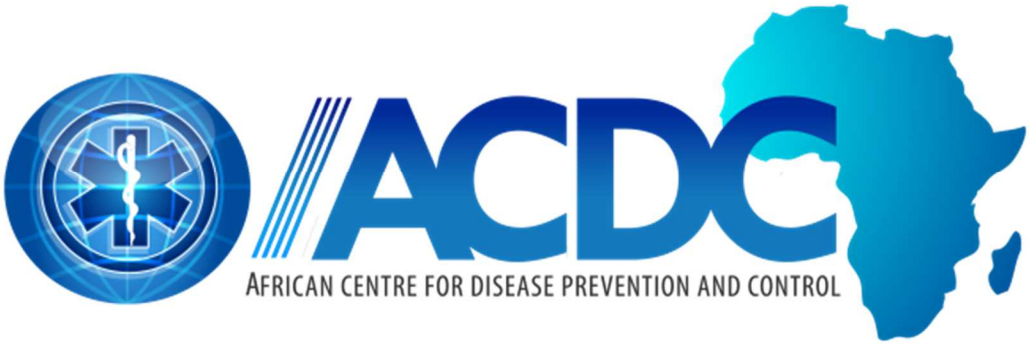
AFRICA HEALTH ORGANISATION

TACKLING
ALCOHOL MISUSE

AHO PLAN OF ACTION ON ALCOHOL

Partners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EMPOWERING AFRICAN WOMEN AND GIRLS


Africa
Alcohol
PROVIDING ALCOHOL SERVICE


GMF
GRACIANO MASAUSO
FOUNDATION

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Preface

According to AHO, alcohol consumption was the leading risk factor for the burden of disease in Africa in 2015. Harmful alcohol consumption was responsible for more than 694,000 deaths and for 18.2% of all DALYs lost in Africa from all causes and across all age groups, even when consideration is given to the modest protective effects, especially on coronary heart disease, of low consumption of alcohol for some people aged 40 years or older. Harmful use of alcohol affects men more than women and young people more than older people. The most prevalent pattern of alcohol consumption in Africa is that of heavy episodic drinking, mostly by males. This drinking pattern leads to acute and chronic problems, including intentional and unintentional injuries, mental disorders, cancers, cardiovascular diseases, hypertension, and diabetes. Harmful use of alcohol is also likely to affect others than the drinker, including intimate partners, the foetus, pedestrians, and victims of violence related to alcohol consumption.

The harm from alcohol consumption affects the poor disproportionately, given their limited access to education, information, health services, and other social services. In the context of social determinants of health, the harmful alcohol consumption has a negative impact on sustainable development. With increasing consolidation and expansion of the alcohol industry, new alcoholic beverages, marketing strategies and promotion campaigns are introduced in most of the African countries (*3*). Most countries in Africa have weak alcohol policy responses, and no country has a comprehensive and integrated policy that other countries can use as a best practice. There are, however, several examples of good practices (individual policies adopted at national or local levels which have proven to be effective) and that can be more widely disseminated and better documented.

AHO needs to accelerate its efforts in to increase awareness of the harm from alcohol consumption and support the responses to reduce alcohol related problems. AHO will also support research on alcohol and gender issues, with a focus on intra-family violence. Alcohol as a risk factor is integrated into other AHO strategies, plans of action, and activities within the context of noncommunicable diseases, mental health, adolescent health, traffic safety, health promotion, intra-family violence, violence prevention, and urban health, thus demonstrating the pervasive nature of alcohol related problems in Africa.

The proposed plan of action calls for implementation of the AHO strategy to reduce harmful use of alcohol, thus promoting a public health and human rights approach aimed at lowering the levels of per capita alcohol consumption in the population, as well as reducing alcohol related harm. It proposes that AHO's role be to coordinate the response and to strengthen its service delivery and technical cooperation for national activities based on the ten target areas proposed by the strategy

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Introduction

1. Africa Health Organisation (AHO) endorsed the Africa strategy to reduce the harmful use of alcohol in July 2016. This document proposes to use the AHO's Africa strategy as the framework for action and includes a plan of action implementing the Africa strategy. The plan of action focuses on the Africa strategy's proposed ten policy action areas and five objectives.

Background

2. In 2016, the AHO Health Congress endorsed, by consensus, an Africa strategy for reducing the harmful use of alcohol, following a comprehensive and inclusive Africa-wide consultation process.

3. The Africa strategy has five objectives: (a) to raise awareness and political commitment; (b) to improve the knowledge base on the magnitude of problems and on effectiveness of interventions; (c) to increase service delivery and technical support; (d) to strengthen partnerships; and (e) to improve monitoring systems, surveillance and dissemination of information for advocacy, policy development and evaluation.

4. The strategy has ten target areas for policy action: (a) leadership, awareness, and commitment; (b) health services' response; (c) community action; (d) drinking and driving policies and countermeasures; (e) alcohol availability; (f) marketing of alcoholic beverages; (g) pricing policies; (h) reduction of the negative consequences of drinking and alcohol intoxication; (i) reduction of the public health impact of illicit alcohol and informally produced alcohol; and (j) monitoring and surveillance.

Situation Analysis

5. According to AHO, alcohol consumption was the leading risk factor for the burden of disease in Africa in 2015. Harmful alcohol consumption was responsible for more than 694,000 deaths and for 18.2% of all DALYs lost in Africa from all causes and across all age groups, even when consideration is given to the modest protective effects, especially on coronary heart disease, of low consumption of alcohol for some people aged 40 years or older. Harmful use of alcohol affects men more than women and young people more than older people. The most prevalent pattern of alcohol consumption in Africa is that of heavy episodic drinking, mostly by males. This drinking pattern leads to acute and chronic problems, including intentional and unintentional injuries, mental disorders, cancers, cardiovascular diseases, hypertension, and diabetes. Harmful use of alcohol is also likely to affect others than the drinker, including intimate partners, the foetus, pedestrians, and victims of violence related to alcohol consumption.

6. The harm from alcohol consumption affects the poor disproportionately, given their limited access to education, information, health services, and other social services. In the context of social determinants of health, the harmful alcohol consumption has a negative impact on sustainable development. With increasing consolidation and expansion of the alcohol industry, new alcoholic beverages, marketing strategies and promotion campaigns are introduced in most of the African countries (*3*). Most countries in Africa have weak alcohol policy responses, and no country has a comprehensive and integrated policy that other countries can use as a best

practice. There are, however, several examples of good practices (individual policies adopted at national or local levels which have proven to be effective) and that can be more widely disseminated and better documented.

8. AHO needs to accelerate its efforts in to increase awareness of the harm from alcohol consumption and support the responses to reduce alcohol related problems. AHO will also support research on alcohol and gender issues, with a focus on intra-family violence. Alcohol as a risk factor is integrated into other AHO strategies, plans of action, and activities within the context of noncommunicable diseases, mental health, adolescent health, traffic safety, health promotion, intra-family violence, violence prevention, and urban health, thus demonstrating the pervasive nature of alcohol related problems in Africa.

9. Harmful alcohol consumption and related disorders are included in the AHO Strategic Plan 2020–2030. It has also been recognised as the need to address harmful alcohol consumption in the context of broader health concerns, including adolescent health, road safety, mental health, human security, and noncommunicable diseases.

Proposal

10. The proposed plan of action calls for implementation of the AHO strategy to reduce harmful use of alcohol, thus promoting a public health and human rights approach aimed at lowering the levels of per capita alcohol consumption in the population, as well as reducing alcohol related harm. It proposes that AHO's role be to coordinate the response and to strengthen its service delivery and technical cooperation for national activities based on the ten target areas proposed by the strategy, for a period of ten years (2020-2030).

Objective 1: To raise awareness and political commitment.

***Indicator*$_2$:** Number of national advocacy events integrating a link with alcohol related issues. (Baseline: 0. Target: At least 2 events per year until 2030 [road safety; violence; health promotion; workers' health; mental health, human rights, violence against women; awareness day against drugs; Africa health day; cancer, cardiovascular disease, diabetes].)

National Activities
1.1 Involve, as appropriate, other relevant sectors, including education, labour, transportation, law enforcement, the criminal justice system, the private sector and civil society to increase public awareness about the harmful consumption of alcohol.
1.2 Promote alcohol policies which protect human rights and respect applicable human rights instruments, declarations, and recommendations of international agencies, and to protect, promote, and defend measures related to health.
1.3 Coordinate a national and regional network of counterparts for exchanging information and for monitoring and evaluating the plan and the implementation of the strategy.

Local Activities
1.4 Designate and support a focal person or agency within the local to coordinate activities and reporting mechanisms across sectors, with other stakeholders, and with AHO.
1.5 Include alcohol related topics in the celebration of existing days dedicated to topics such as violence, domestic violence, road safety, cancer, cardiovascular disease, diabetes, drugs, health promotion, workers' health, human rights and mental health.

Objective 2: To improve the knowledge base on the magnitude of problems and on effectiveness of interventions disaggregated by sex and ethnic group.

Indicator: Number of new research studies undertaken with a focus on alcohol and its impact on health. (Baseline: 0. Target: At least 10 new studies completed between 2020–2030)

National Activities
2.1 Promote the inclusion of standardised questions related to alcohol consumption and its related harm into existing national health surveys, in order to regularly assess trends and changes in consumption and problems, disaggregated by sex and age groups.
2.2 Compile and disseminate information on the health and social consequences of the harmful use of alcohol to the public.
2.3 Promote country and regional research assessing the relationship between the harmful use of alcohol, in general, and excessive drinking, in particular, and the related adverse health and social consequences for men, women, and for diverse ethnic groups.

Local Activities
2.4 Utilise existing data, including data on production and sale, as well as data from the health care and law enforcement systems, to enhance knowledge about trends in consumption, drinking patterns and harm by men and women.
2.5 Carry out research on priority areas for public health related to alcohol consumption disaggregated by sex and ethnic groups, such as: alcohol consumption in the general population, patterns of use, illicit or informal production of alcohol, social and economic costs of harmful alcohol consumption to society, including alcohol's impact on human capital and economic development, effectiveness of public health interventions to reduce harmful use of alcohol, marketing and marketing strategies of alcoholic beverages, especially those targeting underage drinkers and women, alcohol and child development, including on foetal alcohol spectrum disorders, alcohol and infectious diseases, particularly HIV/AIDS and tuberculosis, effects of harmful alcohol consumption on persons other than the drinker, including its impact on children, women, and those who are injured by drinkers, alcohol and social determinants of health, harmful alcohol consumption among indigenous peoples, young people and other high risk groups.

Objective 3: To increase service delivery and technical support.

Indicator: Number of countries with national and/or subnational[5] alcohol action plans

developed with AHO's technical cooperation. (Baseline[6]: 5. Target: 15 by 2021.)

National Activities

3.1 Cooperate technically with countries on the development of policies, plans, and programmes aimed at reducing the harmful consumption of alcohol, using evidence-based information.
3.2 Create a national pool of expertise on public health-oriented alcohol policy and Program development.
3.3 Develop a national training course on alcohol and public health.
3.4 Delivering alcohol services and assist in setting prevention priorities, taking into account existing capacity and infrastructure, existing public health surveillance systems, and the cost effectiveness of intervention strategies.

Local Activities

(a) Leadership, awareness, and commitment

3.5 Develop local and/or sub-local plans of action for the implementation of the strategy, using baseline and target indicators recommended by AHO.
3.6 Establish or identify a body or focal point to be responsible for developing and updating a public health-oriented alcohol policy through inter-sectoral actions.
3.7 Provide adequate support to this body or focal point through funding and public health-oriented expertise.
3.8 To determine and establish taxation policies, to consider the establishment of funding mechanisms, such as dedicating a portion of alcohol taxation revenue, to support prevention, treatment and reduction of alcohol-related harm and social protection for families harmed by alcohol related violence.

(b) Health services' response

3.9 Develop, deliver and support the introduction and implementation of screening and brief intervention programmes for high risk-drinkers, including pregnant women, within primary health care.
3.10 Build the capacity of health care providers to detect, prevent, treat, and rehabilitate men and women suffering from the harmful use of alcohol and alcohol use disorders in primary health care and across the health system, including pregnant women.
3.11 Build the capacity of health care providers who deal with victims of intra-family and sexual violence to detect harmful alcohol use as a risk factor and intervening to reduce it, as appropriate, with brief interventions or referral to treatment of alcohol use disorders, along with other non-alcohol related interventions.

(c) Community action

3.12 Promote community organisation and mobilisation for the development of local actions aimed at reducing the harmful consumption of alcohol.
3.13 Promote prevention and intervention programs in the workplace, in college campuses, and other settings with a high concentration of drinking and or alcohol related problems.
3.14 Promote public understanding of the harmful effects of alcohol, particularly during pregnancy, breastfeeding, childhood and adolescence.

3.15 Provide supportive environments in schools, communities, and other social settings that protect people from the harmful use of alcohol, ranging from family support programmes, community and school system support programs, and increased access to non-alcoholic beverages.
3.16 Provide training in the hospitality sector and the retail sector for the responsible serving of alcohol, including enforcing compliance with the legal minimum age for the sale of alcoholic beverages.
3.17 Provide support to civic organizations, including relevant nongovernmental organisations, to prevent, identify, and respond effectively to the negative health and social consequences of the harmful use of alcohol.
3.18 Provide information at the local level on the links of intra-family violence and sexual violence to the harmful use of alcohol, and promote integrated prevention and treatment of these problems.

(d) Drinking and driving policies and countermeasures

3.19 In line with the best international practices, set a low legal maximum blood alcohol level for drinking and driving violations.
3.20 Develop and enforce, where appropriate, a system of frequent random breath alcohol testing.
3.21 Develop and enforce a system of administrative driving license suspensions or revocations, to ensure quick and effective consequences for those caught driving with blood alcohol levels above the legal limits.

(e) Availability of alcohol

3.22 Establish and enforce a minimum legal age for the purchase and sale of alcoholic beverages and a ban on the sale of alcohol to intoxicated persons.
3.23 Regulate the sale of alcohol to limit the places and times that alcoholic beverages can be sold.
3.24 Develop and enforce a commercial licensing system to regulate the production, importation, and wholesale and retail sale of alcoholic beverages.

(f) Marketing of alcoholic beverages

3.25 Designate a government agency to be responsible for enforcement of marketing regulations.
3.26 Encourage statutory regulation to restrict or ban, as appropriate, the marketing of alcoholic beverages, particularly to youth and vulnerable groups.
3.27 Encourage greater responsibility among commercial interests, for example through transparent codes of conduct for the sale and marketing practices.
3.28 Where such codes exist, establish government monitoring of industry compliance with codes of conduct.

(g) Pricing and/or taxation policies

3.29 Develop or revise an alcohol pricing and/or taxation system as an effective mechanism to decrease the harmful use of alcohol.
3.30 Consider pricing and/or taxation of alcoholic beverages based on their alcohol content and administer special taxes for alcoholic beverages targeted at vulnerable groups, such as young people.
3.31 Consider dedicating a portion of alcohol tax revenues to the prevention and treatment of alcohol-related problems, including public health counter-advertising.

(h) Reducing the negative consequences of drinking and alcohol intoxication

3.32 Promote bar-owner liability for alcohol related violence and injuries resulting from alcohol intoxication that takes place in their premises.
3.33 Restrict or ban the promotion of harmful alcohol consumption in bars and restaurants and other venues (such as two drinks for the price of one, single price for all night drinking).
3.34 Revise legislation to include harmful consumption of alcohol as an aggravating factor in violence against women and children, and link criminal justice sanctions against perpetrators to treatment of alcohol use disorders.
(i) Reducing the public health impact of illicit alcohol and informally produced alcohol
3.35 Ensure that there is licensing and regulation of alcoholic beverages to avoid illegal production, distribution, and importation.
3.36 Establish minimum standards for the production of alcoholic beverages to ensure that alcoholic beverages being produced and imported meet beverage safety requirements and that home-brewed and home-distilled alcoholic beverage are either prohibited from commercial sale or strictly controlled.

(j) Monitoring and surveillance

3.37 Collaborate with others on the implementation and monitoring of the alcohol strategy, using internationally agreed indicators in the format of the AHO information systems on alcohol and health.
3.38 Assign a lead agency to develop an alcohol information system and to analyse information for policy development—this could be the main task for a new, specialised institution, or a new task for an existing agency with a broader scope of activities, such as a national public health institute.

Objective 4: To strengthen partnerships.

Indicator*:* A network of national counterparts with countries and other stakeholders formed and functioning. (Baseline: 0. Target: One network formed in 2021 and regularly functioning throughout the period until 2030.)

National Activities

4.1 Establish a network of national counterparts, for the exchange of information and support for implementation of the strategy.
4.2 Collaborate and coordinate with others on the implementation of the strategy.

Local Activities
4.3 Establish sustainable national and subnational mechanisms that allow for appropriate inter-sectorial government cooperation involving ministries of finance, of health, and of trade, and that include relevant community groups, youth, and research institutions, to ensure effective coordination and implementation of the policy.
4.4 Promote close collaboration between the health and the law enforcement sectors to be able to put in place a public health and public safety approach to the harmful use of alcohol.
4.5 Encourage the law enforcement sector to step up the enforcement of existing and new legislation to respond to the harmful use of alcohol.
4.6 Ensure that enforcement agencies appropriately enforce the regulation of alcoholic beverages.

Objective 5: To improve monitoring and surveillance systems and dissemination of information for advocacy, policy development, and evaluation.

Indicator: Number of countries that provide country specific data to the alcohol information system. (Baseline: 0. Target: 54.)

National Activities
5.1 Strengthen the national alcohol information system for the collection and analysis of data on alcohol consumption and its health and social consequences.
5.2 Incorporate indicators of harmful alcohol consumption into the core information system.

Local Activities
5.3 Incorporate indicators of harmful alcohol consumption and harms into the core national health information system.

11. Governments may apply or consider applying activities, including those which are not specifically mentioned, depending on available opportunities and specific situations, and as appropriate to their individual national contexts.

12. While the inclusion of all the activities listed is not a requirement for an effective strategy to reduce all alcohol-related problems, it is important to realise that the implementation of isolated measures is unlikely to be effective. The effectiveness of the regional plan of action largely depends on combining as many measures as possible at the national level, giving priority to those strategies that have the highest potential benefits and the lowest costs.

Monitoring, Assessment, and Evaluation of the Plan
13. This Plan of Action contributes to the achievements of AHO's Strategic Plan's

Strategic Objectives 3 on tackling determinants of health. The monitoring and assessment of this Plan will be aligned with the Organization's results-based management framework as well as its performance, monitoring and assessment processes. In this regard progress reports will be developed based on information available at the end of a biennium.

14. With a view to determine strengths and weaknesses of the overall implementation, causal factors of successes and failures, and future actions, both a midterm and final evaluation will be conducted.

Report on the Financial and Administrative Implications of the Proposed Resolution for AHO

1. Agenda item: 5.10 - Plan of Action on Alcohol 2020-2030

2. Financial implications:

a) Total estimated cost for implementation over the life cycle of the resolution (including staff and activities):

The estimated cost of this plan is US$315,128,580 (approximately $300,610,000 for activities and $15,128,580 for staff).

b) Estimated cost for the 2020-2021 biennium (including staff and activities):

The estimated cost for the biennium is $50,650,260 (approximately $40,550,000 for activities and $10,100,260 for staff).

c) Of the estimated cost noted in *b),* what can be subsumed under existing programed activities?

3. Administrative implications:

a) Indicate the levels of the Organization at which the work will be undertaken:

The work will be carried out at the country, subregional, and regional levels.

b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):

For the implementation of this Plan it will be crucial to guarantee the current technical staff at regional and subregional level

c) Time frames (indicate broad time frames for the implementation and evaluation):

The proposed plan will cover 2016-2021 and requires support from AHO, partnerships, and Member States. The final evaluation will be completed in 2031 and presented to the Governing Bodies in 2032.

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