



Republic of Malawi

NATIONAL ALCOHOL POLICY

MARCH, 2017.



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FOREWORD

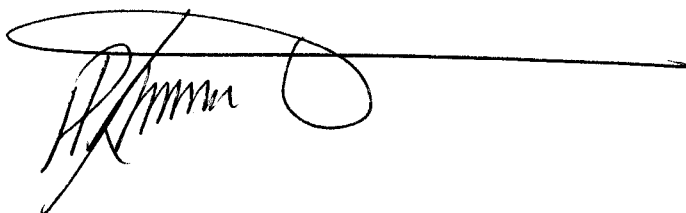
Alcohol production and use has for a long time been part of tradition particularly within the social and cultural fabric of our society. Similarly, alcohol plays an essential role in generating personal and national incomes as well as creating employment for our people. However, over the years, there have been increasing cases of harmful alcohol use which in turn has exerted enormous burdens across the health, social and economic systems whose disproportionate costs far outweigh the benefits derived from its production.

The nature and magnitude of disease, injury and deaths attributable to alcohol cannot be ignored. Over the years, cases of persons becoming sick and dying as a result of alcohol and related use disorders such as cancer, diabetes, liver, heart disease and road accidents and deaths have been rising. It is not surprising, that alcohol consumption is the third leading global risk factor for disease and injury after child malnutrition and unsafe sex. As a nation, we also acknowledge the escalating wave of social, moral and economic abandon such as gender-based violence, family disruptions, crimes, youth delinquency, child abuse, work-related problems leading to unemployment and reduced workplace productivity.

The effects of harmful alcohol use filter through the development philosophy of our core obligation and responsibility as espoused in the Malawi Growth and Development Strategy II. Therefore, there is a need for concerted attention to scale down the harm as we seek to consolidate the benefits. In May 2010, the World Health Assembly endorsed the global alcohol strategy and urged all Member States to take appropriate action towards reducing harmful use of alcohol in their respective jurisdictions. In September, of the same year, African Ministers of Health endorsed the Regional Strategy to reduce harmful use of alcohol in the African region that takes into account specificities of the Region, such as the need to address illegal and informal alcohol production and calls for integrated approaches to prevention and treatment.

The National Alcohol Policy, therefore, offers us the opportunity for consolidating the framework for guiding efforts towards realizing our aspirations. In particular, the Policy provides mechanisms for regulating the formal and informal sector, emphasizes the supply and demand for alcohol products and recognizes the need for coordination and cooperation with various partners in addressing harmful alcohol use.

It is, therefore, my hope that as we exercise our collective responsibility in implementing the Policy, we shall support the local, national, regional as well as the global platform for action towards a society free of alcohol related harm.

A handwritten signature in black ink, appearing to read 'P. Kumpalume', with a long horizontal line extending to the right.

Honourable Dr. Peter Kumpalume, MP
Minister of Health

PREFACE

The policy offers a comprehensive mechanism for developing, implementing, coordinating, monitoring and evaluating health, social and economic interventions related to harmful alcohol consumption in Malawi.

This comprehensive national alcohol policy shall: identify key stakeholders for developing, implementing, coordinating, monitoring and evaluating interventions to reduce alcohol related harm; contribute to national development through reducing the pressure on national resources by socioeconomic and health problems caused by harmful consumption of alcohol; provide the framework for regulating alcohol production, availability, distribution, sales, marketing and consumption; develop tailor-made target-specific responses and interventions for reducing alcohol-related harm; and provide support for developing adequate treatment and rehabilitation services for those affected by alcohol-related harms such as disease, injury, disability and social problems.

The policy conforms to the World Health Assembly, the African Ministers of Health commitments of reducing harmful use of alcohol and World Health Organization's (WHO) Global Action Plan on the Prevention and Control of Non Communicable Diseases.

The Ministry of Health appreciates the support it has received from many individuals, Government Ministries, Departments and Agencies, national and international Non-Governmental Organizations, whose contributions made the development of the policy possible. We sincerely acknowledge the technical direction that formed the basis for the substance of the policy as ably derived from a series of consultative forums with a variety of stakeholders too numerous to mention. We further recognize the contribution from the representatives of the alcohol industry in Malawi. We are indebted to the Inter-Ministerial Committee on Drug Control, through the Ministry of Home Affairs and Internal Security, for coordinating the early stages of the development process of this policy before handing over to the Ministry of Health. Last but not least we would like to thank the Clinical Directorate through the Non Communicable Diseases and Mental Health Unit for leading the process of the policy development.



Dr. Charles Mwansambo
Chief of Health Services

GLOSSARY OF TERMS

Alcohol abuse - deliberate or unintentional use of alcohol which results in any degree of physical, mental, emotional, or social impairment of the user, the user's family, or society in general.

Alcohol consumption - the general uptake of alcohol.

Alcohol dependence - psychological and/or physical need for alcohol characterized by compulsive use, tolerance, and physical dependence manifest by withdrawal syndrome.

Alcoholism - a state of physical dependence on alcohol to the extent that stopping alcohol use will bring withdrawal symptoms.

Alcohol misuse - unintentional or inappropriate use of alcohol resulting in the impaired physical, mental, emotional or social well being of the user.

Alcohol-related harm - a wide range of social and health problems for drinkers and non-drinkers at individual and collective level.

Alcohol sachet - a disposable bag or pouch, made from plastic used to contain single-use quantity of beverage alcohol.

Alcohol use - the consumption of alcohol within some socially prescribed or ritualistic context.

Harmful use of alcohol - relates to alcohol misuse and alcohol abuse.

Intoxication - A state in which a person's normal capacity to act or reason is inhibited by alcohol consumption.

Social harm - A state of undermining the completeness of the physical, mental and social well-being of an individual.

100% pure alcohol- This refers to 1 litre of pure alcohol got out of 20 litres of 5% beer as well as from 10 litres of 10% wine as well as from 2.5% of 40% gin.

LIST OF ABBREVIATIONS AND ACRONYMS

CONGOMA	Council for Non-Governmental Organizations in Malawi
CSOs	Civil Society Organizations
GAPA	Global Alcohol Policy Alliance
HIV	Human Deficiency Virus
HRCC	Human Rights Consultative Committee
IMCDC	Inter-Ministerial Committee on Drug Control
IMC-NCDs	Inter Ministerial Committee on Non-Communicable Diseases
LAs	Local Authorities
MANASO	Malawi Network of AIDS Service Organizations
MHEN	Malawi Health Equity Network
MEJN	Malawi Economic Justice Network
MGDS II	Malawi Growth and Development Strategy II
MRA	Malawi Revenue Authority
NATC	National Alcohol Taskforce Committee
NAC	National AIDS Commission
NCA	National Committee on Alcohol
NCDs	Non-Communicable Diseases
NGOs	Non-Governmental Organizations
OPC	Office of the President and Cabinet
RTD	Road Traffic Directorate
TUM	Teachers' Union of Malawi
WHO	World Health Organization

NATIONAL ALCOHOL POLICY

1. INTRODUCTION

In Malawi just like most parts of the world, excessive use of alcohol is a huge public health problem. Worldwide, harmful use of alcohol is a casual factor in more than 60 major diseases and injuries and result in approximately 2.5 million deaths annually according to World Health Organization report of 2011 representing 4 percent of all deaths.

The prevalence of alcohol consumption in Malawi, among people aged 24-64 stands at 30.1 percent for males and 4.1 percent for females (Nationwide survey of 2009). This survey also found that 19.2 percent and 2.3 percent of males and females respectively are considered to be heavy drinkers. A recent study of the year 2013, on alcohol use in Malawi implemented by the University of Malawi and SINTEF of Norway, found an average proportion of 14.5 percent (27.3 percent among males and 1.6 percent among women) for alcohol use while the world proportion stand at 38.3 percent (WHO, 2014). This places Malawi in the lower end of global statistics and very favourable position with regard to alcohol prevention.

Many of those people who drink in Malawi have high and risky alcohol consumption. The total yearly consumption in 100 percent pure alcohol among those who drink is 8.1 litres among men and 1.5 litres among women, and binge drinking is common especially among male drinkers (More than five bottles for men and four bottles for women). Furthermore alcohol use of 100 percent pure alcohol for the 18-34 age group is 7.87 litres among males and 0.79 litres among females. The study further demonstrated that gender differences in drinking volume and pattern is a major characteristic of alcohol use. There is also an existing socio-demographic difference that has potential importance for prevention efforts on alcohol in Malawi.

Problem Statement

Much as alcohol production, distribution and sales play an important role in securing public revenues through taxes and personal incomes as well as employment across the broad supply chain of the product, while also building social cohesion if moderately consumed, harmful use of alcohol is considered both a cause and consequence of social and economic harms at individual, family, community and national levels. In essence, harmful alcohol use not only takes away the required human resource through the associated alcohol-related harms, but also exerts disproportionate costs on prevention, enforcement, and treatment services that would otherwise be avoided. The main social harms attributable to alcohol include gender-based violence, family disruptions, and diminished incomes through diversions, commission of crimes, youth delinquencies, addictions, child neglect, abuse and exploitation. Significant economic harms comprise work-related problems due to absenteeism and underperformance leading to unemployment, homelessness, poor quality of life and reduced workplace productivity.

Context of the Problem

Studies show key patterns of interaction between alcohol use and sexual behaviour, therefore posing greater risks of sexually transmitted infections (STIs) including HIV infection (WHO, 2009). In many respects, alcohol abuse is linked to increased incidences of risky sexual behaviour. It is also associated with the weakening of the immune system as well as increased violent behaviour such as rape and increased indulgence in other forms of drug abuse. Alcohol and drug abuse are among determinants facilitating the spread of HIV in Malawi.

Although the burden of disease exerted by harmful use of alcohol particularly on non-communicable diseases (NCDs) such as cancer, diabetes, liver cirrhosis and heart disorders may sometimes take longer to manifest, the harmful use of alcohol causes significant public health problems such as risks of disease and disability and currently ranks third as world leading risk factor after childhood underweight and unsafe sex. Injuries that may result from the influence of excessive use of alcohol such as drinking-

driving and violence have far reaching consequences on resources spent on health of people involved in such injuries.

Unpublished reports from Malawi Police Service show that alcohol contributes significantly to crime in the country. The 2011 report shows that alcohol was linked to 25 percent of murder cases, 40 percent of suicides, 27 percent of road traffic accidents, 7 percent of sexual violence and 38 percent of physical assault cases. At a global level as well as in Malawi, studies have shown that women are less likely than men to use and to misuse substances and that men inflict more problems than women when they drink alcohol, which may have negative consequences not only for the users themselves, but also for their families, friends and society in general (WHO, 2005).

In Malawi, alcohol and drug abuse is a problem of national concern which requires concerted efforts to alleviate if all the above problems and consequences are to be addressed. There is need therefore for the Government to initiate policies that would regulate the manufacturing, sale and consumption of alcohol.

The formulation of the National Alcohol Policy dates back to 2006 when the Ministry of Health (MoH), other government line ministries and Drug Fight Malawi (DFM) with support from Forut (Campaign for Solidarity) embarked on the process of developing this policy in line with a recommendation from the World Health Organization (WHO) that all member states should develop separate alcohol policies as one way of safeguarding public health from harmful alcohol use. While Malawi did not have an alcohol policy, the country, however, has enacted a range of pieces of legislation which includes; Liquor, Road Traffic, Taxation and Consumer Protection Acts since 1979 targeting various alcohol-related offences with the aim of reducing, in part, the impact of alcohol related harm. Nevertheless, most of the provisions, therein are outdated, disjointed and do not conform to existing international standards.

The National Alcohol Policy will therefore set a platform for comprehensive implementation mechanisms to ensure efficient and effective enforcement, prevention

advocacy campaigns, treatment and monitoring mechanisms for reducing alcohol-attributable harms.

1.2 Linkages with national and international legislative and policy framework

1.2.1 Linkages with national Instruments

At national level, the policy is aligned to Vision 2020 whose aspirations are that Malawi, as a God fearing nation will be secure, democratically mature, environmentally sustainable, self-reliant with equal opportunities for all and active participation by all, having social services, vibrant cultural and a technologically driven middle income economy. The Policy also contributes to the overall achievement sustainable socio-economic development for the country and attainment of the Sustainable Development Goals (SDGs). The policy also has clear linkages with the Health Sector Strategic Plan, the National HIV Prevention Strategy, the Drug Control Policy which is being developed; the Liquor Licensing Act, Taxation Act, Road Traffic Act, Consumer Protection Act, Competition and Fair Trading Act, and Occupational Safety and Health Act. In addition, the National Alcohol Policy has informed the development of the National Action Plan on the Prevention and Control of NCDs in Malawi.

1.2.2 Linkages with international Instruments

At international level, the policy is in line with the WHO's Global Action Plan on the Prevention and Control of Non Communicable Diseases (2013-2021) and the Global Strategy to Reduce the Harmful use of Alcohol.

1.3 Purpose

The purpose of the Policy is to support the public health-oriented and socio-economic policies in reducing alcohol-attributable harm. In particular, the Policy aims at providing guidance within the specific public health and socio-economic priority areas for action at community and national levels as stipulated in the MGDS II. The policy further intends to increase awareness of the effects of alcohol and curb harmful consumption of alcohol including underage drinking.

2. BROAD POLICY DIRECTIONS

The Policy strategic direction shall be reducing harmful use of alcohol.

2.1 Policy Goal

To create a society free of alcohol-related public health and socio-economic harms.

2.2 Policy Outcomes

Improved public health and socio-economic conditions by reducing harmful use of alcohol, through:

1. Reduced disease, injury and disability attributable to alcohol misuse
2. Reduced crime levels resulting from alcohol misuse
3. Reduced road traffic accidents resulting from alcohol misuse
4. Reduced gender based violence attributable to alcohol misuse
5. Reduced poverty resulting from alcohol misuse

2.3 Policy Objective

The overall policy objective is to improve the health and social wellbeing of Malawians by reducing harmful use of alcohol, thereby saving lives, reducing disease and preventing injuries.

2.3.1 Specific Objectives :

1. To ensure effective regulation of the availability and accessibility of alcohol products.
2. To promote health services' and other sectors' response to harmful use of alcohol.
3. To ensure reduced demand for alcohol products through behavior-change related interventions.
4. To promote monitoring, surveillance and research on harmful use of alcohol.

2.4 Policy Priority Areas

The National Alcohol Policy will focus on the following eight priority areas in order to meet the policy goal, objectives and outcomes:

2.4.1 Policy Priority Area 1: Capacity building

The delivery and implementation of alcohol misuse reduction programmes, like any other programme, shall require the commitment of financial and technical resources for achieving the intended goals of the Policy. The Policy recognizes the need for formally empowering personnel in regulating and enforcing institutions with knowledge, skills and materials.

The Policy considers the resource mobilization component as uncertain, hence a challenge for the effective implementation of alcohol misuse prevention programmes. The major problem is the significance of public health and socio-economic harm attributable to alcohol consumption. However, the objectives of the existing laws such as the Liquor Licensing, Taxation, Consumer Protection and Road Traffic Acts do not reflect the purpose of minimizing the abuse of alcohol.

Policy Statement:

The policy will ensure that all personnel in Law enforcement Agencies and Institutions are fully equipped to address preventive measures and effects of harmful use of alcohol.

2.4.2 Policy Priority Area 2: Education and Training on harmful use of alcohol

The Policy recognizes the alcohol consumption patterns in respect of age, sex, culture, type of alcohol and income distributions against drinking patterns such as binge (occasional hazardous) drinking. The Policy seeks to bring about a positive change in behavior patterns through reducing consumption across the different demographics. Therefore, behavior change through prevention programmes using elaborate education programmes is a key component of this policy. The multi-sectoral implementation strategies herein are designed to reduce alcohol related harmful behaviours.

The Policy recognizes that alcohol programming is a fairly new field, therefore, anticipates human resources constraints in terms of access to information, knowledge and skills for the effective planning, organizing, delivery and monitoring of alcohol programmes.

Policy statement:

The Policy will promote education and training on effects of harmful use of alcohol in formal and informal institutions.

2.4.3 Policy Priority Area 3: Commercial production, distribution and sales systems of alcohol products

The Policy identifies the 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.

The Policy recognizes that implementation, in particular, enforcement shall hinge on the political commitment as well as the general public's support that could be influenced by culture and several other factors.

Policy Statement:

The Policy will ensure the establishment, review and enforcement of regulations over commercial production, distribution and sales system of alcohol products.

2.4.4 Policy Priority Area 4: Marketing of alcohol products

The Policy recognizes the need for formally empowering alcohol regulating institutions with legislative authority to subject accountability and liabilities against respective parties regarding marketing of alcohol products.

The Policy anticipates challenges from the alcohol industry's social responsibility with regards to marketing.

Policy Statement:

The Policy will ensure comprehensive regulation of marketing of alcohol products.

2.4.5 Policy Priority Area 5: Informally produced alcohol

The Policy recognizes home production of traditional alcoholic beverages as a direct source of income in Malawian communities. However, the informal production of alcohol such as *kachasu* and *maseke* offers huge health risks as it is hardly monitored to assure quality control in terms of alcohol volume and amount of impurities therein contained which are harmful to human life. The Policy, therefore, sets the scope for national and community action in guiding the homebrew production through organization, mobilization, monitoring and control measures.

The Policy anticipates challenges in coordination, management, implementation and monitoring of alcohol measures.

Policy Statement:

The Policy will ensure regulation in the production and sale of informally produced alcohol.

2.4.6 Policy Priority Area 6: Drink-driving countermeasures

The Policy recognizes the consequences of alcohol-related road traffic accidents therefore the Policy recognizes the need for setting up measures to address drink driving.

The Policy anticipates constraints in terms of financial and technical resources for achieving the intended drink-driving counter measures.

Policy Statement:

The Policy will make sure that alcohol- related road traffic laws are comprehensive, respected and complied with.

2.4.7 Policy Priority Area 7: Health interventions

The Policy recognizes three major alcohol-attributable public health conditions namely toxicity, intoxication and dependence that lead to burdens of disease, violence, injury and deaths. The Policy recognizes the need to strengthen the role of health services in tackling harm at an individual-level among those at risk of or with alcohol-use disorders and other conditions (e.g. NCDs) caused by harmful use of alcohol.

The Policy anticipates human resources constraints in terms of knowledge and skills for the effective planning, organizing, delivery and monitoring of alcohol intervention programmes.

Policy Statement:

The Policy will ensure provision of contextually adapted prevention and treatment interventions to individuals and families at risk of or affected by alcohol use disorders and any associated medical conditions.

2.4.8 Policy Priority Area 8: Research, Monitoring & Evaluation

Local, national and international data are needed in order to monitor the magnitude and trends of alcohol-related harms, to strengthen advocacy and to assess the impact of interventions. Since alcohol related data are available in different sectors, the policy calls for a good system for coordination, information exchange and collaboration in order to achieve comprehensive monitoring and surveillance

Relevant data on alcohol consumption as well as its health and social impacts are disintegrated and not routinely collated. Additionally, there is no national governing body to monitor alcohol use and its effects.

Policy Statement:

The Policy will promote evidence-based interventions on alcohol-related social and public health harms.

3. IMPLEMENTATION ARRANGEMENTS

The Policy recognizes the institutional multi-sectoral roles and responsibilities spreading across the different ministries and the Policy also recognizes the support from the development partners to assist in the provision of necessary resources for implementation of interventions to deal with alcohol misuse. The Policy, therefore, calls for the institutionalization of alcohol programmes at all levels in order to ensure sustainable Government and public support.

3.1 *Institutional Arrangements*

3.1.1 Inter-Ministerial Committee on Drug Control (IMCDC)

This committee is already in existence under the leadership of the Ministry responsible for Home Affairs and Internal Security.

- The IMCDC's roles, functions and powers over the National Alcohol Policy will be to provide leadership, oversight and to publish reports on the progress of national alcohol response.
- The coordination for the implementation of the National Alcohol Policy strategies and activities shall be led by the Ministry responsible for health.

3.1.2 Alcohol Policy Sub-Technical Committees

There shall be sub-technical committees under the IMCDC for running the functional operations of the Policy namely:

- **Enforcement** led by Ministry responsible for home affairs and internal security;
- **Prevention & treatment** led by Ministry responsible for health;
- **Communication & information systems** co-led by Ministry responsible for information, Ministry responsible for education and Ministry responsible for civic education.

The secretariat for operations of the Sub-Technical Committees shall be the Unit responsible for control of Non-Communicable Diseases in the Ministry responsible for health.

Roles, Functions and Powers of Sub -Technical Committees

The Sub Technical Committees will:

1. Develop comprehensive plans of action for implementing the Policy;
2. Coordinate alcohol-related programmes including the implementation of the plans of action in line with the Policy implementation strategy;
3. Liaise with relevant authorities such as the Directorate of Road Traffic; the Pharmacy, Medicines and Poisons Board on the proceeds of crime compensations resulting from harmful alcohol use;
4. Liaise with the law enforcement agencies such as the Judiciary, Police and the Malawi Bureau of Standards for specific competencies in Alcohol Law Enforcement and alcohol- related issues;
5. Submit Annual Reports to the IMCDC on the progress of the national alcohol response in line with the Policy monitoring and evaluation strategy.

3.1.3 Local Committees on Drug Control (LCDC)

1. The Local Authorities (LAs) will establish LCDCs to be responsible for community action against all drug and substance abuse including alcohol in partnership with local stakeholders;
2. LCDCs will coordinate the partners, line ministries, government departments, agencies, civil society organizations during implementation of respective roles and responsibilities;
3. There will be Area and Village Development Committees on Drug Control (ADCDC and VDCDC) for implementation and monitoring of national alcohol programmes at area and village levels.
4. The ADCDC and VDCDC will oversee the enforcement and compliance of bylaws in relation to alcohol production , selling and consumption in their communities
5. The District Health Office will be the focal point at local level to address the issues of alcohol misuse

3.2 Institutional Roles

The Policy recognizes the roles played by different government agencies, civil society organizations and international partners in the implementation of alcohol programmes.

3.2.1 Lead Ministries for policy areas

1. **Ministry responsible for Health** will coordinate the implementation of the Policy as well as implement interventions for reducing alcohol-related harm programmes;
2. **Ministry responsible for Internal Affairs and Public Security** will ensure the implementation of the enforcement strategy of the Policy;
3. **Ministry responsible for Education** will ensure that public education programmes for alcohol consumption reduction are implemented in accordance with the objects of achieving national development;
4. **Ministry responsible for Local Government** will coordinate the implementation of alcohol-related harm reduction activities at district level in partnership with other stakeholders;
5. **Ministry responsible for Trade and Industry** will ensure compliance with quality standards of alcohol products through MBS;
6. **Ministry responsible for Youth and Sports Development** will coordinate the implementation of alcohol-related harm reduction activities through the youth groups;
7. **Ministry responsible for Information** will coordinate the communication and information component of the alcohol related strategies;
8. **Ministry responsible for Finance** will coordinate all issues related to taxation of alcohol products and financing for Policy implementation;
9. **Ministry responsible for Civic Education** will promote the civic education component of the alcohol response.

3.2.2 Private Sector and Non Governmental Organizations

The Policy recognizes the private sector and NGOs participation through public-private partnerships in community programmes that are aimed at the reduction of alcohol-related harms.

3.2.3 Statutory Institutions

1. **Malawi Bureau of Standards (MBS)** will liaise with the alcohol industry in ensuring adherence to minimum standards of alcohol products;
2. **Local universities and research institutes** will conduct research and undertake capacity building on alcohol-related harm.

3.2.4 International Partnership

The Policy recognizes the role of global partners in strengthening desired national responses through support of technical and practical issues.

3.3 Implementation Plan

1. A National Alcohol Response Master Plan will be developed to guide the implementation of this policy.
2. IMCDC will disseminate the Alcohol Policy to different stakeholders prior to the setting up of the sub Technical Committees.
3. IMCDC will mobilise resources for the implementation of alcohol intervention programmes.
4. IMCDC will develop and submit a proposed Alcohol Bill to Government for Cabinet consideration.

3.4 Resource Mobilization Arrangements

1. The Policy recognizes the need for mobilizing technical and financial resources for the effective administration of alcohol programmes.
2. The Policy identifies *sources* of resources and *uses* thereof as the key elements of the mobilization strategy.
3. In particular, the Policy recognizes taxes including sin-taxes, fines and levies as well as support from donors as sources whereas administration and program delivery as uses of such resources.

3.5 Implementation Risks

The Policy anticipates the risk of inadequate funding to effectively deliver the proposed strategies.

4. MONITORING & EVALUATION

The Policy recognizes the need for establishing efficient and effective national monitoring and evaluation frameworks for guiding the national alcohol response.

In particular, the M & E frameworks will prioritize *output, outcome and impact* indicators across alcohol consumption, consequences and response focus areas.

The Ministry responsible for health will coordinate, monitor, and ensure timely reporting and dissemination of alcohol-related performance and outcomes.

The Government will follow-up with relevant actions upon the recommendations following the annual reports.

4.1 Review of Policy

The Policy will be reviewed every five years and whenever a need arises.

IMPLEMENTATION, MONITORING AND EVALUATION STRATEGY FOR MALAWI NATIONAL ALCOHOL POLICY

1.0 INTRODUCTION

An Alcohol Policy is an organized set of values, principles and objectives for reducing the burden attributable to harmful use of alcohol. It is of paramount importance to have a written national alcohol policy in Malawi, taking into account that since 1979 Malawi has enacted a range of legislative documents with some aspects of alcohol-related harm reduction. Nevertheless, most of the provisions, therein are outdated, disjointed and do not conform to international standards. The current legislation includes the Liquor Act (1979), the Road Traffic, Taxation and Consumer Protection Acts.

The National Alcohol Policy has been developed to create linkages of such legislative objects and other relevant policies such as the Health Sector Strategic Plan, Global Action Plan on the Prevention and Control of Non Communicable Diseases of World Health Organization of 2013-2021 and the national Drug Control Policy. In addition the policy is critical towards enhancing the national efforts in reducing Non Communicable Diseases and feeds into the National Action Plan on the Prevention and Control of Non Communicable Diseases.

The successful execution of the national alcohol policy will mainly rely on the implementation of the strategies that have been listed in this document. Teamwork and concerted efforts will be of paramount importance to effectively achieve the goals of the alcohol policy. However, the responsible main responsible institutions have been highlighted for each strategy.

This document complements the National alcohol policy document. It presents the implementation arrangements that will facilitate the administration of the policy by government and other key stakeholders. The implementation strategies will be carried out for five years following the official adoption of the National Alcohol Policy. The strategies are subject to adjustment according to lessons learnt during the five years of implementation.

2.0 STRATEGIES FOR POLICY PRIORITY AREAS

2.1 Policy priority Area 1: Capacity building

Objective: To develop the capacity of law Enforcement agencies to deal with the effects of harmful use of alcohol

Strategies

1. To provide appropriate monitoring equipment for harmful use of alcohol.
2. To disseminate information to the community on Alcohol Abuse Laws.
3. To ensure that law enforcement officers have skills and competencies in Alcohol Law Enforcement and alcohol related issues.
4. Provision of psycho-social support to Victims of alcohol abuse.

2.2 Policy priority Area 2: Education and Training on harmful use of alcohol

Objective: Promote education and training in formal and informal institutions

Strategies

1. Review and strengthen school-based interventions such as life skills education;
2. Develop workplace adapted alcohol policy for employees and employers;
3. Provide for formal work-place education sessions for employees and employers;
4. Develop capacity of facilitators of alcohol-related harm reduction programmes
5. Encourage public awareness campaigns of the extent and nature of the health, social and economic problems caused by harmful use of alcohol;
6. Develop information, knowledge and skills on the size and variables of alcohol-related harm for effective interventions;
7. Mobilize communities to form groups for promoting greater leadership for increased coordination of and partnership in alcohol-related programmes;
8. Engage civil society in advocacy for reduction of alcohol-related harms;

9. Mainstream alcohol programmes in national development strategies;
10. Develop and disseminate public education messages on the Policy and legislation provisions to community groups through print and electronic media;

2.3 Policy priority Area 3: Commercial production, distribution and sales systems of alcohol products

Objective: To regulate the availability and accessibility of commercial alcohol products

Strategies

1. Review and strengthen import and producer-licensing mechanism for alcohol products;
2. Review and strengthen legislation to include provisions for location of retail outlets
3. Review and strengthen regulation of wholesale and retailing systems by licensing;
4. Enforce minimum age (18yrs) to purchase and consume alcohol
5. Provide all retailers with guidelines and notices on alcohol sale limitations to individuals seemingly heavily intoxicated linked to licensing
6. Regulate taxes by percentage volume of alcohol;
7. Complete ban of alcohol sachets and setting of minimum packaging standards and volumes of alcohol products
8. Set higher minimum prices for alcohol products than non alcoholic beverages

2.4 Policy priority Area 4: Marketing of alcohol products

Objective: To regulate the marketing of alcohol products in order to prevent undue influence over demand for consumption of alcohol products

Strategies

1. Review the Liquor Act to include provisions for the regulation of alcohol advertising and marketing;
2. Review the Liquor Act to include provisions for the regulation of marketing sponsorships for cultural or sports events as well as promotional competitions of alcohol products

3. Review the Liquor Act and standards for alcoholic beverages to include provisions of health and social behavior warning labels
4. Review Liquor Act and other relevant acts to include penalties on infringements on marketing regulations
5. Develop systems for monitoring marketing of alcoholic products

2.5 Policy priority Area 5: Informally produced alcohol

Objective: To regulate the availability and accessibility of informally produced alcohol products

Strategies

1. Empower local councils through traditional authorities to monitor informal brewing/distilling of alcohol products
2. Empower local councils through traditional authorities and community-based groups such as Community Police to monitor and enforce supply of alcohol products from the designated premises
3. Empower local councils through traditional authorities to enforce minimum age (18yrs) of purchasing and consuming alcohol
4. Register communal brewers/distillers through associations/cooperatives at traditional authority level

2.6 Policy priority Area 6: Drink-driving countermeasures

Objective: To consolidate and enhance drink-driving countermeasures

Strategies

1. Empower the Agencies to administer the existing and new regulations on production and sale of alcohol products as well as on drink driving limitations.
2. Reduce and enforce a legal blood alcohol concentration (BAC) at the limit from 0.08g/l to 0.05g/l for driving through random breath test
3. Establish random sobriety check points for regular breath testing for drivers
4. Develop a record system that catches repeat drink-drive offenders.
5. Confiscation of the guilty party`s driving license according to section 128 (9)B of Road Traffic Act 1997

2.7 Policy priority Area 7: Health interventions

Objective: To promote the health sector's response to harmful use of alcohol

Strategies

1. Develop skills and competencies of health staff to deliver services for the prevention, and treatment for alcohol-attributable conditions and disorders.
2. Provide counseling and medical care for heavy drinkers and alcoholics as part of the integrated WHO package of essential NCD interventions (WHO PEN).
3. Strengthen the capacity of the health systems (infrastructure, drugs, equipment) to diagnose and manage alcohol related conditions.
4. Provide targeted preventive and treatment interventions for underage drinkers and pregnant women.
5. Provide rehabilitative services including psychological support to people affected by alcohol abuse/addiction.
6. Include social and behavior change communication approaches to address harmful use of alcohol in all health promotion interventions.

2.8 Policy priority Area 8: Research, Monitoring & Evaluation

Objective: To promote monitoring, surveillance and research on harmful use of alcohol

Strategies

1. To develop data base for the alcohol related issues in coordination with all relevant sectors.
2. Establish and maintain a registration and monitoring system of alcohol-attributable health conditions such as diseases (NCDs), injuries and deaths for effective reporting;
3. Strengthen the capacity of existing research institutions for designing and implementing studies that target alcohol-related problems that arise over time;
4. Engage in comprehensive research on the prevalence and other data dimensions on public health, social and economic impacts of harmful use of alcohol.
5. Conduct research on the impact of alcohol interventions particularly on consumption rates and drinking patterns.

3.0 IMPLEMENTATION PLAN

Objective	Strategy	Responsible	Timeframe
POLICY PRIORITY AREA 1: Capacity Building			
Policy Statement 1: The Government of Malawi shall Ensure that all Personnel in Law Enforcement Agencies and Institutions are Fully Equipped to Address Effects of Harmful Use of Alcohol.			
To Develop the Capacity of Law Enforcement Agencies to Address Deal With the Effects of Harmful Use of Alcohol	To provide appropriate monitoring equipment for monitoring harmful use of alcohol	Malawi Police Services, Malawi Bureau of Standards (MBS) and Department Road Traffic and Safety Services (DRTSS)	2017- ongoing
	To disseminate information to the community on Alcohol Abuse Laws	Malawi Police Services, Ministry of Local Government, NGO's	2017
	To ensure that law enforcement officers have skills and competencies In Alcohol Law Enforcement and alcohol related issues.	Ministry of Home Affairs, Ministry of Health	2017 ongoing
	Provision of psycho-social support to Victims of alcohol abuse.	Malawi Police Services: victim support unit Ministry of Health	2017 ongoing
	To develop data base for the alcohol related issues in coordination with Police and Ministry of Health	Malawi Police Services and Ministry of Health	2017 ongoing

Objective	Strategy	Responsible	Timeframe
Policy Area 2: Education and Training on Harmful use of Alcohol			
Policy Statement: Promotion of Education and Training on Effects of Harmful use of Alcohol in Formal and Informal Institutions.			
Promote education and training in formal and informal institutions	Review and strengthen for school-based curriculum interventions such as life skills education;	Ministry of Education	2017
	Develop workplace adapted alcohol policy for employees and employers;	Ministry of Labour	2017
	Provide for formal work-place education sessions for employees and employers;	Ministry of Labour	On-going
	Develop capacity of facilitators of alcohol-related harm reduction programmes	Ministry of Health/Malawi Alcohol Policy Alliance (MAPA)	On-going
	Conduct continuous community/public awareness and sensitization campaigns of the extent and nature of the health, social and economic problems caused by harmful use of alcohol;	Ministry of Information/Ministry of Civic Education/Civil Society Organizations (CSOs) and Alcohol industry	On-going
	Develop information, knowledge and skills products on the size and variables of alcohol-related harm for effective interventions;	Ministry of Information/Ministry of Civic education/CSOs	On-going

Objective	Strategy	Responsible	Timeframe
	Mobilize communities to form groups for promoting greater leadership for increased coordination of and partnership in alcohol-related programmes;	Malawi Alcohol Policy Alliance (MAPA), Ministry of Youth, Ministry of Gender, Disability, Social Welfare,	On-going
	Engage advocacy by civil society on alcohol-related harms;	MAPA	2017-2018
	Mainstream alcohol programmes in national development strategies;	OPC and Ministry of Health (Any relevant stakeholders)	2017-On-going
	Develop and disseminate public education messages on the Policy and legislation provisions to community groups through print and electronic media;	Ministry of Health, Ministry of Information/Ministry of Civic Education, Malawi Alcohol Policy Alliance	2017-On-going
Policy Priority Area 3: Commercial Production, Distribution and Sales Systems of Alcohol Products			
Policy Statement 3: The Government shall Establish, Review and Enforce Regulations over Commercial Production, Distribution and Sales System of Alcohol Products			
To regulate the Availability and accessibility of alcohol products	Review and strengthen import and producer-licensing mechanism for alcohol products;	Ministry of Local Government and Rural Development, Local Councils liquor licensing boards	2017 – 2018
	Review and strengthen legislation to include provisions for location of retail outlets	Ministry of Justice, Law commission, Ministry of Local Government	2017 –2018
	Review and strengthen regulation of	Local Councils , liquor licensing	2017 – 2018

Objective	Strategy	Responsible	Timeframe
	wholesale and retailing systems by licensing;	boards	
	Enforce and monitor minimum age (18yrs) to purchase and consume alcohol Provide all retailers with guidelines and notices on alcohol sale limitations to individuals seemingly heavily intoxicated linked to licensing	Local Councils and Malawi Police Service, National Registration Bureau Local Councils	On - going 2017- On going
	Regulate taxes by percentage volume of alcohol;	Ministry of Finance Malawi Revenue Authority (MRA) Ministry of Industry and Trade	2017-2018
	Complete ban of sachets and setting of minimum packaging standards and volumes of alcohol products	Malawi Bureau of Standards Ministry of Industry and Trade	2017-2018
	Set higher minimum prices for alcohol products than non alcoholic beverages	Ministry of Finance	2017-2018
Policy Priority Area 4: Marketing of Alcohol Products			
Policy Statement: The Government shall Ensure Comprehensive Regulation of Marketing of Alcohol Products			
To regulate the Availability and accessibility of alcohol products	Review the Liquor Act, Taxation, and Consumer Protection Acts to include provisions for the regulation of alcohol advertising and marketing; Review the Liquor Act to include	Ministry of Industry and Trade Ministry of Justice Ministry of Local Government	2017 – 2018
		Ministry of Justice	2017 – 2018

Objective	Strategy	Responsible	Timeframe
	provisions for the regulation of marketing sponsorships for cultural or sports events as well as promotional competitions of alcohol products	Ministry of Youth and Sports Competition and Fair Trading Commission	
	Review the Liquor Act and standards for alcoholic beverages to include provisions of health and social behavior warning labels	Ministry of Health, Malawi Bureau of Standards Ministry of Justice	2017 – 2018
	Develop systems for monitoring marketing of alcoholic products	Ministry of Industry and Trade Malawi Bureau of Standards Ministry of Information and Ministry of Civic Education	2017 – 2018
	Review Liquor Act and other relevant acts to include penalties on infringements on marketing regulations	Ministry of Industry and Trade Ministry of Local Government and Rural Development Ministry of Justice	2017 – 2018

Objective	Strategy	Responsible	Timeframe
Policy Priority Area 5: Informally Produced Alcohol			
Policy Statement 5: The Government shall Regulate the Production and Sale of Informally Produced Alcohol			
To regulate the Availability and accessibility of alcohol products	Empower local councils through traditional authorities to monitor informal brewing/distilling of alcohol products Empower local councils through traditional authorities and community-based groups such as Community Police to monitor and enforce supply of alcohol products from the designated premises	Local councils Local Councils	2017-2018 2017- ongoing
	Empower local councils through traditional authorities to enforce minimum age (18yrs) of purchasing and consuming alcohol Register communal brewers/distillers through associations/cooperatives at traditional authority	Local Councils Ministry of Local Government and Rural Development, Local Councils	2017-18 2017- ongoing

Objective	Strategy	Responsible	Timeframe
Priority area 6: Drink-driving Countermeasures			
Policy Statement 6: The Government of Malawi shall Ensure that all Alcohol Related Laws are Respected and Complied with.			
	Review the Road Traffic Act to include new drink driving countermeasures	Ministry of Home Affairs Ministry of Justice, Law commission, Department Road Traffic and Safety Services	2017-2018
	Empower the Agencies to administer the existing and new regulations on production and sale of alcohol products as well as on drink driving limitations.	Ministry of Home Affairs Ministry of Justice	2017- ongoing
	Reduce and enforce a legal blood alcohol concentration at the BAC limit from 0.08g/1 to 0.05g/1 for driving through random breath test	Law commission, Department Road Traffic and Safety Services, Ministry of Home Affairs-Traffic Police	2017- ongoing
	Establish random sobriety check points for regular breath testing for drivers	Ministry of Home Affairs - Traffic Police	2017-2018
	Develop a record system that catches repeat drink-drive offenders.	Ministry of Home Affairs - Traffic Police	2017-2018

Objective	Strategy	Responsible	Timeframe
	Confiscation of the guilty party's driving license according to section 128 (9)B of Road Traffic Act 1997–	Department Road Traffic and Safety Services, Ministry of Home Affairs - Traffic Police	2017- 2018
Policy Priority area 7: Health Interventions			
Policy Statement: GOM will Ensure Provision of Prevention and Treatment Interventions to Individuals and Families at Risk of or Affected by Alcohol use Disorders and any Associated Medical Conditions			
Objective :To promote the health sector's response to harmful use of alcohol	Develop skills and competencies of health staff to deliver services for the prevention , and treatment for alcohol-attributable conditions and disorders	Ministry of Health (NCDs & MH Unit), Ministry of Local Government, Ministry of Gender, Christian Hospital Association of Malawi (CHAM), Private, NGO's	2017-2018/19
	Provide counseling and medical care for heavy drinkers and alcoholic as part of integrated WHO package of NCD interventions (WHO PEN).	Ministry of Health, Ministry of Local Government, CHAM, Private, NGO's, Ministry of Gender	2017-2018/19
	Strengthen the capacity of the health systems to diagnose and manage (infrastructure , drugs , equipment) alcohol related conditions	Ministry of Health, Ministry of local Government, CHAM, Private, NGO's, Ministry of Gender	2017 ongoing
	Provide targeted preventive and treatment interventions for underage drinkers and pregnant women.	Ministry of Health, Ministry of Local Government, CHAM, Private, NGO's, Ministry of Gender	2017-2018/19

Objective	Strategy	Responsible	Timeframe
	Provide rehabilitative services including psychological support to people affected by alcohol abuse /addiction	Ministry of Health, Ministry of Local Government, CHAM, Private, NGO's, Ministry of Gender	2017-2018/19
	Include social and behavior change communication approaches to address harmful use of alcohol in all health promotion interventions.	Ministry of Health, Ministry of Local Government, CHAM, Private sector, Ministry of Gender, Social Welfare and Disabilities, NGO's	2017-2018/19
Policy Priority area 8: Research, Monitoring & Evaluation			
Policy Statement: Promote Evidence Based Interventions on Alcohol-Related Social and Public Health Harm			
To promote monitoring, surveillance and research for harmful use of alcohol	Engage in comprehensive research on the prevalence and other data dimensions on public health, social and economic impacts of harmful use of alcohol	MOH (NCDs Unit and Research Department), academia training and research institutions (NHSRC) Public Health institute of Malawi (Epidemiology), National Statistical Office (NSO)	2017-2018/19
	To develop data base for the alcohol related issues in coordination with Police and MoH	Malawi Police Services and MOH	2017- ongoing
	Establish and maintain a registration	Ministry of Health, CHAM,	2017-2018/19

Objective	Strategy	Responsible	Timeframe
	and monitoring system of alcohol-attributable health conditions such as diseases (NCDs), injuries and deaths for effective reporting;	Private, Ministry of Local Government, National Road Safety Council of Malawi, Ministry of Home Affairs and Internal Security (Malawi Police - Road Traffic and victim support unit), Ministry of Gender,	
	Strengthen the capacity of existing research institutions for designing and implementing studies that target alcohol-related problems that arise over time;	Ministry of Health, (National Health Sciences Research Committee), CHAM, Private sector, NGO's, Public Health Institute of Malawi	2017-2018/19
	Conduct research on the impact of alcohol interventions particularly on consumption rates and drinking patterns;	Ministry of Health, CHAM, Private sector, NGO's,	2017-2018/19

4.0 MONITORING AND EVALUATION PLAN

Objective	Output	Performance Indicator	Target	Baseline	Source of Verification	Assumptions/Risks
Policy Priority Area 1: Capacity building						
Outcome: Increased Number of qualified personnel						
To Strengthen the capacity for law enforcement agencies in relation to alcohol related issues	Reduced Alcohol related cases	% of staff trained % of enforcement related equipment procured	50% of personnel from each of the following Institutions - Police, MBS and DRTSS trained. An increase of 20% of what is currently available in terms of equipment	5%	Reports. Certificates Attendance Registers	Availability of personnel. Availability of Funds. Government commitment and continuity. Commitment of Officers who have been trained.
Policy Priority Area 2: Educity and Training on harmful use of alcohol						

Objective	Output	Performance Indicator	Target	Baseline	Source of Verification	Assumptions/Risks
Outcome: Increased knowledge on harmful effects of alcohol.						
Promote education and training on alcohol related harms in formal and informal institutions and general community.	Life skills school-based curriculum reviewed and strengthened.	A reviewed and strengthened curriculum in place	1	1	1: Report from review meeting. 2: The available curriculum. KAP survey reports	Cooperation from stakeholders. Availability for resources.
	National work place alcohol policy developed.	Availability of workplace policy	1	Nil	Policy document	Cooperation from social partners. Resource availability.
	Formal work place education sessions for employees and employers conducted.	Number of education sessions	60%	Nil	Progress report Work place visits Inspection reports	Cooperation from partners. Funds Availability of training materials Sustainability of the projects
	Capacity of facilitators in	Number of facilitators	200	0	Training reports,	Availability of resources,

Objective	Output	Performance Indicator	Target	Baseline	Source of Verification	Assumptions/Risks
	alcohol harm reduction programmes enhanced.	trained			Capacity assessment reports	
	Public awareness campaigns conducted	Number of public awareness campaigns	1755	A few uncoordinated activities)	Reports	Availability of resources
	Information, knowledge and skills on effective interventions to reduce alcohol-related harms developed.	Number of alcohol related materials developed	4000 T-Shirts & 10000 Flyers	0	Procurement minutes, Focus Group Discussions (FGD)	Availability of resources
	Community groups formed	Number of community groups	350	0	Monitoring visits reports, progress reports, FGD reports	Availability of resources Cooperation from the community to have active groups
	Civil society engaged on alcohol-related harms advocacy.	Number of civil society engaged	200	0	Reports, monitoring visits	Availability of resources Cooperation from the CSOs and community members
	Alcohol	Number of	2	0	Strategies	Availability of resources,

Objective	Output	Performance Indicator	Target	Baseline	Source of Verification	Assumptions/Risks
	programmes in national development strategies mainstreamed.	strategies			incorporating alcohol issues	Absence of alcohol issues in the strategies, Political will
	Public education messages on the policy and legislations developed and disseminated.	Number of public education messages	10	0	Messages	Availability of resources.
Policy Priority Area 3: Commercial production, distribution and sales systems of alcohol products						
Outcome: Reduced accessibility of alcohol products by 2017						
To ensure effective regulation of availability and accessibility of alcohol products	Liquor Act reviewed and amended	Endorsed Bill of revisions and amendments to Liquor Act	Revised Liquor Act	Liquor Act, 1979	Draft Bill	Availability of resources both financial and human resources Current social, political environment prevailing
	Minimum age to purchase and consume alcohol enforced	Number of inspections to sale points	monthly	0	Inspection reports	Availability of resources for enforcement and motivation of staff
	Times and hours of	Number of inspections	monthly	0	Inspection reports	Motivation for inspection staff

Objective	Output	Performance Indicator	Target	Baseline	Source of Verification	Assumptions/Risks
	opening and closing outlets enforced	to alcohol outlets				
	Guidelines on alcohol sale limitations to individuals seemingly heavily intoxicated. Developed	A document with a set of guidelines developed	1	0	A Copy of guidelines	Availability of resources
	Guidelines on alcohol sale limitations to individuals seemingly heavily intoxicated. Distributed	Number of outlets with guidelines on sale of alcohol	All licensed alcohol retailers	0	Inspection reports	Availability of resources
Policy Priority Area 4: Marketing of alcohol products						
Outcome: Standardized marketing strategies for alcohol products by 2017						
To ensure behavior change through appropriate interventions	Monitoring system developed and implemented	Monitoring system developed	1	0	Approved monitoring system Monitoring reports	Availability of resources Capacity to implement

Objective	Output	Performance Indicator	Target	Baseline	Source of Verification	Assumptions/Risks
Policy Priority Area 5: Informally produced alcohol						
Outcome: Reduced availability of informally produced alcohol by 50% by 2017						
To ensure effective regulation of availability and accessibility of alcohol products	Informal brewing/distilling of alcohol products regulatory mechanism reviewed	Regulatory mechanism reviewed	1	Liquor Act, 1979	Draft Bill	Availability of resources Political will/support
	Bye-laws formulated	Approved Bye- laws	35	Some bye-laws on opaque and traditional beer exist	Bye - law	Availability of resources Councilors put in place
	Informal brewing/distilling of alcohol products regulatory mechanism implemented	Number of brewers and distillers registered	All brewers and distillers	0	Registers	Availability of resources, Commitment by local councils and traditional leaders
	Capacity to monitor developed	Number of CBO formed Number of community policing trained	one community based group per village	0	Training reports	Availability of resources, Commitment by local councils and traditional leaders

Objective	Output	Performance Indicator	Target	Baseline	Source of Verification	Assumptions/Risks
	Income generating activities diversified	Number of alternative IGAs introduced	All local brewers and distillers		Reports	Availability of resources Willingness of brewers/distillers Nature of the alternative IGA
Policy Priority Area 6: Drink Driving Countermeasures						
Outcome: Reduced road traffic accidents related to alcohol						
To reduce fatality					Road traffic data	Availability of equipment for checking blood alcohol levels in drivers
Policy Priority Area 7: Health Interventions						
Outcome: increased coverage of curative, promotive, preventive and rehabilitative health services) for people at risk and affected by the harmful use of alcohol.						
To promote the health sector's response to harmful use of alcohol	Health workers skills and competencies in prevention, and treatment in response to harmful use of alcohol	% of community hospitals , secondary and tertiary facilities with at least one health workers trained in treatment and prevention etc	80%	2 (translate to %)	Supervision reports	Resource availability both human and financial
	Psychosocial	% of clients	50%	1%	Routine	Availability of

Objective	Output	Performance Indicator	Target	Baseline	Source of Verification	Assumptions/Risks
	counseling and medical care provided for heavy drinkers and alcoholics as part of WHO package of NCD interventions (WHO PEN).	receiving counseling medical care (disaggregated by inpatient and outpatient)			NCDs and Mental Health reports Hospital based reports	psychosocial counselors Staff turn over Stigma and discrimination
	Availability of facilities screening, diagnosing and managing (infrastructure, essential drugs, equipment) alcohol related conditions	No of facilities able to screen for abuse of alcohol and other substances No of facilities able to diagnose alcohol related conditions	To be verified /agreed	28 (to be verified) 2	Supervision reports	Inadequate essential drugs , equipment , and facilities, staff turnover
		No of	To be	2		

Objective	Output	Performance Indicator	Target	Baseline	Source of Verification	Assumptions/Risks
		facilities able to manage alcohol related conditions according to their level of service (i.e tertiary, secondary and primary)	inserted			
	Availability of services that provide targeted preventive interventions for children and adolescents	No of facilities providing integrated alcohol related Youth friendly services	50%	0%	Supervision reports	Staff turnover
	Availability of services that provide targeted preventive interventions	No of antenatal clinics integrating alcohol related preventive	50%	1%	Supervision reports	Staff turn over

Objective	Output	Performance Indicator	Target	Baseline	Source of Verification	Assumptions/Risks
	for pregnant and breast feeding women	measures.				
	Facilities providing rehabilitative services including psychological support to people affected by alcohol abuse /addiction	No. of facilities providing rehabilitative services	5	2	Physical inspection	In availability of adequate resources Stigma & discrimination
	Health promoting settings approaches	No. of health promoting settings initiated	To be determined	0	Reports	In availability of resources
Policy Priority Area 8: Research, Monitoring and Evaluation						
Outcome: improved monitoring system for alcohol related health harms						

Objective	Output	Performance Indicator	Target	Baseline	Source of Verification	Assumptions/Risks
To promote monitoring of harmful use of alcohol	An integrated surveillance system for alcohol related conditions established	% of health facilities reporting alcohol related morbidity and mortality	100%	0	NCD & Mental health reports	Unavailability of diagnostic measures
	Public accessibility of health reports with alcohol related statistics	Number of reports	Bi-annually	0	Newspaper publication; Social media networks;	
Outcome : Evidence Generated for Planning Purposes						
To promote research on harmful use of alcohol	comprehensive epidemiological studies on the various public health and socio-economic aspects of harmful use of alcohol	No of studies	4	2	Study reports/papers	Unavailability of resources

Objective	Output	Performance Indicator	Target	Baseline	Source of Verification	Assumptions/Risks
	research on the impact of alcohol interventions conducted	No of studies	2	0	Study reports /paper	Unavailability of resources

