

REPORT FOR THE

3RD UGANDA ALCOHOL POLICY CONFERENCE KAMPALA, UGANDA (UAPC22)

23<sup>rd</sup> – 25<sup>th</sup> November 2022

BUILDING MOMENTUM FOR CONTROL OF ALCOHOL-RELATED HARM IN  
UGANDA: WALKING THE TALK

Report



**Organized by The** Uganda Alcohol Policy Alliance (UAPA)



**Partners**



**IOGT·NTO  
MOVEMENT**



## Synopsis of the Uganda Alcohol Policy Conference (UAPC)

With the high rate of alcohol consumption in Uganda compared to Africa and the World average, the rampant incidences of Heavy Episodic Drinking among young people (who make up the bulk of Uganda's population), and the growing use of alcohol among women; Government, and Civil Societies have a critical role to play in the transformation of the country by preventing alcohol-related harm. This requires multilateral policy coordination.

UAPC is a biannual event that aims at the wide dissemination of evidence on alcohol harm among key stakeholders for policy action. Several sub-themes of the current alcohol policy status and future regulatory needs are discussed. First, the full extent of alcohol harm is explored. Barriers and opportunities for effective alcohol policy implementation are then discussed. Lastly, consideration is given to solutions to alcohol harm and an evaluation is made of what is needed to improve the support policy action.



*Key stakeholders with the Chief Guest (Hon Margaret Muhanga, Minister of State for Primary Health) at the Launch of the Uganda Alcohol Report (L-R) Didas Balimanya (Program Officer, IOGT-NTO Movement), Dag Reikve (Senior Technical Officer, Alcohol, Drugs and Addictive Behaviors, WHO Headquarters), Dr Hafsa Lukwata (Ag. Assistant Commissioner of Health Services, Mental Health and Control of Substance Abuse) Dr David Kalema (UAPC Chairperson), Prof Nazarius Mbona Tumwesigye (Makerere University school of Public Health), a Young Person from Ring of Hope, Juliet Namukasa (Chairperson, UAPA), Dr. Kristina Sperkova (Movendi International), Dr. Yonas Tegehn Woldemartam (Country representative, WHO, Uganda), Faizal Ssali K (Ministry of Local Government) and Dr Hafisa Kasule (Non Communicable Diseases (NCDs) Advisor, WHO, Uganda)*

## Third Uganda Alcohol Policy Conference (UAPC 22)

UAPC 22 aimed at offering momentum for continued public and private action towards alcohol legislation in Uganda. The conference was held on 23rd – 25th November 2022 at the Imperial Royale hotel, Kampala, and featured 54 presentations on 27 subthemes. Major thematic Areas included: perspectives, trends, and drivers of alcohol harm, impacts of alcohol abuse, and social-cultural and other creative and effective interventions. Attention was accorded to strategies for improving the existing implementation framework. The scope of the discussion varied from local through regional to international perspectives. In total 7 plenaries and 23 breakaway sessions were handled. Details are available in the conference program (see Conference booklet).



*Some of the organisers of UAPC22*

UAPC22 was officially opened by the Minister of State for Primary Health, Hon Margaret Muhanga, and other officials in the Mental Health and Control of Substance Abuse Division including Dr. Hafsa Lukwata and Dr. Kenneth Kalani (Program Officer). Other government representatives come from the Ministry of Education and sports (MoES), Ministry of Gender, Labor and Social Development (MGLSD), Ministry of Internal Affairs, Ministry of Local Governments, and Kampala Capital City Authority. Members of Parliament included Hon. Sarah Opendi (Former State Minister of Health and currently Chairperson of the Parliamentary Women Association), Hon. Lt. Dr. Victoria Nekesa (Uganda Parliamentary Forum on Mental Health) and Hon. Betty Ethel Naluyima (Uganda Parliamentary Forum for Children).

The conference was also addressed by the World Health Organisation (WHO) representatives at the Uganda Country office, Afro Regional office in Brazzaville, and from the WHO Secretariat, in Geneva. Some of the other notable international representatives included the President of Movendi International, the Director of the Alcohol and Drug Information Center (Sri Lanka), the Program Officer of the IOGT-NTO Movement, the Director at the Alcohol, Tobacco and Other Drugs Research Unit (South Africa), and a Director at the National Authority for the Campaign against Alcohol and Drug Abuse (Kenya).

Participation at UAPC 22 was both Physical and virtual in nature. Those that attended in person were 215 participants from 15 countries. The majority were from Uganda while others come from Botswana, Congo Brazzaville, the Democratic Republic of Congo, and Ethiopia. Kenya, Norway, Slovakia, Somalia, South Africa, Spain, Sri Lanka, Tanzania, the United States of America, and Zambia. Participants included members of Civil Society, Academic/Research Institutions, Government Agencies, Students, Young People, Media, Former Alcohol Users in Recovery, and Treatment Practitioners, among others. A detailed list of participants is attached. See Annex 1 (Attendance list).

### Key Highlights of UAPC22

Notable events at the conference included the United Nations Award, a Discussion on SAFER Implementation, the launch of the Uganda Alcohol Report 2022 (UAR22), and an Exhibition of Promising practices. Testimonies from child victims of alcohol abuse and recognition of early career researchers were the other notable activities that were featured at the conference:

- **Award from the United Nations Inter-Agency Taskforce on the reduction of Non-Communicable Diseases (NCDs):** At the official opening, Uganda was recognized for the 'exemplary leadership and multi-sectoral approach in preventing alcohol harm'. WHO Country Representative in Uganda, Dr. Yonas Tegehn Woldemartam presented the Award from the United Nations Inter-Agency Task Force on the reduction of Non-Communicable Diseases to the Minister of State for Primary Health, Hon Margaret Muhanga.
- **SAFER Implementation:** Uganda Is the first country to implement the SAFER intervention, a WHO and Ministry of Health (MoH) led set of interventions meant for preventing the harmful use of alcohol. SAFER implementation modalities were extensively discussed.
- **Launch of the Uganda Alcohol Report 2022 (UAR22).** Every four years the Civil Society compiles a status report on alcohol use and harm and UAPC22 provided a platform for its launch.
- **Exhibition of Promising practices.** Various organizations showcased their works as effective responses to the fight against alcohol harm. These included the Addiction Prevention and Rehabilitation Association of Uganda, Hope and Beyond (HaB), LM International, Fight Drug abuse, and Ring of Hope
- **Testimonies from the child victims of alcohol abuse:** Voices from the child victims of alcohol abuse were given space through testimonies and Music, Dance, and Drama presentations. Children were represented by former street kids under rehabilitation identified by Ring of Hope and Kawempe Youth Development Association.

- **Recognition of early career researchers:** Three abstracts by new researchers were recognized for their potential to make outstanding contributions to the body of alcohol research in Uganda. Recipients of the 'Excellence Awards' included Rodney Okasiimire (Makerere University, Department of Biochemistry and Sports science) for his research on the genetics of alcohol metabolism in Uganda; Assumpta Nabukenya, a Private practitioner researching the treatment of Alcohol Use Disorders (AUD) among



*Figure 1: Awardees of UAPC22 Works of Excellency (L-R Silver Ebunyu, Assumpta Nabukenya, Rodney Okasiimire pose for a photo with one of the Adjudicators, Ms Cissie Namanda from MUSPH*

convicts and Silver Ebunyu (Blue Cross) who presented on Life Skills Education as a channel for prevention of alcohol and substance abuse in Uganda.

## REPORT ON UAPC 22 CONFERENCE THEMATIC AREAS

This section highlights the salient features of selected presentations and the ensuing discussions. A more detailed/transcribed version is available as Annex 2. The summaries of all presentations can be accessed in the conference abstract book and their respective PowerPoint presentation were posted on the conference website ([www.uapc.org](http://www.uapc.org)).

### Trends of alcohol use in Uganda

Although various presentations depicted widespread alcohol consumption, a major concern was on the high prevalence of underage drinking. According to Dr. Baingana Florence (the WHO African Region Advisor, Mental, Neurological and, Substance Use Disorders), “a marked rise in the use of alcohol among young people 15 to 19 years of age is noted with worrying rates of heavy episodic drinking among drinkers of that age group”. Didas Balimanya, presenting on the Alcohol Situation Assessment (ASA2021) in East Africa noted that 56.5% of the population take their first alcoholic drink while under the age of 18 years. Alex Mulyowa (Makerere University School of Public Health (MUSPH) mentioned that one one-third the adolescents and young men in Kampala, majority of whom from out of school reported to have ever consumed alcohol. According to Mr Mulyowa, Nakawa division has the highest percentages of adolescent using alcohol in Kampala District, followed by central division. He also mentioned rampant alcohol use among young people even in areas outside Kampala and sighted Mbale district where research shows children initiation into alcohol drinking as early as 5 years of age. Prof. Nazarius Tumwesigye (MUSPH) indicated that majority of the admissions in alcohol treatment and rehabilitation centres in Kampala are in their youthful years. Mr. Balimanya attributed this trend to poor enforcement of the age restriction laws and indicated that 31% of the children easily buy alcohol. New trends were seen in increasing numbers of alcohol use among women (UAR22) and Dr. Apophia Agiresaasi (MUSPH) reported about the alcohol consumption among the pregnant women.



*A Concurrent session on Alcohol harm in Progress*

## Drivers of alcohol harm

Family, peers, cultural and lack of life skills were noted as initiation factors for alcohol use, while availability, marketing and genetics presented as the major reasons for the high consumption levels in Uganda.

**Family, peers, culture and lack of life skills:** Presenting on lessons from Treatment Centres for AUD, Sylvia Nabirye of HaB singled out the family as a place of initiation of alcohol use. This was affirmed by Hon. Margaret Zziwa and Tumwebaze Isharazah (a former alcohol user and now serving as a recovery coach and spearheading the union of treatment centres in Uganda). According to Hon Ziwa, children are always imitating parents who of now have no time for them as they are more occupied by technology (Phone, TV programs, etc). Wegoloire, a local leader from Jinja district noted that alcohol is imbedded in various cultural functions and hence its wide use. Speaking about the alcohol use sustaining behaviours among young people, Nabirye emphasised the role of peers while Hon. Betty Ethel Naluyima who represented the Uganda Parliamentary Forum for Children, blamed it on the lack of coping mechanism in situations of adversity.

**Availability:** It was noted that alcohol is cheap and can be 'sold by anyone and in any place including streets'. Although alcohol packed in sachets was banned, the emergency of small plastic bottles with high alcohol content was expressed as a major concern. Dr Baingana decried the widespread informal alcohol producers who according to Wagileire attempt to promote their sales by utilising dangerous ingredients during the alcohol production process.

**Alcohol Marketing (The digital revolution):** Dr. Baingana noted that the alcohol industry has been aggressively marketing to the young population, the so called



Figure 2 Mr Baguma Submitting a presentation on Digital Marketing of Alcoholic products

called “young professionals”. Richard Baguma of Uganda Health Communication Alliance mentioned that internet access is increasing by day through mobile devices. He revealed that 75% of the internet users are below 35 years. “Social media influences drinking behaviour among youth by increasing covert advertising and accessibility. Alcohol producers have accordingly increased budgets for alcohol promotion on digital media in East Africa” Said Baguma. This was largely evident during the peak of COVID-19. Both Dr Florence Baingana and Dr

Lukwata pointed out that alcohol advertisement and sales is not effectively monitored. According to Dr Hafsa, this situation leads to unethical promotions and misleading information where in some cases, alcohol is falsely promoted as medicine.

**Genetics:** Rodney Okwasiimire used a study on genetic metabolism to explain the high alcohol use in Uganda. He revealed the Ugandan population had low frequencies of fast-metabolizing alleles; ADH1B\*2 (0.2%), ADH1B\*3 (18.2%), and ADH1C\*1 (49.6%) which are considered protective against alcoholism. He further identified, high population frequencies of ADH1B\*1 (81.6%) and ALDH2\*1 (100%) which are considered as non-protective because they increase susceptibility to alcohol addiction.

#### Impacts of Alcohol Abuse

Minister Muhanga noted that although alcohol consumption has the potential to contribute to the country’s economy through taxation and employment opportunities, high consumption exposes our people to numerous health and social consequences which offset the economic gains. In agreement, Hon Opendi (who is sponsoring the current Alcohol Control Bill) remarked that alcohol is recognized to be as old as human history but its economic importance is normally blown out of proportion as compared to the social costs. Various studies on the impacts of alcohol were presented including, high mortalities, fuelling violence in homes, poverty, and psychological illnesses.





Dr Kalani highlighted the high burden alcohol imposes on the health sector. According to Aadielah Maker-Diedericks (South African Alcohol Policy Alliance), the African region has the highest age-standardized alcohol-attributable burden of injury and death globally. According to Dr Woldemartam, alcohol is the leading risk factor for premature death and disability among those aged 15 to 49 years, robbing the country of its productive human resource. Hon Naluyima mentioned that alcohol use could explain the increased cases of suicide and homicide among young people.

Further to that, alcohol was identified as a fuelling factor for violence. While presenting on the incidences of domestic violence Balimanya reported that 29% of women are beaten by their husbands and 18.4% are sexually harassed and 22% of children are

beaten by their parents all due to the influence of alcohol. Ms. Nabukenya reported the contribution of alcohol towards the high imprisonment rate growth rate (3.3%).

Alcohol was also blamed for the loss of productivity and failure of some government programs. According to Hon Muhanga, alcohol is one of the stumbling blocks to various government initiatives as people fail to take advantage of state programs while others utilize the money that is meant for development to buy alcoholic drinks. According to Wegolires, there is a vicious cycle between poverty and informal alcohol, as one fuels the other.

Finally, while presenting on Alcohol and Mental Health of People Living with HIV/AIDS: Ivan Nabisingura (Kisubi University) revealed that AUD contributes to depression by 46.6%, anxiety by 24.0,% and Psychosis by 11.6%. "These psychological conditions promote a stressful and emotionally charged lifestyle of restlessness and usually leads to insomnia, poor diet and contrast to positive living and for poor drug and treatment adherence" Nabisingura.

### Current interventions, promising practices gaps, and obstacles

#### **Civil Society response at the continental level**

Maker-Diedericks presented prospects of an African body merging the three regional Alcohol Policy Alliances in the East, South and West of Africa. According to her, it is time to increase our collective action to promote evidence-based alcohol policies for collective engagement of continental platforms through joint campaigns; monitoring of industry and African-led research. An interim steering

committee to develop a roadmap to establishing a continental body to be launched at GAPC in October 2023 in Cape Town has been launched.



*Rogers Mutaawe of UAPA presenting on the Role of civil Society in policy development*

### **Interventions at the country level**

**Policy:** Minister Muhanga noted recent initiatives by the Government of Uganda to control the harmful use of alcohol including banning production and selling of alcohol in sachets and bottles less than 200mls, enacting the National Alcohol Control Policy and prolonged closure of bars during the COVID pandemic. Dr Hafsa Lukwata mentioned supporting the alcohol control bill as another landmark by the Ministry of Health (MoH) in fighting alcohol misuse in Uganda.

**Alcohol Law:** Various reports were given on alcohol ordinances and Bylaws at the sub national levels. Dr Ruth Kikome of UAPA noted that only 20% of the local governments in Uganda had alcohol governing laws in their governance structure. The Assistant Superintendent of Uganda Police, Afande Luke Owoyesigire acknowledged that such initiatives are helping in controlling of alcohol sales.



Figure 3: ASP Luke Owesigire

According to Hon Sarah Opendi, an effective law at the national level is necessary to combat the increasing alcohol harm among the Ugandan population. The existing alcohol control laws (such as the Enguli and Liquor Acts) are no longer effective in addressing the alcohol challenges. “We, therefore, seek to control accessibility and consumption by regulating production and packaging” Hon Opendi.

Some promising practices in the private sector that were mentioned include coalitions, research, and integration of programs on the treatment of AUD with other development initiatives.

**Coalitions and partnerships:** Sharing on the partnership with Community Anti-Drug Coalitions of America, Nakanjako Hajara of Uganda Youth Development Link (UYDEL) reported that coalitions give belonging, promote unity, and increase awareness on the consequence of alcohol use. Rogers Mutaawe (former Secretary of UAPA) discussed the role of Civil Society in mobilising the masses to cause changes as seen in UAPA advocacy strategy. Prof. Tumwesigye reported about the partnership between MUSPH and other institutions including the University of Malawi, the University of Stirling (UK), the South African Medical Research Centre, the University of Cape Town, and Edinburgh University (UK). Wegoloire presented on the impact of Uganda National Community and Occupational Health’s collaboration (UNACOH) with IOGT-NTO and Jinja local leaders in causing impact on the Sugar plantation community in Kakira.

A case study on the impact of alcohol prevention activates on the community.

Wegoloire indicated that an evaluation of the 10 years of UNACOH's interventions focusing on sensitization and awareness, capacity building, and Community Mobilization showed positive outcomes in families and at the company, and at societal levels. For instance, 262 former alcohol users took to prevention with testimonies and 89 distillers found alternative economic engagements (Such as liquid soap making, tailoring, selling clothes, etc). As a result, over 240 alcohol-selling joints closed due to a lack of customers, and alcohol consumption was reduced by 50%. Consequently, crime rates declined by 10%, the saving culture increased by 40%, and cases of Gender-Based Violence and child neglect reduced by 80%, and 20% respectively. At the company level there was an observed reduction in absenteeism and late coming (49.5%), accidents at work (60%), and loss of jobs (80%).

**Research:** Prof Nazarius highlighted the works of the Addiction research centre at MUSPH to guide students who research alcohol and substance-related matters. Currently, the Centre is studying the feasibility and effectiveness of the web-based intervention to prevent and stop substance abuse and the impact of the alcohol sachet ban in Sub-Saharan Africa among other projects.

**Improving treatment of AUD:** Isharaza highlighted the current alcohol Addiction treatment as being costly and hardly affordable to low-income earners but also decried stigma which prevents many from accessing the needed services. Speaking about Vision 2030, an initiative of Hope and Beyond in Mpigi district, Dr Kalema David elaborated how addiction prevention and treatment activities are integrated with other health and social welfare programs and noted that this intervention helps to reduce the stigma associated with AUDs and has increased service uptake.



*A Concurrent session on Treatment of AUD in progress*

### **MoH led interventions**

At the prevention level, Dr Hafsa reported that over time the MoH has focused on improving strategic communication (facilitating radio talk shows, enhancing community dialogue, promoting health education talks, and mass awareness through the celebration of the International day on alcohol and illicit drugs). For improving treatment, MoH has in place a monitoring mechanism for alcohol and drug abuse and has programs for training Out Patients Departments and Village Health Teams in identifying people with Alcohol and Other Drug Use Disorders. Finally, MoH encourages interagency participation and invited the WHO to implement the SAFER initiative in Uganda.

The SAFER initiative was recognised as a major strategy for preventing further alcohol harm in Uganda. Reikve (WHO) explained SAFER in detail and mentioned that alcohol consumption needs to be handled from the cultural point of view. He added that the road map is already drafted and SAFER Uganda can be a guide for other countries meaning that, they can learn from Uganda (see more details on SAFER discussion section).



*Dag Reikve (Senior Technical Officer, Alcohol, Drugs and Addictive Behaviors, WHO Headquarters),*

### **Interventions at the WHO Afro region**

Dr Baingana reported that the “Implementation framework of the Comprehensive Mental Health Action Plan 2013 to 2030 in the WHO African Region” is among others intended to reduce the harmful use of alcohol. In addition to this, the WHO African Region is preparing an “Implementation Framework of the Global Alcohol Action Plan to reduce the harmful use of alcohol in the WHO African region”. The African Region is supporting countries to develop alcohol policies and action plans.

In collaboration with various partners, the first SAFER mission was made in Uganda, and a roadmap was developed, which is now being implemented.

### **Gaps, Bottlenecks, and challenges**

Several challenges including Inter-country differences in alcohol policing, interferences diseases, and scanty research were observed as bottlenecks to the reduction of the harmful use of alcohol in Uganda.

Lack of a harmonized approach to the harmful use of alcohol at the regional level. Maker-Diedericks reported that of the fifty-four states on the continent, less than half have alcohol policies.

According to Dr. Baingana and Jacqueline Nyamburah Kigerah from the Kenya Authority for the Campaign Against Alcohol and Drug Abuse (NACADA), in spite of the cross-border sales Afro region lacks common laws and policies for controlling alcohol harm in the region where. According to Mr. Balimanya, Uganda, Kenya, and Burundi have alcohol policies but only Kenya has an updated alcohol law. Kigerah noted border communities who can't access alcohol due to stringent regulations in Kenya cross and drink from Uganda. The same case was noted at the Uganda/Rwanda border.



*Kigera on the left presenting at a panel discussion on alcohol legislation in the region.*

**Interferences:** Dr Hafsa cited an invisible force that suffocates the implementation of NACP and Hon Opendi noted the strong resistance from the alcohol industry should be anticipated and counteracted. Sharing Sri Lanka's experience, De Seram advised that the influence of the alcohol industry makes policy-making unnecessarily longer and comes in form of funding of political personality by the alcohol industry, and training authorized persons. Various unethical strategies to stop or delay the implementation of alcohol control policies and weaken the already existing policies are the other undertakings done by the alcohol industry. These include aggressive lobbying, political interference, creating false debates and fabricated research regarding alcohol, and hidden interferences via other front groups (such as media, bar owner association, film industry, tourism industry, individual researchers, and opinion leaders mobilized by the alcohol industry).

**Scanty research:** Mr Baguma stressed the fact of limited data on the patterns, consequences, or structural and individual factors that lead to the uptake and persistence of harmful alcohol use among youths.

Other challenges noted by Dr Lukwata included the absence of a well-funded and facilitated authority to tackle the alcohol problem.

## Focus on SAFER intervention

SAFER represents 5 effective and cost-effective alcohol control interventions including 1) Strengthening restrictions on alcohol availability, 2) Advancement of drink-driving countermeasures, 3) Facilitating Screening, Brief Interventions and Treatment (SBIT) 4) Enforcement of bans or comprehensive restrictions on advertising, sponsorship, and promotion and 5) Raising prices on alcohol through excise taxes and pricing policies. An overview of SAFER was given by the SAFER team and participants offered feedback as documented below.

### **Strengthening restrictions on alcohol availability**

Participants urged legislators to consider laws to decrease the availability of alcohol. Emphasis was put on the packaging of alcohol in bottled glasses, restricting hours of sale, stipulating the density of the alcohol selling points, prevention of sales within 300 meters of educational, health, security, and residential areas, and increasing the legal drinking age from 18 to 21 years. Members urged for enforcement of the already available laws and recommended a review of the licensing system. Hon Opendi noted the need to sensitize the masses about alcohol harm and urged for consumption time restrictions to allow time for work.

### **Advancement of drink-driving countermeasures**

According to Mr Owesigire, although the Uganda Police does mandatory alcohol checks on individuals that are involved in accident, breathalyzer testing for drivers was suspended due to COVID-10 Standard Operating Procedures. Participants hence called for innovative ways of detecting drunk drivers. Owesigire also routed for continuous sensitization of enforcement officers and legal prosecution teams to be vigilant on enforcement. It was also suggested that the recommended Blood Alcohol Content limit for the drivers should be between 0.02 to 0.05,



### **Facilitating Screening, Brief Interventions, and Treatment (SBIT)**

It was noted that most health facilities lack the capacity to deal with AUD and hence need for capacity building. Primary Health Workers, Community Village Health Teams, and Allied health workers should be trained in SBIT techniques. AUD screening was suggested during school and community outreach programs. Quality assurance measures including developing clinical guidelines and strengthening the role of professional bodies such as APRAU and the International Society of Substance Use Professionals were encouraged alongside the monitoring of the treatment centers to ensure standardized care. Finally, members urged for the expansion of AUD treatment services to vulnerable populations such as those prone to crime, pregnant women, and people in rural areas. Nabukenya mentioned the need for alcohol and SUD treatment programs for those in prisons while Dr. Agiresaasi recommended alcohol screening at the Antenatal Care sites.

### **Enforcement of bans/restrictions on advertising, sponsorship, and promotion**

Participants reported that current alcohol marketing is aggressive and purposely appealing and exciting to young people. Several speakers including Baingana, Baguma, and Kigerah mentioned that digital marketing, sales, and home deliveries of alcohol make enforcement of age restrictions difficult to implement. For that reason, participants recommended a board to review the advertisement content and promotional campaigns. It was also suggested that alcohol marketing should not be allowed in and around educational facilities. Branding should not include messages and images of children, Bill boards should be reduced in size and numbers and have at least 2 health messages. Finally, radio and TV advertisements of alcohol were recommended for time after 10:00 pm. Alcohol sponsorship should be excluded from educational, sporting and health events. On behalf of MoH, Hon Muhanga promised to contact the Ministry of Information, Communication, and National Guidance to develop guidelines for restricting advertising, promotion, and sponsorship of alcoholic drinks.

### **Raising Prices On Alcohol Through Excise Taxes and Pricing Policies**

Participants proposed several options to increase alcohol prices. Rogers Kasirye of UYDEL urged for taxing of the alcohol per unit instead of the bottled product as a whole. Members also urged for banning of packaging of alcohol in small quantities (such as those below 250mls). Promotional activities that make alcohol cheaper or even free (such as happy hours where alcoholic products are freely distributed) should be banned. Hon. Nekesa advised that the Ministry of Trade should bring informal alcohol into taxable brackets to expand the country's tax base. Hon Muhanga promised that MoH shall engage the Ministry of Finance and Economic Planning to regularly review the taxes on alcoholic products.



*Rogers Kasiye of UYDEL presenting on alcohol Taxation*

## Recommendations

“Much more needs to be done to delay the onset of alcohol use and to reduce harmful patterns of alcohol use, keeping in mind that ‘less alcohol is best’.” Dr. Baingana Participants called for the promotion of alcohol-free environments, especially for young people through alcohol legislation and prevention programs. Recommended strategies included multi-sectoral engagement, protecting alcohol policy-making processes from undue interference, research, and capacity building, and reducing informal alcohol.

**Alcohol Policing:** Hon Muhanga emphasized legislating alcohol as one of the cost-effective and evidence-based ways of reducing its harmful use and called for supporting the National Alcohol Control Bill. Hon. Naluyima argued that Alcohol Policies should be geared at preventing underage use of alcohol. Afande Luke Owoyesigire called for fast-tracking of the countrywide laws; among others restricting politicians from using alcohol as a campaign tool and urged for specialized enforcement desks at Uganda Police to ensure implementation.

**Prevention programming:** Nabirye advocated for supportive family environments while Dr. Kalani and Hon. Magrate Zziwa recommended revisiting lessons from the original African traditional ways of protecting the community. Hon Naluyima asserted that besides restricting alcohol from children, parents should be encouraged to get interested in the friends of their children. In addition to that Naluyima called for special programs to target binge drinkers (such as those in the festive season) and encouraging alternatives economic initiatives to curb the production of local brew.

**School based policies:** Alcohol free neighbourhood and policies to prevent alcohol use in schools should be encouraged. Dr Muteekanga urged for the involvement of the Ministry of Education in preventing alcohol use among young people. Ebunyu and Nabirye recommended the use Peer to peer approach to delaying alcohol debuts among young people.



*FCommissioner Muteekanga of with Margaret Nasanga (UAPC Co-ordinator)*

Unity in diversity: There is need for a more unified approach to controlling alcohol harm combining the regional efforts as well as engaging various stakeholders for a holistic approach. Reikve called for strong leadership and collaboration between international communities and among the Civil society and government. Participants endorsed supporting SAFER's "whole- of - Government and a whole-of-society approach to preventing the harmful use of alcohol in Uganda". Hon Muhanga expressed the willingness of the MoH to work with the Ministry of Education and Ministry of MGLSD to implement preventive programs to reduce the availability of alcohol especially to children and young people in and out of school. Owesigire urged members to involve Uganda Police in the policy making process since they work on enforcement of the law. The next conference should have the representation from each stakeholder. Mutaawe called for increased membership base for the Civil Society and establishment of good partnership with local government structures. Members noted that it is important to leverage on East African Community to push on enforcement given experience from other countries like Kenya. A team was suggested to visit Kenya for an exchange and learn lessons from Kenya on how they have managed the situation.



Participants sharing ideas during a Tea break

Other recommendations included protection of alcohol policies from undue influence, capacity building and media engagement: Sampath urged the audience to identify and counter the industry interferences and barring the Alcohol industry from engaging in Corporate Social Responsibilities. Community should be empowered to be watchdogs hence the necessity to mobilize district heads and sensitization of local leaders and encouraging inter district cooperation.



*Samaphth delivering a presentation on protecting the alcohol policy from undue influence*

Finally, more research was recommended to facilitate the design of effective alcohol-focused interventions. Topics of interest include the genetics and alcohol use in Uganda and level of Dual diagnosis and relapse rates in Uganda, epidemiology of alcohol use, digital media promotion, NACP, and alcohol policy investment case.

## Annex 1: Attendance List

	NAMES	GENDER	COUNTRY	TITLE	Attendance	ORGANISATION
1	Aadielah Maker Diedericks	Female	South Africa	Secretary General	Virtual	Southern African Alcohol POLicy Alliance
2	Abigaba Zahra	Female	Uganda	Media	Physical	UBC TV
3	Abisinguza Alison	female	Uganda	Student	Physical	St. Bernard Royal Primary school-Kawempe
4	Abubaker Karim	Male	Uganda	Student	Physical	Makerere University Business School
5	Abubaker Ramathan Lule	Male	Uganda	Student	Physical	Makerere University Business School
6	Akankwasa Diana Rebbeca	female	Uganda	Student	Physical	St. Bernard Royal Primary school-Kawempe
7	Alex Mulyowa	Male	Uganda	Researcher	Physical	Makerere University School of Public Health
8	Amanya Aggrey	Male	Uganda	Representative	Physical	S&L Advocates
9	Andrew Katende	Male	Uganda	Media	Physical	Fez Media
10	Apophia Agiresaasi	Female	Uganda	Researcher	Physical	Makerere University School of Public Health
11	Asa Lugada	Male	Uganda	Media Officer	Physical	UHCA-
12	Asaba Linda	Female	Uganda	Prog-Admin	Physical	Uganda Health Communication Alliance
13	Asio Susan Catherine	Male	Uganda	Program Officer	Physical	Uganda Girl Guides Associations
14	ASP Luke Owoyesigire	Male	Uganda	Police Spokesperson	Physical	Uganda Police Force
15	Atieno Deborah	female	Uganda	Student	Physical	Ring of Hope Children Choir
16	Aturinde Mpairwe Prudence	Female	Uganda	Project coordinator	Physical	Uganda Girl Guides Association
17	Awino Mercy	Male	Uganda	Representative	Physical	S&L Advocates
18	Bagampadde Fahima	Female	uganda	volunteer	Physical	Uganda Alcohol Policy Alliance
19	Baguma Richard,	Male	Uganda	Executive Director	Physical	Uganda Health Communion Alliance

	NAMES	GENDER	COUNTRY	TITLE	Attendance	ORGANISATION
20	Baguma Sam	Male	Uganda		Physical	
21	Bakilya Mercy	female	Uganda	Student	Physical	Ring of Hope Children Choir
22	Baleke Salim	Male	Uganda	Student	Physical	St. Bernard Royal Primary school- Kawempe
23	Balimanya Didas	Male	Tanzania	Programme coordinator	Physical	IOGT.NTO.MOVEMENT
24	Barbra Kalumba	Male	Uganda	Member	Physical	Uganda Counsellors Association
25	Batambwiire Ivan	Male	Uganda	Social worker	Physical	Ring Of Hope
26	Bateganya Gerald	Male	Uganda	Student	Physical	Ring of Hope
27	Birungi Anna Maria	Female	Uganda	Student	Physical	St. Bernard Royal Primary school- Kawempe
28	Bro. Mukwire Chris	Male	Uganda	Counselor	Physical	Serenity Centre
29	Busuulwa Jovan NIC	Male	Uganda	Member	Physical	APRAU
30	Bwogi John Buyera	Male	Uganda	Media	Physical	East African
31	Carolina Nakibuule	Female	Uganda	Media	Physical	Fez Media
32	Charles Moro	Male	Uganda	Staff	Physical	International Aid Services (IAS)
33	Chris Ssemalemu semakula	Male	Uganda	Media	Physical	CTV
34	Chris Wagoleire,	Male	Uganda	Jinja District Focal Person	Physical	Uganda National Association for Community and Occupational Health - Jinja District
35	Christine Namazzi Beepath	Male	Uganda	Clinical Psychologist	Physical	Practitioner/ Counselling Psychologist
36	Cissie Namanda	Female	Uganda	Research Associate/Public Health Specialist	Physical	Makerere University School of Public Health
37	Claire Biribawa	Male	Uganda	presenter	Physical	Makerere University School of Public Health
38	Dan Mugula	Male	Uganda	Media	Physical	See TV

	NAMES	GENDER	COUNTRY	TITLE	Attendance	ORGANISATION
39	Ddungu Davis	Male	Uganda	Media	Physical	CBS
40	Diano Olwenyi Peter	Male	Uganda	Media	Physical	Smart 24 Tv
41	Dr. Dag REKVE,	Male	Geneva	Senior Technical officer	Physical	World Health Organisation; SAFER Secretariat
42	Dr. David Basangwa	Male	Uganda	CEO	Physical	DAKSI Consultancy Services
43	Dr. David Kalema	Male	Uganda	Executive director	Physical	Hope and Beyond
44	Dr. Hafisa Kasule	Female	Uganda	Country team advisor NCDs.	Physical	World Health Organization
45	Dr. Hafsa Lukwata	Female	Uganda	Ag. Commissioner	Physical	Ministry of Health
46	Dr. Kenneth Kalani (MoH)	Male	Uganda	Psychiatrist/ SMO	Physical	Ministry of Health
47	Dr. Kikome Ruth	Female	Uganda	Executive Director	Physical	Recovery Solution
48	Dr. Makumbi Gerald,	Male	Uganda	Project coordinator	Physical	ACP. Uganda National Association of Community and Occupational Health (UNACOH)
49	Dr. Martin Ruhweza	Male	Uganda	staff	Physical	Uzima Ministries
50	Dr. Musonda Simwayi		Zambia	Your Ally foundation	Physical	Addiction Prevention and Rehabilitation Association of Uganda
51	Dr. Yonas Tegehn Woldemartam	Male	Uganda	WHO Representative to Uganda.	Physical	World Health Organization
52	Drake Nyambugabu Media	Male	Uganda	Media	Physical	Media
53	Ebunyu Silver	Male	Uganda	Staff	Physical	Blue Cross Uganda
54	Edmond Atwine	Male	Uganda	Representatives	Physical	Uganda Road Accident Reduction Network Organization
55	Elizabeth Mpyisi	Female	Uganda	representative	Physical	Africa Retreat Centre
56	Elwa Albert	Male	Uganda	Executive director	Physical	Focus on Recovery/Tranquil Homes
57	Enoch Kabuye,	Male	Uganda	Executive director	Physical	ACTS FUND
58	Enyipu Henry	Male	Uganda	Staff	Physical	Blue Cross Uganda



	NAMES	GENDER	COUNTRY	TITLE	Attendance	ORGANISATION
59	Etyang Emmanuel	Male	Uganda	coordinator / PA	Physical	Uganda Parliament Forum on Mental Health
60	Eugene Kateregga Ssuuna,	Male	Uganda	Student	Physical	Mengo SS
61	Evans Opiyo	Male	Uganda	Representative	Physical	Africa Retreat Centre
62	Francis Nsanga	Male	Uganda	Executive Director	Physical	ICON Group
63	Gasuza J. Julia	Female	Uganda	Representative	Physical	TOPOWA
64	George Muteekanga	Male	Uganda	AG. Commissioner in charge of private institutions.	Physical	Ministry of Education
65	George Muwanguzi,	Male	Uganda	Representative	Physical	
66	Gibson Kibuuka,	Male	Uganda	Staff	Physical	Hope and beyond
67	Gladness Munuo	Female	Tanzania	Representative	Virtual	Tanzania Networking Against Alcohol Abuse
68	Grace Bikumbi	Male	Uganda	Staff	Physical	Butabika National Referral Hospital
69	Hellenah Okiring Oketcho	Female	Uganda	Representative	Physical	
70	Henry Baguma	Male	Uganda	Media	Physical	UBC Radio- 0775829373
71	Hon Sarah Opendi	Female	Uganda	Member of parliament	Physical	Uganda Parliamentary Forum on Mental Health)
72	Hon. Betty Ethel Naluyima	Female	Uganda	Member of parliament	Physical	Uganda Parliamentary Forum for Children
73	Hon. Koluo Joseph		Uganda	Member of Parliament	Physical	Parliament Of Uganda
74	Hon. Lt. Dr.Victoria Nekesa	Female	Uganda	Member of parliament	Physical	Uganda Parliamentary Forum on Mental Health
75	Hon. Margaret Muhanga	Female	Uganda	Minister of State for Health in Charge of PHC	Physical	PARLIAMENT

	NAMES	GENDER	COUNTRY	TITLE	Attendance	ORGANISATION
76	Hon. Margaret Zziwa Babu	Female	Uganda	Member of parliament	Physical	PARLIAMENT
77	Hon. Musa Noah	Male	Uganda	coordinator	Physical	Parliament Of Uganda
78	Innocent kayiza	Male	Uganda	Media	Physical	observer
79	Irene Nakasolya	Female	Uganda	Staff	Physical	Inter Religious Council-Uganda
80	Isabirye Jackson	Male	Uganda	Executive Director	Physical	Ring of Hope
81	Isabirye Joel	Male	Uganda	Student	Physical	Ring of Hope Children Choir
82	Ivan Nabisingura	Male	Uganda	Student/ Researcher	Physical	MUSPH/ University of Kisubi)
83	Jackie Okao	Female	Uganda	Staff	Physical	Global Health Advocacy Incubator
84	Jacquiline Nyamburah Kigerah	Female	Kenya	Representative	Physical	National Authority For The Campaign Against Alcohol And Drug Abuse(NACADA), Kenya
85	Jane Mapenzi	Female	Uganda	Staff	Physical	SURA Uganda
86	Jane Nafula	Female	Uganda	Media	Physical	Daily Monitor
87	Jennifer Wabule	Female	Uganda	P.A	Physical	Uganda Parliamentary Forum on Mental Health)
88	Josephine Nakibuka Afaayo	Female	Uganda	Executive director	Physical	Fight Drug Abuse
89	Juliet Murethi	Female	Uganda	Managing Director	Physical	Africa Retreat Centre
90	Juliet Namukasa	Female	Uganda	Country Director	Physical	International Aid Services Uganda
91	Julius Muhumuza	Male	Uganda	Media	Physical	Galaxy Tv
92	Kabann Kabanankye	Male	Uganda	Researcher / Academia.	Physical	Esseza Foundation
93	Kabuye Ronald	Male	Uganda	Media	Physical	Metro Fm
94	Kajubi Samuel	Male	Uganda	Representative	Physical	Parliament Of Uganda
95	Kalema Andrew Arnold	Male	Uganda	Media Officer	Physical	UHCA
96	Kalulu Isaac		Uganda	Student	Physical	Ring of Hope Children Choir

	NAMES	GENDER	COUNTRY	TITLE	Attendance	ORGANISATION
97	Kamoga Stanley	Male	Uganda	Executive director	Physical	Children And Youth Empowerment Link.
98	Kamulegeya AzmirAbubakar	Male	Uganda	volunteer	Physical	Ministry of Health
99	Kasirye Rogers	Male	Uganda	Executive Director	Physical	Uganda Youth Development Link
100	Kasozi Andrew	Male	Uganda	Media	Physical	Baba Tv
101	Kasubi Fred		Uganda	Student	Physical	Ring of Hope Children Choir
102	Kayemba Cynthia	Female	Uganda	Student	Physical	Ring of Hope Children Choir
103	Keneth Mpyisi	Male	Uganda	Staff		Africa Retreat Centre
104	Kikulukunyu Faizal	Male	Uganda	Participant	Physical	
105	Kimbugwe Godfrey		Uganda	Student	Physical	Ring of Hope Children Choir
106	Kiyimba Muhammad		Uganda	Student	Physical	St. Bernard Royal Primary school-Kawempe
107	Kizindo Lule C.	Male	Uganda	Media	Physical	Capital FM
108	Kristina Sperkova	Female	Sweden	President	Physical	Movendi International, Sweden
109	Kukkiriza Vicencia Praise Mukulu	Female	Uganda	Student	Physical	St. Bernard Royal Primary school-Kawempe
110	Kukunda Sheilla	Female	Uganda	Representative	Physical	APRAU
111	Kwagala Betty		Uganda	Student	Physical	Ring of Hope Children Choir
112	Kwagala Catherine		Uganda	Student	Physical	Ring of Hope Children Choir
113	Kwagala Resty		Uganda	Student	Physical	Ring of Hope Children Choir
114	Kyateeka Mondo	Male	Uganda	Media	Physical	Bukedde FM
115	Lawrence Mulondo	Male	Uganda	Media	Physical	New vision
116	Linda Atulinda	Female	Uganda	Student	Physical	Makerere University
117	Lindsay Kinkuhaire	Female	Uganda	Breakfree	Physical	Break Free Rehabilitation Centre
118	Lubega Andrew	Male	Uganda	Community Based Protection manager	Online	ALIGHT Uganda

	NAMES	GENDER	COUNTRY	TITLE	Attendance	ORGANISATION
119	Lubyogo Francis,	Male	Uganda	Student	Physical	Butabika School of psychiatric clinical officers
120	Mable Kukunda	Female	Uganda	Advocacy and Networking Officer	Physical	Uganda National Health Consumers' Organization
121	Magezi Jude	Male	Uganda	Media	Physical	Radio ssuubi
122	Mastulah Kisakye	Female	Uganda	Finance officer	Physical	Uganda Girl Guides Association
123	Matsiko Patience	Female	Uganda	Student	Physical	Butabika National mental Referral Hospital
124	Mavumbi Michelle		Uganda	Student	Physical	St. Bernard Royal Primary school-Kawempe
125	Mboowa Nathan	Male	Uganda	Media	Physical	UBC TV
126	McBernard Otal	Male	Uganda	Executive Director	Physical	Kawempe Youth Development Association (KYDA Uganda)
127	Minhoro John Joseph,	Male	Uganda	Member	Physical	Say No to Drugs” initiative, MUBs.
128	Moustapha Mulonda Kibukila	Male	Congo	Student	Physical	Bugema University
129	Mugalul David		Uganda	Student	Physical	St. Bernard Royal Primary school-Kawempe
130	Mugera Joshua Henry	Male	Uganda	Media	Physical	Magic100
131	Mukisa John	Male	Uganda	Finance officer	Physical	Uganda National Association Community and Occupational Health
132	Munezero Bernadette	Female	Burundi	Representative	Physical	Burundi Alcohol Policy Alliance (BAPA)
133	Mutaawe Rogers	Male	Uganda	Project officer	Physical	Uganda Youth Development Link
134	Musubizi Jesse	Male	Uganda	Media	Physical	Smart 24 Tv
135	Mutesi Catherine	Female	Uganda	Student	Physical	Ring of Hope Children Choir
136	Mwebaze Isharazah	Male	Uganda	member	Physical	Addiction Prevention and Rehabilitation Association of Uganda)
137	Mwibo Benjamin	Male	Uganda	Media	Physical	The witness

	NAMES	GENDER	COUNTRY	TITLE	Attendance	ORGANISATION
138	Nabimanya Sam Bambaza	Male	Uganda	Executive Director	Physical	Hope For Victims Of Traffic Accidents (HOVITA)
139	Nabukalu Barbra	Female	Uganda	Accountant	Physical	Uganda Girl Guides Association
140	Nabukenya Maria Assumpta	Female	Uganda	counseling psychologist	Physical	Judith pillars counseling consultancy-Mbarara.
141	Naigaga Hayat Hamuyat	Female	Uganda	Legal Officer	Physical	Inter Religious Council-Uganda
142	Naiwuumbwe Mary	Female	Uganda	Student	Physical	Ring of Hope Children Choir
143	Najjingo Grace Kimera	Female	Uganda	Member	Physical	Life Back Foundation
144	Nakanjako Hajara	Female	Uganda	Staff	Physical	Uganda Youth Development Link (UYDEL)
145	Nakiganda M. Goretti	Female	Uganda	Media	Physical	Smart 24 Tv
146	Nakijoba Barbara	Female	Uganda	M&E officer.	Physical	Uganda Youth Development Link (UYDEL)
147	Nakiranda Joyce	Female	Uganda	Student	Physical	Ring of Hope Children Choir
148	Nakyo Annet	Female	Uganda	Coordinator.	Physical	Uganda parliamentary forum on mental health
149	Nalujja Shamshad	Female	Uganda	Media	Physical	Bukedde TV
150	Namagabi Eva	Female	Uganda	Media	Physical	Radio one
151	Namazzi Letitia	Female	Uganda	Counselor	Physical	Set Her Free
152	Namubiru Patience,	Female	Uganda	Student	Physical	Say No to Drugs” initiative- Makerere University Business school.
153	Namunana Phoebe Esther	Female	Uganda	Student	Physical	Ring of Hope Children Choir
154	Namuwaya Daphine	Female	Uganda	Student	Physical	Ring of Hope Children Choir
155	Namwero Daphine Mary	Female	Uganda	Project Officer	Physical	Uganda Alcohol Policy Alliance(UAPA)
156	Nasaasira Isaac	Male	Uganda	Media	Physical	Media
157	Nassanga Margaret	Female	Uganda	Coordinator	Physical	Uganda Alcohol Policy Alliance(UAPA)

	NAMES	GENDER	COUNTRY	TITLE	Attendance	ORGANISATION
158	Nassuna Hamida	Female	Uganda	Nurse	Physical	Bank of Uganda
159	Natasha Sarah	Female	Uganda	Student	Physical	Ring of Hope Children Choir
160	Nsubuga Shafic	Male	Uganda	Staff	Physical	Recovery Coalition
161	Ntensibe Edgar	Male	Uganda	Social Media Lead	Physical	Uganda Alcohol Policy Alliance
162	Nuwagaba Julius	Male	Uganda	Participant	Physical	
163	Okaje Sekina	Female	Uganda	Guide Leader/ Teacher	Physical	Uganda Girl Guide Association
164	Okwasimire Rodney	Male	Uganda	Student	Physical	Makerere University Kampala
165	Otena Charles Lwanga	Male	Uganda	Media	Physical	Media
166	Paul .E. Otebo	Male	Uganda	Representative.	Physical	Parliament Of Uganda
167	Prof Charles Parry	Male	South Africa	Director:	Virtual	South African Medical Research Council
168	Prof. Mbona N. Tumwesigye	Male	Uganda	Senior Lecturer	Physical	Makerere University school of public Health
169	Prof. Monica Swahn	Male	USA	Lecturer / researcher	Physical	Georgia State University
170	Racheal Kisakye Tukahirwa	Female	Uganda	MHPSS Supervisor	Physical	TPO- Uganda
171	Rahim Aziz Abubaker	Male	Uganda	Student	Physical	Makerere University Business School
172	Refilwe Precious Jeremiah	Female	Botswana	PhD Student	Virtual	University of Bergen
173	Rene Mwanje	Female	Uganda	Representative	Physical	Mutukula
174	Rev. Ddamba, Ddembe Lya Yesu,	Male	Uganda	Director Missions	Physical	Church of Uganda
175	Rev. Woitiwo A.G	Female	Uganda	Representative	Physical	UPDF
176	Ronnie Mayanja	Male	Uganda	Media	Physical	Prime Radio
177	Rt. Hon. James Bakeine	Male	Uganda	Prime minister	Physical	Busongora kingdom- Kasese
178	Ruth Muhawe	Female	Uganda	Participant	Physical	
179	Salirwe Kamuyati	Male	Uganda	Student	Physical	Ring of Hope Children Choir
180	Samantha Agasha	Female	Uganda	Media	Physical	MAK School Of Public Health

	NAMES	GENDER	COUNTRY	TITLE	Attendance	ORGANISATION
181	Sampath De Salaam	Male	Sri Lanka	Representative	Physical	Alcohol and Drugs Information Centre
182	Samson Kasumba	Male	Uganda	presenter	Physical	NBS TV
183	Shirley Kansabe	Female		Program Officer	Physical	Uganda Non Communicable Diseases Alliance
184	Solomon Sserwanja	Male	Uganda	Media	Physical	African Institute for Investigative Journalism
185	Sophie Gombya	Female	Uganda	Musician	Physical	Uganda Musicians Association.
186	Ssebagereka Fahad	Male	Uganda	Student	Physical	St. Bernard Royal Primary school-Kawempe
187	Ssebintu Ibrahim	Male	Uganda	Media	Physical	STV
188	Ssebukyu Ivan	Male	Uganda	Media	Physical	UHCA
189	Ssekandi Terrah	Male	Uganda	Student	Physical	St. Bernard Royal Primary school-Kawempe
190	Ssembirige Innocent	Male	Uganda	Media	Physical	TOP TV
191	Ssempiira Edward	Male	Uganda	Executive Director	Physical	Life Back Foundation
192	Ssenabulya Charles	Male	Uganda	Media	Physical	TOP TV
193	Ssenyonga Ramathan	Male	Uganda	Media	Physical	Baba Tv
194	Sserunjogi Arnold	Male	Uganda	Media	Physical	Fez Media
195	Sserwanja Innocent	Male	Uganda	Media	Physical	Media
196	Ssuubi Samson	Male	Uganda	Media	Physical	Fez Media
197	Suuna Pius	Male	Uganda	staff	Physical	Uganda Health Communication Alliance-UHCA
198	Sylvia T.Nabirye	Female	Uganda	Senior Legal Advisor	Physical	Hope and Beyond (HaB)
199	Tamale Hamiisi	Male	Uganda	Media	Physical	KSTV
200	Tumwiine Muhamad	Male	Uganda	Member	Physical	APRAU
201	Turyasingura Wilson	Male	Uganda	Student	Physical	St. Bernard Royal Primary school-Kawempe
202	Tusiime Apollo	Male	Uganda	Media	Physical	Salt Media

	NAMES	GENDER	COUNTRY	TITLE	Attendance	ORGANISATION
203	Tusiime Colline	Male	Uganda	Student	Physical	Butabika National Mental Referral Hospital
204	Twebaze Simon Peter	Male	Uganda	Student	Physical	Butabika National Mental Referral Hospital
205	Wabuule Jennipher	Female	Uganda	PA-UPFMH	Physical	Parliament Of Uganda
206	Wakhakha Sam	Male	Uganda	Media	Physical	New Vision
207	Waluya Paul	Male	Uganda	Breakfree	Physical	Break Free Rehabilitation Centre
208	Wamala Bernard	Male	Uganda	Media	Physical	The observer
209	Wandela Stuart	Male	Uganda	Student	Physical	Ring of Hope Children Choir
210	Wanyana Veronica	Female	Uganda	Staff	Physical	Ministry of Gender Labor and Social Development.
211	Winnie Ndunge	Female	Uganda	representative	Physical	Parliament Of Uganda
212	Winston. C. Ruhayana	Male	Uganda	representative	Physical	Parliament Of Uganda
213	Yasini Uthman	Male	Uganda	Media	Physical	A. Y Technologies
214	Zalwango Mary Angela	Female	Uganda	Media	Physical	Smart 24 TV
215	Zibiso Malejane	Male	Botswana	Participant	Virtual	

## **Annex 2: Conference statement**

## **Annex 3: Speech of Hon Minister**

## **Annex 4: Speech of Dr Yonas**

## **Annex 5: Speech by Movendi international**

## **Annex 6: Detailed report**