

Strengthening Policies on the Harmful Use of Alcohol, Gender-Based Violence and Infectious Disease

A joint UNDP, WHO, IOGT, & FORUT initiative

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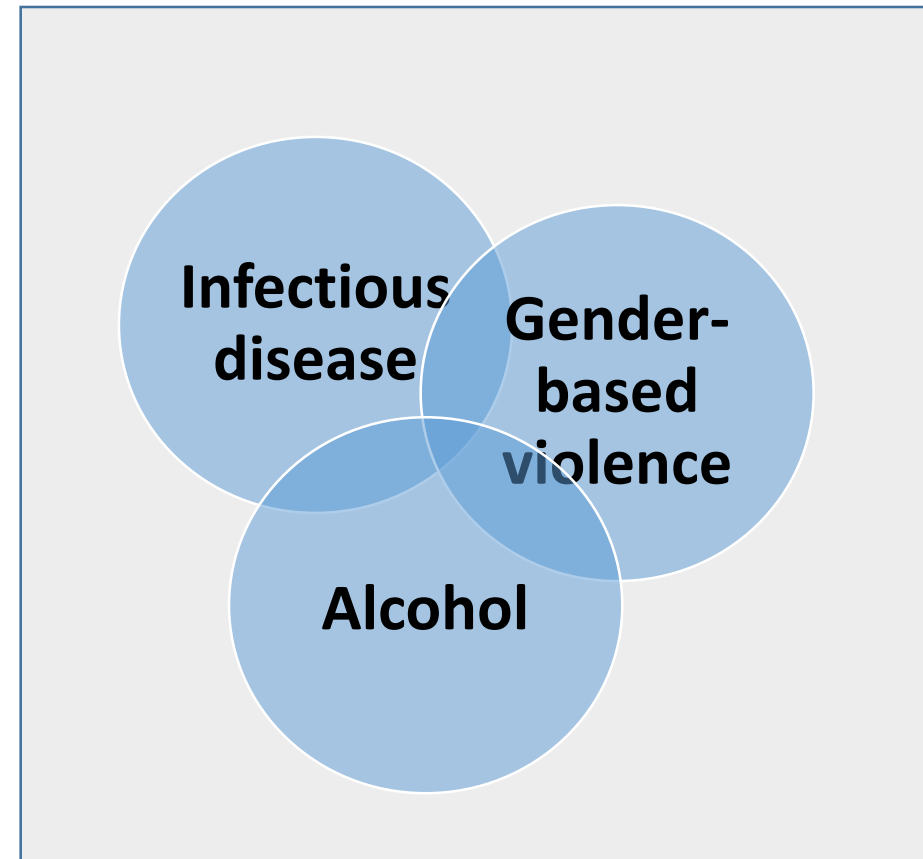
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Initiative began in 2013 with a singular vision

Develop the state of policy from this...

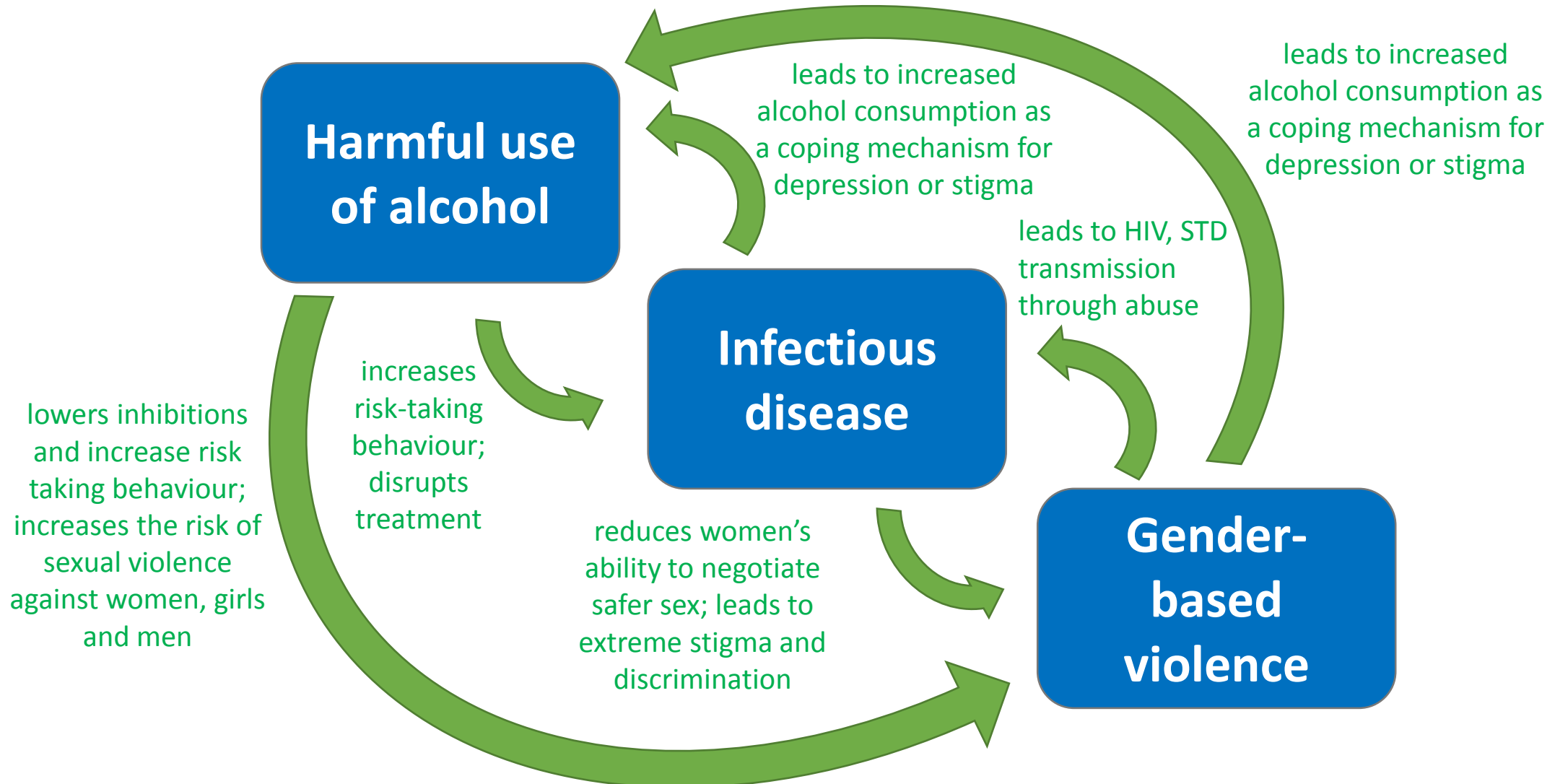


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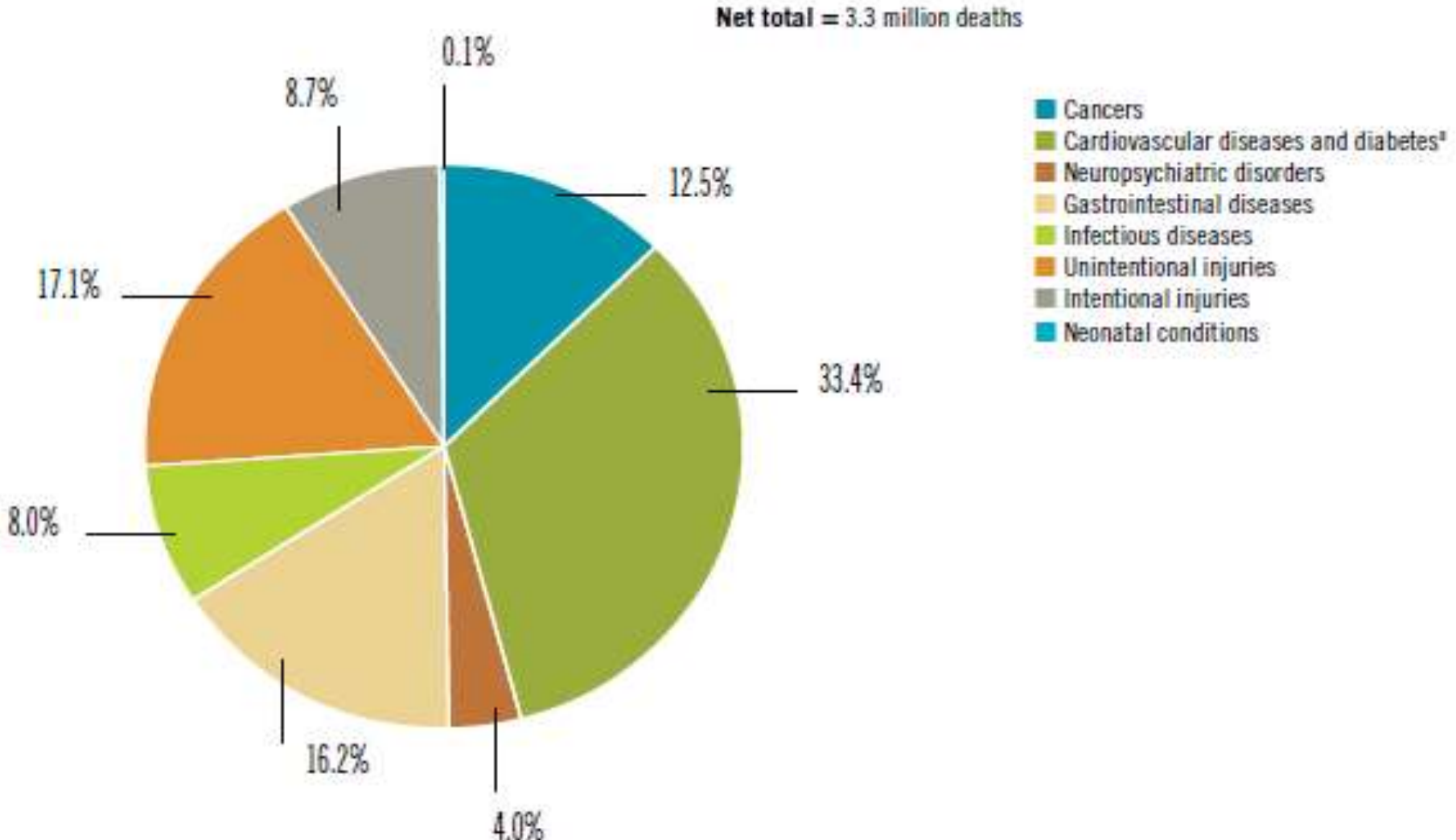


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Alcohol, GBV, and infectious disease are closely correlated



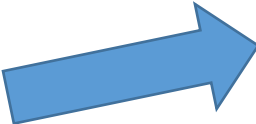
Global distribution of alcohol-attributable deaths by disease or injury (WHO, 2014)



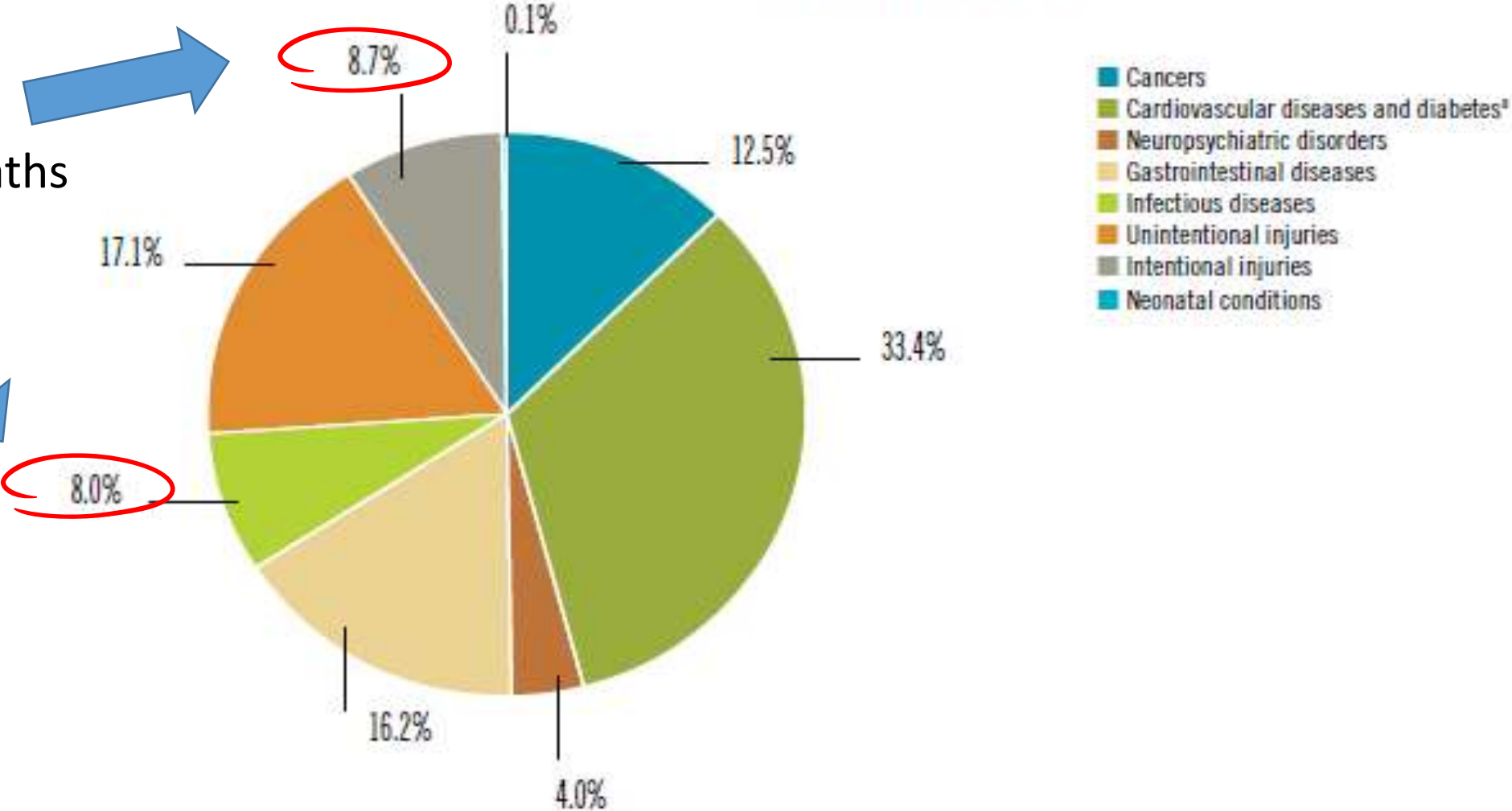
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Global distribution of alcohol-attributable deaths by disease or injury (WHO, 2014)

More than 550,000 deaths per year



Net total = 3.3 million deaths



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Alcohol-attributable fractions for selected causes of death, disease and injury, 2012 (WHO, 2014)

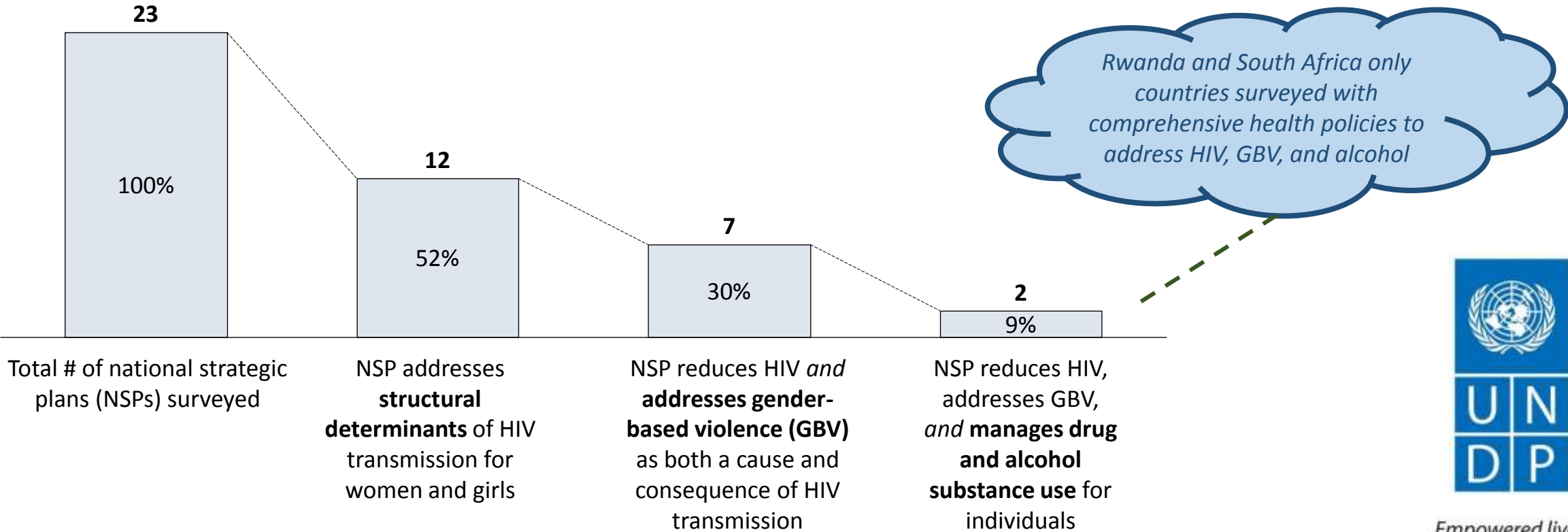
All global deaths/DALYs

• Interpersonal violence	22/20
• Self-harm	22/20
• Tuberculosis	12/11
• HIV/AIDS	1/1
• Breast cancer	8/8
• Ischaemic heart disease	7/5
• Liver cirrhosis	50/50
• Alcohol use disorders	100/100



And yet, national HIV strategic plans do not adequately address and connect all three issues

As of 2010, only 2 of 23 countries in Eastern and Southern Africa (9%) had a national HIV strategy that adequately addressed HIV, GBV, *and* alcohol



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Source: "From Talk to Action: Review of Women, Girls, and Gender Equality in NSPs in Southern and Eastern Africa" (HEARD and ATHENA Report, 2010)

Alcohol policies are particularly weak

	HIV policy	GBV policy	Alcohol policy
Botswana	✓	Draft	✓
DRC	✓	✓	✗
Guinea Bissau	✓	✓	✗
Liberia	✓	✓	Draft
Malawi	✓	✓	Draft
Namibia	✓	✓	Draft
Sierra Leone	✓	✓	✗
Zambia	✓	✓	Draft
Zimbabwe	✓	✓	Draft

Only 1 of 9 participating countries from Africa had a national policy on alcohol

- Compared to GBV and infectious disease, national policies on alcohol are the least developed
- **Botswana's** policy (the only one in place) did not take into account the linkages between alcohol and GBV or infectious diseases
- In most other countries, a national alcohol plan was delayed in draft form, often *after* intervention by non-health sectors or the alcohol industry.
- The extensive interference in health policymaking by the alcohol industry is an emerging area of interest for the initiative



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Objective of this joint programme to bridge the existing gap

- Harmful use of alcohol, GBV and infectious diseases should be tackled together to improve health and development outcomes
- Critical need convene a diverse range of stakeholders who can influence policies (e.g. ministers of health, finance, law enforcement, UN organizations, civil society, and academics)
- Opportunity to focus on alcohol policy and industry interference, a core weakness



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Sustainable Development Goal 3. Ensure healthy lives and promote well-being for all at all ages

3.1 by 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births

3.2 by 2030 end preventable deaths of newborns and under-five children

3.3 by 2030 end the epidemics of **AIDS, tuberculosis, malaria**, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases

3.4 by 2030 reduce by one-third pre-mature mortality from **non-communicable diseases** (NCDs) through prevention and treatment, and promote mental health and well-being

3.5 strengthen prevention and treatment of substance abuse, including narcotic drug abuse and **harmful use of alcohol**

3.6 by 2020 halve global deaths and injuries from **road traffic accidents**

3.7 by 2030 ensure universal access to **sexual and reproductive health care services**, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

3.8 achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all

3.9 by 2030 substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination

3.a strengthen implementation of the Framework Convention on Tobacco Control in all countries as appropriate

3.b support research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration which affirms the right of developing countries to use to the full the provisions in the TRIPS agreement regarding flexibilities to protect public health and, in particular, provide access to medicines for all

3.c increase substantially health financing and the recruitment, development and training and retention of the health workforce in developing countries, especially in LDCs and SIDS

3.d strengthen the capacity of all countries, particularly developing countries, for early warning, risk reduction, and management of national and global health risks



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Partners bring to the table what they do best



UNDP

- UN lead agency on governance, UNAIDS cosponsoring agency on gender issues, and co-chair of UN working group on alcohol
- Provides policy advice and technical support to countries in HIV, MDGs and development planning; governance of AIDS responses; HIV, human rights, gender and sexual diversity; intellectual property, innovation and access to treatment



WHO

- UN lead agency on health
- Leads UN work on alcohol policy at global, regional, and national levels
- Hosts global and regional networks for implementing the global strategy to reduce the harmful use of alcohol
- Collaborating with international agencies to reduce / eliminate violence globally



FORUT

- One of the few NGOs specialised in alcohol and drugs as a development issue
- In recent years, focused on assisting governments and NGOs in developing new national alcohol policies (in Nepal, Zambia and Malawi)



IOTG

- The largest membership-based global movement of NGOs promoting a richer and freer life free from alcohol and other drugs
- The premier global interlocutor for effective policy measures and community-based interventions to prevent and reduce harm caused by alcohol and other drugs

Several countries have already made progress

Country	Accomplishments to date
Botswana	<ul style="list-style-type: none">Participated in UN/WHO Joint Regional Africa Meeting; continuing to next phase
DRC	<ul style="list-style-type: none">Formed steering committee and working group; defined working group TORsIntegrated alcohol/GBV intersection into Global Fund concept note for HIV/TBEstablished and costed work plan to assess law and policy and establish national leaders' forum
Guinea-Bissau	<ul style="list-style-type: none">Participated in UN/WHO Joint Regional Africa Meeting; continuing to next phase
Liberia	<ul style="list-style-type: none">Participated in UN/WHO Joint Regional Africa Meeting; continuing to next phase
Malawi	<ul style="list-style-type: none">Alcohol and GBV issues integrated into (1) assessment of NSP, (2) Malawi HIV prevention strategy, and (3) development of Global Fund concept note
Namibia	<ul style="list-style-type: none">Participated in UN/WHO Joint Regional Africa Meeting; continuing to next phase
Sierra Leone	<ul style="list-style-type: none">Short assessment of sexual and gender-based violence prevalence carried out before and during Ebola crisis showed women who use alcohol to be at high risk for violence
Zambia	<ul style="list-style-type: none">New alcohol policy under review by cabinet officeEstablished technical committee chaired by Permanent SecretarySubcommittees within NAC tasked with integrating alcohol and GBV into HIV policy
Zimbabwe	<ul style="list-style-type: none">Final draft of national alcohol policy amended for HIV and GBVSteering committee now looking at how alcohol/GBV/HIV intersections integrate into the national HIV strategic plan and national GBV strategy



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Potential actions for country follow-up

- Support South-South exchanges – annual forum
- Evaluate which interventions prove most successful, so they can be prioritized elsewhere
- Develop tools – including guidance on addressing alcohol industry interference
- Source funding - requests for follow up funding currently include for:
 - Legal and policy environment reviews for HIV, GBV and alcohol.
 - Assessments of strategic plans
 - National stakeholder dialogues and leadership forums
 - Development of training manuals for the three issues
 - Capacity strengthening for actors at the intermediate and operational levels.



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Move beyond the policy focus

- Identify champions and engage a broader set of global partners
- Shift into implementation support
- Promote inclusion in existing multilateral programmes (PEPFAR, Global Fund)
- Highlight research opportunities (more GBV prevalence studies that include alcohol and HIV)



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Scale up to more countries



- Second African regional meeting in January 2015
- Requests for engagement in Asia Pacific in 2016
- Replicate in Latin America



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Thank you

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