



# National Alcohol Policy Development

## Best Practice – Malawi's Experience



# When properly formulated and implemented, a national alcohol policy can have a significant impact on the health and welfare of the population.

**National Alcohol Policy Development  
Best practice – Malawi's experience**

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Core writing: Maganizo Kachiwiya.  
Editorial team and reviewers: Carina Ferreira-Borges, WHO Afro;  
Hudson Kubwalo, WHO Malawi country office and Dag Endal,  
FORUT Norway.

Graphic design and layout: Gry Thorleifsen, FORUT.  
Photos: Eli Gunnvor Grønndal and staff members of  
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## 1. INTRODUCTION

An explicit and adequate alcohol policy is an essential and powerful tool in a country. Without it, alcohol consumption and alcohol-related harm is likely to be treated in an inefficient and fragmented understanding of policy options and strategies.

The policy development process, as it will be described here, requires capacity building, public awareness, consultation and negotiation within government and with civil society and other stakeholders as appropriate. This document aims at describing the policy process developed in Malawi for the formulation of the national alcohol policy. The information provided in this document portrays important steps of the political process followed in order to achieve a better balanced and evidence-based national alcohol policy document.

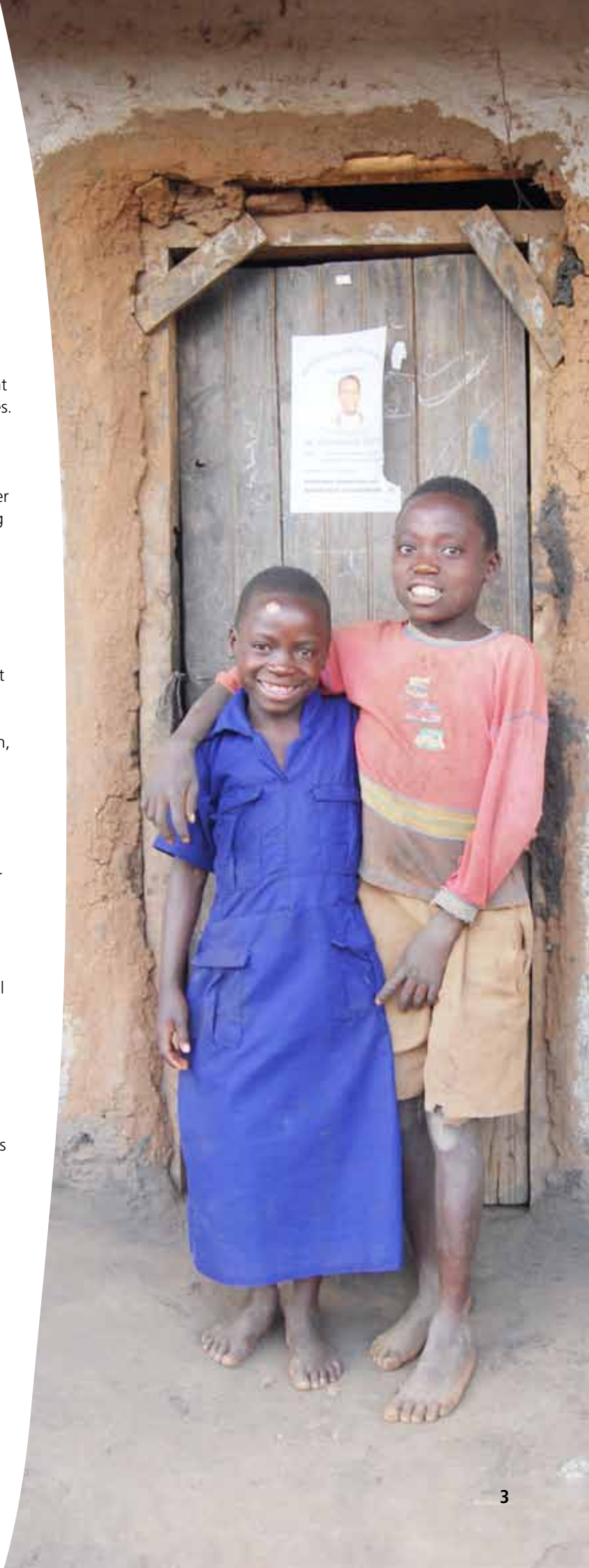
In general, national policies are a responsibility of Government and in the case of health policies, health ministries have a crucial role in bringing together other ministries and stakeholders needed for effective policy design and implementation, whereas interest groups, often represented by nongovernmental organizations, contribute to the policymaking process in many countries. Such is the case of Malawi.

As early as 2007, the alcohol industry started developing the National Alcohol Policy for Malawi and enticed civil society for support. Their draft was presented to a stakeholders' forum portraying alcohol as an ordinary commodity and promoting a set of ineffective key measures for reducing alcohol-related harm. As a response to the outcome document of that meeting, Drug Fight Malawi, (DFM), a local non-governmental organization (NGO) advocating for reduction of drugs' and alcohol abuse, reconvened a stakeholders' meeting to map out a more public health position than the alcohol industry's assertions.

This meeting introduced new dynamics that secured a more participative process by bringing on board civil society partners and incorporating the broad views from the community, thus ensuring effective action in reducing harmful use of alcohol.

The National Alcohol Policy Best Practices (NAPBP) hereafter referred to as NAPBP tries to summarize the policy development 'best' processes as experienced in Malawi.

In particular, the process sought to develop a national alcohol policy addressing rising cases of alcohol-related public health problems as well as socio-economic problems. Such problems can be (gender-based) violence and crime, family disruptions, youth delinquency in addition to child neglect cases affecting key segments of society like the young people in-and-out of school, women, children, road users as well as alcohol users.



It also sought to include the most effective policy options to address identified problems and needs in the country.

The process involved people and organizations at various levels of the community, such as traditional, religious, political leaders, health professionals, teachers, academicians, researchers, youth groups, women groups, government and civil society leaders; national policy leaders; as well as international governance bodies (WHO) and NGOs and economic operators.

Early in the process it was concluded that there was little or no reliable data on alcohol consumption and related harm in Malawi. It was decided to act on the existing knowledge base and at the same time take initiatives to produce more documentation in the years to come.

In general, the NAPBP process had key milestones such as:

- Consensus for the need to develop a national alcohol policy based on existing evidence;
- Establishing a structure, still rather informal, to organize the policy process and for drafting of the document;
- Government and civil society worked together on a shared public cause;
- Training of persons involved in the policy process; and
- Assurance of people’s voice through consultations.

This ‘Best Practices’, therefore, provides an example for developing a national alcohol policy that prioritizes public health and socio-economic interests for action at local and national levels, ensures intersectoral collaboration and civil society participation.

## Step-by-step development of a national alcohol policy

This table lists the key areas of the alcohol policy development process in Malawi, after the initial campaign to mobilize support for starting such a process.

<p><b>1. Set up policy-developing structures</b></p> <p>1.1 Appointed Secretariat;</p> <p>1.2 Appointed National Alcohol Task force Committee;</p> <p>1.3 Appointed a Lead Ministry; and</p> <p>1.4 Hired Consultant</p>
<p><b>2. Developed mechanisms and gathered information to inform policy making</b></p> <p>2.1 Developed ToRs ;</p> <p>2.2 Developed questionnaire on alcohol harms;</p> <p>2.3 Conducted a desk review on national alcohol consumption; and</p> <p>2.4 Conducted Unrecorded Alcohol Baseline Survey</p>
<p><b>3. Capacity building interventions for the National Alcohol Task force Committee</b></p> <p>3.1 Developed policy papers<sup>1</sup>;</p> <p>3.2 Conducted training programmes; and</p> <p>3.3 Conducted planning/review and coordination/organization meetings</p>
<p><b>4. Produced and refined the policy contents</b></p> <p>4.1 Conducted consultations meetings with communities; and</p> <p>4.2 Conducted consultation meetings with policy makers including government sector heads</p>
<p><b>5. Conducted information sharing on alcohol harm</b></p>
<p><b>6. Conducted a national stakeholders’ validation conference</b></p>
<p><b>7. Held a Review meeting for the national stakeholders’ validation conference</b></p>
<p><b>8. Developed the Final Draft and submitted to Government</b></p>

<sup>1</sup>Discussion, Strategy, Framework, Drafts

## 2. POLICY DEVELOPMENT PROCESS

This section describes the policy development over a three year process in terms of systems and structures that were used as well as relating the nature of activities carried out in developing NAPBP.

The following characterizes some of the major policy processes:

### 2.1 Mobilization of support (2008)

In November 2007, the alcohol industry initiated "National Alcohol Policy Draft" was presented to a stakeholders' forum. Although the policy document recognized the negative impact of alcohol misuse, alcohol was portrayed as an ordinary commodity and alcohol harm was considered an individual's responsibility. Moreover, the document emphasized the need for strengthening industry/government/public health partnerships as well as implementing a self-regulatory system that reduces the role of government in regulating alcohol supply and consumption to a minimum.



*A broad range of stakeholders were represented in the drafting process.*

In April 2008, Drug Fight Malawi, an NGO that was implementing a project on "Alcohol harm prevention among in-and-out of school youths", called for an Alcohol Stakeholders' Meeting to consider the position, role and conflict of interests of the alcohol industry in drafting an alcohol policy as well as sharing the lessons and experiences from the project that the organization had implemented.



As an outcome, the meeting resolved that there was a need for:

1. Developing a new document for the National Alcohol Policy;
2. Appointing an interim Policy Lead Ministry for ownership of policy;
3. Setting up a National Alcohol Task force Committee (NATC); and
4. Developing a Strategic Plan of Action
5. Incorporating civil society networks for reaching out to greater civil society audience.

## 2.2 Policy development structures set up (April 2008)

Immediately after the meeting in April 2008 Drug Fight Malawi consulted the participating organizations and government institutions on the setting up of basic institutional mechanisms to support policy development. Drug Fight Malawi suggested solutions for the secretariat and composition of a Task Force to the next meeting of the group of partners. These solutions were approved.

### 2.2.1 Secretariat

Drug Fight Malawi, by virtue of its strategic position on alcohol issues, was appointed the (Policy) Secretariat and was charged of providing full-time operational services for the development of NAPBP.

Drug Fight Malawi, thereafter, embarked on mobilizing national and international development partners for support towards developing an evidence-based, participative national alcohol policy for Malawi.

### 2.2.2 National Alcohol Task force Committee

The National Alcohol Task force Committee (NATC) was set up to steer the policy development process.

The Committee included key representation of government policy leaders, civil society networks and health professionals with clear terms of reference for facilitating the development of the national alcohol policy.

In particular, it comprised government ministries such as Home Affairs and National Defense, Education, Trade, Youth, Health, Gender, Local Government; government agencies like 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). The Committee membership was based on:

- Considered interest in the promotion of alcohol policy directions<sup>2</sup> and themes<sup>3</sup> as well as use of delivery mechanisms<sup>4</sup> that relate to addressing alcohol harm;
- Strategic standing of organization and/or government office; and
- Relative position of representative officers in their offices.

It was considered important to include actors in the Task Force that were not primarily concerned with alcohol issues. This would ensure a broader technical and political perspective in the drafting process and facilitate an integration of the alcohol issue with other key development concerns in the country.

### 2.2.3 Appointed Interim Lead Agency

The Alcohol Stakeholders' Meeting decided that a Government sector should be temporarily appointed to anchor the process during the period, before a permanent sector was decided upon.

The Ministry of Home Affairs and National Defense, was appointed the interim Lead Ministry.

### 2.2.4 Hired [Policy] Consultant

The Secretariat hired a consultant, with a background of project management and project documents' writing skills.



*Participants at the regional consultation meeting in the district of Chikwawa, September 2010.*

## 2.3 Mechanisms developed and information gathered to inform policy making

The Secretariat developed key operational systems including operational guidelines and policy documents for the execution of the process.

### 2.3.1 Terms of reference (ToRs)

Terms of reference were drawn for the participating structures such as the Secretariat, Lead Agency, National Alcohol Task Force Committee and the Consultant. The ToRs spelt out roles and responsibilities for these structures for operational guidance between and among them.

<sup>2</sup>Policy Vision, Mission, Goals and Objectives

<sup>3</sup>Policy Priority Areas and Strategies

<sup>4</sup>Institution-building, financing and Monitoring & Evaluation.



### **2.3.2 Questionnaire**

Soon after setting up appropriate policy structures, a questionnaire was prepared and administered government policy leaders, civil society leaders and alcohol industry representatives through e-mail and face-to-face interviews. The purpose was to assess the situation and needs regarding alcohol consumption in the country using key alcohol stakeholders. The key findings were merged into a Discussion Paper.

### **2.3.3 A Desk Review on national alcohol consumption**

A desk review was conducted on existing information in the country about consumption of alcohol beverages and related harm as well as existing national regulations and legislation. The key findings were merged into the Discussion Paper.

### **2.3.4 Unrecorded Alcohol Baseline Survey (April 2010)**

A baseline survey on Unrecorded Alcohol to clearly describe key dimensions in respect of production, use and consequences of unrecorded alcohol in Malawi, was conducted. The study re-vealed that unrecorded alcohol poses serious socio-economic challenges, therefore, a threat to national development. It further showed that violence was the major risk associated with unrecorded alcohol consumption; particularly perpetrated against family members as well as friends. It also demonstrated that most users do not have a stable source of income and have experienced or perpetrated violence; they are influenced by peers and believe that if they stopped taking alcohol, they could prosper.

## **2.4 Capacity building interventions held**

The Secretariat was responsible for a number of capacity building interventions including training as well as participation in international conferences to ensure that the NATC members had access to existing relevant information and knowledge and developed the necessary skills for producing the national alcohol policy document.

### **2.4.1 Developed Policy Papers**

The Secretariat developed a number of policy documents as a basis for engaging different stakeholders.

#### **Discussion Paper (April 2008)**

The objective of this paper was to secure consensus with policy stakeholders on possible policy scope in terms of purpose and objectives, target groups and areas of interventions. After a series of consultation meetings, the National Alcohol Task force Committee reviewed the paper and endorsed the proposals as possible national strategies for reducing harmful use of alcohol in Malawi.

#### **Strategy Paper (March 2009)**

The Strategy Paper detailed policy options (or alternatives) regarding (strategic) directions, themes and delivery mechanisms of the proposed national alcohol policy. The NATC reviewed and approved the strategy orientations and turned them into a Framework (or Working) Paper.





## 2.5 Produced and refined policy contents

### 2.5.1 Conducted consultation meetings (October 2009 to April 2011)

Beginning October 2009 and until April 2011, the NATC conducted district-based consultations to collect people's views on the proposed policy.

The consultations involved traditional chiefs, Members of Parliament, district government officers, civil society organizations, youth and women groups, political and religious leaders and the media.



*A paramount chief sharing a point of view during the Validation Conference, Crossroad Hotel, Lilongwe in June 2011.*

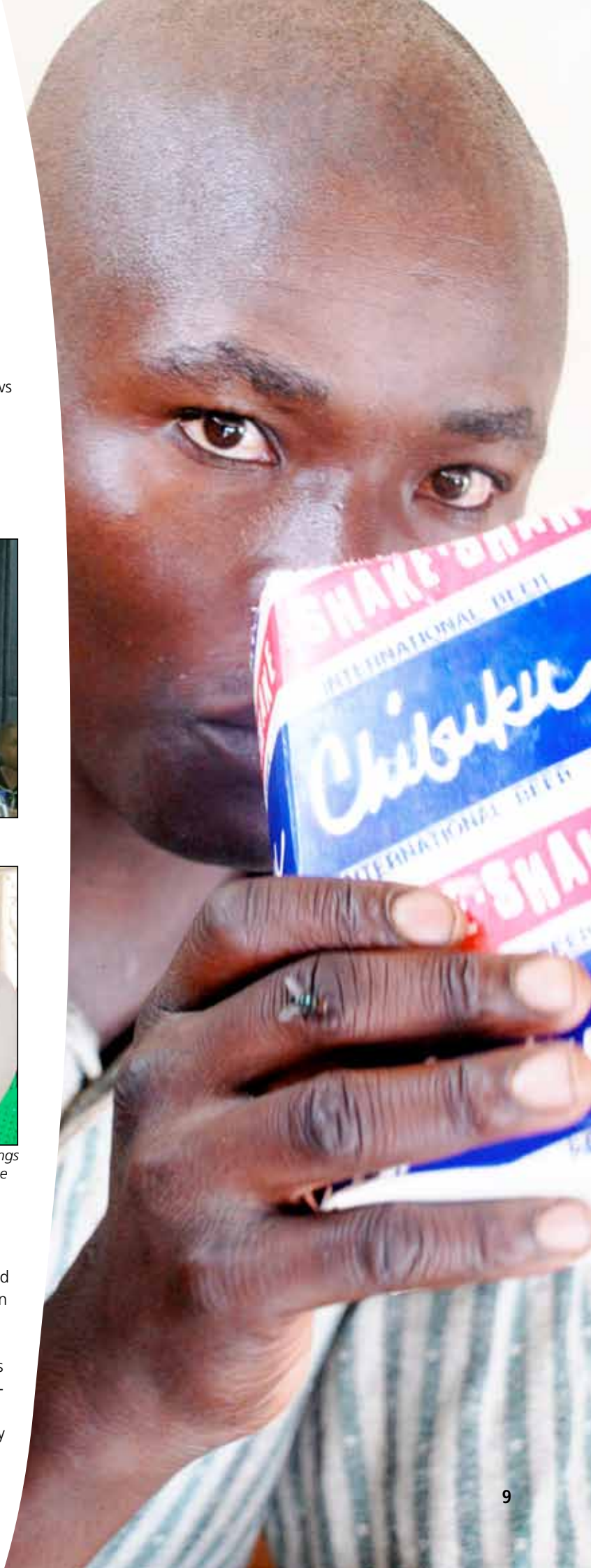


*Stories from the ground were told at the regional consultation meetings to support the need for a new alcohol policy in Malawi. Here from the meeting in Chikwawa.*

### 2.5.2 Conducted consultation meetings with policy makers

In line with Government policy guidance, the NATC conducted consultation meetings with the Inter-Ministerial Committee on Drugs Control to validate policy papers.

At the same time, and because the NATC by composition was comprised of key government ministries, there was a continuous process of interaction and linkage with different government sectors that are involved and contribute to several policy areas.





*A youth sharing a point of view.*



*Representative from the Task Force Committee being interviewed by the press in Chikwawa.*



*Many hours of discussions have led up to a new draft alcohol policy for Malawi.*

## **2.6 Appointed Permanent Lead Agency (February 2011)**

In January 2011, prior to convening the national validation conference, the NATC called for an extraordinary session to decide on the possible permanent government lead agency.

During that session, chaired by the Ministry of Local Government, members resolved that the Ministry of Health should be appointed as the Lead Agency to coordinate and direct NAP processes. Following the acceptance of responsibility by the Ministry of Health (MOH), the NATC updated the management team of the Ministry on the development relating to policy process (background; purpose/objectives; activities carried out; people involved; major findings; challenges; way forward) and content (directions, themes and delivery mechanisms).

The purpose of the briefing was to prepare senior officials to build clear policy message across the hierarchy of government up to Cabinet.

The Ministry of Health assigned to the Non-Communicable Diseases (NCDs) programme which is under the Directorate of Clinical Services the responsibility to coordinate the process leading to the final national alcohol policy.

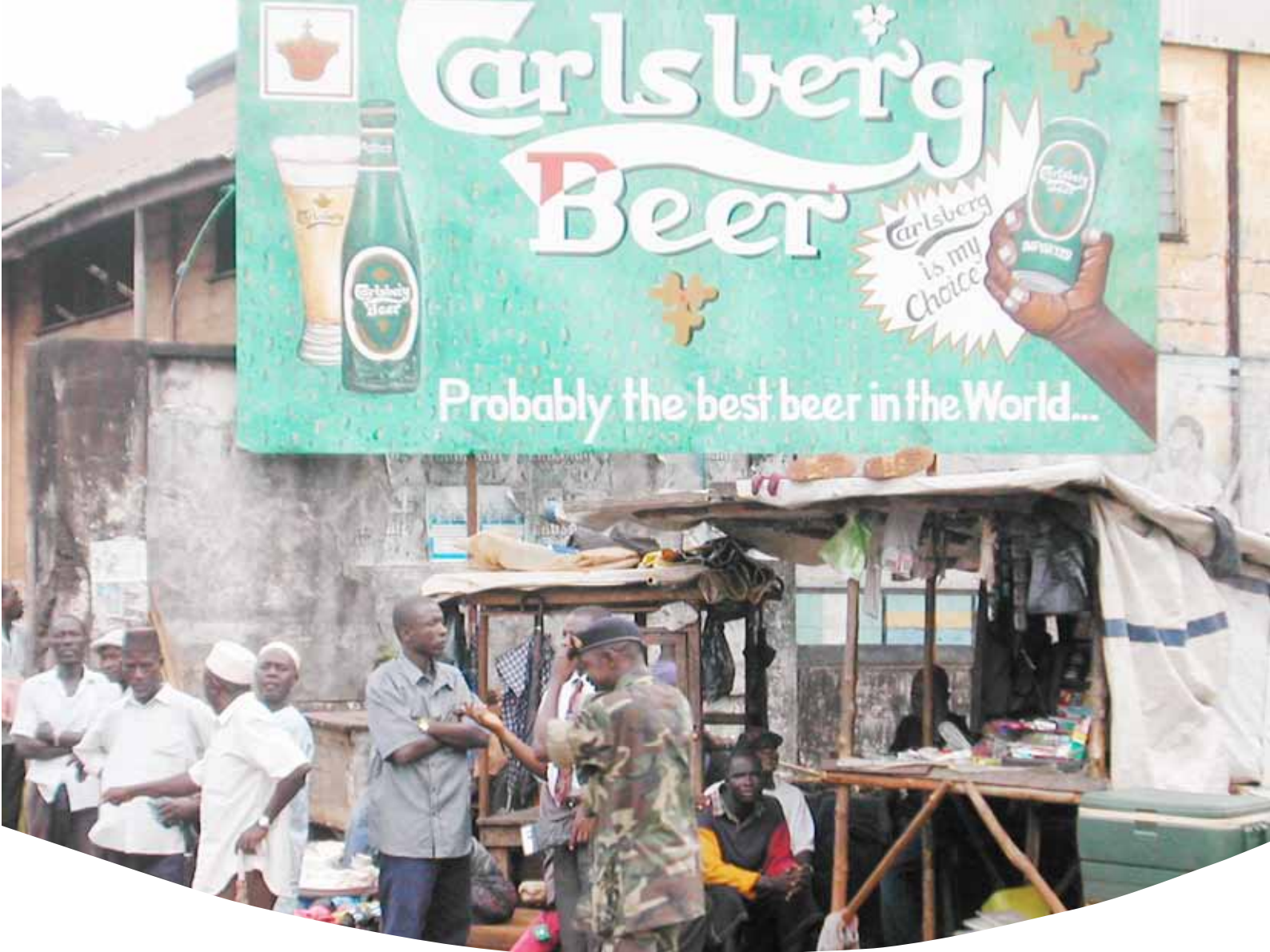
With these changes, the NATC was put under the authority of the Ministry of Health as an interim technical committee for informing policy decisions. Its work shaped the Final Draft into a more refined national document.

The MOH assumed the responsibility of making policy decisions and communication with stakeholders while the Secretariat retained responsibilities of maintenance of the policy consultant and emerging costs from meetings and further studies.

## **2.7 National (Stakeholders) Validation Meeting (June 2011)**

After the public regional consultations, the National Alcohol Task force Committee convened the National (Stakeholders') Validation Meeting, calling for the participation of all partners that had contributed to the policy document.

The validation process sought comments from a broader audience such as the NGOs and agencies which had been part of the Task Force. This included members of society ranging from politicians, civil society leaders, health professionals, teachers, academicians, district commissioners, government policy leaders, traditional and religious leaders and economic stakeholders.



The NATC called for more submissions, comments and suggestions on Draft Three from different sectors of society. In particular, the alcohol industry requested more time and they were granted three months to prepare and submit their submission paper.

## 2.8 Conducted a Review Meeting on the National Validation Conference (August 2011)

The NATC held a review meeting to reflect on the emerging issues from the National Validation Conference forum such as specific comments from the alcohol industry.

The Committee noted the need for consolidated country baseline data as well as the need to review comments from the Alcohol Industry.

As a result of the Review meeting:  
 A 3-month Alcohol Impact Baseline Survey (AIBS) was commissioned to collect data for broadening the scope of the policy problem statement; and

An ad hoc committee within NATC was set up to prepare corrective responses to the policy document based on the Alcohol Industry's submission without compromising the public health and socio-economic objectives.



*Open-air group discussions at one of the regional consultation meetings.*

## 3. RESULTS

When properly formulated and implemented, the policy can have a significant impact on the health of the population concerned. The role of the leading ministry in this process is to listen to the various stakeholders and to make proposals that blend their different views with the evidence derived from national and international experience.

In Malawi, the development of the national alcohol policy sought to address the public health and socio-economic risks from harmful use of alcohol taking into consideration the needs of the population, effective strategies and the views and needs of the Malawian society as a whole.

This section examines the key results of such a participative process in terms of outputs, outcomes and impact.

### 3.1 Outputs

- Policy papers were produced, reviewed and adopted.

### 3.2 Outcomes

- Government-owned National Alcohol Policy;
- A “natural” leadership shift from Ministry of Home Affairs and National Defense as interim Lead Ministry to Ministry of Health as the Lead coordinating Agency of the policy;
- Enhanced community participation hence acceptance of policy objectives;
- Consultations brought out need for alcohol control measures. The consultations revealed the need for a more control tool than an education policy to effectively manage the alcohol-related consequences in Malawi;
- CSOs’ involvement enhanced cost-sharing of responsibilities;
- Improved capacity of NATC members in policy development;
- International attention generated.

### 3.3 Impact

- Policy document owned by the Malawian population;
- Built confidence of CSOs in contributing to policy decisions;
- Improved CSOs credibility at national level;
- Improved relations between CSOs and government.

## 4. LESSONS LEARNT

The development process of NAP provides major experiences that worked.

The key lessons learnt from the process comprise: Support, recognition, empowerment and synergy.

### 4.1 Support

NAP development process required broad-based support from institutions well beyond specialized alcohol agencies; policy makers, different government sectors and other stakeholders for building popular consensus.

#### 4.1.1 Involved senior government officials from the early stages of the process

The process established that such involvement secures commitment in working out policy details of ownership.

#### 4.1.2 Consultant’s availability throughout the 3 year period.

This long period ensured that institutional memory of the policy development process was maintained and this was particularly useful in the policy document writing for preservation of style, coherence, stature as well as continuity of collective thought-process and meaning.

#### 4.1.3 Full-time Secretariat on policy process representing government and NGO’s collaboration.

It was clear how much more results a full-time, dedicated Policy Secretariat (from Civil Society grouping) could offer than a government ministry’s department with a number of other responsibilities.



Key persons in the policy process; the Secretary General of the Teachers Union of Malawi (left) and the Executive Director of Drug Fight Malawi (middle).

#### 4.1.4 Resources

There was need for the Secretariat to mobilize resources through partner negotiations. This was particularly important to ensure consultancy and all consultation process. Nevertheless volunteerism by the NATC members also played an essential role in sustaining the process entirely.

#### 4.1.5 Role of economic operators

While it is important that all stakeholders take part in the dialogue during policy development process, the participation of economic operators, due to conflict of interest, should not be such that it will influence setting policy and strategies to address health issues. As such, their contribution was considered as a means to inform the process relating to practical issues and search of possible common solutions that would facilitate implementation rather than as members of the policy development group. This aimed at ensuring that the NAP is protected from commercial interests. This principle made it possible to formulate a policy document which solely focused on health and social welfare concerns.

### 4.2 Recognition

NAP process recognizes the need for NATC to exercise good judgement on a number of issues:

#### 4.2.1 Existence of mechanisms for entry into and exit from government set-up as stepping-stones.

The development process recognized the need for use of existing alcohol-related structures for formalizing the policy process with government. In particular, the Ministry of Internal Affairs and Defense was appointed an interim institution to provide interfacing mechanisms between formal government structures and civil society.

Later, the NATC recognized the need for turning the interim institutional arrangements into a permanent status which was made.

Similarly, the policy development process recognized the use of standard government policy format for providing the framework towards producing an acceptable government [policy] document.

#### 4.2.2 Commercial interests

The alcoholic beverage industry is a pressure group that enters the policy arena to protect its commercial interests. Pressure groups have a varying ability to influence alcohol policy action to foster their common interests. Although the involvement of the alcohol industry can be a major barrier to a public health-oriented action plan on alcohol, alcohol producers and retailers can also play a constructive role in finding solutions. It is therefore vital that they are engaged in the most appropriate way when implementing the policy, and not when developing the policy, to ensure protection of the NAP from commercial interests and consequent impact on policy and decision shaping.



### 4.3 Community empowerment

NAP process engaged community to ensure public support and political commitment.

#### 4.3.1 Civil society space can initiate a policy process

NAP development process clearly demonstrated that public health and socio-economic problems are a shared cause between government and civil society organizations.

#### 4.3.2 Consultations and validation of findings can enhance problem's legitimacy

The Malawi NAP process showed that public consultations bring out people's views which assures authority and ownership for policy implementation.

### 4.4 Synergy

In general, NAP process can generate joint energy for greater results.

#### 4.4.1 CSOs and government can work together on shared interests.

NAP process showed that civil society organizations and government can mutually work together in serving the public interests.

#### 4.4.2 Health issues can provide avenues for cost-sharing of responsibilities.

The process secured shared responsibilities that offer opportunities for cutting down operational and implementation costs upon government.

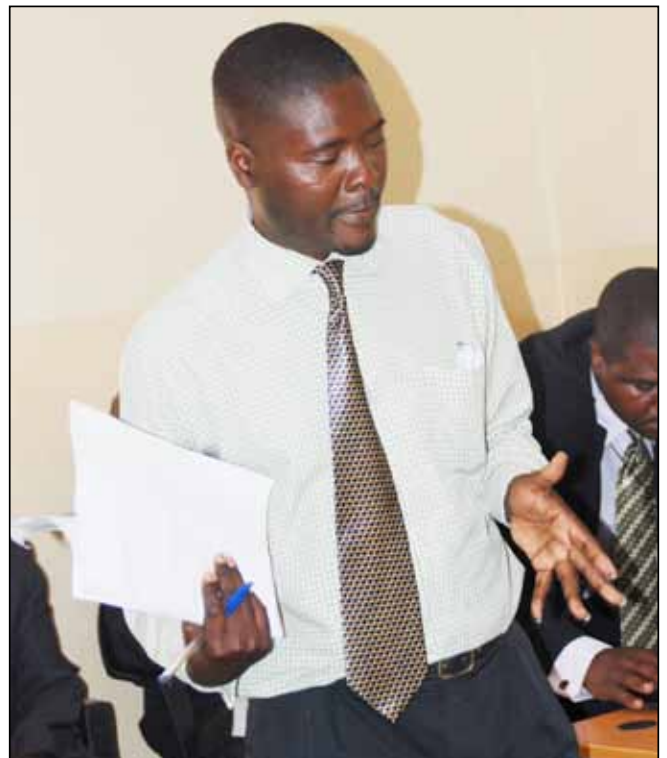
## 5. CONCLUSION

The National Alcohol Policy development process secured the incorporation of people's views into the policy document as well as supporting effective implementation of the policy.

The special characteristics of the process that make it a "Best Practice" include the civil society's initiation and government's ownership of the policy process and product; wide public consultations held to draw people's views and engagement for policy implementation and validation of the findings and inputs received during the whole development process.



*The headmaster of Livuzu Secondary School in the Chikwawa district told stories about how student's drinking of liquor sachets impairs the quality of education in schools.*



*The availability of a consultant ensured the institutional memory of the policy development process throughout the three year period.*



## FURTHER READING

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## WEB RESOURCES

WHO publications on alcohol problems: [http://www.who.int/topics/alcohol\\_drinking/en/](http://www.who.int/topics/alcohol_drinking/en/)

Web site for the WHO Global Strategy to Reduce the Harmful Use of Alcohol: [http://www.who.int/substance\\_abuse/activities/globalstrategy/en/index.html](http://www.who.int/substance_abuse/activities/globalstrategy/en/index.html)

WHO Regional Office of Africa's web site on substance abuse: <http://www.afro.who.int/en/clusters-a-programmes/hpr/health-risk-factors/mental-health-and-substance-abuse.html>

FORUT's web site on Alcohol, Drugs and Development (ADD): [www.add-resources.org](http://www.add-resources.org)

## CONTACT INFORMATION

### Drug Fight Malawi

P.O.Box 424, Lilongwe, Malawi

E-mail: drugfightmw@yahoo.com

### WHO Regional Office for Africa

Cité du Djoué, P.O.Box 06, Brazzaville, Republic of Congo

E-mail: regafro@afro.who.int

### WHO Country Office Malawi

ADL House, City centre, P.O.Box 30390, Lilongwe 3, Malawi

E-mail: whomalawi@mw.afro.who.int

### FORUT

P.O.Box 300, NO-2803 Gjøvik, Norway

E-mail: forut@forut.no



## Development of a national alcohol policy: A best practice from Malawi

An explicit and adequate alcohol policy is an essential and powerful tool in a country. Without it, alcohol consumption and alcohol-related harm is likely to be treated in an inefficient and fragmented understanding of policy options and strategies. When properly formulated and implemented, a national alcohol policy can have a significant impact on the health and welfare of the population. This publication describes how a new national alcohol policy has been developed in Malawi. This National Alcohol Policy development process has

secured the incorporation of people's views into the policy document as well as supporting effective implementation of the policy.

The special characteristics of the process that make it a "Best Practice" include the civil society's initiation and government's ownership of the policy process and product; wide public consultations held to draw people's views and engagement for policy implementation and validation of the findings and inputs received during the whole development process.



Participants at the national validation meeting of the alcohol policy process, Lilongwe, June 2011.