

SETTING UP AN INCLUSIVE PROGRAM FOR PREVENTION OF THE HARMFUL USE OF ALCOHOL IN UGANDA : Lessons From the Inauguration of the SAFER Initiative

Uganda Alcohol Policy Conference 2024

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- I hereby declare that I have **no financial, personal, or professional conflict of interest** related to the content of this presentation.
- I confirm that I have **not received** any funding, sponsorship, or support from the alcohol industry or related organizations.
- My views and recommendations are **based solely on available evidence** and are intended to advance the **understanding and prevention of alcohol-related harm**.

Part one:

SAFER Uganda (SU): Priorities, Membership, Challenges and Milestones/Outcomes

Part two:

Improving prevention and treatment of Alcohol Use Disorders (AUDs) in Uganda, Lessons learned and Future Prospects of SU



IMPLEMENTATION REPORT FOR THE SAFER INITIATIVE IN UGANDA 2023



SAFER Uganda (SU)

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SAFER is an acronym for the most cost effective interventions to reduce alcohol related harm.

Intervention	Assessment*	
Strengthen restrictions on alcohol availability	Priority	Feasibility
Advance and enforce drink-driving countermeasures	Priority	Feasibility
Facilitate access to screening, brief interventions and treatment	Priority	Feasibility
Enforce bans or comprehensive restrictions on advertising, sponsorship and promotion	Priority	Feasibility
Raise prices on alcohol through excise taxes and pricing policies	Priority	Feasibility



- **SAFER is a WHO-led initiative** in partnership with,
 - Governemnt of Uganda (Ministry of Health)
 - International Civil society (Movendi International, Vital Strategies)
 - Local Civil Society (Uganda Alcohol Policy Alliance and Non Communicable Disease Alliance) and
 - Academia: Makerere University School of Public Health



2021: Pre-Planning:

- UN mission
- Alcohol Landscape Study

2022: Planning

- Road map (RM)
- Working Groups
- 2022 Uganda Alcohol Policy Conference

2023: RM Implementation

- Drafted Guidelines on prevention of Alcohol harm
- Capacity Building for decision makers and Civil Society
- Alcohol control Communication strategy
- selection of indicators for monitoring progress

2024: Consolidation

- Follow Up and sustainability planning
- Development of SBIRT



- Customized a set of **54 alcohol indicators** and established a **multisectoral mechanism** to monitor alcohol Use, Harm, and interventions
- **Draft National Alcohol Communication Strategy** to aid the implementation of alcohol Policy
- **Draft Alcohol Advocacy Strategy** to effectively lobby for a public health-oriented law
- **Draft Protocol** to support **Screening Brief Intervention and Referral for Treatment** of Alcohol Use Disorder in Primary Health Centers



- Diverse and unified efforts toward alcohol control
- Transparency and fast-tracking of the Alcohol Control Bill
- Increased public awareness and interest in alcohol control as exhibited in media debates
- International recognition of alcohol work in Uganda



- **Internal:**
 - Weak linkage with other MDAs
 - Limited resources
- **External:**
 - Interferences from the Alcohol Industry in Alcohol Control Processes
 - Inadequate understanding by the public, especially vulnerable populations, of the health and socio-economic harms related to alcohol



Improving prevention and treatment of Alcohol Use Disorders in Uganda

Dr Hafsa Lukwata,

Ag Assistant. Commissioner Mental Health Division

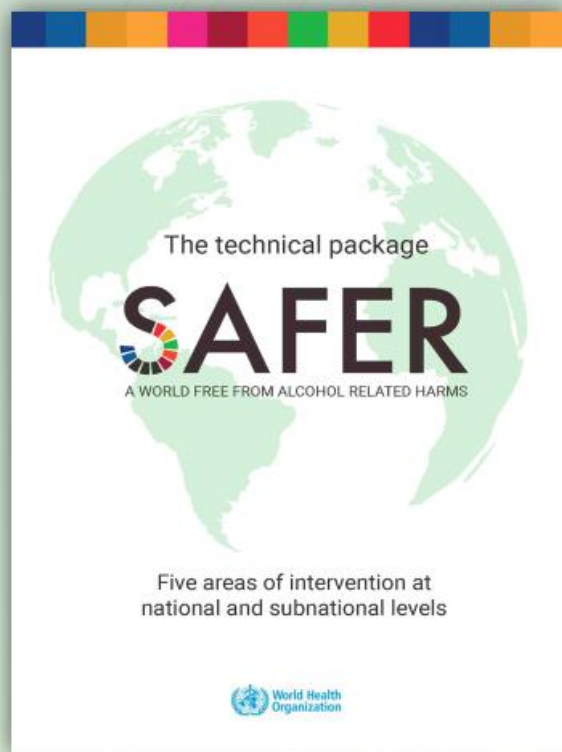
Ministry of Health



- Introduction of Screening, Brief Intervention, and Treatment (SBIT) of Alcohol Use and AUD
- Steps taken to promote reforms in preventing and treating AUDs in Uganda.
- Inauguration of SBIT in Uganda
 - Processes,
 - outcomes, and
 - service challenges



High-impact interventions are SAFER



Strengthen restrictions on alcohol availability



Advance and enforce drink-driving counter measures



Facilitate access to screening, brief interventions and treatment



Enforce bans or comprehensive restrictions on advertising, sponsorship, and promotion



Raise prices on alcohol through excise taxes and pricing policies

- 1) Developing a monitoring and evaluation methodology,
- 2) Establishing AUD treatment protocol and standards,**
- 3) Establishing focal points at district government hospitals,
- 4) Developing guidelines for registering and accrediting private treatment providers,
- 5) Training Primary Health Workers,
- 6) Increasing access to non-structured services, and
- 7) Advocacy and Strategic engagement of health professionals.

- The establishment of SBIT was preceded by several participatory SAFER Uganda ground-breaking initiatives covering Needs assessment and Intervention prioritization as recommended by the desk-based review, and joint programming mission, respectively.
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- SBIT activities were later on embedded in a multiagency and multisectoral roadmap to scale up the response to the harmful alcohol use in Uganda.
- An expert working group (local and International members) was formed to oversee the implementation of programs that are related to SBIRT of AUDs

- **Protocol** to guide the Screening Brief Intervention and Referral for Treatment (SBIRT); **approved by the MoH** (NCD and mental Health divisions)
- Started preparations for introduction of the SBIRT protocol at Primary Health Centers.
- **Resource mobilization**
 - Proposal on ***Translational Alcohol Research (STAR)*** was submitted in collaboration with Duke university, USA to National Institute of Health in USA.

- 1) Developing a monitoring and evaluation methodology (***Covered under the RP 60 proposal***)
- 2) Establishing focal points at district government hospitals (***To commence upon piloting of the SBIRT project in PHCs***)
- 3) Developing guidelines for registering and accrediting private treatment providers (***Uganda Medical and Dental Practitioners Council***)
- 4) Training Primary Health Workers (***incorporated in the RP 60 proposal***)
- 5) Increasing access to non-structured services, (***Preliminary profile made. To be developed further upon piloting SBIRT***)

- Prevention and Treatment of AUD is a complex public health challenge, requiring **strong leadership** and a **well-coordinated multisectoral** mechanism.
- **A stepwise approach** is crucial in building support and capacity for SBIRT
- **Stakeholder involvement** is important at all stages of program development
- **Strong leadership** and **stakeholder commitment** is necessary for the attainment of SAFER goals



Thank you!

More info at:

<https://www.who.int/initiatives/safer>

