Designing Prevention:

A Systems and Policy Approach to FASD in South Africa

DG MT

Rethink Your Drink

hold my hand
Action for Children and Teens

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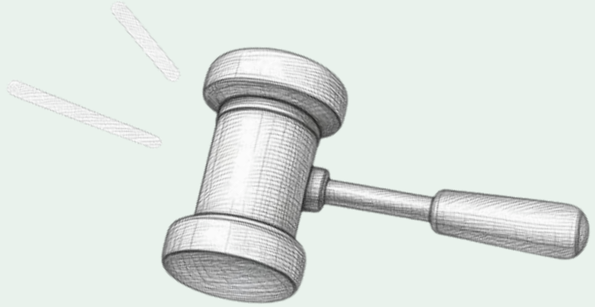
INEQUALITY AND RISK



South Africa’s inequality is not abstract. It is lived, and it is inherited.
Children are born into conditions shaped by:

- Poverty and food insecurity
- Unequal access to healthcare and early support
- Environments where harmful substances are normalised

These conditions do not operate in isolation. They interact to produce layered risk, particularly in the earliest stages of life.

Preventing FASD requires engaging with this broader system of inequality.

FASD AS A SYSTEMS ISSUE

FASD is often framed as an individual behaviour/clinical issue, but this framing is incomplete.
Alcohol use during pregnancy is shaped by:

- Availability and density of alcohol outlets
- Affordability of high-strength alcohol
- Social norms and marketing
- Exposure to violence and stress
- Lack of support for pregnant women

FASD is therefore not only a clinical or behavioural issue. It is the outcome of a system that enables harm.

LINKING FASD TO CHILD DEVELOPMENT AND STUNTING

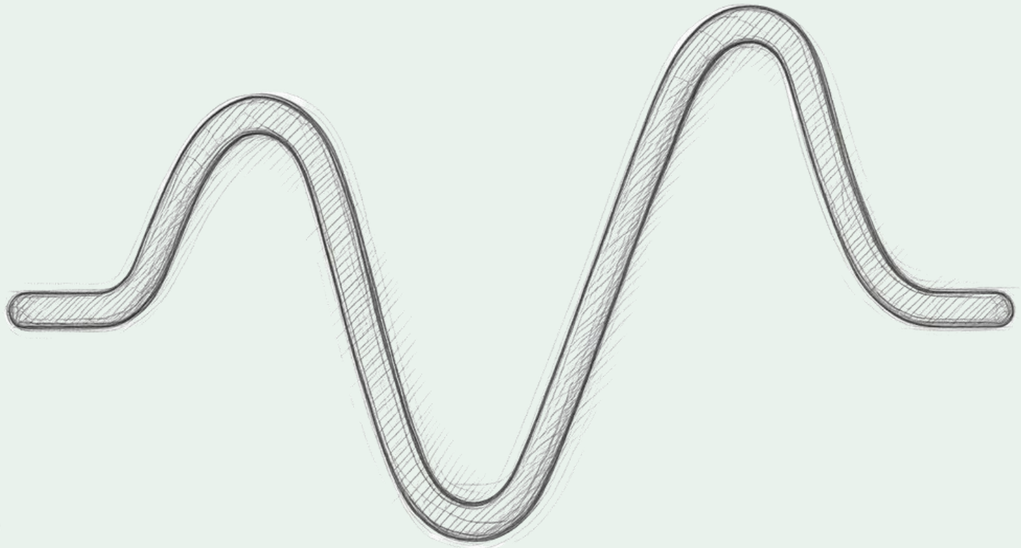
FASD does not exist in isolation from other child development challenges.

Alcohol exposure contributes to:

- Poor birth outcomes, including low birth weight
- Increased likelihood of developmental delays
- Higher risk of stunting

Stunting is not only about nutrition — it reflects the broader caregiving and environmental context.

Early harm becomes embedded, shaping educational outcomes, health, and future opportunity.



PREVENTION REQUIRES SYSTEM DESIGN

If the drivers of FASD are systemic, prevention must be systemic.

This means shifting:

- The environments in which alcohol is accessed
- The conditions under which people make decisions
- The support available to pregnant women

Prevention is not only awareness. It is the deliberate design of safer systems.

POLICY AS A PREVENTION TOOL

Policy is one of the most effective levers for prevention.
Evidence shows that harm is reduced when:

- Alcohol is less available
- Prices are higher for high-strength products
- Marketing is restricted
- Enforcement is consistent

These are not abstract tools. They directly shape exposure and behaviour at scale.

SOUTH AFRICA'S POLICY MOMENT – SONA 2026

South Africa is currently at a critical policy juncture.
SONA 2026 signalled:

- Action on outlet density and trading hours
- Restrictions on large-volume alcohol sales
- Strengthened enforcement
- Consideration of pricing reforms

This reflects a growing alignment between public health evidence and national policy direction.

NSAAC – ALIGNING SYSTEMS AROUND CHILDREN

The National Strategy to Accelerate Action for Children (NSAAC) provides a framework to act.
It brings together:

- Government
- Civil society
- Research and implementation partners

Importantly, it identifies reducing heavy drinking as essential to protecting children and improving outcomes.

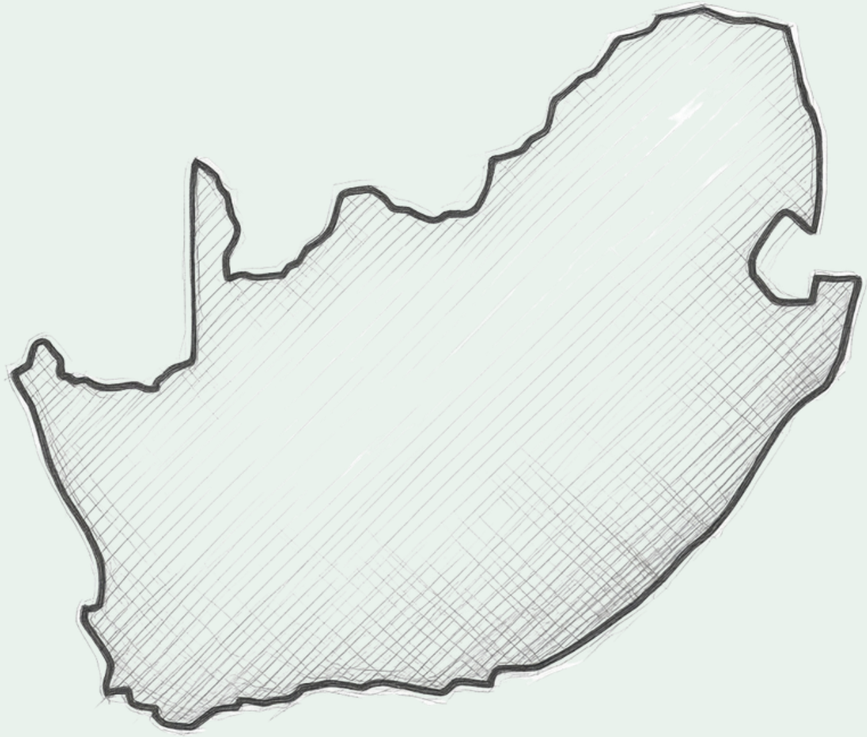
This creates a platform to integrate alcohol harm prevention into broader child-focused systems.

RETHINK YOUR DRINK – TARGETING THE DRIVERS

Rethink Your Drink focuses on upstream change.
Key areas include:

- Pricing policies, including minimum unit pricing
- Availability restrictions
- Marketing controls
- Strategic litigation and accountability

The aim is to shift the structural drivers of alcohol harm, rather than focusing only on individual behaviour.



HOLD MY HAND – STRENGTHENING PROTECTION

Hold My Hand complements this by strengthening early life conditions.

This includes:

- Improving maternal nutrition
- Supporting caregivers
- Expanding social protection
- Promoting early childhood development

For example, income support during pregnancy has been shown to improve birth outcomes and reduce risk factors linked to stunting and developmental harm.

LEARNING FROM FARR AND AFRICA.FASD

South Africa has a strong foundation for FASD prevention.
FARR has provided:

- A national blueprint for prevention
- Long-standing research and programme experience

Africa.FASD continues to:

- Build partnerships
- Share knowledge
- Strengthen advocacy

The opportunity now is to embed these efforts within a systems and policy approach.

WHAT SYSTEMS CHANGE LOOKS LIKE IN PRACTICE

A systems approach to FASD prevention includes:

- Aligning policy, health, and social systems
- Reducing alcohol exposure at population level
- Strengthening maternal and child support systems
- Investing in prevention, not only treatment
- Building accountability for implementation

This moves prevention from isolated programmes to sustained structural change.

A CALL TO ACTION

We are at a point of convergence:

- Evidence is clear
- Policy signals are emerging
- Partnerships are in place

The task now is to act decisively and collaboratively.

A CALL TO ACTION

Designing prevention means designing systems that protect children.

Reducing alcohol harm is central to that work.
If we get this right, we do more than prevent FASD, we change the trajectory of children’s lives in South Africa.

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