

**Exploring the complex policy formulation process of the
draft Control of Marketing of Alcoholic Beverages Bill in**

South Africa

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Preamble

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Dedication

To my dad who passed away during my Master of Public Health degree. I think you would have found this very interesting.

Abstract

International literature suggests that corporate influence is evident when governments attempt to regulate products implicated in non-communicable disease, such as tobacco, asbestos, pollution, and foods, such as trans-fat, salt and sugar. These lifestyle diseases are aptly referred to as ‘industrial epidemic’, since industries profit from the public’s continued consumption of such products.

Of these ‘industrial epidemics’, alcohol is a major contributor to the health burden in South Africa. In the year 2000, 7.1% of all deaths and 7% of total disability-adjusted life years have been ascribed to alcohol-related harm in the country. The tangible and intangible costs of alcohol-related harm amount to 10-12% of South Africa’s 2009 Gross Domestic Product. Literature suggests that limiting alcohol use could prevent the incidence of violence, injury, risky sexual behaviours, several forms of cancer, and neuropsychiatric and physical diseases.

The World Health Organisation (WHO) released two documents, *The Global strategy to reduce the harmful use of alcohol* (2010b) and *The Global Status Report on Non-communicable Diseases* (2010a), detailing the negative effects of alcohol consumption for societies. Both documents recommend that decreasing alcohol consumption through banning of alcohol advertising would have significant public health benefits, although an integrated strategy is necessary to mitigate alcohol abuse including taxation, increasing prices, limiting places of sales and increasing education on the topic.

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In response, the South African government proposed a draft regulation aimed at restricting alcohol advertising as an evidence-based upstream intervention. The draft Control of Marketing of Alcoholic Beverages Bill is in the process of undergoing impact assessments to determine the impact this regulation may have on South African society.

Literature suggests that industry employs various political strategies to avoid such regulation. However, little is known about the strategies the alcohol industry potentially uses to influence policy development in South Africa. There is a lack of knowledge on the current strategies used by the alcohol industry to influence policy; the draft Control of Marketing of Alcoholic Beverage Bill is a case in point.

This study sought to explore the complex policy formulation process in South Africa, using the draft Control of Marketing of Alcoholic Beverages Bill as a tracer case and focused on the alcohol industry, as a central actor, to understand how it - together with other actors - may influence this process.

A qualitative case study approach was used, which included stakeholder mapping, 10 in-depth interviews and review of approximately 240 documents. This study makes use of two conceptual frameworks. The first framework, Berlan et al. (2014) is used to understand policy formulation as a process with multiple facets. The second framework, Roberts et al. (2004), provides four typologies of political strategies that health reformers/advocates/lobbyists employ to influence the policy process. A thematic analysis was used to analyse the data.

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Key themes identified were: (1) Competing and shared values - different stakeholders promote conflicting ideals for policymaking; (2) Inter-department jostling - different government departments seek to protect their own interests, hindering policy development; (3) Stakeholder consultation in democratic policymaking – policy formulation requires consultation even with those opposed to regulation; (4) Battle for evidence – industry sought to assemble evidence to use as ‘ammunition’ in opposition to the ban. It was concluded that networks of actors with financial interest use diverse strategies to influence policy formulation processes to contest proposed regulation.

Using the policy formulation process of the draft Control of Marketing of Alcoholic Beverages Bill as a tracer case, this research is a critical enquiry into how the for-profit industry affects public health interests in South Africa; such a critical enquiry could also be applied to other non-communicable diseases. Research suggests that industries have more difficulty in pushing their agenda when policymakers are well informed, are aware of the evidence-based practice and are not motivated by economic arguments alone. There is also a lack of research that focuses on health policy analysis in low and middle-income countries, and there is a lack of research focusing on the policy formulation process in particular. Therefore, this research aims to fill a gap in addressing a lack of research on health policy analysis in the context of a middle-income country.

The implications of the study are that measures to insulate policy development are needed to prevent industry influence potentially undermining public health goals, such as: government to moderate certain consultations with industry; industry to declare conflict of interest; guidelines for bureaucrats and policymakers to advise on

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whose evidence to consider; and guidelines for bureaucrats and policymakers to assess quality of evidence.

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Acronyms

AB InBev	Anheuser-Busch InBev
ANC	African National Congress
ARA	Industry Association for Responsible Alcohol Use
ASA	Advertising Standards Authority of South Africa
CDA	Central Drug Authority
CSR	Corporate Social Responsibility
DoH	National Department of Health
draft Bill	draft Control of Marketing of Alcoholic Beverages Bill
DPME	Department of Planning, Monitoring and Evaluation
DSD	Department of Social Development
DTI	Department of Trade and Industry
FCTC	Framework Convention on Tobacco Control
FOSAD	Forum of South African Director Generals
GDP	Gross Domestic Product
GCIS	Department of Communication of Information System
ICAP	International Centre for Alcohol Policies
IMC	Inter-Ministerial Committee on Substance Abuse
LMIC	Low and Middle Income Country
NCOP	National Council of Provinces
NDoH	National Department of Health
NEC	National Executive Committee
NDS	National Department of Social Development
NDTI	National Department of Trade and Industry
RIA/IA	Regulatory Impact Assessment/Impact Assessment

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SAB South African Breweries

SABMiller South African Breweries Miller

SANCA South African National Council on Alcoholism & Drug Dependence

SABC South African Broadcasting Commission

SALTA South African Liquor Traders Association

SEIA/S Socioeconomic Impact Assessment/System

SRSA National Department of Sports and Recreation

U.K. United Kingdom

WHO World Health Organisation

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Part A: Protocol

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Introduction

Alcohol is a major contributor to the health burden in South Africa (Rehm et al., 2010). In response, the South African government developed draft regulations aimed at restricting alcohol advertising as an evidence-based upstream intervention. A policy formulation process was initiated; policy formulation is best understood as a series of steps which fall between agenda setting and policy implementation. These policy formulation steps include: 1) generation of policy alternatives, 2) deliberation and/or consultation, 3) advocacy for specific alternatives, 4) lobbying for specific alternatives, 5) negotiation of policy alternatives, 6) drafting or enactment of policy and 7) guidance/influence on implementation (Berlan et al., 2014). The progress of the draft Control of Marketing of Alcoholic Beverages Bill in South Africa is in the process of undergoing the requirements to conduct a Regulatory Impact Assessment (RIA). Although RIA's are useful to help policymakers make well-informed and scientific decisions, it has been argued that RIAs are opaque, undemocratic and used by industries to block regulations by highlighting the economic impact of introducing policy, while ignoring the benefits to health (Smith et al., 2010). This process could be seen as a case of 'regulatory capture', which occurs when the government, whose role it is to protect public interests, becomes swayed away from formulating regulations by the affected industry (Stigler, 1971).

There is some evidence that the alcohol industry is successful at influencing South African government policy, thereby evading regulation (Babor et al., 2015). However, little is known about the strategies, which the alcohol industry potentially uses to influence policy development in South Africa. There is a lack of knowledge on the

current strategies used by the alcohol industry to influence policy; the draft Control of Marketing of Alcoholic Beverage Bill is a case in point. There have been calls to ban alcohol advertising in South Africa (Parry et al., 2012) and the United Kingdom (U.K.) (Godlee, 2009), and there have been calls for a new research agenda to investigate the extent of the alcohol industry's influence on policy development in the U.K. (Hawkins et al., 2012). Banning alcohol advertising in South Africa is seen as an important step toward strengthening further alcohol regulation nationally and in the rest of Africa (Jernigan, 2013). The background and literature review below contributes to understanding the existing knowledge base on the policy formulation process of the draft Control of Marketing of Alcoholic Beverages Bill and presents the gaps in the literature.

Background to Study

Harmful Effects of Alcohol Consumption

Evidence has shown that a significant portion of the global burden of disease is attributable to high rates of alcohol consumption and abuse (Rehm et al., 2009). Alcohol-related harm is attributable to 3.8% of all global death and 4.6% of disability-adjusted life years (DALYs) (Rehm et al., 2009). Amongst those who consume alcohol, South Africa is considered to have one of the highest alcohol consumption rates per capita in the world, which was - in 2010 - an average of 27.1 litres (of pure alcohol) per drinker per year (ages 15 years and older) (WHO, 2014). In South Africa, 7.1% of all deaths and 7% of total DALYs in the year 2000 have been ascribed to alcohol-related harm (Schneider et al., 2007). Although a direct cost-benefit comparison is not possible due to incomparability of variables between what

constitutes the costs and benefits (Truen et al., 2011), the total economic contribution of manufacturing and retail of the alcohol industry is estimated to be R93.2 billion, which amounts to 3.9% of South Africa's 2009 Gross Domestic Product (GDP) (Truen et al., 2011). The tangible financial costs of alcohol-related harm in South Africa were approximately R37.9 billion, which is equivalent to 1.6% of South Africa's 2009 GDP (Truen et al., 2011). The intangible costs of alcohol-related harm are estimated to be between R208 billion and R242 billion (Truen et al., 2011). When tangible and intangible costs of alcohol-related harm are added together, this is equivalent to 10-12% of South Africa's 2009 GDP (Truen et al., 2011). Examples of tangible costs include healthcare costs and damage to motor vehicles in road traffic accidents, whereas examples of intangible costs include premature mortality and morbidity and absenteeism. These costs can be attributed to a combination of violence (Norman et al., 2010), injury (Watt et al., 2004), risky sexual behaviours (Rehm et al., 2012), several forms of cancer (Connor, 2016), and neuropsychiatric and physical diseases (Rehm et al., 2010).

Alcohol Advertising

The World Health Organisation (WHO) released two documents, *The Global strategy to reduce the harmful use of alcohol* (2010b) and *The Global Status Report on Non-communicable Diseases* (2010a), detailing the negative effects of alcohol consumption for societies. Both documents recommend that decreasing alcohol consumption through banning of alcohol advertising would have significant public health benefits (Parry et al., 2012), although an integrated strategy is necessary to mitigate alcohol abuse including taxation, increasing prices, limiting places of sales

and increasing education on the topic (Babor, 2009). A total ban on alcohol advertising includes a ban on any marketing or branding of alcohol products through any form of online or offline media, be it television, print, YouTube videos, cell phones, sponsorships, branded merchandise or at point of sales (Babor, 2009). A partial ban, however, would involve banning one or more of these methods of marketing, for example, only banning alcohol sponsorships.

The main international arguments to ban alcohol advertising are based on evidence that suggests advertising recruits new drinkers into the market and targets the youth and young adults to start drinking earlier (Casswell, 2004; Snyder et al., 2006; Anderson et al., 2009b; Chen et al., 2005; Smith and Foxcroft, 2009) and encourages underage drinking (Austin et al., 2006; Ellickson et al., 2005; Austin and Knaus, 2000). In South Africa, alcohol advertisements have been shown during times when children are watching television, thereby exposing them to alcohol marketing and branding messages (Mchiza et al., 2013). Evidence suggests that alcohol advertising is designed to be particularly attractive to young people (de Bruijn et al., 2012) and alcohol abuse is associated with earlier exposure to drinking (Grant and Dawson, 1997). This is due to carefully-crafted branding strategies that associate alcohol with positive messages (Anderson et al., 2009b; Hastings et al., 2010; Booth et al., 2008; Austin and Knaus, 2000; Belt et al., 2014). The alcohol industry argues that alcohol advertising encourages drinkers who are of legal age to choose their brand, reminds drinkers to drink responsibly (Bond et al., 2010) and does not promote consumption, but only brand choice (Savell et al., 2016). A growing body of literature supports the argument that restricting alcohol advertising could decrease the rates of alcohol consumption (Anderson et al., 2009b; Smith and Foxcroft, 2009; de Bruijn et al.,

2012) and alcohol related harms (Babor, 2010; Hollingworth et al., 2006). Although an alcohol advertising ban is suggested to be one of the most cost-effective upstream methods of reducing alcohol related harm (Anderson et al., 2009a), in their Cochrane Review, Siegfried et al. (2014) noted that there is still a lack of adequate evidence to support the claim that introducing a total ban on alcohol advertising will reduce alcohol consumption. The reason for this is an absence of good quality evidence to establish the relationship between banning alcohol advertising and reduced consumption. Siegfried et al. (2014) conclude that banning alcohol advertising can neither be supported nor opposed based on their systematic review. Despite limited evidence for a ban on alcohol advertising there is documented evidence that a total ban on tobacco advertising together with price increases was successful in decreasing the incidence of smoking in young people in South Africa (Reddy et al., 2013).

Alcohol Advertising Policy Development in South Africa

This section provides a brief overview of the development of the draft Control of Marketing of Alcoholic Beverages Bill and provides information on where the draft Bill is currently located in the policy development process, as summarised in Table 1.

- In 2010, Cabinet established the Inter-Ministerial Committee on Substance Abuse (IMC) consisting of the Ministers of Social Development, Correctional Services, Health, Basic Education, Higher Education, Science and Technology, Economic Development, Transport, Trade and Industry and the South African Police Service (National Department of Social Development [NDS], 2013a).

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- In March 2011, the IMC on Substance Abuse developed the *Anti-Substance Abuse Programme of Action (2011-2016)* (NDS, 2011) at the 2nd Biennial Anti-Substance Summit International Convention Centre in KwaZulu Natal. One of the main goals established by the Anti-Substance Abuse Programme of Action was to draft legislation to restrict alcohol advertising.
- The National Department of Health (NDoH) drafted the Control of Marketing of Alcoholic Beverages Bill, which was then presented at the IMC meeting in March 2013 (NDS, 2013a). The objectives of the bill are, “the restriction of the promotion of alcoholic beverages; the prohibition of sponsorship associated with alcohol; the prohibition of free distribution and reward, with the aim of contributing to the reduction of alcohol-related harm and the protection of public health and community well-being” (NDS, 2013a).
- Circa June 2013, the Forum of South African Directors General (FOSAD), consisting of the most senior Government officials in each department, which the Director General in The Presidency chairs, initially requested the first Regulatory Impact Assessment (RIA) on the draft Bill (Interview 10, draft Bill proponent).
- In August 2013 the IMC made the decision to table the draft Bill before Cabinet for consideration (NDS, 2013b).
- In September 2013, the first RIA was completed and together with the draft Bill was tabled at a Cabinet meeting. At this Cabinet meeting a second independent RIA was requested (Interview 10, draft Bill proponent). Therefore, the process of RIAs has delayed the progress of the draft Bill.
- According to a statement by the Department of Government Communication and Information System (Department of Communication and Information System [GCIS], 2013), the draft Bill was approved for publication in the Government

Gazette for public comment in September 2013. However, after this literature review, it is apparent that the draft Bill has never been gazetted nor been released for public comment.

- In August 2014, the second RIA was awarded to DNA Economics and was completed in January 2015 (Interview 10, draft Bill proponent).
- Despite the seeming stagnation of the tabling of the draft Bill (Parry et al., 2014), the Liquor Policy Review (2015), published in the Government Gazette for public consideration in May, mentioned the Control of Marketing of Alcoholic Beverages Bill as a 'Bill' and not as a 'draft Bill' (Liquor Policy Review, 2015). In the same document, the Liquor Policy Review (2015) alludes to recommending flexibility in the parameters of alcohol advertising, which is in contrast to the original intention to implement an outright alcohol-advertising ban.

Since the Liquor Policy Review (2015) claims that the Control of Marketing of Alcoholic Beverages Bill is a 'Bill' and not a 'draft Bill', this means that it is unclear where exactly the Control of Marketing of Alcoholic Beverages Bill is in the legislative process. Currently, little is known about the outcome of the first and second RIAs, as neither of the RIA's are in the public domain. The fact that the Control of Marketing of Alcoholic Beverages Bill has not been gazetted, despite the DTI calling the policy a 'Bill', as opposed to a 'draft Bill', and despite a statement being made by the Government that it would be gazetted, in September 2013, raises concerns about the forward momentum of the draft Bill's development.

Table 1. Timeline Summary: Development of the draft Control of Marketing of Alcoholic Beverages Bill.

Year	Description
2010	Establishment of the IMC.
March 2011	IMC created the Anti-Substance Abuse Programme of Action (2011-2016) at the 2nd Biennial Anti Substance Summit.
March 2013	DoH drafted the Control of Marketing of Alcoholic Beverages Bill, which was then presented to at the IMC meeting.
Circa June 2013	FOSAD initially requested the first RIA on the draft Bill.
August 2013	The IMC made the decision to table the draft Bill before Cabinet for consideration.
September 2013	The first RIA was completed and together with the draft Bill was tabled at a Cabinet meeting. At this Cabinet meeting a second independent RIA was requested.
Circa September 2013	The draft Bill was approved for publication in the Government Gazette for public comment. However, it was never gazetted nor released for public comment.
August 2014	The second RIA was awarded to DNA Economics.
January 2015	The second RIA was completed.
May 2015	The Liquor Policy Review (2015) mentions the Control of Marketing of Alcohol Beverages Bill as a “Bill” and not as a “draft Bill”.

Regulatory Impact Assessment

As the commissioning of the RIAs appears to be the primary hold up for tabling the draft Bill, this section provides an overview of what an RIA is and some of the complexities associated with RIAs in the policy process. Although there are many definitions of an RIA, or an Impact Assessment (IA), according to South Africa’s guideline for RIAs, it is “a tool that is used to analyse the objectives of a regulatory

proposal, the risks to be addressed by the regulation and the options for delivering the objectives. It is a formal method for assessing the costs and benefits, economic and noneconomic, of regulatory/policy proposals” (The Presidency, 2012, p. 6). RIAs ascertain whether an issue needs regulating or whether there are alternative ways of dealing with a matter that may not necessarily require regulation (The Presidency, 2012). In South Africa, cabinet adopted the RIA approach in February 2007 and although different countries have used RIAs, each will employ their own methodology, which generally involves risk assessment and a cost benefit analysis (Smith et al., 2010).

There are a number of criticisms of the RIA process. Literature suggests that we know very little about the way in which RIAs are conducted, as the process is opaque and undemocratic (Mindell et al., 2004; Curtis, 2008). One of the dangers of RIAs is that there is a potential risk that only industry could be consulted, thereby looking after industry’s interests. Public health experts may become secondary and there may be less of a focus on public health interests (Lock and McKee, 2005). Public health expert voices may become marginalised as industries that have a great deal of resources are able to invest in advocacy and lobbying efforts (de Figueiredo and de Figueiredo, 2002; Anderson and Baumberg, 2005), compared to academics or health experts, who do not have as many resources at their disposal (Landers and Sehgal, 2004). Literature suggests that all over the world certain businesses dedicate resources particularly to lobby governments and influence policy (Hillman et al., 2004). Non-profit organisations usually take on advocacy and lobby efforts to promote public health goals. However, their resources are often scarce, as seen in the United States (Landers and Sehgal, 2004). Moreover, it has been argued that governments

commission RIAs as strategies to delay policy development, as seen in the European Union (Smith et al., 2010). Another major criticism is that the RIA's definition of a 'regulatory consequence' is controversial, as it depends largely on how it is defined and who is defining it (Harrington et al., 2009). In the South African case, the possibility of delaying the tabling of the draft Bill could potentially be seen as a case of 'regulatory capture' (Stigler, 1971). This occurs when the government, whose role it is to protect public interests, becomes swayed away from formulating regulations by the affected industry (Miller and Harkins, 2010). Below I present literature showing alcohol industry attempts to influence policy development nationally and internationally.

Industry Strategies to Influence Policy

There is evidence to suggest that the alcohol industry uses strategies to influence government policy around the world (Paukštė et al., 2014; Babor, 2009; Miller and Harkins, 2010; Alavaikko and Österberg, 2000; Mosher, 2009; Anderson and Baumberg, 2005; Hawkins et al., 2012; McCambridge et al., 2013; Baggott, 2006; Anderson, 2004; Babor et al., 2015; Casswell, 2013; Gilmore and Fooks, 2012; London et al., 2012; Parry et al., 2014; Jahiel and Babor, 2007; Savell et al., 2016; Casswell and Thamarangsi, 2009; Gilmore et al., 2011). The alcohol industry wields a great deal of resources to involve advocates and lobbyists through which they attempt to be actively engaged in government policy development (Miller and Harkins, 2010; Casswell and Thamarangsi, 2009). In their study Babor et al. (2015), show that the alcohol industry is proactive in influencing alcohol availability in African countries, including South Africa. For example, Babor et al. (2015), posit that in response to the South African government attempt to restrict alcohol advertising together with other

regulation in 2012, SABMiller donated “R9 million to political parties for the 2014 elections, almost double of what SABMiller donated the previous three elections” (Babor et al., 2015, p. 561). In another study, McCambridge et al. (2013) show how in 2008 the alcohol industry used weak evidence to influence the Scottish government policy development, whilst discrediting strong evidence. Using similar tactics to the tobacco industry, the alcohol industry was successful in influencing the Lithuanian government to overturn a proposed ban on alcohol advertising in their country (Paukštė et al., 2014). Instead of governmental regulation, the alcohol industries encourage self-regulation, preferring to work closely with government, thereby abiding by their own codes of conduct (Anderson and Baumberg, 2005; Anderson, 2007). Corporate Social Responsibility (CSR) is another political strategy - first used by the tobacco industry - with the rationale to finance or donate money to social causes offsetting the harm produced by smoking (Fooks et al., 2011). This allows the industry to construct a positive image in the eyes of the public and policymakers in order to access policy elites (Matzopoulos et al., 2012; Fooks et al., 2011).

Motivation and Purpose for the Study

As outlined above, alcohol is a major contributor to the health burden in South Africa (Rehm et al., 2010) and research suggests that alcohol advertising encourages drinking and recruits new drinkers (Smith and Foxcroft, 2009; Anderson et al., 2009b; Hastings et al., 2010; Casswell, 2004; Snyder et al., 2006). In order to address this burden one needs effective policy measures in place to aid in addressing alcohol-related harms in South Africa. However, to effect change in the relevant industries, regulation approved by government is required to enforce change, and the regulations

in the Control of Marketing of Alcoholic Beverages Bill would enable the enforcement of such change. Toward this end the South African government has developed a draft Bill of regulations to ban alcohol advertising as an evidence-based upstream intervention. Literature suggests that the alcohol industry is powerful (Miller and Harkins, 2010) and this regulation is likely to be contrary to their business interests (Belt et al., 2014; Casswell, 2009). As mentioned, evidence also suggests that the alcohol industry influences policy development (Paukštė et al., 2014; Babor, 2009; Miller and Harkins, 2010; Alavaikko and Österberg, 2000; Mosher, 2009; Anderson and Baumberg, 2005; Hawkins et al., 2012; McCambridge et al., 2013; Baggott, 2006; Anderson, 2004; Jahiel and Babor, 2007; Babor et al., 2015; Casswell, 2013; Gilmore and Fooks, 2012; London et al., 2012; Parry et al., 2014; Savell et al., 2016; Casswell and Thamarangsi, 2009; Gilmore et al., 2011). However, little is known about *how* the alcohol industry has influenced policy development in South Africa, specifically in relation to the draft Control of Marketing of Alcoholic Beverages Bill, nor is there research investigating the RIA process on the draft Bill. This research posits that it is likely the alcohol industry is attempting to influence the outcome of the draft Control of Marketing of Alcoholic Beverages Bill in South Africa and it is not likely that the potential influence of industry in policy development will serve the public health interest. Therefore, this study sets out to describe and explore what political strategies, if any, are used by the alcohol industry and to explain how and why the alcohol industry has employed political strategies to influence the policy formulation of the draft Bill.

The primary motivation for doing the study is the high and growing burden of alcohol-related diseases and the primary purpose of the study is to contribute to

understanding the influence of the alcohol industry and potentially other actors on regulation in order to promote more transparent and effective regulatory processes involving the alcohol industry. Using the policy formulation process of the draft Control of Marketing of Alcoholic Beverages Bill as a tracer case, this research is a critical inquiry into how the for-profit industry affects public health interests in South Africa. Such a critical enquiry could be applied to other non-communicable diseases also. Research suggests that industries have more difficulty in pushing their agenda when policymakers are well informed, are aware of the evidence-based practice and are not motivated by economic arguments alone (Fooks et al., 2011; Smith et al., 2010). There is also a lack of research that focuses on health policy analysis in low and middle-income countries, but there is also a lack of research focusing on the *policy formulation process* in particular (Gilson and Raphaely, 2008). Therefore, this research would be filling a gap in addressing research-scarce health policy analysis in the context of a middle-income country. Policy processes, ranging from agenda setting, and policy formulation through to implementation is a complex messy process and each policy process needs to be explored in-depth, so that - as a priority -, government is able to develop national policies that are the product of true participatory and democratic processes as opposed to poor national policies that are developed through industries' interest and which will most likely fail.

Research Questions

This research will cover the time period March 2011 to June 2016. This is the period between the publication of the Anti Substance Abuse Programme of Action, which

first declared government's intention to develop legislation to ban alcohol advertising, to present day, where the draft Bill is currently in the formulation process. The main research question and sub questions are as follows:

Research question:

How does the alcohol industry influence the policy formulation process of the draft Control of Marketing of Alcoholic Beverages Bill?

Sub questions:

- (1) Who supports and opposes the draft Control of Marketing of Alcoholic Beverage Bill? Why do they support or oppose?
- (2) What are the key political strategies the alcohol industry and potentially other actors employ to influence the formulation of the draft Control of Marketing of Alcoholic Beverages Bill?
- (3) How and why are those strategies and tactics being used?

Aims and Objectives

Based on the research questions, the aim of this study is to examine the influence of the alcohol industry on the policy formulation process of the draft Control of Marketing of Alcoholic Beverages Bill.

Part A: Protocol

The objective of sub question one is descriptive and exploratory, as it maps where stakeholders lie in terms of their support or opposition to the draft Bill and why. It also contextualises the alcohol industry in relation to other players in the policy formulation process and seeks to understand the underlying reasons for engagement in the policy process. Information on the context surrounding the draft Bill will also be explored.

The objective of sub question two is descriptive. The sub question seeks to identify and categorise the alcohol industry's behaviours, actions and manoeuvres using Roberts et al. (2004) four political strategies as a framing and conceptual device.

The objective of sub question three is explanatory, as it will examine in-depth the rationale and motivation behind political strategies used by the alcohol industry. It will assess the extent and purpose of the particular political strategy of interest. The Roberts et al. (2004) political strategies framework will be used as a conceptual tool for this analysis and this objective will allow for the generation of insights on how different strategies are employed by the alcohol industry. This analysis will be embedded in the policy formulation 'steps' of Berlan et al. (2014), which will allow me to analyse these political strategies within the broader context of the domain of policy formulation.

Methodology

Study Design

A single case study design has been chosen to carry out this research. Doing research on a policy formulation process lends itself to a flexible design, as the policy formulation process is a complex real time event that can change weekly. Case study research allows for this flexibility in data collection as new information comes to light (Robson, 2002). A flexible design is generally qualitative in nature and is contrasted to a fixed design, which is typically quantitative in nature. The aim of a fixed study design is to strictly control the research setting in order to ascertain cause-and-effect between variables. However, this is not possible for the policy formulation process as this process occurs in the complexity of the real world (Robson, 2002).

Within a flexible study design the case study approach is most appropriate for this research. According to Yin (2014), the case study approach has a twofold definition. Firstly, in terms of scope, a case study is an empirical inquiry where the focus is on a “contemporary phenomenon (the ‘case’) in-depth within its real-world context” (Yin, 2014, p. 16), and where the distinction between the phenomenon and its surrounding socio-political and economic context is blurred. The case study approach allows the researcher to investigate the phenomenon in its context that most likely gives rise to, perpetuates and encompasses the nature of the event itself. For example, in South Africa the alcohol industry historically generates a considerable amount of wealth, which often equates to power. Secondly, in terms of features, a case study approach recognises that the phenomenon of interest will have “many more variables of interest than data points” (Yin, 2014, p. 17). Good case study research will rely on conceptual

frameworks to guide data collection and analysis in order to manage the size of the research task and to support analytical generalisability (Yin, 2014). Thirdly, case studies are most relevant when one is asking how or why questions (Yin, 2014). The current study satisfies this condition as it primarily asks *how* the alcohol industry influences the policy formulation process of the draft Bill. Lastly, the case study approach is the most relevant when there is little or no control over the phenomenon of interest, as is the case in this research (Yin, 2014). The flexibility of the case study approach will allow the researcher to incorporate emergent themes that come to light in the research process.

The case study approach has certain strengths. Firstly, case studies are appropriate for subjects we know little about (Yin, 2014). To my knowledge there is a dearth of empirical research that illuminates the manner in which the alcohol industry is using political strategies to influence policy formulation in LMICs, so an in-depth exploration of this issue could generate new insights for future research. Secondly, this study approach allows one to triangulate different sources of evidence from multiple sources; a range of perspectives and documentary sources will be accessed to investigate the nature of the policy formulation process. A number of different sources of evidence (interviews, media articles and parliamentary minutes, past research and official documents) that pertain to the research question will be analysed. Thirdly, case studies are particularly well suited for events, processes and decisions (Robson, 2002), all of which apply to the formulation of the draft Bill. Processes are complex events that involve variables that one cannot control, and so a case study allows one to determine the significance of these processes (Berlan et al., 2014). Fourthly, case studies are useful when testing or building theory. Accordingly, the

current study will be applying Robert et al. (2004) political strategy framework to identify and categorise the alcohol industry's behaviours and will be using Berlan et al. (2014) framework to further analyse events.

There are limitations of case study research. Firstly, in case study research one cannot control for extraneous variables that may unknowingly affect the policy formulation process (Robson, 2002). Secondly, case studies are difficult to replicate, as is the nature of flexible designs (Robson, 2002). Thirdly, there is a real risk that the researcher would bias the results, as the researcher's own views and beliefs may influence the resultant explanations. Fourthly, it is challenging to generalise the results to other settings due to the case study's flexible design and context (Robson, 2002). Lastly, case studies are very time consuming as one becomes immersed in-depth with the case in question (Yin, 2014). These limitations are addressed below.

The Case: Policy Formulation Process of the draft Control of Marketing of Alcoholic Beverages Bill

The case is the policy formulation process of South Africa's draft Control of Marketing of Alcoholic Beverages Bill, focusing in depth on the political strategies used by the alcohol industry to influence the policy formulation process. The draft Bill is in the *policy formulation* phase of the policy cycle. Policy formulation "explores who is involved in formulating policy, how policies are arrived at, agreed upon, and how they are communicated" (Buse et al., 2012, p. 14). Although Berlan et al. (2014) do not offer an outward definition of policy formulation, they delineate it as layers of 'bits', which fall between agenda setting and policy implementation. This

case will only cover the time period from March 2011 – when the Anti Substance Abuse Programme of Action was first published and served as the first declaration of the government’s intention to develop legislation to ban alcohol advertising – to June 2016, the current time of writing. The rationale for a *single* case study is that this case may be representative of and adequately illustrate a scenario where the policy formulation process is being influenced by industry.

The Context: The Legislative Process and the Alcohol Industry

This section outlines the context of the draft Control of Marketing of Alcoholic Beverages Bill within South Africa. The context within which a policy is formulated, will affect its development (Buse et al., 2012). *Policy context* refers to the international, national, social, political and economic factors that affect policy development. The context of a policy interacts with, and has a bearing on the other aspects of policy development, such as policy content, policy process and policy actors; policy analysis cannot be done without taking into account its interacting components (Walt and Gilson, 1994). Leichter (1979) provides categories of contextual factors that may effect policy development, namely, transient *situational factors*, stable *structural factors*, *cultural factors* and *international or exogenous factors*. For example, the structural factors are the relatively stable elements within society, and in this case may refer to South Africa’s politico-economic system as a democratic and middle-income country. To situate the current stage of where the draft Bill is, a brief overview of the legislative process in South Africa is provided.

Legislative Process

This section provides a brief outline of the process, which a proposed policy goes through before it becomes legislation in South Africa. The legislative process could be viewed as a structural factor as it is associated with South Africa's democratic and parliamentary political system (Leichter, 1979). The process of making a law usually starts with a discussion document, called a Green Paper, which is drafted by the department or committee dealing with that particular issue. It is then published so that civil society may make comments and offer suggestions to modify the content of the Green Paper (Parliamentary Monitoring Group, n.d.). The second step is the creation of a White Paper. This is a more refined direction of the potential policy, which is developed by the relevant department or committee, after which comment is sought from civil society. The relevant parliamentary committees may propose amendments and send the White Paper back to the department for further discussion and deliberation (Parliamentary Monitoring Group, n.d.). Once approved by the respective department or committee, the policy is then formulated into a draft Bill, which is the draft version of a new policy (or amendment of an existing law). However, there are different types of Bills and each will undergo a different process to become a law depending on its category (Venter, 1998). In the next step, Cabinet approval is sought. After the Ministry and department officials draft the Bill as a legislative proposal, the draft Bill is submitted to cabinet to determine whether approval could be granted so that it may be introduced to Parliament. In our case, the draft Bill is currently stalled at this step (see section Alcohol Advertising Policy Development in South Africa). Fifthly, approval from State Law Advisors is sought. Once Cabinet approves the proposal, the draft Bill is considered by state law advisors to determine whether the draft Bill is consistent with existing laws and the Constitution (SabinetLaw, 2016).

After the draft Bill has been approved, it is tabled before Parliament, and becomes a 'Bill' and is no longer a 'draft Bill' (SabinetLaw, 2016). Step six, the policy is now submitted to Parliament for debate after which parliamentarians vote on the Bill. Lastly, if the Bill is voted in by Parliament, the President signs it to become a law. If the President considers the Bill to be unconstitutional, she can refer it back to Parliament for deliberation. If Parliament approves of the Bill, and the constitutional court views the Bill as constitutional, the President must sign it into law (Sabinetlaw, n.d.). The following section details the nature of the alcohol industry, which is considered part of the context of the case study.

The Alcohol Industry

International or exogenous contextual factors, such as the wealth and power of multinational corporations certainly affect the policy formulation process (Leichter, 1979). The international alcohol industry is powerful as it consists of some of the largest companies in the world (Jernigan, 2009). Globalisation has led the alcohol industry to grow; the alcohol industry has been consolidated into a few multinational corporations that own most of the alcohol market share (Jernigan, 2009, as cited in Hawkins, Holden, & McCambridge, 2012). Literature has shown that companies that are consolidated to a few are more likely to lobby and make contributions to campaigns (Schuler et al., 2002, as cited in Hillman et al., 2004). Current trends suggest that alcohol companies are targeting emerging and transitioning markets, thereby investing heavily in infrastructure and marketing (Jernigan and Babor, 2015).

Part A: Protocol

The alcohol beverage industry generally consists of beers, spirits and wine, with beer being the most dynamic product and making up the majority of the African market (Jernigan and Babor, 2015). Four alcohol beverage companies control the African market: Heineken, Diageo (Guinness), SABMiller and the Castel Group. In the year 2000 South African Breweries (SAB) bought US Miller Breweries and expanded to become SABMiller (Jernigan and Babor, 2015). In June 2016 the Competitions Tribunal Commission of South Africa approved a merger between Anheuser-Busch InBev (AB InBev) and SABMiller (SABMiller, 2016), combining the first and second largest brewers in the world (Jernigan and Babor, 2015), suggesting that 30% of the world's beer is expected to be produced from this merger (British Broadcasting Commission, 2015). Prior to this merger, SABMiller, Diageo and Heineken, had been the leading brewers in South Africa and Distell had been the largest spirits company in the country (Jernigan and Babor, 2015). There is collaboration between alcohol companies as seen in 2012 when Heineken and Diageo made a joint investment to build a \$473 million brewery in South Africa (Jernigan and Babor, 2015). SABMiller and Castel have also delegated management responsibilities to each other in Angola and Nigeria (Jernigan and Babor, 2015). Despite collaboration between alcohol companies there has been growing competition between them, which has led to accelerated investment in Africa (Jernigan and Babor, 2015). SABMiller is planning on investing \$2.5 billion in Africa and as part of this plan SABMiller has built a brewery in Nigeria for \$100 million that can produce 500 000 hectolitres of beer per year (Jernigan and Babor, 2015). Although beer makes up most of the alcohol consumption in Africa, SABMiller owns a 28% share in Distell (Jernigan and Babor, 2015). As a result of increased competition and investment the current alcohol industry has created new products and pricing strategies to increase their share of the

market. SABMiller has developed four products for the five-tier alcohol segmented market, namely the premium, mainstream, affordable traditional beer and homebrews market share (Jernigan and Babor, 2015). This strategy is designed so that SABMiller can produce cheaper beer to displace the homebrewed beer market and to produce more expensive 'premium' beer, thereby driving up the prices (Jernigan and Babor, 2015). SABMiller implemented this strategy in nine African countries and it was followed by a tax break in Mozambique and Uganda, since SABMiller was able to persuade the governments that their products stimulated local agriculture and discouraged consumers from buying 'harmful' home-brewed beer (Jernigan and Babor, 2015).

Conceptual Framework for Understanding the Draft Control of Marketing of Alcoholic Beverages Bill

The conceptual framework in case study research guides the data collection and data analysis; this study makes use of two theoretical lenses. Berlan et al. (2014) provide a series of steps as a lens for framing the policy formulation process, enabling one to understand policy formulation as a full process with multiple facets and reminding one of the importance of context, while the Roberts et al. (2004) framework, will specifically be able to help with categorisation and making sense of the political strategies that the alcohol industry uses in an attempt to influence the policy formulation process. Policy formulation is a stage within the policy process.

The Policy Process

The policy process can be understood through the Sabatier and Jenkins-Smith (1993) 'stage heuristics' model, or 'policy cycle'. These stages consist of a) problem identification and issue recognition, b) policy formulation, c) policy implementation and d) policy evaluation. *Problem identification* and *issue recognition* refers to how some health issues are put onto the agenda and made priorities whilst others are not (Buse et al., 2012). *Policy formulation* refers to how a policy is developed (Buse et al., 2012). *Policy implementation* is concerned with how a policy is applied in reality (Buse et al., 2012). *Policy evaluation* monitors how the policy plays out once it is executed and identifies whether the policy is 'successful' or not (Buse et al., 2012). The main criticism with the stage heuristics model is that in actuality the policy process is convoluted, iterative and cyclical. However, it is a useful tool to demystify this complexity (Buse et al., 2012).. The policy formulation stage is an important component of the policy process, as subsequent policy stages will depend on the content agreed upon during the policy formulation stage. As mentioned above, we define policy formulation in this research using the Berlan et al. (2014) 'bits' of policy formulation, which fall between agenda setting and policy implementation, namely: 1) generation of policy alternatives, 2) deliberation and/or consultation, 3) advocacy for specific alternatives, 4) lobbying for specific alternatives, 5) negotiation of policy alternatives, 6) drafting or enactment of policy and 7) guidance/influence on implementation.

Political Strategies

Roberts et al. (2004), provide four typologies of political strategies that health reformers/advocates/lobbyists employ to influence the policy process. Roberts et al. (2004) political strategies framework will be used as a tool for developing the codebook, and interview questionnaire (see Appendix F), and as a deductive framework for analysing the data within the broader context of the Berlan et al. (2014) framework. The research, however, will be open to themes that emerge beyond this framework. The Roberts et al. (2004) political strategies include, *position strategies, power strategies, player strategies and perception strategies*.

Firstly, *position strategies* are characterised as bargaining with other players involved in the policy process to change their position. In this instance ‘position’ refers to one’s support or opposition to the policy of interest. For example, this could include changing the content of a policy so that a player may move to oppose or support it, or become neutral to it. Another position strategy may be inter-issue trading, whereby one player will support an issue if their issue is supported in return (Roberts et al., 2004).

Secondly, *power strategies* seek to change the amount of tangible or intangible power a player wields. For example tangible power involves money (access to resources) or votes, whereas intangible power involves access to policymakers or institutional legitimacy (Roberts et al., 2004). In our case power is defined as the ability to influence, in other words, to make an actor behave in a way they would not normally behave otherwise (Buse et al., 2012). There are three key facets to power that is important in this research namely, a) power as *decision-making*, where an actor has

power if they can influence policy decisions (Dahl, 2005), b) power as *non-decision making* where an actor has power if they can constraint the extent of policy decisions (Bachrach and Baratz, 1962) and c) power as *thought control* where an actor has power if they can change the meaning and perceptions of the health issue in question (Lukes, 1974).

Thirdly, *player strategies* attempt to mobilise players who are not mobilised who may help one's cause and demobilise players who are a threat to one's cause. This has the potential to increase or decrease the weight of support for the policy reform. One could mobilise or demobilise players by using merit-based arguments. For example, arguing that a health reform would improve public health, or by arguing that it may negatively affect individual income or industry profits. Another player strategy could be recruiting players who have a high level of legitimacy or power (Roberts et al., 2004).

Lastly, *perception strategies* seek to change the way people think about and frame the problem and proposed solution to health reform. This is linked to the way people view the health problem and proposed solution as being consistent or contradicting national symbols, values or identity (Roberts et al., 2004). If the problem or solution were perceived as being unacceptable to the society in which it is taking place, it would most likely not garner support. For example, if one frames a problem as not being supported by evidence, or as being the *individual's* responsibility it may not seem necessary for the government to intervene.

Therefore, Roberts et al. (2004) provides a concise structure with which to view alcohol industry political strategies.

Data Collection

In the qualitative paradigm, data analysis is cyclical and iterative and can happen during the data collection phase. Accordingly, Miles and Huberman (1994) recommend early analysis of data since this allows the researcher to fill in the gaps in the data as one is collecting, thereby allowing the researcher to develop strategies for collecting better data. The student researcher will conduct all interviews and collect data. In this study a database will store and record data using NVivo 10. A database will allow for data to be stored and recorded in an ordered and presentable manner so that the evidence that supports the case study's conclusion can be inspected once the study is completed. The database will include the researcher's process notes and observations. NVivo 10 will be used to record and track the study's chain of reasoning; this will also increase the study's transparency and dependability. Unlike other study approaches, case study research does not have a clear cut off point for data collection (Yin, 2014). As recommended by Yin (2014), the data collection cut off point for this study will be reached when we attain confirmatory evidence to draw our conclusions based on multiple sources. However, I will draw my conclusions only once I have explored alternative, contrary or rival perspectives on the matter - this is discussed in the Rigour section.

Types of Data

Document Review and Archival Records

Documents will be collected if they pertain to: South Africa's policy formulation process, the draft Bill, or are associated in some form with the alcohol industry. Examples of documentation could include letters, memoranda, industry or governmental presentations, agendas, parliamentary meetings, government and/or industry reports, administrative documents, online and offline newspapers and previous research conducted about the alcohol industry. Archival records including public government files and internal and external organisational records from the alcohol industry, as well as online newspaper articles were hand searched. The inclusion criteria for documents and archival records are sources that:

- Deal with alcohol policy formulation or policy formulation in general, or
- Pertain to the draft Bill, or
- Pertain to the alcohol industry, or
- Involve communication between the government and the alcohol industry, or
- Record experiences in alcohol-related research/health promotion, or
- Record government actions that involve the draft Bill formulation process, or
- Pertain to the RIA on the draft Bill, or
- Provide information that helps one understand the contextual and historical factors that may be affecting the current policy formulation process.

Sources of information for these documents and archival records include Medline, Pubmed Central, Google, Google Scholar, EBSCOHost, Science Direct, Wiley Library Online, online newspapers (S.A. Media), S.A. Cat and LegalBrief. The

Part A: Protocol

databases for governmental or Parliamentary sources include South Africa National Bibliography, Africa Portal, Parliamentary Bill, Library PressDisplay and Parliamentary Monitoring Group. The search terms will include; “alcohol industry influence”, “alcohol industry political strategy”, “alcohol policy”, “alcohol ban (South Africa)”, “alcohol advertising ban (South Africa)”, “alcohol policy formulation”, “alcohol policy process” and “Control of Marketing of Alcoholic Beverages Bill”, “Regulatory Impact Assessment” and “Regulatory Impact Assessment South African government”. Inclusion criteria consist of both national and international literature and if it pertains to alcohol advertising or alcohol advertising restrictions. Online news and media articles will also be included. Sources will be excluded if they pertain to regulating the alcohol industry, but do not include regulation of alcohol advertising. For example, I will exclude regulation that affects alcohol taxing and pricing. Once the electronic search was completed, literature collection was snowballed by tracking citations and references.

Interviews and Recruitment

Stakeholders were identified through the initial literature review and informal discussions with researchers who have previously published work in alcohol and public health related research. Semi-structured interviews will be conducted with representatives of each stakeholder. Although semi-structured interviews are short in nature and are guided by a prepared set of questions, as the interview progresses and new information comes to light, follow-up questions that deviate from the prepared questions will be asked (Yin, 2014). Thus, if new emergent themes come to the fore, further questions will be asked to uncover this information.

Part A: Protocol

To recruit participants, the supervisor will send an email letter of invitation to potential interviewees (Appendix A), after which the student researcher will send a letter of invitation to potential interviewees (Appendix B). If there is no response, a follow-up email will be sent (Appendix C). If the potential interviewee agrees to an interview, the information sheet (Appendix I) and Consent Forms (Appendix G and Appendix H) will be sent to the participant and the process of setting up a meeting will begin. Before the interview, informed consent will be sought (see section Informed Consent Process). After the interview, an email letter of thanks will be sent to the interviewee (Appendix D). If a second interview is needed, a second formal email letter will be sent inviting the interviewee to participate again (see Appendix E).

Interviews are to be conducted at a time and place that suits the interviewee. Interviews will be conducted face-to-face if the interviewee resides in Cape Town. However, if the interviewee resides outside of Cape Town, a Skype interview will be conducted. Face-to-face interviews and Skype interviews will be audio-recorded using an audio recording device. The duration of an interview aims to be approximately one hour in length. The researcher does not wish to take longer than an hour of the interviewee's time as an hour is already a substantial forfeit of time and the researcher does not want to inconvenience any potential interviewees. If a potential interviewee does not want their interview to be audio recorded, this will be respected and instead the interviewer will request to take notes during the interview. However, audio recording is necessary to transcribe interviews for accurate analysis. If needs be, an interviewee could be asked for a second interview to clarify information they have given, or to respond to issues posed by other stakeholders. Each transcript will be sent to the interviewee for respondent validation to ascertain

whether I have interpreted the key points correctly. This is to ensure that I do not misinterpret the interviewee's key points, and to gain clarity on their perspectives.

Characteristics of Study Population

The study population is purposively selected to help answer the above research question and sub questions: How does the alcohol industry influence the policy formulation process of the draft Control of Marketing of Alcoholic Beverages Bill? Who supports and opposes the draft Control of Marketing of Alcoholic Beverage Bill? Why do they support or oppose? What are the political strategies the alcohol industry employs to influence the formulation of the draft Control of Marketing of Alcoholic Beverages Bill? How and why are those strategies and tactics being used?

The primary inclusion criteria will be that the stakeholder should have been involved in the policy formulation process, as delineated by Berlan et al. (2014), between the periods March 2011 to June 2016. Selection criteria of participants were that they had an interaction with the alcohol industry, had an understanding of alcohol industry involvement in the policy formulation process of the draft Bill, and/or had experience and/or insight into the policy formulation process of the draft Bill in general. I will try and achieve balanced accounts of events by purposively sampling institutions that are likely to be against the draft Bill (the alcohol industry and some potential allies) and some institutions that are likely to be in favour of the draft Bill (see Table 2). Through the literature review I have identified the second RIA as a key factor influencing the policy formulation process and will identify two stakeholders particular to this part of the formulation process. Because of the often-political nature of RIAs, I may need to

be opportunistic and interview those who are willing to be interviewed. The number of interviewees within these institutions will depend on how the research unfolds; hence snowball techniques will be employed if needs be. We will not include any children or vulnerable populations.

Table 2. Stakeholders that are likely to be in favour of, against or neutral to the draft Control of Marketing of Alcoholic Beverages Bill.

In Favour	Against	Neutral
<ul style="list-style-type: none"> • SoulCity • Central Drug Authority (CDA) • South African National Council on Alcoholism & Drug Dependence (SANCA) • National Department of Health (NDoH) • National Department of Social Development (NDS) • Alcohol health promotion researchers 	<ul style="list-style-type: none"> • Alcoholic Beverage Producing Companies (For example, Brandhouse, South African Breweries, Distell and KWV) • Advertising Standards Authority of South Africa (ASA) • Industry Association for Responsible Alcohol Use (ARA) • South African Broadcasting Commission (SABC) • South African Liquor Traders Association (SALTA) • National Department of Sports and Recreation (SRSA) • Sporting associations 	<ul style="list-style-type: none"> • Department of Trade and Industry • DNA Economics • Econometrix

Data Safety and Monitoring Plan

Confidentiality will be maintained at all times. Interview transcripts and any information shared by interviewees will be anonymized and kept in a password-

protected folder on the student researcher's laptop. No names will be mentioned in the final report; code names for each participant will be labelled on the transcribed interview and during the data collection process. All recorded interviews and transcriptions will be backed-up in a password protected folder on an external hard drive. None of the collected data will be transferred to another computer.

Data Analysis

Qualitative data analysis is a process of transforming disordered raw data into increasing levels of abstraction, thereby creating meaningful conceptual coherence using a relevant theoretical lens (Miles and Huberman, 1994). Analysis of interviews, documents and the researcher's notes will be coded to match the themes based on the conceptual frameworks discussed. The student researcher will, however, also be open to emergent themes. Nvivo 10 will be used to store and code the data, and to track the coding process. The following steps summarises the analysis procedures as derived from Miles and Huberman (1994).

Step 1: Developing the Codebook

An inductive codebook will be developed and operationalised using the conceptual frameworks described above, making sure definitions of codes are comprehensible (MacQueen et al., 1998) (see Appendix J).

Step 2: Transcription

Data will be collected in forms of interviews, documents and field notes, after which interviews will be transcribed (Miles and Huberman, 1994).

Step 3: Coding

In this step the coding process will begin. Using definitions in the codebook (Appendix J), sections such as words, phrases or sentences of the transcriptions and documents will be tagged with these codes (Miles and Huberman, 1994). This step attempts to make initial sense of the interrelationship between concepts from the text. The codebook will be revised in light of new information, thus being both indicative and deductive (MacQueen et al., 1998).

Step 4: Data Extraction

In this step I will extract coded portions of the interview into a visual display matrix for each participant. A visual display matrix is a summary of the interrelationships between concepts and themes and how they link to the conceptual framework. The matrix is an effective method of communicating large amounts of data that is otherwise cumbersome to understand (Miles and Huberman, 1994). The matrix helps you to ‘see’ the data in a more systematic and visual way that is more helpful than simply reading through a transcript. The deductive codes derived from my conceptual framework will form the headings of each matrix. Additional matrices are as follows: Matrix 1: Stakeholder Analysis; Matrix 2: Berlan et al. (2014) Seven Steps Framework and Context Mapping; Matrix 3: Political Strategies.

Step 5: Meeting with Supervisors

At this step I will meet with my supervisors to review the codebook and the validity of my patterned codes. This meeting will ensure that I have additional input to confirm or disconfirm the reasonableness of my analysis so far (Gilson et al., 2011).

Step 6: Journaling and Memoing

Memoing is the process of writing down any reflective ideas or observations about the conceptual links and interrelationship between emergent themes whilst coding (Miles and Huberman, 1994). It is a way of capturing fleeting ideas that are easily irretrievable if one does not record them.

Step 7: Participant and Document Summary

Using the data extraction sheet, a summary of each interview that highlights the main aspects of each interview will be developed. A document summary will also be created to highlight the key aspects of the most important documents.

Step 8: Patterning Codes

Patterning codes entails grouping codes into themes or constructs that emerge from the coding process, or grouping codes that may explain the relations between codes (Miles and Huberman, 1994). This step will be achieved by using the Participant and Document Summary above where I will draw patterns that cut across interviews and documents.

Step 9: Interim Findings Summary

In this step I will create an interim findings summary, which is a provisional review that includes tentative findings of the case so far in the research process (Miles and Huberman, 1994). It allows the researcher to assess the quality of the data, determine what data is missing, plan a strategy for the following cycle of data collection and reformulate codes if needs be (Miles and Huberman, 1994). This will be complimented with a meeting with my supervisors to discuss the findings.

Step 10: Integrate Themes with Conceptual Frameworks

In this step I will integrate the themes discovered with the conceptual frameworks (Miles and Huberman, 1994). The researcher, however, will be open to themes that emerge beyond this framework.

Step 11: Making Meaning and Drawing Conclusions

With the use of the above matrices I will make meaning and draw conclusions based on the data analysis process. Miles and Huberman (1994) suggest more than a dozen tactics for making meaning out of raw data. I have identified several tactics that are relevant to this study. *Noting patterns and themes* that leave a mental impact for its relevance to the case is a tactic (mentioned under the steps coding and pattern coding above). After noting these patterns, I will *cluster* them together, which involves collecting cognitive frames from raw data that may seem neutral at first, but which actually contains recurrent ideas. Another important way that I will make meaning, as mentioned by Miles and Huberman (1994) and Yin (2014), is by building a *logical chain of evidence*. This involves recording all the steps in the data analysis process. After this, I will verify the elements of these explanations by looking for evidence within the data that may run contrary to these explanations (Miles and Huberman, 1994). Finally, I will ensure that there is *conceptual coherence* with established theoretical lenses (Berlan et al., 2014 & Roberts et al., 2004). This will enable me to connect my conclusions with what already exists as a theoretical body of work (Miles and Huberman, 1994).

Rigour

This section discusses procedures for ensuring rigour in case study research. Yin (2014) recommends including three vital principals, which contribute to the rigour of good quality qualitative research; a) the use of multiple sources of evidence, b) storing and maintaining a database and c) maintaining a chain of reasoning from research question to conclusions. This case study, as a flexible design, will take the necessary steps to ensure that the criteria for good quality qualitative research are reached (discussed above). Gilson et al. (2011), provides ten principles for ensuring rigour in a case study approach in the field of Health Policy and Planning, the most relevant of which will be applied to this study.

Firstly, *prolonged engagement* with this case will ensure that a deeper understanding of the issues involved in the case will be achieved, as opposed to short and superficial engagement that limits one's exposure to its nuances (Gilson et al., 2011). Prolonged engagement will be ensured by following up on further questions that may come to light in the data analysis process. This will ensure the credibility of my findings.

Secondly, use of theory will allow me to integrate theory from literature, thereby facilitating a conceptual guide for data collection and data analysis (Gilson et al., 2011). In the current case study, the frameworks of Berlan et al. (2014) and Robert et al. (2004) are being applied to facilitate this process. This will ensure dependability, credibility, and transferability.

Thirdly, *case selection*, is the purposive use of a case that will allow me to ‘test’ the Berlan et al. (2014) and Roberts et al. (2004) frameworks. This will ensure confirmability and dependability of my findings, since I will be able to link these conceptual lenses with the case (Gilson et al., 2011).

Fourthly, when conducting interviews, information should be gathered from as wide a range of perspectives and respondents as possible, so that thinking may not be limited to only one perspective on this issue (Gilson et al., 2011). This will allow for confirmability, credibility and transferability.

Fifthly, *triangulation* involves comparing different sources of evidence to ascertain whether the information converges in agreement or not (Gilson et al., 2011). As mentioned above, I will achieve triangulation by consulting different sources of data, such as different media articles, government documents, past research and interviewees who represent different stakeholder positions. Triangulation of different perspectives and sources of evidence, on the same issue, will ensure confirmability and credibility of my findings (Gilson et al., 2011).

Point six, *negative case analysis* is the process of testing one’s findings in relation to one’s theory and seeking rival explanations for these findings (Gilson et al., 2011). This would involve reformulating one’s findings so that they withstand the rigour of other explanations. I will achieve this by looking for perspectives from different stakeholders who represent contrasting positions on the draft Bill. For example, I could find that there are some within the alcohol industry who in fact support the draft

Part A: Protocol

Bill and who would not engage in political strategies to influence the formulation of the draft Bill.

Point seven, *peer debriefing and support* is the reviewing of the findings by other researchers. In this thesis, the student researcher is the only researcher (Gilson et al., 2011). However, the student researcher will consult the thesis' supervisors to achieve this goal. Having had additional input, this will ensure confirmability of the findings, as others would be able to verify (or disagree with) the study's conclusions and line of reasoning.

Eighthly, *respondent validation*, or *member checking* is a method of providing a transcript or summary of findings to interviewees so that interviewees may review whether the findings accurately reflect their views (Gilson et al., 2011). This will allow for dependability of the findings. In this research the transcripts will be sent to the interviewees for member checking to ascertain that the interviewees were sure in their assertions. Before the final report any sensitive information will be checked, given to the relevant interviewee to determine that I have interpreted their key points correctly, and that I can use the information without compromising the interviewee's identity.

Lastly, *audit trail* is the process of keeping full and detailed records of the data collection and data analysis methods (Gilson et al., 2011). This principle will ensure dependability and credibility of the finding, as the researcher and those who wish to review the research process will be able to do so. To achieve this, Nvivo 10 will be used to store and analyse all digital data, including transcribed interviews. As for hard

copies of documents, they will be carefully stored. A detailed record of the methods step-wise will be kept, as well as any reflexive process notes.

Description of Risks and Benefits

Potential Risks and Discomforts

The potential risk for most interviewees would be minimal. The interviews would inconvenience participants, as they are forfeiting their time to partake in the interview, such as time away from leisure, work or family. All interviews will be conducted at the venue of the interviewee's choice. Some interviews would require no travelling if conducted via Skype or telephone. I do not foresee any other further physical, physiological, social or economic risks or discomforts. However, as with all contested political processes the stakes can be high and some interviewees may not want to answer certain questions. They will, of course, not be obliged to answer any question and they will be informed of this before the interview begins (see Appendix I). If any sensitive information is provided to the researcher that may jeopardise the interviewee's position or career, the researcher will respect the interviewee's confidentiality.

Risk Classification and Minimising Risk

There will be minimal risk involved in this study. However, this research may have the potential to uncover sensitive information, which, if not handled sensitively, may potentially jeopardise the interviewee's position or career. Therefore, steps will be taken to respect the confidentiality of this information, as the information an

interviewee could provide may identify them as the individual who provided that piece of information - even if a quote is anonymised. To minimise risk of exposure, I will send each interviewee a transcript of the interview for them to review to ensure that there is no information that they have provided to me that they feel will identify them, thereby violating confidentiality. I will not comment on or publish any information that an interviewee asks me not to, nor will I publish any information that will violate confidentiality, as the participant expects the researcher to respect their confidentiality. Where a quote may be such that it is impossible to hide the identity of the source, even with anonymisation, I will explore with the respondent a way to formulate the statement in the report in a way they feel comfortable that will not compromise their anonymity. Lastly, if the interviewee experiences any discomfort during the interview they will be free to stop the interview at any time.

Potential Benefits

This research is a critical inquiry into the nature of how conflict of interest between public health and industry play out in South Africa, particularly during the policy formulation stage. The benefit of this research is two-fold; firstly, as mentioned above, this research would address research-scarce health policy analysis in the context of a middle-income country, thereby filling a much-needed gap in the literature (Gilson and Raphaely, 2008). Secondly, we would be able to make recommendations and prepare policymakers for creating future public health policies more transparently and with public health interests at heart. This means that we could anticipate and overcome strategic and political barriers for future public health concerns.

Alternative to Participation

If interviewees do not wish to participate in the study, this will be respected. Other willing interviewees will be sought.

Harm: Benefit Ratio

Because there are minimal risks, the potential benefit ratio is such that it favours interviewee participation. Interviews are voluntary; the interviewees may choose not to participate and there is no obligation for them to do so. Indeed, it may be advantageous for some interviewees to participate as the study seeks to provide a clearer understanding of how policy formulation takes place, and thus may improve policymaker knowledge in this area.

Informed Consent Process

Process

In the instance of the face-to-face interviews, if the interviewee agrees to partake, a time and date will be set up at a venue where the participant feels comfortable. At the meeting, the interviewer will discuss informed consent and the aim of the study; I will explain that the project seeks to understand how the alcohol industry influences the policy formulation process of draft Control of Marketing of Alcoholic Beverages Bill, and what political strategies the alcohol industry uses to influence this process. It will also be explained that the interviewee's identity will not be disclosed and that he/she may withdraw from the study at any moment without giving a reason, and this will

not negatively affect him/her in any way. At all times the researcher will keep the source of the information confidential and refer to the participant and his/her words by a number or invented name. Before the study commences the interviewee will have the opportunity to read the information sheet (Appendix I), after which the informed consent form will be given to the interviewee to be signed and returned (Appendix G). Consent to audio record the interview will also be sought (Appendix H). In the case of a Skype or telephone call, the Informed Consent form will be sent to the potential interviewee to be signed prior to the call. Once the Informed Consent form has been signed and returned to the researcher, the interview will commence. There are no vulnerable populations. All participants will be over 18 years of age.

Capacity for Consent

All those who will be asked to be interviewed will have the capacity to give consent.

Comprehension of Information

The process of establishing comprehension of information is as follows. Firstly, before each interview commences the researcher will verbally reiterate the need of informed consent from the interviewee. Secondly, the researcher will explain what the study entails and why the study is being conducted. Thirdly, the researcher will use his discretion and attain verbal confirmation from the interviewee that they understand their involvement in the study is voluntary and they may choose to withdraw from the study at any given moment. There will be no language barriers, as it will be a prerequisite to understand and speak English in order to be interviewed.

Withholding Information

This research does not require any withholding of information.

Consent Forms

All participants will be presented with an informed consent form prior to the interview asking them for their consent to participate (Appendix G). A separate consent form will also be provided to attain consent to audio record the interview (Appendix H).

Privacy and Confidentiality

As mentioned above, all interviewees will remain anonymous. None of the participant's personal details will be stored with the transcriptions. In the data analysis phase each interviewee will be referred to as a code name or pseudonym. It would not be necessary to store any personal details of interviewees. No data would be able to be traced back to the interviewees. The audio recordings and transcriptions will be kept in a password-protected folder on the researcher's computer in digital form only. The computer itself has a password protection at log in and for screen lock. Only the researcher conducting the interviews will have access to the data.

Reimbursement for Participation

No reimbursement to interviewees will be provided.

Emergency Care and Insurance for Research-Related Injuries

There is no danger of injury to the researcher for this study.

Knowledge Translation

Knowledge translation will be done through emailing the results to alcohol policy advocates and those who have interest in the research. The outcome of the research will be disseminated in the form of an article submitted to a peer-reviewed journal and presentations of conferences, such as PHASA. The article will also be given to those stakeholders who are involved in government, as this research is aimed for governmental decision-makers. The researcher will attempt to arrange a presentation of the findings with relevant government officials.

Timeline

Activities	Feb 2015	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Literature Review											
Proposal final edits											
Submissions for expedited review by HREC											
Data Collection											
Data analysis/interpretation											
Manuscript Submission of thesis											

Part A: Protocol

Activities	Jan 2016	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Nov	Dec
Literature Review											
Proposal final edits											
Submissions for expedited review by HREC											
Data Collection											
Data analysis/inte rpretation											
Manuscript Submission of thesis											

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Part A: Protocol

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Part B: Literature Review

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Introduction

Some industries produce products that can be harmful, which the public either consumes or are exposed to on a large scale. Some of these products include, tobacco (Brownell and Warner, 2009), asbestos (Castleman, 2001), pollution (Künzli et al., 2000) and foods such as trans fat (Freudenberg and Galea, 2008), salt (Brown et al., 2009) and sugar (Lustig et al., 2012) and various others (Jahiel and Babor, 2007). Of these alcohol is considered to have a significant negative impact on public health (Rehm et al., 2009; Ramsoomar and Morojele, 2012). Since 1994, South Africa's first democratically elected government has made some progress in developing policies to reduce the harmful effects of alcohol consumption (Parry, 2010). For example, in 2007 legislation was passed that enforced alcoholic beverages to contain health warnings on their labels (Foodstuffs, Cosmetics and Disinfectants Act No, 54 of 1972, 2007). There have been calls for a new research agenda to investigate the extent of the alcohol industry's influence on policy development (Hawkins et al., 2012). In South Africa and the U.K. there have been calls to ban alcohol advertising (Parry et al., 2012; Godlee, 2009), and calls for a global policy framework, similar to that of the World health Organisation (WHO) Framework Convention on Tobacco Control (FCTC), to reduce alcohol-related harms (Casswell and Thamarangsi, 2009). Banning alcohol advertising in South Africa is seen as an important step towards strengthening alcohol regulation in other African countries (Jernigan, 2013). This literature review serves as a foundation for exploring existing research on (1) banning alcohol advertising both nationally and internationally, (2) the alcohol industry and its relationship to public health, and (3) the processes of policy formulation in health-related matters. The literature review below contributes to understanding the existing knowledge base on the policy formulation process of the draft Control of Marketing

of Alcoholic Beverages Bill and presents the gaps in the literature. The following literature review orders the literature thematically, thereafter concluding with the rationale for the current study.

Review Method

Primary sources for this literature review include Medline, Pubmed Central, Google, Google Scholar, EBSCOHost, Science Direct, Wiley Library Online, online newspapers (S.A. Media), S.A. Cat and LegalBrief. The databases for governmental or Parliamentary sources include South Africa National Bibliography, Africa Portal, Parliamentary Bill, Library PressDisplay and Parliamentary Monitoring Group.

The search terms used include; “alcohol industry influence”, “alcohol industry political strategy”, “alcohol policy”, “alcohol ban (South Africa)”, “alcohol advertising ban (South Africa)”, “alcohol policy formulation”, “alcohol policy process” and “Control of Marketing of Alcoholic Beverages Bill”. At later stages of the review process terms such as “Regulatory Impact Assessment” and “Regulatory Impact Assessment South African government” was used to search for literature on this topic. Grey literature was searched for by consulting various researchers, academics and unpublished research from South African universities’ catalogues.

Inclusion criteria consisted of national and international literature and if the resource pertained to alcohol advertising or alcohol advertising restrictions. Sources were excluded if they pertained to regulating the alcohol industry only, but did not include regulations of alcohol advertising. For example, sources were excluded that were on

regulations that affected alcohol taxing and pricing. When reviewing a relevant journal article, references were investigated therein so that sources were collected in an iterative manner.

Harmful Effects of Alcohol Consumption

Evidence has shown that a significant portion of the global burden of disease is attributable to high rates of alcohol consumption and abuse (Rehm et al., 2009). Alcohol-related harm is attributable to 3.8% of all global death and 4.6% of disability-adjusted life years (DALYs) (Rehm et al., 2009). Amongst those who consume alcohol, South Africa is considered to have one of the highest alcohol consumption rates per capita in the world, which was - in 2010 - an average of 27.1 litres (of pure alcohol) per drinker per year (ages 15 years and older) (WHO, 2014). In South Africa, 7.1% of all deaths and 7% of total DALYs in the year 2000 have been ascribed to alcohol-related harm (Schneider et al., 2007). Although a direct cost-benefit comparison is not possible due to incomparability of variables between what constitutes the costs and benefits (Truen et al., 2011), the total economic contribution of manufacturing and retail of the alcohol industry is estimated to be R93.2 billion, which amounts to 3.9% of South Africa's 2009 Gross Domestic Product (GDP) (Truen et al., 2011). The tangible financial costs of alcohol-related harm in South Africa were approximately R37.9 billion, which was equivalent to 1.6% of South Africa's 2009 GDP (Truen et al., 2011), and the intangible costs of alcohol-related harm are estimated to be between R208 billion to R242 billion (Truen et al., 2011). When tangible and intangible costs of alcohol-related harm are added together, this is equivalent to 10-12% of South Africa's 2009 GDP (Truen et al., 2011). Examples of tangible costs include healthcare costs and damage to motor vehicles in road traffic

accidents, whereas examples of intangible costs include premature mortality and morbidity and absenteeism. These costs can be attributed to a combination of violence (Norman et al., 2010), injury (Watt et al., 2004), risky sexual behaviours (Rehm et al., 2012), several forms of cancer (Connor, 2016), and neuropsychiatric and physical diseases (Rehm et al., 2010).

Alcohol Advertising

Increased competition between alcohol companies has spurred aggressive marketing campaigns between Diageo, Heineken and South African Breweries Miller (SABMiller) (Jernigan and Babor, 2015). In 2014, these companies were amongst those included in the top 100 Global Marketers, according to *Advertising Age* (Jernigan and Babor, 2015). In 2010 SABMiller spent \$74.5 million and Brandhouse (combination of Diageo, Heineken and Namibian Breweries) spent \$59.3 million on alcohol advertising in South Africa (Jernigan and Babor, 2015). The WHO released two documents *The Global Strategy to Reduce the Harmful Use of Alcohol* (2010) and *The Global Status Report on Noncommunicable Diseases* (2010), detailing the negative effects of alcohol consumption for societies. Both documents recommend that decreasing alcohol consumption through banning of alcohol advertising would have significant public health benefits (Parry et al., 2012), although an integrated strategy is necessary to mitigate alcohol abuse, including taxation, increasing prices, limiting places of sales and increasing education on the dangers of alcohol use (Babor, 2009). A total ban on alcohol advertising includes a ban on any marketing or branding of alcohol products through any form of online or offline media, be it television, print, radio, podcasts, YouTube videos, cell phones, sponsorships, branded

merchandise or at point of sales (Babor, 2010). A partial ban, however, would involve banning one or more of these methods of marketing, for example, only banning alcohol sponsorships. Apart from some Islamic countries in which there is a prohibition on alcohol (Al-Ansari et al., 2015), alcohol advertising has been banned or partially banned in only a few non-Islamic countries, such as, Russia (British Broadcasting Commission, 2012), France (Rigaud and Craplet, 2004), Austria (Institute of Alcohol Studies, 2013), Belgium (Institute of Alcohol Studies, 2013), Finland (Institute of Alcohol Studies, 2013), Ukraine (Padalka, 2015) and Sri Lanka (Asian Tribune, 2006).

The main international arguments to ban alcohol advertising are based on evidence that suggests advertising recruits new drinkers into the market and targets the youth and young adults to start drinking earlier (Casswell, 2004; Snyder et al., 2006; Anderson et al., 2009b; Chen et al., 2005; Smith and Foxcroft, 2009) and encourages underage drinking (Austin et al., 2006; Ellickson et al., 2005; Austin and Knaus, 2000). In South Africa, alcohol advertisements have been shown during times when children are watching television, thereby exposing them to alcohol marketing and branding messages (Mchiza et al., 2013). Evidence suggests that alcohol advertising is designed to be particularly attractive to young people (de Bruijn et al., 2012) and alcohol abuse is associated with earlier exposure to drinking (Grant and Dawson, 1997). This is due to well-crafted branding strategies that associate alcohol with positive messages (Anderson et al., 2009b; Hastings et al., 2010; Booth et al., 2008; Austin and Knaus, 2000; Belt et al., 2014). The alcohol industry argues that alcohol advertising encourages drinkers who are the legal age to choose their brand, reminds drinkers to drink responsibly (Bond et al., 2010) and does not promote consumption,

but only brand choice (Savell et al., 2016). A growing body of literature supports the argument that restricting alcohol advertising could decrease the rates of alcohol consumption (Anderson et al., 2009b; Smith and Foxcroft, 2009; de Bruijn et al., 2012) and alcohol related harms (Babor, 2010; Hollingworth et al., 2006). Although an alcohol advertising ban is suggested to be one of the most cost-effective upstream methods of reducing alcohol related harm (Anderson et al., 2009a), in their Cochrane Review, Siegfried et al. (2014) noted that there is still a lack of adequate evidence to support the claim that introducing a total ban on alcohol advertising will reduce alcohol consumption. The reason for this is an absence of good quality evidence to establish the relationship between banning alcohol advertising and reduced consumption. Siegfried et al. (2014) conclude that banning alcohol advertising can neither be supported nor opposed based on their systematic review. Despite limited evidence for a ban on alcohol advertising there is documented evidence that a total ban on tobacco advertising together with price increases was successful in decreasing the incidence of smoking in young people in South Africa (Reddy et al., 2013).

Policies of the Alcohol Industry

The alcohol industry argues that alcohol abuse affects only a minority of individuals who consume alcohol, while the majority of individuals who drink; drink responsibly (Room, 2011). They maintain that the ban on alcohol advertising would be anti-competitive, do little to reduce consumption, harm the arts and sports sector, and would harm the economy (Parry et al., 2014). According to the Industry Association of Responsible Alcohol Control (ARA), substance abuse stems from ‘social deprivation’ (Gernetsky, 2013, as cited in Jernigan and Babor, 2015). Consistent with

this assertion, the alcohol industry maintains that creating blanket legislation to regulate alcohol advertising would be a blunt instrument that affects moderate drinkers (Anderson and Baumberg, 2005). The alcohol industry's solution to address alcohol abuse favours education and the need for individuals to take responsibility for their own alcohol consumption (Parry et al., 2012; The South African Breweries Limited, 2011). However, literature suggests that individual alcohol interventions such as counter-advertisings and school education have limited effectiveness (Hennessy and Tanner-Smith, 2015; Strom et al., 2014; Agostinelli and Grube, 2002; Babor and Caetano, 2005). It is important to note that many of the counter arguments against alcohol regulation were used by the tobacco industry for years. For example, Phillip Morris and Miller Brewing Company both claim that independent scientific evidence shows that advertising affects brand loyalty, but does not increase alcohol, or tobacco consumption (Bond et al., 2010). They also claim that advertising encourages those who already drink or smoke to switch to another brand (see Bond et al., 2010). In 2013 Econometrix, a South African economic consultancy, released a report on the *Economic Impact of Advertising Ban on Alcoholic Beverages* (Fieldgate et al., 2013). They concluded that the total advertising expenditure loss from advertising companies would cost R4.386 billion, South Africa's GDP would lose R7.4 billion in 2011 prices (or - 0.28% of GDP), and almost 12 000 jobs would be lost (Fieldgate et al., 2013). However, it has been argued that the report has methodological weaknesses and inaccurate claims (Parry & London, 2013). According to Parry and London (2013) the Econometrix report greatly underestimates the percentage of individuals who abuse alcohol and the R7.4 billion GDP loss due to banning alcohol advertising is likely to be spent elsewhere. Moreover, although this

report claims to be independent, it was funded by the alcohol industry (Parry & London, 2013).

Alcohol Advertising Policy Development in South Africa

This section provides a brief overview of the development of the draft Control of Marketing of Alcoholic Beverages Bill and provides information on where the draft Bill is currently located in the policy development process, as summarised in Table 1.

- In 2010, Cabinet established the Inter-Ministerial Committee on Substance Abuse (IMC) consisting of the Ministers of Social Development, Correctional Services, Health, Basic Education, Higher Education, Science and Technology, Economic Development, Transport, Trade and Industry and the South African Police Service (National Department of Social Development [NDS], 2013a).
- In March 2011, the IMC on Substance Abuse developed the *Anti-Substance Abuse Programme of Action (2011-2016)* (NDS, 2011) at the 2nd Biennial Anti-Substance Summit International Convention Centre in KwaZulu Natal. One of the main goals established by the Anti-Substance Abuse Programme of Action was to draft legislation to restrict alcohol advertising.
- The National Department of Health (NDoH) drafted the Control of Marketing of Alcoholic Beverages Bill, which was then presented at the IMC meeting in March 2013 (NDS, 2013a). The objectives of the bill are, “the restriction of the promotion of alcoholic beverages; the prohibition of sponsorship associated with alcohol; the prohibition of free distribution and reward, with the aim of

contributing to the reduction of alcohol-related harm and the protection of public health and community well-being” (NDS, 2013a).

- Circa June 2013, the Forum of South African Directors General (FOSAD), consisting of the most senior Government officials in each department, which the Director General in The Presidency chairs, initially requested the first Regulatory Impact Assessment (RIA) on the draft Bill (Interview 10, draft Bill proponent).
- In August 2013 the IMC made the decision to table the draft Bill before Cabinet for consideration (NDS, 2013b).
- In September 2013, the first RIA was completed and together with the draft Bill was tabled at a Cabinet meeting. At this Cabinet meeting a second independent RIA was requested (Interview 10, draft Bill proponent). Therefore, the process of RIAs has delayed the progress of the draft Bill.
- According to a statement by the Department of Government Communication and Information System (Department of Communication and Information System [GCIS], 2013), the draft Bill was approved for publication in the Government Gazette for public comment in September 2013. However, after this literature review, it is apparent that the draft Bill has never been gazetted nor been released for public comment.
- In August 2014, the second RIA was awarded to DNA Economics and was completed in January 2015 (Interview 10, draft Bill proponent).
- Despite the seeming stagnation of the tabling of the draft Bill (Parry et al., 2014), the Liquor Policy Review (2015), published in the Government Gazette for public consideration in May, mentioned the Control of Marketing of Alcoholic Beverages Bill as a ‘Bill’ and not as a ‘draft Bill’ (Liquor Policy Review, 2015). In the same document, the Liquor Policy Review (2015) alludes to recommending

flexibility in the parameters of alcohol advertising, which is in contrast to the original intention to implement an outright alcohol-advertising ban.

Since the Liquor Policy Review (2015) claims that the Control of Marketing of Alcoholic Beverages Bill is a ‘Bill’ and not a ‘draft Bill’, this means that it is unclear where exactly the Control of Marketing of Alcoholic Beverages Bill is in the legislative process. Currently, little is known about the outcome of the first and second RIAs, as neither of the RIA’s are in the public domain. The fact that the Control of Marketing of Alcoholic Beverages Bill has not been gazetted, despite the DTI calling the policy a ‘Bill’, as opposed to a ‘draft Bill’, and despite a statement being made by the Government that it would be gazetted, in September 2013, raises concerns about the forward momentum of the draft Bill’s development.

Table 1. Timeline Summary: Development of the draft Control of Marketing of Alcoholic Beverages Bill.

Year	Description
2010	Establishment of the IMC
March 2011	IMC created the Anti-Substance Abuse Programme of Action (2011-2016) at the 2nd Biennial Anti Substance Summit.
March 2013	NDoH drafted The Control of Marketing of Alcoholic Beverages Bill, which was then presented to at the IMC meeting.
Circa June 2013	FOSAD initially requested the first RIA on the draft Bill.
August 2013	The IMC made the decision to table the draft Bill before Cabinet for consideration.
September 2013	The first RIA was completed and together with the draft Bill was tabled at a Cabinet meeting. At this Cabinet meeting a second independent RIA was requested.
Circa September 2013	The draft Bill was approved for publication in the Government Gazette for public comment. However, it was never gazetted nor

	released for public comment.
August 2014	The second RIA was awarded to DNA Economics.
January 2015	The second RIA was completed.
May 2015	The Liquor Policy Review mentions the Control of Marketing of Alcoholic Beverages Bill as a “Bill” and not as a “draft Bill”.

The Legislative Process

This section provides an outline, which a proposed policy goes through before it becomes legislation in South Africa. The legislative process could be viewed as a structural factor as it is associated with South Africa’s democratic and parliamentary political system (Leichter, 1979). The process of making a law usually starts with a discussion document, called a Green Paper, which is drafted by the department or committee dealing with that particular issue. It is then published so that civil society may make comments and offer suggestions to modify the content of the Green Paper (Parliamentary Monitoring Group, n.d.). The second step is the creation of a White Paper. This is a more refined direction of the potential policy, which is developed by the relevant department or committee, after which comment is sought from civil society. The relevant parliamentary committees may propose amendments and send the White Paper back to the department for further discussion and deliberation (Parliamentary Monitoring Group, n.d.). Once approved by the respective department or committee, the policy is then formulated into a draft Bill, which is the draft version of a new policy (or amendment of an existing law). However, there are different types of Bills and each will undergo a different process to become a law depending on its category (Venter, 1998). In the next step, Cabinet approval is sought. After the

Ministry and department officials draft the Bill as a legislative proposal, the draft Bill is submitted to cabinet to determine whether approval could be granted so that it may be introduced to Parliament. In our case, the draft Bill is currently stalled at this step (see section Alcohol Advertising Policy Development in South Africa). Fifthly, approval from State Law Advisors is sought. Once Cabinet approves the proposal, the draft Bill is considered by state law advisors to determine whether the draft Bill is consistent with existing laws and the Constitution (SabinetLaw, 2016). After the draft Bill has been approved, it is tabled before Parliament, and becomes a 'Bill' and is no longer a 'draft Bill' (SabinetLaw, 2016). Sixthly, the policy is now submitted to Parliament for debate after which parliamentarians vote on the Bill. Lastly, if the Bill is voted in by Parliament, the President signs it to become a law. If the President considers the Bill to be unconstitutional, she can refer it back to Parliament for deliberation. If Parliament approves of the Bill, and the constitutional court views the Bill as constitutional, the President must sign it into law (Sabinetlaw, n.d.).

The Alcohol Industry

The international alcohol industry is powerful as it consists of some of the largest companies in the world (Jernigan, 2009; Miller and Harkins, 2010). Globalisation has led the alcohol industry to grow, and to be combined into a few multinational corporations that own most of the market share (Jernigan, 2009, as cited in Hawkins, Holden, & McCambridge, 2012). Literature suggests that large corporations that are consolidated to a few in number are more likely to lobby and make contributions to campaigns (Schuler et al., 2002 as cited in Hillman et al., 2004). Current trends suggest that alcohol companies are targeting emerging and transitioning markets,

thereby investing heavily in infrastructure and marketing (Jernigan and Babor, 2015). Below gives a brief overview of the alcohol industry.

The alcohol beverage industry generally consists of beers, spirits and wine, with beer being the most dynamic product and making up the majority of the African market (Jernigan and Babor, 2015). Four alcohol beverage companies control the African market: Heineken, Diageo (Guinness), SABMiller and the Castel Group. In the year 2000 South African Breweries (SAB) bought US Miller Breweries and expanded to become SABMiller (Jernigan and Babor, 2015). In June 2016 the Competitions Tribunal Commission of South Africa approved a merger between Anheuser-Busch InBev (AB InBev) and SABMiller (SABMiller, 2016), combining the first and second largest brewers in the world (Jernigan and Babor, 2015), suggesting that 30% of the world's beer is expected to be produced from this merger (British Broadcasting Commission, 2015). Prior to this merger, SABMiller, Diageo and Heineken, had been the leading brewers in South Africa and Distell the largest spirits company in the country (Jernigan and Babor, 2015). There is much collaboration between alcohol companies as seen in 2012, when Heineken and Diageo made a joint investment to build a \$473 million brewery in South Africa (Jernigan and Babor, 2015). SABMiller and Castel have also delegated management responsibilities to each other in Angola and Nigeria (Jernigan and Babor, 2015). Despite this, the growing competition between these four companies has led to accelerated investment in Africa (Jernigan and Babor, 2015). SABMiller is planning on investing \$2.5 billion in Africa and as part of this plan SABMiller has built a brewery in Nigeria for \$100 million that can produce 500 000 hectolitres of beer per year (Jernigan and Babor, 2015). Although beer makes up most of the alcohol consumption in Africa, SABMiller owns a 28%

share in Distell (Jernigan and Babor, 2015). As a result of increased competition and investment the current alcohol industry has created new products and pricing strategies to increase their share of the market. SABMiller has developed four products for the five-tier alcohol segmented market, namely the premium, mainstream, affordable traditional beer and homebrews market share (Jernigan and Babor, 2015). This strategy is designed so that SABMiller could produce cheaper beer to displace the homebrewed beer market and to produce more expensive 'premium' beer, thereby driving up the prices (Jernigan and Babor, 2015). SABMiller implemented this strategy in nine African countries and it was followed by a tax break in Mozambique and Uganda, since SABMiller was able to persuade the governments that their products stimulated local agriculture and discouraged consumers from buying 'harmful' home-brewed beer (Jernigan and Babor, 2015).

Regulatory Impact Assessment

The commissioning of the Regulatory Impact Assessments (RIAs) and current processes related to this need to be completed before the tabling of the draft Bill can happen, it is thus a critical step in this policy formulation case. This section provides an overview of what an RIA is and some of the complexities associated with RIAs in the policy process. Although there are many definitions of RIA, or an Impact Assessment (IA), according to South Africa's guideline for RIAs, it is "a tool that is used to analyse the objectives of a regulatory proposal, the risks to be addressed by the regulation and the options for delivering the objectives. It is a formal method for assessing the costs and benefits, economic and noneconomic, of regulatory/policy proposals" (The Presidency, 2012, p. 6). RIAs ascertain whether an issue needs

regulating or whether there are alternative ways of dealing with the problem that may not necessarily require regulation (The Presidency, 2012). Therefore, the RIA aims to evaluate the economic, social and environmental repercussions before legislating and eventually implementing a policy. In South Africa, cabinet adopted the RIA approach in February 2007 and although countries all over the world have used RIAs, each will employ their own methodology, which generally involves risk assessment and a cost benefit analysis (Smith et al., 2010). However, elsewhere around the world there have been concerns over the appropriate use of RIAs.

There are a number of criticisms of the RIA process. Literature suggests that we know very little about the way in which RIAs are conducted, as the process is opaque and undemocratic (Mindell et al., 2004; Curtis, 2008). In their article Smith et al. (2010) discuss the way in which a new integrated Impact Assessment (IA) in the European Union (EU) creates areas of conflicts of interest. Essentially, this conflict of interest arises when governments in the EU consider a new health policy and the focus is on economic interests as opposed to health interests. Smith et al. (2010) goes on to provide eight fundamental reasons why IAs prioritise business and industry interests over public health concerns (see Smith et al., 2010) and some have argued for improving the current methods of undertaking RIAs, such as in the United States (Harrington et al., 2009). The concern of RIAs is that when industry is the 'primary' consulted stakeholder, public health experts may become secondary and there is less of a focus on public health interests (Lock and McKee, 2005). Public health expert voices may become marginalised as industries that have a great deal of resources are able to invest in advocacy and lobbying efforts (de Figueiredo and de Figueiredo, 2002; Anderson and Baumberg, 2005), compared to academics or health experts, who

do not have as many resources at their disposal (Landers and Sehgal, 2004). Literature suggests that all over the world certain businesses dedicate resources particularly to lobby governments and influence policy (Hillman et al., 2004). Non-profit organisations usually take on advocacy and lobby efforts to promote public health goals. However, their resources are often scarce, as seen in the United States (Landers and Sehgal, 2004). Moreover, it has been argued that governments commission RIAs as strategies to delay policy development, as seen in the EU (Smith et al., 2010). Another major criticism is that the RIA's definition of a 'regulatory consequence' is controversial, as it depends largely on how it is defined and who is defining it (Harrington et al., 2009). In our case, the possibility of delaying the tabling of the draft Bill could be seen as a case of 'regulatory capture' (Stigler, 1971). This occurs when the government, whose role it is to protect public interests, becomes swayed away from formulating regulations by the affected industry (Miller and Harkins, 2010). Therefore, although RIA's are useful in that they help policymakers make better, well informed and scientific decisions, it has been argued that IAs are merely tools used by industries to highlight the business and economic impact of introducing policy, while ignoring harm and benefits to health and the environment (Lock and McKee, 2005). Below literature is presented on alcohol industry attempts to influence policy development nationally and internationally.

Industry Strategies to Influence Policy

There is evidence to suggest that the alcohol industry uses strategies to influence government policy around the world (Paukštė et al., 2014; Babor, 2009; Miller and Harkins, 2010; Alavaikko and Österberg, 2000; Mosher, 2009; Anderson and Baumberg, 2005; Hawkins et al., 2012; McCambridge et al., 2013; Baggott, 2006;

Anderson, 2004; Babor et al., 2015; Casswell, 2013; Gilmore and Fooks, 2012; London et al., 2012; Parry et al., 2014; Jahiel and Babor, 2007; Savell et al., 2016; Casswell and Thamarangsi, 2009; Gilmore et al., 2011). In their study, Babor et al. (2015) show that the alcohol industry is very proactive in influencing alcohol availability in African countries, including South Africa. For example, Babor et al. (2015) suggests that in response to the South African government attempt to regulate alcohol advertising in 2012, SABMiller donated “R9 million to political parties for the 2014 elections, almost double of what SABMiller donated the previous three elections” (Babor et al., 2015, p. 561). In another article, McCambridge et al. (2013) showed how in 2008 the alcohol industry used weak evidence to influence the Scottish Government alcohol policy development whilst discrediting strong evidence. Using similar tactics to the tobacco industry, the alcohol industry was successful in influencing the Lithuanian government to overturn a proposed ban on alcohol advertising in their country (Paukštė et al., 2014). In the U.K. the Portman Group has been criticised as being a lobby group that protects alcohol industry’s image and defends the alcohol industry from being regulated (Baggott, 2006). Due to industry influence, the U.K. government has side-lined strategies to effectively address alcohol prevention (Room, 2004). Literature has also suggested that with the use of lobbyists and advocates the industry has avoided governmental regulation (Baggott, 2006; Casswell and Thamarangsi, 2009). It appears that the alcohol industry discourages government from developing legislation to regulate their industry; instead they encourage self-regulation, preferring to work closely with government and to abide by their own codes of conduct (Anderson and Baumberg, 2005; Anderson, 2007). There are many ways industries attempt to influence policy; one most notable method is Corporate Social Responsibility (CSR).

CSR is a political strategy created by the tobacco industry with the rationale of financing or donating money to social causes offsetting the harm produced by smoking and using profits for 'good' (Fooks et al., 2011). This allows the tobacco industry to construct a positive image in the eyes of the public and policy makers, whereby the industry is able to gain access to policy elites. With this access, tobacco companies are consulted when regulations that affect that industry are formulated, such as taxation, marketing and sales limitations of tobacco products. The use of CSR has been shown to be very successful in gaining access to and influencing policy elites (Fooks et al., 2011) and just as the tobacco industry has used CSR as a political strategy, the alcohol industry has used CSR to influence public policy in Europe (Fooks et al., 2011). In South Africa, SABMiller has used CSR activities to influence policy makers on restrictions on alcohol policy (London et al., 2012). For example, the Global Fund to Fight AIDS (Acquired Immune Deficiency Syndrome), Tuberculosis and Malaria awarded a grant to SABMiller for a self-run intervention aimed at educating men about the dangers of alcohol abuse (Matzopoulos et al., 2012). However, these interventions are seen as ineffective and merely supply the alcohol industry with free publicity, which allows them to accomplish their CSR objectives (Matzopoulos et al., 2012). Indeed, it is contradictory for the alcohol industry to promote CSR, whilst advocating for proven ineffective interventions to reduce alcohol related harm (London et al., 2012).

Conceptual Lenses for Understanding the Draft Control of Marketing of Alcoholic Bill

The Policy Formulation Stage

In undertaking this research a conceptual framework allows one to place the research findings and build on previous literature. The current RIA on the draft Control of Marketing of Alcoholic Beverages Bill can be understood through the Sabatier and Jenkins-Smith (1993) 'stage heuristics' model, or 'policy cycle'. These stages consist of a) problem identification and issue recognition, b) policy formulation, c) policy implementation and d) policy evaluation. *Problem identification and issue recognition* refers to how some health issues are put onto the agenda and made priorities whilst others are not (Buse et al., 2012). *Policy formulation* refers to how a policy is developed (Buse et al., 2012). *Policy implementation* is concerned with how a policy is applied in reality (Buse et al., 2012). *Policy evaluation* monitors how the policy plays out once it is executed and identifies whether the policy is 'successful' or not (Buse et al., 2012). The main criticism with the stage heuristics model is that in actuality the policy process is convoluted, iterative and cyclical. However, it is a useful tool to demystify this complexity (Buse et al., 2012). The policy formulation stage is an important component of the policy process, as subsequent policy stages will depend on the content agreed upon during policy formulation. The policy formulation stage, unlike agenda setting and policy implementation, is a relatively research-neglected stage in the policy cycle (Berlan et al., 2014). This stage differs from the other stages in the policy cycle and so necessitates specific questions about actors and processes (Berlan et al., 2014). Although this area of research is under-developed in terms of both understanding and theory, in their narrative synthesis of policy formulation, Berlan et al. (2014) identify seven sub-stages, or 'bits' within the

policy formulation process. These ‘bits’ allow one to understanding where the draft Control of Marketing of Alcoholic Bill is within the policy formulation process. These ‘bits’ in Berlan et al. (2014), seven-bit framework comprise of; 1) generation of policy alternatives, 2) deliberation and/or consultation, 3) advocacy for specific alternatives, 4) lobbying for specific alternatives, 5) negotiation of policy alternatives, 6) drafting or enactment of policy and 7) guidance/influence on implementation. We use Berlan et al. (2014) policy formulation steps as a lens for the current study. In addition to this, Roberts et al. (2004) ‘political strategies’ are utilised to focus our research enquiry and to help us understand industry political strategies and tactics employed in relation to the draft Bill.

Political Strategies

Roberts et al. (2004), provide four typologies of political strategies that health reformers/advocates/lobbyists employ to influence the policy process. These strategies include, *position strategies*, *power strategies*, *player strategies* and *perception strategies*.

Firstly, *position strategies* are characterised as bargaining with other players involved in the policy process to change their position. In this instance ‘position’ refers to one’s support or opposition to the policy of interest. For example, this could include changing the content of a policy so that a player may move to oppose or support it, or become neutral to it. Another position strategy may be inter-issue trading, whereby one player will support an issue if their issue is supported in return (Roberts et al., 2004).

Secondly, *power strategies* seek to change the amount of tangible or intangible power a player wields. For example tangible power involves money (access to resources) or votes, whereas intangible power involves access to policymakers or institutional legitimacy (Roberts et al., 2004). In our case power is defined as the ability to influence, in other words, to make an actor behave in a way they would not normally behave otherwise (Buse et al., 2012). There are three key facets to power that is important in this research namely, a) power as *decision-making*, where an actor has power if they can influence policy decisions (Dahl, 2005), b) power as *non-decision making* where an actor has power if they can constraint the extent of policy decisions (Bachrach and Baratz, 1962) and c) power as *thought control* where an actor has power if they can change the meaning and perceptions of the health issue in question (Lukes, 1974).

Thirdly, *player strategies* attempt to mobilise players who are not mobilised who may help one's cause and demobilise players who are a threat to one's cause. This has the potential to increase or decrease the weight of support for the policy reform. One could mobilise or demobilise players by using merit-based arguments. For example, arguing that a health reform would improve public health, or by arguing that it may negatively affect individual income or industry profits. Another player strategy could be recruiting players who have a high level of legitimacy or power (Roberts et al., 2004).

Lastly, *perception strategies* seek to change the way people think about and frame the problem and proposed solution to health reform. This is linked to the way people view

the health problem and proposed solution as being consistent or contradicting national symbols, values or identity (Roberts et al., 2004). If the problem or solution were perceived as being unacceptable to the society in which it is taking place, it would most likely not garner support. For example, if one frames a problem as not being supported by evidence, or as being the *individual's* responsibility it may not seem necessary for the government to intervene.

Therefore, Roberts et al. (2004) provides a concise structure with which to view alcohol industry political strategies, and which provides the meaning behind the strategies used.

Conclusion

Alcohol is a major contributor to the health burden in South Africa (Rehm et al., 2010). Research suggests that alcohol advertising encourages drinking and recruits new drinkers (Smith and Foxcroft, 2009; Anderson et al., 2009b; Hastings et al., 2010; Booth et al., 2008). In order to address this burden one needs effective policy measures in place to aid in addressing alcohol-related harms in South Africa. Toward this end the South African government has developed a draft Bill of regulations to ban alcohol advertising as an evidence-based upstream intervention Literature suggests that the alcohol industry is powerful (Miller and Harkins, 2010) and this regulation is likely to be contrary to their business interests (Belt et al., 2014; Casswell, 2009). Literature also suggests that the alcohol industry influences policy development (for example, Babor et al., 2015; Paukštė et al., 2014). However, little is known about *how* the alcohol industry has influenced policy development in South Africa, specifically

in relation to the draft Control of Marketing of Alcoholic Beverages Bill, nor is there research investigating the RIA process on the draft Bill. This research posits that it is likely the alcohol industry is attempting to influence the outcome of the draft Control of Marketing of Alcoholic Beverages Bill in South Africa and it is not likely that the potential influence of industry in policy development will serve the public health interest. Therefore, this study sets out to describe and explore what political strategies, if any, are used by the alcohol industry and to explain how and why the alcohol industry has employed political strategies to influence the policy formulation of the draft Bill.

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Part B: Literature Review

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Part C: Journal Manuscript¹

Target journal: *Health Policy and Planning*

¹ Although instructions to authors (see Appendix L) requires names and qualifications of each author, it is currently excluded for the purpose of this thesis.

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Abstract

Alcohol is a major contributor to the health burden in South Africa. In the year 2000, 7.1% of all deaths and 7% of total disability-adjusted life years (DALYs) have been ascribed to alcohol-related harm in the country. The tangible and intangible costs of alcohol-related harm amount to 10-12% of South Africa's 2009 GDP. Regulations proposed to restrict alcohol advertising in South Africa present an evidence-based upstream intervention. However, tabling of the draft Control of Marketing of Alcoholic Beverages Bill has been delayed. Literature suggests that industry employs various political strategies to avoid such regulation. This study aimed to explore and analyse if and how political strategies are employed by the industry to influence the formulation of the draft bill in South Africa. A qualitative case study approach was used, which included a stakeholder mapping, 10 in-depth interviews and review of approximately 240 documents. A policy formulation conceptual framework was applied as a lens to understand the complex policy formulation process and explore if and how political strategies are employed by the alcohol industry. Key themes identified were: (1) Competing and shared values - different stakeholders promote conflicting ideals for policymaking; (2) Inter-department jostling - different government departments seek to protect their own interests, hindering policy development; (3) Stakeholder consultation in democratic policymaking – policy formulation requires consultation even with those opposed to regulation; (4) Battle for evidence – industry sought to assemble evidence to use as ‘ammunition’ in opposition to the ban. It was concluded that networks of actors with financial interest use diverse strategies to influence policy formulation processes to avoid regulation. Measures to insulate policy development are needed to prevent industry influence undermining public health, such as: government to moderate certain consultations with industry;

industry to declare conflict of interest; guidelines for bureaucrats and policymakers to advise on whose evidence to consider; and guidelines for bureaucrats and policymakers to assess quality of evidence.

Keywords:

Alcohol industry, policy formulation, corporate policy influence, corporate political activity, marketing policy, marketing regulation, South Africa

Key Messages:

- Networks of actors with financial interests, such as the alcohol industry, advertising industry and media industry use diverse political strategies to influence policy formulation processes to contest proposed marketing regulations.
- Industry strategies to influence policy formulation include; funding research; developing and funding a lobbying/advocacy campaign with which to influence policymakers and public opinion; creating and leveraging platforms with which to engage with government officials in order to disseminate their messages; make ad hominem attacks, contest the legitimacy of civil society organisations; and use the idea of corporate social responsibility to contest the draft Bill.
- Whilst still maintaining democratic principles of stakeholder consultation in policy making, looking to the future, it may be necessary to consider how governments can moderate certain consultations with industry.
- To assist policymakers decide on what evidence to include in their assessments on the impact of regulations on society, simple guidelines are needed to help policymakers gauge the origin and quality of evidence.

Introduction

Evidence has shown that a large proportion of the global burden of disease is attributable to high rates of alcohol consumption and abuse (Rehm et al., 2009). In South Africa, 7.1% of all deaths and 7% of total disability-adjusted life years (DALYs) in the year 2000 have been ascribed to alcohol-related harm (Schneider et al., 2007). The tangible and intangible costs of alcohol-related harm amount to 10-12% of South Africa's 2009 GDP (Truen et al., 2011). Literature suggests that measures implemented to mitigate the mortality of non-communicable diseases (NCDs), such as interventions on tobacco, have been successful in decreasing NCD mortality in South Africa (Nojilana et al., 2016; Dorrington et al., 2016), whilst salt control and sugar tax is expected to be beneficial (Dorrington et al., 2016). Although such policies to mitigate alcohol-related harms have been slow to implement, trends in the NCD mortality reveal this fact (Dorrington et al., 2016).

The international alcohol industry is powerful as it consists of some of the largest companies in the world with a few multinational corporations owning most of the market share (Jernigan, 2009). Four alcohol beverage companies control the African market: Heineken, Diageo (Guinness), SABMiller and the Castel Group (Jernigan and Babor, 2015). In 2000 South African Breweries (SAB) bought US Miller Breweries and expanded to become SABMiller, which made it the second largest beer producer in the world (Jernigan and Babor, 2015). In June 2016 the Competitions Tribunal Commission of South Africa approved a merger between Anheuser-Busch InBev (AB InBev) and SABMiller (SABMiller, 2016), combining the first and second largest brewers in the world (Jernigan and Babor, 2015). Alcohol companies spend heavily

on marketing, and three alcohol companies - Diageo, Heineken and SABMiller - were amongst the top “100 Global Marketers” in 2014 (Jernigan and Babor, 2015).

The main arguments to ban alcohol advertising are based on evidence that suggest that alcohol advertising recruits new drinkers into the market, targets the youth, encourages young adults to start drinking earlier (Casswell, 2004; Snyder et al., 2006; Anderson et al., 2009b; Chen et al., 2005; Smith and Foxcroft, 2009) and encourages underage drinking (Austin et al., 2006; Ellickson et al., 2005; Austin and Knaus, 2000). This is due to well-crafted branding strategies that associate alcohol with positive messages (Smith and Foxcroft, 2009; Anderson et al., 2009b; Hastings et al., 2010; Booth et al., 2008; Austin and Knaus, 2000). Evidence suggests that alcohol advertising is designed to be particularly attractive to young people (de Bruijn et al., 2012) and alcohol abuse is associated with earlier exposure to drinking (Grant and Dawson, 1997). Although banning alcohol advertising is potentially one method for reducing alcohol consumption, an integrated strategy is necessary to mitigate alcohol abuse, which may include increasing prices, limiting places of sales and increasing education on the topic (Babor, 2009). Regulation to mitigate alcohol related-harms, such as alcohol tax, is suggested to be effective in decreasing alcohol consumption (Blecher, 2015).

The current policy governing alcohol advertising standards in South Africa states that alcohol cannot be advertised in a false or misleading way and/or cannot be intended to attract minors (Liquor Act, No. 59 of 2003, 2004). In the absence of comprehensive alcohol advertising laws, the alcohol industry self-regulates their own alcohol advertisements through alcohol advertising codes of conduct (Parry et al., 2012). This

code of conduct is maintained by the Advertising Standards Authority of South Africa of which the alcohol industry is a member (Parry et al., 2012). To mitigate alcohol-related harms, the South African National Department of Health (NDoH), National Department of Social Development (NDSO) and the National Department of Trade and Industry (NDTI) developed the draft Control of Marketing of Alcoholic Beverages Bill in 2012, which includes provisions to ban advertising, sports sponsorships and promotion of alcoholic beverages as an evidence-based upstream intervention. The intended goals of the proposed law are a) “restricting the advertisement of alcoholic beverages”; b) “prohibiting any sponsorship associated with alcoholic beverages”; and c) “prohibiting any promotion of alcohol beverages” (National Department of Social Development [NDSO], 2013). In future, the draft Bill is to be submitted to cabinet to determine whether it should be released for public comment and introduced to Parliament for debate and vote (SabinetLaw, 2016).

Banning alcohol advertising is likely to be contrary to the alcohol industry’s corporate goals, as they have vested interests in increased alcohol consumption (Casswell, 2009). International literature highlights that the alcohol industry influences policy development at national and international levels (Paukštė et al., 2014; Babor, 2009; Miller and Harkins, 2010; Alavaikko and Österberg, 2000; Mosher, 2009; Anderson and Baumberg, 2005; Hawkins et al., 2012; McCambridge et al., 2013; Baggott, 2006; Anderson, 2004; Babor et al., 2015; Casswell, 2013; Gilmore and Fooks, 2012; London et al., 2012; Parry et al., 2014; Jahiel and Babor, 2007; Savell et al., 2016; Casswell and Thamarangsi, 2009; Gilmore et al., 2011; Bakke and Endal, 2010). To counter-act the expanding influence of the alcohol industry around the world, including low and middle income countries, collective action has taken place

through the formation of a global alcohol policy network (Schmitz, 2015). In South Africa, however, little is known about how actors, including the alcohol industry has influenced or is influencing the development of alcohol policy. Globally there have been calls for a new research agenda to investigate the extent of the alcohol industry's influence on policy (Hawkins et al., 2012). There have also been calls to ban alcohol advertising (Parry et al., 2012; Godlee, 2009). Banning alcohol advertising in South Africa is seen as an important step towards strengthening further alcohol regulation for other African countries (Jernigan, 2013).

This study sought to explore the complex policy formulation process in South Africa, using the draft Control of Marketing of Alcoholic Beverages Bill as a tracer case and focused on the alcohol industry, as a central actor, to understand how they - together with other actors - may influence this process. Policy formulation is a stage in the policy cycle (Sabatier and Jenkins-Smith, 1993) and investigation into this stage, “explores who is involved in formulating policy, how policies are arrived at, agreed upon, and how they are communicated” (Buse et al., 2012, p. 13).

The rationale for the current study is to provide insight that can be used to promote more transparent and effective regulatory processes. Research suggests that industries have more difficulty in shaping the policy agenda when policymakers are well informed, are aware of the need for evidence-based decisions and are not motivated by economic arguments alone (Fooks et al., 2011; Smith et al., 2010). There is also a lack of research that focuses on health policy analysis in low and middle-income countries and a lack of research focusing on the policy formulation process in particular (Gilson and Raphaely, 2008). Therefore, this research is filling a gap in

addressing research-scarce health policy analysis in the context of a middle-income country. The following section discusses the conceptual frameworks, which are used as lenses to understand the policy formulation process, and to identify how the alcohol industry uses political strategies, if any, to influence the draft Control of Marketing of Alcoholic Beverages Bill.

Conceptual Frameworks

Policy Formulation Framework

This study makes use of two conceptual frameworks. Berlan et al. (2014) is used to understand policy formulation as a process with multiple facets. Policy formulation is an important component of the policy process, as subsequent policy stages will depend on the content agreed upon during the policy formulation stage. Using this framework, policy formulation is delineated as the seven “bit[s] in the middle” (Berlan et al., 2014, p. 24), which fall between agenda setting and policy implementation (see figure 1). Policy formulation is a complex, non-linear process and the Berlan et al. (2004) framework served as a heuristic to impose order for description, without implying sequential steps in a chronological sequence of events. As suggested by Vernick (1999, as cited by Berlan et al., 2004), it was understood that ‘advocacy’ refers to influencing both policymakers and public opinion, whereas ‘lobbying’ refers to influencing policymakers only.

Political Strategies Typologies

The second framework, Roberts et al. (2004), provide four typologies of political strategies that health reformers/advocates/lobbyists employ to influence the policy process. Roberts et al. (2004) is used to categorise strategies employed by the alcohol industry and other actors to influence steps in the policy formulation process. *Position strategies* involve bargaining with other players involved in the policy process to change their position. In this instance ‘position’ refers to one’s support or opposition to the policy of interest. *Power strategies* seek to change the amount of tangible or intangible power a player wields. There are three key facets to power that is important in this research namely, a) power as *decision-making*, where an actor has power if they can influence policy decisions (Dahl, 2005), b) power as *non-decision making* where an actor has power if they can constrain the extent of policy decisions (Bachrach and Baratz, 1962) and c) power as *thought control* where an actor has power if they can change the meaning and perceptions of the health issue in question (Lukes, 1974). *Player strategies* attempt to mobilise players who are not mobilised, who may help one’s cause and demobilise players who are a threat to one’s cause. Lastly, *perception strategies* seek to change the way people think about and frame problems and solutions for health reform, which is linked to the way people view the problem and solution as being consistent or contradicting national symbols, values or identity (Roberts et al., 2004).

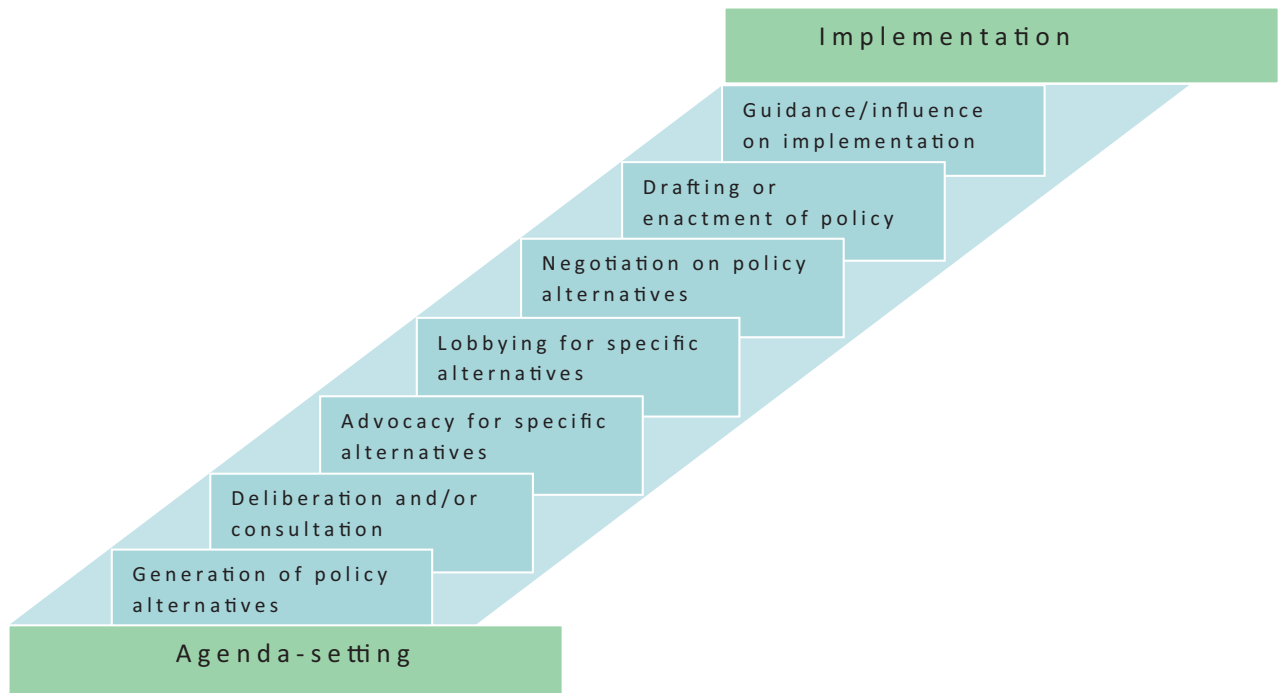


Figure 1: The ‘bit the in middle’: seven bits of policy formulation (Berlan et al., 2014)

Methods

A single case study design was used; this approach investigates a phenomenon in its context - a context, which gives rise to, perpetuates and encompasses the nature of the event itself. Case study research allows for flexibility during data collection when new information is uncovered (Yin, 2014).

This study made use of several sources of data including in-depth interviews, approximately 240 documents, including relevant internal and external government documents, documents provided by research participants, parliamentary minutes, and online and offline media articles. Publically available records of government documents are made accessible on the South African government’s websites, and parliamentary minutes are made publically available by an independent non-

governmental organisation, Parliamentary Monitory Group (<https://pmg.org.za>). Ten in-depth hour-long, semi-structured interviews were conducted with purposively selected key stakeholders who were either a proponent of, in opposition to, or neutral towards the draft Bill. Participants' positions toward the draft Bill were identified through a preliminary literature review, after which snowball sampling was used to recruit further participants. Interview participants consisted of senior government officials, representatives of the alcohol industry, advertising industry, civil society advocates and academics specialising in alcohol research. Selection criteria were that participants had experience in interacting with the alcohol industry, had an expert understanding of the alcohol industry in South Africa (as evidenced by authored publications), and/or were involved into the policy formulation process of the draft Bill. Recruitment was conducted by sending an email invitation to participants. Three invitations to government representatives were turned down as the departments to which they belonged were not responsible for the draft Bill and were thus unable to comment on it. One invitation was not answered; the reason for which is unknown.

Although a common questionnaire for all interviews was developed, each interview was tailored to elicit the appropriate information based on the stakeholder's position. The conceptual frameworks were used as tools to develop interview questions to inform data collection, and as a deductive framework for analysing the information within the broader context. Ethical approval from University of Cape Town's ethics committee was received, number 853/2015 (Appendix L). Informed consent to interview and audio record each interview was obtained after which each interview was transcribed. Each participant was assured of confidentiality and anonymity. If, however, a quote could reveal the identity of a participant we worked with the

participant was given the opportunity to alter the quote in such a way as for them to remain unidentifiable. Participants were sent their transcript to allow them the option of reviewing the discussion. Data collection stopped when saturation was reached.

Data Analysis

A thematic analysis was used to analyse the data. Data collection and analysis were done iteratively, using rounds of analysis to inform further data collection; the steps were as follows:

1. A deductive codebook derived from the conceptual frameworks was developed and used to code interview transcripts and documents. Additional codes were added inductively during the process.
2. Nvivo version 11.3.1 (<http://www.qsrinternational.com/nvivo-product>) served to build a logical chain of evidence and was also used to code and keep track of the documents, interviews and coding.
3. Key documents were summarised in a data extraction matrix.
4. For each participant coded sections of text were placed into a data extraction matrix to find patterns within each interview.
5. A second data extraction matrix was used to summarise each interview to compare what was found between participants and to find patterns between the interviews and the documents.
6. Findings were based on Berlan et al. (2014) policy formulation 'bits'. However, due to overlapping, the 'bits', deliberation and/or consultation for specific alternatives and lobbying for specific alternatives, were combined, since deliberation in the policy formulation process included hearing lobbying arguments made by stakeholders (advocacy was not also combined, as

advocacy included influencing public opinion as well). The final 'bit', guiding/influence on implementation, was not included, as the draft Bill has not yet reached this stage.

7. Robert et al. (2004) was employed to identify and make sense of activities carried out by the alcohol industry and other actors within each policy formulation 'bits'.
8. Discussion themes were deduced based on patterns observed in the second data extraction matrix.

Ensuring Rigour

We are aware that the researcher might have inherent bias and therefore installed parameters to ensure rigour. The use of the Berlan et al. (2014) and Roberts et al. (2004) frameworks helped guide the research, data analysis and interpretation of the findings. Documents and interviews were triangulated to ensure consistency within the data, and researcher meetings were held to ascertain whether or not there was agreement with the respect to the findings. Interviews with stakeholders from different positions and documentary analysis ensured that contrasting and a wide range of perspectives were attained. There was prolonged engagement with the case, which allowed some follow-up questions to be asked of participants. Explanations were verified by looking for evidence within the data that may run contrary to these explanations.

Results

Generation of policy alternatives

Apart from the Liquor Act (Liquor Act, No. 59 of 2003, 2004) prohibiting alcohol advertising “in a false or misleading manner” and/or “in a manner intended to target or attract minors” (p. 28), alcohol advertising remains largely unregulated. The generation of policy alternatives and/or recommendations includes gathering information or conducting research to inform the specifications of the alternative policy (Berlan et al., 2014) – in this research the alternative being the draft Control of Marketing of Alcoholic Beverages Bill. The starting point of the generation of this draft Bill was the publication of the Anti-Substance Abuse Programme of Action (2011), developed by the NDSD, which first stated an intention to ban all forms of alcohol advertising, including sports sponsorships.

This publication was the output of the Second Biennial Substance Abuse Summit at the International Convention Centre in KwaZulu Natal Province, South Africa (March 2011), where banning alcohol advertising was considered by a wide range of government actors, global actors and civil society organisations (National Department of Social Development [NDSD], 2011). An Inter-Ministerial Committee on Substance Abuse (IMC) had been established in 2010 and provided the direction at the summit (NDSD, 2011). The draft Control of Marketing of Alcoholic Beverages Bill was drafted by a task team “*from a range of different departments*” (Interview 10, 2016, draft Bill proponent), which included NDSD and the National Department of Trade and Industry under the auspices of the NDoH (NDSD, 2013a).

The Minister of Social Development (Dlamini, 2013) noted that the draft Bill was developed based on scientific evidence, citing a review published in the international journal, *The Lancet* (Anderson et al., 2009a), World Health Organisation (WHO) recommendations (WHO, 2010b; WHO, 2010a), and figures from Truen et al. (2011), who investigated the tangible and intangible costs of alcohol-related harms in South Africa. Support for further regulation for alcohol advertising has been expressed by a number of South African public health researchers and civil society advocates (London, 2011; Watermeyer, 2013; Hofman, 2013; London et al., 2012; Parry et al., 2012; Cullinan, 2013; Corrigan, 2011; Parry, 2013; Kalideen, 2015; Kalideen, 2014; Kalideen, 2010; Goldstein, 2015; Child, 2013b; Smit, 2013).

There were three government-initiated impact assessments conducted on the draft Bill. Circa June 2013, the Forum of South African Directors Generals² requested the first Regulatory Impact Assessment (RIA) on the draft Bill (Interview 10, draft Bill proponent). In September 2013, the first RIA was completed by the NDoH and was tabled, together with the draft Bill, at a Cabinet³ meeting. The results of the first RIA are not in the public domain. Cabinet responded by insisting on a second independent RIA (Interview 10, draft Bill proponent). In August 2014, the second RIA was awarded by the NDoH to DNA Economics which was completed in January 2015 (Interview 10, draft Bill proponent). Interviews confirmed that DNA Economics consulted the alcohol industry with regards to the RIA.

² Forum of South African Directors Generals consists of the most senior government officials from each department, which the Director General in The Presidency chairs.

³ Cabinet consists of the President, Deputy President and the Ministers from each department in the South African Government

In February 2015, after the second independent RIA was completed, Cabinet developed a new policy appraisal unit, under the directive of the Department of Planning, Monitoring and Evaluation (DPME), called the Socio-economic Impact Assessment System (SEIAS) to replace the RIA process (Department of Planning Monitoring and Evaluation, 2015). The development of this new unit was not directly linked to the process around the draft Bill, but was a new approach to legislation in general. The SEIAS is intended to take into consideration a wider perspective on how regulation may affect society, such as the impact on social cohesion, whereas an RIA is said to lack comprehensiveness, as it overlooks regulations' unintended and intangible consequences (Interview 4, 2016, neutral towards draft Bill). A participant described the SEIAS as mandatory for all future legislation (Interview 4, 2016, neutral towards draft Bill). The NDoH subsequently conducted a SEIA on the draft Bill and this was completed in July 2015 (Interview 10, draft Bill proponent) (see Table 1). The results of the second RIA and the SEIA are not in the public domain and it is unclear how the results were used in decision-making.

Deliberation and/or consultation and lobbying for specific alternatives

This section covers two 'bits': deliberation and/or consultation (government discussing the draft Bill with those internal and external to government); and lobbying for specific alternatives (Berlan et al., 2014). The draft Bill was discussed with the alcohol industry on at least two occasions where they lobbied strongly against the draft Bill. On the 11th September 2012, the National Council of Provinces (NCOP)

Committee on Economic and Business Development⁴ met with representatives from the alcohol industry (Parliamentary Monitoring Group, 2012). At this meeting alcohol industry representatives argued that the ban would be ineffective, would negatively affect the economy and would lead to job losses. They urged government to rather enforce regulations already in place and pointed to the significant contribution to addressing alcohol abuse made by industry through corporate social responsibility (CSR) (Parliamentary Monitoring Group, 2012): “[t]he liquor industry was therefore appealing to the government to adopt a ‘balanced approach’, so that it could operate in a mainly self-regulated environment, combined with strict enforcement of legislation, increased corporate social investment contributions and closer partnerships with government bodies” (Parliamentary Monitoring Group, 2012).

Another consultation occurred on 29th October 2013 when the Sports and Recreation Committee⁵ held a meeting to discuss the role of alcohol advertising and sponsorships in the sport sector in Cape Town (Parliamentary Monitoring Group, 2013b). At this meeting BMI Sports Info (BMI-Sport Info (Pty) Ltd, 2013) and the alcohol industry (Industry Association for Responsible Alcohol Use, 2013) made presentations on how the ban would be ineffective in curbing alcohol-related harms and would negatively impact: the economy, the alcohol and advertising industries, sports, arts and culture sector and the South African Broadcasting Commission (Parliamentary Monitoring Group, 2013b; Presence, 2013; Gosling, 2013). A director for SABMiller confirmed the above arguments (highlighting the socio-economic consequence of the ban such as decreases in household income and job losses), emphasised the need for targeted

⁴ South African Parliament is made up of the National Assembly the National Council of Provinces (NCOP), the latter of which is mandated by the Constitution to ensure that National government takes provincial interests into consideration during legislative processes.

⁵ The Sports and Recreation Committee is a National Assembly committee.

interventions and called into question the link between alcohol advertising and alcohol consumption (Parliamentary Monitoring Group, 2013b). The same individual, who has been a director for SABMiller since 2009, was also a commissioner on the South African 2010 National Planning Commission which is an advisory body tasked with developing “a long term vision and strategic plan for South Africa” (National Planning Commission, n.d.). This reflects a potentially problematic dynamic in policy processes where actors have access to multiple policy spaces where their relationship between private interests and public goals may conflict.

At this consultation BMI Sports Info and the alcohol industry presented the findings from a report funded by the alcohol industry conducted by Econometrix (Fieldgate et al., 2013), which investigated the economic impact of banning alcohol advertising in 2013. The study concluded that the total advertising expenditure loss from advertising companies would cost R4.386 billion, South Africa’s GDP would lose R7.4 billion in 2011 prices (or - 0.28% of GDP), and almost 12 000 jobs would be lost (Fieldgate et al., 2013).

However, despite the alleged negative impact on the South African Broadcasting Commission, subsequent parliamentary meeting minutes note that Chairperson of the SABC Board, Ms Zandile Tshabalala relayed that, “*management had convinced the [SABC] board that a ban on liquor advertising would not affect it so much, as it would allow for bringing other adverts on board*” (Parliamentary Monitoring Group, 2014b). Nevertheless, in response to the ban’s potential impact, in April 2016 the Minister of Communications, Ms Faith Muthambi, instructed the SABC to assess the

financial impact the ban would have on the SABC (Muthambi, 2016; Parliamentary Monitoring Group, 2016b).

In addition, the alcohol industry created their own platforms with which to engage with government officials in order to disseminate their messages. For example, in response to the proposed draft Bill, Oresego Communications in conjunction with the Industry Association for Responsible Alcohol Use (ARA) set up a “debate” and panel discussion with “civil society, business, government and the alcohol industry” on “reviewing the merits and demerits of banning alcohol advertising” in Johannesburg on 27 August 2013 and invited the African National Congress⁶ (ANC) Education and Health Sub-committee of the National Executive Committee⁷ (NEC) to partake (ORESEGO Communications, 2013). The invitation listed possible keynote speakers as including the Minister of Health, Dr Aaron Motsoaledi - who is particularly supportive of the draft Bill (Interview 7, 2016, proponent of draft Bill) and the Chairperson of the ANC Education and Health Sub-committee of the NEC, alongside the authors of the Econometrix report, the ARA Chairman and the International Centre for Alcohol Policies (ICAP)⁸ President. However, the NDoH withdrew their involvement after some civil society protestation, “... *and within 24 hours they... withdrew their participation; and the event had to be cancelled.*” (Interview 7, 2016, draft Bill opponent).

⁶ The African National Congress (ANC) is currently the ruling party in South Africa.

⁷ The National Executive Committee (NEC) consists of the most senior leaders in the ANC.

⁸ The International Centre for Alcohol Policies (ICAP), which recently changed its name to International Alliance for Responsible Drinking (IARD), is constituted of the world’s largest alcohol beverage producers with the aim to influence alcohol policy development worldwide (Anderson & Rutherford, 2002).

Advocacy for specific alternatives

This policy formulation ‘bit’ deals with changing the minds of those internal and external to government by presenting alternative options for the policy’s content (Berlan et al., 2014). One participant implied that the alcohol industry developed a well-coordinated lobbying/advocacy campaign in opposition to the draft Bill, “...*me and perhaps likeminded people of the public health community could see the industry was building a campaign to support their efforts to undermine government policy in this area*” (Interview 3, 2016, draft Bill proponent). An individual in the advertising industry acted as a ‘policy anti-champion’ for this ‘anti-draft Bill policy movement’. This individual was paid by the alcohol industry for her efforts, “...*I was paid for – [the campaign] was paid for by the fund that came from the liquor industry, somebody had to pay for it; because I said, ‘I am not doing this for nothing...’*” (Interview 8, 2016, draft Bill opponent). The policy anti-champion was brought on board by the alcohol industry because she had well-established relationships with individuals in the advertising and media industry throughout her career - networks the alcohol industry lacked, “*I met the people at [a large alcohol beverage company]; and that’s where it started...but that they had a problem, and that is that they didn’t know whether they would be able to get the media on their side of this thing. And that’s when I started the project.*” (Interview 8, 2016, draft Bill opponent). This policy anti-champion’s role was to co-ordinate all the players in this advocacy and lobbying project, “*so it became a situation where my job had to be [to] try and make sure that we were all speaking with one voice*” (Interview 8, 2016, draft Bill opponent).

The campaign sought to inform the public about the negative impact of the ban by publishing articles in the media and giving interviews about the proposed negative effects of the draft Bill. Interviews revealed that, apart from the Econometrix report, mentioned above (see Table 1), the alcohol industry funded a marketing analyst to conduct a ‘preliminary impact assessment’ in 2011 showing the economic consequences of a ban (Moerdyk, 2011a). This report concluded that there will be a loss of R1.8 billion to the media industry; a total loss of R2.6 billion from cessation of sports sponsorships and sports development; makes reference to countries where a ban had limited impact; and that there will be a loss of 2 500 jobs (Moerdyk, 2011a). This ‘preliminary impact assessment’ has been widely cited in various media sources, and the findings from the Econometrix report have also been widely cited in media articles, press releases and presentations to policymakers (see table 2).

Table 1: Government and industry initiated research into the ban on alcohol advertising

Government initiated RIAs	Industry initiated research
NDoH RIA (July 2013)	Preliminary Impact Assessment (2011)
DNA Economics RIA (2015)	Econometrix Report (2013)
NDoH SEIA (2015)	

Table 2: List of sources where reported were cited⁹

Preliminary Impact Assessment (2011)	Econometric Report (2013)
Moerdyk (2011b)	Hedley (2013)
‘Alcohol ad ban will cost...’ (2011)	Watermeyer (2013)
Ban on booze... (2011)	‘Alcohol ad ban will be...’ (2013)
‘Alcohol ad ban would cost jobs’ (2011)	Alcohol ads ban may cost jobs (2013)
Prince and du Plessis (2011)	Moorad (2013)
Grootes (2011)	Phakathi (2013)
Maxwell (2011)	Strydom (2013)
Maphai (2012)	Nevill (2013)
Paton (2012)	Merten (2013)
‘State’s alcohol ban...’ (2013)	‘Banned booze ads...’ (2013)
Watermeyer (2013)	Bailey (2013)
Wright (2014)	Gleason (2013)
Thamela (2016)	Enzor (2013)
	‘Benefits of ban...’ (2013)
	‘Ban on alcohol...’ (2013)
	Williams (2013)
	‘Sacci queries alcohol...’ (2013)
	SACCI (2013)
	McQuaid (2013)
	Presence (2013)
	Child (2013a)
	Hans (2013)
	‘Booze ads ban could...’ (2013)
	Industry Association for Responsible Alcohol Use (2013)
	Parliamentary Monitoring Group (2013b)
	Wright (2014)
	Khuzwayo (2014)
	Davids and Aarti (2015)
	Speckman (2016)
	Thamela (2016)

Under the advocacy for specific alternatives formulation bit interviews suggest that ad hominem attacks, an advertisement to discredit a civil society organisation and intimidation were part of the political strategies of those opposed to the draft Bill, which sought to influence public opinion. For example, the owner of a media and

⁹ This list is not exhaustive

communications company placed an advertisement in Sunday World (Matsepe, 2011) claiming that a health promotion advocate had no credibility to lead research on the ban of alcohol advertising as she is Muslim and thus had ulterior motives behind her advocacy; in another example an opinion letter was written in the Cape Times (Moerdyk, 2011c) claiming that the credibility of a public health researcher is questionable as he possesses “pompous academic superiority” (p. 8), which is interfering with his judgement on the link between alcohol advertising and alcohol abuse, and suggested that this public health researcher is an “anti-alcohol extremist” (p. 8). A few years later, an advertisement in the Sunday World authored by the same owner of the media and communications company above (Matsepe, 2013) suggested that Soul City (a public health advocacy organisation) funded their organisation from donors who wish to “vilify” (p. 9) the alcohol industry. On another occasion, a board member of a major alcohol beverage company in South Africa who was at the same time a senior political-party member, wrote a personal and belligerent letter to a pro-ban public health academic “...he wrote the stinking letter to me... – it was very personal and acrimonious...” (Interview 3, 2016, draft Bill proponent). Moreover, one proponent to the draft bill felt that the alcohol industry attempted to intimidate him, “there was a delegation who came to complain about me [at my place of work]. It was, six people from the liquor industry across the spirits; and beer, and they flew down with an advocate and they, they wanted to meet [my head of organisation at my place of work] and complain about newspaper articles, which I had been quoted in. They went and they brought all of them, put them on the table” (Interview 3, 2016, draft Bill proponent). All those subject to these instances were supporters of the draft Bill.

Although seemingly at odds with ad hominem attacks and intimidation, in trying to broaden their reach the alcohol industry tried to reach out and set up meetings with public health academics - “... *they wanted to meet with me, they’ve tried twice to meet me with; and they’ve tried to meet with other people in South Africa. AB InBev [Anheuser-Busch InBev] has – have hired a guy who is a health promotion expert who used to work for WHO... and they... want to... meet with various [researchers] in order to promote their Smart Drinking campaign...*” (Interview 3, 2016, draft Bill proponent). The alcohol industry was also trying to propose an alternative with which to address alcohol abuse, namely AB InBev’s Smart Drinking campaign announced in 2015, which is a programme aimed to reducing alcohol-related harm by 2020 by at least 10% (AB InBev, 2015). This campaign is to be implemented in multiple countries around the world (Belgium, Bolivia, Brazil, China, Mexico and United States) by, for example, introducing guidance labels by 2020, changing drinking norms by investing US\$1 billion in social media campaigns by 2025, and ensuring that 20% of their beer products have no or lower alcohol content by 2025 (AB InBev, 2016).

Negotiations for specific alternatives

Negotiations on the content of the draft Bill did not only take place with actors outside of government, but also between government departments due to, for example, potential loss of revenue for the National Department of Sports and Recreation (SRSA). According to a participant there would be certain possibilities for finding alternative sources of funding for the SRSA, “*there are various options on the table...*” (Interview 10, 2016, draft Bill proponent). Consistent with this, official ANC discussion documents and parliamentary minutes suggest that the draft Bill ought to

be turned into a Money Bill¹⁰. For example, this type of Bill might consist of a 2.5% levy on alcoholic beverages to fund sporting, the arts, alcohol educational programmes and health promotion campaigns, and an addition 5% levy on tickets sold towards sports development (African National Congress, 2015; Parliamentary Monitoring Group, 2014a; Parliamentary Monitoring Group, 2013a; Parliamentary Monitoring Group, 2016a). According to minutes from a Sports and Recreation Committee meeting (Parliamentary Monitoring Group, 2016a), there is a current “deadlock” on the draft Bill - but this deadlock could be rectified if the National Treasury could turn the draft Bill into a Money Bill, as only the National Treasury could include a levy as part of the draft Bill, thereby recuperating the losses for the sports sector due to the advertising ban. However, the National Treasury are said to be unsupportive of making the draft Bill a Money Bill (Parliamentary Monitoring Group, 2016a), the reasons for which are unclear.

Drafting or enactment of policy

This step is defined as “activities relating to drafting, passing, enacting, or adopting legislation” (Berlan et al., 2014, p. 31). Despite a 2013 statement by the Department of Government Communication and Information System (Department of Communication and Information System [GCIS], 2013), stating the draft Bill would be Gazetted for public comment, it never was, “*I know that it was supposed to be published for public comment; it has not yet been published for public comment.*” (Interview 5, 2016, draft Bill proponent). However, in April 2012 the draft Bill was leaked to the public ('State's alcohol ban...', 2013; 'Leaks an attempt...', 2012; Paton, 2012). The NDoH intends to present the draft Bill to parliament in its current

¹⁰ A Money Bill is a type of Bill that involves the appropriation of money, namely taxes, levies or surcharges.

unchanged form – being a total ban of alcohol advertising, “*so [NDoH] didn't feel [they] wanted to put a watered down bill on the table to parliament; which would then potentially be further watered down*” (Interview 10, 2016, draft Bill proponent). According to this respondent, the next step in the policy formulation process is to submit the draft Bill, “*to the inter-ministerial committee again*” (Interview 10, 2016, draft Bill proponent) and then, “*probably submit it to Cabinet again*” (Interview 10, 2016, draft Bill proponent). The same participant suggests that the parliamentary process of debating potential legislation was intended to become the platform on which to negotiate alternatives, “*[NDoH] wouldn't be likely to change [their] perspective based on anymore engagements... it's not [NDoH] who makes the laws, it's parliament that makes laws. And parliament needs to listen to every perspective*” (Interview 10, 2016, draft Bill proponent). Nevertheless, as part of the alcohol industry’s lobbying/advocacy campaign, a policy anti-champion suggests that there are teams of people waiting and ready to act when the draft Bill is debated in parliament, “*So they will be preparing their lobbying arguments if you like... people from... Sports Sponsorship, Sports marketing, media companies all those [from advertising and alcohol companies]*” (Interview 8, 2016, draft Bill opponent). It appears that the alcohol industry also seeks to use CSR as leverage to negotiate within the parliamentary process by reaching compromises, as the policy anti-champion noted, “*And they will all be talking about the compromise of the same thing [such as] ... sponsoring clinics; and sponsoring rehab places... getting celebrities to actually talk about the dangers of drinking... promoting; and also running advertisements on the dangers of drinking driving*” (Interview 8, 2016, draft Bill opponent).

Table 2. Timeline Summary: Development of the draft Control of Marketing of Alcoholic Beverages Bill.

Year	Description
2010	Establishment of the IMC.
March 2011	IMC created the Anti-Substance Abuse Programme of Action (2011-2016) at the 2nd Biennial Anti Substance Summit.
July 2011	Appearance of the 'Preliminary impact assessment'.
April 2012	The draft Bill was leaked to the public.
September 2012	National Council of Provinces (NCOP) Committee on Economic and Business Development met with representatives from the alcohol industry.
March 2013	The draft Control of Marketing of Alcoholic Beverages Bill was presented to at the IMC meeting. Publication of the Econometrix report investigating the economic impact of banning alcohol advertising.
Circa June 2013	FOSAD initially requested the first RIA on the draft Bill.
August 2013	The IMC made the decision to table the draft Bill before Cabinet for consideration.
August 2013	Oresego Communications set up a debate in conjunction with the ARA.
September 2013	The first RIA was completed and together with the draft Bill was tabled at a Cabinet meeting. At this Cabinet meeting a second independent RIA was requested.
Circa September 2013	The draft Bill was approved for publication in the Government Gazette for public comment. However, it was never gazetted nor released for public comment.
October 2013	The Sports and Recreation Committee held a meeting to discuss the role of alcohol advertising and sponsorships in the sport sector.
August 2014	The second RIA was awarded to DNA Economics.
January 2015	The second RIA was completed.
July 2015	SEIAS on draft Bill was conducted and completed
April 2016	The Minister of Communications, Ms Faith Muthambi,

	instructed the South African Broadcasting Commission to assess the financial impact the ban would have on the Commission.
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Discussion

This study explores the complex policy formulation process of the draft Control of Marketing of Alcoholic Beverages Bill in South Africa. The results are consistent with international literature (for example, Paukštė et al., 2014; Miller and Harkins, 2010; Hawkins et al., 2012; McCambridge et al., 2013; Casswell, 2013; Savell et al., 2016; Bakke and Endal, 2010), in that industries opposed to alcohol advertising regulation use various political strategies to attempt to alter the outcome of the draft Bill in their favour. Corporate influence is evident not just when attempting to regulate alcohol, but for regulating products implicated in ‘industrial epidemics’ (Jahiel and Babor, 2007), such as tobacco (Brownell and Warner, 2009), asbestos (Castleman, 2001), pollution (Künzli et al., 2000) and foods such as trans-fat (Freudenberg and Galea, 2008), salt (Brown et al., 2009) and sugar (Lustig et al., 2012; Myers et al., 2015). The following discussion is ordered in themes emerging from the data.

Competing values and shared values

In response to the development of the draft Bill it appears that stakeholders with shared values formed two implicit clusters: the anti-ban cluster (alcohol industry, advertising industry, media industry and Department of Sport and Recreation) and the pro-ban cluster (public health researchers, civil society health promotion advocates, National Department of Health and National Department of Social Development) (see

stakeholder map - Appendix K). Competing values between the two clusters was evident: the anti-ban cluster focused mainly on economic arguments whereas the pro ban cluster focused strongly on (non-economic) health arguments (although, as mentioned above, the draft Bill is informed by tangible and intangible costs of alcohol-related harms).

International literature identifies various tactics the alcohol industry uses to influence policy, such as forming alliances with stakeholders within the same industry and with other industries (Savell et al., 2016; Paukštė et al., 2014), making use of lobbyists and advocates (Casswell and Thamarangsi, 2009) and front groups, such as the Portman Group in the U.K. (Baggott, 2006). A recent study shows that the alcohol industry was successful in influencing the Lithuanian government to overturn a proposed ban on alcohol advertising through the use of alliances with other interest groups, comprehensive lobbying with government bureaucrats and attempts to undermine evidence with the use of the media (Paukštė et al., 2014). In contrast, since the mid 1990s, a global alcohol policy network has also formed that has been fairly successful in advocating for evidence-based policy interventions for alcohol related harms (Schmitz, 2015).

International literature also shows that the alcohol industry uses numerous arguments to avoid marketing regulation: the need for targeted interventions that address personal responsibility through educational programmes (Savell et al., 2016; Hawkins et al., 2012; McCambridge et al., 2013); industry advertising self-regulation is sufficient (Anderson and Baumberg, 2005; Anderson, 2007; Hawkins et al., 2012; McCambridge et al., 2013); the alcohol industry is an important ally in combatting

alcohol abuse thereby encouraging partnerships with government (Savell et al., 2016; Hawkins et al., 2012; McCambridge et al., 2013); the need for enforcement of existing regulations (McCambridge et al., 2013; Savell et al., 2016); and the need for increased investment in CSR (McCambridge et al., 2013).

As shown earlier it appears that CSR was used somewhat as a political strategy to deflect the draft Bill. This is similar to other studies that suggest the alcohol industry attempts to avoid regulation by using CSR to promote positive public perception of the industry (Jones et al., 2015; Hawkins et al., 2012). CSR was a tactic used by the tobacco industry with the rationale of financially supporting social causes offsetting the harms and using profits for 'good' (Fooks et al., 2011; Gilmore and Fooks, 2012). This allows the industry to construct a positive image in the eyes of the public and policymakers, thereby gaining access to polity elites, and with this access industry is consulted when regulations are formulated (Gilmore and Fooks, 2012; Fooks et al., 2011). However, CSR usually promotes interventions that are of low or no effectiveness and merely supply the alcohol industry with free publicity, allowing them to accomplish their CSR objectives (Matzopoulos et al., 2012).

Lastly, results in this study showed that the alcohol industry tried to meet with academics. A possible explanation for this in the international literature is given by Michaels (2008) that alcohol industries may be seeking to compromise their opponents; if the industry has met with a public health researcher, then as a strategic advantage, the alcohol industry could assert that a researcher made claims at a certain meeting and at a certain date so as to undercut the public health researcher's authority and independence.

Intra-governmental jostling

From the current study, it appears that government departments ‘instinctively’ sought to protect their own interests. This highlights that even within government, departments do not always agree wholesale on national policy objectives and this can slow down policy processes. For example, the SRSA was opposed to the draft Bill because it was seen to threaten a major source of funding for sports. Similarly, the South African Broadcasting Commission appeared to be concerned about the ban for the same reason. However, there also appeared to be attempts to arrive at a workable solution between government departments, as seen with discussions on alternative sources of funding for the Department of Sport and Recreation if the draft Bill were to be implemented. Therefore, although it is ‘government’s’ role to produce public health policies, different governmental departments may have interests (such as raising revenue for sports sponsorship) that compete with public health interests.

The current instance of intra-governmental jostling seems to imply conflicting criteria by which governments prioritise policy objectives. It appears that there is a need for ‘policy coherence’; defined as “the systematic promotion of mutually reinforcing policies across government departments and agencies creating synergies towards achieving the defined objective” (Organisation for Economic Co-operation and Development., 2001, p. 104). Analogously, ‘Health in All Policies’ is an approach to policy making that mutually enforces health as an essential human right to be considered in all government policies and an essential element for sustainable economic growth (Ståhl et al., 2006). It is relevant to the current study since there appears to be an inconsistency in objectives between economic policy and health policy objectives, which can be attributed to political economic forces (Blouin, 2007)

- as curbing alcohol-related harm negatively affects the alcohol industry's sales and profits (Gilmore et al., 2011).

Stakeholder consultation in democratic policy making

Due to the nature of democratic policymaking, the policy formulation process on the draft Bill requires stakeholder consultation and this means that those who are against the ban, including the alcohol industry, must be consulted. Casswell (2009) writes that an industry with vested interests will use these consultative platforms to dissuade government from introducing such regulations. Public-private stakeholder consultation required in policy development - as seen in the current study - has the potential for conflicts of interest (Gilmore and Fooks, 2012; London et al., 2012). Research suggests that the alcohol industry's attempts to establish such partnerships are an indirect way to influence policy (Gilmore and Fooks, 2012; Savell et al., 2016). Under neoliberalism, greater involvement of the private sector in decision-making and promotion of public-private partnerships have become the norm, as governments seek input from the private sector to inform policy decisions, which has been shown to be inimical to public health objective (Miller and Harkins, 2010). Although the draft Control of Marketing of Alcohol Beverages Bill, at the National level, has not been enacted or implemented, a report indicates that the alcohol industry has frustrated the implementation of the Western Cape Liquor Act¹¹ - by-laws on the sales of alcohol - since the alcohol industry appears to play a deciding role on which interventions to sponsor (Myers, 2015). Revealingly, Miller and Harkins (2010) suggest that 'policy capture' - when the government, whose role it is to protect public interests, becomes

¹¹ In South Africa, each province has separate Executive and Legislative branches of government, which allows provinces some leeway in developing by-laws that apply only in that province.

swayed away from formulating regulations by the affected industry – is the ultimate aim of alcohol industry political strategies (Miller and Harkins, 2010).

Importantly, these types of democratic consultations would not be readily extended to the tobacco industry (Smith et al., 2016). Termed “tobacco exceptionalism” (Collin, 2012, p. 277), the tobacco industry is seen as a pariah that knowingly advocates and lobbies against public health measures (Smith et al., 2016). Although some literature shows the similarities between tobacco and alcohol industries (Bond et al., 2010) and the food and tobacco industries (Brownell and Warner, 2009), the alcohol and food industries are still treated differently to the tobacco industry (Collin, 2012). It is suggested that tobacco is treated as a pariah because of strong evidence showing political strategies used (Smith et al., 2016). Literature suggests that policymakers should restrict interaction with corporations with vested interests (McCambridge et al., 2013; Casswell, 2013). Importantly, a significant difference between the tobacco and other harmful products is the existence of the Framework Convention of Tobacco Control (FCTC), a legally binding international health treaty for the global control of tobacco products under the auspices of the WHO (World Health Organisation, 2003).

The global alcohol industry has promoted themselves as, and have subsequently become, partners in developing and implementing alcohol policies (Casswell, 2013; Bakke and Endal, 2010). The current study suggests that the alcohol industry and others, such as the advertising and media industry, do attempt to subvert the government’s efforts to create public health legislation. Nevertheless, there is an indication of progress in treating these industries consistently, as the World Health Assembly in 2008 successfully downgraded the alcohol industry to that of

consultative instead of collaborative roles (Casswell and Thamarangsi, 2009). However, there have been renewed calls for the WHO to develop a stronger framework to regulate engagements with non-state actors to avoid conflicts of interest in decision-making at a global level (Third World Network et al., 2016; Buse and Hawkes, 2016).

Battle for evidence

Throughout the policy formulation process what constitutes the ‘correct’ evidence to support or oppose a ban on alcohol advertising is a point of contention. It seems that a key component of the alcohol industry’s advocacy/lobbying campaign was to accrue evidence to use as ‘ammunition’ in opposition to the ban. This was carried out by funding their own research, such as the ‘preliminary impact assessment’ and Econometrix report, the former of which lacks a methodological description and the latter of which was shown to have considerable methodological flaws (Parry and London, 2013). The current study shows that both these industry-funded reports were widely cited in the alcohol industry’s advocacy/lobbying campaign. The alcohol industry also argues against existing research, implying that there is insufficient evidence to show that the ban will be effective and that alcohol advertising does not increase consumption. Similarly, international literature shows that the alcohol industry argues that there is insufficient evidence to support marketing regulations (Savell et al., 2016) and that commissions research, such as economic impact studies, promotes weak evidence, and distorts good evidence as an indirect tactic for influencing policymakers (Savell et al., 2016; McCambridge et al., 2013). Manufacturing doubt has occurred elsewhere around the world (Casswell and

Thamarangsi, 2009) and such tactics are synonymous with the tobacco industry (Michaels, 2008; Casswell and Thamarangsi, 2009), which has subsequently prompted public health researchers to avoid interacting with them (Collin, 2012), and public health journals to refuse tobacco industry funded research (McKee and Allebeck, 2014; Godlee et al., 2013; The PLoS Medicine Editors., 2010). Similarly, ‘science capture’ is a well-documented strategy used by industry to develop and frame scientific evidence to distort public health arguments (Miller and Harkins, 2010). ‘Media capture’ is also a recognised tactic industry uses to disseminate arguments and ‘evidence’ through the media to undermine public health efforts (Miller and Harkins, 2010).

Lastly, it is apparent that there are no guidelines in place with which to: advise policymakers on whose evidence to consider; enable policymakers to assess quality of evidence; or to identify conflicts of interests in research (Gilmore and Fooks, 2012; London et al., 2012). Without proper guidelines to advise on the inclusion criteria of evidence in policy making, this runs the risk of all so-called ‘evidence’ to be given equal weighting regardless of the quality, sources of funding or producers. It appears that government officials may be unable to discern and filter which evidence to include in formulating evidence-based policies, especially when the evidence is generated from research subject to conflict of interest (London et al., 2012).

Information Box: Contribution to Theory

This case study illustrates that the conceptual frameworks may be applied to a case study on policy formulation processes successfully. The Roberts et al. (2004) framework worked well in identifying political strategies being used by the alcohol industry, and their framework was effectively applied in each ‘bit’ in the seven-bit framework for understanding the formulation process. As the case study shows – and as Berlan et al. (2014) suggest – the policy formulation process is ‘fluid’, and it occurs in a nonlinear, haphazard manner, such that some ‘bits’ occur simultaneously, are bypassed or are then later revisited. For example, the NDoH drafted the draft Bill before there were negotiations. We recommend that both conceptual frameworks (Roberts, et al. (2004) and Berlan et al. (2014) be used for future research into policy formulation process case studies.

Limitations

In a complex world, we must remain aware that there is more information about this case than is possible to uncover. To manage this complexity, we use theory to impose a lens; inevitably others may observe differently through a different lens. This study is the ‘tip of the iceberg’ and the reality is that much more is occurring in the background of the policy formulation process than is observable; in fact, some important stakeholders declined our invitation to be interviewed. However, to manage these limitations a range of different stakeholders with different perspectives were still accessed and interviewed, including an extensive documentary review to ensure triangulation of results; and theory was used throughout the research process to

support theory building and analytical generalisation. Lastly, since some of the events took place four to five years prior to the interviews, it was challenging for some participants to recollect the exact chronology and dates of event.

Conclusion

Past international and national research suggests that industries attempt to influence policy development so as to avoid regulation. The current study sought to explore the complex policy formulation process of the draft Control of Marketing of Alcoholic Beverages Bill in South Africa, focusing on how stakeholders influenced this process. This study found that policy formulation processes appear to be typically complex and non-linear. Networks of actors with financial interest - such as, the alcohol industry, advertising industry and media industry - used diverse strategies to influence policy formulation processes to influence marketing regulations. Therefore, this study suggests that measures able to address these strategies to insulate policy development are needed to prevent industry influence undermining public health, whilst maintaining democratic principles of stakeholder consultation in policy making. Such recommendations may include that industry declare conflict of interest in stakeholder consultations and government should moderate certain consultations with industry. In order to successfully mitigate the effects of NCDs it is paramount that policy formulation processes are improved in such a way that public health concerns remain a prime concern in spite of the real implications of corporate pushback.

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Part D: Appendices

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Appendix A: Introductory email from supervisor

Dear, _____

My name is Marsha Orgill, and I am supervising Adam Bertscher's research for his Master of Public Health degree at the University of Cape Town. The South African government developed draft regulations aimed at restricting alcohol advertising, as an evidence-based upstream intervention, and we have identified you as a knowledgeable stakeholder. In this regard, we would like to speak to you specifically about the draft Control of Marketing of Alcoholic Beverages Bill. I kindly ask if you could participate in an interview with Adam, as we believe your knowledge and experience would give him insight into this policy formulation process.

Adam's study focuses on how the draft Control of Marketing of Alcoholic Beverages Bill was created, what key processes were involved, who the key actors are in developing the content of this policy and who supports or opposes this policy.

I would like to give you notice that Adam will send you an email formally inviting you to participate in an interview that should not take more than an hour. I do hope you will participate in an interview with Adam, as I believe sharing your experience will illuminate policy processes as well as benefit future public health policy development.

Kind Regards,
Marsha Orgill

Appendix B: Email of invitation from student researcher

Dear, _____

My name is Adam Bertscher, and I am a Masters of Public Health Student at the University of Cape Town. As part of my thesis I am conducting a research project on the formulation of the draft Control of Marketing of Alcoholic Beverages Bill. I would like to understand how policies are created, what key processes are involved and who the key actors are in developing the content of the policy.

I would like to invite you for an interview to speak about your experiences of the Bill's development. This interview would be conducted in a location of your choice and would take approximately an hour of your time by telephone, Skype or face-to-face.

Please let me know if you would be available for an interview. This is an opportunity to offer your valuable insights into the development of health policy in South Africa. If you agree to be interviewed, to ensure ethical research practices, I will send you the information sheet and the consent forms prior to the interview for your review.

Kind Regards,
Adam Bertscher

Appendix C: Follow-up email

Dear, _____

My name is Adam Bertscher, and I am a Masters of Public Health student at the University of Cape Town. I would like to follow-up on my previous email inviting you to participate in my study on the formulation of the draft Control of Marketing of Alcoholic Beverages Bill.

My study focuses on the policy formulation process of the draft Control of Marketing of Alcoholic Beverages Bill, I would like to understand how policies are created, what key processes are involved, who the key actors are in developing the content of the policy and who supports or opposes the policy and if any actions are taken in this regard.

I would like to invite you for an interview to speak about your experiences of the development of this draft Bill, in order to gather perspectives from key stakeholders. This interview would be conducted in the location of your choice and would take approximately an hour of your time by telephone, Skype or face-to-face.

Please let me know if you would be available for an interview. This is an opportunity to offer your valuable insights into the development of health policy in South Africa and help support this process in the future. If you agree to be interviewed, to ensure ethical research practices, I will send you the information sheet and consent forms prior to the interview for your review.

Kind Regards,
Adam Bertscher

Appendix D: Thank you email

Dear, _____

Thank you for your participation in the interview with me on the formulation on the draft Control of Marketing of Alcoholic Beverages Bill.

I greatly appreciated the time you took out of your day to speak with me. The information you provided would certainly contribute to further improvements in health policy development.

If you have any further questions, please do hesitate to contact me, my supervisors, Marsha Orgill: Health Economics Unit, Tel: +27 21 406 6753 E-mail: ms.orgill@uct.ac.za or University of Cape Town Faculty of Health Sciences Human Research Ethics Committee, Tel: +27 (0) 21 406 6626, facsimile +27 (0) 21 406 6411, email: shuretta.thomas@uct.ac.za

Kind Regards,
Adam Bertscher

Appendix E: Email re-inviting the interviewee to participate

Dear, _____

My name is Adam Bertscher, and I am a Masters of Public Health Student, at the University of Cape Town. As part of my thesis, I interviewed you a short while ago on the formulation of the draft Control of Marketing of Alcoholic Beverages Bill.

Upon reflecting on our conversation, I would like to invite you for one last interview so that I may ask you a few more questions about this process.

I greatly appreciated the time you took for the previous interview. Please let me know if you would be available for another interview, they would be conducted anytime between x and y.

Kind Regards,
Adam Bertscher

Appendix F: Interview Questions

Section 1: General questions for all participants

1. Do you know about the Control of Marketing of Alcoholic Beverages Bill?
 - a. How did you come to know about it
 - b. How did you come to work with it?
2. Are you familiar with the current policies being debated in the alcohol beverage industry in relation to the draft Bill?
 - a. If so, what policies are you aware of?
3. Who do you think are the key stakeholders involved in the development of the draft Control of Marketing of Alcoholic Beverages Bill?
 - a. Why do you think these are the key stakeholders? What in particular makes them most relevant? [Probe: *Tangible resources*: money, organization, people, votes, equipment, offices. *Intangible resources*: information, access to leaders, access to media, expertise, legitimacy, skills]
4. Do you know what a Regulatory Impact Assessment (RIA) is?
 - a. Are you aware that two RIAs were conducted on the draft Bill?
 - b. Could you please tell me which stakeholders were consulted for the first and second RIA?
 - c. Do you think that it was fair how stakeholders were consulted for each RIA?
5. Could you tell me your current position on the draft Bill and how long you have been in this position?
 - a. Would you say you support or oppose this Bill?
 - b. Would you want the draft Bill to become law? Why/why not?
 - c. Could you possibly tell me how you came to be in this position?
6. Have you been engaging with Government in any way in order to try and share your position on the draft Bill? [Probe: 1) generation of policy alternatives, 2) deliberation and/or consultation, 3) advocacy for specific alternatives, 4) lobbying for specific alternatives, 5) negotiation of policy alternatives, 6) drafting or enactment of policy and 7) guidance/influence on implementation.]

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- a. Could you please tell me a little bit more about your involvement when you mentioned X?
7. What do you do to show the government that you support or oppose the Bill?
8. Do you think the Bill is feasible?
 - a. Do you think the Bill is practical
9. How have you experienced support and/or opposition from other stakeholders?
 - a. Why do you think they support/oppose you?
10. Have you been following the communication between the alcohol industry and government on the draft Bill?
 - a. In your opinion is the government showing strong opposition or strong support? In which way, please explain?
11. Have you been following the media reports on the draft Bill?
 - a. In your opinion is the media showing strong opposition or strong support? In which way, please explain?
12. What is it about South African culture that makes your involvement in the draft Bill easier or harder?
13. What governmental structures are in place that makes your involvement in the draft Bill easier or harder?
14. What international organisations, agencies or people have had an effect on your involvement in the draft Bill?
15. Do you think banning alcohol advertising is a good thing? Please explain why.
 - a. How did you come to this understanding? What is your source of information?
16. What structures or meetings do you attend that makes it easier for you to be a part of engagements on the draft Control of Marketing of Alcoholic Beverages Bill?
 - a. How long have been involved in these structures?
17. Who else do you think I should speak to who could give me good information about the draft Bill? Could you suggest three people or stakeholders?

Section 2: Political Strategies

1. Has the alcohol industry in any way been able to successfully argue for a change in the content of the draft Bill?
 - a. If yes, how have they done so?

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- b. Who have they engaged with?
 - c. If no to question 1, if they haven't been successful do you know if they have tried to change it in any way?
2. Has the alcohol industry been lobbying for a particular position? Do you know how they have been doing this?
3. Is the alcohol industry being regularly consulted on the content of the policy?
 - a. Did they help with drafting the policy or were they consulted on the content of the policy?
 - b. In what meetings have they been present?
 - c. Are they engaged in discussions that you have been involved in quite a bit? Could you explain?
4. Has the alcohol industry been in contact with you about what you have said about them or about the draft Bill?
 - a. What happened when the alcohol industry contacted you?
5. In your opinion, who do you think are the key stakeholders with the most influence to shape and pass this draft Bill?
 - a. Do you think the alcohol industry has a lot of power in this process?
[Probe: key relationships in the formulation process/ being invited to key consultative meetings / access to the media / skills and knowledge / access to monetary resources to lobby]
 - b. What kind of things does the alcohol industry do to help them?
6. Why was there a second RIA? If there is typically an RIA required, why was a second was requested? Do you know who requested it and why?
7. Have you noticed if any stakeholders are now opposing the draft Bill rather than supporting it, have any actors changed their position in any way? Do you know why they have done so?
8. Can you comment on how the alcohol industry is framing the argument about the relationship between alcohol advertising and alcohol consumption? Are you familiar with some of the arguments? Could you tell them to me? Are they quoting any evidence?
9. Do you know by what means the alcohol industry is in any way sharing this message with the government or with the public [Prompts: The media, in consultative meetings?]

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10. As the government proposes a ban on alcohol advertising do you know what the alcohol industry thinks is the solution to alcohol-related harms in the country
 - a. What strategy does the alcohol industry they think is best?
11. Where would you say you get most of your information?

Appendix G: Interviewee content form

CONSENT FORM: In-depth interviews

Title of Research Project: “Exploring the complex policy formulation process of the draft Control of Marketing of Alcoholic Beverages Bill in South Africa”

The project seeks to understand how the policy formulation process of draft Control of Marketing of Alcoholic Beverages Bill is taking place in South Africa.

I have read and understand the information Adam Bertscher has provided to me with the information sheet and I agree to take part in his study. The study has been described to me in a language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way. I understand there will be no reimbursement for participation.

At all times the researcher will keep the source of the information confidential and refer to me and my words by a number or invented name. The written transcripts or notes of the actual interview will only be released to co-researchers who will assist in the data analysis, in which a number or invented name will be used in these transcripts instead of my real name. The researcher will send me a transcript of the interview for me to review to ensure that there is no information that I have provided to the researcher that I feel will identify me, thereby violating my confidentiality. The researcher will not comment on or publish any information that I wish him not to, nor will he publish any information that will violate my confidentiality. Where a quote may be such that it is impossible to hide my identity, even with anonymisation, the researcher will explore with me a way to formulate my statement in the report in a way I feel comfortable that will not compromise my anonymity.

If you consent to partake in the study please sign here:

Participant’s name	Researcher’s
Name.....	
Participant’s signature.....	Researcher’s
signature.....	
Date.....	Date.....
Witness name.....	
Witness signature.....	
Date.....	

Should you have any **questions regarding this study** or wish to report any problems you have experienced related to the study, please contact the researcher at the University of Cape Town: **Adam Bertscher**, Department of Public Health and Family Medicine, University of Cape Town. E-mail: brtada002@myuct.ac.za Mobile: +27 (0)73 614 7327, or the study supervisors: **Marsha Orgill**, Health Economics Unit Tel: +27 (0)21 406 6753 E-mail: ms.orgill@uct.ac.za or **Leslie London**, Public Health Medicine, Tel: +27 (0)21 406 6524 E-mail: leslie.london@uct.ac.za

Should you have any **complaints about your treatment or rights** as a participant, you may contact the University of Cape Town, Faculty of Health Sciences Human Research Ethics Committee, Room E54-24 Groote Schuur Hospital Old Main Building, Observatory, 7925, Telephone +27 (0)21 406 6626, facsimile +27 (0)21 406 6411, email: shuretta.thomas@uct.ac.za

Appendix H: Consent to audio-record interview

CONSENT TO AUDIO RECORD INTERVIEWS

If you consent to partake in the study could you please tick an option regarding audio tape-recording:

I have read the project information sheet and it has been properly explained to me and I understand that it is up to me whether or not the interview is audio-recorded.

The purpose of recording the interview is to capture accurately all the information that will be given.

It will not affect in any way how the interviewer treats me if I do not want the interview to be tape-recorded.

I understand that if my participation is tape-recorded that the tape will be destroyed five years after the interview.

I understand that I can ask the person interviewing me to stop tape recording, and to stop the interview altogether, at any time.

I understand that the information that I give will be treated in the strictest confidence and that my name will not be used when the interviews are typed up.

Yes, I agree to be **audio taped** during my participation in this study.

No, I do not agree to be **audio taped** during my participation in this study.

Interviewee's name and signature

Interviewer's name and signature

Date: _____

Witness consent (in the case that the interviewee is illiterate)

I _____ (witness name) hereby confirm that this information sheet has been read and explained to _____ (interviewee name) and that the interviewee hereby gives their consent, willingly and freely for the interview to take place and for it to be audio-recorded.

Witness name and signature

Should you have any **questions regarding this study** or wish to report any problems you have experienced related to the study, please contact the researcher at the University of Cape Town: **Adam Bertscher**, Department of Public Health and Family Medicine, University of Cape Town. E-mail: brtada002@myuct.ac.za Mobile: +27 (0)73 614 7327, or the study supervisors: **Marsha Orgill**, Health Economics Unit Tel: +27 (0)21 406 6753 E-mail: ms.orgill@uct.ac.za or **Leslie London**, Public Health Medicine, Tel: +27 (0)21 406 6524 E-mail: leslie.london@uct.ac.za

Should you have any **complaints about your treatment or rights** as a participant, you may contact the University of Cape Town, Faculty of Health Sciences Human Research Ethics Committee, Room E54-24 Groote Schuur Hospital Old Main Building, Observatory, 7925, Telephone +27 (0)21 406 6626, facsimile +27 (0)21 406 6411, email: shuretta.thomas@uct.ac.za

Appendix I: Information sheet

INFORMATION SHEET



UNIVERSITY OF CAPE TOWN
IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

Research Title: Exploring the complex policy formulation process of the draft Control of Marketing of Alcoholic Beverages Bill in South Africa

Background:

I am interested in knowing your experiences with regards to the draft Control of Marketing of Alcoholic Beverages Bill as I am investigating how laws that concern public health matters are developed in South Africa. Please feel free to ask me any questions if you do not understand the motivation for my research. The University of Cape Town Human Research Ethics Committee has given me permission to conduct this study.

What is the rationale of this study?

The study is part of my Masters of Public Health at the University of Cape Town. My research is looking at the policy formulation process of the draft Control of Marketing of Alcoholic Beverages Bill. The South African government developed draft regulations aimed at restricting alcohol advertising as a proposed evidence-based upstream intervention to reduce the burden of illness created by alcohol.

Why am I doing this study and why should you take part in this study?

Many public health-related policies are put in place to protect the county's population from harmful products, for example, chemicals and foods. This study will be looking to see how health policies are created using the draft Control of Marketing of Alcoholic Beverages Bill as a tracer case. Your experiences are very important in helping me understand how this policy formulation process takes place. As part of my master's degree this research will be used toward my graduation. Importantly though, I hope this research will be used to create more transparent policy processes in the future so that all stakeholders have an opportunity to contribute to policy processes in a fair way.

What would you have to do?

I kindly ask if I may take about an hour of your day so that I may interview with you, at a time and place that is suitable to you. This interview is entirely voluntary. The interview is a semi-structured, which means that I have some prepared questions, but there may also be unprepared questions that may come up during the interview. These questions are about your experiences of engaging in either the development of or

consultation around the draft Bill. If you permit me, I would like to audio-record our interview. I will type out the interviews and I will give you the transcript so that you may see if I have represented your experiences correctly. Your name will never be mentioned and your identity will remain anonymous in the report of my findings.

Participant consent

Participation is completely voluntary. It is your choice whether or not you want to partake in an interview. You may refuse to answer any question and you may refuse to partake in the study before it commences and withdraw from participation throughout the interview itself. There will be no negative consequences if you wish to withdraw.

What will happen to the study results?

The results will be completed and shared with stakeholders of the draft Bill. These findings will be presented to government officials and whoever would have an interest in this draft Bill, such as policy advocates. The study may possibly be published in an academic journal and used in presentations.

If you participant in this study would it be harmful to you?

There is no harm posed to you from this study. You do not have to answer any question you do not want to and if you want to withdraw from this study at any point, you may do so without any negative consequences. I will provide you with a transcript of the interview to ensure that you have not provided information that you do not want to be commented on or published. All information will remain confidential. If I use anything you have told me in my report, none of the information you have provided me will be traced back to you in anyway, because I will not use your name in any of my written documents. Your responses will remain completely anonymous and I will use a code name or pseudonym to refer to what you have said.

What are the benefits of participating in this study?

If you choose to participate, the study will not likely benefit you directly. However, the results of this study will be used to improve South Africa's law making process when it comes to public health-related policies. No other risks will be posed to you from partaking in an interview.

How will your identity be protected and your privacy maintained?

As mentioned above, all interviewees will remain anonymous and none of your personal details will be stored with the transcriptions. Your identity will remain confidential and secret. You will be referred to as a code name or pseudonym, as it would not be necessary to store any of your personal details, so no data would be able to be traced back to the interview. The computer itself has a password protection at log in and for screen lock. The list of individuals that I interview along with the consent forms will be stored separately from the rest of the research data. Any

documents that relate to an interview such as hard copies of transcripts, electronic files on hard drives, will store securely. I will store the research data for the standard time - 5 years - after which it will be deleted. The voice recordings and transcriptions will be kept in a password-protected folder on the researcher's computer in digital form only.

The researcher will send you a transcript of the interview for you to review to ensure that there is no information that the researcher has provided to you that you feel will identify you, thereby violating your confidentiality. The researcher will not comment on or publish any information that you wish him not to, nor will he publish any information that will violate your confidentiality. Where a quote may be such that it is impossible to hide your identity, even with anonymization, the researcher will explore with you a way to formulate your statement in the report in a way you feel comfortable that will not compromise your anonymity.

Will you be paid for your time/ taking part in this research study?

You will not be paid for partaking in an interview.

Who can you contact if you have questions about the study?

If you have any questions about the interview process, please contact myself or one of my supervisors. The names, telephone numbers and email addresses are listed at the final pages of this form.

Who can you contact if you have complaints or concerns about the study?

Should you have any **complaints about your treatment or rights** as a participant, you may contact the University of Cape Town, Faculty of Health Sciences Human Research Ethics Committee, Room E54-24 Groote Schuur Hospital Old Main Building, Observatory, 7925, Telephone +27 (0)21 406 6492, facsimile +27 (0)21 406 6411, email: shahieda.amardien@uct.ac.za

Who is conducting the study?

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Appendix J: Codebook

Code (Name)	Brief Description	Inclusion Criteria (When to use it?)	Exclusion Criteria (When not to use it?)	Example (Good exemplar)	Dis-example ("Close but no")
Perception Strategy	An activity or behaviour that seeks to change the way people think about and/or frame the problem of alcohol and proposed solution for dealing with alcohol misuse/abuse. This is linked to the way people view alcohol as a problem and the solution to alcohol as being consistent or contradicting national symbols, values or identity (Roberts et al., 2004).	When an actor seeks to change the way people think about and frame the problem of alcohol and/or alcohol advertising and the proposed solution for dealing with alcohol misuse (Roberts et al., 2004).	When an actor seeks to change the way people think about the availability of alcohol or issue related to taxation of alcoholic beverages (Roberts et al., 2004).	For example, if one frames a problem as not being supported by evidence, or as being the <i>individual's</i> responsibility, it may not seem necessary for the government to intervene with regard to alcohol advertising.	If an actor seeks to increase their level of power through donations to political parties.
Position Strategy	An activity or behaviour that involves bargaining with other players involved in the policy process with the intention to change their position. In this instance 'position' refers to one's support or opposition to the policy of interest (Roberts et al., 2004).	When an actor seeks to change the extent of endorsement other players have in relation to the draft Bill (Roberts et al., 2004).	When an actor performs an activity that seeks to change the power position of another actor (Roberts et al., 2004).	For example, this could include changing the content of a policy so that a player may move to oppose or support it.	If an actor seeks to change the perception of other players through the use of evidence.
Power Strategy	An activity or behaviour that intends to change the amount of tangible or intangible power a player wields. Tangible power involves money (access to resources) or votes, whereas intangible power involves access to policymakers or institutional legitimacy (Roberts et al., 2004).	When an actor seeks to change the level of power they or another player wields (Roberts et al., 2004).	When an actor seeks to change something other than the level of their own power or another player's power (Roberts et al., 2004).	For example, if the alcohol industry gains access to policymakers thereby becoming involved in the policy formulation process.	If the alcohol industry is involved in the policy formulation process but does not necessarily hold reputable sway within the formulation process.

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<p>Player Strategy</p>	<p>An activity or behaviour that attempts to mobilise players who are not mobilised who may help one's cause and demobilise players who are a threat to one's cause (Roberts et al., 2004).</p>	<p>When an actor intends to either mobilise or demobilise a player to support or oppose the draft Bill (Roberts et al., 2004).</p>	<p>When an actor intends to change the level of endorsement other players have in relation to the draft Bill (Roberts et al., 2004).</p>	<p>For example, if the alcohol industry gives/donates money to an actor who is otherwise indifferent toward the draft Bill.</p>	<p>Changing the content of the draft Bill so that a player may move to oppose or support it, instead of changing the content so that the actor is demobilised or mobilised.</p>
<p>1) Generation of policy alternatives</p>	<p>The development of alternatives and recommendations to the content of the draft Bill. This may include specific programmes and/or principles (Berlan et al., 2014).</p>	<p>When such activities involves research processes, developing technical guidance, assessing policy alternatives as well as involving decision makers in research processes and producing white articles for consultation (Berlan et al., 2014).</p>	<p>When the recommendation is not an alternative to the current policy, that is the recommendation is not an outright ban on all forms on alcohol advertising (Berlan et al., 2014).</p>	<p>For example, the use of scientific evidence to develop better quality alternatives and recommendations to regulating alcohol advertising, or using poor, industry funding research to developed substandard recommendations for regulating alcohol advertising.</p>	<p>Making recommendations that add to the current policy without changing the main intention of the policy itself, which is to ban alcohol advertising.</p>
<p>2) Deliberation and/or consultation</p>	<p>Behaviours or activities that involved some form of deliberation and/or consultation on the alternative to banning alcohol advertising (Berlan et al., 2014).</p>	<p>When there is consultation with those external to government, such as, civil society, communities, organization that have interests in the draft Bill, individuals or networks of researchers and experts in the field of alcohol as well as consultation with those internal to government (such as with other government departments) (Berlan et al.,</p>	<p>When there is no apparent evidence of consultation with those internal or external to government (Berlan et al., 2014).</p>	<p>For example, if the government includes SAB Miller, and/or SoulCity in the consultation process when deliberating on the content of the draft Bill.</p>	<p>Not to be confused when players (e.g. SAB Miller) advocate and/or lobbying for alternatives to banning alcohol advertising.</p>

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		2014).			
3) Advocacy for specific alternatives	Behaviours and activities that intend to influence or change policy as legislation and policy as non-legislation. Advocacy for specific alternatives may involve deliberative framing of policy problems and solution, such as agenda setting within policy formulation (Berlan et al., 2014).	This could involve efforts to influence within governments (parliament) and outside of government such as civil society, media, and grass roots organizations (Berlan et al., 2014).	When there is no apparent evidence that a player is attempting to influence within or outside of government to produce policy change (Berlan et al., 2014).	For example, press releases, grass roots mobilization and campaigns, articles, publicity stunts and focusing events—targeting both the public and decision makers.	Not to be confused with lobbying, which generally targets influencing legislators and/or policy makers only.
4) Lobbying for specific alternatives	Behaviours and activities that intend to directly or indirectly influence legislators only (Berlan et al., 2014).	This could involve covert forms of influencing legislators (Berlan et al., 2014).	When there is no apparent evidence that a player is attempting to influence legislators and/or policy makers (Berlan et al., 2014).	For example, private meetings with alcohol industry representatives.	Not to be confused with advocacy, which targets legislators and/or policy makers and the public.
5) Negotiation of policy alternatives	Negotiations on the content of the policy (Berlan et al., 2014).	Any negotiations that take place over the content of the draft Bill (Berlan et al., 2014).	When there is no apparent evidence that negotiation over the content of the draft Bill is taking place (Berlan et al., 2014).	For example, the negotiations between the alcohol industry and/or civil society organisations and the relevant government department who drafts the policy.	Not to be confused with deliberating of policy alternatives or drafting the policy document.
6) Drafting or enactment of policy	Activities relating to drafting, passing, enacting, or adopting legislation (policy) and constructing budgets (allocations) (Berlan et al., 2014).	When there are (1) activities related to drafting of legislation and (2) activities related to enactment (Berlan et al., 2014).	When there is no apparent evidence that activities related to drafting and activities related to enacting policies are taking place (Berlan et al., 2014).	For example, politicians stalling or blocking the draft Bill from moving forward towards implementation.	Not to be confused with implementing the policy.
7) Guidance/influence on implementation	Behaviours and activities that continue to change the content of policy after it has	When there is evidence of such activities that include	When there is no apparent evidence to	For example, interpreting the ban	Not to be confused with the draft Bill in the

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	been legislated (Berlan et al., 2014).	developing detailed regulations, orders or guidelines for implementation, advocating or lobbying for policy ‘interpretation’ alternatives, and post-legislation judicial ruling (Berlan et al., 2014).	indicate that the draft Bill is moving toward implementation (Berlan et al., 2014).	on alcohol legislation and finding loopholes so that one may be able to advertise without prosecution.	preceding phases before implementation.
Structural Contextual Factors	Stable societal structures that have an impact on the policy formulation process (Leichter, 1979).	When there is an implicit or explicit indication of political or structural frameworks in South African society that possibly has an impact on the way policies are formulated (Leichter, 1979).	When there is no mention of these factors or if there are other factors that have a bearing on the development of policy, but which may have a bearing on the development of other aspects of society, such as education (Leichter, 1979).	For example, democratic forms of government that encourage civil participants and free speech, which means that government would invite civil society to be part of the process of forming policy.	The stable and high prevalence of alcohol related disease in the population.
Situational Contextual Factors	Transitory, circumstantial societal trends that have bearing on the policy formulation process of the draft Bill (Leichter, 1979).	When there is an implicit or explicit indication of transitory, circumstantial societal trends that appear to influence the policy formulation of the draft Bill (Leichter, 1979).	When there is no mention of these factors or if there are other factors that have a bearing on the development of the draft Bill, but which may have a bearing on the development of other aspects of society, such as education (Leichter, 1979).	For example, the growth in alcohol related diseases and the tangible and intangible repercussions for the health system and economy.	Political forces that seem to be transitory but which are a function of the wider system of government (such as democratic institutions).

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<p>Cultural Contextual Factors</p>	<p>Normative behaviours and socially accepted cultural patterns that have an impact on the policy formulation process (Leichter, 1979).</p>	<p>When there is an implicit or explicit indication of inherent cultural behaviours that impact the formulation of the draft Bill (Leichter, 1979).</p>	<p>When there is no mention of these factors or if there are other factors that have a bearing on the development of policy, but which may have a bearing on the development of other aspects of society, such as land reform (Leichter, 1979).</p>	<p>For example, the culture of drinking and the accepted nature of sports sponsorship by alcohol companies.</p>	<p>Cultural behaviours of small groups of individuals but which are not widely accepted as part of the broader South African context.</p>
<p>Exogenous/international Contextual Factors</p>	<p>International organisations or global societal trends that influences South Africa’s policy formulations process (Leichter, 1979).</p>	<p>When there are international organisations or global forces that have a bearing on South Africa’s attempt to formulate the draft Bill (Leichter, 1979).</p>	<p>When there is no mention of these factors or if there are other factors that have a bearing on the development of policy, but which may have a bearing on the development of other aspects of society, such as foreign policy (Leichter, 1979).</p>	<p>For example, globalisation and the growth of multinational alcohol beverages companies.</p>	<p>Multinational companies that may or may not operate in South Africa, but importantly may have nothing to do with the policy formulation process.</p>
<p>Identification of Actor</p>	<p>Any individual or collection of individuals, organisation or agency that has an interest and/or stake or is affected by the stipulated contents of the draft Bill, and/or any actor who attempts to influence and/or be involved in the policy formulation of the draft Bill.</p>	<p>When there is an explicit or implicit indication that an individual, collection of individuals, organisations or agency has any interests in the draft Bill and/or is involved in the formulation</p>	<p>When there is insufficient information or evidence to identify an actor that has interest and /or stake in the draft Bill.</p>	<p>For example, the alcohol industry and advertising industry that both have obvious interests in alcohol advertising being kept legal.</p>	<p>NA - Any entity could be considered an actor in this scenario whether they are mobilised or non-mobilised</p>

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		of the draft Bill.			
Level of Power	How successful an actor is at being able to influence another actor - that is, to get A to do something that A would not normally do. The sub codes of power that could be displayed are, 1) power as decision-making (Dahl, 2005), 2) power as non decision-making (Bachrach and Baratz, 1962) or 3) power as thought control (Lukes, 1974).	When any of the three types of power are displayed; such as a) power as <i>decision-making</i> , where an actor has power if they can influence policy decision (Dahl, 2005), b) power as <i>non-decision making</i> where an actor has power if they can constraint the extent of policy decisions (Bachrach and Baratz, 1962) and c) power as <i>thought control</i> where an actor has power if they can change the meaning and perceptions of the health issue in question (Lukes, 1974).	When there is insufficient information or evidence that demonstrates the extent of and type of power an actor displays.	For example, the amount of resources the alcohol industry has at its disposal for employing lobbyists and advocates arguing for maintaining the status quo.	Extent to which an actor behaves in a voluntary way, which may be confused with acting as a result of the influence from another actor. For example, the Department of Sport and Recreation may have an interest in alcohol advertising as it benefits from sports sponsorship by alcohol beverage companies. But the alcohol industry is not influencing them per se.
Position of Actor	The extent, to which an actor opposes, supports, is neutral towards, or mobilised or not in relation to the draft Bill.	When there is an implicit or explicit indication that the actor is for, against, neutral or whether or not they are mobilised in relation to the draft Bill.	When there is insufficient information or evidence that demonstrates that the actor is for, against, neutral toward or mobilised in relation to the draft Bill.	For example, the extent to which the alcohol industry is against the banning of alcohol advertising.	NA - Any actor could be considered as having a position in this scenario, even though they may not be mobilised at that point in time.

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Key

	Political Strategy
	Policy Formulation Stage
	Contextual Factors
	Stakeholder Mapping

Appendix K: Stakeholder map

Stakeholders	Characteristics				
	Involvement in issue	Interest in issue	Influence/power	Position	Impact of issue on revenue of actor
Pro-Ban Cluster					
National Department of Health (NDoH)	Drafted the Control of Marketing of Alcoholic Beverages Bill; has an interest in curbing alcohol related harms, as it has a high public health burden; Minister is particularly passionate about draft Bill	High	Medium	Supportive	Low
National Department of Social Development (NDS)	Initiated and facilitated the Second Biennial Substance Abuse Summit; produced the Anti Substance Abuse Programme of Action (2011), which recommends banning alcohol advertising and sports sponsorships; has an interest in curbing alcohol abuse as that is their governmental mandate; Minister is significantly concerned about the problem of alcohol.	High	Medium	Supportive	Low
Inter-ministerial Committee on Substance Abuse (the remaining departments) <ul style="list-style-type: none"> • National Department of Social Development (NDS), • Correctional Services, • Basic Education • Higher Education • Science and Technology • Economic Development, • The South African Police Service 	Stakeholders who partook in the Second Biennial Substance Abuse Summit; all have an interest in curbing alcohol related harm, as it affects their respective sectors.	High	Medium	Supportive	Low
Department of Trade and Industry	Although the ban could have negative impact on the job market, the NDTI appear to be supportive of the ban.	Moderate	High	Moderately supportive	Medium
Collection of academics, researcher and civil society	These stakeholders have gathered evidence to support a ban on alcohol advertising and sports sponsorships and have argued for the	High	Medium	Supportive	Low

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health promotion advocates	ban; have strongly endorsed the draft Bill.				
Anti-Ban Cluster					
Alcohol Companies: SAB Miller Brandhouse Distell KWV Industry Association for Responsible Alcohol Use (ARA)	Alcohol beverage companies promote their products through advertising and seek to maximise profits through sales. If draft Bill were to be legislated, alcohol beverage companies would be unable to promote their products or provide sponsorships; argue that the ban will be ineffective and that alcohol advertising does not increase consumption; would negatively affect the economy, would lead to jobs losses, that government should enforce the regulations already in place and that the industry contributes significantly to CSR, sufficiently addresses alcohol related harms; together with the advertising industry and media industry, developed an advocacy and lobbying campaign to oppose the draft bill.	High	High	Opposed	High
Media Industry	Will lose a major source of revenue from alcohol advertisement, has an interest in keeping alcohol advertising unregulated; together with some in the advertising industry and alcohol industry, developed an advocacy and lobbying campaign to oppose the draft bill.	High	High	Opposed	High
Advertising Industry	Will lose a considerable amount of business from the ban, has an interest in keeping alcohol advertising, and sponsorships unregulated. Together with some in the media and alcohol industry, developed an advocacy and lobbying campaign to oppose the draft Bill.	High	Low	Opposed	High
National Department of Sports and Recreation (SRSA)	The draft Bill will ban any sport sponsorship, cutting off a major source of revenue for sporting events and associations; does not appear to directly receive revenue for sports sponsorships, but is mandated to ensure that sports in South Africa is adequately funded.	High	Medium	Opposed	High
Unaligned					
South African Broadcasting Commission (SABC)	Could possibly lose a major source of revenue from alcohol advertisements; will assess the impact of the ban on budget.	Moderate	Low	Neutral	Potentially High
National Department of Arts and Culture	Banning sponsorships could possibly cut off a major source of revenue for arts and cultural events; no evidence of their position as the department has not articulated their position.	Insufficient evidence	Low	Insufficient evidence	Potentially High

Source: Table format derived from Varvasovszky and Brugha (2000)

Stakeholders are shown in separate clusters of support, opposition or neutrality towards the draft Bill, namely the Pro-ban cluster, Anti-ban cluster and Unaligned, respectively. The characteristics of each stakeholder or group of stakeholders is shown: involvement in issue; interest in issue; influence/power; position; and impact of issue on revenue of actor. Involvement in issue refers to the extent to which the stakeholder is active in the policy formulation process of the draft Bill. Interest in issue refers to the extent to which the stakeholder is attentive to the policy formulation process. Influence/power¹² is the extent to which the stakeholder may influence the policy formulation process. Position refers to the extent to which the stakeholders support or oppose the draft Bill. Lastly, impact of issue on revenue of actor refers to the extent to which the banning of alcohol advertising and/or sport sponsorships will affect the stakeholders' revenue.

¹² In our case power is defined as the ability to make an actor behave in a way they would not normally behave otherwise (Buse, Mays & Walt, 2012). There are three key facets to power that is important in this research namely, a) power as *decision-making*, where an actor has power if they can influence policy decisions (Dahl, 2005), b) power as *non-decision making* where an actor has power if they can constraint the extent of policy decisions (Bachrach & Baratz, 1962) and c) power as *thought control* where an actor has power if they can change the meaning and perceptions of the health issue in question (Lukes, 1974).

Appendix L: Letter of ethics approval



UNIVERSITY OF CAPE TOWN
Faculty of Health Sciences
Human Research Ethics Committee



Room E52-24 Old Main Building
Groote Schuur Hospital
Observatory 7925

Telephone [021] 406 6338 • Facsimile [021] 406 6411

Email: sumayah.ariefdien@uct.ac.za

Website: www.health.uct.ac.za/fhs/research/humanethics/forms

26 November 2015

HREC REF: 853/2015

Miss M Orgill

Health Economic Unit
School of Public Health & Family Medicine
Falmouth Building

Dear Miss Orgill

PROJECT TITLE: POLICY ANALYSIS: EXPLORING THE POLICY FORMULATION PROCESS OF THE DRAFT CONTROL OF MARKETING OF ALCOHOL BEVERAGES BILL (JUNE 2013 TO JAN 2015) (Masters candidate:-A Bertscher)

Thank you for submitting your study to the Faculty of Health Sciences Human Research Ethics Committee (HREC) for review.

It is a pleasure to inform you that the HREC has **formally approved** the above-mentioned study.

Approval is granted for one year until the 30th November 2016.

Please submit a progress form, using the standardised Annual Report Form if the study continues beyond the approval period. Please submit a Standard Closure form if the study is completed within the approval period.

(Forms can be found on our website: www.health.uct.ac.za/fhs/research/humanethics/forms)

We acknowledge that the following student:-Adam Bertscher is also involved in this project.

Please quote the HREC reference no in all your correspondence.

Please note that the ongoing ethical conduct of the study remains the responsibility of the principal investigator.

Yours sincerely

PROFESSOR M BLOCKMAN
CHAIRPERSON, FHS HUMAN RESEARCH ETHICS COMMITTEE

Federal Wide Assurance Number: FWA00001637.
Institutional Review Board (IRB) number: IRB00001938

Hrec/ref:853/2015

Appendix M: Health Policy and Planning Instructions to Authors

Information for authors

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HPP has a double-blinded peer-review policy. All papers, in each of the categories described below, are peer reviewed.

Specific objectives are to:

- Attract high quality research papers, reviews and debates on topics relevant to health systems and policies in low- and middle-income countries;
- Ensure wide geographical coverage of papers including coverage of the poorest countries and those in transition;
- Encourage and support researchers from low- and middle-income countries to publish in *HPP*;
- Ensure papers reflect a broad range of disciplines, methodologies and topics;
- Ensure that papers are clearly explained and accessible to readers from the range of disciplines used to analyse health systems and policies; and
- Provide a fair, supportive and high quality peer review process.

Health Policy and Planning welcomes submissions of the following types: original articles, review papers, methodological musings, research in practice, commentaries, and papers in our series 'How to do (or not to do)...' [for example, see [Hutton &](#)

[Baltussen, HPP, 20\(4\): 252-9](#)] and '10 best resources' [for example, see [David & Haberlen, HPP, 20\(4\): 260-3](#)].

Authors should pay close attention to the factors that will increase likelihood of acceptance. As well as the high overall quality required for publication in an international journal, authors should address HPP's readership: national and international policymakers, practitioners, academics and general readers with a particular interest in health systems and policy issues and debates in low- and middle-income countries. Manuscripts that fail to set out the international debates to which the paper contributes, and to draw out policy lessons and conclusions, are more likely to be rejected or returned to the authors for redrafting prior to being reviewed. In addition, economists should note that papers accepted for publication in HPP will consider the broad policy implications of an economic analysis rather than focusing primarily on the methodological or theoretical aspects of the study.

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The editors cannot enter into correspondence about papers considered unsuitable for publication and their decision is final. Neither the editors nor the publishers accept responsibility for the views of authors expressed in their contributions. The editors

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- research in practice
- commentaries
- papers in our series 'How to do (or not to do)...' [for example, see [Hutton & Baltussen, HPP, 20\(4\): 252-9](#)] and
- '10 best resources' [for example, see [David & Haberlen, HPP, 20\(4\): 260-3](#)].

Original research

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Manuscripts should preferably be a maximum of 6000 words, excluding tables, figures/diagrams and references.

The **title page** should contain:

- Title - please keep as concise as possible and ensure it reflects the subject matter;
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- Each author's affiliation and qualifications;
- Keywords and an abbreviated running title;
- 2-4 Key Messages, detailing concisely the main points made in the paper;
- Acknowledgements
- A word count of the full article.

The manuscript will generally follow through sections: Abstract (no more than 300 words), Introduction, Methods, Results, Discussion, Conclusion, References. However, it may be appropriate to combine the results and discussion sections in some papers. Tables and Figures should not be placed within the text, rather provided in separate file/s.

In the **acknowledgements**, all sources of funding for research must be explicitly stated, including grant numbers if appropriate. Other financial and material support, specifying the nature of the support, should be acknowledged as well.

Figures should be designed using a well-known software package for standard personal computers. If a figure has been published earlier, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. Colour figures are permitted but authors will be required to pay the cost of

reproduction.

All **measures** should be reported in SI units, followed (where necessary) by the traditional units in parentheses. There are two exceptions: blood pressure should be expressed in mmHg and haemoglobin in g/dl. For general guidance on the International System of Units, and some useful conversion factors, see 'The SI for the Health Professions' (WHO 1977).

Manuscript format and style

Only articles in English are considered for publication

Prepare your manuscript, including tables, using a word processing program and save it as a .doc, .rtf or .ps file. Use a minimum font size of 11, double-spaced and paginated throughout including references and tables, with margins of at least 2.5 cm. The text should be left justified and not hyphenated.

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- Each author's affiliation and qualifications;
- Keywords and an abbreviated running title;

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- 2-4 Key Messages, detailing concisely the main points made in the paper;
- Acknowledgements
- A word count of the full article.

Page 2: Abstract

Abstract should be prepared in one paragraph, with a limit of 300 words. No headings are required. It should describe the purpose, materials and methods, results, and conclusion in a single paragraph no longer than 300 words without line feeds.

Page 3: Introduction

The Introduction should state the purpose of the investigation and give a short review of the pertinent literature, and be followed by:

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Discussion. The Discussion should be an interpretation of the results and their significance with reference to work by other authors.

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All **measures** should be reported in SI units, followed (where necessary) by the traditional units in parentheses. There are two exceptions: blood pressure should be expressed in mmHg and haemoglobin in g/dl. For general guidance on the International System of Units, and some useful conversion factors, see 'The SI for the Health Professions' (WHO 1977).

References:

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All tables should be on separate pages and accompanied by a title - and footnotes where necessary. The tables should be numbered consecutively using Arabic numerals. Units in which results are expressed should be given in parentheses at the top of each column and not repeated in each line of the table. Ditto signs are not used. Avoid overcrowding the tables and the excessive use of words. The format of tables should be in keeping with that normally used by the journal; in particular, vertical lines, coloured text and shading should not be used. Please be certain that the data given in tables are correct.

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