

### **C-4-3\_C.3.6 : Malawi – a best practice in alcohol policy formulation**

*Dag Endal, Project Coordinator – Alcohol, Drugs and Development, FORUT Norway,*

*Corresponding author: [dag.endal@forut.no](mailto:dag.endal@forut.no)*

*Carina Ferreira-Borges, Regional Advisor for Alcohol and Substance Abuse, WHO Regional Office for Africa, e-mail: [ferreiraborgesc@afro.who.int](mailto:ferreiraborgesc@afro.who.int)*

*Beatrice Matanje-Mwagomba, Program Manager - Non-Communicable Diseases & Mental Health, Ministry of Health, Malawi, e-mail: [beatmat31@gmail.com](mailto:beatmat31@gmail.com)*

*Nelson Zakeyu, Executive Director, Drug Fight Malawi and Malawi Alcohol Policy Alliance, e-mail: [drugfightmw@yahoo.com](mailto:drugfightmw@yahoo.com)*

Since 2008 a broad national consultation process has been underway in Malawi aiming to develop a national alcohol policy. No such policy has been in existence. However, the Malawi government and civil society representatives have adopted a process that has resulted in a good policy document, one that is consistent with the international evidence-base and the WHO Global and Regional Strategies to Reduce the Harmful Use of Alcohol. The process and policy document could also serve as an international example of best practice and as an inspiration for other countries.

#### **Aims**

This paper will describe how Malawi organised an inclusive consultation process for government and civil society to develop a draft national alcohol policy. Additionally, it will discuss lessons learned during the process, from the perspectives of a national NGO, a government sector, an intergovernmental agency and an international development NGO.

#### **Summary**

The latest Global Burden of Disease data from 2010 indicate that alcohol is an important risk factor for disability and early death in the Sub-Saharan region. That reported data comes at a time when many countries in Africa are experiencing marked economic growth, a development expected to lead to increasing alcohol consumption and related harm in the years to come.

It is of critical importance for the health and social situation in Eastern and Southern Africa that governments manage to put in place effective regulations of the alcohol market. Malawi offers a very interesting example of how a new national alcohol policy can be developed.

The Malawi process represents a best practice in its field because it included many elements that are rarely found in such processes, but can be recommended for – and replicated in – other countries: a confident working relationship between government and NGOs; a pragmatic division of labour between the two; participation in the process far beyond alcohol-specific agencies; the exclusion of vested interests from policy formulation; a combination of local expertise and the international evidence-base; the connection of the alcohol issue to key national development issues in Malawi; community inputs through regional consultation meetings; a national validation conference, and finally a joint revision by government and non-governmental stakeholders of a draft policy initially compiled by a consultant following the validation workshop.

The initial draft policy was handed over from the national policy development task force (that included a consultant) to the current lead government sector, Ministry of Health, by the end of 2011. The draft was immediately challenged by the alcohol industry that presented complaints

formally to government by December 2011. This necessitated further review of the draft policy document by the task force and other co-opted governmental and non-governmental institutional representatives under the leadership of the lead government ministry. The current final draft policy has taken the format recommended by the office of the President and Cabinet and has already gone through deliberations by a relevant Technical working group in the Ministry of Health (Essential Health package Technical Working Group) which has endorsed that the document be forwarded to the Senior Ministry Management Committee which is responsible for presenting the policy to the Office of the President and Cabinet for approval.

The Malawi example has the potential to be replicated in many other countries, with necessary adjustments for local circumstances. Learning from Malawi can help others avoid the most critical mistakes and pick the most productive solutions.

When a new national alcohol policy is finally adopted, major challenges still remain, including its implementation and the effective enforcement of market regulations.

### **Background**

The latest Global Burden of Disease data from 2010<sup>1</sup> indicate that alcohol is an important risk factor for disability and early death in the Sub-Saharan region. That reported data comes at a time when many countries in Africa are experiencing marked economic growth, a development expected to lead to increasing alcohol consumption and related harm in the years to come.

It is of critical importance for the health and social situation in Eastern and Southern Africa that governments manage to put in place effective regulations of the alcohol market. Malawi offers a very interesting example of how a new national alcohol policy can be developed.

Very few countries have up-to-date national alcohol policies, despite the availability to governments of proven interventions that can contribute to the reduction of alcohol consumption levels and changes in harmful drinking patterns. Those changes can lead to reduced alcohol-related harm. Existing legislation in the Sub-Saharan region is often old, in many cases dating to colonial days. Enforcement of laws and regulations is weak, if it exists at all. Nonetheless, interesting alcohol policy developments have occurred in a number of countries, partly in response to the adoption of the WHO Global and Regional Strategies to Reduce the Harmful Use of Alcohol in 2010<sup>2</sup>.

### **The Malawian scene**

The introduction to the draft alcohol policy of March 2013 provides the backdrop for the alcohol policy process in Malawi<sup>3</sup>:

“Malawi’s population of 13.2 million is predominantly rural with 83 per cent of the population living in rural areas. The country’s population growth rate is 2.8 per cent per annum. The economy has an annual national budget approximately \$1.8 billion, a current average annual growth rate of 7 per cent, and per capita gross domestic product GDP at \$160 and mainly agricultural (35 per cent of GDP). On the Human Poverty Index, Malawi is ranked as number 164 of 177 countries, which makes it the 13th poorest country in the world

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<sup>1</sup> The Lancet web site: <http://www.thelancet.com/themed/global-burden-of-disease>

<sup>2</sup> The WHO web site: [http://www.who.int/substance\\_abuse/activities/gsrhua/en/index.html](http://www.who.int/substance_abuse/activities/gsrhua/en/index.html)

<sup>3</sup> National Alcohol Policy document, draft of March 2013.

(UNDP 2007/2008). Approximately 90% of the population live in rural areas (Loeb & Eide 2004).”

The Malawi Country Report from the Global Status Report on Alcohol from 2011 shows an adult per capita consumption of 1,7 litre in 2003-2005, compared to the African average figure of 6,2 litres. That report also states that approximately 12 per cent of the adult population has been drinking during the past 12 months and that the consumption level of this group is about as high as in many other countries, around 15,5 litres per annum.

Recorded	1.2
Unrecorded	0.5
Total	1.7
WHO African Region	6.2

The draft policy document identifies many gaps “within and among the existing laws and the inadequacy in enforcement, therefore, the need for a harmonized implementation framework. In particular, the laws fall short of achieving the objects of regulating distribution and sales, restrictions, licensing, taxation, and minimum age limits.”<sup>4</sup>

Malawi has a number of laws and other government documents that govern the sale and consumption of alcohol. Those include the Liquor Licensing Act, Taxation Act, Road Traffic Act, Consumer Protection Act, Competition and Fair Trading Act, Occupational Safety and Health Act, as well as the a Malawi Growth and Development Strategy (MGDS II). Enforcement of these laws and accompanying regulations on the sale of alcohol is very weak and often non-existent. That failure is likely due to the lack of institutions in the country with the resources to identify, develop and follow-up alcohol issues. Malawi has few trained government staff, little reliable data, inadequate monitoring systems, and paltry funds for prevention programs. NGOs that could serve as watchdogs are few and under-resourced.

### **Industry actions trigger NGO reactions**

Beginning in the mid-2000s, international drinks producers, in particular some of the world’s largest beer-brewing corporations, showed increasing interest in exploiting the African continent for new consumer groups. The industry web site Just-Drinks<sup>5</sup> noted this development in 2007 and termed it “Brewers Scramble for Africa”.<sup>6</sup> This issue has been explored in greater detail in an unpublished FORUT paper, “The Scramble for Africa - Revisited”.<sup>7</sup> That paper describes how four of the five biggest global brewers use almost every tool available to compete for their share of the newly gained or expected increased purchasing power of young Africans. Those strategies include mergers and acquisitions, licensing agreements, community and country-level investments, advertising, product development and market segmentation, advocacy and lobbying, CSR programs and national alliance building.

Getting a seat at the policy table appeared to be a priority issue for the alcohol industry and producer groups invested heavily in securing industry-friendly policies in Sub-Saharan countries. One of the most important initiatives was initiated and coordinated by the International Centre for Alcohol Policies (ICAP), an industry-funded think tank in Washington DC. Industry-stimulated policy initiatives developed in seven or eight Sub-

<sup>4</sup> National Alcohol Policy document, draft of March 2013.

<sup>5</sup> <http://www.just-drinks.com>

<sup>6</sup> [http://www.just-drinks.com/news/comment-brewers-scramble-for-africa\\_id97993.aspx](http://www.just-drinks.com/news/comment-brewers-scramble-for-africa_id97993.aspx)

<sup>7</sup> Endal, D., FORUT 2012: The Scramble for Africa – Revisited. How multinational brewers have set out to conquer new customers in Africa. (Unpublished).

Saharan countries, leading to policy drafts that were decidedly industry-friendly. The processes in four of those countries, Botswana, Malawi, Uganda and Lesotho, are documented in the article “Alcohol policies out of context: drinks industry supplanting government role in alcohol policies in Sub-Saharan Africa”.<sup>8</sup>

Malawi was one of the countries where SABMiller and Carlsberg, supported by an ICAP consultant, invited government agencies and some civil society organisations to take part in a consultation process to develop an alcohol policy. As Malawi at that time had few NGOs involved in alcohol policy, the small organisation Drug Fight Malawi (DFM) was one group invited to be part of the consultation process. However, toward the end of 2007, as that organization’s leadership became more aware about the direction the drafting process would take, they withdrew. The organization subsequently initiated a new process based on a different policy approach, together with another and broader selection of participating stakeholders. This new initiative effectively put an end to the process organized by Carlsberg and SABMiller.

### **The policy process step by step**<sup>9</sup>

The new alcohol policy development process in Malawi started early in 2008 when Drug Fight Malawi invited a selection of relevant government agencies and civil society organisations to a **stakeholders’ meeting**. The idea for the meeting was to test the willingness of other partners to initiate a new alcohol policy process and to discuss how such a process could best be organised.

The stakeholders’ meeting took place in April 2008 and led to the following next steps: a) developing a new document for the National Alcohol Policy; b) appointing a lead ministry – the Ministry of Home Affairs and National Defense, and; c) setting up basic institutional mechanisms to support policy development. Drug Fight Malawi was appointed the (Policy) Secretariat and provided full-time operational services for the policy development.

The formation of a **National Alcohol Task Force Committee** followed consultations among partners from the stakeholders’ meeting and other relevant agencies. The Committee included an approximately equal balance of members from government and civil society. That balance has been essentially constant throughout the process, with a few exceptions. Some agencies changed their representatives during the process and from meeting to meeting, due to internal circumstances and shifts in responsibilities.

The National Alcohol Task Force Committee had **the following basic membership**: Ministries of Home Affairs and National Defence, Education, Trade, Youth, Health, Gender, Local Government; government agencies, including the Police, Malawi Revenue Authority, Road Traffic, National AIDS Commission; and civil society networks such as Human Rights Consultative Committee (HRCC), Malawi Health Equity Network (MEHN), Malawi Economic Justice Network (MEJN), Malawi Network AIDS Organizations (MANASO), Gender Network NGOs, National Association for People living with HIV & AIDS in Malawi (NAPHAM) and Drug Fight Malawi.

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<sup>8</sup> Bakke, Ø., Endal, D. Alcohol policies out of context: drinks industry supplanting government role in alcohol policies in sub-Saharan Africa. *Addiction*. 105, 22-28, 2010. Available at: <http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2009.02695.x/full> (accessed 10 June 2011). (Archived by WebCite® at <http://www.webcitation.org/67ZqN9JMN>)

<sup>9</sup> Ferreira-Borges, C., Endal, D., Babor, t, et al. Alcohol policy development process in Malawi. Accepted for publication by the *International Journal for Alcohol and Drug Research*.

The Task Force Committee appointed a **core group** of four or five agencies to lead the drafting process and to work more closely with the lead agency and the secretariat. A **policy consultant** was hired to observe the process and to take the lead in drafting the policy document and background papers.

Drug Fight Malawi/The Task Force Committee and FORUT Norway entered into a three-year contract, which provided **stable funding for the policy process**. That agreement was extended for another three year. Those agreements complemented a **Memorandum of Understanding** between the Government of Malawi and FORUT. In the MoU the two parties committed to collaborate on alcohol and drug prevention activities in Malawi. FORUT pledged, among other things, to support alcohol policy development in Malawi with funding and technical guidance.

The secretariat in Drug Fight Malawi developed **operational guidelines** for the execution of the process. Those documents delineated roles and responsibilities for the various participants in the newly established structure.

In its earliest steps, the drafting process in Malawi linked to **international networks, processes and partner organizations**, such as the Global Alcohol Policy Alliance (GAPA), FORUT (Campaign for Development and Solidarity, Norway) and the WHO Regional Office for Africa and country office in Malawi. These connections provided access to the best available research and documentation on alcohol policies as well as links to relevant regional and international initiatives, in particular the development of the WHO Global and Regional Strategy to reduce the Harmful Use of Alcohol, which was adopted respectively in May and September 2010.

**Collection of research data and other documentation** was an integral part of the policy process from the very beginning. The Task Force Committee soon concluded that reliable data on alcohol consumption and related harm in Malawi was severely lacking, much as they are lacking in many other countries of the region. However, the process allowed too little time and too few resources to conduct large-scale and representative research before the commencement of the drafting stage. Discussions instead focused on the scarce data that were readily available. At the same time, the Committee conducted small-scale research and looked for funds to conduct larger surveys at a later time. Those efforts resulted in a substantial grant from The Norwegian Research Council to the research institute SINTEF in 2009 to conduct a broad national survey on alcohol consumption and harm, with a focus on poverty issues.

**Smaller documentation projects** explored issues of special relevance for the policy process. They included: the development of a questionnaire to key stakeholders involved in the process; a desk review of apparent alcohol consumption in the country; a small-scale baseline survey on unrecorded alcohol, and; two reports on gender aspects of alcohol consumption with a special emphasis on gender-based violence.

From 2008 through 2011 the secretariat and the consultant produced a number of **discussion papers and draft policy documents** that were presented and discussed in meetings of the Task Force Committee. Policy drafts were revised as new material and perspectives emerged from discussions in the Committee and with external stakeholders.

**Several Training sessions** have also been an important part of the policy process. The most important of these was held in November 2009, based on a training package developed by FORUT and Blue Cross Norway. Malawi was the first country to test the training package which has been presented since in a number of other African countries. Attendees at the three-day course on evidence-based alcohol policies included key representatives from civil society and government agencies, and the Hon. Minister of Home Affairs and Internal Security opened the event. The Secretariat later organized several smaller trainings for a wider range of participants.

**International partners** have provided **technical support** throughout the process, based on defined needs and requests from the Task Force Committee. In addition, representatives from the Committee have attended international conferences and trainings where the latest developments within alcohol research and policy have been presented.

Toward the end of the drafting process a series of eight **regional consultation meetings** were held. These meetings covered districts in all parts of Malawi and were attended by resource persons from local governments, police, women's organisations, trade unions, traditional leaders, church leaders, teachers, youth representatives, etc. Organizers used the meetings to present the status of the policy process and to invite the participants to identify local concerns and make contributions to the further drafting process.

Throughout the policy process numerous **informal and smaller consultation meetings** on the national level with relevant stakeholders took place. Participants included politicians, government servants, traditional leaders, NGOs, religious leaders etc. Those consultations served the same purpose as the regional meetings, namely to collect input and establish a broad spectrum of stakeholders with a feeling of ownership in the end result.

The round of consultations culminated in a **national validation conference** in June 2011. This conference included a much broader range of stakeholders, compared to those represented on the Task Force Committee. Relevant economic operators, namely the two dominant brewers of Malawi, SABMiller and Carlsberg, were also invited to present their comments on the then draft version of the policy.

The Task Force Committee presented a **consolidated national alcohol policy** document to the Ministry of Health in 2011. That event marked both the end of the national consultation and drafting process and the start of formal deliberations on the issue within the relevant government circles under the leadership of the Ministry of Health.

After the Task Force Committee's role ended, the civil society organisations began the formation of the **Malawi Alcohol Policy Alliance (MAPA)** as a forum for continued NGO involvement in alcohol policy debates. The new forum currently has a membership of 70 to 80 NGOs, three regional branches (North, Central and South), and executive boards for each of these three branches as well as one for the national level.

### **Dialogue with the industry**

Malawi's national alcohol policy is still subject to internal government policy pre-endorsement procedures. At one internal Ministry's technical working group meeting on 28<sup>th</sup> February 2013, it was felt that the concerns formally presented by the alcohol industry ought to be responded to in a dialogue before proceeding with policy endorsement. This was in an attempt to mitigate potential future jeopardy at implementation stage as the industry had

insisted they will not be part of implementation of a policy they were excluded from. Therefore, government through the Ministry of Health organized a round table dialogue with the industry in the presence of other government sectors and an NGO (Drug Fight Malawi) whose officers served as independent observers.

The chair of the round table, the Secretary for Health, opened the meeting by pointing to the fact that alcohol is a commercial commodity which is legal to produce and legal to buy and use in Malawi. It is however not an ordinary commodity due to its inherent properties; hence, the need for regulation of the sale and use of this product in order to reduce social harms and health consequences to the public. The Alcohol Industry (both producers and retailers) were recognised as one of key stakeholders in the realization of the goals of the Alcohol Policy.

A presentation was made by the NCDs Unit covering brief recap on draft Alcohol Policy development process and the key Industry's concerns, government responses (See Annex: Table 1). The global evidence based effective alcohol policy strategies were also highlighted at this dialogue meeting.

Key outputs from the dialogue between the government and the Industry were, after open discussions:

- The Industry was pleased to be accorded a chance to be heard/given feedback on their concerns; they termed this a “first meaningful discussion”.
- The Industry emphasized the need to collaborate as Malawians and not to be “bull-dozed” by international organizations
  - “...From my close observation, the Industry's main concern is that Malawi is being pushed by NGOs especially FORUT and Drug Fight Malawi to come up with an alcohol policy without proper consultation, but this is not true since the Ministry through our NCDs Unit is the one that has been leading the process including the draft policy review and format realignment, at least from early 2012” Dr Beatrice Mwagomba, Head of NCDs Unit, MoH
- The Industry requested to look at the revised policy and to comment in one week and make suggestions on the document especially on behavioral interventions.
- Main suggestions from Chibuku and Carlsberg were:
  - To remove all tax-related strategies (this has been overruled)
  - To include the industry as co-opted member like other NGOs in the proposed Implementation structure, the National Committee on Alcohol Policy (this has been accepted based on the fact that industry is one of key stakeholders in implementation)

At an extended Task Force meeting on 21<sup>st</sup>-24<sup>th</sup> May 2013, the initial policy draft was reviewed and re-written in line with the policy areas highlighted by WHO's global and regional alcohol strategies as well as in a new format recommended by the Office of President and Cabinet. The new format splits a policy into two: a main National Alcohol Policy (NAP) document and an Implementation, Monitoring and Evaluation Strategy for Malawi National Alcohol Policy.

This with a covering cabinet paper will be submitted to the Cabinet as soon as the senior MOH management endorses the current final draft. The policy presentation to the senior MOH committee is expected to be by end September; hence October is the probable month for submission of this long awaited policy to the Cabinet.

### **Products of the process**

The Malawi example offers not only good solutions to how to conduct a policy process. It has also produced results of importance and high quality, including

- A policy document consistent with the international evidence-base and constructed on the best available knowledge of local conditions;
- Widespread ownership of the process and the final document throughout organizational circles in Malawi;
- A broad network of committed agencies, persons and organizations that may prove to be a very valuable asset in future alcohol policy work in Malawi;
- A national alcohol policy alliance that will serve as an advocacy voice and as a watchdog in the future, as well as be available as a resource when it comes to implementing the new policy and the enforcing alcohol regulations;
- A substantial group of individuals in the government and in civil society who have received technical training and gained experience through the process of alcohol policy development:

Fundamentally, the unique experience should create solid basis for further alcohol policy work in Malawi.

### **Success factors**

The authors of this paper represent four different perspectives that were involved in the policy-development process in Malawi; a national NGO, a government ministry, an intergovernmental agency and an international development NGO; Drug Fight Malawi, The Ministry of Health in Malawi, the WHO Regional Office for Africa, and FORUT Norway, respectively. The four authors have made independent assessments of the process with a view to increasing learning from the experience. The following success factors stand out in those assessments:

1. Alcohol policy development is not an event; it is a process, often complex and long-lasting. Participating stakeholders must have a long-term perspective and be prepared to focus on the issue over several years. A strong commitment to continuity of involvement from agencies and individuals is central to the process.
2. Government and civil society established a confident working relationship with an agreed division of roles, labour and responsibilities. A collaborative leadership that involved a government ministry as lead agency and an NGO as secretariat greatly contributed to the good spirit of cooperation. The performance of key individuals added significantly to this positive spirit.
3. Access to stable funding over several years made it possible for the involved parties to focus on the subject matter rather than on organizational economic concerns. Financial resources made it possible to conduct worthwhile activities along the way, without worrying too much about how and where money should be found.
4. The organisers were careful to find cost-effective solutions, allowing many activities to be conducted at low cost, especially compared to many other development projects.
5. Economic operators were excluded from the main parts of the process. This structure allowed all discussions and the drafting process to focus fully on a public health approach to alcohol problems. The decision to exclude industry resulted partly from experiences in the prior industry-initiated process. That position was inspired and strengthened by recommendations from international sources, such as the WHO Expert Committee and experiences from international processes including the development of the WHO Global Strategy.

6. National ownership of all parts of the process without undue interference by external parties. Malawian government agencies and NGOs were at the steering wheel in all phases of the process.
7. National partnership with international organisations as well as Malawian participation in international processes. Such international connections provided valuable input to the national policy process, in terms of knowledge, latest research data, examples, experiences and personal contacts.
8. Combination of local expertise and experience with the international knowledge base. This resulted in a policy draft that relates to key development challenges in Malawi and also integrates guidance from the WHO Global and regional Strategies, and scientific evidences from reference publications such as Alcohol No Ordinary Commodity. Malawi started preparing for the national follow-up of the Global Strategy well before the adoption of that strategy by the World Health Assembly in 2010.
9. Involving a broad selection of stakeholders in the process, well beyond alcohol-specific agencies, enhanced the quality of the policy discussions and broadened the perspectives of the final document.
10. The Task Force Committee worked systematically to enhance the credibility of the process and the broad “ownership” of the document. The Committee leaned toward transparency and open sharing of information along the process; informal consultations included many beyond the members of the Committee; regional consultations solicited local perspectives and stakeholders, and; a national validation conference offered a consensus “stamp of approval.”

### **Challenges**

Such a complex process in a highly controversial policy area will obviously identify a number of challenges. Some of those include:

- A great lack of reliable data on the alcohol situation in Malawi; consumption levels, distribution of consumption, types and levels of harm etc.
- Many of the involved persons lacked competence in alcohol policy formulation from the outset. Training became an important part of the process.
- Both the government structures and civil society lacked institutions and experts who were specialised in alcohol policy and prevention.
- Economic operators responded interfered towards the end of the policy process when the draft document was subject to internal deliberations within the government. The policy process in Malawi is not yet complete and no final decision has been made by the authoritative body.
- Malawi has a high proportion of unrecorded alcohol consumption which poses many challenges to the enforcement of traditional control policies. That condition was discussed throughout the process, but much more work needs to be done. In particular, government must address how unrecorded alcohol can be addressed parallel to a stricter regulation of the formal market. This is a challenge which many developing countries have in common, and an international collaboration would be useful to develop effective strategies.

### **Discussion**

The Malawian alcohol policy process offers an interesting example of how a complex policy-development initiative can be structured and conducted to produce a good result while contending with a minimum of conflicts and obstacles to resolve and overcome along the way. Success factors, as identified by four of the key partners of the process, are defined above. The critical question remains: Can the Malawi example be replicated in other

countries? If so, to what extent can the Malawian solutions be used and which adaptations need to be made?

The relatively low proportion of drinkers in the Malawian population should provide an environment conducive for regulating alcohol sale and use. Similarly, the fact that many of those who do drink alcohol drink at risky consumption levels and engage in risky patterns of use, should strengthen the recognition of the need to regulate. Through experience within families and in communities, many Malawians are familiar with the harmful effects of alcohol and how drinking is linked to risky sex, gender-based violence, poverty etc. This awareness is generally found in many Sub-Saharan countries and in developing societies.

The alcohol-policy process organizers made many wise decisions along the way with regard to selection of participants, organisational structure, working methods etc. One of the most critical of those choices was the resolve to keep economic operators out of the process. Having the alcohol industry on board in the drafting process would have resulted in endless discussions and a diluted policy document. Vested interests and public health are incompatible, in particular in this case, where the global beer corporations have selected Africa as a promising growth market. The industry-initiated policy documents produced earlier in a number of African countries<sup>10</sup> show that the alcohol-industry approach to alcohol prevention is inconsistent with the international evidence-base. It ordinarily involves a narrow focus on problem drinkers; preference given to less effective interventions; resistance against effective market regulations; overestimation of the economic, health and cultural benefits of drinking, and; downplaying of societal and individual costs of alcohol etc.

At the outset Malawi seemed rather poorly resourced to undertake a broad and complex alcohol policy process. The country lacked almost everything necessary: money, solid data, established government structures, alcohol-policy experience, technical capacity within government and civil society circles, etc. Few countries will be as resource poor as Malawi was and, partly, still is. Therefore, if Malawi could do this, many countries should also be able to do much the same.

One problem that many countries will face in replicating Malawi's successes will be the lack of funding sources for this type of policy and development work. Available government funds for alcohol policy implementation are normally very limited in developing countries, often non-existent. Good policies, plans and regulations, even if adopted, will languish in government files, resulting in the undermining of respect for such documents and the policy processes that created them.

Malawi will face the same challenge with regard to funding if and when an ambitious alcohol policy is adopted. Up to now, FORUT Norway has provided stable funding for the policy process, allowing it to go forward relatively smoothly. Unfortunately FORUT does not have the resources to fund such support in many countries. For that reason, advocates for change in other countries will need to lobby for the allocation of funds for alcohol policy and legislation within ordinary government budgets. Such a solution is, however, not very likely to produce any results in the short run. In most developing countries government budgets are already

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<sup>10</sup> Bakke, Ø., Endal, D. Alcohol policies out of context: drinks industry supplanting government role in alcohol policies in sub-Saharan Africa. *Addiction*. 105, 22-28, 2010. Available at: <http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2009.02695.x/full> (accessed 10 June 2011). (Archived by WebCite® at <http://www.webcitation.org/67ZqN9JMN>)

stretched to the limit. Adopting a national policy will often only be the first step in a long struggle to secure a modest share of already scarce resources for alcohol control.

An alternative strategy for providing funding within in a relatively short time frame would involve linking alcohol prevention to mainstream development issues such as HIV/AIDS, gender and poverty in an approach to international donors. Far more money is available for projects in those fields. That link makes sense. Alcohol is a substantial risk factor for the spread of HIV/AIDS, for gender-based violence and for poverty and to address alcohol should therefore be an integrated part of programmes in those areas. Regrettably, very few such examples of this integration exist at present; but there are signs of change as the volume of documentation of those connections in the scientific literature continues to grow. The chances of procuring funds may be better if requests come directly from governments and NGOs in developing countries, in particular if they come from agencies that have principal agendas that are non-alcohol-specific.

Another and more sustainable solution for funding of alcohol prevention in developing countries would be to introduce or increase alcohol taxes and to dedicate part of the revenue for prevention programmes. Thailand has had such a system for many years already. Botswana introduced its alcohol levy in 2008 and has already produced vast sums of money for alcohol prevention efforts, far more than most countries of the world have at their disposal for such activities. Raising the cost of alcohol through taxation can also work to curb consumption levels and reduce alcohol problems, creating multiple positive outcomes for a society. Introducing taxation schemes should therefore be a very important part of any national alcohol policy.

Among the most important elements of the success in Malawi were the commitment, energy, endurance and talent of key persons and organisations that were involved in the policy-development process. Although they were small in number and operated with meagre resources, they accomplished much by doing the right things in the right way. Their tenacity and success provides hope also for activists in other countries. Commitment, energy, endurance and talent are found everywhere, even under the poorest circumstances, and such resources are renewable. On numerous occasions those factors have proved paramount in changing the development course of countries.

### **Conclusions**

To this point, the National Alcohol Policy process in Malawi must be considered a very great success. It definitely deserves to be termed a “best practice” in policy formulation, probably much beyond the field of alcohol. Whether the end result mirrors the success so far still remains to be seen.

The final policy is in line with government recognized format as advised by the policy officers from the Office of President and Cabinet (OPC). The lead ministry also led the stakeholders in developing an elaborate implementation strategy as well as a monitoring and evaluation framework. In the implementation strategy, different government sectors and departments have been identified to lead in the operationalization of relevant proposed interventions per priority policy area.

To what extent will a future national alcohol policy be implemented and followed up with concrete interventions? The answer to these questions seems mostly dependent on how successful the beer brewers of Malawi will be in their current lobbying activities and on how

the government will set up the necessary alternative strategies to maintain coherent, public health objectives in their policy action. Although the industry has been coming up strongly to intercept the process, the government has continued with its internal policy endorsement procedures after formally responding to the industry's concerns in a round table dialogue. Currently, the process is near the end stage, the OPC, where the final approval will be sought.

Implementing an adopted alcohol policy and ensuring the effective enforcement of market regulations may prove to be much more difficult than developing the policy. Countries of the Sub-Saharan Africa region have a history of producing very good documents (plans, policies, strategies etc.) that rarely get implemented effectively. Lack of money and trained staff largely account for that failure. To some degree, this can be overcome by building political momentum and instilling a feeling of issue ownership and inclusion among a wide range of organizations, prominent individuals, government officials, and others, such as happened in Malawi. In the future, civil servants who were part of the drafting process can become internal resource persons, while participating NGOs can serve as external watchdogs of governmental actions and as advocacy voices to help educate and mobilize the public.

The Malawi example lends itself to replication in many other countries, with the necessary adjustments for local circumstances. Learning from Malawi can make it easier to avoid the most critical mistakes and to pick the most productive solutions. Still, alcohol policy will never be an easy fix. A fierce struggle persists between commercial vested interests and public health; and this conflict is felt at all levels in the global village.

## Annex:

**Table 1: KEY INDUSTRY CONCERNS AND GOVERNMENT RESPONSES**

Concern	Response
<p><b>1-Concern over Consultation process:</b> ...“Producers and retailers, key partners in an effective policy, were excluded from the consultation process, and their involvement in policy implementation is excluded in the policy. The consultation has been very selective”.</p>	<p>The consultation process was based on the principle recommended by the WHO Expert Committee in their report from October 2007 (WHO Technical Report Series 944) i.e.:</p> <ul style="list-style-type: none"> <li>➤ <i>no collaboration with the various sectors of the alcohol industry. Any interaction should be confined to discussion of the contribution the alcohol industry can make to the reduction of alcohol-related harm only in the context of their roles as producers, distributors and marketers of alcohol, and not in terms of alcohol policy development or health promotion.</i></li> </ul> <p>The Global Strategy to reduce the harmful use of alcohol, which member states of WHO have adopted, has taken a similar line.</p>
<p><b>2-Concern over policy content:</b> ...“The draft Policy has suspended critical analysis and evidence-informed considerations in favour of ill-informed abstentionist-based interventions. It demonises alcohol (and the industry), and paints alcohol consumers in a negative light”.</p>	<p>The basis for the Malawian drafting process has been the broad international evidence on effective alcohol prevention, as presented in the WHO Global Strategy and the comprehensive review of the science base presented in the second edition of “Alcohol: No Ordinary Commodity” (Babor et. al. 2007 update). Upon seeing this concern, we have also added national data and experiences as evidence that alcohol is associated with multiple health and social incidences in Malawi e.g. The police report for 2011 shows that alcohol had a role to play in 25% of murders, 40% of suicides, 27% of road traffic accidents, 7% of sexual assault cases and 38% of physical assault cases. However, this is likely to be just a tip of an iceberg since some cases go unreported.</p>

### **3-Concern over Population-wide vs. Targeted interventions**

...“The draft focuses exclusively on population-wide measures (the reduction of supply and demand). This emphasis on population-wide measures is not justified, because they are less effective where the overall level of hazardous drinking is relatively low, (as is the case in Malawi) and they are counterproductive, and even detrimental, where there is a prevalence of markets for informal alcohol (as is the case in Malawi)”.

Population-based interventions, like measures to reduce the average consumption level, serve several purposes:

- To reduce risky drinking patterns among high consumers;
- To maintain a moderate consumption level among moderate drinkers;
- To keep a high proportion of non-drinkers in the population.

Therefore, targeted behavioral interventions can only serve to compliment population interventions and **NOT REPLACE THEM!**

- The WHO guidelines also point out that complementary system strategies should be included in policies rather than single strategies.