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OST Programme Evaluation Dissemination

17 September 2025

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GOAL & OBJECTIVES

The evaluation aims to assess the acceptability, accessibility, affordability & availability of OST. It seeks to explore the progress & quality of the OST programme in order to make recommendations to strengthen the programme in the next funding cycle.

- Profile OST beneficiaries & document results of the data.
- Assess factors & programme elements which support / deter OST accessibility, uptake & retention
- Assess resource requirements & utilization.
- Assess whether the OST programme has achieved its intended outcomes
- Assess the quality of the OST programme.

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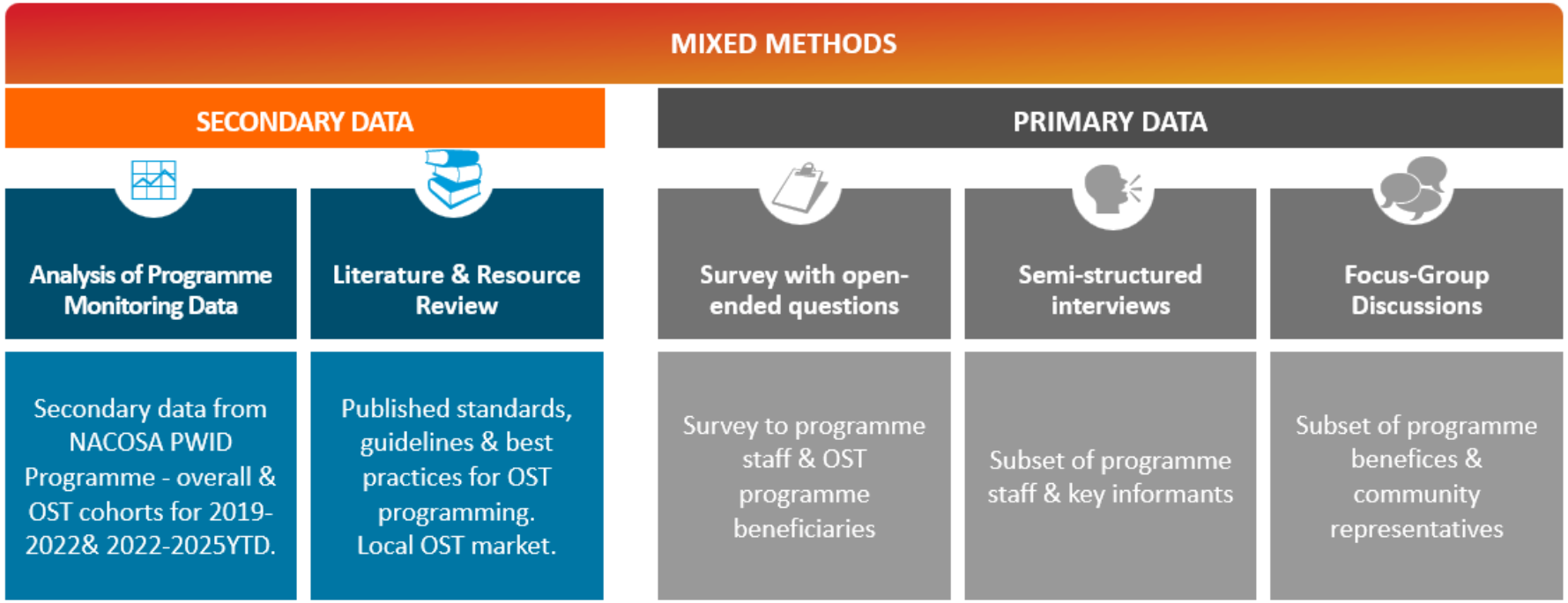
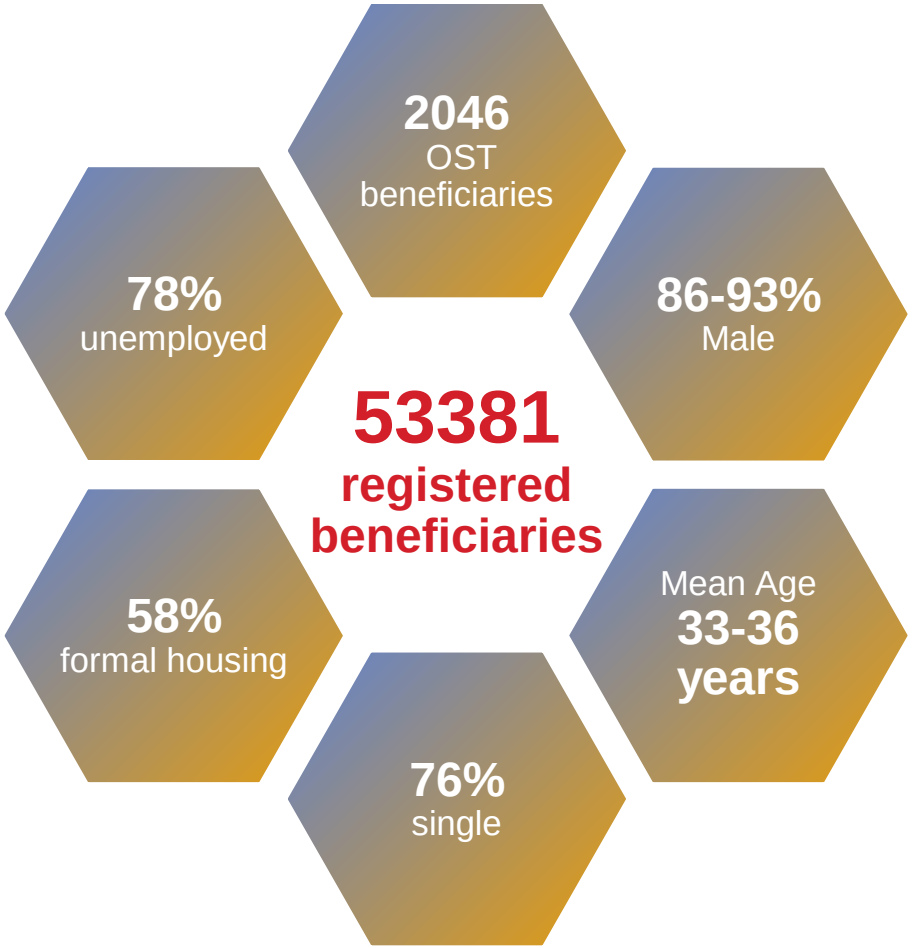
Target Population and Design



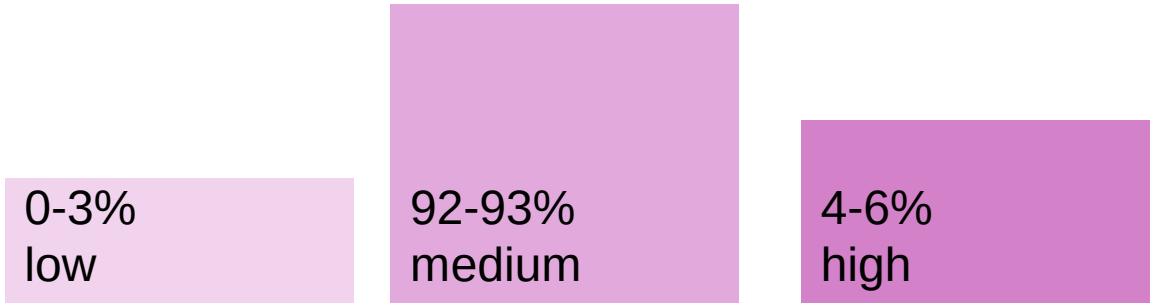
- Sampling quotas were based on programmatic data from the Global Fund 2019-2022 (NFM2) and 2022-2025 (NFM3) grants, covering both existing and new OST sites.
- This data helped determine sample size quotas based on patient load and high transmission areas with a 95% confidence level.
- The target population included PWUD (including people who smoke opioids) and PWID (people who inject opioids) in Johannesburg, Cape Town, Ekurhuleni, eThekwini, and Sedibeng.

PROGRAMME BENEFICIARY PROFILE OF OST PROGRAMME

DEMOGRAPHICS



RISK



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FACTORS AFFECTING OST ACCESSIBILITY, UPTAKE & RETENTION

STAFF & PEER EDUCATORS

BENEFICARIES

ACCESS

91% peer educators crucial
77% community sensitization
68% understanding PWU/ID needs
59% collaboration with stakeholders
51% beneficiary health prioritization
41% sufficient program funding

97% ease of staying on OST & consistent access to OST doses
96% program staff reliability
91% positive peer relationships
72% support from friends, family, or community

RETENTION

48% staff safety concerns
46% lack of psychosocial support
36% clinician capacity
32% community resistance & fear of judgment
31% target population mobility
13% policy and regulatory barriers
12% inadequate service coverage

38% lack of transport
21% OST side effects
9% lack of time to attend clinic visits & fear of judgment
5% inadequate service coverage
3% inadequate resources

UPTAKE

- Personal motivation
- Readiness for change
- Social support
- Accessible, supportive services
- Peer support through microplanning
- Outreach
- Peer-led education
- Community engagement,
- Diverse information channels
- individual rights-based services

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OUTCOME INDICATORS

REDUCTION IN ILLICIT OPIOID USE

- Significant reduction in illicit opioid use among OST beneficiaries.
- 46.3% (n=151) complete abstinence
- Smoking heroin or use <5 years more likely to stop using
- 11.3% (n=37) significantly reduced consumption
- 30.1% (n=98) reduced cravings.
- 31.3% (n=102) others noticed decrease in use.
- Shift in substance use patterns with some substitutions including methamphetamines, cannabis, & benzodiazepines.

IMPROVED SOCIAL FUNCTIONING

- 67% (n=10) support persons reported improved daily living skills
- 33% (n=5) reduction in risky behaviours
- 27% (n=4) increased stability and responsibility.
- Beneficiaries finding employment & returning to education/skills development programs.
- 27% (n=4) improved family dynamics.
- Restoration of dignity and rebuilding of families.
- Emphasis on family reunification, and integration of PSS
- 20% (n=3) reported positive social interactions.
- Beneficiaries expressed appreciation for PSS groups & need for more activities to keep them occupied.

IMPROVED HEALTH OUTCOMES

- Improved health-seeking behaviour, linkage to care, & treatment adherence.
- Increased opportunities to improve health literacy.
- Reduction in heroin use & unsafe injecting risks
- OST supports adherence to ART & TB treatment.
- Clinicians provide holistic healthcare during OST visits (e.g., treatment of minor ailments).

IMPROVED QUALITY OF LIFE

- 64% (n=209) significant improvement in quality of life.
- 34% (n=112) reported a somewhat improved quality of life.
- Enhanced physical & mental health, reduced anxiety & stress, & a sense of stability.
- Release from preoccupation with obtaining drugs, allowing focus on daily routines & family life.
- Increased sense of purpose, financial contribution, & self-worth.
- Ongoing challenges for some, including stigma, housing instability, & unreconciled relationships.
- Some have learned to live with triggers and cravings.

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QUALITY OF THE OST PROGRAMME

BENEFICIARIES EXPERIENCES

+ Overwhelmingly positive perceptions of services
+ Good programme staff support
+ 35% combination of take-home & supervised dosing
+ Varied approaches to managing treatment breaks
+ Psychosocial support involved in addressing defaults

- Lack of individualized treatment plans
- Inadequate integration of mental health services
- Stigma & discrimination within the healthcare system
- 13% lost take-home doses
- Confiscation of medication disrupts treatment
- Insufficient awareness of OST among law enforcement
- Lack of access to OST in correctional facilities.

Beneficiaries reported positive experiences with peer assistance, staff reliability, program format & OST availability

- 83-89% assessed as eligible for OST
- < 15% attended contemplation groups
- 88% initiated on OST
- Initial doses ranged from 10-30mg, titration up to 60-80mg
- 12 months mean retention
- 9% self or provider directed terminations

- 55% Assistance with economic empowerment & skills development
- 47% Transport allowance
- 29% Services closer to work or home
- 39% More group/support group activities
- 24% Assistance with shelter
- Concerns about OST costs & funding sustainability.

OVERALL FINDINGS

Key positives

46.3%
Complete abstinence

64%
Quality of life improvement

Positive health outcomes

57%
improved health access

40%
improved overall health

68-85%
HIV Tested

25-42%
HIV Prevalence

67%
ART Uptake

24%
Virally Suppressed

66%
Mental Health Screen

42%
Counselled for depression

70%
TB Screen

1,739
HBsAG

1632
Anti-HCV Screen

89%
HBV Vaccination

BEHAVIOUR CHANGE

Improved Social Functioning & Quality of Life

+ 67% improved daily living skills.
+ Reduced risky behaviours
+ Increased stability observed.
+ 64% significant improvement in quality of life.

Reduced Opioid Use:

- 46% stopped using illicit drugs
- 30% felt less desire to use substances
- 18% fewer withdrawal episodes
- 19% no overdose events
- 31% others noticed decreased substance use

Inadequate dosing and limited understanding of long-term treatment can lead to suboptimal experiences, hindering retention.

36.3%
Transport limitations

20.6%
Side effects

8.6%
Fear of judgement

12.6%
Stigma, discrimination and policy barriers

11.8%
Limited treatment access due to resources

34%
Staff shortages

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CALL FOR ACTION

- Integrate OST into Public Health Systems.
- Invest in Holistic, Person-Centered Care
- Expand Access and Reduce Barriers
- Combat Stigma and Build Capacity
- Secure Sustainable and Cost-Effective Funding

"I am so grateful for the support that I have received from the staff at the clinic. They have helped me through some difficult times."

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