



Research Paper

Competing coalitions in alcohol policymaking in Malawi: a retrospective case study analysis of the alcohol sachet ban

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ABSTRACT

Background: Harmful alcohol consumption has significant public health implications across Africa and disproportionately affects vulnerable populations. In Malawi, the emergence of alcohol sachets - small, affordable plastic packets containing high-strength spirits - and their consumption, has raised substantial public health concerns. In particular, the resulting access and consumption amongst young people, led to a ban on those products by the Malawi Government in 2017. This study focuses on the policy process of the sachets ban, from agenda setting, to formulation and covers the modalities for implementation.

Methods: Retrospective policy case study involving a documentary analysis of all key regulatory documents and in-depth interviews with thirteen policy stakeholders and key informants. The Advocacy Coalition Framework was used to guide the analysis.

Results: The findings reveal a long and contested process involving two primary coalitions. The pro-ban coalition (NGOs, civil society organizations, religious leaders, and government representatives), which used empirical and local evidence on sachet alcohol-related harms, particularly among young people, to emphasize the need to regulate. The opposing coalition (spearheaded by alcohol and plastics manufacturers) mounted multiple legal challenges, stalling the policy formulation of the ban. Ultimately, a strong enduring public health coalition, a high court ruling and a decisive government decision facilitated a final and complete ban in 2017.

Conclusion: This analysis demonstrates how public health advocates successfully countered industry interference through evidence-based advocacy, community engagement, and strategic coalition-building. The Malawi case offers valuable lessons for other African countries considering similar alcohol control measures, highlighting the role of coalitions, the importance of framing alcohol regulations as public health protections, and of developing robust implementation mechanisms.

Introduction

Alcohol consumption is a major contributor to Non-Communicable Diseases (NCDs) increasing the risk of hypertension, liver disease, cancers, diabetes, and also leads to alcohol dependence (Babor et al., 2022;

Rumgay et al., 2021). It has implications across the life course for younger and older populations (Bryazka et al., 2022). The highest levels of alcohol-attributable deaths per 100,000 are observed in the African and European regions (World Health Organization, 2024). The burden of alcohol-related harm is rising in Africa, with significant added

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impacts on gender violence rates, mental health and society as a whole (World Health Organization, 2024). This burden is adding pressure to already strained healthcare systems, threatening their ability to treat those with substance use disorders and more generally jeopardising the attainment of the globally agreed targets of a reduction of 20 % in harmful alcohol consumption by 2025 (Ferreira-Borges et al., 2017). Africa has seen a rise in consumption and in the availability of alcohol, coupled with an increase in alcohol marketing (Dumbili et al., 2025; Ferreira-Borges et al., 2017; Mathoothe et al., 2021; Morojele, Dumbili, et al., 2021; Mupara et al., 2022; Swahn et al., 2022). In Malawi, the country of focus for this paper, the rate of heavy episodic drinkers (HED) - defined as those having consumed 60 g or more of pure alcohol on at least one occasion in the past 30 days - is nearly a fifth of all of males over the age of 15 (World Health Organization, 2024).

One worrying trend in Africa is the rising alcohol consumption among adolescents. Several recent reviews reveal a complex landscape in this respect, where the widespread availability of alcohol, the normalization of drinking and other economic, social and commercial determinants impact on young people's consumption (Ebrahim et al., 2024; Jumbe et al., 2025; Morojele et al., 2021; Mupara et al., 2022; Seekles et al., 2023). This trend poses significant risks to young people's development, including compromised educational attainment, heightened mental health vulnerabilities, and the increased likelihood of engaging in high-risk behaviours, including risky sexual behaviours (Letsela et al., 2019; Padmanabhanunni & McKenzie, 2025; Sommer et al., 2019). The socioeconomic impacts extend beyond individual harm, threatening future economic productivity and the promise of the so-called economic dividend of Africa's younger population (UNICEF, 2017). The notion of economic dividend in relation to young people in Africa refers to the potential economic benefits that can arise from having a large, youthful population. There can be benefits, particularly when this demographic advantage is properly harnessed through education, improved wellbeing, employment opportunities, and supportive policies; harmful alcohol consumption amongst young persons- given its long term impact across the life course- threatens this potential.

As is the case elsewhere, a key factor which is hindering regulation aimed at preventing harm on the African continent, is industry interference in the process of policymaking, which is widely reported in the literature (Babor et al., 2015, 2018; Ferreira-Borges et al., 2017; Gage et al., 2024; McCambridge & Lesch, 2024; Mitchell et al., 2025; World Health Organisation African Region Secretariat, 2023). This literature shows that industry and manufacturers interference typically manifest through various strategies or tactics, such as engaging in direct lobbying efforts which can involve providing information that emphasizes economic benefits while downplaying public health concerns, or arguing that proposed regulations would be economically damaging (Babor et al., 2022; Bertscher et al., 2018; World Health Organization Regional Office for Europe, 2024). Another common strategy involves the industry positioning itself as a partner in addressing alcohol-related problems, proposing self-regulation or voluntary measures as alternatives to government regulation (Ferreira-Borges et al., 2017; World Health Organisation African Region Secretariat, 2023). These tactics can delay or weaken the implementation of evidence-based policies. The literature also documents how the industry may fund research or advocacy groups that produce findings favorable to industry interests, potentially creating confusion about the scientific evidence base for policy decisions (Bertscher et al., 2018). Economic arguments are frequently deployed, with the industry highlighting job creation, tax revenue, and economic growth while minimizing discussion of the economic costs of alcohol-related harm (Gage et al., 2024; Mitchell et al., 2025; World Health Organization Regional Office for Europe, 2024). These arguments may be particularly influential in low and middle income countries (LMIC) where resources are limited and boosting economic development is a priority. Some studies point to targeted efforts by industry actors to increase the demand and the availability of alcohol in LMIC (Walls et al., 2020). Alcohol marketing

and sports sponsorship are also poorly regulated on the continent and can particularly influence young people's consumption (Dumbili et al., 2025; Morojele et al., 2021; Purves et al., 2025; Swahn et al., 2022; World Health Organisation African Region Secretariat, 2023).

To address such concerns, the World Health Organisation (WHO) SAFER alcohol control initiative and technical package (World Health Organisation, 2019) recommends comprehensive regulatory frameworks which control alcohol prices, marketing, and availability, but wide ranging regulations are still lacking in some African countries such as Malawi (Ferreira-Borges et al., 2015a; Morojele, Dumbili, et al., 2021; Trangenstein et al., 2021). To date, twenty-nine countries in the WHO African Region do not have alcohol policies and only nine have a central coordinating unit to oversee alcohol policy implementation (WHO African Region Secretariat, 2023). Against this backdrop, one of the concerning trends is the rise in marketing of very affordable alcohol products of different sizes and packaging to African populations, with these products often targeted at the youngest and the most vulnerable populations (Babor et al., 2022; De Bruijn, 2011; Hoel et al., 2014; Lesch et al., 2024; Letsela et al., 2019; Salimu & Nyondo-Mipando, 2020). Small and large packaging of alcohol have been linked to heavier drinking and risky sexual behaviours in Africa (Arasi & Ajuwon, 2020; Bonnevie et al., 2020; McLoughlin et al., 2013; Trangenstein et al., 2018).

One such product, which is commonly manufactured and sold across the African continent is the alcohol sachet (Arasi & Ajuwon, 2020; Bonnevie et al., 2020; Hoel et al., 2014; Salimu & Nyondo-Mipando, 2020; Smart et al., 2021). Alcohol sachets are small, sealed plastic bags, which vary in size (from approximately 30 to 200 ml), which are very affordable in terms of price, and which contain single use quantities of high strength spirits (e.g. gin or whisky). These small sachets have been linked to heavier and more harmful consumption (Bonnevie et al., 2020; Otim et al., 2019; Smart et al., 2021), especially amongst young people and poorer, or more vulnerable populations (Arasi & Ajuwon, 2020; Hoel et al., 2014; Salimu & Nyondo-Mipando, 2020). In an effort to restrict alcohol availability and to reduce harmful consumption, several African countries, including Malawi and Uganda, have issued regulations which ban the manufacture, export and sale of alcohol sachets (Kasirye, 2023; Salimu & Nyondo-Mipando, 2020; Smart et al., 2021). Other countries, such as Nigeria, have recently contemplated similar bans (NAFDAC, 2024). However, to date, none of the papers on alcohol sachets published in Africa offer a comprehensive look at the formulation or implementation of sachets bans or the ways in which this may inform policy decisions in other similar contexts (Arasi & Ajuwon, 2020; Bonnevie et al., 2020; Hoel et al., 2014; Otim et al., 2019; Salimu & Nyondo-Mipando, 2020; Smart et al., 2021).

In this context, it is therefore important to gain a better understanding of the rationale behind regulations that prohibit such practices. Alcohol policy analysis which can support the development of contextualized, evidence based policies is still lacking in Africa (Balenger et al., 2023; Ferreira-Borges et al., 2015b; Haragirimana et al., 2024; Juma et al., 2018; Morojele et al., 2021; Mupara et al., 2022). This is particularly true of Malawi, which has only seen very few alcohol policy focused papers published to date (Mambulu et al., 2015; Mwagomba et al., 2018). To address this gap, the aim of this paper was to conduct a retrospective policy analysis of the policy which banned the alcohol sachets in Malawi.

Theoretical framework

There is also a gap in LMIC alcohol policy analyses which use theories and theoretical framework (Gilson et al., 2018; Walls et al., 2020). In our paper we drew on the concepts from the health policy triangle (HPA) (Buse et al., 2012). The HPA highlights the roles of content, context, process and actors in policy. Our paper particularly focuses on actors, and the tensions and power dynamics between different groups in policymaking (Topp et al., 2021). Historically, policy analysis has

tended to focus on defined stages of the ‘policy cycle’, from agenda setting to implementation (Cairney, 2019). However, it is now well established that the policy making process is rarely straightforward and takes place within a context of interactions - and sometimes contestations - between different actors and coalitions (Berlan et al., 2014; Gilson et al., 2018; Hargovan et al., 2024). In the field of alcohol policy, various theoretical frameworks derived from political or social science theory have been applied (Lesch & McCambridge, 2021; Walls et al., 2020). To deepen our analysis, we draw more specifically on elements of the Advocacy Coalition Framework (ACF), which explains how policy change may occur through competing coalitions of actors sharing core beliefs and coordinating actions to influence policy (Weible & Sabatier, 2018). The ACF emphasizes the role of policy-oriented learning, core beliefs and external events (or shocks) which may impact on policy, as well as negotiated agreements which shape policy outcomes and policy change (Weible & Sabatier, 2018). In the past, critiques of the ACF were that it did not fully define the concept of what constitutes a coalition or how they interact (e.g. especially strategic behavior, power asymmetries, and non-learning mechanisms of influence (e.g., coercion or manipulation), or how belief systems are operationalized empirically, which complicates its empirical application (Schlager, 2019). Some felt the ACF was that the theory tended to somewhat overshadow the roles of material interests, other institutional factors, and power dynamics in policy processes (Pierce et al., 2017), but this was addressed more purposefully by Nohrstedt et al. (2023). They explained how coalitions align not only through shared beliefs but also strategic pursuit of material interests affecting their own tangible resources, and expressed that power dynamics emerge from unequal access authority, public opinion, information, and funding, which also shape influence in policy subsystems. Some have challenged the ACF’s assumption of stable coalition membership and joint belief systems, noting that real-world policy environments often feature more fluid and changing alignments (Hargovan et al., 2024; Howlett et al., 2017). However, we selected the ACF because it has been applied in the analysis of alcohol and other drugs policies (Gage et al., 2024; Ritter et al., 2018; Thom et al., 2016). It was well suited to the Malawi case study because the coalitions around the sachets ban were relatively stable overtime in this case. Within the

ACF framework, actions take place within what is labelled a subsystem, reproduced in Fig. 1 below (Gabehart & Weible, 2023). For this paper, we define the alcohol policy subsystem in Malawi as “the policy topic, geographic area of focus, and the individuals engaged in their policy issues” (Gabehart & Weible, 2023).

We used a case study approach which is a theoretically informed qualitative approach. It enables an in-depth exploration of a particularly selected example of a phenomenon in its context (Yin, 2018). In recent years, the case study approach has been used in the analysis of number of alcohol policies in the United Kingdom, South Africa, and Australia (Bertscher et al., 2018; d’Abbs et al., 2019; Hargovan et al., 2024; Lesch & McCambridge, 2023; Mooney et al., 2017) and by members of this research team in Burundi (Haragirimana et al., 2024). The data analyzed for this paper form part of a two-country study which took place in Malawi and Uganda from 2022 to 2024, and which was titled “Regulating alcohol packaging and supply to protect health in Sub-Saharan Africa: evidence from policy systems in Malawi and Uganda” (The RAPSSA Study). This paper reports on the Malawi case study and focuses on the agenda setting, and formulation of the ban.

Methods

In this section we describe the data sources, extraction and analysis we employed. Our reporting draws on the principles of the COREQ reporting guidelines (Tong et al., 2007).

Documentary analysis

A documentary analysis is a systematic analytical qualitative procedure for reviewing or evaluating documents - both printed and electronic material - to elicit meaning, gain understanding, and develop knowledge (Dalglish et al., 2020). Table 1, below, presents the characteristics of the documents we reviewed.

For our documentary analysis, the research team developed a data extraction plan with inclusion and exclusion criteria. Documents were included if they contained specific information on the sachets ban’s actors, process, content or context (Buse et al., 2012) and were in written

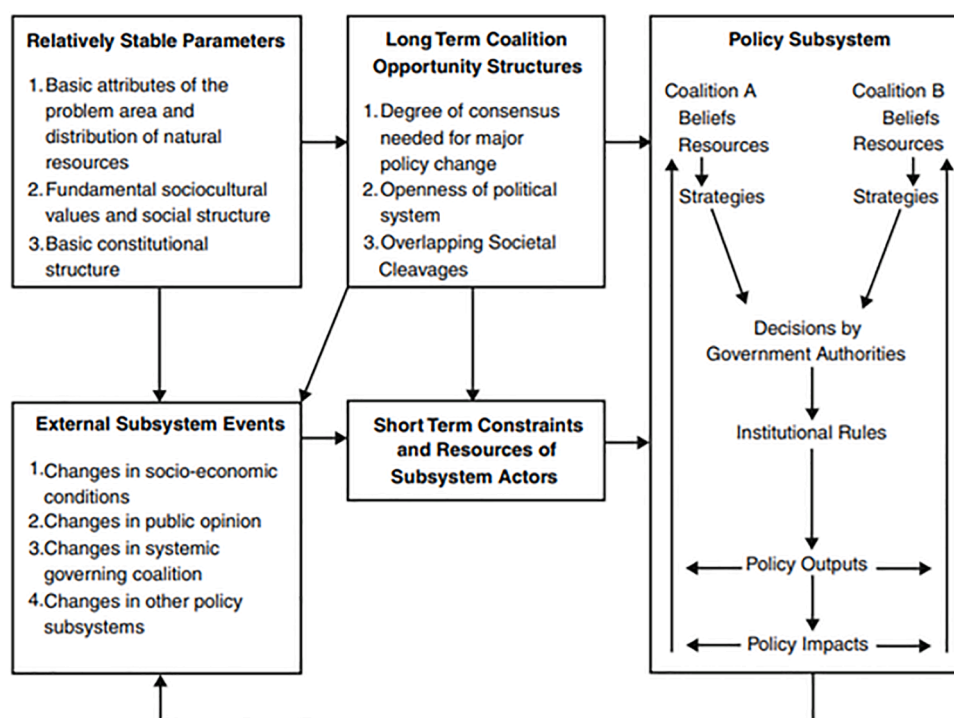


Fig. 1. The advocacy coalition framework flow chart as described by Gabehart and Weible (2023).

Table 1

Characteristics of documents included in the documentary analysis.

Category*	Type*	Unique Number	Document Title	Published By	Date of Publication; Reference
Statutory documents	Policy directive	M01	National Alcohol Policy	Malawi Government, Ministry of Health	01.03.2017; (National Alcohol Policy (M01) , 2017)
Legal documents	Regulation	M02	Malawi Gazette Supplement (extraordinary) - Government Notice No.7- (No.6A) Liquor (production, marketing and distribution) Regulations 2015	Malawi Government	30.04.2015; (Malawi Gazette Supplement (Extraordinary)- Government Notice No.7- (No.6A)- (M02) , 2015)
	Law	M03	Liquor Act, Chapter 50:07	Malawi Parliament	Passed 1979; amended 2000; version used 31.12.2014; (Liquor Act, Chapter 50:07 (M03) , 2014)
	Regulations Issued as Press releases	MM2	Revocation of Pre-Certification Approval and Registration of Spirituous Liquor packaged in Sachets and Plastic Bottles from the MBS Certification Scheme (MBS Press release)	Malawi Government- Malawi Bureau of Standards (MBS)	10.04.2017; (Revocation of Pre-Certification Approval and Registration of Spirituous Liquor Packaged in Sachets and Plastic Bottles from the MBS Certification Scheme (MM2) , 2015). Accessed 19.05.2023
		MM3	Press Release/regulation; Change of Volume for Spirituous Liquor (published in <i>The Nation</i> newspaper)	Malawi Government- Malawi Bureau of Standards (MBS)	21.11.2012; (Press Release- Change of Volume for Spirituous Liquor (MM3) , 2015)
	Court Ruling	M04	Malawi Bureau of Standards and 1 other v Polypack Limited and 1 other (Judicial Review 67 of 2015) [2017] MWHC 958	The High Court of Malawi	4.01.2017; (Malawi Bureau of Standards and 1 Other v Polypack Limited and 1 Other (Judicial Review 67 of 2015) [2017] MWHC 958 -(M04) , 2017)
Working Document	Report	M05	Fighting Poverty Through Alcohol Misuse Prevention in Malawi – Revised Full Report	The ALMA Project	16.12.2013; (Henning Eide et al. , 2013a)
	Survey	M06	Fighting Poverty Through Alcohol Misuse Prevention in Malawi - A survey of alcohol use among the adult population in Malawi (Presentation; summary)	The ALMA Project	22.04. 2013; (Henning Eide et al. , 2013b)
Media and communications	News article	MM1	<i>Sachet spirits are not illegal- Malawi Alcohol Manufacturers</i>	Nyasa Times newspaper	09.09.2014; (Nyasa Times , 2014)
	News article	MM4	<i>Police Respond to JB's Directive on child rapists</i>	Nyasa Times, Newspaper	27.06. 2012; (Nyasa Times , 2012a)
	News article	MM5	<i>Chiefs Back Ban of Alcohol Sachets</i>	Nyasa Times, Newspaper	01.07.2012; (Nyasa Times , 2012b)
	News article	MM6	<i>Malawi VP Kachali Asks Law Enforcers to enforce ban of sachet liquor</i>	Nyasa Times, Newspaper	23.12.2012; (Nyasa Times , 2012c)
	Blog	MM7	<i>Conflict over liquor sachets in Malawi</i>	Alcohol, Drugs and Development (ADD-FORUT/ IOGT)	07.03 2011; (Endal , 2011)
	News article	MM8	<i>Man Dies, 2 Critical after drinking excessive liquor</i>	Nyasa Times Newspaper	01.12.2011;(Nyasa Times , 2011)
	News article	MM9	<i>Malawi: Little sachets of evil?</i>	African Business	17.02. 2015; (African Business , 2015)
	News article	MM10	<i>Alcohol sachets makers lose case: High Court dismisses stay order</i>	The Times Group	06.01. 2016; (The Times Group , 2016)

The categories and type (*) of documents we used are drawn from the nomenclatures of [Dalglish et al. \(2020\)](#), and [Bertscher et al. \(2018\)](#).

format (hard copy/ online) in English. Documents were excluded if they contained no information related to the actors, content, process or context of the sachets ban in Malawi.

Documents searches

In Malawi, as is the case in other African countries, policy documents as well as regulatory documents, are not always accessible or available to researchers ([Abiona et al., 2019](#); [Haragirimana et al., 2024](#); [Mwagomba et al., 2018](#); [Nel et al., 2017](#)). For instance, the Government Gazette - which publicizes all Government regulations - is published in hard copy mostly; online records only go back to 2011, and are incomplete for the earlier years (<https://malawilii.org/gazettes/>).

Between January 2023 and July 2024, we conducted a series of purposive and iterative document searches, first through online searches for any policy or regulatory documents which met our criteria. DM, who is an early career researcher, received training from IU, MO, BK and GM on searching for documentary analysis. To supplement our search, we approached key informants and other networks to obtain further documents not readily available. Seven policy documents, legislation, regulations and reports were included as well as one court ruling. The early analysis highlighted some gaps in our understanding around the rationale, formulation and promulgation of the sachets ban. To address those,

we carried out a purposive search for online news articles (using specific date points around key events in the 'sachets ban' history) that could enhance our analysis. This search yielded forty-one online media articles, which we reviewed, and we included the eight which supplemented our understanding, by revealing data not already contained in the regulatory documents. The total number of documents included was sixteen.

Data extraction and analysis

The research team - led by IU, MO and GM – met several times and first developed a framework for the data extraction in the form of an Excel spreadsheet. To develop this matrix, we drew on the nomenclature by [Dalglish et al. \(2020\)](#) and on similar work in alcohol policy analysis in Africa ([Bertscher et al., 2018](#); [Haragirimana et al., 2024](#)). Our extraction spreadsheet matrix covered sixteen domains including the type and stated purpose of the document, its relation to the policy banning sachets, the target audience, sachets definitions, problem identification, deliberation, consultation, policy formulation and mechanisms of implementation and evaluation for the sachets ban. We piloted the data extraction matrix to extract data on two documents first and met several times as a team to refine it. DM was guided by IU, and extracted the data from the remaining documents using the finalised data extraction

matrix. The data extracted was subsequently analysed using thematic analysis, inspired by the Braun and Clarke's approach (Braun & Clarke, 2006, 2024). As per the main steps in this approach, the team first familiarized itself with the data extracted by reading and re-reading it to gain familiarity across the data and to pay attention to any patterns emerging (DM, BK and IU worked closely on this together). We developed a full thematic summary of the extracted data, indexing the data under a hierarchy of themes and sub themes looking for patterns and connections that suggested broader meanings within the dataset. We held several analysis meetings as a team, led by IU and MO, who are very experienced qualitative researchers. MO is an expert in policy analysis (Gilson et al., 2018), and helped guide the analysis. Thereafter we analyzed the data further and triangulated it with the interview data looking for both coherence and dissonance across the two datasets. We used analytical memos to develop the writing organized under the themes presented in the results, presenting data extracts to illustrate each theme.

Interviews

Recruitment

Ethical approval was obtained for the study from the University of Stirling (8077) and the University of Malawi (P.03/23/221). Thirteen participants were recruited to participate in the study. We employed purposive sampling to recruit participants, a non-probability method in which individuals are deliberately chosen by researchers based on characteristics or experiences that align with the research questions (Clark et al., 2021). This was followed by snowball sampling, where initial participants are recruited and suggest others from their own networks (Parker et al., 2020). Characteristics of our participants are presented in Table 2. Given the contentious nature of alcohol policy (McCambridge et al., 2018), and the limited number of policy makers and key actors actively involved in the development of alcohol control policies in Malawi, we only include broad characteristics of the participants in this table, to protect their anonymity. This approach has been used in other published studies of the same kind (Haragirimana et al., 2024; Lesch & McCambridge, 2023).

Data collection

Interviews took place in the districts of Blantyre and Lilongwe between April 2023 and February 2024; these are the two largest cities in Malawi, where most key informants reside. Lilongwe is the capital of Malawi, where the Government and Parliament are located. Participants were provided with an information sheet, given ample time to ask questions, and all gave written consent prior to the interviews. Interviews were conducted by DM and BK. The researchers were trained by IU, with support from NF, in the conduct of 'elite interviews', particularly around alcohol policy. Elite interviews - often with key decision makers or policymakers - require additional trust and

relationship building by researchers, more flexibility, and heightened attention to anonymity and confidentiality (Ellersgaard et al., 2022; Lancaster, 2017; Liu, 2018). Interviews were audio-recorded and lasted 38 mins on average. Elite interviews can be shorter owing to the high profile of this type of interviewee and the nature of the participants' busy schedule. All interviews were conducted in English as participants were well-educated and demonstrated fluency in the language. A semi-structured interview guide was used, covering the following domains: understanding and experience of the ban of sachet alcohol; perceptions of the rationale, formulation and implementation of the ban. A separate manuscript will address perceptions of enforcement and unintended consequences.

Data analysis

The interviews transcripts were de-identified and imported into the NVivo 20 software for analysis. Recordings and transcripts were uploaded to the secure server system of the University of Malawi for data protection, and in line with data management policies. The research Team carefully read and reviewed a selection of transcripts and developed an initial thematic coding framework, which was piloted on two transcripts. Thereafter the codebook was reviewed by the team and applied to code the remaining transcripts. We used Braun and Clarke's thematic analysis (Braun & Clarke, 2006, 2023, 2024) and applied reflexivity throughout. We started by a close reading of the data. DM undertook the coding which was checked for reliability by IU and BK. Codes were added to the codebook with each transcript. The coding was both deductive (that is informed by our research questions, and the topic guide questions) and inductive (with codes stemming also from the transcripts data). We used the framework matrix function in NVivo 20 to first summarise and index the data under the final codebook themes and sub-themes hierarchy (later exported to an excel spreadsheet matrix for sharing within the team). The themes from the matrix were thereafter mapped and linked in a more detailed analytical memo, telling the 'story' of the paper. The interviews themes were reflexively triangulated with that of the documentary analysis, and the results refined. During the overall analysis process, the research team met several times and participated in a process of sense-checking, and iterative interpretations of the data, with expert input throughout from IU, BK and MO.

Results

To present the results, we use the ACF policy system framework and present the different coalitions which formed for and against the sachets ban. We present their respective arguments and beliefs, and the resources and strategies they used to influence this ban. Since the overall process that led to the complete ban was a protracted one - nearly a decade in the making - we offer a quick reference timeline for the reader in Fig. 2 below.

Competing coalitions by proponents and opponents of the ban: rationales, resources strategies

Coalitions A - the pro-ban coalition

Both the documentary analysis and the interviews showed that the coalition in favour of the ban was broad, but main actors included non-governmental organisations (NGOs) and civil society organisations (CSOs), advocacy coalitions, some churches and traditional leaders, alongside local and national government representatives from various ministries and some members of Parliament. One CSO representative explained that this coalition was spearheaded by NGOs and CSOs after the Government's original consultation for the first draft of the National Alcohol Policy (in 2008). At that point, CSOs were tasked by the Ministry of Health to collect evidence - including empirical - around alcohol harms to facilitate NAP discussions with the Government. As part of this, alcohol sachets were described as related to harmful consumption, and a

Table 2
Summary table of participants characteristics.

Participant unique study number	Participant type	Number of participants
INTM1; INTM3; INTM9	Civil Society Organisations (CSO); CSO coalitions	3
INTM4; INTM10	International non-governmental Representatives (INGO)	2
INTM2; INTM5; INTM6; INTM7; INTM8; INTM12; INTM13	National Government Representatives (including those responsible for the enforcement of the ban)	7
INTM 11	Local Government Representative	1
	Total	13

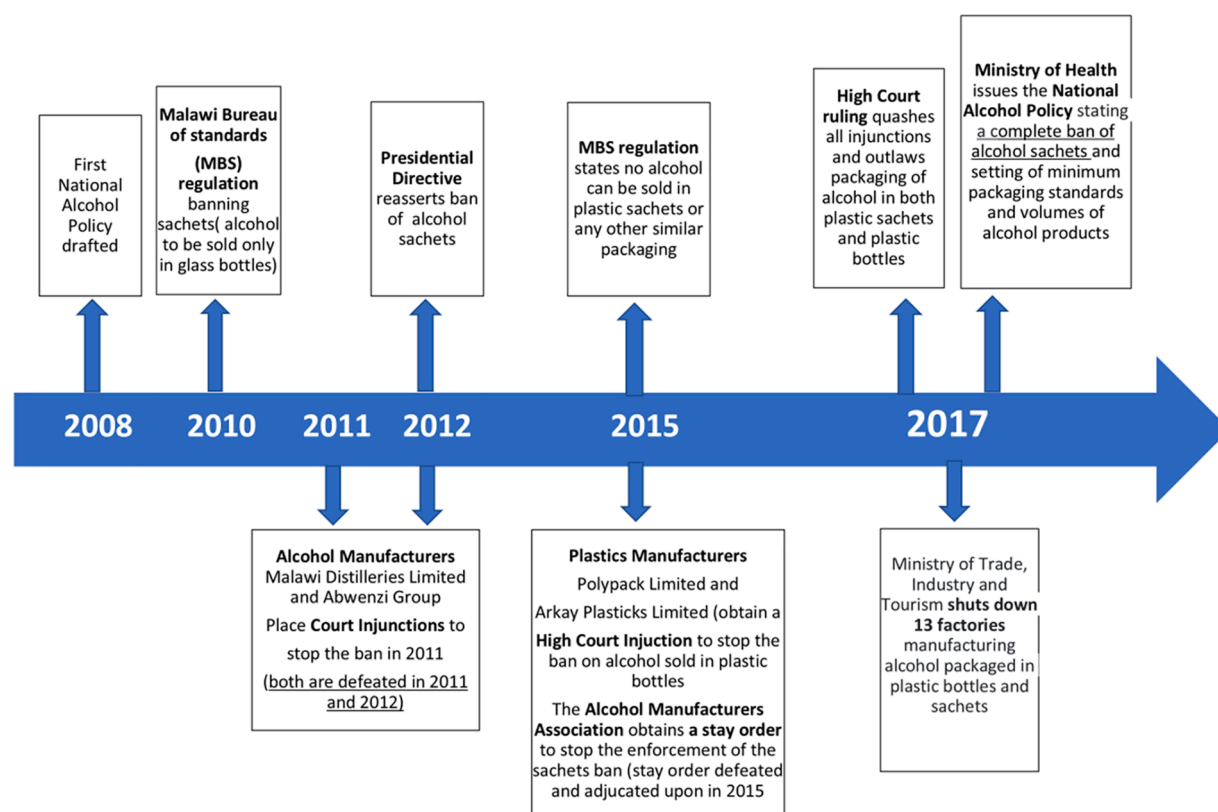


Fig. 2. Key milestones and timeline for the alcohol sachets ban in Malawi.

coalition grew in favour of their ban.

“Although there were a number of players, but we [NGO coalition] took the lead because we are leading other NGOs to say let’s find means to see that there are no sachets in Malawi” (INTM1 - CSO coalition).

“So, as a concern from members of the society, including the NGOs, that mobilized themselves to engage government especially Ministry of health and other stakeholders” (INTM05 - Government)

The media documents also reported that the President and Vice President were strong proponents of the ban (MM4; MM6). However, as a government representative expressed, the key role of NGOs in this policy agenda setting was potentially seen as somewhat of a flaw, as it made it more likely to be contested:

“The policy holder is the ministry of health, but ministry of health left it to an NGO [to spearhead]. So, you don’t leave a government policy on the workings of a non-governmental organization, [because] people challenge. So, those were limitations of the policy” (INTM5 - Government)

The above quote betrays a sense among some representatives that an agenda setting, when driven by Government, may be seen as stronger or less likely to be challenged.

What were the actors’ rationale in support of the ban?

Nearly all our interview participants expressed that the harmful impact of sachets was evident from around 2008, a fact which was confirmed by the ALMA report (M05). From 2015 onwards, a stronger consensus built amongst the pro-ban coalition. The main argument was that the consumption of alcohol sachets was leading to increased exposure to alcohol for young people and other vulnerable populations and was also leading to a number of social disorders, including truancy, delinquency, road traffic accidents, gender-based violence (GBV) and littering. A strong concern for young people’s consumption was expressed in interviews and documents.

“As a result, it affected the development of children in regard to school, instead of children learning they were busy with sachets...One could just take the sachets in the pockets and start drinking, so, because of how easy it was to carry the sachets, people ended up just drinking anyhow... The rationale for the ban was to limit access of the dangerous, health hazard: alcohol and to prevent vulnerable groups like students, young people, and citizens of the country who cannot make decisions” (INTM12 - Government)

“Another issue many informants brought to our attention is that far too many children drink alcohol sachets due to their availability and accessibility”. (M05, Alma Report)

A majority of our participants expressed particular concerns around the fact that sachets were small in size (therefore more concealable), very affordable and widely available in all shops, markets, and shebeens (unlicensed drinking establishments) at the time.

“first of all, that the packaging itself has to end because they were putting that alcohol in small packets. Secondly the pricing, you know those liquor sachets they were being offered at very cheap prices. Thirdly, accessibility, you know those sachets were found everywhere, they were being found everywhere, accessed everywhere” (INTM01, NGO)

The media articles we reviewed expressed the same concerns around the harmful use of sachets amongst young people. The high alcohol volume content of sachets - e.g. gin, whisky, or home brewed alcohol of approximately 40 % alcohol volume - was an expressed concern for the pro-ban coalition.

“The sachets were produced without following proper procedures in regard to alcohol percentages. Some tend to say that the highest is forty-three (43) percent but if they go and measure, you find its seventy (70) percent...so, because the sachets brought a lot of problems among the community, that’s why the government decided to ban the sachets” (INTM12- Government)

Government representatives we interviewed added to these concerns that the packaging of sachets did not conform to legal standards, which documents also stated.

“Spirit packaging in sachets was not in conformance with the standard, and those sections 20 and 22 of the Malawi Bureau of Standards Act” (M04, p3).

Evidence gathered by the proponents of the ban

Several of the participants we interviewed had been key actors in the process of the ban formulation and enforcement: either as advocates or policymakers. Some described a gathering of empirical evidence around harm which involved the community level, channeled through key advocacy coalitions acting as intermediaries with policymakers.

“So, we were receiving a lot of reports from the community. So, we were making campaigns both [in] the media and also, we were consulting government officials... Especially the media I think it played a lot of work because we were able to be heard countrywide” (INTM1 - CSO coalition)

Participants expressed that the gathering of evidence from communities across the country helped gain a critical mass of support within the population. The importance of such empirical evidence and its role in supporting the arguments made by the pro-ban coalition cannot be underestimated. For instance, one of the news media documents we reviewed directly alluded to “moral decay and a high rate of rape” which was reported firsthand by the police to the then President during a visit; subsequently the President met with local residents in the capital and thereafter stated “she would ban the sale of buying alcohol in sachets” as a result (MM4). The media also continued to report firsthand incidents related to harmful sachet consumption across the country, and some news articles we reviewed even reported grave concerns of deaths (MM8), and sexual assaults (MM4) related to sachets consumption.

The Ministry of Health used published evidence to support policy action. For instance, the NAP introduction, which covers alcohol harms, draws on key WHO statistics and reports, academic studies, national surveys, and “unpublished reports from the Malawi Police services” (M01; p.1–3). The NAP also refers in its preface to “a series of consultative forums with a variety of stakeholders too numerous to mention” (M01, p.iv). This was confirmed by a CSO coalition representative (INTM3) we interviewed, who reported that meetings were held with the government inter-ministerial committee where different actors were represented (e.g. those responsible for licensing policies, NGOs, school and education). The gazetted Bureau of Standards regulation (MM3) cites “continued incidents related to liquor abuse across the country” and “resolutions from a stakeholder’s meeting “conducted at its offices in 2012. We found further empirical evidence of alcohol harm related to the sachets in the ALMA Group reports, which were funded by overseas donors from Norway. The ALMA project was a research group made of international NGO, Universities, academics, and the National Statistics Office; it had a reference group involving policymakers and other stakeholders. ALMA conducted a survey with 1067 households, and undertook “69 in-depth individual (62) and group (7) interviews” with multiple stakeholders such as Chiefs, law enforcers, Ministry of Health representatives, religious leaders, teachers, health providers, workers or bar owners and brewers (M05). The stated purpose of the ALMA survey was to provide “national data on alcohol misuse”, thus evidence to policy makers to garner support for the sachets ban (M05). In the ALMA report, published 2013, results from the qualitative interviews state:

“These sachets were very cheap and could be bought in the shops and bars at the trading centre. The little child in the shebeen, clearly comfortable with the drunken customers, was sitting on their laps, sucking the remains out of the half-empty sweet alcohol sachets. Sachets were also seen on the ground at the trading centre, and at the school located next to the shops, bars and shebeens. We were told that young children were commonly seen drinking sachets in the village, and even at school” (M05, p.18)

Coalition B: opponents of the sachets ban

The documents we reviewed (particularly M04; MM7; MM1; MM8) confirmed that the main actors in the opposing coalition were the manufacturers of alcohol sachet packaging (including plastics manufacturers) and other alcohol producers who are named in the documents reviewed. This opposing coalition mounted several legal challenges to successive sachet bans announcements and regulations which we detail in the next section. Opposition from the Alcohol Manufacturers Association of Malawi (AMAM) is also reported in a media article (MM1), who argued their sachets were labelled and properly taxed, unlike those produced in the illicit and informal trade.

Several interviewees mentioned that small traders and vendors were in opposition to the ban since they depended on sachet sales for their livelihoods. One Government representative (INTM06) described those as “not pleased”, whilst another described community vendors concerns as below:

“Of course, in the communities, people were asking questions like “you are confiscating the sachets from us, so, what are we going to eat?” (INTM11 - Local Government)

However, the opposition from small traders and vendors was seen by our participants as minor, compared to the stronger opposition coming from larger players in the alcohol industry.

“Aah... very small opposition from traders, you can see these are small traders. These are vendors so their inference was very much minor, but the main battle was ... from the industry” (INTM1 - CSO coalition)

Legal challenges by the opponents of the ban and decisions by the government authorities

The legal challenges mounted by the coalition against the sachets ban were protracted and lasted from 2010 to 2017. To allow the reader to better understand those strategies and arguments we summarize them in [Table 3](#) below, as based on our documentary analysis. It is useful to be read in conjunction with our timeline ([Fig. 2](#)).

What is evident from the documentary review and from [Table 3](#) above, is that various arguments were made by opponents to the ban to stall or delay the alcohol sachets ban. Packaging quantities and standards were contested by plastics manufacturers and alcohol manufacturers at various points, as was the packaging of alcohol in plastic versus glass bottles (thus in plastic sachets vs plastic bottles). Polypack Limited and Arkay Plastics Limited (plastics manufacturers) argued in 2025 that banning the packaging of alcohol in plastic sachets as well as plastic bottles negatively affected their business (M04). Court injunctions followed one another over the years, and a stay order was sought by the Alcohol Manufacturers Association to delay and block the 2015 MBS regulations. Eventually the legal fight was taken to the High Court - the highest court of law in the country - which issued a final ruling in 2017.

The legal wranglings were confirmed by our interviews’ participants:

“I remember there were a lot of injunctions, court injunctions! They [alcohol industry players] were in business and they were making a lot of profits, and they were even able to pay very expensive lawyers” (INTM9 - CSO coalition)

Notwithstanding those tensions between the proponents and opponents of the sachets ban, the High Court ruling of January 2017 (M04), overruled all previous challenges and the ban was widely confirmed and further inscribed in the National Alcohol Policy (NAP) published the same year. In Section 2.3 of the NAP, which aims to “regulate the availability and accessibility of commercial alcohol products” the policy re-affirms a “complete ban of alcohol sachets and setting of minimum packaging standards and volumes of alcohol products” (M01, p.17). This final statement and High Court ruling were seen as unequivocal.

Table 3

Summary table of the main challenges to the sachets ban: actors, arguments, outcomes.

Regulation (date, issuer, summary of regulation)	Legal challenge type/ date	Actor placing the legal challenge	Argument raised by the challengers	Outcome: decisions by Court or Government Authorities (date and Reference document)
2010- Malawi Bureau of Standards regulation (MBS) Banned sachets and stated that “all liquor must be sold in glass bottle, and that MBS should define a minimum size of such containers”. ”.	Court Injunction 2011	Malawi Distilleries Limited (alcohol manufacturer)	“The applicants therein challenged the Bureau’s [MBS] decision requiring that the packaging of spirits in plastic sachets “be phased out” (M04).	“the decision remained that spirits be packaged in glass bottles only...In the Malawi Distilleries case the court held, inter alia, that the ban “cannot be challenged”, that spirit packaging in sachets was not in conformance with the standard, and that sections 20 and 22 of the Malawi Bureau of Standards Act empowered the Bureau to do what it had done” (M04). 2011 - The State and Malawi Bureau of Standards 2012 (June) - President Joyce Banda issue a Directive (in a speech) banning alcohol sachets (MM4) 2012 (Nov) - MBS Press release in the Nation newspaper stating “a) The minimum quantity of spirituous liquor to be packaged for sale shall increase from 30mls to 100mls...b) All Spirituous manufacturers will be expected to comply with this change by 6th May 2013” (MM3)
2010 –MBS (regulation as above)	Court Injunction 2011	The Abwenzi Group (alcohol manufacturer)	Several reviewed documents (MM7; MM8; MM5) state that the regulation banning sachets could not be enforced because this Group “had obtained a court injunction which restrains the MBS to enforce the ban of sachets on its company” (MM5) [Court injunction document unavailable].	January 2017 - High Court Ruling (Judicial review cause No. 67) “The applicants do not have a sufficient interest in the matter as they are not engaged in the business of packaging liquor...Their interest only as manufacturers of plastics bottles is, in my view too remote to the issue regarding packaging of products in such bottles to justify their interference with a lawfully promulgated standard. It is my finding that on all the foregoing grounds leave ought not to have been granted and I hereby set the same aside together with all interim reliefs granted with it. (Made in Chambers at Blantyre 4th January 2017, by Judge R. Mbvundula)
2015- MBS Regulation Bans the sale of “liquor in plastic or polythene sachets”. Authorised packaging is described as follows (material/ minimum quantity): “Clear beer (Glass bottle/Aluminum; 330 ml). Spirits (Glass bottle; 200 ml) Traditional beer (cardboard box; 250 ml). Liquor (Glass bottle; 200 ml). Cider and alcopops (Glass bottle; 300 ml)” Also states: “A person shall not manufacture, import, export, keep, stock, bottle, package, convey, possess, sell or supply intoxicating liquor in quantities and packaging other than those authorized under these Regulations”. (M02)	High Court Injunction 2015	Polypack Limited and Arkay Plastics Limited (plastics manufacturers)	Cited the fact that the “The applicants... argue that by banning packaging of spirits in plastic bottles the respondents are in effect banning the manufacture of such bottles and therefore negatively affecting their business” (M04)	January 2017 - High Court Ruling (Judicial review cause No. 67) “The applicants do not have a sufficient interest in the matter as they are not engaged in the business of packaging liquor...Their interest only as manufacturers of plastics bottles is, in my view too remote to the issue regarding packaging of products in such bottles to justify their interference with a lawfully promulgated standard. It is my finding that on all the foregoing grounds leave ought not to have been granted and I hereby set the same aside together with all interim reliefs granted with it. (Made in Chambers at Blantyre 4th January 2017, by Judge R. Mbvundula)
2015 - MBS Regulation (as above)	Stay order 2015	The Alcohol Manufacturers Association	Summarised in p2 of the High Court’s (M04) “ motion for judicial review for the Court to declare or order that the decision of the Just respondent to promulgate the Liquor (Production, Marketing and Distribution) Regulations ... should be quashed. “(M04)	January 2017 - High Court Ruling (Judicial review cause No. 67), as above

Sachet ban implementation mechanisms

Five regulatory documents detailed mechanisms for implementing alcohol sachet bans. The 2012 MBS regulation mentioned potential legal action against those who failed to comply with packaging alcohol in the stated sizes (MM3). According to the earlier Liquor Act (M03; 2014 version), the established Local Licensing Boards were responsible for issuing licenses for the manufacture and sale of intoxicating liquor, and operated, in terms of enforcement, under the oversight of the Ministers responsible for administering the Act, which made no specific mention of alcohol sachets.

The MBS regulation of 2015 (M02) contained more defined and stronger enforcement modalities for the sachets ban, listing the following penalties for non-compliance:

“7. - (1) A person who contravenes any provision of these Regulations commits an offence and shall upon conviction, be liable to imprisonment for twelve months. (2) A court may, in addition to any penalty imposed on a person who is convicted of an offence under sub regulation (1), order the forfeiture of - (a) any licence issued under the Act ... in respect

of the manufacture, import, export, sell or supply of the intoxicating liquor prohibited under these Regulations is revoked” (M02; p.104)

Finally, in the National Alcohol Policy, the bodies responsible for the enforcement of the sachet ban are stated as “MBS and the Ministry of Industry and Trade” and implementation set from 2017 to 2018 (M01; p.22).

The MBS Press release of 2017 (MM2) referred to the High Court ruling (M04) and expressed that a new registration was required for all manufacturers of alcohol; it laid out potential heavy penalties for contravening the regulation.

“MBS would like to warn all spirituous liquor manufacturers that manufacture/ packaging/ sell/ distribution of non-approved products is prohibited and doing so will be a violation of Section 36 of the MBS Act and will attract severe penalties as prescribed by the Act” (MM2)

In our interviews, participants agreed that the Ministry of Industry and Trade, alongside MBS and the Government were the entities responsible for the implementation of this policy (supported by local enforcers, such as the Police, The Malawi Defense forces, and city or district councils)

"I understand Malawi Bureau of Standards were also walking with the police" (INTM12, Government)

Participants explained that stocks of sachets were confiscated in various major cities, and some fines were applied. However, none of the participants recalled any seller being imprisoned for non-compliance with the sachet ban. A few participants explained that the role of NGOs was to sensitize communities to the changes on the ground and support the implementation, whilst the media also helped spread the word further.

Discussion

Whilst a small number of papers have been published in Malawi related to alcohol sachets consumption and its associated harms (Hoel et al., 2014; Salimu & Nyondo-Mipando, 2020), none have offered an in-depth, theoretically informed, analysis of the agenda setting and formulation of those bans. As stated before, the ACF highlights that 'policy subsystems' are active in policy processes. This paper provides insight into a policy subsystem in Malawi specifically providing insight on advocacy coalitions who were for and against the sachets ban policy. The policy subsystem included multiple actors from different sectors engaged in the policy issue (Weible & Sabatier, 2018). Our analysis reveals that this policy evolved through a complex and lengthy struggle between two opposing coalitions. A broad pro-ban coalition (A) composed of NGOs, CSOs, religious leaders, and government representatives coalesced around the common purpose to reduce alcohol availability particularly to young people, and more broadly population harm. This coalition gathered academic evidence, and empirical evidence through community reports, and garnered public support through media coverage. By contrast, the opposing coalition (B), made up of the alcohol industry and packaging manufacturers as well as small traders, shared a concern about the impact on business and mounted a series of legal challenges to the ban from 2011 to 2015. The legal challenges delayed the formulation and introduction of this policy. However, the Government remained steadfast, and the final High Court ruling of 2017 overruled all previous legal challenges, resulting in the ban being enshrined in the National Alcohol Policy issued in 2017. In line with the ACF, in our results we show how the values, beliefs and ideas held by different advocacy groups (A, B), within their specific policy domains (e. g. community, legislative, government), are essential to understanding the policymaking process (Weible & Sabatier, 2018).

One of the key rationales we identified from participants and document review for banning alcohol sachets in Malawi was the harmful use of these by adolescents (Henning Eide et al., 2013a). These findings add to those reported in another qualitative study- conducted prior to the ban - by Hoel et al. (2014), which used social mapping, observations and interviews with 68 adult informants, and raised similar concerns. Beliefs around concerns for adolescents were thus proven beyond our study only. A more recent qualitative study conducted in Blantyre with 44 adolescents, this time after the sachet ban in Malawi (Salimu & Nyondo-Mipando, 2020), stressed the overall positive impact of the ban. The impact of sachets' consumption on adolescents - and more generally on vulnerable populations- have been raised in other African countries. A descriptive cross-sectional study undertaken in Nigeria with 390 adolescents reported a clear association between sachet alcohol use and risky sexual behaviours (Arasi & Ajuwon, 2020). Another qualitative study with 152 participants in Uganda reported harmful consumption of sachets linking those to risky sexual behaviours (particularly around HIV transmission) and to gender-based violence, amongst fishing communities' populations (Bonnievie et al., 2020). Another study in Uganda similarly described the sachets' high alcohol volume, and their untested and tainted content; it reported the presence of heavy metals in thirteen brands of Ugandan sachets (Otim et al., 2019), and highlighted the risks to population health. It is those concerns which led the Uganda Government to announce a ban on alcohol sachets in 2019, with early signs

of a significant reduction in availability and consumption of these products (Smart et al., 2021). The alcohol sachet has been described in a previous WHO report containing several African countries case studies as a 'marketing instrument', due to its intentional affordability, small size and attractive packaging (De Bruijn, 2011). Several African countries, which were concerned by their availability and affordability, have banned sachets' sale and manufacture with varying degrees of success in terms of enforcement (Kasirye, 2023; Salimu & Nyondo-Mipando, 2020; Smart et al., 2021). Recently Ghana, Kenya, and Zimbabwe have also considered enforcing sachet bans, whilst in 2024, Nigeria announced a ban but later reversed this decision (NAFDAC, 2024), reportedly due to economic concerns raised by manufacturers, and due to industry lobbying and pressure. The issue of sachets is still a current issue in Africa and it is crucial to draw transferable policymaking lessons from Malawi which can support evidence-based policy actions around availability in other countries.

The ACF is commonly applied to examine policy change, policy learning, and is particularly useful to make sense of high conflict situations which take place within the subsystem (Weible & Sabatier, 2018); it was therefore particularly suited to our analysis. Our paper clearly shows that the process that unfolded around the sachets ban was a contested space, where adversary coalitions clashed, and where each deployed their strategies to seek particular outcomes. What we describe in detail in this paper is a process of strategic litigation (used by advocacy coalition B) similar to what has been described in a paper by Hawkins and Mc Cambridge (2020). This paper focused on legal challenges related to the Minimum Unit Price (MUP) policy for alcohol in Scotland, which was used as a strategy by industry players to delay the process and undermine policy action. The alcohol industry is an actor with significant weight in alcohol policy development, and their tactics and arguments can contribute to the stalling of legislation, such as in the case of the National Alcoholic Control Draft Bills in Uganda in 2023 and 2024 (The Uganda Observer, 2024). This is a common occurrence and several studies in Africa have reported industry interference with the process of alcohol policymaking and legislation. In Malawi, one study raised this with regards to the formulation of the National Alcohol Policy and its related multi-sectoral actions (Mwagomba et al., 2018). It describes how the first draft of the NAP in 2008 was facilitated by the industry, and that the industry was later admitted to the Malawi's National Committee on Alcohol as a key stakeholder. According to Mwagomba et al. (2018) the alcohol industry remained involved in the development of the NAP - via "dialogue sessions" - through to 2015 at least, even though concerns around this involvement were raised by other actors. Their paper adds that "During these meetings, alcohol industry representatives were reported to have facts that countered what government and NGOs were presenting ...Some key informants also suggested that the alcohol industry was reported to have approached some members involved in the alcohol policy formulation to influence them to support the views and perspectives of the industry" (Mwagomba et al., 2018). Such practices are described as common tactics by the industry players who lobby decision makers, lobby and provide information that downplays public health concerns (Babor et al., 2022; Bertscher et al., 2018; World Health Organization Regional Office for Europe., 2024). The current Malawi National Alcohol Policy (2017) still acknowledges in its preface "the contribution from the representatives of the alcohol industry" (National Alcohol Policy (M01), 2017). Strategies involving coalitions opposed to regulations have been described in South Africa, where one study showed how the formulation of the Draft control of Marketing of Alcoholic Beverages Bill saw "networks of actors with commercial and financial interests use diverse strategies to influence policy formulation processes to avoid regulation" (Bertscher et al., 2018a). Another recent paper using minutes of meetings and other key documents related to the South Africa Draft Liquor Amendment Bill, demonstrated how the alcohol industry used "regulatory capture" - where they may infiltrate governmental institutions and may become dominant forces in the decision-making processes of regulatory agencies

and government bodies- to influence the process and threatened legal action (Mitchell et al., 2025). Similar industry activity stalling the progress of alcohol policies aimed at protecting public health have been reported in other studies in South Africa (Parry, 2010), and by members of this Team in Burundi (Haragirimana et al., 2024). Recently, to support public health advocates to deal with those pressures, the WHO (European Region) has published guidance to address this through the WHO Europe's Alcohol policy playbook which aims to equip decision-makers and health advocates with evidence-based responses to counter industry messaging on alcohol regulation measures like taxation, access restrictions, and advertising limitations. It furthermore helps officials distinguish between commercial interests and scientific data when implementing interventions to minimize alcohol-related damage and associated healthcare costs (World Health Organization Regional Office for Europe., 2024).

In contrast to some other studies (Bertscher et al., 2018; Mitchell et al., 2025), ours could be outwardly viewed as more of a 'good news' story, because it shows how a coalition of ministry of health and other key policymakers, advocates, NGOs and CSOs, counteracted industry's strategic litigation to bring forth a full ban of alcohol sachets (National Alcohol Policy (M01), 2017). What we describe in this paper is how the sustained usage of academic and localized empirical evidence, focused on the risks to public health, harms and social disorders led to the pro-ban coalition eventually succeeding in getting the ban confirmed. However, further research is needed to increase our understanding of the use of evidence in policymaking alcohol in Africa (Giesbrecht, Bosma, & Reisdorfer, 2019; Morojele, Dumbili, et al., 2021; Room et al., 2022).

Ultimately, the two coalitions expressed their beliefs and framed their arguments in different ways. Whilst the pro-ban coalition used public attention and a strong presence in the media as a strategy, the industry coalition deployed its arguments in judicial courts. To reinforce the use of evidence by policy makers, it may be necessary to understand further the distinct types of framing which exist around alcohol harm and required policies, by different groups of actors. A very recent study by a member of this research team evaluated various communication strategies designed to enhance public comprehension and backing of research-supported alcohol regulations in the United Kingdom (Fitzgerald et al., 2025). Fitzgerald et al. identified gaps between how the public and experts conceptualize alcohol-related harm in the UK, and developed novel framing approaches accordingly. Understanding such framing in different cultures and contexts in Africa may help increase the public understanding of harm and help garner support for effective, evidence-based policies.

The Malawi policy development experience we report on here may bring transferable lessons in the same way as, for instance, the Welsh Government recently drew from the Scottish Government policy experience to inform the development of its own MUP legislation (Lesch & McCambridge, 2023). Recently, a WHO briefing reviewed alcohol restriction measures put in place in seven African countries during the COVID-19 pandemic (World Health Organisation, 2022). It showed how alcohol control policy actions weaved and chimed with public health and safety concerns and measures, which ensured their success. Although the WHO briefing concluded that such measures were short lived (as alcohol consumption rose again after the pandemic) these restrictions had some positive effects on temporary reducing consumption and harm for a period of time, partly because of this alignment between alcohol restriction measures and public health safety. Though such publications are few, these types of policy transfers may have applicability to the African context.

Finally, our paper adds significant evidence to the scant literature around alcohol policy in Malawi. To our knowledge only one other paper has been published to date in Malawi which analysed alcohol policies (Mwagomba et al., 2018). This paper used national policy documents and key informant interviews to assess Malawi's policies against the WHO "best buys" interventions (World Health Organization,

2017) and found a mismatch between those. This type of alcohol policy analysis is still too rare in Africa (Balenger et al., 2023; Ferreira-Borges, Dias, et al., 2015a, 2015b; Haragirimana et al., 2024; Juma et al., 2018; Morojele et al., 2021; Mupara et al., 2022). More relevant contextual evidence is required to support policymaking in the region. This is particularly important since 29 countries in the WHO African Region still do not have national alcohol policies (WHO African Region Secretariat, 2023). The political economy of evidence- the way in which political and economic interests shape what counts as valid evidence and how evidence is used in decision-making processes (Cairney, 2016; Parkhurst, 2016) also influences policymaking and needs to be further investigated in the African context. Moreover, too often policy analysis in low- and middle-income countries lacks robust theoretical underpinning, relying instead on descriptive case studies without conceptual frameworks to explain implementation gaps and failures (Gilson et al., 2018). This theoretical weakness limits the ability to generate transferable insights across different contexts and to build cumulative knowledge on effective policy processes. To address this theoretical gap, we applied the Advocacy Coalition Framework to our analysis, to ensure that this framework is applied in a variety of contexts in the Global South (Gabehart & Weible, 2023). In doing so we addressed some of the common critiques of the applications of the ACF because we defined the coalitions around this policy, their belief systems and arguments as well as the roles of material interests, institutional factors, the context, and the power dynamics at play.

Limitations

There were some limitations in this study. First, it was difficult to gain access to relevant policy documents to conduct the documentary analysis, as many public documents are not yet available online in Malawi. To address this, we established contacts over a long period of time with key informants (e.g. Government), who in some cases contacted others to enable us to obtain access to the documents we needed for the review. However, most policy documents are not in the public domain in Malawi, we may have missed other key documents that could have been reviewed. Section 37 of the Malawi Constitution guarantees a right to information, however in practice, freedom of information requests can take many months to be granted. Similar limitations have been reported in other alcohol studies in Africa (Haragirimana et al., 2024; Mwagomba et al., 2018), but more research is warranted. Secondly, our study required the conduct of interviews with some elite individuals (government representatives, policymakers), who are busy, hard to reach people, and in departments where staff turnover in Malawi is high. We therefore used our networks to build trust and applied flexibility. However, it took several contacts and appointments over several months to reach the interview stage in some cases; with more time, we may have identified more key informants. However, it was also challenging to find the key informants originally involved in the formulation of the sachets ban policy, which dates as far back as 2010. This limited somewhat the number of key informants available, and we may have thus missed some other key actors in the alcohol sachets ban.

Conclusion

This study provides the first in-depth analysis of Malawi's alcohol sachet ban policy process, a policy which aimed to control alcohol availability. It revealed one key enabling factor for the success of the policy formulation, which is namely how public health advocates successfully countered industry opposition to implement this protective alcohol regulation. The decade-long struggle demonstrates that determined coalitions of civil society organizations, government representatives, and community leaders can effectively navigate contested policy spaces to advance public health interests. As alcohol consumption continues to rise across Africa, particularly among young people, the Malawi policy experience offers several valuable lessons for other

countries seeking to regulate the availability of this type of alcohol products and thus has important policy implications. First, the power of strategic coalition building: the cornerstone of Malawi's success around the sachets ban was the formation of a broad, resilient coalition that brought together NGOs, civil society organizations, religious leaders, and government representatives around a shared commitment to reducing alcohol-related harm among young people. This diverse alliance proved essential in maintaining momentum through years of opposition and created channels of influence, making it difficult for opponents to stand in the way of the regulation. Secondly, using evidence as a political currency: the pro-ban coalition's strategic use of evidence demonstrates how research can be used to garner political support; for instance, by using academic studies and localized community reports, by creating a compelling narrative that resonated with both policymakers and the public (e.g. through media coverage). The evidence used clearly encompassed and documented harm to vulnerable populations, particularly adolescents, providing some moral urgency that transcended technical policy debates. The Malawi case demonstrates that policy battles are partly won in the court of public opinion, and not only in judicial courts. The pro-ban coalition's effective use of media coverage to build public support proved crucial in maintaining political pressure over time and throughout the extended legal process. This suggests that successful public health advocacy requires sophisticated communication strategies and framing that help citizens understand complex policy issues and which have personal relevance. Thirdly, anticipating and weathering industry opposition: Malawi's example shows the sophisticated tactics employed by commercial interests to delay and derail the ban. This demonstrates that policymakers must enter these policy formulation spaces fully aware of this potential opposition and still be ready to maintain political commitment and will, even when implementation is delayed through legal challenges and other tactics. Finally, this paper highlights how successful policy experiences could transfer across borders, and to other countries in the region (e.g. in African countries where a sachet ban is being considered). Even though the study ended in 2024, learning from this study has already been featured in a widely disseminated brief published by the World Health Organisation, to which the authors contributed (World Health Organisation, 2025), and which will also support the contextual transfer of policy lessons.

CRedit authorship contribution statement

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Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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