

Alcohol policy development in Sierra Leone: An assessment of the role of civil society

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Abstract

Alcohol is one of the five major risk factors of non-communicable diseases (NCDs). With sustained policy advocacy by civil society, the Ministry of Health in Sierra Leone coordinated the policy process for the first national evidence-based alcohol policy to address NCDs. This case study documents the role of civil society in the policy process and analyzes the enablers of collaboration. It identified six factors critical for collaboration: (1) Prioritizing NCDs; (2) Demonstrating competence among advocates; (3) Building capacity of stakeholders; (4) Connecting national and global alcohol actions; (5) Using a participatory process; and (6) Removing or avoiding conflicts of interest from the alcohol industry. It concludes that civil society can be a catalyst for advancing alcohol policy process.

Introduction

Alcohol is one of the five major risk factors of noncommunicable diseases (NCDs), increasingly contributing to illnesses, disabilities, and deaths (World Health Organization [WHO], 2013). There is a causal relationship between alcohol use and a range of mental and behavioral disorders, such as cancer, cardiovascular disease, diabetes, as well as injuries (WHO, 2018). Alcohol consumption is estimated to cause more than 10% of the burden of NCDs, including cirrhosis of the liver, cancers, stroke, and hypertension (WHO, 2018). In 2020, the total number of NCD deaths in Sierra Leone was 29,700 (WHO, 2018).

The WHO Global Strategy to Reduce the Harmful Use of Alcohol in 2010 (WHO, 2010) and the WHO Global Action Plan for the Prevention and Control of Non-Communicable Diseases (NCDs) 2013–2020 provide guidelines for the development of national alcohol policies to reduce alcohol-related harms (WHO, 2010; WHO, 2013). To positively impact the health of African populations, targeted action addressing specific aspects of alcohol policy on the continent is crucial. Specifically, focusing on factors such as alcohol availability, including unrecorded and illicit production, outlet licensing, the expansion of formal production, marketing initiatives, and taxation policies, is paramount (Ferreira-Borges et al., 2017). There exists considerable variation in the strength of alcohol control policies among

countries across the African region (Ferreira-Borges et al., 2015). An analysis of alcohol policy development in South Africa revealed a piecemeal, incremental approach, influenced by various competing factors. Implementing a comprehensive national alcohol strategy that spans different sectors may be a more effective approach for other developing countries to consider (Parry, 2010).

Civil society organizations (CSOs) and grassroots initiatives have played a pivotal role in generating momentum and expediting action across various domains of health and sustainable development, notably in addressing issues such as HIV/AIDS, Ebola, and climate change (Dain, 2019). These movements are equally vital in advocating for the development of alcohol policies. Crafting an evidence-based, comprehensive national alcohol policy often necessitates sustained advocacy and mobilization efforts at both local and national levels. In Southern Africa, the significance of CSOs has heightened amidst the COVID-19 pandemic and beyond, as they work to bolster advocacy and public health measures for alcohol control. These organizations have reiterated the importance of having a voice in the formulation, discussion, and enforcement of public health policies (Aneja et al., 2023).

In Sierra Leone, the Foundation for Rural and Urban Transformation (FoRUT, 2018), a national non-governmental organization, initiated policy advocacy for alcohol control in 2015. FoRUT played a pivotal role in establishing the Sierra Leone Alcohol Policy Alliance

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(SLAPA), a national civil society network aimed at advocating for and supporting the development and implementation of an evidence-based alcohol policy. This policy seeks to regulate alcohol production, marketing, distribution, and consumption, reduce alcohol-related harm, and remain free from commercial interests. FoRUT facilitated various strategies for policy advocacy, including alliance building, mobilization and consultations, capacity building, lobbying and advocacy meetings, and media engagement.

The Ministry of Health (MoH) served as both a target for lobbying and advocacy efforts and a key partner in the alcohol policy process in Sierra Leone, ultimately resulting in the development and launch of the country's first national alcohol policy. The collaboration aimed to prioritize a national alcohol control agenda by creating a standalone, multi-sectoral policy and enacting new legislation to effectively enforce control measures, devoid of commercial interests. This joint effort led to the formulation of a national alcohol policy aligned with the principles of the WHO SAFER Initiative. (WHO, 2019) and Global Alcohol Action Plan (2022–2030; WHO, 2022), both of which enhance the effective implementation of the Global Strategy (WHO, 2010). With the exception of government's monopoly on retail sale, and the national maximum legal blood alcohol concentration when driving a vehicle (Government of Sierra Leone [GoSL], 2008), the policy covers all the recommended policy interventions in the WHO Global Strategy to Reduce the Harmful Use of Alcohol (WHO, 2010).

The success or failure of alcohol policy initiatives depends on numerous, interrelated factors at multiple levels (Gage, 2024). This case study examines the role of civil society in the development of the first Sierra Leone National Alcohol Policy (NAP) (GoSL, 2022). The case study is written from a civil society perspective. It documents the key elements that contributed to the productive collaboration between the government and civil society in the policy process. It also outlines the obstacles to the policy process, and civil society advocacy, and other efforts to overcome the barriers to the policy process.

Objectives of the Case Study

The objectives of this paper are:

1. To outline the participation of civil society and additional stakeholders in the alcohol policy process; and
2. To examine the factors supporting productive collaboration between civil society and the government in the alcohol policy process.

Methods

The study adopted a qualitative data collection approach (Ridder, 2012). We used a single case study approach to do an in-depth analysis of how the alcohol policy process evolved and to assess the role of civil society in the process. The case study conducted document reviews, which were

minutes of the meetings from the Alcohol Control Technical Working Group, SLAPA Annual General Meetings, reports of consultative meetings, and annual project reports. All the authors, representing the main civil society actors in the alcohol policy process, are authentic sources of the experiences from the collaborative relationship between the government and civil society in the policy process.

Enablers of Collaboration between Civil Society and Government in Alcohol Policy Process

This case study identified six enablers for fruitful collaboration between civil society and the Government of Sierra Leone for the policy process:

1. Prioritizing NCD and having committed technical leadership at MoH;
2. Demonstrating competence among advocates;
3. Building capacity of stakeholders and empowering communities to inform policy making;
4. Connecting national level policy advocacy with global alcohol actions;
5. Using a participatory process; and
6. Removing or avoiding conflicts of interest from the alcohol industry.

1. *Prioritizing NCD and Having Committed Technical Leadership at Ministry of Health*

Between 2011 and 2017, NCD issues were situated in the Directorate of Training, NCDs and Research with an Alcohol Focal Person, responsible for alcohol control related issues. The policy formulation process gained momentum when Ministry of Health established a full Directorate of Non-communicable Diseases and Mental Health in 2017 for the first time, demonstrating increasing focus on NCDs. However, the new directorate had no designated staff for alcohol control issues. Through the Directorate of Non-Communicable Diseases and Mental Health, the Ministry of Health was lobbied by SLAPA and FoRUT to prioritize alcohol control. Consequently, joint planning meetings with the Directorate of Non-Communicable Diseases and Mental Health resulted in the formation of the multi-stakeholder Steering Committee, which was later reconstituted and renamed the Alcohol Control Technical Working Group. It provides overall technical guidance on alcohol control across sectors and comprises 15 relevant ministries, departments and agencies, WHO, nine non-governmental organizations, and a civil society alliance. The Working Group reports to the Sierra Leone NCD and Injuries Poverty Commission within the Ministry of Health.

The leadership of the Directorate welcomed the proposal from civil society to integrate alcohol-related measures as much as possible in the National Non-Communicable Diseases Policy (GoSL, 2020) and National Non-Communicable Diseases Strategic Plan (2020–2024) in 2020. The appointment of an Alcohol Focal Point within the Directorate, in response to FoRUT's request, facilitated continuous engagement of civil society with the Directorate and other sectors and eased follow-up on actions from the Alcohol Control Technical Working Group meetings.

2. *Demonstrating Competence among Advocates*

An effective coalition is one that has field expertise and credibility around reform (Abante, 2022; Gage, 2024). The Foundation for Rural and Urban Transformation (FoRUT) and SLAPA persistently engaged with the MoH on the need to prioritize alcohol control measures in order to tackle NCDs in the country. As a result of the engagements, the Directorate of NCD and Mental Health appointed the National Chairperson of SLAPA as co-chair of the Alcohol Control Technical Working Group and delegated the role of the secretariat to FoRUT. The MoH had initially rejected the civil society recommendation to develop a standalone policy, with the justification that the policy was not a requirement for the development of a new alcohol control bill. In response to this obstacle, civil society successfully lobbied for the integration of alcohol-related measures in the National Non-Communicable Diseases Policy (Government of Sierra Leone [GoSL], 2020), and the National Non-Communicable Diseases Strategic Plan (2020–2024; GoSL, 2020). The MoH relied on FoRUT and SLAPA for the relevant inputs in both documents. In the absence of financial resources to hire a consultant to lead the process, the policy was drafted by FoRUT. The policy process also benefited from additional external reviews from international civil society partners of FoRUT. The Global Alcohol Policy Alliance (GAPA) Secretariat and FORUT in Norway (Campaign for Development and Solidarity, a development NGO with core competence in alcohol control), reviewed the draft policy. Technical consultations with these partners also added value to the process.

3. *Building Capacity of Stakeholders and Empowering Communities to Inform Policy Making*

Between April 2021 and September 2022, FoRUT organized several training courses for SLAPA members at both a national and district level on alcohol related harms, policy advocacy, media engagement, and movement building. SLAPA members and other civil society organizations developed knowledge and skills related to advocacy, which ignited more interest to participate effectively in advocacy activities and in the policy process. Civil society organizations from Malawi, Zambia, and Ghana shared their experiences in policy process at the first National Alcohol Policy Conference and the National Consultative Meeting on Developing a National Alcohol Policy that FoRUT, SLAPA and MoH co-hosted in Freetown in 2015 and 2021 respectively. The two events underscored the need for a standalone policy, brought clarity to the policy process, and built the confidence of all stakeholders to participate actively in the policy process. The analysis of the intersections between alcohol and gender/women's rights and children's rights increased awareness of alcohol-related harms from both public health and development perspectives. A consensus on the roadmap for developing the policy was reached at the consultation in 2021, enabling the process to successfully go through all the stages of developing a best practice policy as documented in the Malawi experience (WHO & FORUT, 2013).

4. *Connecting National Level Policy Advocacy with Global Alcohol Control Agenda*

Policy makers who have knowledge on alcohol control measures, and link national efforts to regional and global development alcohol control agendas, cooperate with civil society and prioritize the policy process. Updates on alcohol-related harms and regional and global alcohol control processes at both the intergovernmental level and civil society agenda process was provided by FoRUT at every opportunity in meetings of the Alcohol Control Technical Working Group, seminars, conferences and consultations. In addition, the WHO Regional Office for Africa and the Sierra Leone Country Office reviewed the draft policy to ensure alignment with the global alcohol control agenda. Developing a high-quality National Alcohol Policy requires stakeholders to take into consideration international evidence-based recommendations that guarantee progress in reducing alcohol-related harms, and draw lessons from countries that already have policies in place.

5. *Using a Participatory Process*

An inclusive process is ideal for developing a national alcohol policy. Empowering a community to mobilize around alcohol and related issues can be a powerful spur for government and other actors, and has been recognized as one of the promising strategies for reducing alcohol-related harm in developing countries (Parry, 2000). A broad range of stakeholders participated in the policy process, including relevant sectors, traditional leaders, women, and children's groups (Tables 1 and 2). The representation and recognition of citizens' voices signified public support and ownership of the policy. Dr. Santigie Sesay, Director of the Directorate of NCDs and Mental Health, MoH stated, "I would like to emphasize the importance of inclusive participation and stakeholder consultations in the alcohol policy process. We relied heavily on FoRUT and SLAPA to deal with the bottlenecks we encountered, such as funding the policy development process" (The Alcohol Control Technical Working Group, 2023). The hosting of two thematic group consultations on child rights and gender perspectives of alcohol-related harms generated public interest in the policy process. The roadmap for the policy process was agreed upon at a national consultative meeting in November 2021.

6. *6. Removing or avoiding conflicts of interest from the alcohol industry*

Alcohol industry interference is a major obstacle to the smooth development of a high-quality alcohol policy (Ferreira-Borges et al., 2014). The first step for establishing an alcohol policy in Malawi was initiated in 2006 by the alcohol industry. Several NGOs, including Drug Fight Malawi, abandoned the industry-led process and initiated a new national policy formulation process (Matanje Mwangomba et al, 2018). For Sierra Leone, there was no evidence of industry interference during the policy advocacy and policy development processes. The Ministry of Health neither invited the industry at any stage in the policy process to any of the meetings in which civil society participated, nor did the industry initiate the policy process. Delays in the policy process were due to inadequate funding, other national health priorities such as the national COVID-19 emergency, and the development of a national mitigation

plan to a threat of an Ebola outbreak in border communities close to Guinea.

Table 1

Role of Alcohol Control Technical Working Group Members in the Policy Process

Stakeholders	Role in Policy Development Process					
	Type	Participation	Coordination	Secretariat	Technical Support	Financial
Ministry of Health and Sanitation	Government	X	X		X	
Ministry of Internal Affairs	Government	X				
Ministry of Basic and Senior Secondary Education	Government	X				
Ministry of Trade and Industry	Government	X				
Ministry of Social Welfare	Government	X				
Ministry of Gender and Children's Affairs	Government	X				
Ministry of Finance	Government	X				
Ministry of Youth Affairs	Government	X				
Office of the Attorney General and Ministry of Justice	Government	X				
Ministry of Local Government and Rural Development	Government	X				
Sierra Leone Standard Bureau	Government	X				
Pharmacy Board of Sierra Leone	Government	X				
National Revenue Authority (NRA)	Government	X				
Independent Media Commission	Government	X				
National Drug Law Enforcement Agency	Government	X				
Sierra Leone Road Safety Authority	Government	X				
World Health Organization, Sierra Leone Country Officer	UN Agency	X			X	X
Sierra Leone Alcohol Policy Alliance	Civil society	X	X		X	
Foundation for Rural and Urban Transformation	Civil society	X	X	X	X	X
Sierra Leone Labour Congress	Civil society	X				
Sierra Leone Market Women Association	Civil society	X				
Sierra Leone Commercial Motor Bike Riders' Union	Civil society	X				
Motor Drivers and General Transport Workers' Union	Civil society	X				
Adventist Medical Missionary	Civil society	X				
Sierra Leone Consumer Protection Agency	Civil society	X				

Obstacles in the Policy Process

Alcohol policy development processes may not be linear. In 2016, FoRUT directly and through SLAPA, commenced lobby meetings to implement the recommendations from the national alcohol control conference. For Sierra Leone, three obstacles to a smooth policy process were encountered: having the Ministry of Internal Affairs act as the lead ministry for alcohol control instead of the Ministry of Health, taking steps to develop a new alcohol bill without an alcohol policy, and the lack of government budget allocation to fund the policy process.

1. The Ministry of Internal Affairs instead of the Ministry of Health as Lead Ministry for Alcohol Control

At the time of jointly hosting the first National Conference on Alcohol Control, the Ministry of Internal Affairs had begun seeking cabinet approval for the amendment of the archaic 1924 Liquor Act, aimed mainly to reduce the security threat posed by the increasing use of alcohol among young people and in deprived urban communities. The amendment process did not focus on reducing alcohol-related harms using the 'WHO 3 best buys' for controlling

alcohol which are to increase excise taxes on alcoholic beverages, to ban or restrict alcohol advertising, and to restrict the physical availability of alcohol (WHO, 2013). The MoH assumed responsibility, and rightfully became the focal ministry for alcohol control issues after a series of

bilateral meetings of SLAPA- and WHO-held meetings with the leadership of Ministry of Health and Ministry of Internal Affairs. These discussions underscored the necessity for the MoH to assume the coordination of the development of a comprehensive alcohol policy and a new alcohol control bill.

Table 2

Role of Other Stakeholders in the Policy Process

Stakeholders	Type	Role in Policy Development Process				
		Participation	Coordination	Secretariat	Technical Support	Financial
Local Councils	Government					
The Psychiatric Teaching Hospital	Government	x				
Child Rights Coalition - Sierra Leone	Civil society	x				
Children and Young People Clubs	Civil society	x				
Children's Forum Network	Civil society	x				
Women's groups	Civil society					
World Health Organization, Africa Region	UN Agency				x	
The United Nations Office for Drugs and Crime	UN Agency	x				
FORUT (Campaign for Development and Solidarity)	International Organization				x	x
West Africa Alcohol Policy Alliance	Sub-regional alliance				x	x
Global Alcohol Policy Alliance	Global alliance				x	

2. *Attempting to Develop a New Alcohol Bill without a National Alcohol Policy*

Policies usually inform the drafting of bills. The Alcohol Control Technical Working Group meetings held by the Directorate of NCDs and Mental Health ran smoothly until the legal advisers within the Ministry of Health interrupted the process and insisted that MoHS could proceed with the development of a new alcohol control bill without a NAP. The bill was intended to repeal the archaic 1924 Liquor Act. To address the challenge of lacking a policy offering substantial guidance on public health and development responses to alcohol-related harms beyond the legal restrictions proposed by the bill, FoRUT and SLAPA promptly advocated to the Directorate of NCDs and Mental Health. Their aim was to maximize the integration of alcohol control measures into the National NCD Policy (2020) and National NCD Strategic Plan (2019–2023). Their efforts proved successful as they achieved the integration before the finalization of the documents. Taking advantage of opportunities such as the integration of alcohol-related harm in the NCD Policy and Strategic Plan in Sierra Leone were strategies that kept the alcohol control agenda on the table in the MoH while also strengthening the relationship between MoH Health and civil society (GoSL, 2020).

3. *Lack of government budget allocation to fund the policy process*

Participatory policy processes require financial resources. While the Directorate of NCDs and Mental Health was willing to lead the policy formulation process, it neither received a substantive budget for NCDs and Mental Health activities, nor a specific budget for alcohol control. The considerable progress made in the policy process owes much to the substantial financial support provided by civil society. FoRUT played a pivotal role by financing six out of the nine consultations, the validation meeting, the printing of the policy document, and the official policy launch. These funds were sourced directly from grants allocated by FoRUT in Norway and indirectly through a sub-regional grant from the West African Alcohol Policy Alliance, specifically designated for national alcohol policy initiatives within the sub-region.

Conclusion

This analysis of the role of civil society in the alcohol policy process contributes to understanding the elements of successful collaboration in some contexts. It outlines some of the bottlenecks in influencing policy reform processes and how they can be overcome in developing countries. The case study highlights the enablers of productive collaborative relationships between government and civil society organizations and networks in the policy process. Consultations with a wide range of stakeholders across the country in the policy process ensures citizens' voices

contribute to the process, promotes collective ownership of the policy, and builds a network of allies that will support the implementation and monitoring of the policy.

Many other developing countries, including several African countries, are formulating national alcohol policies in line with the WHO policy guidelines and interventions. This case study highlights the benefits of analyzing and documenting the dynamics of civil society organizations and their impact on alcohol and other policy processes. Some of the enablers of collaboration documented in this study may be unique to the Sierra Leone context. An analysis of other experiences may be useful in establishing best practices that build on knowledge around inclusive participation in the alcohol policy formulation and implementation. Expanding civil society movements beyond mere policy advocacy to actively mobilizing and allocating resources to the policy process itself helps alleviate bottlenecks associated with severely limited national budgets in developing countries.

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