously at the closing session. The joint statement recognized the collective responsibility to improve the scope and the effectiveness of alcohol policy within the Africa region through collaboration with other stakeholders.

Following a fruitful deliberation on the issues, participants adopted the following declaration and committed themselves and their countries to its priorities. They:

- Request African governments to adopt the principle of partnership by working together with the public health community, industry, local leadership, NGOs, media, and other stakeholders in the development of sustainable alcohol policy
- Request industry and other stakeholders to support government in the development, adoption, and implementation of sustainable alcohol policy and programs that acknowledge the benefits of responsible drinking and target alcohol-related harm
- Recommend networking of all stakeholders within countries and the region in addressing harmful drinking and sharing information and data on evidence-based good practice

- Call for active engagement of all stakeholders in the development of a strategic plan to reduce harmful drinking by the Member States of the WHO Africa Region
- Urge that research and data analysis are undertaken—so that policy and interventions are based on sound information and focus on both beneficial and harmful drinking patterns—and that findings are disseminated across the region
- Support the need to document achievements in development and implementation of alcohol policy in the African context that promote responsible drinking
- Advocate for documentation of specific, innovative approaches for tackling noncommercial alcohol, identifying and constructively engaging the informal sector
- Encourage the exploration of approaches to decriminalize “noncommercial” or traditional alcohol and provide support and tools for development of quality standards in this area
- Request government to work with industry to develop and/or strengthen industry commitment to self-regulation, particularly in order to protect minors
- Invite each stakeholder group to raise awareness within the general public about the harmful effects of alcohol misuse
- Call on governments to recognize the impact of effective alcohol policy on economic development and achievement of the Millennium Development Goals (MDGs)
- Request ICAP to continue to support and facilitate the exchange of information between its regional and national conferences, monitor and report on the actions and achievements on this and previous conference declarations, and reach out to African countries not represented at this conference, in particular Francophone and other non-English-speaking countries of the region.

To learn more about ICAP and its global and regional programs, visit the website www.icap.org or contact ICAP staff by email: info@icap.org.

Annex 1

ICAP Africa Region Conference 2008

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Annex 2

ICAP Africa Region Conference 2008

9-10 September 2008
Dar es Salaam, Tanzania

Program

Tuesday, 9 September 2008

Session 1: Morning (9.00–12.30)

9.00–9.45

Welcome & Introductory Remarks

Developing an Alcohol Strategy: Global & in Africa

Mr. Brett BIVANS (Chairman)
Director, Partnership Development
International Center for Alcohol Policies (USA)

Questions & Discussion

9.45–10.30

Alcohol Policy in Africa: Balance, Partnership, Sustainability

Mr. Mitch RAMSAY
Policy and Issues Manager; Africa & Asia
SABMiller (South Africa)

Questions & Discussion

10.30–11.00

Break

11.00–11.45

Small Groups: Alcohol Policy Development

11.45–12.30

Small Groups' Reports

Session 2: Afternoon (13.30–17.30)

13.30–14.00

Developing a National Alcohol Policy

Dr. Sheila NDYANABANGI
Principal Medical Officer
Ministry of Health (Uganda)

Questions & Discussion

14.00–14.45

Small Groups: Alcohol Policy Development

14.45–15.15

Break

15.15–15.45

Small Groups' Reports

15.45–16.15

Noncommercial Alcohol (NCA) and Informal Markets

Prof. Moruf ADELEKAN
Consultant Psychiatrist
Department of Psychiatry, Royal Blackburn Hospital (United Kingdom)

Questions & Discussion

16.15–17.00

Small Groups: The Issues of NCA & Informal Markets

17.00–17.30

Small Groups' Reports

17.30

Day One Close (Chairman)

Wednesday, 10 September 2008

Session 3: Morning (9.00–12.00)

- 9.00–9.15** **Opening (Chairman)**
- 9.15–10.00** **Drinking Patterns and Their Outcomes**
Dr. Solomon RATAEMANE
Professor
University of Limpopo/MEDUNSA (South Africa)

Questions & Discussion

- 10.00–10.45** **Small Groups: Targeting Harmful Drinking Patterns**
- 10.45–11.15** **Break**
- 11.15–12.00** **Small Groups' Reports**

Session 4: Afternoon (13.30–16.30)

- 13.30–13.45** **Partnership & Multi-sectoral Approaches**
Mr. Franklin CUDJOE
Executive Director
IMANI: Center for Policy & Education (Ghana)
The Hon. Abraham Dwumah ODOOM
Deputy Minister of Health
Ministry of Health (Ghana)

Questions & Discussion

- 13.45–14.30** **From Cape Town to Dar: A Declaration**
- 14.30–15.00** **Break**
- 15:00–15.45** **Policy Tools**
Mr. Brett BIVANS
Director, Partnership Development
International Center for Alcohol Policies (USA)

Questions & Discussion

- 15.45–16.30** **Closing Remarks & Closing Declaration (Chairman)**

Annex 3

ICAP Africa Region Conference 2008

Dar es Salaam Declaration

Preamble

The second International Center for Alcohol Policies (ICAP) Africa Region Conference on alcohol policy was held in Dar es Salam, Tanzania, on 9–10 September 2008. The conference was attended by 70 participants from 15 countries: Botswana, Burundi, Ghana, Kenya, Lesotho, Namibia, Nigeria, South Africa, Tanzania, Uganda, Zambia, Zimbabwe, the Netherlands, the United Kingdom, and the United States (see Annex 1).

Following up on the successful ICAP regional workshop in Cape Town in October 2006, this conference provided an occasion for participants from governments, the beverage alcohol industry, and public health and non-governmental organizations (NGOs) to discuss regional and international initiatives to tackle alcohol-related harm, address knowledge gaps, and explore integrated approaches that can support effective, efficient, and sustainable implementation of alcohol policies and targeted interventions.

Key conference objectives included strengthening the regional knowledge base by drawing upon best practices and providing a regional forum for exchanging information on areas of shared interest.

All participants recognized achievements made since the Cape Town workshop and reaffirmed the importance of taking into account local and regional practices when developing interventions. Participants highlighted the need to develop and implement policies to reduce the harmful and irresponsible alcohol consumption and its effect on the individual, families, communities, and countries in the Africa region.

Declaration and Commitments

Following a fruitful deliberation on the issues, participants adopted the following declaration and committed themselves and their countries to its priorities. They:

- Request African governments to adopt the principle of partnership by working together with the public health community, industry, local leadership, NGOs, media, and other stakeholders in the development of sustainable alcohol policy
- Request industry and other stakeholders to support government in the development, adoption, and implementation of sustainable alcohol policy and programs that acknowledge the benefits of responsible drinking and target alcohol-related harm

- Recommend networking of all stakeholders within countries and the region in addressing harmful drinking and sharing information and data on evidence-based good practice
- Call for active engagement of all stakeholders in the development of a strategic plan to reduce harmful drinking by the Member States of the WHO Africa Region
- Urge that research and data analysis are undertaken—so that policy and interventions are based on sound information and focus on both beneficial and harmful drinking patterns—and that findings are disseminated across the region
- Support the need to document achievements in development and implementation of alcohol policy in the African context that promote responsible drinking
- Advocate for documentation of specific, innovative approaches for tackling noncommercial alcohol, identifying and constructively engaging the informal sector
- Encourage the exploration of approaches to decriminalize “noncommercial” or traditional alcohol and provide support and tools for development of quality standards in this area
- Request government to work with industry to develop and/or strengthen industry commitment to self-regulation, particularly in order to protect minors
- Invite each stakeholder group to raise awareness within the general public about the harmful effects of alcohol misuse
- Call on governments to recognize the impact of effective alcohol policy on economic development and achievement of the Millennium Development Goals (MDGs)
- Request ICAP to continue to support and facilitate the exchange of information between its regional and national conferences, monitor and report on the actions and achievements on this and previous conference declarations, and reach out to African countries not represented at this conference, in particular Francophone and other non-English-speaking countries of the region.

Participants acknowledged and thanked the efforts of ICAP in organizing this conference.



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