Preventing Alcohol-Related Harm in East Africa: Stakeholder Perceptions of Readiness across 5 Countries.

Monica H. Swahn & Colleagues

Uganda Alcohol Policy Conference

Kampala, Uganda

Nov. 24, 2022

KENNESAW STATE UNIVERSITY
WELLSTAR COLLEGE OF HEALTH AND HUMAN SERVICES

Project Initiation

Launched collaboration with the West Africa Alcohol Policy Alliance at the Global Alcohol Policy Conference in Dublin (March, 2020). And, then replicated the project with the East Africa Alcohol Policy Alliance

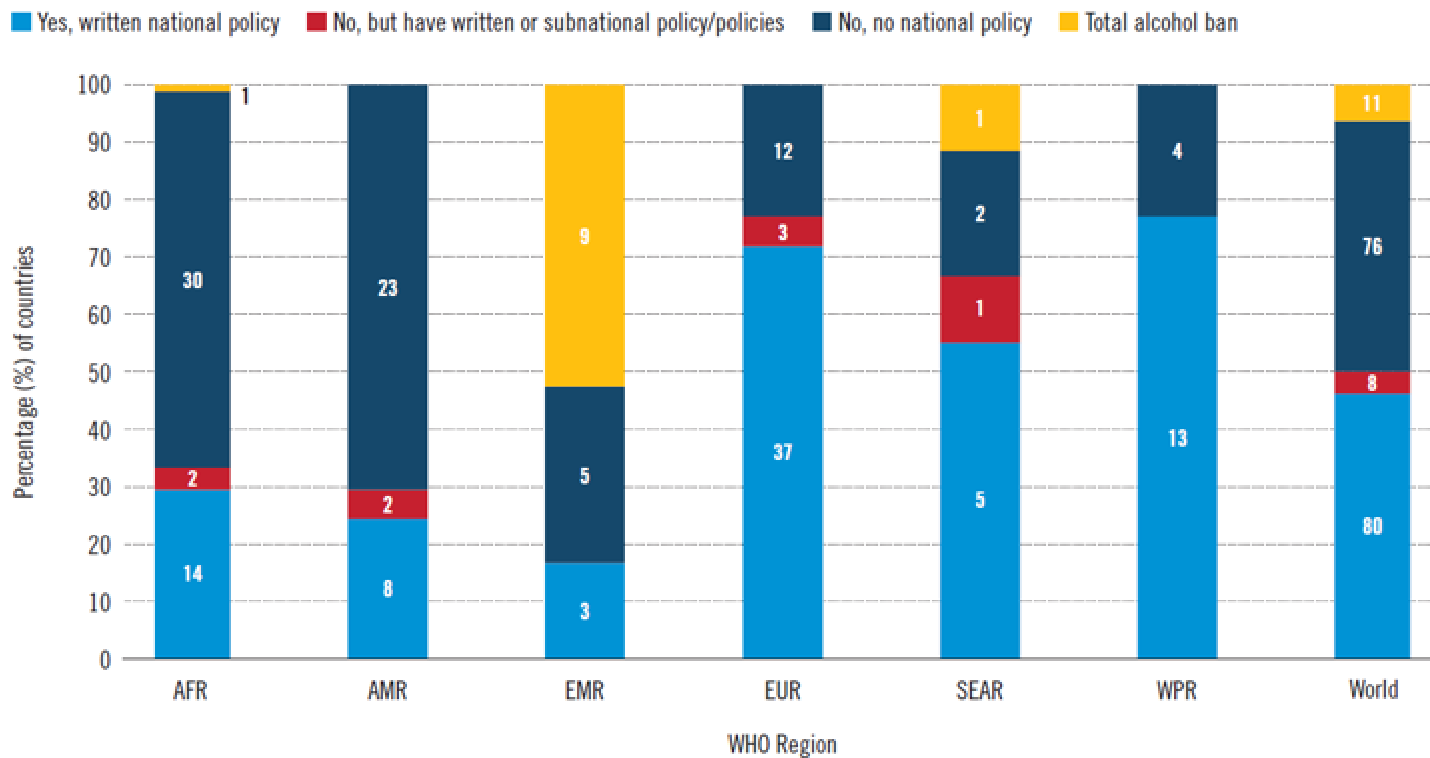
Burden of Alcohol in Global Context

- Worldwide, 3 million deaths every year result from harmful use of alcohol, this represent 5.3 % of all deaths.
- The harmful use of alcohol is a causal factor in more than 200 disease and injury conditions.
- Best Buys for Prevention is to:
  - Increase Price
  - Reduce Availability
  - Reduce Access
  - Reduce Marketing

Available: http://www.who.int/substance_abuse/publications/global_alcohol_report/gsr_2018/en/

Figure 5.1 Presence of a written national alcohol policy by WHO region and percentage (in %) of countries, 2016

(n = 175 reporting countries)



Note: The numbers in each coloured bar indicate the number of countries in that category, whereas the length of each coloured bar indicates the percentage of countries in the category.

Available: https://apps.who.int/iris/bitstream/handle/10665/274603/9789241565639-eng.pdf

Alcohol Problem in East Africa

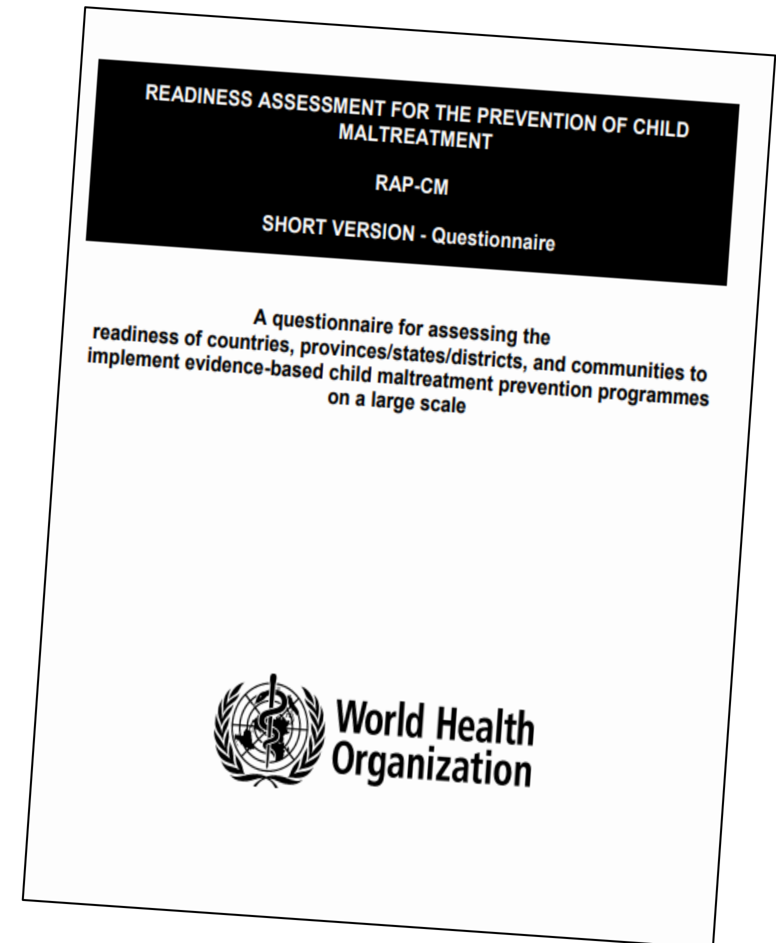
- Alcohol is commonly used among youth
- Alcohol is poorly regulated
- Alcohol legal drinking age of 18 is NOT enforced
- Alcohol is heavily promoted to youth
- Alcohol is often cheaper than water
- Alcohol fuels violence, injuries, HIV/AIDS…

A Significant Public Health Concern
compounded by a self-regulated alcohol industry!

We Could Not Find any Tools Available for Addressing Readiness to Address Alcohol-Related Harm

- Research on alcohol-related harm, harm reduction initiatives, and evaluated alcohol interventions are largely missing in the literature across sub-Saharan Africa (Francis, Cook, Morojele, & Swahn, 2020).
- There are no tools that we know of, that have been employed systematically to assess the strengths and weaknesses for the readiness to address alcohol-related harm in these regions (or any region), representing a critical barrier to progress for both practice and policy.
- Given recent research highlighting the burden of alcohol harm across East Africa, development of such a tool is an urgent priority for alcohol research, capacity building, and policy development.

- In this study, we modified the Readiness Assessment for the Prevention of Child Maltreatment (RAP-CM) tool developed by the WHO (WHO, 2013) to be used in the Readiness Assessment for the Prevention of Alcohol-Related Harm (RAP-ARH) in low-resource settings.
- **This tool was developed as a method for assessing how "ready " a country, region, or community may be to implement prevention programs on a larger scale (WHO, 2013).**
- It consists of a 10-dimensional model of readiness and incorporates stakeholders' attitudes, perceptions, and knowledge of child maltreatment, the availability of data on child maltreatment, the willingness to take action to address child maltreatment, and the legal, policy, human, and technical resources available to prevent child maltreatment (WHO, 2013).
- The RAP-CM has been implemented successfully in many low- and middle-income countries (e.g., the Middle East, Brazil, Macedonia, Malaysia, Kenya, and South Africa) (Al Eissa et al., 2019 ; Al Saadoon, Al Numani, Saleheen, Almuneef, & Al-Eissa, 2020 ; Alkhawari et al., 2020 ; Almuneef et al., 2014 ; Shanley et al., 2021 ; World Health Organization n.d.-a).



READINESS ASSESSMENT FOR THE PREVENTION OF CHILD MALTREATMENT

RAP-CM

SHORT VERSION - Questionnaire

A questionnaire for assessing the readiness of countries, provinces/states/districts, and communities to implement evidence-based child maltreatment prevention programmes on a large scale

World Health Organization

Available: https://cdn.who.int/media/docs/default-source/documents/child-maltreatment/rap-cm-short-questionnaire.pdf?sfvrsn=b8bb2a05_2

Given the substantial harm associated with alcohol, including both injuries and acute and long-term diseases, the World Health Organization launched SAFER in 2018, an initiative promoting five evidence-based strategies to address alcohol harm. This initiative "focuses on five key alcohol policy interventions that are based on accumulated evidence of their impact on population health and their cost-effectiveness."

Methods

- We conducted a cross-sectional online survey in Collaboration with the East African Alcohol Policy Alliance Capacity Assessment Survey (EAAPACAS), with stakeholders engaged in alcohol prevention, outreach, and policy development.
- The purpose of the surveys was to assess perceptions of alcohol harm and capacity for alcohol prevention research and policy development in the two regions.
- The EAAPA survey was disseminated in October through December, 2020.
    - Participants received invitations for the surveys on social media platforms, including Facebook and WhatsApp.
    - In total, 172 participants responded the survey, but the current analyses are based on 142 persons/organizations that had complete data for the capacity assessment questions.
    - No compensation was provided for taking the survey.
    - The survey was anonymous and received approval from the Georgia State University Institutional Review Board (deemed exempt).

Results

- Overall, among the 142 participants included in the analytic sample, organizations represented NGOs (56%), CBOs (17%), governmental organizations (8%), universities (6%), international organizations (1%), research institutes (1%), and other/unspecified (11%).
- The countries that were represented among survey respondents included Kenya (30%), Uganda (29%), Tanzania (25%), Burundi (10%), and Rwanda (6%).
- The overall readiness score for East Africa was 39.7% (ranging from 30.5% in Burundi to 47% in Kenya).
- Of the 10 dimensions (D1–D10), ranging in scores from 0–10, the highest score in this region pertained to D2: Knowledge of alcohol prevention (8.4); D7: Institutional links and resources (6.15) and D5: Legislation, mandates and policies (5.5). However, there were substantial variations across countries, specifically for D5: Legislation, mandates and policies, where Burundi and Rwanda had lower scores.
- With respect to legislation, mandates, and policies, 57% of participants across East Africa indicated yes to governmental and non-governmental agencies officially mandated to address alcohol-related harm. However, with respect to whether an official policy exists or is in place that specifically addresses alcohol-related harm, only 47.9% of participants said yes.

Table 1. Mean Dimension Scores from the Readiness Assessment for Prevention of Alcohol-Related Harm using a 10-Point Scale across Ten Domains (D1–D10) in Five Countries (EAAPACAS; n = 142).

	Burundi	Kenya	Rwanda	Tanzania	Uganda	East Africa
D1: Attitudes towards alcohol prevention	1.96	3.16	4.16	2.85	2.74	2.97
D2: Knowledge of alcohol prevention	8.65	8.72	7.81	7.92	9.06	8.43
D3: Scientific data on alcohol prevention	1.61	4.23	3.33	2.99	3.97	3.23
D4: Current programs and evaluation	1.73	3.57	2.86	3.26	3.78	3.04
D5: Legislation, mandates, and policies	3.4	7.2	4.72	5.35	6.65	5.46
D6: Will to address the problem	1.96	3.45	3.05	2.99	3.54	3.0
D7: Institutional links and resources	6	6.56	5	6.13	7.08	6.15
D8: Material resources	0.72	4.05	1.11	2.99	3.23	2.42
D9: Human and technical resources	2.5	3.39	1.67	2.99	2.8	2.67
D10: Informal social resources (non-institutional)	1.97	2.62	1.94	2.85	2.2	2.32
Overall Adjusted Aggregate Score %:	30.5	47.0	35.7	40.32	45.05	39.70

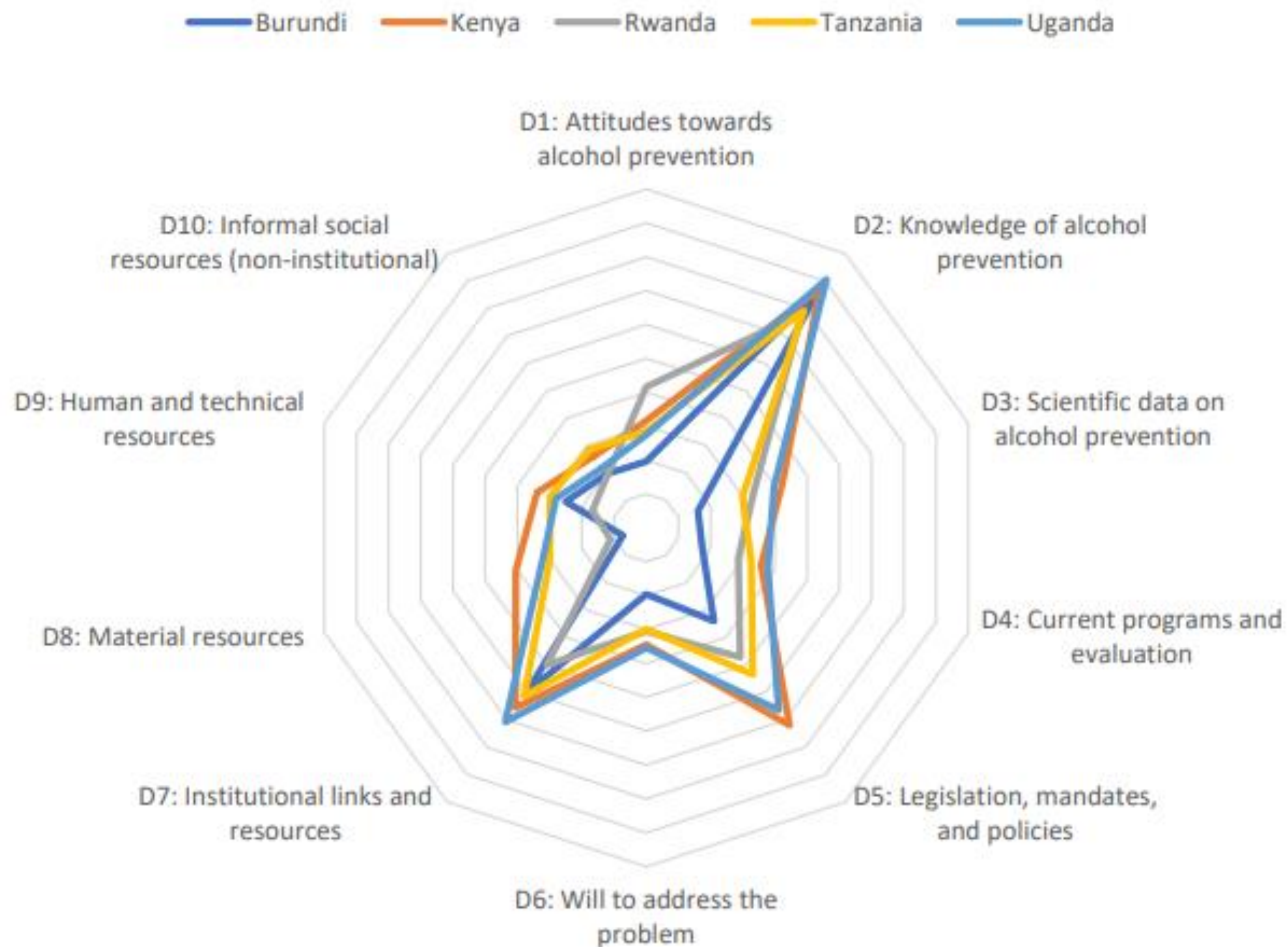


Figure 1. Mean dimension scores from the readiness assessment for prevention of alcohol-related harm using a 10-Point Scale across ten domains (D1–D10) in five countries (EAAPACAS; n = 142).

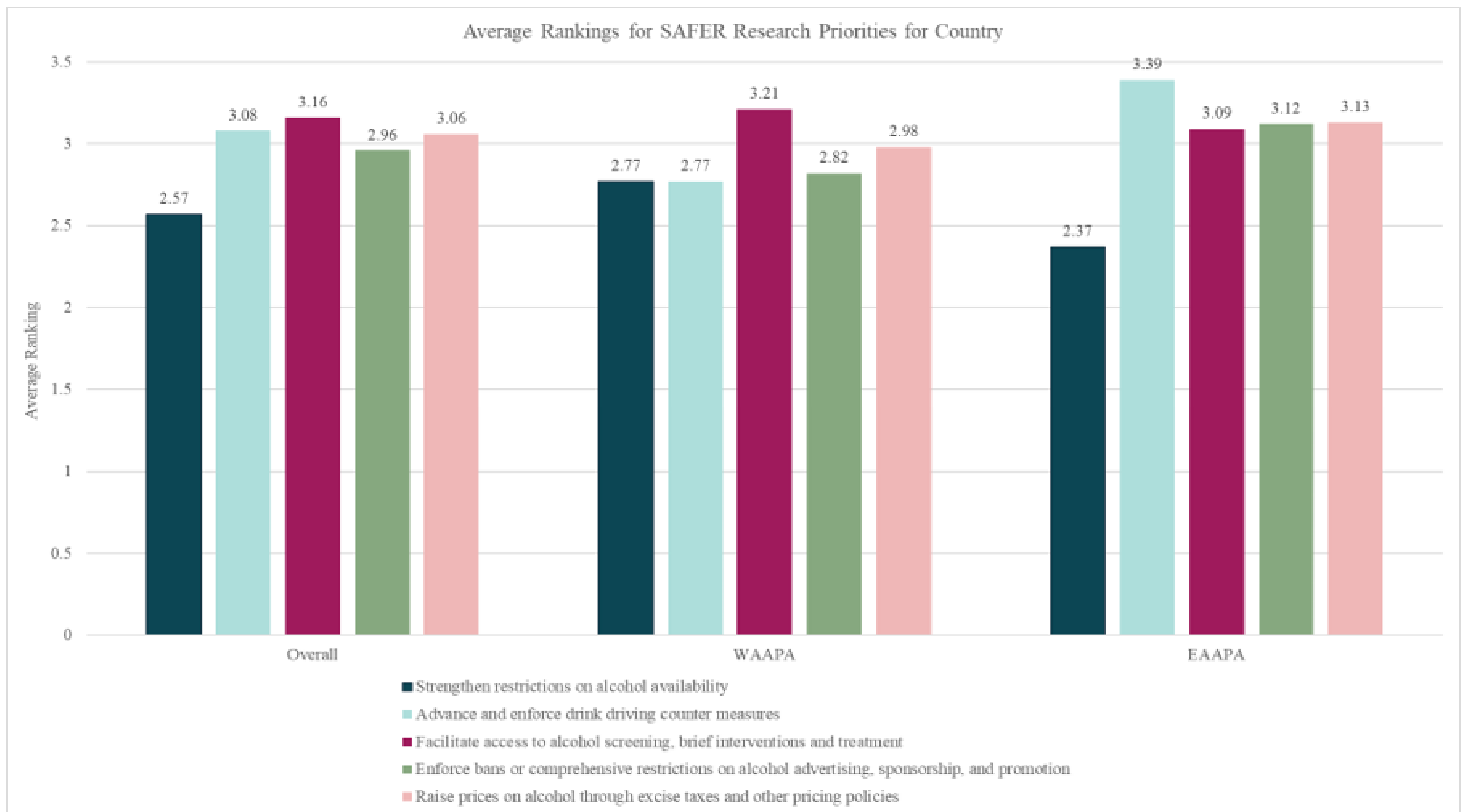
Table 1: Country-level percentage of respondents who are familiar with the WHO SAFER Priorities from WAAPACAS and EAAPACAS (n=173)*

Category	# Yes (% Yes)	# No (% No)
Overall**	**90 (52%)**	**83 (48%)**
EAAPA Total**	**45 (56%)**	**35 (44%)**
EAAPA – Uganda	16 (62%)	10 (38%)
EAAPA – Kenya	18 (69%)	8 (31%)
EAAPA – Tanzania	8 (42%)	11 (58%)
EAAPA – Rwanda	1 (20%)	4 (80%)
WAAPA Total**	**45 (48%)**	**48 (52%)**
WAAPA – Nigeria	16 (67%)	8 (33%)
WAAPA – Sierra Leone	12 (57%)	9 (43%)
WAAPA – The Gambia	5 (42%)	7 (58%)
WAAPA – Liberia	4 (44%)	5 (56%)
WAAPA – Burkina Faso	2 (25%)	6 (75%)
WAAPA – Senegal	2 (29%)	5 (71%)
WAAPA - Ghana	2 (40%)	3 (60%)
Type of Organization		
Non-governmental organization	52 (53%)	46 (47%)
Community-based organization	18 (47%)	20 (53%)
Other/Blank	7 (50%)	7 (50%)
Governmental organization (ministry, department, local government, etc.)	7 (64%)	4 (36%)
University	3 (50%)	3 (50%)
International organization	3 (50%)	3 (50%)

*137 participants did not answer this question.

**Note that only countries with at least 5 respondents are displayed in this table, so the rows do not aggregate to the total row.

Chart 1: Average Rankings – The SAFER Initiative Outlines 5 Key Priorities –Which do you think are the most important in your country? (lower ranking = higher importance)*



Discussion

- In this study, we sought to determine the readiness for preventing alcohol-related harm in East Africa by modifying an existing tool that has been developed by the WHO and used to assess readiness for the prevention of child maltreatment (RAP-CM) in low- and middle-income countries and communities.
- Our findings, based on the modified tool we refer to as the RAP-ARH, demonstrate a high perceived knowledge of alcohol-related harm and strong legislative mandates and policies across East Africa, although variations between countries were noted.
- The limited awareness (about half of participants) of the WHO SAFER priorities stands out as critically important. If stakeholders already directly or indirectly involved in alcohol harm prevention are unaware of the WHO SAFER priorities, then little progress can be expected in advancing these strategies.
- Our findings also noted weaknesses in several areas that are cause for great concern as they will hinder progress in addressing alcohol-related harm.
- These concerns, when taken together, reflect major gaps in capacity and represent significant obstacles to progress in alcohol-related harm reduction.

Limitations

- The sample size of respondents/organizations (n = 142) may limit the generalizability of the results, and this concern may be compounded when examining findings by country.
- Some bias most likely exists in who chose to respond to the survey, since those most interested in alcohol-related programs and prevention were invited to take the survey.
- The EAAPA disseminated the survey to their engaged alliances and stakeholders. Accordingly, those organizations not affiliated with the alcohol policy alliances may not have been invited to participate.
- The intent of the survey was to assess the capacity of stakeholders who are most familiar and engaged in alcohol-related harm prevention. As such, the approach and survey distribution did not target governments or its representatives, or academic institutions specifically.

Strengths

- The findings from this survey and readiness assessment identify key themes, strengths, and limitations in the field of alcohol-related harm prevention.
- However, this assessment was not designed to imply precision in the findings in the region or for a specific country, but instead serve to identify broad issues for further discussion and research with the goal of strengthening the readiness for the prevention of alcohol-related harm.
- To our knowledge, this is the first effort to understand the readiness across domains for preventing alcohol-related harm in a low-resource setting.
- As a first step, it demonstrates the feasibility of a new methodological approach and the utility of a modified, easy to-use tool in alcohol-related harm research and capacity building that may be delivered in community settings and also online as we did in this study. To our knowledge, none of the previously published RAP-CM short forms had been implemented online.

Concluding Thoughts

- We find that this modified tool (RAP-ARH) has been helpful in identifying the domains most in need of attention by stakeholders to make progress in the prevention of alcohol-related harm in a region that has been understudied.
- Our readiness assessment for the prevention of alcohol-related harm outlines clear priorities for next steps to determine the best strategies for building capacity within East Africa and to mitigate the harm caused by alcohol.
- Additionally, increased efforts are needed to promote and implement the SAFER initiatives.
- The findings point to the urgent attention needed to focus on developing human and technical as well as informal social resources, shifting attitudes towards the prevention of alcohol-related harm, and strengthen the willingness to address alcohol-related harm as these domains scored the lowest in terms of readiness in the region and will serve as significant obstacles for progress.

WELLSTAR COLLEGE OF HEALTH AND HUMAN SERVICES

KENNESAW STATE UNIVERSITY

Manuscripts Published from the Same Surveys

Research Capacity and Needs for Alcohol-Related Harm Prevention in West Africa: Findings From a Cross-Sectional Survey of Stakeholders

MONICA H. SWAHN, PH.D., M.P.H.,[a,b,*] ADELAIDE BALENGER, M.P.H.,[b] FRANKLIN UMENZE, MRCS,[c,d] EMEKA DUMBILI, PH.D.,[e,f] BOI-JENEH JALLOH, M.A.,[g] & ISIDORE OBOT, PH.D., M.P.H.[h]

[a]Wellstar College of Health and Human Services, Kennesaw State University, Kennesaw, Georgia
[b]School of Public Health, Georgia State University, Atlanta, Georgia
[c]Preston Hospital Lekki, Lagos, Nigeria
[d]West African Alcohol Policy Alliance, Accra, Ghana

Journal of Epidemiology and Global Health (2022) 12:160–167
https://doi.org/10.1007/s44197-022-00035-7

RESEARCH ARTICLE

Impact of the COVID-19 Pandemic on Alcohol Treatment Access and Harm Prevention in West Africa: Reports from ... and Community-Based Organizations

Monica H. Swahn[1] · Adelaide Balenger[2] · Fr...
Emeka W. Dumbili[7,8] · Isidore Obot[9]

Health Promotion International, 2021, 1–10
https://doi.org/10.1093/heapro/daab208
Article

OXFORD

Developing an alcohol harm prevention research agenda in West Africa: a mixed methods approach

Adelaide Balenger[1], Franklin Umenze[2,3], Emeka Dumbili[4,5], Binta Sako[6], Isidore Obot[7], and Monica H. Swahn[1,8,*]

International Journal of Environmental Research and Public Health

MDPI

Article

Preventing Alcohol-Related Harm in East Africa: Stakeholder Perceptions of Readiness across Five Countries

Monica H. Swahn [1,*], Zakaria Robow [2], Adelaide Balenger [2], Catherine A. Staton [3], Rogers Kasirye [4], Joel M. Francis [5], Sophia Komba [6] and Patterson Siema [7]

Int. J. Environ. Res. Public Health 2022, 19, 14979. https://doi.org/10.3390/ijerph192214979

International Journal of Drug Policy 103 (2022) 103650
Contents lists available at ScienceDirect
International Journal of Drug Policy
journal homepage: www.elsevier.com/locate/drugpo

Research Paper

A readiness assessment for the prevention of alcohol-related harm in West Africa: A new methodological approach to inform practice and policy

Monica H. Swahn[a,*], Zakaria Robow[b], Franklin Umenze[c], Adelaide Balenger[b], Emeka W. Dumbili[d], Isidore Obot[e]

https://doi.org/10.1016/j.drugpo.2022.103650

International Journal of Alcohol and Drug Research

Kettil Bruun Society

Social and Epidemiological Research on Alcohol

Neo K. Morojele and Anne-Marie Laslett, Editors-in-Chief

SPECIAL ISSUE – CALL FOR PAPERS

Guest Editors: Monica Swahn, Eva Braaten, Sawitri Assanangkornchai, Kristina Sperkova, Joel Francis, Sebastián Peña

A Special Thematic Issue in the International Journal of Alcohol and Drug Research (IJADR)

Alcohol Prevention Research and Policy Development in LMICs: Facilitating Partnerships, Capacity and Impact

To accelerate engagement and dissemination of alcohol research and capacity building for the prevention of alcohol-related harm, in low-resource settings, we will host a special issue of IJADR.

This issue will be devoted to capacity building for:

- alcohol prevention research,
- alcohol policy development, and
- evaluation of alcohol control or policy measures.

For this special issue we welcome interdisciplinary, theoretical, qualitative and quantitative research papers as well as commentaries and reviews.

Topics for inclusion in the special issue can include, but are not limited to:

- partnership building,
- academic and NGO engagement,
- civil society responses to alcohol prevention and harm mitigation,
- tool development, and
- process evaluations and practical best practices for implementation science.

Manuscripts will be accepted until **April 30th, 2023** and should be submitted on the website and follow the journal guidelines (see instructions for authors): https://ijadr.org/index.php/ijadr/about/submissions

- If authors wish to send an abstract/concept before submission, please email to info@ijadr.org.
- Papers will be continuously published in Early View upon acceptance.
- Papers from low- or middle-income countries (where all contributing authors reside in an LMIC) will have all publishing fees waived.
- The article processing charge is US $750 for 3,000-word manuscripts for authors from high-income countries.
- Requests for fee reductions from early career researchers or students, from any country, are also considered.

For more information about the Special Issue [link to Concept Proposal]

For more information about IJADR

This Special Issue is generously sponsored by:

EDITORIAL TEAM

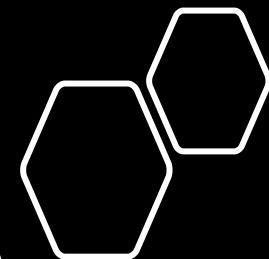
Guest Editors – Special Issue

Name	Affiliation
Monica Swahn	Kennesaw State University, United States
Eva Braaten	FORUT
Sawitri Assanangkornchai	Prince of Songkla University, Thailand
Kristina Sperkova	Movendi International
Joel Francis	University of the Witwatersrand
Sebastián Peña	Finnish Institute for Health and Welfare, Helsinki

IJADR team

Editors-in-Chief

Name	Affiliation
Neo K. Morojele	University of Johannesburg, South Africa
Anne-Marie Laslett	La Trobe University, Australia
Florian Labhart (webmaster)	Addiction Switzerland, Switzerland
Christine Buchanan (copyeditor)	University of Johannesburg, South Africa

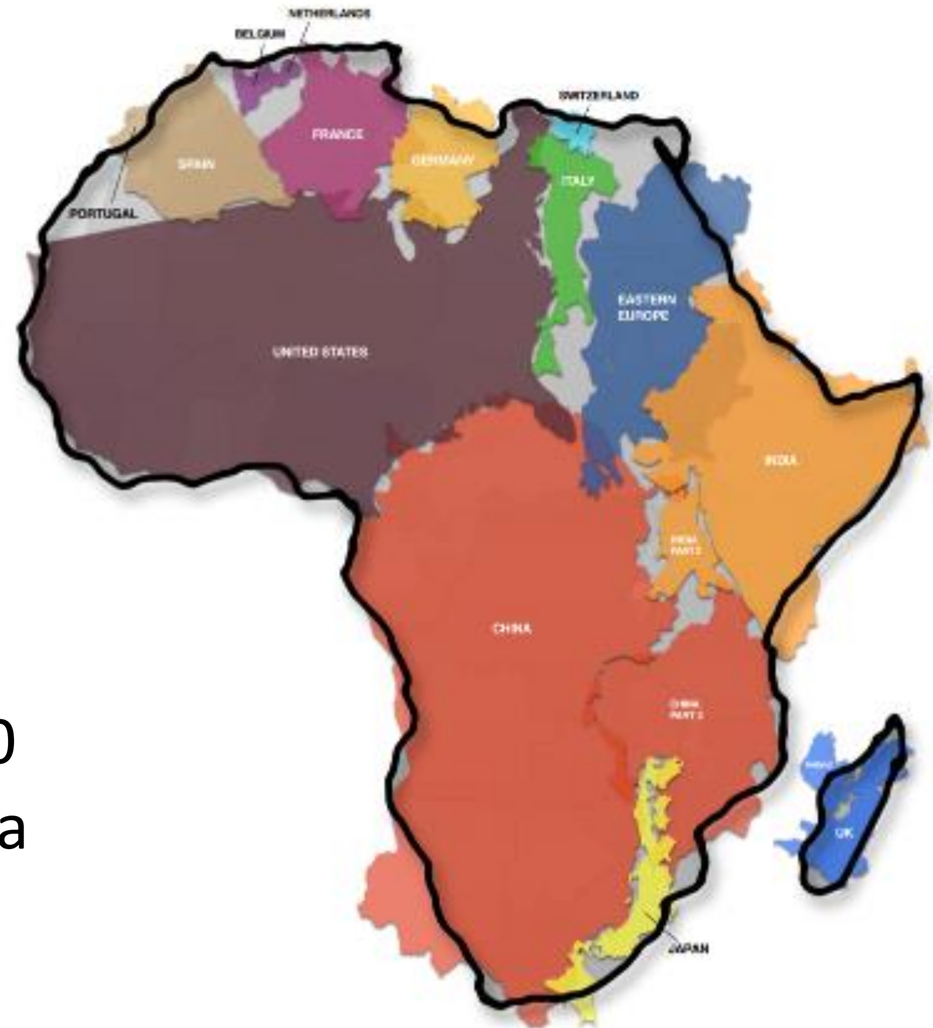


Submit Your Paper!!!

Thank You!

Monica H. Swahn, Ph.D., MPH
Dean & Professor in Health Promotion and Physical Education
Wellstar College of Health and Human Services
Kennesaw State University
Mswahn@kennesaw.edu

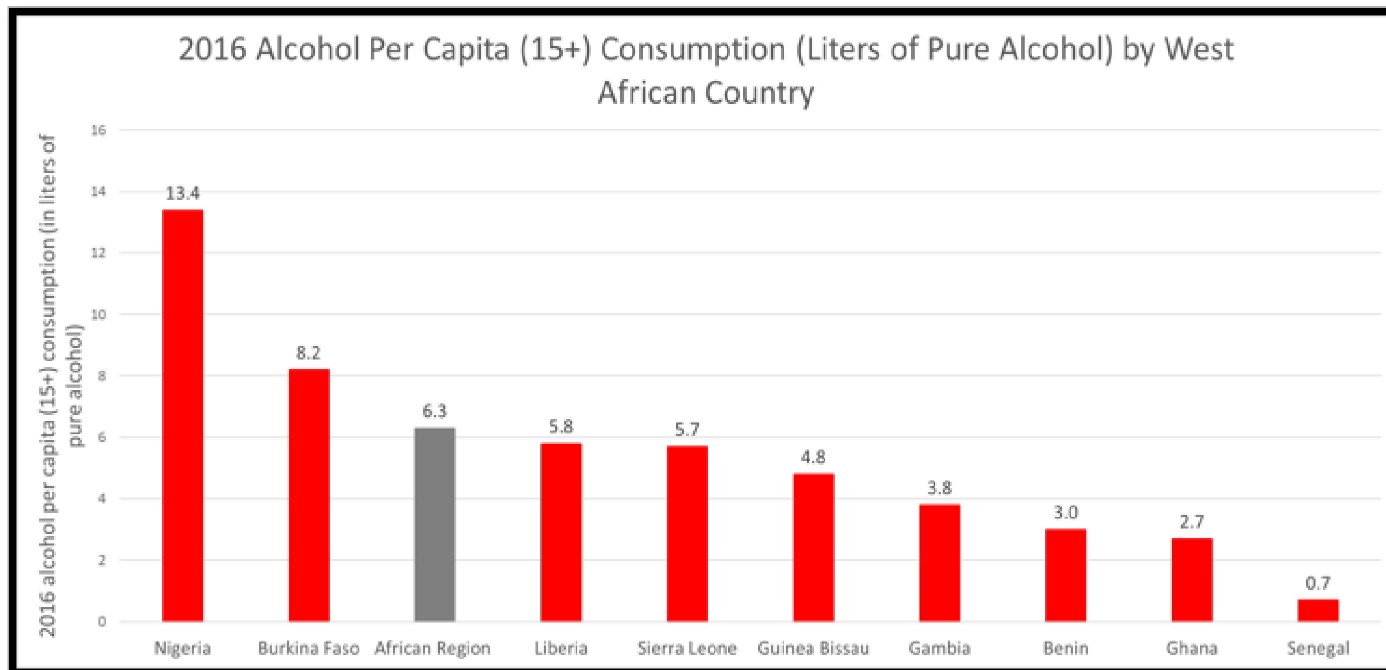
The Vast Continent of Africa



- Population: 1.3 Billion
- Countries: 54+
- Languages: 1,500-2,000
- 20% of earth’s land area

Background: WHO Global Status Report on Alcohol & Health

- Prevalence of alcohol use varies widely across the West African region



Data source: World Health Organization. (2018). Global status report on alcohol and health 2018. https://apps.who.int/iris/rest/bitstreams/1151838/retrieve

Table 1

Mean dimension and overall adjusted aggregate scores* of the readiness assessment for prevention of alcohol-related harm (RAP-ARH) using a 10-point scale across 10 domains (D1-D10) by country and for the West African Region (WAAPACAS).

	Burkina Faso	Gambia	Ghana	Liberia	Nigeria	Senegal	Sierra Leone	West Africa
D1: Attitudes towards alcohol-related harm prevention	5.0	2.8	2.9	1.7	2.4	3.7	3.0	2.7
D2: Knowledge of alcohol-related harm prevention	10.0	7.5	8.6	9.0	8.6	8.7	7.8	8.4
D3: Scientific data on alcohol-related harm prevention	5.0	3.3	4.9	2.0	4.7	4.5	3.9	3.9
D4: Current programs and evaluation	2.5	3.1	3.1	2.9	3.1	2.8	3.9	3.0
D5: Legislation, mandates, and policies	7.5	9.0	10.0	7.0	7.6	8.7	8.5	6.7
D6: Will to address the problem	5.0	2.9	3.7	1.4	2.3	4.0	3.6	2.9
D7: Institutional links and resources	5.0	5.2	5.4	5.8	5.8	5.6	6.0	5.8
D8: Material resources	5.0	5.0	6.7	5.0	5.7	5.5	5.6	5.5
D9: Human and technical resources	2.5	3.7	4.4	4.5	4.4	5.1	4.4	2.5
D10: Informal social resources	2.5	4.3	2.8	3.6	3.1	3.9	5.4	4.1
Overall Adjusted Aggregate Score %:	50.0	46.8	52.5	42.9	47.9	52.7	52.1	45.0

*Scores computed per the WHO RAP-CM short form guidelines and scores for each Domain can range from 0 to 10. The total aggregate score ranges from 0 to 100.

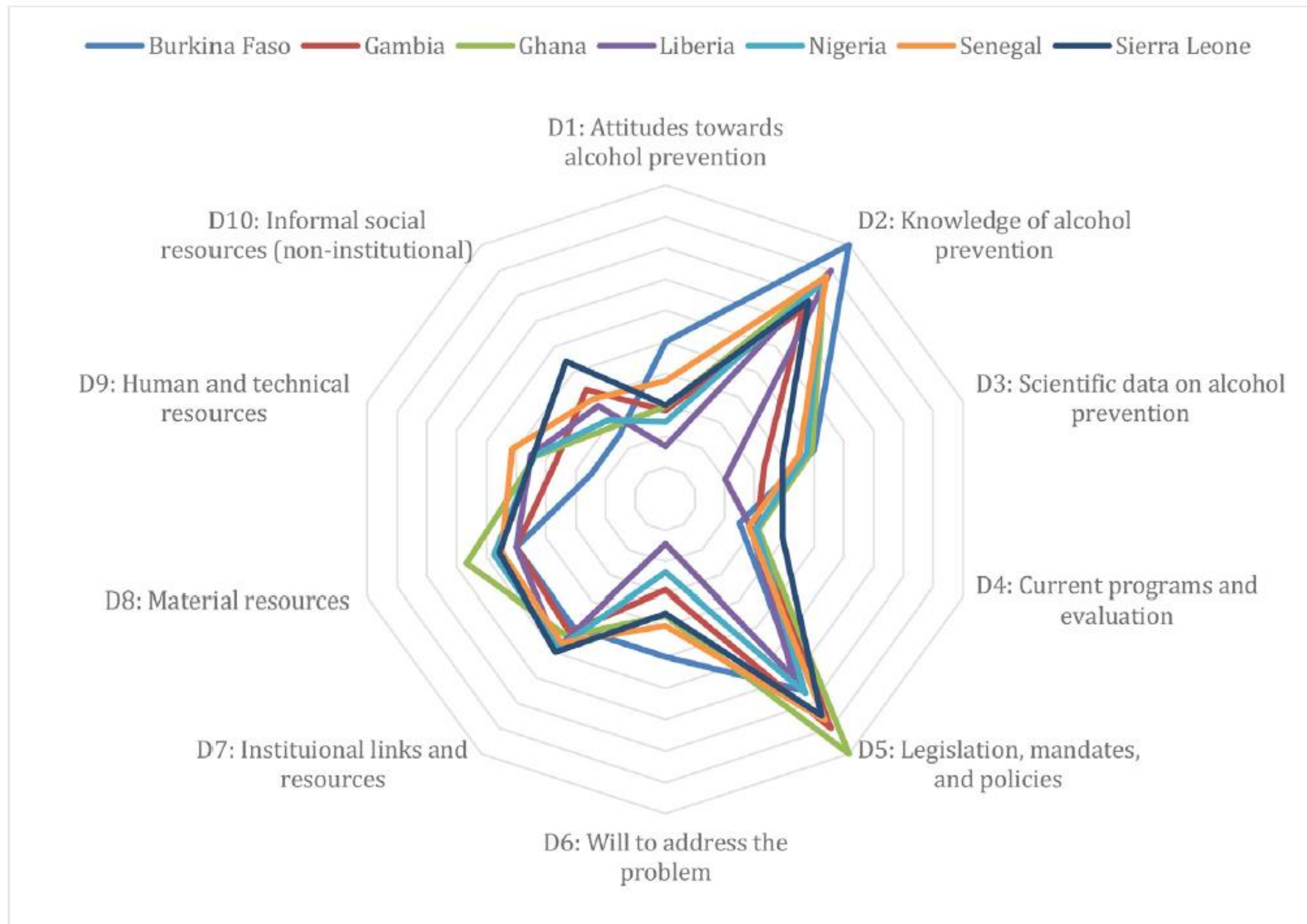


Fig. 1. Mean dimension scores from the readiness assessment for prevention of alcohol-related harm (RAP-ARH) using a 10-point scale (0–10) across 10 domains (D1-D10) in 7 countries (WAAPACAS).

Adjustments & Scoring of the RAP-ARH

- The research team closely reviewed all the survey questions in the RAP-CM and replaced any term reflecting child maltreatment with “alcohol-related harm” and made minor editorial changes as needed to create the Readiness Assessment for the Prevention of Alcohol-Related Harm (RAP-ARH).
- We made a few modifications to the formatting of the response options to facilitate the online survey distribution. The original RAP-CM short form tool is comprised of 19 survey questions, 14 of which are presented with categorical response options, two with open-ended “write- in ”responses, and three where participants are encouraged to write in and list names of programs, names of institutions, and specific partner- ships.
- As used with the RAP-CM scoring, our approach was divided into a 10-dimension model; 1) attitudes toward alcohol-related harm prevention, 2) knowledge of alcohol- related harm prevention, 3) scientific data on alcohol-related harm prevention, 4) current programs and evaluation, 5) legislation, mandates, and policies; 6) will to address the problem, 7) institutional links and resources, 8) material resources; 9) human and technical resources, 10) informal social resources (non-institutional) (WHO, 2013; WHO n.d.-b).

Chart 2: The SAFER Initiative Outlines 5 Key Priorities –Which do you think are the most important in your country?