EUROPEAN HEALTH FORUM GASTEIN 2015

Securing health in Europe. Balancing priorities, sharing responsibilities

Creating a better future for health in Europe

SAVE THE DATE - EHFG 2016 - 28-30 September 2016
THE USE OF EVIDENCE IN SUPPORTING POLICY:
A case study for policy improvement to reduce alcohol consumption in Lao PDR

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Relatively small and poor country in SE Asia

Worst health indicators in SE Asia (e.g. malnutrition, maternal health)

Striving for UHC
Objective of the presentation

To demonstrate how we are building capacity to improve the use of evidence for policy making with the case of alcohol consumption

Alcohol control policy
• 40% Road traffic accidents involving alcohol (Annual report of Traffic police office)
Agenda setting (2)

Results from alcohol survey

- Average alcohol consumption per person per year = 7 liters
- 16% are heavy drinkers
- 22.2% drink & drive

Alcohol consumption status

- Current drinking
- Not drinking

25% 75%
Agenda setting (3)

On the formal agenda

Public concerns about

– Rapid increase of alcohol consumption among adolescents;
– Increased alcohol-related accidents;
– No regulations to control alcohol promotion:
  • advertising, sponsorship and promotion at times and in places giving high exposure to children and youth.

→ Political commitment
Social impact of alcohol consumption in Lao PDR

There are plenty of Yellow-Green advertisements.

Beer Lao, the national drinks.

This logo is all around in Vangvieng, Laos.
Policy Formulation
Aims

• Reduce risks of harmful use of alcohol;
• Minimize impact of harmful use of alcohol;
• Regulate accessibility and availability of alcohol;
• Establish mechanisms to facilitate and sustain implementation of the strategy.
Multi stakeholder meetings
Stakeholders involving in policy formulation

Government
- Ministry of Public Security
  (Traffic police officer)
  Department of Vientiane Capital Traffic
- Ministry of Public work & transport
  Department of Transport
- Ministry of Justice
  - National Committee for reduction of traffic accident
  Department of Legislation
- Ministry of Industry & Commerce
- Ministry of Health
  Department of Hygiene and Health promotion

Academic sector
National Institute of Public Health
  - Alcohol Abuse Control Focal Point

Civil Society
Mass organizations

NGO
Handicap

Donor
WPRO/WHO
World bank
Private sector

Stakeholders involving in policy formulation include:
- Government agencies
- Academic sector
- NGOs
- Donors
- Private sector

Facilitated by stakeholders:
- Ministry of Health
- Department of Hygiene and Health promotion
- Ministry of Justice
- National Committee for reduction of traffic accident
- Department of Legislation
- Ministry of Industry & Commerce
- Ministry of Public Security
- (Traffic police officer)
- Department of Vientiane Capital Traffic
- National Institute of Public Health
  - Alcohol Abuse Control Focal Point

Engagement with stakeholders:
- Multi stakeholder meetings
- Stakeholders involving in policy formulation

Involving stakeholders:
- Government agencies
- Academic sector
- NGOs
- Donors
- Private sector

Objectives:
- Policy formulation
- Collaboration
- Strategic planning

Strategic approach:
- Inclusive engagement
- Multi-faceted perspectives
Process of policy formulation
Policy formulation (2)  
Alcohol Control Law

• Approved by National Assembly (No. 54/NAL, December 19, 2014) and enforcement by the President on 30 January 2015

• Controls use of alcoholic beverages by:
  – Permitting sales only in designated areas;
  – Specifying time (days, hours) allowed to sell alcohol;
  – Controlling manufacturing and distribution processes;
  – Controlling advertisements or displays – may not encourage others to drink;
  – Introducing taxation and fees to support law and regulations.
Policy Implementation

- Alcohol Control Law endorsed in 2015.
- Activities already implemented:
  - Road safety project: Breath Alcohol Content control established at >0.08g/liter
  - Awareness raising: on “Drunk? Don’t drive”, speeding and night time visibility
Policy monitoring, evaluation and research

• Need monitoring and surveillance on alcohol and health.
• Need consistent, scientifically sound, clear key messages to prevent alcohol abuse.
• Requires capacity building on research to have:
  – Sufficient data,
  – Translate data into evidence,
  – Accurate monitoring,
  – Clear evaluations of effectiveness of interventions.
  – Clear translation to policy makers and engagement of policy makers
Lesson Learned

• Evidence from routine data and targeted research effective in agenda setting

• Multi-stakeholder processes instrumental to formulate comprehensive policies.

• Information on alcohol abuse problems needs to reach the public.

• Collaboration with international organizations improved the coverage and quality of data on alcohol use and availability of alcoholic beverages at global, regional and national levels.
We hope to continue learning how to improve evidence informed policy making through LEARN

Lao Equity through Policy Analysis and Research Networks

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Thank you