

**A Civil Society Organization (CSO) Alternative report on Sierra Leone's
implementation of the "Framework for Implementing the Global Alcohol
Action Plan 2022-2030 in the WHO African Region"**



By

Sierra Leone Alcohol Policy Alliance



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Table of Contents

Abbreviations	3
Acknowledgment	4
Executive summary	5
Background	7
Introduction	8
Section 1: Establish partnerships and multisectoral coordination mechanisms (PI&A 34)	9
Recommendations	10
Section 2: Develop multisectoral alcohol harm reduction policies (PI&A 35)	11
Recommendations	12
Section 3: Develop and/or strengthen legislation and regulations (PI&A 36)	12
Recommendations	13
For civil society	13
Section 4: Reduce the public health impact of illicitly or informally produced alcohol (PI&A 38)	14
Recommendations	14
Sections 5: Enforce measures to reduce the acceptability of alcohol (PI&A 39)	15
Recommendations	15
Conclusion	16
APPENDICES	17
Objectives of SLAPA	17
Objectives of WAAPA:	18
Bibliography	19

Abbreviations

ACTWG	Alcohol Control Technical Working Group
FoRUT	Foundation for Rural and Urban Transformation
GBD	Global Burden of Disease
GDP	Gross Domestic Product
GAAP	Global Alcohol Action Plan
LRC	Law Reform Commission
MDAs	Ministries, Departments and Agencies
MoF	Ministry of Finance
MoH	Ministry of Health
MoLGCA	Ministry of Local Government and Community Affairs
NAP	National Alcohol Policy
NCD	Non-Communicable Disease
NCD MH	Non-Communicable Disease and Mental Health Directorate
PHUs	Peripheral Health Units
PoSL	Parliament of Sierra Leone
SBCC	Social Behaviour Change Communication
SLAPA	Sierra Leone Alcohol Policy Alliance
SLSB	Sierra Leone Standards Bureau
SLYDCL	Social Linkages for Youth Development and Child Link
NMYCW	Network Movement for Youth and Children's Welfare
WAAPA	West African Alcohol Policy Alliance
WHO	World Health Organization

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Executive summary

This report compiles progress, gaps and challenges in Sierra Leone's implementation of the Global Alcohol Action Plan 2022-2030 in the WHO African Region under the five broad thematic areas: 1) Establish partnerships and multisectoral coordination mechanisms; 2) Develop multisectoral alcohol harm reduction policies; 3) Develop and/or strengthening of legislation and regulations 4) Reduce the public health impact of illicitly or informally produced alcohol and 5) Enforce measures to reduce the acceptability of alcohol. The report was done through the assessment of contextual realities in relation to socio-economic factors linked to alcohol and interventions geared towards reducing harm from alcohol in Sierra Leone using primary and secondary data.

Findings reveal that one of the major achievements of the government to reduce harm of alcohol is the establishment of the ACTWG, under the Directorate of Non-Communicable Diseases and Mental Health at the Ministry of Health. This is an achievement of Global targets for Action Area 3 (Global target 3.1). The ACTWG has developed a comprehensive National Alcohol Policy, which was adopted by the government of Sierra Leone in 2022. This is also an achievement of a Global target Action Area 2 (target 2.1). Apart from these 2 targets, Sierra Leone continues to struggle to achieve the other 8 targets.

Sierra Leone has several scattered legislations on alcohol control. These legislations are mostly outmoded and lack sufficient provisions that can effectively regulate and control alcohol consumption and reduce harm in accordance with the global regulation guidelines. More importantly, the implementation and enforcement of these legislations and policies have been feeble, due to lack of resource allocation and low commitment by the government. This gives room for the alcohol industry to exploit the situation, produce in mass with significant threat to the health, development and wellbeing of children and young people.

As a result, though only a fewer proportion (less than a quarter) of the Sierra Leonean population drink, those who drink engage in heavy and binge drinking that lead to harm. The WHO (2018) estimates that alcohol per capita consumption among men who use alcohol is 22.8 liters and the prevalence rate among school children is 10.7%. There is no data to compare 2010 and 2025 and see whether the 20% reduction set by the Global alcohol action plan (target 1.1) has been met or not. The government has not released any periodic report on alcohol as prescribed by target 2.2 of the Global Action Plan.

Alcohol harm in Sierra Leone is grave and contributes significantly to morbidity and mortality rates, which place Sierra Leone among countries with the highest rate of life loss due to alcohol. This high rate of alcohol harm relating to mortality is because of weak health care system which has no alcohol-related harm interventions programmes. Currently, the healthcare system has limited or no specific NCD interventions that is geared towards reducing alcohol harm across all levels in Sierra Leone.

To address these challenges and gaps, including implementation of the Global Action Plan, the government and partners must work on the following recommendations:

- i. Strengthening the capacity of the ACTWG with training on NAP and resources to be able to effectively function and coordinate implementation of NAP
- ii. Provide sufficient resources for the implementation of the NAP including age specific awareness raising on the harm of alcohol and where victims/addicts can access help
- iii. Review laws relating to alcohol and develop and pass a more updated and comprehensive law that resonates with the Global Alcohol Action Plan 2022-2030 and NAP
- iv. Strengthening the healthcare system across all levels to be able to prevent and respond to harm of alcohol
- v. Integrate interventions for the prevention of harm of alcohol across all sectors
- vi. Establish and manage effective data collection system to track prevalence and trend of alcohol and its harm

Background

Sierra Leone is located on the Coast of West Africa and shares boundaries with Guinea and Liberia. Sierra Leone's population is estimated at 7,092,113 people with 2 percent population growth rate. that the population is generally youthful More than half of the population comprises young people under 35 with 41 percent less than 15 years, and only 3.5 percent are 65 years and above.

About one-third of Sierra Leone's adult population drinks alcohol. WHO and Statista estimates show per-capita consumption of around 6 liters of pure alcohol annually, which is mid-range in West Africa—higher than Liberia (2.8 litres) Senegal (0.4 liters),, and Mali (1.3), but lower than Nigeria (13.4 liters) what and Benin (6.9 litres) .Out of the 5,030,016 population 10 years and over, 3.5 percent took alcohol, 2.6 percent took both tobacco and alcohol and 83.4 percent took neither tobacco nor alcohol in 2015.¹ However, the few that take alcohol drink severely and heavy drinking increases alcohol-related harm, which makes it a critical concern in Sierra Leone.² WHO (2018) estimates that alcohol per capita consumption among men who use alcohol is 22.8 liters and nearly half (41.4%) of those who use alcohol above 15 years of age engage in spree alcohol consumption. At the level of in-school adolescents, the prevalence is about 10.7 percent, which is disturbing.³

Poverty level in rural areas is much higher (72.2%) than in urban towns (18.4% in Freetown).⁴ Majority of the population live on less than \$1.25 a day. These significantly contribute to Sierra Leone's low score on the Human Development Index (0.467), and rank 185 of the 193 countries in 2025.⁵ Per capita income is estimated at 873 USD in 2024, according to the World Bank collection of development indicators. The Country Manager of the African Development Bank in Sierra Leone, Halima Hashi, noted that in 2024, real GDP growth in Sierra Leone slowed to 3.9% compared to 5.7% in 2023, mainly due to inflationary pressures, noting that growth in 2024, was driven by the services, mining, and agriculture sectors and was supported by the implementation of prudent macroeconomic policies that helped to reduce inflationary pressures on the economy. Economic growth is projected to accelerate to 4.4% in 2025 and further to 4.8% in 2026, driven by mining and services and supported by ongoing reforms to transform the agriculture sector⁶.

¹ Government of Sierra Leone (2015) Population and Housing Census Report, page 21

² Balenger A. et al (2023): Community voices on alcohol harm in Sierra Leone: Perceptions of prevention needs

³ Osborne A, et al (2023): Alcohol use among in-school adolescents in Sierra Leone

⁴ Provisional results of the 2018 Sierra Leone Integrated Household Survey, Statistics Sierra Leone

⁵ United Nations Development Programme, Human Development Reports.

⁶ <https://mof.gov.sl/sierra-leone-country-focus-report-2025-projected-a-positive-economic-growth-of-4-4-in-2025-and-4-8-in-2026-driven-by-services-and-expansion-in-the-mining-and-agriculture-sectors/>

Introduction

During the 75th World Health Assembly that took place in Geneva, Switzerland in May 2022, the WHO Global Alcohol Action Plan 2022-2030 was adopted. The development of the action plan was guided by global actions and strategies including lessons learned from the implementation of the global strategy and regional strategies and action plans on alcohol control since 2010. The Global Alcohol Action Plan (GAAP) aims to strengthen the national response to the public health problems caused by the harmful use of alcohol.

In responding to the global call for member states to undertake measures to reduce harm from alcohol in accordance with the GAAP, as a matter of first step, Ministry of Health (MoH), Foundation for Rural and Urban Transformation (FoRUT) and Sierra Leone Alcohol Policy Alliance (SLAPA) hosted a One-Day Conference on Alcohol Control to demonstrate the need for an alcohol control policy in Sierra Leone. This was the first national dialogue and discussions on reducing harm from alcohol. One of the major recommendations of the conference was the establishment of multi-sectoral body to coordinate the development, implementation, and enforcement of policy and legal frameworks and other measures that reduce harm from alcohol in Sierra Leone. Thus in 2019, the Ministry of Health formed the Alcohol Control Technical Working Group (ACTWG).

The ACTWG has coordinated the development of the first comprehensive National Alcohol Policy (NAP) that the government adopted in 2022. The NAP's objectives among others are to ensure effective regulation of the production, distribution, and supply of alcohol, to reduce the impact of alcohol on the prevalence of communicable and non-communicable diseases and to reduce gender-based violence due to inappropriate and/or excessive use of alcohol. This policy also frames the agenda to implement the GAAP in Sierra Leone. Both GAAP and NAP have benchmarks that should be achieved as a State by 2030.

This report is therefore put together by SLAPA with the support of FoRUT as a product of assessment of Sierra Leone's implementation of GAAP. The report primarily used secondary information solicited from review of relevant reports, policies and legislations. Some focus group discussions were also conducted with members of the ACTWG to confirm key secondary information obtained.

The report reveals the current situation of alcohol control in Sierra Leone. The report will be useful to national, regional and international health and human rights accountability mechanisms. The report will be useful to the government as it compiles empirical data that describes the country's status regarding level of alcohol harm, and the recommendations can guide and influence the government to prioritize the implementation of the NAP. Finally, the report will be useful to civil society, particularly SLAPA and FoRUT as an evidenced-based advocacy tool.

Section 1: Establish partnerships and multisectoral coordination mechanisms (PI&A 34)



In 2019, the Ministry of Health (MoH), under the Directorate of Non-Communicable Diseases and Mental Health (NCD MH), established the Alcohol Control Technical Working Group (ACTWG), a national multisectoral coordination mechanism that led the development of the NAP. The ACTWG consists of 25 institutional representatives: 15 government Ministries, Agencies and Departments

(MDAs), 10 non-governmental bodies, and WHO. representing development partners. MDAs include the Sierra Leone Police, Ministry of Local Government and Community Affairs (MLGCA), Sierra Leone Road Safety Authority, Sierra Leone Standard Bureau, and MoH that hosts it. FoRUT and SLAPA represent NGOs.

1.1.The functions of the ACTWG include: to lead the development of alcohol policy and Strategic Plan on the control of alcohol, lead all public consultations for the development of legal framework for alcohol control, facilitate the review of existing instruments relating to alcohol control and the development of a new Act, and coordinate and mobilize resources for alcohol control in Sierra Leone, The ACTWG's work is guided by the WHO Global Strategy to Reduce the Harmful Use from Alcohol (2010), the WHO's 'Best Buys' to alcohol policies and the SAFER Initiative. However, SLAPA is concerned that the work of the ACTWG seems to be donor driven. The activities of the working group are hardly effectively conducted without external funding for logistics. For example, the ACTWG was unable to carry out tasks in 2024, due to lack of funds.⁷ Thus the ACTWG failed to provide leadership for the implementation of the NAP.

1.2.The focus group discussions for the writing of this report recorded that new members of the ACTWG are neither abreast of the NAP nor aware of the existence of some of the laws that regulate alcohol consumption, production, marketing, and availability in the country.

⁷ Feedback from Directorate of Non-Communicable Diseases and Mental Health during Focus group discussion on 24th January 2024 at the Ministry of Health

1.3. Additionally, the Sierra Leone Alcohol Policy Alliance (SLAPA), a civil society organizations advocacy platform formed in 2015, supports the process. The mission of SLAPA is “to reduce alcohol-related harm in Sierra Leone, and beyond by advocating for and supporting the



development and implementation of evidence-based policies and regulations that control the production, sales and consumption of alcohol “free of commercial interests”. MoH appointed SLAPA as Co-chair of the ACTWG.

1.4. The government and in particular the ACTWG have not taken concrete steps to implement or monitor the implementation

of the NSP since its adoption in 2022.

1.5. Adopting a policy alone does not concretely signify government’s commitment if practical measures are not taken to implement the policy and evaluate its milestones. The policy only exists in black and white and has not been translated into practice. There is limited public awareness about the policy.

Recommendations

For the government, through MoH

- i. Organize a high-level multi-sectoral meeting of relevant MDAs to increase commitment towards the functioning and sustainability of the ACTWG.
- ii. Lead the review of the Terms of Reference of the ACTWG, focusing on reviewing its mandate, streamlining the roles of all the members.
- iii. Organize training for members of the ACTWG on the relevance of alcohol control policy and legal frameworks to national development. This will help institutional members understand how to put their actions together to coordinate and monitor implementation of the policies and laws.

For civil society

- i. Lobby and advocate for increased budget allocation to NCD MH Directorate of MoH to support the functioning and sustainability of the ACTWG.
- ii. Lobby MoH for the ACTWG to hold conduct its activities regularly

Section 2: Develop multisectoral alcohol harm reduction policies (PI&A 35)

The government of Sierra Leone adopted a new National Alcohol Policy in 2022, that is aligned with the WHO Global Strategy to Reduce the Harmful Use of Alcohol, the Global Alcohol Action Plan (GAAP), and the WHO SAFER initiative.⁸

2.1. The goal of the policy is to reduce harm from alcohol use. It aims to ensure effective regulation of production, distribution, consumption, and marketing of alcohol. Implementation measures will include controlling alcohol availability, increase alcohol taxation, and regulate alcohol advertising and sponsorship that will certainly reduce the harm of alcohol.

2.2. The policy aims to promote health services and other sectors' responses to harm from alcohol. It seeks to ensure reduced demand for alcohol products through behavior-change-related interventions, particularly among children and young people. It has also solid reference material for the development of a new alcohol bill.⁹

2.3. In addition to the NAP, there are other policies that regulate alcohol in specific sectors and



areas. The Independent Media Commission Code of Practice (MCOP) Governing Radio and TV Stations

operating in Sierra Leone prohibits radio/television stations to broadcast programmes before 11.00 p.m. each day that are violent, pornographic or obscene in character or will tend to lead children below the age of 18 to crime and antisocial behaviour or portray smoking, drinking or illegal drug taking as a way of life.¹⁰ The Code of Conduct for Teachers and other Education Personnel (Principle 4: School Environment and Work Ethics) guides teachers and other education personnel not to be under the influence of alcohol, tobacco or any harmful drug during school hours and also not to give tobacco, alcohol, harmful drugs to any learner or colleague, or allow them to consume any harmful substances.¹¹

⁸ Government of Sierra Leone (2022) National Alcohol Policy

⁹ Jalloh, B.J et al (2024): Alcohol policy development in Sierra Leone: An assessment of the role of civil society

¹⁰ Government of Sierra Leone (2007) Independent Media Commission Code of Practice

¹¹ Government of Sierra Leone (2019) Code of Conduct for Teachers and other Education Personnel

Recommendations

For government through MoH

- i. Develop an operational plan and Monitoring and Evaluation framework to guide the implementation of the NAP.
- ii. Support the leadership of the Directorate of NCD MH to effectively coordinate the ACTWG and the implementation of the policy.
- iii. Undertake massive public awareness about the NAP using multi-media strategies.
- iv. Coordinate with the Ministry of Local Government and Community Affairs for local councils' District Alcohol Control Committees to develop laws on alcohol production, marketing and consumption, aligned with NAP.

For civil society

- i. Undertake massive public awareness about the NAP using multi-media strategies.
- ii. Monitor, report and prevent alcohol industry interference in the functioning of the District Alcohol Control Committees

Section 3: Develop and/or strengthen legislation and regulations (PI&A 36)

- 3.1. Sierra Leone has no comprehensive alcohol control legislation. There are numerous laws and policies that regulate and control the production, sale, use, and marketing of alcohol. They include the Liquor Act of 1924, the Liquor Licensing Act of 1960, the Palm Wine Act of 1927 and the Public Order Act of 1965. These laws are criticized as obsolete and they cannot sufficiently address the current realities and challenges for controlling harm from alcohol.¹²
- 3.2. There are also other legislations that contribute significantly to various aspects of alcohol control such the Road Traffic Act of 2007 and the Finance Act 2025. The government normally struggles to find proper levels of taxation on alcohol beverages in the Finance Acts¹³
- 3.3. Generally, the legislation is criticized by officials for being too scattered and has failed to provide adequate provisions that can sufficiently regulate and control alcohol in accordance with the society's context and requirements of international policies and benchmarks.¹⁴ Furthermore the existing laws focus more on punishment and make no provision for rehabilitation.
- 3.4. Above all, enforcement of the legislation has been weak, and the alcohol industry exploits the weak regulations to maximize profits.¹⁵

¹² NAP 2022

¹³ Movendi International (2022)

¹⁴ NAP 2022

¹⁵ Movendi International (2022)

Recommendations

For government

- i. Use the NAP to develop a bill that will be passed into comprehensive and modern Alcohol legislation, emphasizing that the new legislation takes precedence over all other Acts that concern alcohol.
- ii. Train law enforcement bodies to understand the content of Alcohol related policies and existing legislations.
- iii. Use the experience of fuel and rice pricing formula and come up with taxation formula for alcohol beverages.
- iv. Make and enforce rigid taxation laws on alcohol
- v. Strengthen alcohol related law enforcement mechanisms and broaden it beyond the police.
- vi. Integrate alcohol monitoring actions within community-based structures linked to the formal law enforcement bodies.

For civil society

- i. Lobby the government for the development of comprehensive alcohol control bill that is free of commercial interest
- ii. Monitor and prevent the alcohol industry interference in the development of the alcohol control bill
- iii. Organize regional town hall meetings to share tips of the policy and the draft bill for public support towards their representatives.



- v. Lobby the Parliamentary press gallery to independently report the Alcohol Control Bill

Section 4: Reduce the public health impact of illicitly or informally produced alcohol (PI&A 38)

- 4.1. Sierra Leone has a history of brewing local spirit with high percentage of alcohol called “omolay”, and tapping of palm wine which is the sap of variety of palm trees, is deeply embedded in the informal economy. There are no official records of these informally produced alcohol. The “omolay” has a much higher percentage of alcohol than palm wine.
- 4.2. Even though the Sierra Leone’s Palm Wine Ordinance 1927 makes provision for licensing of palm wine for sale, it was relevant in pre independent Sierra Leone as its jurisdiction is limited to Freetown and its environs and does not provide for public health safety.
- 4.3. In recent years, registered alcohol firms, which package and label their products, are replacing these local alcohol products that are cheaper and easily accessible.
- 4.4. Producers are now adulterating the limited palm wine by adding sugar and yeast for large scale production. While no cases of poisoning or other hazards have been reported from the consumption of these palm wines in Sierra Leone, research has revealed the presence of several chemicals that were not products of yeast fermentation¹⁶. These chemicals can be hazardous to humans¹⁷.

Recommendations

For government

- i. Form and support District Alcohol Control Committees that will utilize community-based approaches to regulate the production and sale of informally produced alcohol at community level, under the local councils.
- ii. Introduce minimum safety standards for brewing locally produced alcohol beverages.

For civil society

- i. Monitor and report on the activities of illicit alcohol producers to put appropriate restrictions in place to reduce public health impact.
- ii. Lobby and monitor government to introduce and implement minimum safety standards for brewing informally produced alcohol

¹⁶ Ogueri Nwaiwu, Martin Itumoh (2017) <https://doi.org/10.3390/beverages3010016>

¹⁷ Ogueri Nwaiwu, Martin Itumoh (2017) <https://doi.org/10.3390/beverages3010016>

Sections 5: Enforce measures to reduce the acceptability of alcohol (PI&A 39)

- 5.1. Although GAAP recommends implementing effective strategies and interventions to address the affordability and availability of alcohol, by enacting and enforcing comprehensive restrictions on alcohol marketing, in practice government of Sierra Leone approaches vary in intensity and scope. The approaches can either be comprehensive ban or restriction on alcohol advertising, promotion and sponsorship. Sierra Leone has made some efforts to reduce the acceptability of alcohol. The outdated Liquor and Licensing Ordinance of 1958 (Cap 238) provide some restrictions.
- 5.2. The most recent restrictions for regulate alcohol marketing in Sierra Leone is the Independent Media Commission (IMC) Media Code of Practice (MCOP) 2007, which states that “radio/television stations shall not broadcast before 11.00 p.m. each day, programs that are violent, pornographic or obscene in character or will tend to lead children below the age of 18 to crime and anti-social behavior, or portray smoking, drinking or illegal drug taking as a way of life” (IMC Code). The Code also states that “marketing communication should be socially responsible and should neither encourage excessive drinking nor suggest that drinking can overcome boredom, loneliness or other problems. Care should be taken not to exploit minors or those who are mentally or socially vulnerable”.
- 5.3. FoRUT and SLAPA conducted monitored the implementation and enforcement of MOP on alcohol advertisement in Sierra Leone in 2023 and revealed that there are weak monitoring and enforcement of MCOP, media houses do not comply with the MCOP, exposing children and youth to alcohol.

Recommendations

For government

- i. Review the MCOP to capture contemporary and emerging alcohol areas of restrictions for advertisement, sponsorship, and promotions such as digital marketing.
- ii. Strengthen the capacity of enforcement institutions and ensure that they effectively complement each other.
- iii. Strengthen the rehabilitation of people with alcohol use disorders

For civil society

- i. Lobby and support the review of the MCOP.
- ii. Set up a citizens’ monitoring mechanism on the implementation of MCOP.
- iii. Promote public education on the effects of alcohol marketing, particularly on children and young people vulnerable groups and on the current and revised MCOP on alcohol marketing.

Conclusion

Sierra Leone has recognized alcohol harm as a growing issue and the government has responded by developing a comprehensive NAP that reflects local context and meets regional and international standards particularly for the implementation of the WHO Global Alcohol Action Plan 2022-2030. The NAP provides a blueprint for strengthening the legal framework to reduce harm from alcohol in Sierra Leone. Already, the country has existing structures such as the Sierra Leone Police, the National Revenue Authority, the Sierra Leone Standard Bureau, the Ministry Health and the Ministry of Trade that have institutional mandates and the multi-sectoral coordinating body, the ACTWG, that has a collective mandate to reduce harm from alcohol, which they can fulfill by contributing towards the implementation of the NAP. However, these institutions face significant resource constraints that undermine their ability to function well and implement policies.

Since 2022, Sierra Leone has only achieved 20% of the five Afro regional targets. Thus, the government of Sierra Leone needs to take urgent action to finance the implementation of the NAP, which includes conducting age-appropriate specific public education campaign about the NAP, involving civil society organizations, religious bodies, and women's and youth groups. This can be enhanced by robust advocacy by Civil society organizations such as SLAPA and FoRUT and complementary support by WAAPA, WHO and other development partners for its implementation. WHO Country Office in Sierra Leone has been playing pivotal role in supporting the government to reduce the harm of alcohol. These include supporting the Ministry of Health to set up the national coordinating body (ACTWG) and to develop the National Alcohol Policy and other policies.

APPENDICES

Appendix 1: Sierra Leone Alcohol Policy Alliance (SLAPA)

Introduction/status:

Sierra Leone Alcohol Policy Alliance (SLAPA) is an Alliance of Sierra Leoneans and Sierra Leone non-governmental organization working towards the reduction of alcohol-related harm to Men Women and children in the country. We advocate for policy and policy reform that is independent of any commercial interests. It was formed in June 2015 and officially launched in October 2015. Its membership spans across 14 of the 16 districts in Sierra Leone. SLAPA envisions a peaceful, healthy and prosperous society, where every Sierra Leonean enjoys their lives in dignity and prosperity, and where alcohol and drugs do not prevent them from fulfilling their full potential. SLAPA mission is to reduce alcohol-related harm in Sierra Leone, and beyond by advocating for and supporting the development and implementation of policies and regulations that control the production, sale and consumption of alcohol independent of commercial interests.

Objectives of SLAPA

- i. Provide a forum for alcohol policy advocates through meetings, information sharing and publications; with the purpose of disseminating information nationwide on effective alcohol policies and policy advocacy.
- ii. Promote monitoring and evaluation of alcohol related issues that relate to the formulation and effective implementation of policies.
- iii. Promote research on the health and social-economic impact of alcohol-related harm
- iv. Advocate for the mainstreaming of alcohol related issues in health, education and child rights, and work for women's rights.
- v. Build the capacity of the membership to participate in nationwide activities.

Structure:

SLAPA is headed by the Annual General Assembly as the highest decision-making organ. The national Executive Board is the second highest decision-making organ that is responsible for overseeing the operations of the Secretariat. The Executive Board is headed by the Chairman and supported by the Vice Chairperson, the Public Relations Officer and the Financial Secretary that are elected at the Annual General Meeting to serve for more than a 4 years / 2 terms. The Alliance has District Chapters that coordinate members' activities at district level and report to the Secretariat. The Secretariat coordinates the affairs and activities of the Alliance and is headed by the Head of Secretariat and supported by the National Coordinator.

Contact: +232 76 669 678 / +232 79 356 230 / +232 78 748 485

Email: slapasl2015@gmail.com

Website: www.slapasl.org

Appendix 2: West African Alcohol Policy Alliance (WAAPA)

Introduction/status:

The West African Alcohol Policy Alliance (WAAPA) is a regional network of civil society organizations and public health professionals committed to advocating for effective alcohol control policies across West Africa. WAAPA works to support the development, adoption, and implementation of evidence-based alcohol policies that reduce alcohol-related harm in the region. It collaborates with national alliances, governments, and international organizations to promote public health and social well-being.

Objectives of WAAPA:

- i. Advocate for comprehensive alcohol policies and regulations in West African countries.
- ii. Promote and facilitate information sharing on alcohol and alcohol-related issues.
- iii. Initiate, facilitate and conduct research on alcohol prevention, policies, and programs.
- iv. Strengthen and support the capacities of civil society organizations, national alliances and development professionals involved in alcohol policies and programs.
- v. Encourage, support and strengthen partnerships between member organizations, governments and development partners for the effective implementation of alcohol policies and programs.
- vi. Promote and advocate for national, regional, and continental policies, programs and regulatory frameworks on alcohol-related issues.
- vii. Mobilize and facilitate access to financial, human and technical resources needed for the development, implementation, and evaluation of alcohol policies and programs.
- viii. Engage with policymakers, stakeholders and communities to raise awareness about alcohol control measures.
- ix. Collaborate with regional intergovernmental organizations on alcohol policies and programs.

Structure:

WAAPA is headed by the General Assembly as the highest decision-making organ and is supervised by the Regional Board of Directors. The Regional Secretariat is responsible for the day-to-day administration and coordination of initiatives. National General Assembly's are responsible for decision-making at the National Levels with the National Board of Directors supervising the National Secretariat which is responsible for the day-to-day administration. Standing and Adhoc committees or working groups are established to assist in the operation of the organization.

Contact: +233-(0)30-293-6305, +233-(0)24-405-7950

Email: infowaapa@gmail.com / info@waapalliance.org

Website: www.waapalliance.org

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