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ACHIEVING ALCOHOL POLICY PROGRESS FOR THE WHO AFRICAN REGION
The evidence and need for action on alcohol harm and the best solutions for
alcohol policy progress until 2030

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Evidence, need for action and best solutions for alcohol policy progress until 2030 in the context of the WHO AFRO alcohol policy framework

Introduction

This background briefing contains latest science in seven categories to inform a science-based conversation about alcohol warning labeling.

1. Overall comments on new WHO AFRO alcohol policy framework
2. 5 calls to action for alcohol policy progress
3. The Alcohol Burden in the WHO African region and the lost decade for alcohol policy action
4. The 3 biggest challenges for protecting Africans from alcohol harm
5. Movendi International concrete comments on the draft alcohol policy framework
 - a. What we support
 - b. What we wish to improve.

Overall comments

Movendi International welcomes the new alcohol policy framework for the WHO African region. It is high time WHO Member States in the African region accelerate alcohol policy action to protect their people from alcohol harm.

We recommend and support the adoption of the framework. But we suggest a few critical improvements on the way to the adoption of the framework.

We regret the lack of involvement of civil society in developing this framework. Civil society plays an important role to achieve full implementation of the framework.

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We call for:

1. Stronger focus on alcohol taxation,
2. Inclusion of a solid prevention perspective,
3. Recognition of civil society and the community and their involvement in the implementation of the framework,
4. Doing away with flawed concept of "harmful use of alcohol" and replacing it with "harm due to alcohol", and
5. Clear recognition that action is urgently needed in countries of the WHO African region.

On 1: Stronger focus on alcohol taxation

Alcohol taxation is the single most cost-effective alcohol policy solution. Countries such as Ghana and Lesotho have recently increased alcohol taxes. Botswana shows a best practice approach to raising alcohol taxes in order to reduce alcohol harm (HIV/ AIDS and road traffic crashes) and increase government revenue.

The framework addresses the importance of alcohol taxation implementation in African countries only superficially. WHO and World Bank data shows the importance of public health oriented alcohol taxes. All African countries will benefit from such alcohol taxation systems – for health and development, for equity, and for domestic resource mobilization.

On 2: Inclusion of a solid prevention perspective

Alcohol harm causes high costs and a heavy burden on African societies. The total alcohol consumption in African societies needs to be reduced as well as the initiation and onset of alcohol use among current abstainers and the young population need to be prevented.

It is essential to avoid individualizing the alcohol problem and to address its root causes through population-level measures.

This prevention perspective at the population level is only superficially covered in the framework. All African countries will benefit from a population-level approach to the alcohol burden they are facing.

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On 3: Recognition of civil society and the community and their involvement in the implementation of the framework

Movendi International regrets the lack of involvement of civil society in drafting and developing the alcohol framework. This would have mattered for the quality of the draft framework as well as for ownership to facilitate civil society support for full implementation of the framework. Civil society, NGOs, and community-based organizations play an important role in ensuring full implementation of the framework – by supporting governments and WHO country offices, by contributing strategic actions and technical expertise, by mobilizing multi-sectoral partnerships, by documenting, exposing, and neutralizing alcohol industry interference, and by ensuring accountability.

On 4: Doing away with flawed concept of "harmful use of alcohol" and replacing it with "harm due to alcohol"

Science has shown clearly and unmistakably that there is no healthy or safe alcohol use – concerning cancer, cardiovascular disease, mental health conditions, and brain conditions.

In early 2023 WHO issued a statement in the Lancet medical journal explaining the science and doing away with the flawed concept of "harmful use of alcohol".

In September 2022, while adopting the alcohol framework for the WHO European region, Member States agreed to do away with the flawed concept of "harmful use of alcohol".

Movendi International support Member States in the WHO African region to follow these examples and employ evidence-based, accurate language to discuss alcohol harm and alcohol policy.

There are several reasons why "harmful use of alcohol" is a flawed concept:

- It misrepresents the current state of science of the harm and risks from low-dose alcohol use;
- It misrepresents the current state of science of the harm and risks from second-hand effects from alcohol use, including small amounts of alcohol intake;
- It frames alcohol use incorrectly as harmful and harmless; and
- It activates a dominant frame used by the alcohol industry – "responsible" alcohol use, which is problematic because this frame blames individuals for alcohol harm.

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WHO and member states in the African region should stop using such a flawed concept. Instead we should all replace it with terms such as “harm due to alcohol”, harm caused by alcohol, alcohol harm, harm linked to alcohol, harm caused by the products and practices of alcohol companies, etc. Such concepts are more accurate and more understandable by people and communities.

On 5: Clear recognition that action is urgently needed in countries of the WHO African region.

The draft framework on alcohol contains many important elements (see below). Movendi International supports the framework and its strong elements.

But we are missing a clear clarion call for urgent and ambitious action on alcohol harm as a major health, development, and economic obstacle in African countries. Alcohol affects 14 of 17 SDGs negatively. It hinders progress in all dimensions of sustainable development. Alcohol harm means African societies are losing vast resources, from human potential, health system capacity, community resilience, food and water security, to economic growth.

Action on alcohol harm means that African countries actualize the potential for progress across multiple SDGs, including poverty eradication, gender equality progress, quality education, health, safety, and economic productivity.

Why this matters: alcohol burden in Africa and lost decade

Sub-Saharan Africa (SSA) is a region with weak alcohol policies, high proportions of abstainers and heavy episodic alcohol use (among alcohol consumers). The African region is a target for market expansion by multinational alcohol companies, trying to convert young Africans to (heavy) alcohol users.

Nevertheless, the African region has seen a lost decade for action on alcohol, since the adoption of the regional framework.

- Without action, Africa could see an increase in both the absolute number and proportion of people consuming alcohol, the amount consumed per capita and heavy episodic alcohol use.
- Africa already has highest the aged-standardized alcohol burden compared to all other WHO regions. This is due to the large burden of attributable

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disease caused by tuberculosis, cardiovascular diseases, digestive diseases and injuries.

Scientific analysis illustrates the case for urgent and ambitious alcohol policy action:

- Alcohol is the second largest risk factor for disease burden in the age group 10-24 years. Alcohol is the largest risk factor for disease burden in the group 25-49 years.
- Modelling forecasts that global targets to reduce alcohol use and harm will not be met.
- Per-capita consumption of alcohol and alcohol-related disease burden have increased in Central Africa but stabilised or reduced in other regions, although they are still high.

The African Region has a high level of lifetime alcohol abstainers (57.5%). But Member States are not doing enough to protect the African people from alcohol initiation.

Alcohol producers have continued their aggressive marketing and policy interference activities, some of which have been highlighted and, in a few instances, resisted by civil society and public health advocates, particularly in southern Africa.

- People who consume alcohol use high volumes. This has serious negative effects to the users themselves and it creates massive second-hand harm to families, communities and overall society.
- The adult per capita alcohol use decreased by 24% from 6.3 litres in 2016 to 4.8 litres in 2019. But alarmingly, alcohol consumption among users increased from 17.2 L in 2010 to 18.4 L in 2016. This is because of the overall lack of implementation of comprehensive alcohol policy solutions, especially concerning the lack of implementation of the alcohol policy best buys in Africa.

Movendi International welcomes the decline in alcohol use but cautions that this has not been driven by alcohol policy implementation but by other factors. The figures about rising alcohol use among alcohol users are alarming.

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Africa is the region with the youngest population in the world. WHO Member States are not doing enough to protect young people from alcohol harm.

- Almost a quarter of young Africans between the ages of 15 and 19 consume alcohol. This early initiation spells serious risk of health, social, and economic harm and costs for African societies.
- More than half of all young alcohol users engage in heavy episodic (or binge) alcohol consumption. This is alarming because consequences such as injury, trauma, violence, road traffic crashes, and others are harming overall development.
- It is estimated that 10% of women of reproductive age – 15 to 49 years – in the African Region drink alcohol and 3% are heavy episodic alcohol users. The prevalence of foetal alcohol syndrome in the African Region is 14.8 per 10,000 population.

Need for comprehensive, ambitious, and evidence-based alcohol policy action in African countries:

Most African countries have implemented alcohol tax policies, but they have seldom adopted other World Health Organization ‘best buys’ for cost-effective alcohol policy solutions.

Many countries in the WHO African region have minimal alcohol policy solutions in place. Some, such as Botswana, Ghana, or Lesotho, have successfully implemented stringent tax policies to address alcohol harm.

Concerning the alcohol policy best buy to reduce alcohol affordability:

Alcohol affordability

- Most countries implement alcohol excise taxes but few use such taxes as a public health policy to reduce consumption.
- Less than half use price strategies such as adjusting taxes to keep up with inflation and income levels, imposing minimum pricing policies, or banning selling below cost or volume discounts.

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Concerning the alcohol policy best buy of limiting the physical presence of alcohol in communities:

Alcohol availability

- Less than one-third of countries globally have regulations on outlet density and days of alcohol sale.
- Mainly low- and middle-income countries in Africa still have no legal minimum purchase age.

Concerning the alcohol policy best buy to protect people from alcohol industry messages:

Alcohol marketing

- Most of the countries that reported no restrictions across all media types were located in the African or Americas regions.
- Alcohol marketing regulation continues to lag behind technological innovations and e-commerce, including rapidly developing new delivery systems.

All this shows that progress has been insufficient!

We remain alarmed by the slow pace of implementation of the WHO Global Alcohol Strategy by Member States.

The region is facing the results of a lost decade for action on alcohol – since the adoption of the regional framework in 2010. Therefore, more ambitious, urgent action is needed, tackling concrete challenges in the region.

The three biggest challenges for protecting Africans from alcohol harm

1. Alcohol industry practices that undermine governments' tax revenue and extract resources from African countries while leaving them with high costs and without adequate funding to deal with the harm caused by alcohol companies
2. Alcohol industry practices that increase alcohol availability, especially online retail and on-demand delivery of alcohol

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3. Alcohol industry that promote the acceptability of alcohol, especially through aggressive marketing that exposes children and youth to alcohol promotions, that targets women, and that seeks to convert alcohol abstainers to alcohol users

Movendi International supports:

- The clear statements on alcohol industry interference and on protecting alcohol policy making processes from alcohol industry interference
- We also agree with the concern about children and youth and the need to protect them from alcohol industry practices
- The vision, if “harmful use of alcohol” is changed
- The objectives
- The targets, but note that they are modest and do not reflect the urgency with which action is needed
- Guiding principles, but we suggest critical improvements
- Priority interventions, as they reflect the SAFER alcohol policy blue print

We suggest to improve:

- The vision of the framework.
- Focus on DUI and SBIT overshadows the need to advance the three alcohol policy best buys, and especially alcohol taxation. This matters for making progress quickly and setting African countries on track towards the targets.