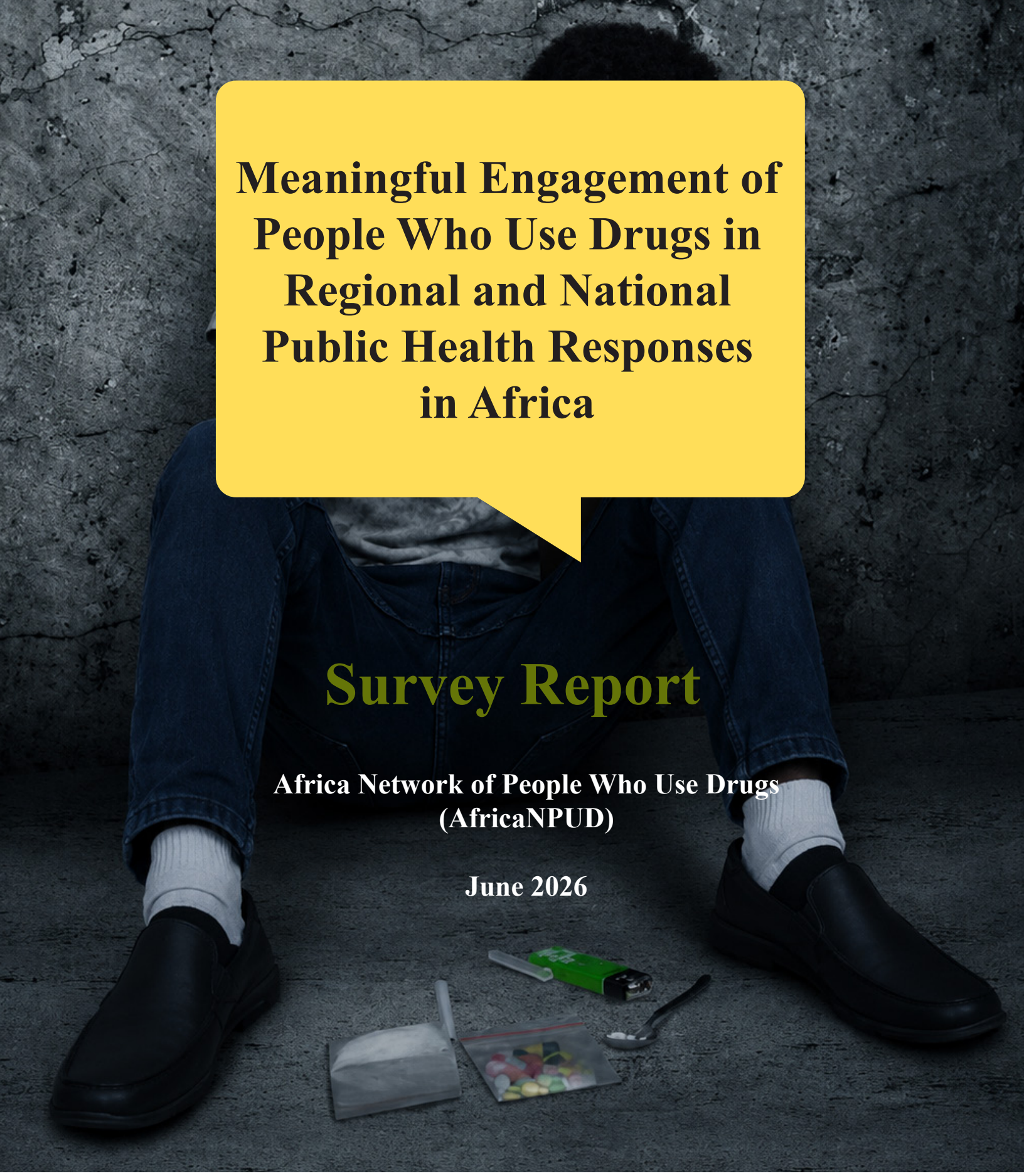
Meaningful Engagement of People Who Use Drugs in Regional and National Public Health Responses in Africa

Survey Report

Africa Network of People Who Use Drugs (AfricaNPUD)

June 2026



AfricaNPUD
African Network of People who Use Drugs

INPUD
International Network of People who Use Drugs

INWUD
International Network of Women who Use Drugs

ROBERT CARR FUND
For civil society networks

Foreword

The meaningful engagement of people who use drugs in public health responses is both a fundamental human rights principle and a critical determinant of effective, equitable, and sustainable health outcomes. Across Africa, communities of people who use drugs continue to face disproportionate burdens of HIV, tuberculosis, viral hepatitis, overdose, stigma, discrimination, and criminalization, yet they also possess invaluable lived experience and leadership essential to shaping responsive health policies.

As the Africa Network of People Who Use Drugs (AfricaNPUD), we believe health responses are most effective when designed, implemented, monitored, and evaluated with the active participation of the communities they serve. The principle of "Nothing About Us Without Us" remains at the heart of our work.

This report presents findings of a multi-country assessment across 17 African countries, examining the extent and quality of meaningful engagement of people who use drugs in national and regional public health responses. It draws on 23 responses from 14 national networks of people who use drugs collected between 2025 and 2026.

Ahmed Said
Regional Coordinator, Africa Network of People Who Use Drugs (AfricaNPUD)

Acknowledgements

The Africa Network of People Who Use Drugs (AfricaNPUD) extends its deepest gratitude to all individuals and organizations whose commitment, expertise, and solidarity made this assessment possible.

First and foremost, we acknowledge the people who use drugs and the national networks across Africa who courageously shared their experiences, perspectives, and evidence throughout this assessment. Your willingness to document the realities of community engagement, despite operating in environments often characterized by stigma, discrimination, criminalization, and limited resources, is the foundation upon which this report is built. Your voices, leadership, and lived experiences remain indispensable in shaping equitable, evidence-informed, and rights-based public health responses across the continent.

We express our sincere appreciation to the International Network of People Who Use Drugs (INPUD) for its continued partnership, technical collaboration, and commitment to strengthening the leadership and meaningful engagement of people who use drugs in national, regional, and global health governance. We are equally grateful to the Robert Carr Fund for Civil Society Networks for its generous financial support and steadfast investment in community-led advocacy, evidence generation, and movement strengthening. Their support has enabled AfricaNPUD and its members to amplify community voices and contribute to more inclusive and accountable public health systems.

AfricaNPUD also wishes to recognize Mr. Onesmus Mlewa for his exceptional technical leadership and guidance throughout the conceptualization, methodology, implementation, analysis, and documentation of this assessment. His expertise, commitment to quality, and thoughtful stewardship of the research process greatly strengthened the rigor, credibility, and overall quality of this report.

Our heartfelt appreciation goes to all survey respondents, key informants, country focal persons, and representatives of national networks who generously dedicated their time to complete questionnaires, participate in consultations, validate findings, and provide invaluable contextual insights. Your openness and commitment ensured that this assessment accurately reflects both the achievements and persistent challenges surrounding the meaningful engagement of people who use drugs in public health responses across Africa.

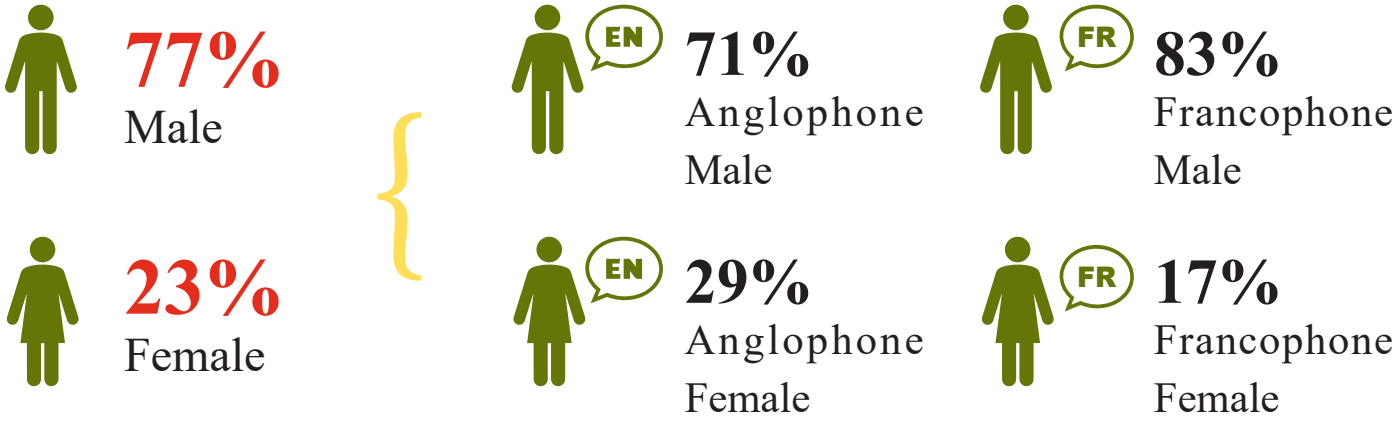
We further acknowledge the many advocates, peer educators, community organizers, harm reduction practitioners, and civil society partners who continue to champion the rights, dignity, health, and inclusion of people who use drugs. Your tireless efforts, often undertaken under difficult and restrictive circumstances, continue to advance community-led responses that save lives, influence policy, and strengthen health systems throughout the region.

Finally, this report stands as a testament to the resilience, leadership, and collective determination of communities of people who use drugs across Africa. It reaffirms our shared commitment to ensuring that policies, programmes, and investments affecting our communities are informed by meaningful participation, guided by evidence, and rooted in the enduring principle: “Nothing About Us Without Us.”

Executive Summary

AfricaNPUD conducted a multi-country assessment between 2025 and 2026 across 17 African countries (14 ESA, 3 WCA additional) through 23 respondents representing 14 national networks of people who use drugs. The study employed a mixed-methods cross-sectional design combining structured surveys, key informant consultations, and qualitative narrative responses.

Figure 1 — Gender Distribution of Respondents



Key findings at a glance:

86%
of networks reported involvement in Global Fund and/or PEPFAR processes

80%
have conducted at least one advocacy campaign

71%
reported drug policy reform processes ongoing in their countries

83%
of PWUD networks provide harm reduction services

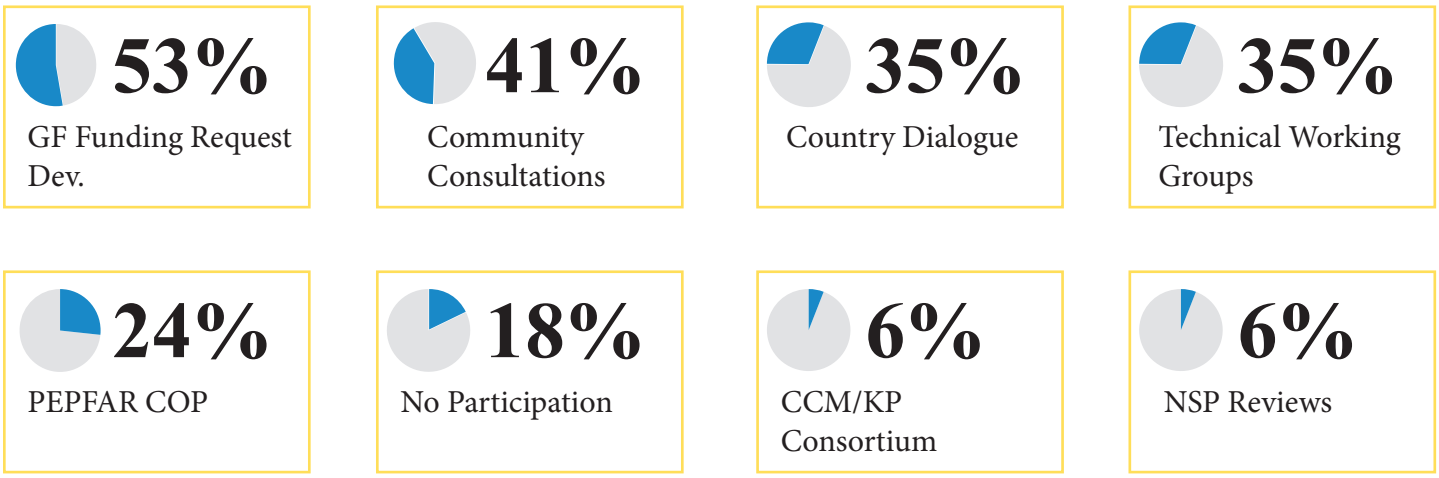
23%
female representation in network leadership, a critical gender gap

No.1
Criminalization identified as the #1 barrier to meaningful engagement in every participating country

Somalia
has NO OAT and other harm reduction services

4 of 17
Only 4 of 17 countries have engaged in strategic litigation

Figure 2 — Processes PWUD Networks Have Participated In



1 | Background and Rationale

People who use drugs, particularly people who inject drugs (PWID), experience disproportionately high burdens of HIV, tuberculosis, hepatitis C, and other health conditions. Global frameworks, including the UNAIDS Global AIDS Strategy 2021–2026 and the 30-60-80 and 10-10-10 targets, recognize meaningful engagement of affected communities as a cornerstone of effective public health responses.

Despite these commitments, evidence on the extent and quality of engagement of people who use drugs in health decision-making across Africa remained limited. This assessment was undertaken to document current engagement, identify barriers, highlight successful models, and generate evidence for advocacy and policy reform.

2 | Methodology

The study employed a mixed-methods cross-sectional design.

A structured survey comprising 48 questions was administered to representatives of 14 national PWUD networks across 17 countries (10 from Eastern & Southern Africa; 7 from West & Central Africa).

Data collection used structured online questionnaires and virtual consultations.

Quantitative data were analyzed using descriptive statistics

qualitative responses used thematic analysis

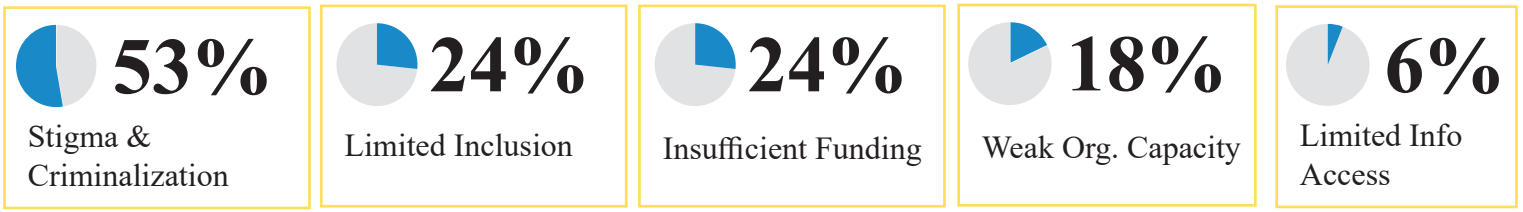
Total respondents: 23 (17 English-language; 6 French-language).

3. Assessment Findings

3.1 Community Engagement

The most significant barrier to effective PWUD representation is stigma, discrimination, and criminalization — cited by more than half of all respondents (52.9%). Other barriers include limited inclusion in decision-making (23.5%), insufficient funding (23.5%), weak organizational capacity (17.6%), and limited access to information (5.9%).

Figure 3 — Most Significant Barriers to PWUD Representation

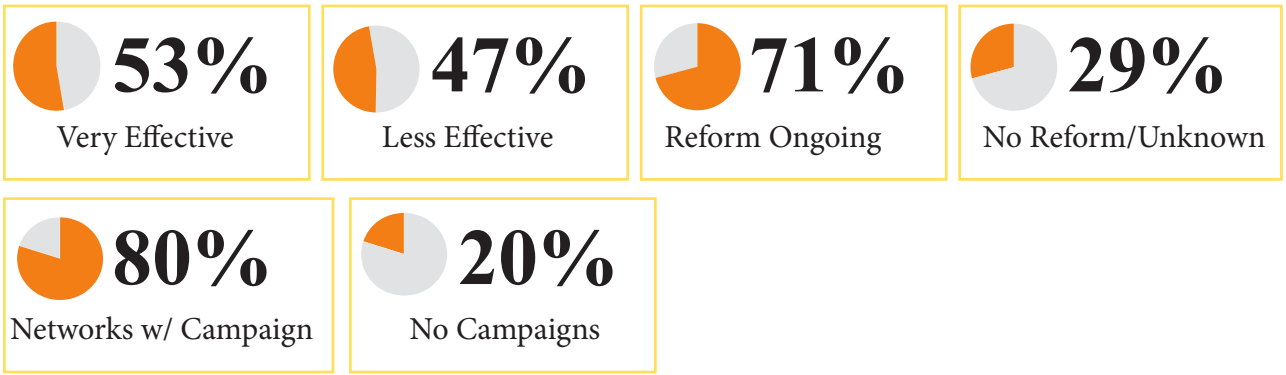


Where representation has been effective, respondents cited: improved access to services (29.4%), reduced stigma in service delivery (17.6%), increased funding for PWUD networks (17.6%), and transition of networks from beneficiaries to programme implementers (17.6%).

3.2 Drug Policy and Legal Reforms

70.6% of respondents confirmed ongoing drug policy reform processes in their countries. However, only 52.9% rated their participation as effective, indicating a significant gap between being present and having genuine influence.

Figure 4 — Drug Policy Reform: Participation Effectiveness



80% of networks have conducted at least one advocacy campaign. Leading themes include harm reduction expansion (47.1%), human rights and anti-criminalization (35.3%), Support Don't Punish campaigns (23.5%), drug policy reform (17.6%), and inclusion in decision-making (17.6%).

63% of networks have engaged in legislative processes on drug policy reform. Key areas include drug policy reform consultations (35.3%), harm reduction legislation (29.4%), legal reform and decriminalization (29.4%), and legislative drafting (23.5%). Critically, only 4 of 17 countries have engaged in strategic litigation, a substantially underutilized accountability mechanism.

3.3 Community-Led Responses

The UNAIDS community-led response and societal enabler targets (10-10-10 and 30-60-80) remain largely unmet. Progress is impeded by criminalization, stigma, inadequate funding, and insufficient community leadership in programme design. While community-led organizations are increasingly active partners in national HIV responses, structural barriers continue to impede progress across participating countries.

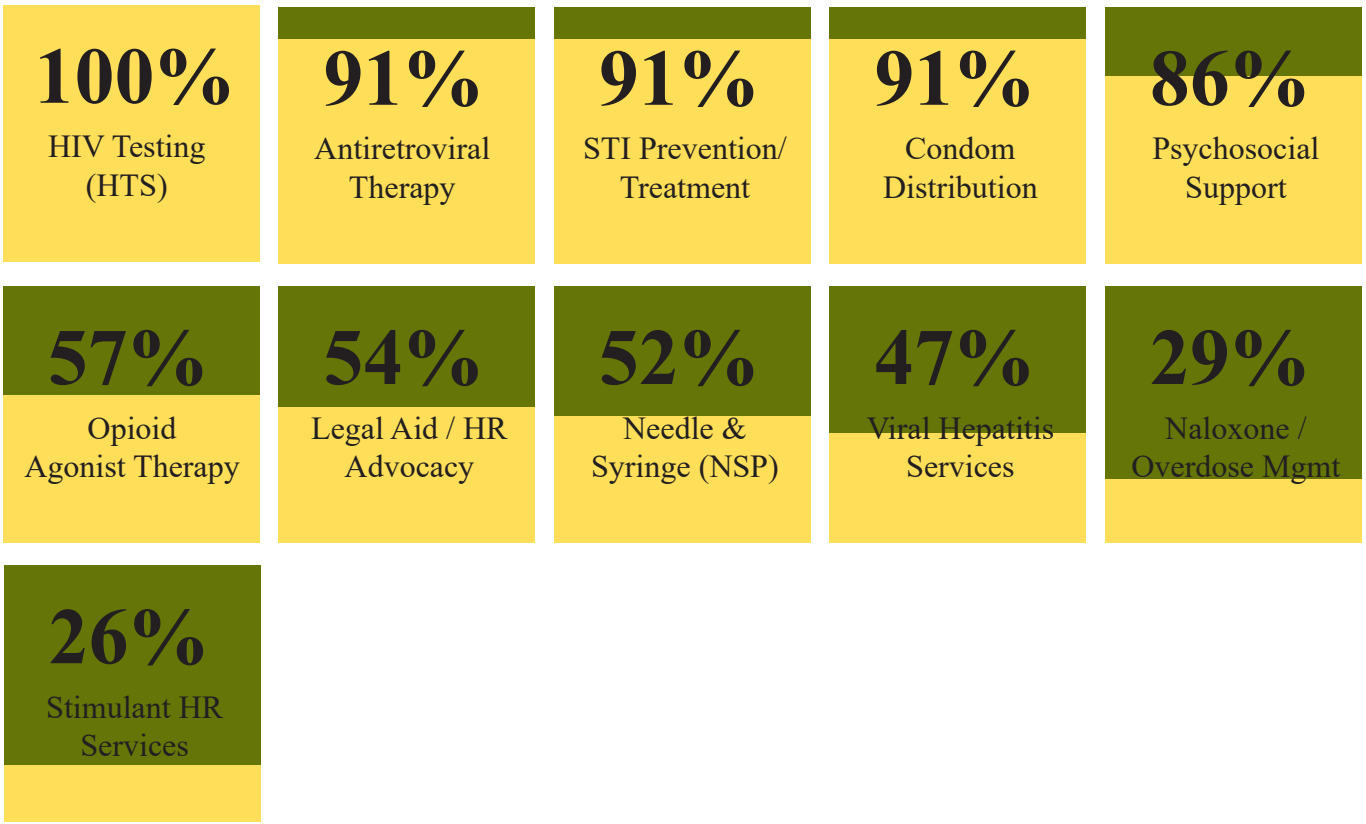
Capacity-building needs are significant across all 17 countries. Policy and legal reform training was identified as a universal priority.

Capacity Building Need	Countries Requesting
Policy Development & Legal Reform Training	**100% of countries — universal priority**
HIV & Hepatitis C Programming (IDUIT)	14 of 17 countries
Drug Policy Advocacy	14 of 17 countries
Harm Reduction Programming	14 of 17 countries
Organizational Development & Governance	12 of 17 countries
Strategic Litigation & Legal Empowerment	10 of 17 countries

3.4 Harm Reduction Services

83% of PWUD networks provide harm reduction services. Most common services provided by networks include referral and linkage to health services (37.5%), Needle and Syringe Programme (37.5%), HIV Testing (31.3%), harm reduction education (25%), overdose prevention including naloxone (25%), and Opioid Agonist Therapy (18.8%).

Figure 5 — Harm Reduction Service Availability Across Countries



66% of respondents confirmed that harm reduction services in their countries are provided by PWUD-led organizations. However, 54% rated services as only moderately accessible, and 6% reported services as inaccessible. Heavy dependence on external donor funding (primarily Global Fund) poses sustainability risks.

3.5 Opioid Agonist Therapy (OAT)

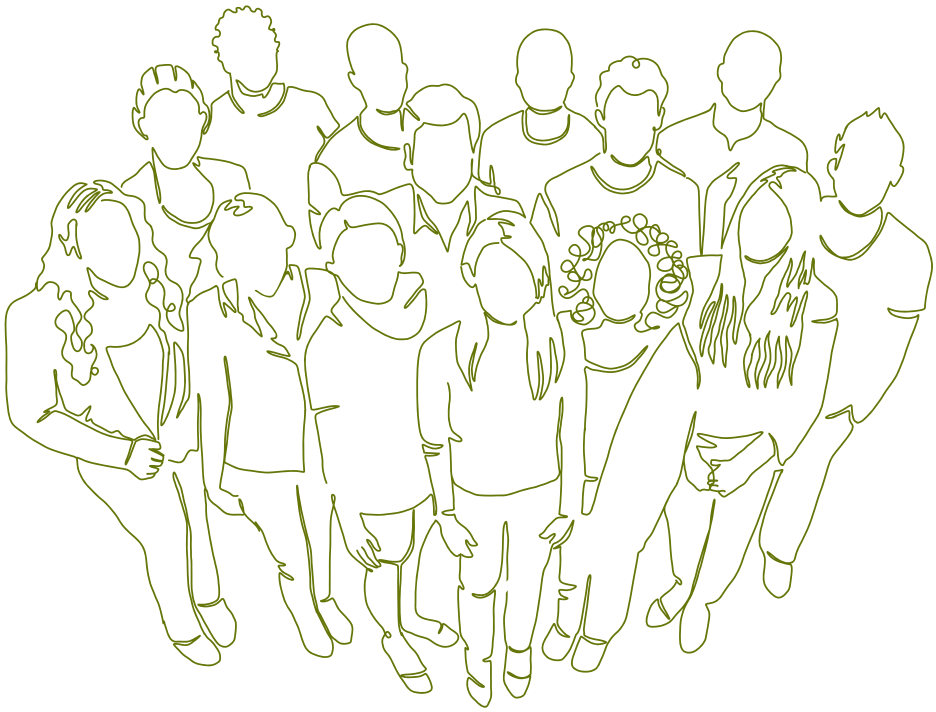
OAT availability varies significantly across countries. Important corrections from primary data: Somalia has NO OAT services available (no methadone, no buprenorphine) — earlier reporting was erroneous. Mali, Cameroon, and Ethiopia also have no OAT services.

Country	OAT Available	Essential List	Notes
Nigeria	Both	Yes	Comprehensive HR program
Kenya	Both	Yes	Mobile MAT dispensing
Tanzania	Methadone only	No	Methadone only
Zimbabwe	Methadone only	No	Limited coverage
Burundi	Both	Yes	OAT via Jesuit Fathers org.
Malawi	Buprenorphine only	Yes	High cost, 1 facility
South Africa	Buprenorphine only	Yes	Legislative advocacy ongoing
Mozambique	Methadone only	No	Partial coverage
Zambia	Both	No	Services inaccessible
Eswatini	Both	No	Services inaccessible
Ethiopia	None	Unknown	Network not registered
Somalia	None	Unknown	CORRECTED: No OAT available
Côte d'Ivoire	Methadone	Yes	Methadone available
Senegal	Methadone	No	Limited
Togo	Methadone	No	No PWUD-led HR services
Mali	None	No	Critical gap
Cameroon	None	Yes	Critical gap despite listing

3.6 Stimulant Use: An Emerging Gap

Harm reduction interventions for stimulant use (methamphetamine, cocaine, crack cocaine) are available in fewer than 26% of participating countries. More than half of respondents reported no ongoing government or donor discussions regarding stimulant-related harm reduction — a growing public health challenge that remains largely overlooked within existing frameworks.

4 | Consolidated Gap Analysis



The table below presents a consolidated matrix of critical gaps identified through the assessment, organized by domain, severity, and priority for action.

Domain	Finding / Affected Countries	Severity	Priority
OAT Availability	No OAT: Somalia, Mali, Cameroon, Ethiopia	CRITICAL	Urgent
OAT on Essential List	Not listed: Tanzania, Eswatini, Zambia, Zimbabwe, Senegal, Togo, Mali	CRITICAL	Urgent
PWUD-Led HR Services	No services: Somalia, Eswatini, Zambia, Togo8	CRITICAL	Urgent
HR Accessibility	Services inaccessible: Eswatini, Zambia	CRITICAL	Urgent
GF/PEPFAR Engagement	Never participated: Somalia, Ethiopia, Togo	HIGH	High
Litigation	No litigation: 13 of 17 countries	HIGH	High
Advocacy	No PWUD-led campaigns: Eswatini, Zambia, Zimbabwe, Togo, Somalia	Campaigns	High
Legislative Engagement	No participation: Tanzania, Eswatini, Zambia, Senegal, Togo, Mali, Cameroon	MODERATE	Moderate
Gender Inclusion	Only 23% female respondents; leadership gap across all regions	MODERATE	Moderate
Stimulant HR Response	Dedicated services in <25% of countries	MODERATE	Moderate

5. Country by Country Overview

Table below summarizes the engagement profile of all 17 participating countries. ✓ = confirmed; — = not present/engaged; ? = unknown. Somalia OAT has been corrected to 'None' — the country has no methadone or buprenorphine services available.

Country	Network	GF/PEPFAR	Policy Reform	Advocacy	Litigation	OAT	HR Access
East & Southern Africa (ESA)							
Nigeria	DHRAN & NNPUD	✓	✓	✓	✓	Both	Neutral
Kenya	WRADA & KeNPUD	✓	✓	✓	✓	Both	Accessible
Tanzania	TaNPUD	✓	—	✓	—	Methadone	Accessible
Burundi	BAPUD	✓	✓	✓	—	Both	Neutral
Mozambique	MozPUD	✓	✓	✓	✓	Methadone	Accessible
Zimbabwe	ZimPUD	✓	✓	—	—	Methadone	Neutral
South Africa	SANPUD	✓	✓	✓	—	Buprenorphine	Neutral
Malawi	CKPoR	✓	✓	✓	—	Buprenorphine	Accessible
Zambia	Zambia NPUD	✓	✓	—	—	Both	Inaccessible
Eswatini	Eswatini PWUDS	✓	—	—	—	Both	Inaccessible
Ethiopia	Ethiopia PWID Net	—	?	✓	?	None	Neutral
Somalia*	SoNPUD	—	?	—	—	None	Neutral
West & Central Africa (WCA)							
Côte d'Ivoire	Paroles Autour/CI	✓	✓	✓	✓	Methadone	Accessible
Senegal	SEV	✓	✓	✓	—	Methadone	—
Togo	TCHALE	—	✓	—	✓	Methadone	—
Mali	Paroles Autour/Mali	✓	—	✓	—	None	—
Cameroon	Empower Cameroon	✓	✓	✓	—	None	—

6 Discussion

A central finding is that participation does not equate to meaningful engagement. While 87% of networks are present in Global Fund or PEPFAR spaces, only half rate their participation as effective. Meaningful engagement extends beyond attendance, it requires influence over decisions, access to information, and exercise of leadership within governance structures.

Criminalization emerged as the most consistently reported barrier across all 17 countries. Punitive drug laws drive people away from health services, weaken trust in institutions, and restrict the ability of community organizations to operate. These findings reinforce global evidence that criminalization remains incompatible with effective, rights-based public health responses.

Community networks have demonstrated growing maturity: high participation in advocacy campaigns, policy processes, and service delivery. However, many continue to operate with limited institutional capacity, inadequate funding, and insufficient technical support. Underrepresentation of women (23% overall) and near-complete absence of strategic litigation (only 4 of 17 countries) represent critical structural gaps.

The assessment's most urgent emerging finding concerns stimulant use — an increasingly significant issue that is largely unaddressed by national health systems and donor frameworks. Countries appear critically unprepared for this evolving challenge.

UNAIDS 30-60-80 and 10-10-10 targets remain substantially below benchmarks across all participating countries. Without accelerated investment in community systems, legal reform, and community-led service delivery, these targets will remain out of reach.

7 Recommendations

For Governments

- Reform punitive drug laws: Decriminalize drug use and possession; adopt public health and rights-based approaches.
- Institutionalize PWUD representation in national health governance structures (CCMs, national AIDS councils, technical working groups).
- Increase domestic investment in evidence-based harm reduction services — especially NSP, OAT, naloxone, and hepatitis services.
- Develop national responses to stimulant use as an urgent public health priority.

For AfricaNPUD

- Establish a regional legal reform and strategic litigation programme; create a continental advocacy framework on drug policy.
- Create a regional peer-learning platform to share successful models from Nigeria, Kenya, and Malawi.
- Lead regional advocacy on stimulant use harm reduction and evidence generation.
- Invest in gender-transformative leadership to address the 23% female representation gap.

For Donors and Development Partners

- Increase direct and flexible funding to PWUD-led organizations — move away from channeling funds exclusively through intermediaries.
- Invest in community systems strengthening, legal empowerment, and strategic litigation capacity.
- Support community-led monitoring and accountability initiatives to improve programme responsiveness.
- Fund emergency support packages for highest-gap countries: Somalia, Eswatini, Zambia, Togo, and Ethiopia.

For National PWUD Networks

- Strengthen evidence generation and documentation of community experiences, service gaps, and rights violations.
- Expand engagement across the full policy cycle — planning, budgeting, implementation, and evaluation.
- Build strategic partnerships with human rights, health, and legal organizations.
- Strengthen organizational governance, financial management, and formal legal registration.

8 Conclusion

This assessment documents a resilient and increasingly influential movement of people who use drugs across Africa operating in challenging environments. Community-led organizations are participating in policy discussions, contributing to service delivery, advocating for legal reform, and ensuring community voices are reflected in decisions that affect their lives.

Yet a persistent gap remains between participation and meaningful engagement. People who use drugs are frequently invited to participate without the authority, resources, or institutional support necessary to shape outcomes. Criminalization, stigma, and social exclusion continue to undermine both public health outcomes and community participation across every country represented.

The evidence is clear: sustainable public health outcomes for people who use drugs require governments, donors, and multilateral institutions to invest in community systems, advance legal reform, expand harm reduction services, and genuinely institutionalize the participation of PWUD-led organizations in all stages of policy and programme development.

> ***"Nothing About Us Without Us"***

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