

Oslo, 3 June 2015

**Conference report:**  
**Strengthening and integrating national policies on the harmful use of alcohol, gender-based violence and HIV.**

Topic: Strengthening and integrating national policies on the harmful use of alcohol, gender-based violence and HIV.

Participants: 63 persons representing a wide spectrum of Norwegian government agencies, NGOs, research institutions as well as NGOs and intergovernmental agencies from other countries

Organizers: World Health Organization  
United Nations Development Program  
Ministry of Health and Care Services, Norway  
FORUT Norway

Date: 5 May 2015

Venue: Oslo Congress Centre, Oslo, Norway



**The World Health Organization (WHO) and United Nation Development Programme (UNDP) have collaborated on a joint global initiative to help countries ensure policy coherence among the three interlinked issues of the harmful use of alcohol, gender-based violence and HIV. The initiative has engaged multi-stakeholder delegations from 12 countries in Africa and Eastern Europe.**

**The objective of the meeting in Oslo 5<sup>th</sup> of May 2015 was to demonstrate the experiences so far and to solicit input on potential future directions of the initiative.**

**Key issues from the meeting**

- There are many links between problems of HIV, gender-based violence (GBV) and the harmful use of alcohol. Many of these links are well documented while others still need more research to explain the pathways or to establish causality.
- Experience so far demonstrates that integrating efforts on the three issues gives better results on all three.
- Integration in this project means linking different policy areas to each other, to assure a higher degree of coherence and to make the sectors speak with each other. The goal is to have coherent and aligned policy frameworks. There is no intention of amalgamating all policy issues into one big “super-policy”.

- Reports from the nine participating countries in Africa show that HIV policy frameworks exist in all these countries. National GBV policies and plans are also generally well established.
- National alcohol policies are only in draft form in most of the nine countries. The issue tends to exist on the periphery of other health issues and there has been very little focus on alcohol policies to date. Until now, when interesting developments are taking place in many countries.
- In this situation alcohol policies need most attention, as they have proven to be powerful levers to produce health improvements.
- The development of evidence-based alcohol policies has been delayed in several African countries due to interference from the alcohol industry.

After the meeting in Oslo, support for a second regional meeting in Africa has been confirmed and WHO/UNDP welcome new partners for the initiative going forward.

### **Welcome address by Ståle Stavrum, FORUT**

The conference was opened by Ståle Stavrum, the International Programme Director for FORUT. By a story of a young lady from Malawi he illustrated how key development challenges are complex. “Social problems, personal problems, family problems, health problems and financial problems are often interwoven. They may reinforce each other, and it is often difficult to define where one problem area ends and where the next begins. At the same time we tend to think in silos when we address such problems”, said Ståle Stavrum and listed a number of reasons why thinking in silos is so common.



On behalf of FORUT he warmly welcomed the initiative taken by UNDP and WHO to promote integrated thinking and integrated action, and he expressed FORUT’s appreciation of being invited into the project as technical advisors. “As a development organisation that has grappled with the issues of alcohol, gender, violence and health over many years, we clearly see in our activities on the ground the benefits of integrated approaches. And we have learned the hard way the limitations of single-issue, single perspective approaches”, said the FORUT Programme Director.

### **Opening address by the Ministry of Health and Care Services**

The State Secretary, Cecilie Brein-Karlsen, held the opening address on behalf of the Norwegian Ministry of Health and Care Services. She underlined the importance of drawing a comprehensive perspective to related problems. She also confirmed that the harmful use of alcohol, gender-based violence and HIV are three issues all high on the health policy agenda of the Norwegian government, both domestically and internationally. The three topics are all addressed in the government’s latest white paper on Public Health published this spring. “We have established a close



cooperation across the administrative sectors of the ministries on these issues. Such cooperation and coordination are often based on the fact that different aspects of a problem are allocated to different sectors of administration”, the State Secretary said and then wished the participants and the organizers a successful meeting.

### **Dr Vladimir Poznyak, World Health Organization (WHO), Geneva**

Dr Vladimir Poznyak introduced the main theme of the conference: the linkages between the harmful use of alcohol, infectious diseases and gender-based violence (GBV). He also gave a background for the ongoing WHO/UNDP project in which FORUT is a key civil society partner, and an overview of policy and programme responses internationally in the three programme areas. Dr Poznyak is Coordinator for Management of Substance Abuse in the WHO Department of Mental Health and Substance Abuse in Geneva.

He started by presenting selected key figures on alcohol consumption globally and in the WHO regions by referring to the WHO Global Status Report on Alcohol and Health 2012:

- The global average consumption of pure alcohol per capita 15 years and above is 6.2 litre. A quarter of this is so-called unrecorded alcohol (home brews etc.).
- The European region is a high-consumption area with 10.9 litre while Africa has 6.0 litre and the South East Asian region has 3.4 litre.
- 48 % of the world adult population has never consumed alcohol, while 62% did not take any alcohol the last 12 months.
- The per capita consumption among the drinkers is found in South East Asia and Africa.

See more:

[http://www.who.int/substance\\_abuse/publications/global\\_alcohol\\_report/en/](http://www.who.int/substance_abuse/publications/global_alcohol_report/en/)

In the next part of his presentation Dr Poznyak introduced the Global Burden of Disease calculations. They quantify the burden of disease in terms of mortality and morbidity and for 62 different risk factors. They show, among other things:

- 3.3 million deaths (5.9% of deaths in all age groups globally) are attributable to alcohol consumption; 7.6% for men and 4.0% for women.
- This makes alcohol risk factor number five globally for disability and early death, up from place number eight in 1990.
- Around 20 per cent of all interpersonal violence is attributable to alcohol use. Eight per cent of breast cancer and 11-12 per cent of tuberculosis is alcohol-related.
- Such figures for HIV and AIDS are not yet finalized as there still has to be more evidence on the causality between alcohol use and HIV infection.
- A large proportion of alcohol-related harm comes in the younger groups of adults, and among young men in particular, different from tobacco and some other risk factors where harm becomes evident later in life.



Dr Poznyak continued by presenting the current knowledge status regarding links between alcohol use and infectious diseases:

The currently available evidence points towards a causal link between harmful use of alcohol and HIV infection, TB and their progression. It is demonstrated that harmful use of alcohol may increase the HIV and TB-related burden by three major mechanisms:

- Increasing acquisition of infections, mostly through behaviours influenced by alcohol
- Compromising immunity leading to altered disease progression
- Compromising treatment effectiveness and its prevention potential by interfering with treatment, primarily through treatment uptake and adherence, which impacts effectiveness and negates prevention effect of treatment.

When discussing alcohol and violence, Dr Poznyak referred to UN figures which show that in 2011 estimated 1.37 million people died as a result of violence. 58% were self-directed violence, 35% were interpersonal violence and 6% collective violence. Around 475 000 people were murdered in 2012. 35% of women worldwide experienced intimate partner violence and non-partner sexual violence, and 4%-22% of women are affected by sexual and other forms of violence in conflict.

Dr Poznyak pointed at the following potential mechanisms of impact of alcohol use on violence:

- Alcohol intoxication with impaired psychosocial functioning (Impaired processing of information, and emotional instability and impulsivity).
- Individual and societal "norms" and beliefs.
- Common risk factors for heavy drinking and violence (Personality disorder, organic brain disorders etc.).
- Alcohol dependence with increased risk of violent behaviour in intoxication and withdrawal.

In an overview over existing and relevant international policy framework Dr Poznyak in particular introduced the WHO Global Strategy to Reduce the Harmful Use of Alcohol, adopted by the World Health Assembly in 2010.

Material relevant to the WHO Global Strategy can be found here:

[http://www.who.int/substance\\_abuse/activities/gsrhua/en/](http://www.who.int/substance_abuse/activities/gsrhua/en/)

Dr Poznyak concluded by introducing the rationale behind and the objectives of the joint WHO/UNDP programme "Integrating gender-based violence and HIV prevention, treatment and care into national alcohol policies".

The project aims at developing evidence-informed policy and practice at global, regional and national levels to address the harmful use of alcohol in concert with improving HIV prevention and treatment outcomes and reducing of and responding to gender-based violence outcomes.



### **Tilly Sellers, Regional Team Leader for Africa, HIV/Health and Development, United Nations Development Programme (UNDP)**

Sellers reported on the outcomes from the June 2014 African regional meeting in Windhoek, Namibia, where nine sub-Saharan countries participated. She also summarized the follow-up actions the countries have taken since the meeting. In this meeting the nine countries presented on the status of their policies on alcohol, HIV and gender-based violence in their respective countries. Sellers summarized these presentations:

- HIV policy frameworks exist in all countries. They seem to be robust thanks to years of sustained attention and investment, and these frameworks have been in existence for many years already;
- National GBV policies and plans are also generally well established due to the push for gender equality as driver of HIV, though they are not as generously funded nor as multi-sectoral as the HIV policies and plans.
- There also exists links between the HIV and GBV policies and plans in a number of countries.
- National alcohol policies are only in draft form in most countries. The issue tends to exist on the periphery of other health issues and there has been very little focus on alcohol policies to date. Until now, when interesting developments are taking place in many countries.
- In this situation alcohol policies need most attention, as they have proven to be powerful levers to produce health improvements.



The UNDP representative concluded that alcohol policy frameworks are far less developed than HIV and GBV in the nine participating African countries, and that this is not by accident. Sellers pointed to the effects of interference in policymaking by the alcohol industry in many African countries. The companies intervene in policy processes, indirectly and directly, with the aim of watering down policy drafts and avoiding government regulations on alcohol sales and marketing.

“What we are looking for is all three sectors reaching a state where policy frameworks are strong and able to match country needs. The project aims to have all national policies, strategies, laws and programmes work in concert with each other. In other words, coherence in legal, policy, strategy and programme environments. This is needed not just at country level. All countries are members of regional economic communities, such as ECOWAS (Economic Community of West African States) and SADC (Southern African Development Community). All countries are also members of the African Union”.

In the WHO/UNDP project “integration” means to link sectoral policies with each other and to secure coherence between such policies. Working across sectors like this often means bringing people together who have never worked together before. In this case for example,

bringing together people from ministries of finance, ministries of trade and industry and ministries of health. It also means bringing together government, civil society and development partners to work together on an equal platform for mutually agreed goals. .

At the regional meeting in Windhoek June 2014 the following countries participated with delegations of 5-6 persons: Botswana, Democratic Republic of Congo, Guinea-Bissau, Liberia, Malawi, Namibia, Sierra Leone, Zambia and Zimbabwe. Representatives of ICRW, FORUT, SAPTA Kenya, Sonke Gender Justice in South Africa and the Medical Research Council of South Africa participated as technical experts.

All nine countries have produced national road maps for follow-up and Sellers reported that many of the countries had followed up these planned with concrete actions in their respective capitals. Most of the short- and medium-term activities have been completed and several of the countries have requested technical and financial support to ensure the completion of their road maps.

## Discussion

There were several rounds of Q&A during the day, as well as an open discussion with a panel at the end of the programme. These were some of the points which came up:

- What is the meaning of “integration” in this project? There is a risk that policies and programmes and individual intervention are weakened if they are too all-encompassing.
- Clarification from UNDP and WHO:
- The initiative was urged to take into account the deeply rooted traditions and notions around the African male identity.
- The importance of involving also men and boys in preventing gender-based violence and risky sexual behaviour was also stressed.
- FORUT is involved in projects to engage men to change harmful masculine identities and practices; eg. binge drinking, gender-based violence and risky sexual behaviour. Interesting experiences in particular from Sri Lanka and Malawi. Reference was made to the global MenEngage network: <http://menengage.org> and <http://www.engagingmen.net>
- Corruption needs to be taken into account when designing policies. In some countries corrupt police officers who are supposed to handle cases of gender-based violence are at the same time the ones who own and run alcohol outlets, both legal and un-licensed places.
- By focusing on policies and not on programmes, the WHO/UNDP project does takes a top-down approach. This has to be complemented by a bottom-up approach, where NGOs are mobilizing people at the grassroots for better alcohol policies. NGOs should serve both as voices of the victims and as watchdogs towards the authorities.
- There was general agreement among the speakers that the most effective solution is to combine top-down and bottom-up approaches. UNDP said that national processes under this project should include NGO engagement in order to ensure this.
- Øystein Bakke from FORUT shared some of his experiences on counter-acting the multinational alcohol corporations in international processes, like in the WHO Global

Strategy process and the NCD process. He pointed to the fact that the big corporations now have defined countries in Africa and Asia, with their young populations and economic growth, as their “promising markets”. Furthermore, he gave examples of how the alcohol industry is strategizing in order to secure a seat at the policy tables, nationally and also internationally.

- Several speakers commented on the issue of the alcohol industry as obstacles to good public health policies.
- Dr Poznyak referred to an article in the British Medical Journal by Dr Chan, the General Director of WHO. She concluded that “The development of alcohol policies is the sole prerogative of national authorities. In the view of WHO, the alcohol industry has no role in the formulation of alcohol policies, which must be protected from distortion by commercial or vested interests.” See more here:

<http://www.add-resources.org/dr-chan-will-protect-alcohol-policy-from-industry.5166164-315784.html>

<http://www.bmj.com/content/346/bmj.f1889/rr/640534>

Dr Poznyak commented that this does not imply that governments should refrain from any dialogue with commercial interests, but such dialogues should be limited to what the industry can contribute in the role as producers and retailers of alcohol.



*Resource persons and panel speakers at the Oslo Meeting, 5 May 2015 (from left): Øystein Bakke, FORUT; Vladimir Poznyak, WHO Geneva; Dudley Tarlton, WHO Geneva; Tilly Sellers, UNDP Regional Office for Africa and Bernt Bull, the Norwegian Ministry for Health and Care Services.*

- Dudley Tarlton from UNDP referred to the WHO Framework Convention on Tobacco Control and its Article 5.3, which requires governments to protect public health policies from tobacco industry interference. Robust guidelines for implementation of this have been developed. He asked whether these guidelines can be adapted for interference by the alcohol industry. He also commented that UNDP now has adopted the same strict guidelines as WHO in their approach to partnerships with the alcohol industry – that is, entities with commercial interests in alcohol are excluded from partnerships with UNDP.
- One speaker commented how alcohol had been used in the past to control rebelling populations, like in South Africa under the apartheid rule.
- The importance of maintaining the large segments of non-drinkers in many developing societies was stressed. This should be a specific strategic goal of national alcohol policies.
- Several speakers commented on the “implementation gap” in many developing societies; the big difference between legislation and policies on paper and what is being implemented in practice.
- One speaker raised the issue of interlinkages between alcohol and illegal drugs in terms of negative health and development outcomes. Why are illegal drugs excluded from the WHO/UNDP project?
- WHO and UNDP commented that they clearly see the many linkages, but had decided to focus on alcohol this time as the legal frameworks for alcohol and for illegal drugs are so different.
- Several speakers commented that the three issues of the WHO/UNDP project (GBV, HIV and alcohol) are closely connected to many other development issues: The post-2015 sustainable development goals; good governance; non-communicable diseases; public health more in general, other types of interpersonal violence; reproductive health etc.

**For more information about the Oslo meeting:**

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