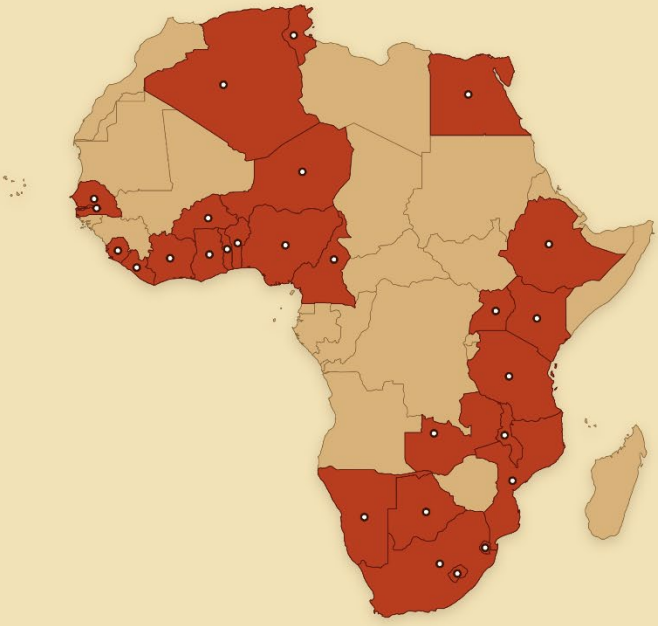
THE COLOMBO PLAN

DAP
Drug Advisory Programme

IMPACT REPORT

RG-009 Series & Earlier Initiatives

2011-2026



Contents

EXECUTIVE SUMMARY

Since its first intervention on African soil in 2011, the Colombo Plan Drug Advisory Programme (DAP) has grown from a single-country pilot into one of the most rooted drug demand reduction (DDR) capacity-building initiatives on the African continent. Funded primarily by the United States Department of State's Bureau of International Narcotics and Law Enforcement Affairs (INL), and delivered in partnership with African governments, the African Union (AU), The Economic Community of West African States (ECOWAS), The United Nations Office on Drugs and Crime (UNODC) and a network of training partners (TPs), DAP has converted policy intent into a trained, credentialed and continually expanding workforce that today reaches every region of Africa.

In fifteen years, DAP has left a lasting impact in 28 African countries, 50% of the continent. DAP has conducted training-of-trainers (TOT) cycles in evidence-based prevention, treatment and recovery curricula, credentialed over 1,000 professionals to International Certified Addiction Professional (ICAP) standards, and seeded a multiplier network of national trainers who have echo-trained more than 6,500 additional practitioners in their home countries. The result is a sustainable, in-country workforce capable of responding to a substance-use challenge that is projected to grow by 150% in sub-Saharan Africa alone by 2050.

> *The infrastructure, partnerships and credentialed workforce built across the African continent remain fully intact — but the funding base must now be rebuilt on a diversified, multi-partner foundation. This report makes the case for that next chapter.*

This report is being done at an inflection point. In January 2026, the United States withdrew its membership from the Colombo Plan, and in February 2026, INL issued a formal project termination notice. The United States had been the foundational funder of DAP since 1973, disbursing more than USD 200 million over that period. The infrastructure, partnerships and credentialed workforce built across the African continent remain fully intact — but the funding base must now be rebuilt on a diversified, multi-partner foundation. This report, while documenting the DAP footprint during the last 15 years, also makes the case for that next chapter.

DAP in AFRICA 2011-2026

28 COUNTRIES	**940+** NATIONAL TRAINERS TRAINED
3,500+ UTC ECHO-TRAINED	**2,500+** UPC ECHO-TRAINED
1,000+ ICAP CREDENTIALED	**8,000+** TOTAL WORKFORCE TOUCHED

THE CASE FOR AFRICA

Africa carries the world's youngest population — a median age of 18 against a global median of 30. It is forecast to become the largest regional illicit drug market by 2050, even as its public-health systems remain stretched by communicable disease, post-pandemic recovery and a continental shortfall of more than 11 million health and education professionals. The infrastructure that DAP has put in place — national trainers, credentialed practitioners, translated curricula, hybrid delivery models and embedded government partnerships — is precisely the foundation on which a scaled response can be built.

This report makes the case for sustained diversified investment in DAP Africa. With the hard groundwork already done, the remaining work is the lighter half: to onboard the remaining African Union member states, to complete French and Portuguese localisation of newer specialty curricula, to institutionalise training within national government institutions and academic systems, and to preserve and deepen the credentialing pipelines in countries already engaged. The cost-sharing model now in use across African initiatives — to promote local ownership and stretch limited donor funding — demonstrates that the future of this work requires partners willing to join an established, validated, continent-wide platform that has demonstrably produced an in-country workforce.

The onus of maintaining continuing relationships with the already on-board countries remains and utilising them as models to build on in the in-country initiatives of the up-coming. Of strategic significance too is ensure that the universal curriculum developed by DAP is integrated into the policies and strategic documents of the countries in which the TOTs have been disseminated, thus ensuring sustenance. This requires concerted efforts as has enabled the integration into the African Union Plan of Action on Drug Deman Reduction at a continental level.

1. THE BEGINNING — A FOOTHOLD IN WEST AFRICA

ORIGINS

The Colombo Plan, established in 1951, has been pioneering demand and supply reduction work since 1973 through its DAP. Africa entered DAP's portfolio in 2011, initially through small-scale engagements in West and Southern Africa centred on training treatment professionals using the then-emerging Universal Treatment Curriculum (UTC) for substance use disorders.

The first sustained engagement of significant scale came through INL-funded projects in Liberia (Project 2013-43; and Project 2014-28B). These projects had two ambitions: to begin training a national addiction workforce in Monrovia, and to pilot a preventive drug education curriculum in Liberian primary and secondary schools. They did not unfold smoothly. The Ebola virus outbreak of 2014 brought field activities in West Africa to a standstill, and operational complexities — administrative obstacles, ministry coordination challenges and a still-maturing curriculum architecture — meant that significant balances accrued. These very project balances later became the seed for repurposed funding that, a decade on, would deliver the most comprehensive set of Universal Curricula trainings ever held in a single African country.

THE INFLECTION POINT

Project 2014-24 marked DAP's first regional grant for Africa and reframed the work from country-by-country pilots into a continent-wide capacity-building agenda. UTC TOT cycles were rolled out in South Africa, Kenya and Tanzania, and — in partnership with UNODC — across West Africa (Benin, Côte d'Ivoire and Togo). Its successor, 2015-24, brought funds to continue these training cycles, conduct a tailoring visit to Botswana, and launch UTC TOT cycles in Botswana and Mozambique (also in partnership with UNODC). By the end of the project's period of performance in 2017, the geographical footprint had begun to look continental — and on 12 September 2015, the region had hosted its first ICAP credentialing examination, held in Ghana.

THE FOUNDATIONAL YEARS

2011 — 2015

From a single workshop in Mombasa to the first credentialed cohort in Ghana

2011

FEB 2011

First DAP intervention on African soil

Training of Faith-Based Approaches in Drug Demand Reduction, Mombasa, Kenya (14–19 Feb). A 6-day workshop for 38 religious leaders, addiction treatment practitioners and prevention practitioners — the Colombo Plan's first ever training in Kenya. Opened by Regional Commissioner Nelson Marwa. Delivered with NACADA and funded by INL.

JUL 2011

3rd International Conference of Islamic Scholars

Mombasa, Kenya (18–21 Jul). 180 participants from 16 countries — Albania, DRC, India, Indonesia, Kenya, Maldives, Malaysia, Philippines, Pakistan, Singapore, Sri Lanka, Uganda, UK, USA and others. The conference closed with the Mombasa Declaration, committing the assembly to intensify faith-based and community-based DDR strategies. With SUPKEM, NACADA and the US Embassy in Nairobi.

2012

2012

Liberia drug situation assessment

DAP deploys a multi-disciplinary team of prevention and treatment experts to Liberia, in collaboration with INL and UNODC. The mission documents substance use patterns among young people living in ghettos and identifies a critical national capacity gap. This catalyses the introduction of the PDE (Preventive Drug Education) programme in Liberia.

NOV 2012

Joint Tailoring Visit, Monrovia

12–15 November: Joint mission with Liberia's Ministry of Health & Social Welfare and the Drug Enforcer Agency. The visit identifies two implementing partners — Teen Challenge Liberia (TCL) and Liberian United Against Drug Abuse (LUADA) — for the ODIC (Outreach & Drop-In Centre) programme.

2013

FEB 2013

Continental Experts Consultation, Kampala

19–21 February: Organised by the Colombo Plan and the African Union Commission. 120 delegates from 38 AU member states attend. Regional Economic Communities (COMESA, ECOWAS), UNAFRI, UNODC and INL all in the room. A continental priority list for DDR is established — the partnership foundation that endures to this day.

FEB 2013

ODIC programme launches in Monrovia

24–25 February: Orientation meeting and official launch of the Liberia ODIC programme with TCL and LUADA. The Drop-In Centre service model — pioneered in Asia-Pacific — is for the first time adapted for an African urban context.

APR 2013

ODIC service delivery begins

1 April: TCL and LUADA begin outreach in Monrovia's ghettos and prisons. Within months the two centres are documenting hundreds of client contacts and dozens of referrals — the first substance-use treatment service infrastructure DAP has stood up in Africa.

MAY 2013

Liberia PDE curriculum drafting

An MoU is signed between the Liberian Minister of Education and the Secretary-General of the Colombo Plan. 23 stakeholders, curriculum developers and DDR experts convene for two weeks to draft Preventive Drug Education lessons for grades 1–12 — four lessons per grade, 48 topics in total, tailored to Liberian classroom culture.

NOV 2013

First Universal Treatment Curriculum training

18–27 November: First UTC training for Liberian trainers. ODIC partners attend a 10-day course on UTC 1 (Physiology & Pharmacology for Addiction Professionals) and UTC 2 (Treatment for SUD: The Continuum of Care). The Universal Curriculum methodology arrives on the continent.

2014

2014

2,382 client contacts despite the crisis

Even with the Ebola backdrop, the two Liberian ODICs cumulatively serve 2,382 client contacts through outreach and brief-intervention services. 282 cases are referred to formal treatment. The service model proves resilient in the most difficult possible operating environment.

2014

Ebola outbreak — West African operations paused

The West African Ebola epidemic suspends field activity across Liberia and the sub-region. Travel restrictions, treatment-centre closures and the suspension of routine public-health programmes halt much of the on-the-ground work. Project balances are preserved — a decade later they will fund Liberia's National Alcohol Policy rollout.

MAY 2014

Capacity-building across ministries

Both ODIC partners — joined by participants from the Ministry of Health & Social Welfare, Ministry of Education, the Drug Enforcement Agency, the Mental Health Hospital and a network of NGOs — convene for further training. The first cross-ministerial DDR cohort in Liberia takes shape.

2015

JUL – AUG 2015

First UTC cycle in Accra, Ghana

27 July – 7 August: UTC 6, 7 and 8 delivered to 18 participants in Accra. Trainees drawn from Ghana's Ministry of Health, the Narcotics Control Board (NACOB), the education sector and DDR-focused NGOs. Trainers: Ms Ma Veronica Felipe, Dato Zainuddeen bin Abdul Bahari, Mr George Murimi.

SEP 2015

Final cycle and Refresher Course, Aburi

3–11 September: A combined cycle in Aburi, Ghana brings together Ghanaian national trainers and Liberian addiction treatment practitioners — the first cross-country UTC convening in Africa. UTC Refresher delivered. Trainers: Felipe, Sonam Jamtsho and Dr Sun Min Kim.

12 SEP 2015

First ICAP credentialing in Africa

The credentialing examination is held at the West African Examination Centre in Accra — the first ICAP-track examination conducted on African soil. A continental credentialing pipeline is born, and the path from training to internationally certified practitioner is established.

2. GROWTH — 2017 TO 2020

Between 2017 and 2020, DAP's Africa portfolio more than tripled in geographic reach. Three consecutive INL grants drove the expansion:

Project	Period	Budget (USD)	Direct Beneficiaries
2017-RG-008	Aug 2017 – Aug 2020	450,674	175
2018-RG-009	Aug 2018 – Aug 2021	572,223	506
2019-RG-009	Sep 2019 – Sep 2021	200,896	145

By the time of DAP's 2019/2020 annual review, the programme was active in 22 African countries spanning all five sub-regions of the continent. Project 2018-RG-009 alone benefited 506 addiction professionals through 20 training cycles in 10 countries. Five countries that had begun UTC Basic Level training in the previous cycle — Burkina Faso, Cameroon, Gambia, Niger and Tunisia — successfully completed the full eight-module curriculum during this period. Egypt joined the programme in February 2020 with a UTC Basic-level Walk-through TOT for psychiatrists attached to the Egyptian General Secretariat of Mental Health and Addiction Treatment, bringing the count to 22 countries.

AFRICAN UNION RECOGNITION

The most significant institutional endorsement of this period came from the African Union. In its Plan of Action on Drug Control and Crime Prevention for 2019–2023, the AU formally identified DAP as a key stakeholder in continental drug demand reduction efforts in the march towards Agenda 2063. This recognition transformed DAP from a service provider operating bilaterally with national focal points into a strategic continental partner — a status that has shaped every subsequent grant cycle.

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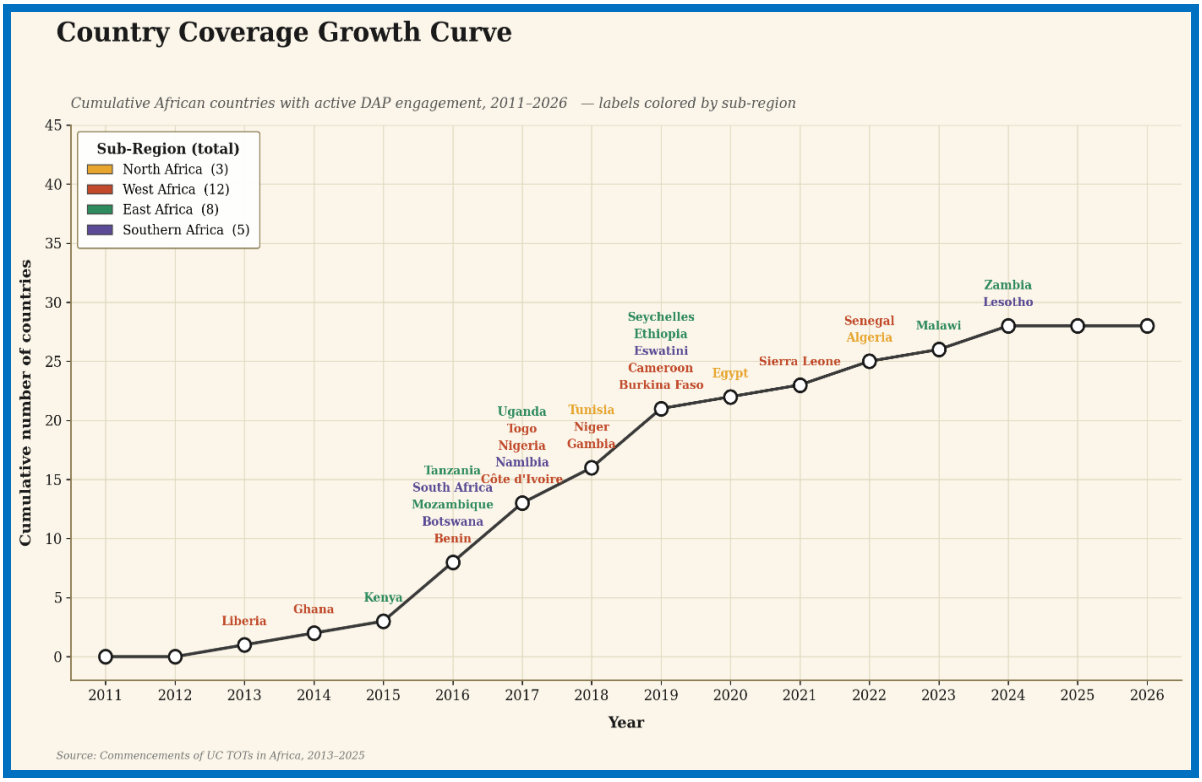
THE ITTC HUB AT THE UNIVERSITY OF CAPE TOWN

The final quarter of the 2019/2020 reporting period saw groundwork laid with the University of Cape Town to establish an International Technology Transfer Centre (ITTC) hub in South Africa. The ambition was to anchor a permanent, academically credentialed centre of excellence on the continent itself — moving DAP's role progressively from direct delivery to facilitation of African-led capacity building. The ITTC South Africa hub has since become a critical node for echo-training and regional events.



Country coverage growth in Africa 2011-2026

3. NAVIGATING COVID-19 ERA

Project 2020-RG-009 opened in July 2020 into a world that had been radically reshaped by the COVID-19 pandemic. In-person trainings were impossible. Travel between African countries was severely restricted. Continuation of UTC training cycles in Eswatini and Seychelles, planned at the start of the project, had been hampered.

During this period, DAP undertook one of the most consequential adaptations in its history: the wholesale transition of the Universal Curricula training methodology from classroom-based delivery to virtual, asynchronous and hybrid modalities. Online platforms were set. Trainers were re-skilled to deliver content remotely. Training materials were reformatted for screen-based learning. National trainers in francophone, anglophone and lusophone Africa were brought into multi-country virtual cohorts that would have been logistically impossible to assemble in person.

Pandemic era demonstrated that DAP's delivery model is not infrastructure dependent.

Hybrid delivery has since become the default, not the exception. This is a fundamentally more cost-efficient and scalable operating model: a single national-trainer cohort can now be assembled from 8–10 countries for the price of one in-country training, with no compromise on credentialing pathways. A dollar in 2025 goes further than it did in 2019.

4. CONSOLIDATION AND SPECIALTY CURRICULA — 2022 TO 2024

With the basic UTC foundation now established across most of the continent, the 2022–2024 grant cycles shifted emphasis to depth: specialty curricula, language localisation, credentialing throughput and strategic regional convenings.

Project	Period	Budget (USD)	Strategic Focus
2021-RG-009	Aug 2021 – Aug 2024	275,660	Recovery Peers/Allies, CHILD, UPC Core French translation
2022-RG-009	Aug 2022 – Sep 2024	514,541	UPC Core/School, Portuguese UTC translation, ICAP exams
2023-RG-009	Sep 2023 – Sep 2026*	546,501	UPC Family, UPC Environment, Adolescent Treatment, WISE, Lesotho & Zambia onboarding
2024-RG-009	Sep 2024 – Sep 2027*	450,686	(halted Jan 2025)

**Activity disrupted by the January 2025 US Executive Order stop-work directive; project 2024-RG-009 halted entirely. Project 2023-RG-009 was subsequently completed through cost-sharing with partner governments and formally terminated by INL on 12 February 2026 following the United States' January 2026 withdrawal from the Colombo Plan.*

RETURNING TO LIBERIA AFTER A DECADE

The unspent balances from the 2013-43 and 2014-28B projects — the funds that the Ebola crisis had prevented from being deployed a decade earlier — were repurposed in February 2023 (USD 270,163) under a new project titled 'Training of Liberian DDR Professionals on the Universal Curriculum: Prevention, Treatment and Recovery Support.'

Under the auspices of Liberia's Ministry of Health Mental Health Unit, between May 2023 and April 2024, DAP delivered: full UTC Basic Series (1-8 plus Refresher) to 30+ practitioners; UPC Core and School Track Courses 1-28; URC PEERS Recovery Support training; and culminated in a single-day ICAP credentialing examination in Monrovia in April 2024 with 65 practitioners sitting across Prevention, Treatment and Recovery tracks.

Beyond direct training, DAP support contributed to two foundational national policy instruments: the National Alcohol Policy 2023–2032 and the National Alcohol Strategy 2023–2027 of Liberia. The project closed in August 2024 with all repurposed funds fully deployed.

THE NAIROBI REGIONAL CONVENING — A CONTINENTAL FIRST

The single most consequential implementation event of project 2023-RG-009 was the hybrid regional TOT held across October (virtual) and November (in-person) 2024 in Nairobi, Kenya. More than 80 participants from 13 African countries attended the in-person sessions; 64 joined online for WISE, UPC Family and UPC Environment modules. The convening covered four curricula simultaneously — UPC Family, UPC Environment, WISE, and, for the first time on the African continent, the Adolescent Treatment specialty of the UTC. The launch of Adolescent Treatment in Africa is a milestone for the region, equipping practitioners with an evidence-based response to substance-use disorders in young people — the demographic Africa has more of, in absolute terms, than any other continent.

Beyond Nairobi, the project subsequently delivered an Adolescent Treatment in-person TOT in Nigeria in June 2025 (56 national trainers), bringing the cumulative Adolescent Treatment cohort to 80 national trainers continent-wide.

Delegates at the Regional Training in November 2024

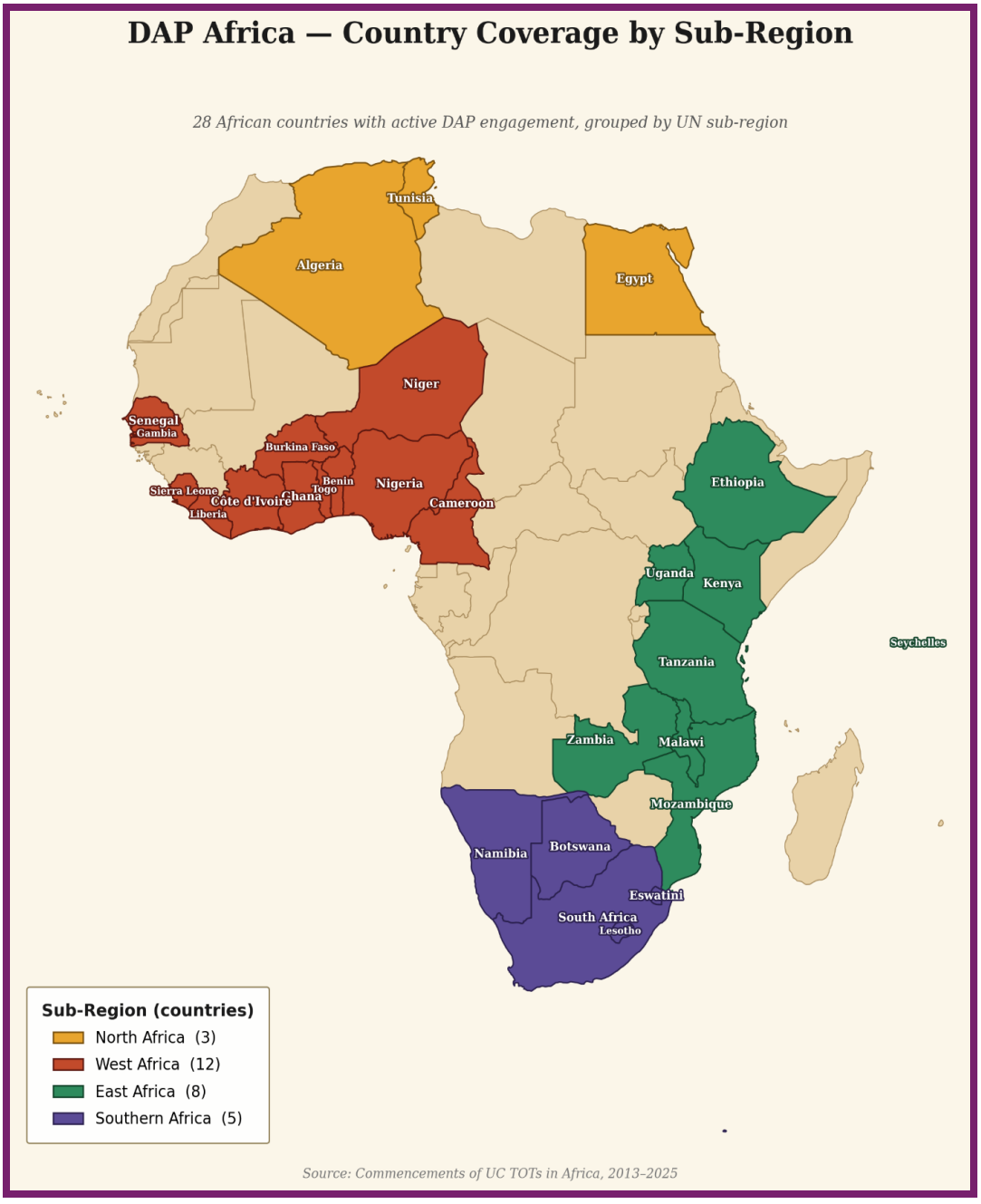
LESOTHO AND ZAMBIA — ONBOARDING NEW COUNTRIES AMID CRISIS

Even as US-government stop-work orders disrupted implementation between 28 January and 17 March 2025, the Africa programme used the window after activities resumed to onboard two entirely new countries to the Universal Curricula portfolio: Lesotho and Zambia. In Lesotho, UTC Basic Modules 1–5 (in-person) plus UPC Core and UPC School-based were delivered between May and October 2025, training 47 UTC national trainers, 27 UPC Core and School-based Prevention trainers. In Zambia, UTC Basic 1–5, UPC Core, UPC School and UPC Environment were delivered

in person across August and September 2025, training 25 UTC, 23 UPC School and 24 UPC Environment national trainers. Both rollouts were partially co-funded by the host governments. For the remaining UTC courses, the participants took the online-self led courses hosted by Health-e-Knowledge and were closely mentored by the Africa Programme Manager and UTC Master Trainers.

5. WHERE DAP WORKS — GEOGRAPHIC COVERAGE

As of January 2026, DAP had secured INL implementation approvals for 31 African countries and delivered training cycles in 28 spanning all five sub-regions. The maturity of engagement varies — from countries with complete UTC, UPC and URC cycles plus credentialed national trainers to countries newly onboarded in 2025 amid the funding disruption and yet to sit for ICAP credentialling (Lesotho, Zambia) and countries with approval but where either the political or funding situation has delayed commencement (Algeria, Burundi, Rwanda).



Countries with established DAP presence in Africa

6. IMPACT IN NUMBERS

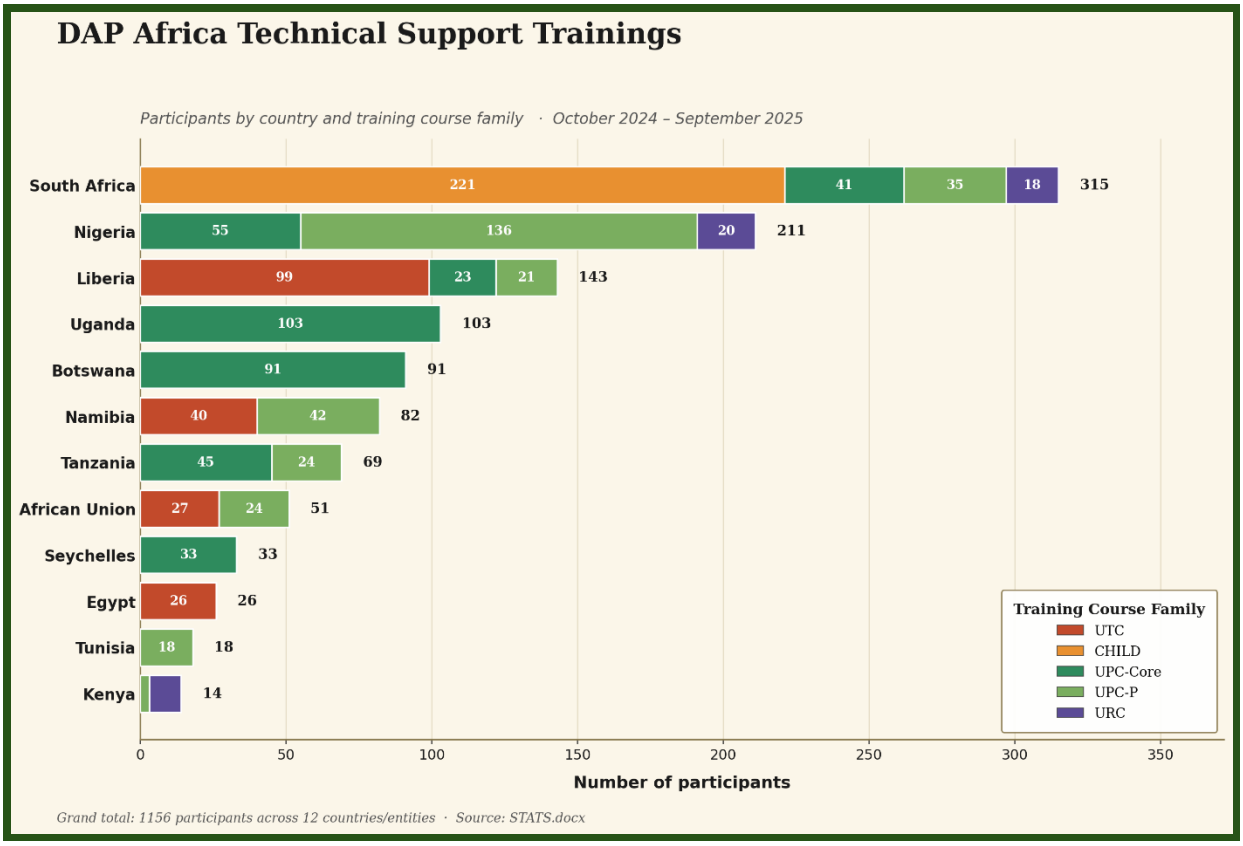
THE CUMULATIVE FIGURES

28 COUNTRIES	**940+** NATIONAL TRAINERS TRAINED
3,500+ UTC ECHO-TRAINED	**2,500+** UPC ECHO-TRAINED
1,000+ ICAP CREDENTIALED	**8,000+** TOTAL WORKFORCE TOUCHED

SUCCESS STORY: TECHNICAL SUPPORT TRAININGS

Across the 2023-RG-009 reporting window alone (from October 2024 to October 2025), DAP directly sponsored 339 individuals in 27 UC trainings, while simultaneously providing technical support to over 60 training courses that reached approximately 1,150 additional professionals at no direct cost to DAP, including two African Union funded trainings.

On average, every professional partially or fully sponsored by DAP enabled three additional individuals to be trained through technical assistance; every paid training cycle has enabled at least two echo trainings. This is the multiplier in concrete, recent, audited form — and it is the operational foundation for the cost-sharing model described prior.

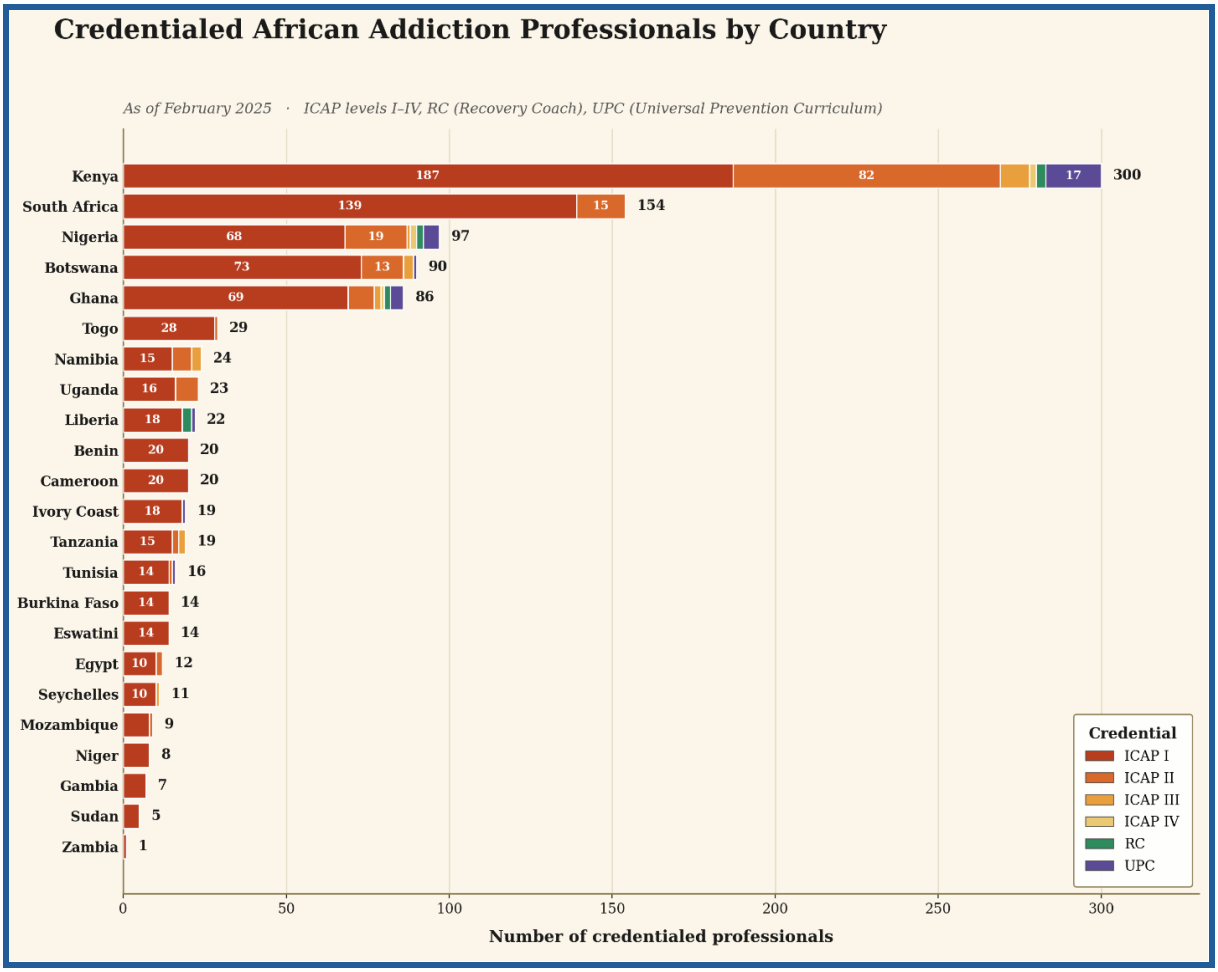


Trainings for which technical support was provided under 2023-RG-009

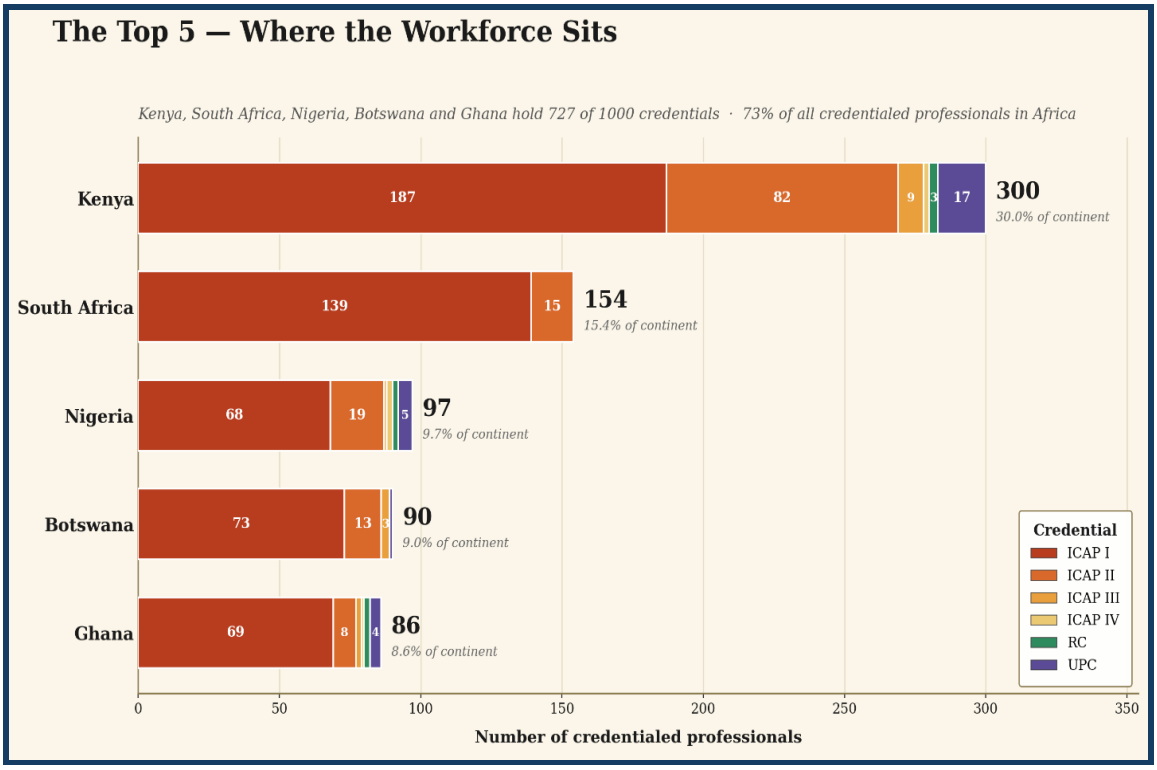
CREDENTIALING — THE GOLD STANDARD

ICAP (International Certified Addiction Professional) credentialing, previously awarded by the Global Centre for Credentialing and Certification (GCCC) housed under DAP until March 2024, and since the Center for Credentialing and Accreditation (CCA) under the banner of International Consortium of Universities for Drug Demand Reduction (ICUDDR) is the quality marker that distinguishes DAP's workforce from a generic training initiative. Of about 1,071 ICAP-credentialed professionals on the continent as of May 2026 — among the highest concentration of ICAP credentialed addiction professionals anywhere in the world — everyone passed a standardized international examination.

Pass rates vary by country and language: Tunisia holds the highest pass rate in francophone Africa at 94.4% (2020 ICAP I cohort). Aggregate pass rates have run between 63% and 79% per examination cycle. Where pass rates have been lower — for example, the April 2024 Liberia credentialing examination where only 8 of 33 UTC candidates passed (24.2%) — DAP has incorporated the lessons into improved mentoring frameworks: the project closure recommendations explicitly call for embedded master-trainer mentorship and shorter intervals between training conclusion and credentialing examinations.

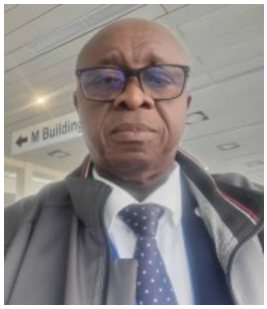


Spread of ICAP credentialled professionals in Africa



Top five African countries with highest number of ICAP credentialled professionals

7. STORIES OF CHANGE



Prof. KOUMA Yao Ronsard Odonkor
Former Secretary-General of the Comité Interministériel de Lutte Anti-Drogue (CILAD), Côte d'Ivoire
DAP Master Trainer

"In 2014, Côte d'Ivoire joined the Universal Treatment Curriculum. Three Ivorians — Doctor Bouabré, Prof. Kouma and Dr. N'Guessan — trained in the UAE, Malaysia and Sri Lanka and on completion became the first French-speaking ICAP Level 1-certified UTC trainers. From three individuals, the impact rippled across eight Francophone countries: Benin, Burkina Faso, Cameroon, Mali, Niger, Togo, Tunisia and Côte d'Ivoire itself. Dr N'Guessan co-facilitated the first UTC training in Ghana and Liberia. At home the country-built trainer pools for UTC, UPC and URC, adopted a National Integrated Plan, and passed a law decriminalising drug use — a shift from punishment to compassion. Côte d'Ivoire's experience stands as an inspiring example for other countries grappling with similar challenges: that with the right partnerships, training, and vision, transformation is not only possible — it is inevitable."

Tasian Njau
Muhimbili University of Health and Allied Sciences, Dar es Salaam-Tanzania.
Tasian attended TOT on UTC (Project 2014-24)

"This training has been an experience that I will never forget, and I will forever cherish the moments that we have shared. The training has helped me see clearly how presented materials worked in practice and this will help me improve and fine tune my skills. As an Academician and Clinician (works both with students and patients) in the field of Substance use and mental health, there are so many things that I learned that this brief reflection can't exhaust. The training materials, teaching methodologies, enthusiasm and experience of all the facilitators collectively made all the difference in delivering both the knowledge and the clinical skills intended very excellently."

Dr. Maria Ilugbuhi
Global Trainer on Drug Demand Reduction
DAP Master Trainer

"In 2017, after two decades as a frontline officer at Nigeria's National Drug Law Enforcement Agency, I attended DAP's School-based and Community-based Prevention Master Training Courses in Thailand and Sri Lanka — becoming the first Nigerian to qualify as an evidence-based Prevention Master Trainer. A defining moment came when training revealed that prevention — not sensitisation — equips people with skills and evidence to act; I would later review UPC Core Course and School-based Interventions manuals. During the pandemic I helped develop and pilot DAP's UPC Self-led Core Course on the Health-e-Knowledge online platform. Through my organisation, The Shelter Youth and Community Network, my team has trained teachers, law enforcement, the judiciary, NGOs and policymakers in Nigeria, and mentored prevention professionals across Africa for their ICAP exams. From frontline officer to global trainer — an arc DAP's platform made possible."

Prof. Hajer Aounallah-Skhiri
Head of the National Health Institute of Tunisia
DAP Country Focal Point in Tunisia

"Following a November 2017 meeting in Tunis of African experts working on 'Capacity building in research and data collection for the prevention and treatment of drug use in Africa'—organised by the African Union Commission—a solid and fruitful collaboration was established between DAP, the National Institute of Health (INSP) Tunisia, and the National Bureau of Narcotics, with financial support from INL.
This partnership began with the launch of a TOT on the UTC Basic Level series and the ICAP exam, targeting 22 multidisciplinary health professionals. This was followed by numerous UTC echo-trainings and other collaborative initiatives, ultimately benefiting more than 300 individuals. Many diverse training sessions have been held since, spanning online, hybrid, and in-person formats at both national and international levels. The most recent collaborative trainings focused on the UPC Core and UPC_P School-based Prevention. DAP training programmes marked a significant turning point in the professional careers of many trained individuals, both in Tunisia and abroad. Furthermore, the collaboration with DAP has ensured the continuity of achievements beyond the initial project timelines, enabled new national and locoregional initiatives, and established both a national network of multisectoral key actors and a close working relationship with the National Bureau of Narcotics Tunisia.

Makhotso Lecheko
Counsellor, Ministry of Education & Training, Lesotho
UPC School-based National Trainer

"This two-week training has been a true eye-opener. While we have always worked with learners and young people, the insights gathered here were superb. We already knew students used drugs, but this course made us aware of the new, emerging substances entering our school communities.
Moving forward, I am eager to integrate this course material into our information dissemination programs for both in-school and out-of-school youth. It is incredibly important for them to understand the actual consequences of substance abuse. We plan to start by teaching them how substance use affects and damages the brain. Equipped with this scientific knowledge, our young people will finally be able to make informed, healthy decisions on whether to resist starting or quit substance use altogether."

8. STRATEGIC PARTNERSHIPS

DAP does not operate alone. The success of the Africa portfolio rests on a dense web of institutional partnerships built carefully over fifteen years.

Continental and Multilateral

- **African Union (AU)** — formal recognition in the 2019–2023 Plan of Action on Drug Control and Crime Prevention as a key continental stakeholder; participated in high-level AU thematic conferences annually.
- **ECOWAS Commission** — material and co-funding support for national ToTs and echo trainings, particularly in francophone West Africa (Cote d'Ivoire, Togo, Niger, Burkina Faso).
- **UNODC** — joint training delivery in West Africa, Maputo (Mozambique) and elsewhere.
- **ISSUP** (International Society of Substance Use Professionals) maintains a data base of DAP training providers, creating a continental searchable record. Also hosts online-self led courses, especially UTC courses that participants who so desire can take to accumulate credits needed to apply for ICAP exams.
- **ICUDDR – as** the organisation hosting the Center for Credentialing and Accreditation (CCA) offering ICAP exams, closely coordinates with DAP to hold in-person or online proctored examinations for qualified candidates.

Funding Partner

- **U.S. Department of State — Bureau of International Narcotics and Law Enforcement Affairs (INL)** — the foundational funder since od DAP since 1973, INL has provided successive annual grants totalling approximately USD 5 million up to now for Africa programmes.

National Government Partners

DAP works through a designated national focal point in each engaged country — typically housed within a Ministry of Health, or national drug control agency. This embedding in the national civil-service infrastructure is what makes the DAP work in Africa sustainable.

9. CHALLENGES NAVIGATED

Over 15 years, DAP has worked through and around three categories of disruption — and in each case the work continued.

Public Health Crises

The Ebola outbreak of 2014 halted West African implementation, leaving project balances unspent. Those balances were preserved and, a decade later, redeployed under a repurposing approval that funded Liberia's most comprehensive curriculum rollout to date.

The COVID-19 pandemic of 2020–2022 stopped in-person training entirely. In response, DAP pivoted to hybrid and virtual delivery creating an operating model that is now structurally more efficient than the pre-pandemic baseline.

Political Volatility

At various points, donor restrictions following internal political conflicts or regional instability made it difficult to carry out or complete planned in-person trainings. Where the issue was political volatility rather than donor restrictions, the response was to bring in trainers from neighbouring countries when in-country trainers were unavailable, and to reserve international travel for in-person ICAP examinations — since not all politically sensitive countries have the infrastructure to administer computer-based exams.

Funding Discontinuity — and a Historic Transition

The January 2025 US Executive Order stop-work directive on foreign-funded programmes brought project 2024-RG-009 to a halt before its three-year period of performance could open in earnest. Only one training — a UTC 5 and Refresher cycle in Malawi (22–30 January 2025, 28 practitioners) — had been completed before the stop-work order took effect. After a partial resumption of activities between March 2025 and the year-end, the Africa programme used the window pragmatically: USD 40,148 of repurposed funds enabled the onboarding of Lesotho; Zambia was implemented through a cost-sharing arrangement with the Zambian government; existing Tanzania and Nigeria activities were completed.

In early January 2026, the United States announced its withdrawal from membership of the Colombo Plan after 75 years. On 12 February 2026, INL issued a formal project termination notice to DAP. The United States had been the foundational funder of the Drug Advisory Programme since its inception in 1973, disbursing over USD 200 million across the half-century. The Africa Programme had been roughly 95% INL-funded since its 2011 inception. This is the most significant transition in CPDAP's history.

What it is not, however, is a programmatic collapse. The institutional infrastructure built across 15 years in Africa — 28 country focal points, 940+ trained national trainers, 1,000 ICAP credentialed practitioners, fully translated curricula in four languages, the ITTC continental hub at UCT, formal recognition from the African Union and operational partnerships with ECOWAS and UNODC — all remain intact. The cost-sharing model that emerged in has demonstrated that the per-trainee marginal cost can be substantially borne by partner governments where political will is present. The challenge is no longer how to deliver the work; it is how to fund the residual

platform cost and resume the pipeline of new specialty curricula, new country onboardings, and credentialing throughput.

The end of the US/DAP funding relationship marks the close of a foundational chapter and the opening of a new one. From any prospective funder's perspective, the case for stepping in now is structurally favourable: every dollar of platform investment landed by a new partner inherits 15 years of methodology development, 15 years of continental relationships, and an in-continent workforce of 1,071 trainers already credentialled* and active.

*As of May 2026. This number excludes 76 ‘Passing Certificate’ holders who have passed the ICAP examination but lack the clinical experience required for credentialling.

10. THE CASE FOR INVESTMENT

A GROWING NEED

Africa today has the youngest median age of any continent (18 vs. global median 30). The UNODC World Drug Report 2021 projects that the number of drug users in Africa will rise by 40%. Recent modelling indicates that by 2050, the number of substance users in sub-Saharan Africa will increase by 150% to reach 14 million — the most substantial increase in absolute number of drug users in any region in the world. West Africa is forecast to be the largest regional drug market by 2050. The illicit drug trade is a documented revenue source for terrorist outfits in the Sahel and West Africa.

Public health infrastructure has not kept pace. UNICEF estimates Africa needs over 11 million additional skilled education and health professionals by 2030. The post-COVID economic landscape has aggravated substance use patterns. A trained, credentialed addiction-services workforce is one of the highest-leverage investments available in continental public health.

THE COST-SHARING MODEL — A FOUNDATION FOR THE NEXT CHAPTER

Of every operational innovation that emerged from the 2020–2025 turbulence, the most strategically important is the cost-sharing model that crystallised through the Nairobi regional convening of November 2024 and the Zambia rollout of August–September 2025. In Nairobi, participant airfare for more than 80 trainees from 13 countries was borne by the sending governments or the participants themselves — saving CPDAP an estimated USD 90,000 against the in-person training budget line. In Zambia, the national government co-funded the in-country UTC and UPC delivery.

This matters because it reframes the funding architecture. Historically, DAP's Africa Programme has been almost entirely donor funded. The 2024–2025 experience demonstrates that significant portions of training cost can be carried by partner governments where political will exists — and that political will is in fact present. A future funding model that combines (a) reduced platform-level grant funding from a diversified set of donors with (b) ongoing in-country co-funding by partner governments is structurally more resilient, more aligned with African ownership principles, and more cost-effective per credentialed practitioner. This is the operating model that needs to be scaled.

11. CLOSING

DAP motto is 'Pioneering Supply and Demand Reduction Since 1973.' Within that 50-year lineage, the Africa portfolio is one of DAP's most consequential expansions: it took an evidence-based, internationally credentialed treatment, prevention and recovery model and translated it into the languages, structures and institutional contexts of a continent that needed it as urgently as any other in the world.

Fifteen years on, the foundation is built. Twenty-eight countries are engaged. The curricula are translated. The national trainer cadre is in place. The continental hub is operational. The credentialing pipeline is flowing. The African Union has formally endorsed the work. The cost-sharing model has been tested and proven.

What remains is the next chapter — and after the January 2026 conclusion of the 75-year US/Colombo Plan partnership, that next chapter requires new partners. The need is rising sharply: a continent with a median age of 18, a 150% projected increase in substance users by 2050, and a public-health workforce shortfall of 11 million. The infrastructure to respond exists. The question for prospective funders is straightforward: will the workforce keep pace with the need, or will the gap widen?

DAP, through its Africa Programme, is asking that question of investors who recognise the multiplier mathematics of capacity building, the durability of credentialing-based interventions, and the strategic importance of a stable substance-use workforce in a continent that the global drug economy is already remapping. Investments at any scale — from a single-country curriculum rollout at approximately USD 75,000 to a multi-year continental programme at USD 2–3 million — find demonstrated absorptive capacity here. This is a platform, not a pilot. It has been built. What it needs now is the next generation of partners.

Contact

Oranooch Sungkhawanna
Director, Drug Advisory Programme
Mobile : +94 772 210 227 / +66 81 6202567
Email : oranooch.sungkhawanna@colombo-plan.org
The Colombo Plan Secretariat
5th Floor, M2M Veranda Offices 34, W.A.D. Ramanayake Mawatha, Colombo 02, Sri Lanka