

# **A conversation with Kristina Sperkova, April 4, 2019**

## **Participants**

- Kristina Sperkova – President, IOGT International
- James Snowden – Research Consultant, GiveWell

**Note:** These notes were compiled by GiveWell and give an overview of the major points made by Ms. Sperkova.

## **Summary**

GiveWell spoke with Ms. Sperkova of IOGT International (IOGT) as part of its investigation into improving alcohol policy in low and middle-income countries (LMICs). Conversation topics included the landscape of organizations involved with alcohol control, the advocacy and development process for alcohol control policy, and the use of additional funding. GiveWell's previous conversation with Ms. Sperkova on March 28, 2019

([https://files.givewell.org/files/conversations/Kristina\\_Sperkova\\_03-28-19\\_\(public\).pdf](https://files.givewell.org/files/conversations/Kristina_Sperkova_03-28-19_(public).pdf)) focused more specifically on IOGT.

## **Landscape of organizations involved with alcohol control**

Ahead of the call, Ms. Sperkova sent GiveWell an interconnected map of organizations involved with alcohol control:

[https://files.givewell.org/files/DWDA%202009/Interventions/Alcohol\\_policy/IOGT\\_alcohol\\_advocacy\\_mapping.pdf](https://files.givewell.org/files/DWDA%202009/Interventions/Alcohol_policy/IOGT_alcohol_advocacy_mapping.pdf).

## **Funders**

Although various other national governments finance advocacy activities in high-income countries, funding for alcohol control work in LMICs is largely provided by Norwegian and Swedish development agencies.

### *IOGT Norway*

IOGT Norway, through FORUT (its development aid organization), receives funding from the Norwegian Agency for Development Cooperation (NORAD) to:

- Support local organizations in five LMICs (mainly by financing events and activities but also by covering administrative costs, including salaries of those who coordinate the activities)
- Support West African and South African alcohol policy alliances (e.g. financing conferences for representatives to gather and prepare strategies)
- Pay the salary of Øystein Bakke, who spends 50% of his time as Secretary for the Global Alcohol Policy Alliance (GAPA)

IOGT Norway also receives funding from the Norwegian government for domestic work on alcohol control.

### *IOGT-NTO Sweden*

IOGT-NTO Sweden, as well as civil society organizations in the nation, receive funding from the Swedish government for domestic alcohol control advocacy. IOGT-NTO Sweden's development department also receives funding from the Swedish International Development Cooperation Agency (Sida), which is regranting to organizations in 13 LMICs. In addition to its domestically-based staff, IOGT-NTO Sweden employs staff at regional offices in Arusha, Tanzania and Chiang Mai, Thailand to more directly support development work in these countries.

### **Regional alcohol policy alliances (APAs)**

IOGT Norway, through FORUT, supports the West African and South African APAs. IOGT-NTO Sweden supports the East African APA, providing funding for its secretariat. APAs also exist in other areas (e.g. Eurocare, U.S. APA).

### **International organizations**

#### *IOGT*

IOGT primarily works on alcohol policy advocacy at the global level. Its annual budget is approximately \$200,000 and consists of:

- Approximately \$100,000 in donations from IOGT-NTO Sweden
- Approximately \$100,000 in annual membership fees, the majority of which comes from the "IOGT-NTO Movement Sweden" (IOGT-NTO Sweden, JUNIS, UNF Sweden, and the Scout Association of the IOGT-NTO Movement)

#### *Intergovernmental agencies*

The UN Development Programme (UNDP), with financial support from the Russian national government and in collaboration with the World Health Organization (WHO), are involved in policy advocacy activities in LMICs—centered mainly around non-communicable diseases but also including alcohol as an obstacle to development. Approximately 60-70% of one full-time equivalent staff works on alcohol control policy advocacy at UNDP.

WHO also recently introduced SAFER, an initiative to promote five high-impact strategies that reduce the harmful use of alcohol. SAFER includes a technical package that will serve as guidance for governments hoping to introduce effective alcohol control policy. IOGT has been supporting SAFER since its inception and believes that it could represent a strong opportunity for an external donor to have more structural impact on global alcohol control.

### **National organizations**

#### *IOGT member organizations*

Most of IOGT's 134 member organizations are national NGOs.

#### *Research institutes*

Research institutes working on alcohol policy include but are not limited to the following:

- **The Institute of Alcohol Studies (IAS)** is a research institute and member of Eurocare based in London and working predominantly on domestic issues.
- **Utrip (based in Slovenia)**
- **The Scottish Health Action on Alcohol Problems**
- **IOGT-NTO Sweden** issues annual research reports and coordinates an international team (Sven Andreasson, Harold Holder, Tanya Chikritzhs, Timothy Naimi, Frida Dangardt, and Tim Stockwell) that produces a report on alcohol in society. Past reports have covered topics including alcohol and youth, alcohol and elderly, alcohol and cancer, and alcohol and violence.

#### *Governmental organizations*

- **The Thai Health Promotion Foundation (ThaiHealth)** – ThaiHealth is an autonomous state agency funded by a dedicated national tax on tobacco and alcohol. Its work formerly included alcohol control advocacy but is now more focused on alcohol harm prevention.
- **Slovenian Ministry of Health** – Slovenia's Ministry of Health invests significantly in national organizations working on both alcohol control advocacy and alcohol harm prevention.

### **Fragmentation of organizations working on alcohol control**

#### *Lack of available funding*

The limited available funding for work on alcohol control in LMICs has resulted in a fragmented landscape of organizations. While working at IOGT-NTO Sweden, Ms. Sperkova often found funders to be hesitant when considering work on alcohol control, as there was not a direct link between alcohol and the priority issues of the donor. Another reason was the shift in approach toward spending all of the finances exclusively on civil society. For example, Sida decided to cease support for alcohol policy conferences with decision makers in Southeast Asia, as it wished to only support civil society stakeholders and not government officials or researchers.

#### *Lack of alcohol-focused organizations*

Most of the organizations in LMICs receiving funding for alcohol control work focus mainly on different development-related topics (e.g. gender, civic participation) and are sustained either through volunteers or other, larger donors. Due to discussions with IOGT, FORUT, and IOGT-NTO Sweden, these organizations have come to understand how alcohol can be an obstacle to development and have attempted to integrate alcohol control advocacy into existing work.

A significant exception to the poorly-resourced work on alcohol control in LMICs is the Alcohol and Drug Information Centre (ADIC) in Sri Lanka, which is well-staffed (over 20 employees) and focuses strongly on comprehensive alcohol control advocacy. The Students' Campaign Against Drugs in Kenya is also fully dependent on funding from Sida and focuses strongly on alcohol control.

### *Potential for consolidation of IOGT and GAPA*

IOGT and GAPA, the two largest groups focused on alcohol control policy, work closely together—holding meetings and coordinating work to ensure that activities are not duplicated. The two organizations have formerly discussed consolidation, although there may be benefits to keeping IOGT and GAPA separate. For example, the organizations may have different perspectives that are both valuable for achieving stronger alcohol control policy. Furthermore, IOGT is a member-based alliance, and many members take a voluntary pledge not to consume alcohol—whereas GAPA is a largely research-oriented alliance with no "lifestyle" pledge. IOGT has, however, been increasingly emphasizing that its policy advocacy work is conducted independently of the lifestyle approach many of its members take. Several members of IOGT International were founding members of GAPA, and several Alcohol Policy Alliances are now associated members of IOGT International.

### **Advocacy and development process for alcohol control policy**

For organizations working in LMICs but with limited capacity for work on alcohol control, the main avenue for policy advocacy would typically be meeting with relevant government officials, sitting in some committees responsible for making and implementing alcohol policy, or writing statements and press releases. These, often grassroots, organizations may also be well-positioned to mobilize other local groups to advocate for alcohol control.

Organizations with more capacity for work on alcohol control, such as ADIC, may be involved in a much wider range of activities (e.g. campaigning, education, capacity-building).

### **Alcohol taxation policy development**

As the public has become more aware of the relationship between alcohol and harmful diseases, support for effective alcohol control policies such as alcohol taxation has grown. In the past two years, IOGT has received requests from the governments of several countries for technical support with designing alcohol taxation policies. It has been connecting government officials from these countries to the appropriate scientists and researchers from WHO. Although WHO should be the organization responsible for providing this technical assistance, its budget for this work is limited and has actually been decreasing since adopting the global strategy to reduce harmful use of alcohol in 2010.

### **Case studies of successful alcohol control advocacy**

Case studies of alcohol control advocacy successfully achieving changes in policy exist for Burundi, Uganda, Thailand, Vietnam, Tanzania, Lithuania, and Sri Lanka. While Ms. Sperkova was working at IOGT-NTO Sweden, it was compiling information on successful case studies, which may have been summarized in a written document.

### **Integration of alcohol and tobacco control advocacy**

Although various organizations have combined work on tobacco and alcohol control in the past, these two issues are typically not perceived as equally important. For example, unlike the alcohol industry, the tobacco industry is excluded from influencing policy by the WHO Framework Convention on Tobacco Control. Alcohol control policy is also often not incorporated within tobacco control advocacy initiatives for fear of weakening the platform. For example, the UN Sustainable Development Goals include specific references to tobacco taxation but no mention of alcohol taxation.

### **Use of additional funding**

Ms. Sperkova believes that additional funding for work on alcohol control would be most productively used to support alcohol taxation, which may include mobilizing civil society and providing technical support to governments. Alcohol taxation is one of the most effective alcohol policies, as it not only directly reduces alcohol consumption and harmful use of alcohol but also generates revenue that governments are able to reinvest in alcohol harm prevention and treatment programs. Alcohol taxation, however, may not be as easily achievable as regulation of alcohol marketing (another very effective alcohol policy measure), which tends to be more broadly supported by the general public due to the issue's visibility.

*All GiveWell conversations are available at  
<http://www.givewell.org/research/conversations>*