

**Three country assessment of alcohol-HIV
related policy and programmatic responses
in Africa**

Prof. Nkandu Luo

Chester N. Morris M.D MSc



Acknowledgements

- **Barry Levine M.D., Jeffrey Ashley PhD,
Gail Goodridge**

Overview

- CDC meeting in Dar es Salaam August 2005 on Alcohol, HIV risk behaviours and transmission in Africa: developing programs for PEPFAR
- East, Central and Southern African Health Community Secretariat (ECSA) resolved to commission work on the issue to be presented to them in the 2006 meeting for follow up

Overview

- The assessment is took place in three countries-Rwanda, Zambia and Kenya
- This includes:
 - ✓ Review of relevant existing policies and laws
 - ✓ Stakeholder focus group discussion
 - ✓ Key informant interviews
 - ✓ Site visits

Country process

- Liaison with MoH, NACC, NASCOP
- Ten days of focus group discussions and key informant interviews around:
prevention, care, gender, faith based organizations, public sector policy and legal framework

Methods

- In selected countries focus group discussions, key informant interviews and a review of existing legislation and policies was undertaken. Medline was used to search for relevant scientific literature and selected experts were asked for unpublished and other literature.
- Site visits took place in each country to areas where the nexus of increased alcohol use and risky sexual behaviour were felt to predominate. These areas were selected by stakeholders and expert opinion.

Methods

- Focus group discussions were undertaken with groups of 8-12 individuals representing stakeholders in the areas of HIV and/or alcohol. These discussions were organized by topic areas and included HIV prevention, gender and domestic violence, public sector responses, civil society responses, HIV treatment and care of AIDS patients, and alcohol treatment.
- Key informant interviews were undertaken in the three countries with specific stakeholders identified by the consultants while conducting the country assessment. A semi-structured interview guide was used.

Methods

- A review of existing country legislation and policy was undertaken by inquiry of public sector, private sector, civil society and faith based organizations. Any national or local epidemiological studies or other studies that addressed the impact of alcohol on the transmission or treatment of HIV/ AIDS were reviewed. A Medline search was done using keywords including alcohol, HIV, Africa, and risk factors.
- The process of the study in each country included liaison with Ministry of Health officials, the national AIDS control structure, and related stakeholders. The focus group discussions and key informant interviews were completed over 14 consecutive days.

Methods

- Site visits in each country included key informant interviews at each site and focus group discussions undertaken where feasible. Groups and individuals interviewed included PLWAs, purveyors of traditional alcohol, providers of ARV care, mobile populations, youth, women, alcohol treatment providers, peer educators and HIV prevention specialists.

Results-Background

- ✓ Alcohol use widespread in society
- ✓ ETOH use prevalent in all socioeconomic strata
- ✓ Traditional and illicit alcohol use extensive in lower socioeconomic strata and very low price
- ✓ Demographics of ETOH include extensive use by youth both in and out of school

Table 1. Alcohol legislation, policy and taxation in Zambia, Rwanda and Kenya

	Zambia	Rwanda	Kenya
Existing legislation on opening hours and age of consumption	Present	Present	Present
National policy framework on alcohol	Absent	Absent	Absent
Traditional alcohol legislation existent	Present*	Present*	Present*
Alcohol as component of National HIV Strategic Plan	Present**	Present**	Present**
Differential taxation on alcohol products	Present	Present	Present
	*Legislation exists from colonial era	* Legislation exists from colonial era	*Legislation in draft form, some forms illegal e.g. change
	**Mentioned as risk factor under prevention subheading	**Mentioned as risk factor under prevention sub-heading	**Mentioned as risk factor under prevention subheading

Table 2 Participants of focus group discussions (FGDs) and key informant interviews

	Zambia	Rwanda	Kenya
Focus group participants	44	31	86
Key informant interviews	16	8	14

Table 3 Summary of key informant interview results

Zambia	Rwanda	Kenya
<ul style="list-style-type: none"> •Some interest at public sector policy level limited to health •Civil society acknowledges problem and displays willingness to respond 	<ul style="list-style-type: none"> •Interest at public policy level to deal with issue in a multi-sectoral manner •Civil society acknowledges problem and displays willingness to respond •Private treatment sector not engaged 	<ul style="list-style-type: none"> •Interest at the public policy sector level limited to health •Civil society engaged and involved in response •Private treatment sector involved in treatment of alcohol and other substances

Results-Prevention

- ✓ Linkage with masculinity but gender roles changing in urban enviros
- ✓ Women and men who are HIV positive cite alcohol as risk factor in acquisition
- ✓ Sexual violence linkage
- ✓ Impairment of negotiation of sex and condom use

Results-Prevention

- ✓ VCT not identifying alcohol as an issue in risk counselling nationally and lack of tools to address problem
- ✓ University students at high-risk for alcohol misuse
- ✓ Out of school youth another at risk population
- ✓ High use among mobile and other high risk populations eg. Transport workers, CSWs, MSM, IDUs, prisoners

Results-Prevention

- ✓ Services generally unavailable for treatment/counselling within the current scope of prevention activities
- ✓ ETOH not routinely specifically linked to prevention activities

Results-Care

- Issues identified in care discussions:
 - ✓ Some counselling done now around ETOH at intake into treatment
 - ✓ Problems estimating quantity as no national tool on intake
 - ✓ Problem generally thought to be low prevalence in treatment
 - ✓ Strong community linkages for adherence in some programs not national

Results-Care

- ✓ Scope of problem not defined well in existing adherence M and E
- ✓ Services for ETOH not present in treatment setting in most of the country where this is present barriers due to cost/lack of referral network
- ✓ No national guidelines on alcohol use in treatment programs
- ✓ Discordance between community feedback and providers of care

Results-Faith based communities

Issues identified:

- ✓ Counselling frequent for ETOH misuse
- ✓ Lack of capacity to deal with problems identified in most communities
- ✓ Widows/female headed households affected by ETOH use
- ✓ Traditional and illicit alcohol identified as pervasive problem

Results-Faith based communities

- Where services present have fee for service
- Lack of support of local gov and police in communities to take action
- Youth seen as most important group at risk
- Family and education values seen as central to response

Gender

- Gender based violence and domestic violence are linked to alcohol in both countries.
- In Rwanda rape and forced sex was linked closely with alcohol. A common scenario described in many of the FGDs is that of the intoxicated husband returning home and forcefully demanding sex from his wife.
- Wives are unable to negotiate condom use with HIV+ intoxicated husbands who often have engaged in unprotected sex under the influence of alcohol
- For example an NGO working with women with HIV/ AIDS pointed out that this scenario comes up repeatedly in dramas created by HIV+ women which were performed throughout Rwanda as a part of the NGO's intervention to support women living with AIDS.
- .

Gender

- In Rwanda widows were identified as being significantly affected by alcohol abuse. The problems associated with gender based violence; domestic violence and forced sex are widespread in the rural areas of Rwanda. Some areas in Kigali, Rwanda are also significantly associated with gender/ alcohol related problems such as Biryogo.
- In Kenya the gender based issues described here are more significant in certain geographical areas such as fishing villages on Lake Victoria in Western Kenya, slum areas of Nairobi and specific impoverished areas on the Kenyan Coast

Gender

- Other prominent themes from the FGDs in both Rwanda, Zambia and Kenya link female headed households, the promotion of transactional sex, trans-generational sex and the selling of traditional alcohol or 'home brews' Older single women in both countries are often in desperate economic situations where the only option open to them is to brew traditional alcohol
- When this occurs in their homes male customers may engage in transgenerational sex with their daughters.
- Informal drinking venues are also areas where CSWs will come to trade sex for money with male patrons.

Summary-Gender

- ✓ Gender violence linked to ETOH
- ✓ Female headed households promotes alcohol use-transactional sex and selling of traditional alcohol
- ✓ Domestic violence linked to ETOH
- ✓ ETOH linked to trans-generational sex
- ✓ Males not accessing care in sites visited in same extent as females

Conclusions

- Need for multi-sectoral effort in targeting illicit alcohol distribution, sales and use
- Need for tools to identify at risk drinking, alcohol abuse and alcohol dependence at entry points of prevention and care eg. VCT, ARV intake
- Need for national gender and youth based intervention around ETOH
- Need for targeted interventions and other alcohol prevention activities in high risk areas such as the transport corridor

Conclusions

- Need for training of health care workers, counsellors in VCT, faith based organizations and peer educators around ETOH issues
- Need for capacity building around addiction issues and ETOH
- Need for establishment of linkages between existing expertise/treatment facility and HIV providers

Conclusions

- Need for free at point of service treatment
- Need for enforcement of current laws on alcohol and coordination eg police, local authorities
- Policy and legal framework on issues around alcohol and gender based violence
- Need for research around ARV adherence, gender issues relating to HIV prevention, care and support