

Increasing access to harm reduction services across the African region



At the INHSU Policy Day 2025 in Cape Town, South Africa, policymakers, community leaders, funders, researchers and implementers came together to identify practical, system-level actions to strengthen harm reduction across the African region.

For community-led organisations of people who use drugs

1. Build unified advocacy coalitions

Coordinate evidence-based messaging across civil society, public health and human rights orgs to strengthen political influence, support legal reform, and secure financing.

2. Monitor and document barriers

Systematically document rights violations, service disruptions, harassment and discrimination to generate evidence that supports engagement with police, justice actors and policymakers.

3. Prioritise organisational and leadership development

Invest in governance, financial management, monitoring and evaluation, and strategic planning to strengthen credibility, sustainability and policy influence.

4. Continue driving community-led service models

Expand peer outreach, harm reduction education, overdose response, adherence support and navigation across health and justice systems to improve access and continuity of care.

5. Build constructive relationships

Strengthen relationships with police, local authorities and health providers through dialogue, joint workshops and peer-led training to reduce interference and improve service access.

For governments

1. Institutionalise harm reduction within national strategies

Embed harm reduction within HIV, hepatitis, TB, Universal Health Coverage and national drug strategies to strengthen legitimacy, coordination and accountability across sectors.

2. Advance legal and regulatory reform

Review and reform laws, policing practices and regulatory frameworks that criminalise drug use or restrict access to essential harm reduction tools.

3. Prioritise domestic financing

Reduce reliance on donors by allocating national and sub-national budgets for Opioid Agonist Therapy (OAT), Needle Syringe Programs (NSPs), naloxone and community-led activities.

4. Invest in capacity-building

Support ongoing training for policymakers, regulators, police and frontline officials to promote consistent, health- and rights-based implementation.

For doners and funders

1. Provide multi-year, predictable funding

Enable governments, implementers and community organisations to plan, scale and sustain services without disruption.

2. Invest in market shaping and price reduction

Support pooled procurement, regulatory harmonisation and engagement with manufacturers to reduce prices and stabilise supply of essential harm reduction commodities.

3. Promote sustainability through systems strengthening

Fund supply chains, regulatory capacity, monitoring systems and investment cases that integrate harm reduction into national health infrastructure.

4. Prioritise community-led organisations

Allocate dedicated resources for advocacy, governance, peer-led outreach and rights monitoring, including core operating costs.

5. Coordinate effectively

Align donor investments and transition planning with governments to prevent duplication, supply gaps and service interruptions.

For implementing partners

1. Adopt a systems-strengthening approach

Support integration of NSPs and OAT into public facilities, strengthen supply chains, and assist with forecasting and quality assurance.

2. Prioritise evidence-informed program design

Use regional data, implementation research and strong monitoring systems to demonstrate impact and inform advocacy.

3. Keep human rights and community leadership central

Work in partnership with community-led networks to co-design, deliver and evaluate services that reflect lived realities.

4. Train and sensitise frontline workers

Deliver stigma-reducing training for health workers, social services and police, and support practical tools such as Standard Operating Procedures (SOPs), referral pathways and legal guidance.

[Download the full report](#)