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SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

Treatment Demand Data • Service Quality Measures (SQM)
• Community-Based Harm Reduction Services

SYMPOSIUM

Tendai Makina

Community-based harm reduction services: Gauteng

[Oct 2025] Phase 2025a [Jan – Jun 2025]

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Needle & syringe reach, by gender

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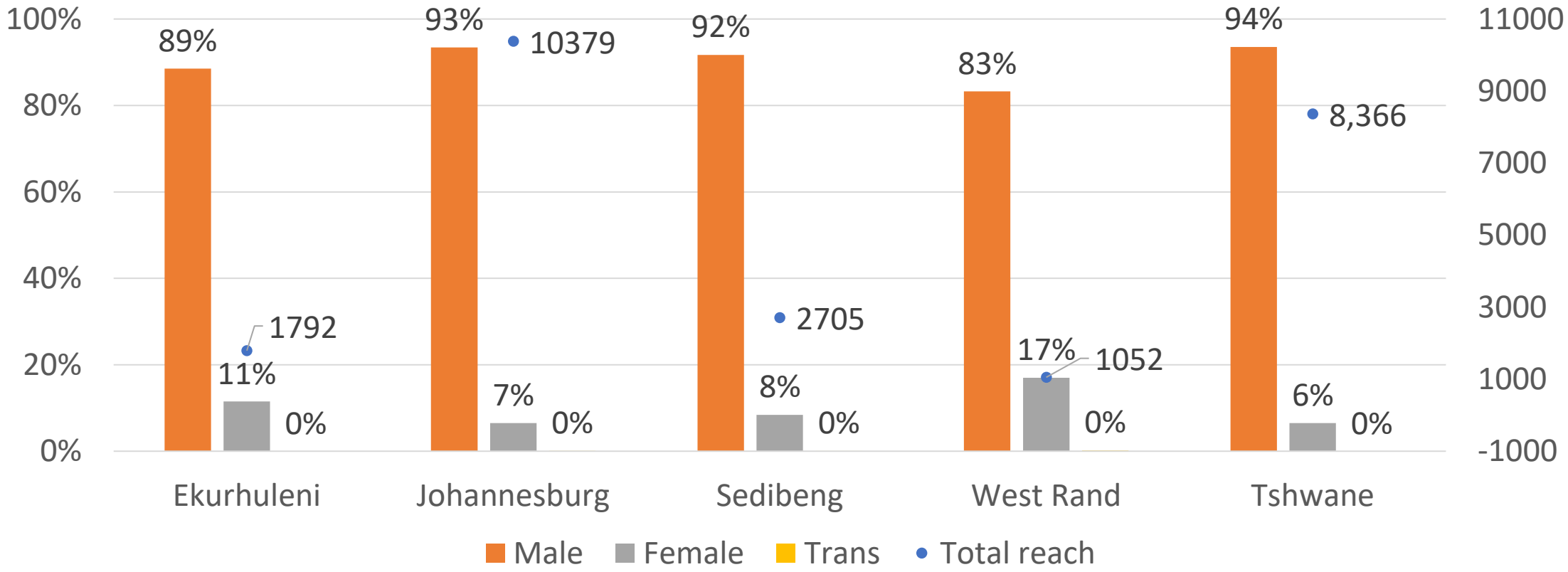

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Needle & syringe reach, by population group

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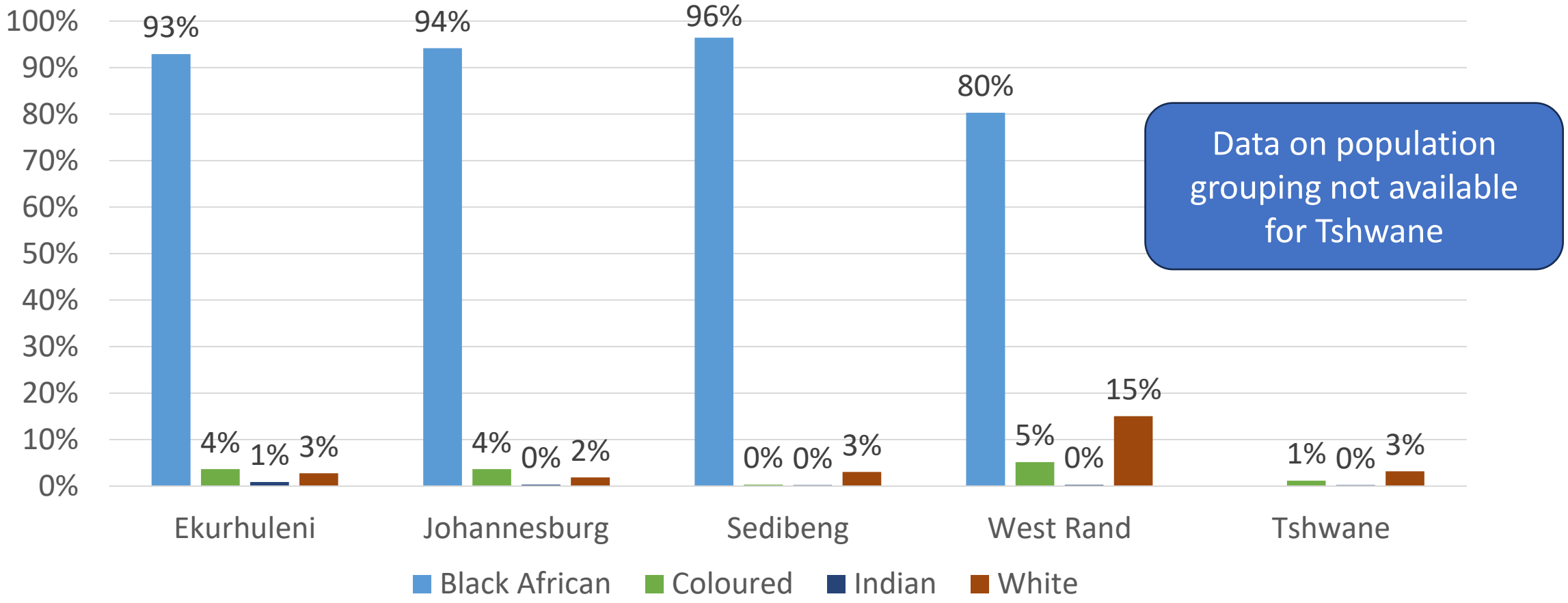

Data on population grouping not available for Tshwane

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Needle & syringe reach, by age

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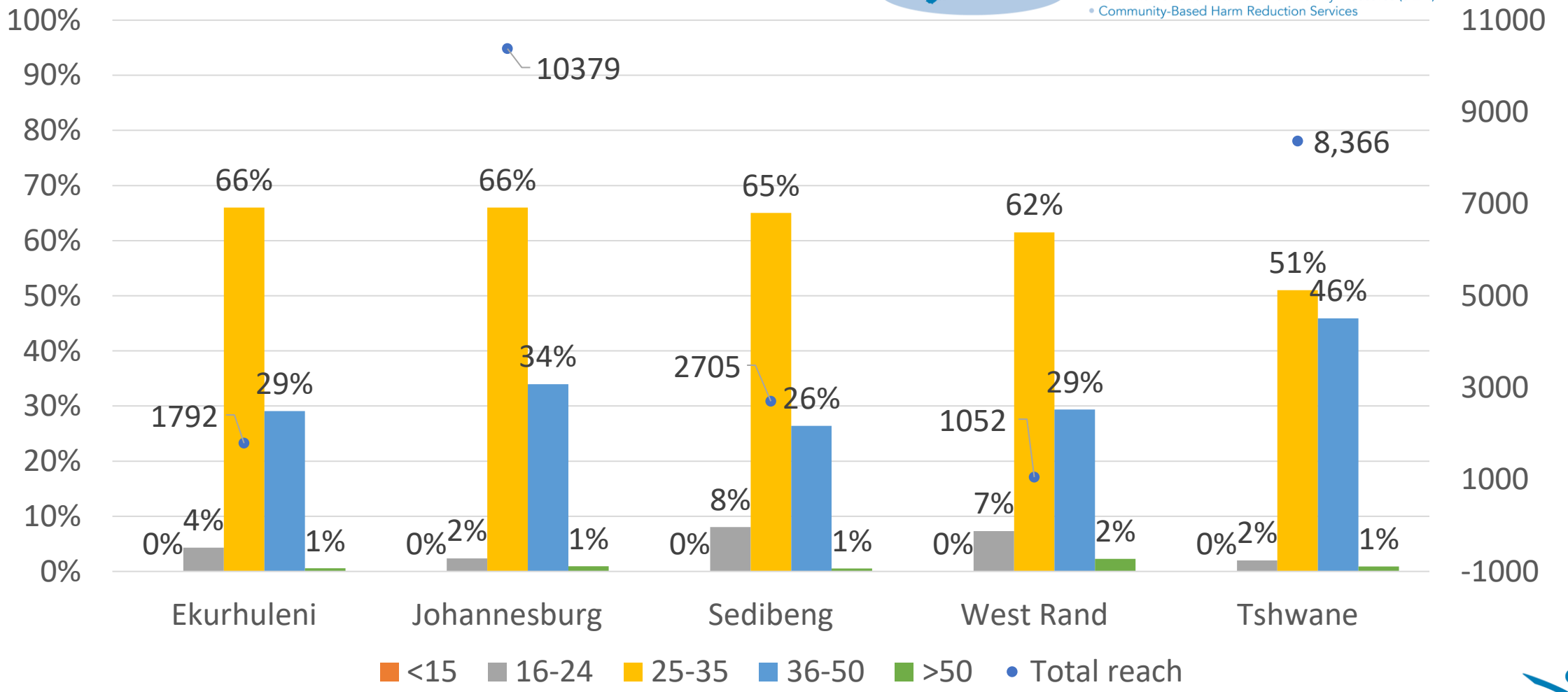

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Needle & syringe distribution & return

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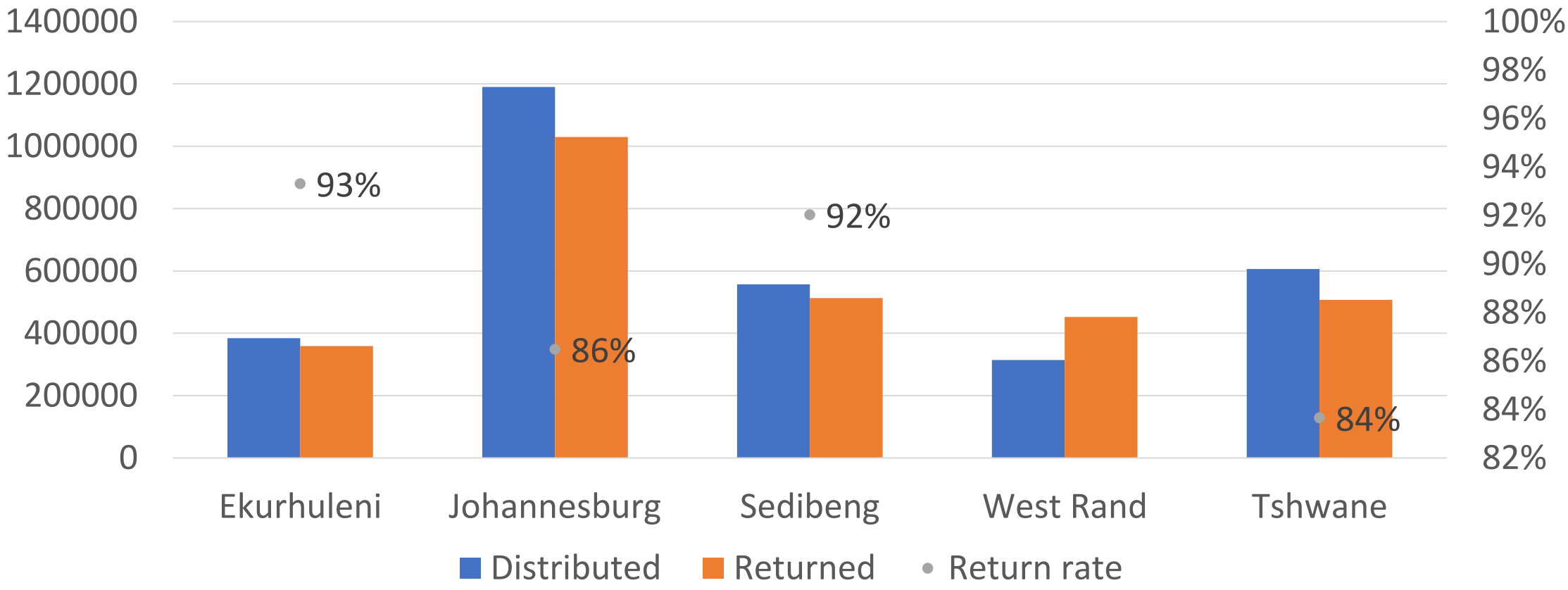

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HIV testing & treatment cascade

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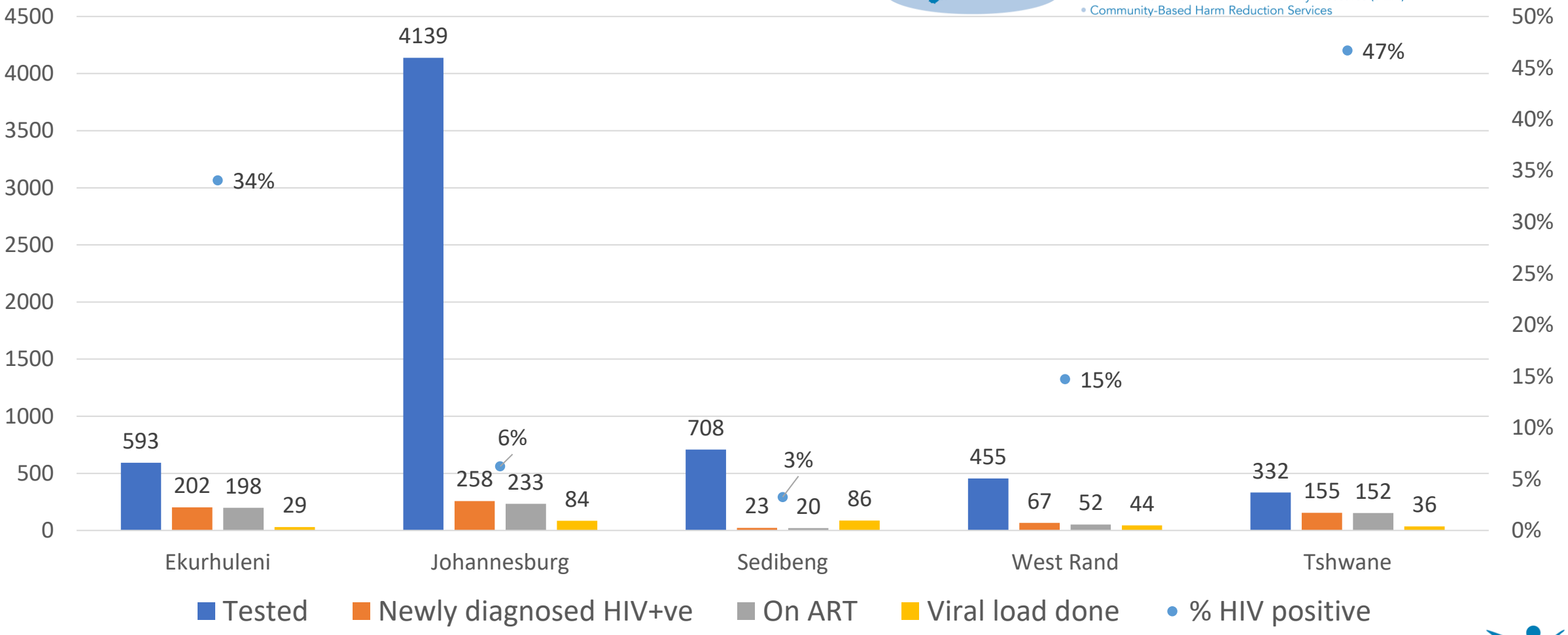

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TB testing & treatment cascade

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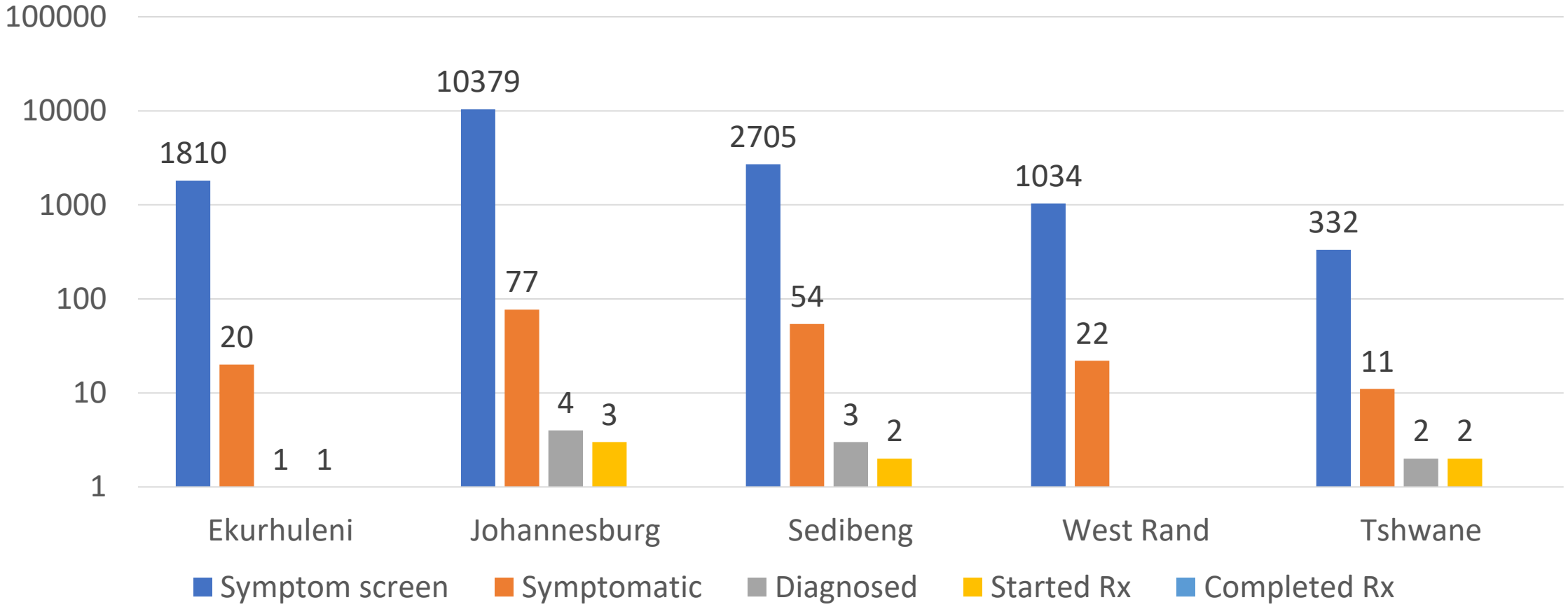

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HCV testing & treatment cascade

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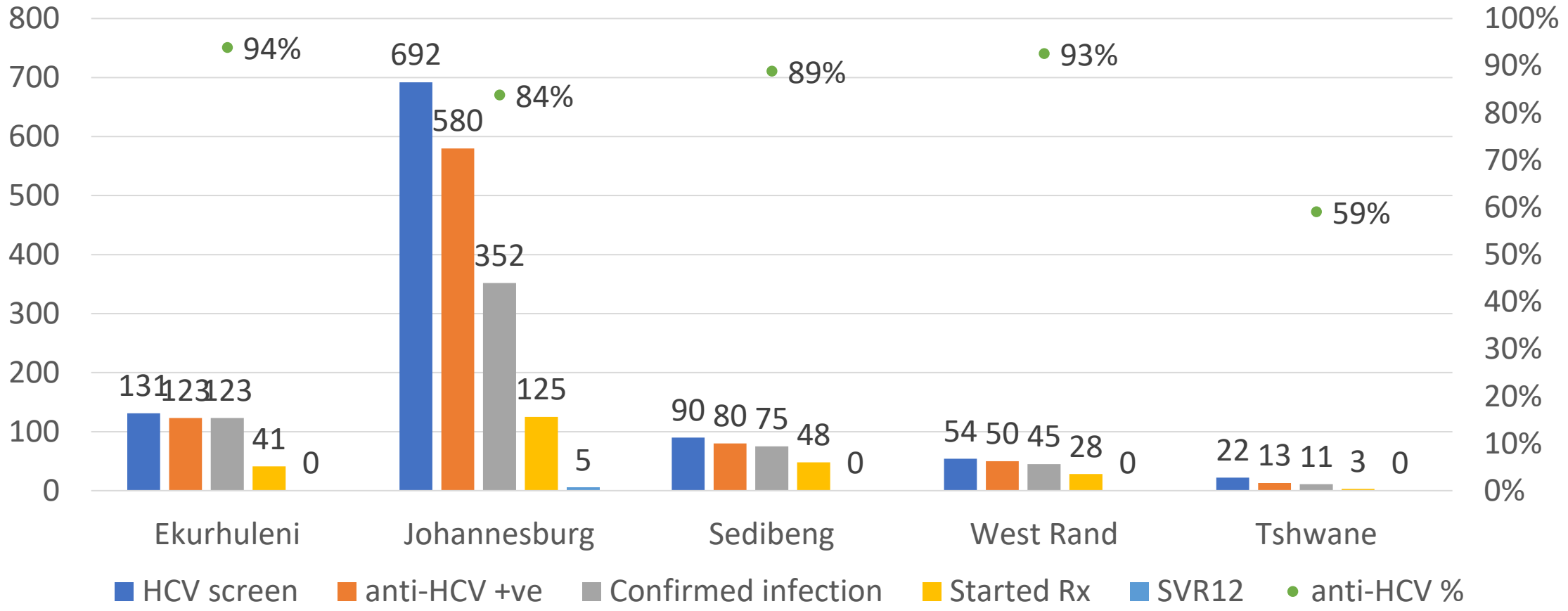

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HBV testing

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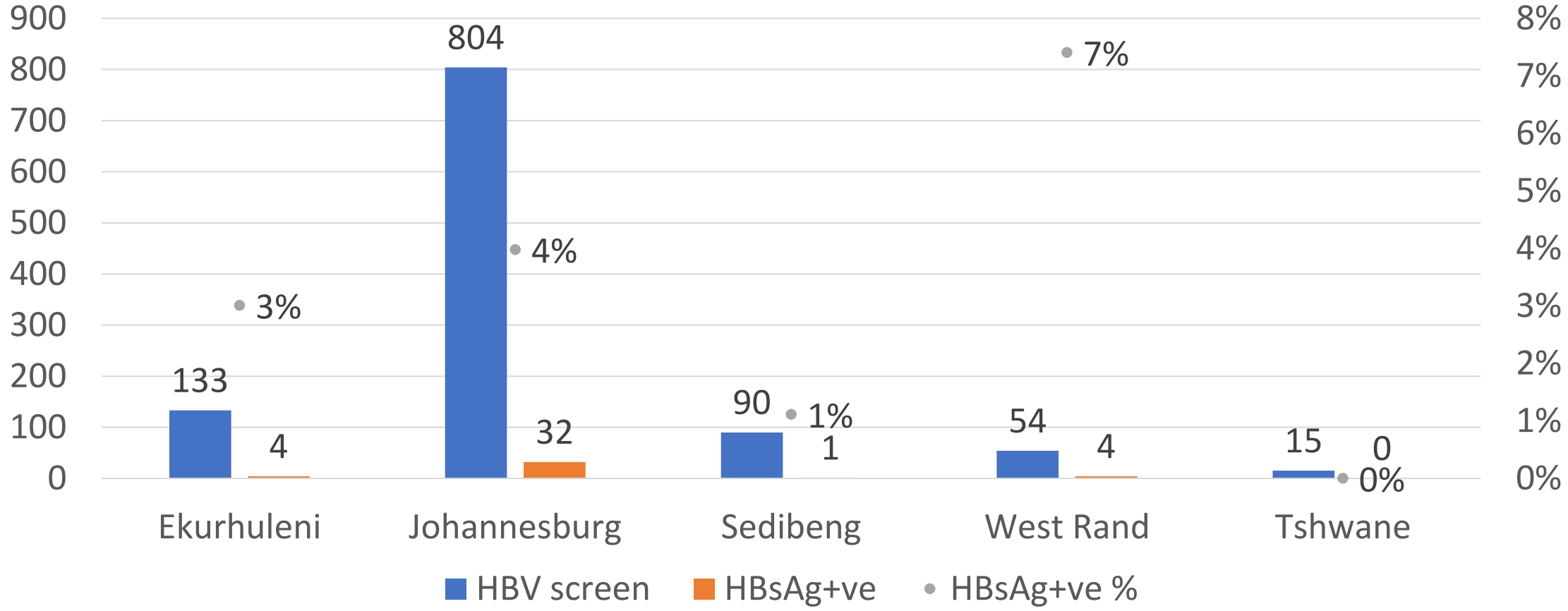

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Opioid agonist therapy

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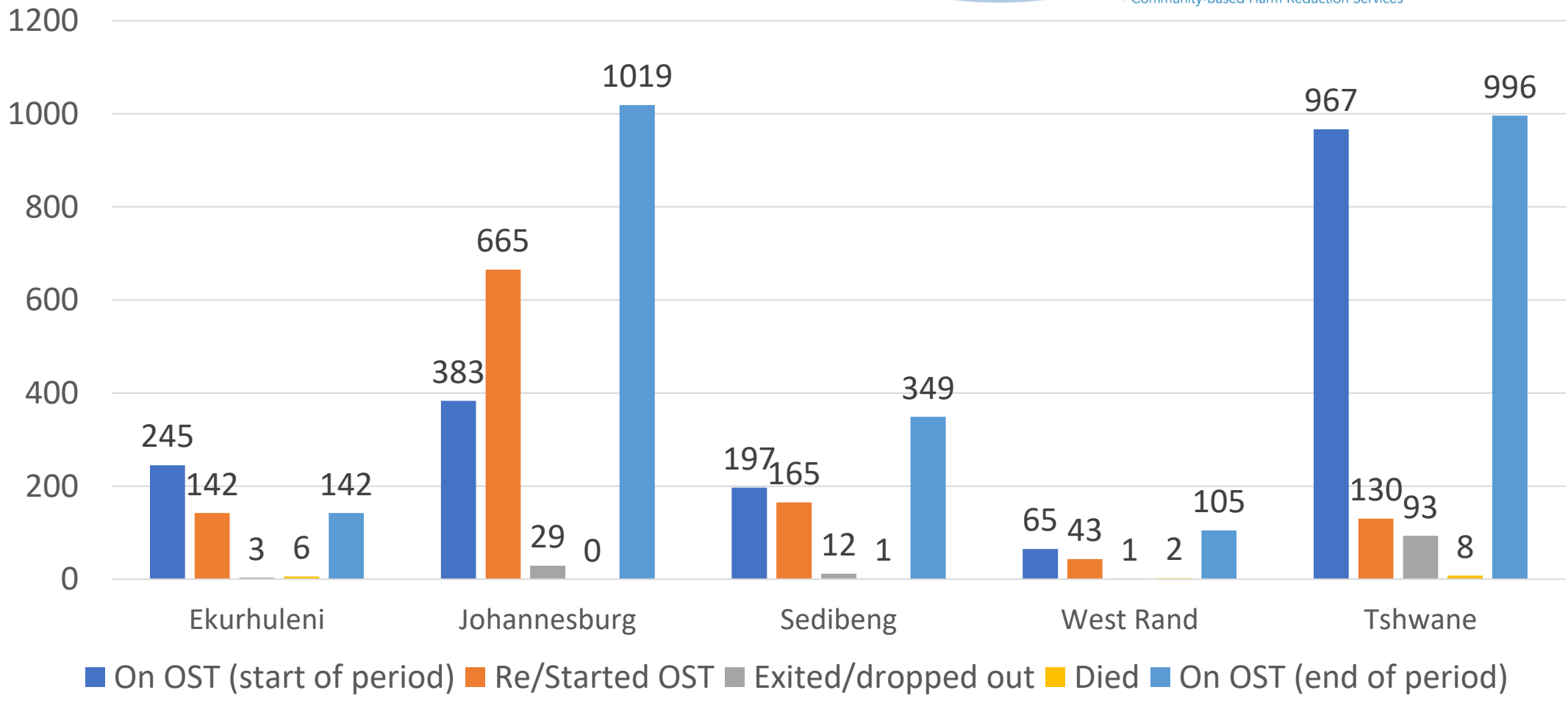

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Human rights violations

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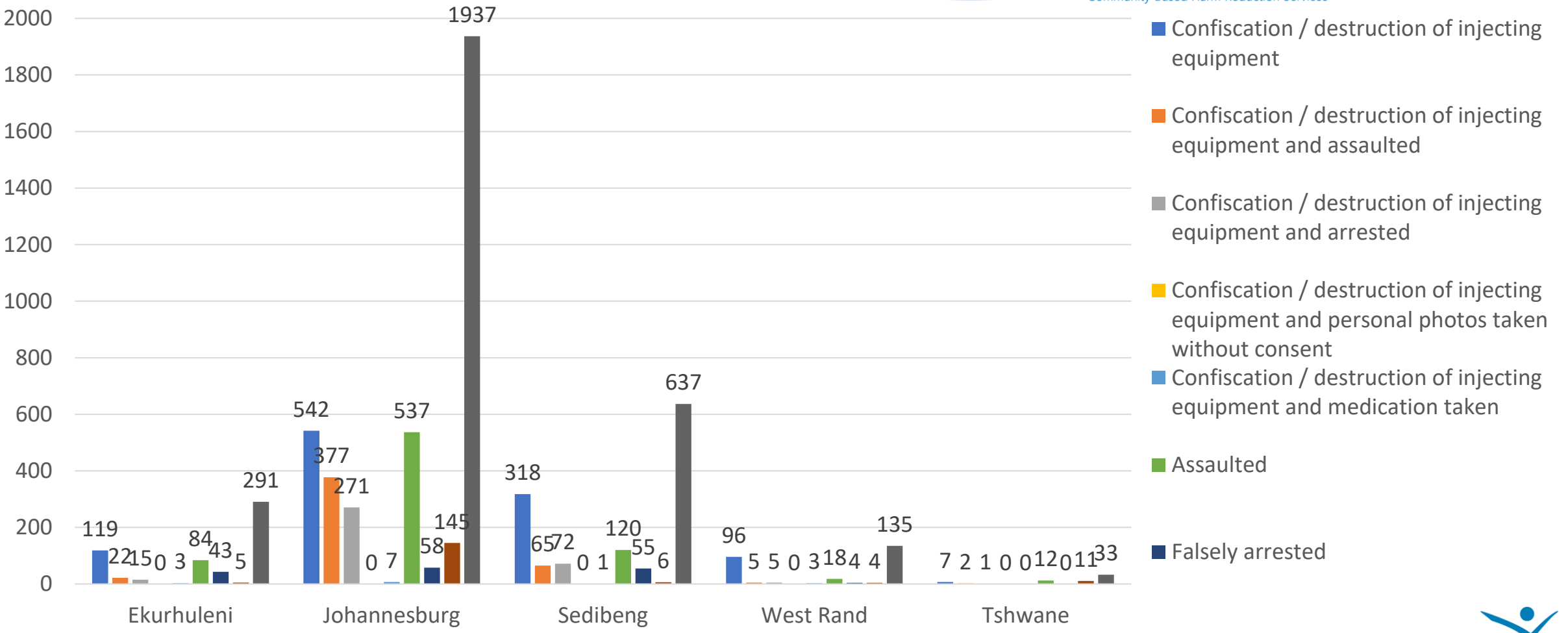

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Mortality & Overdose

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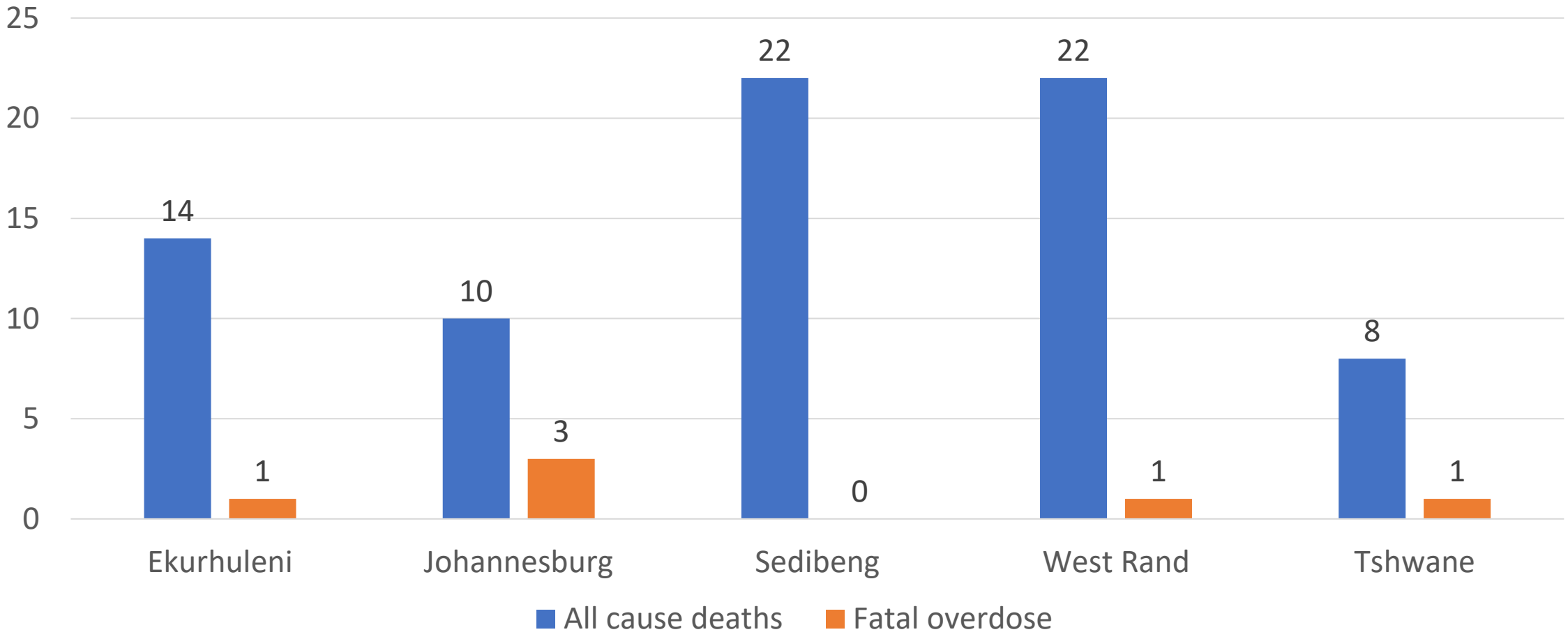

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Female sex workers who inject drugs: Needle & syringe programme

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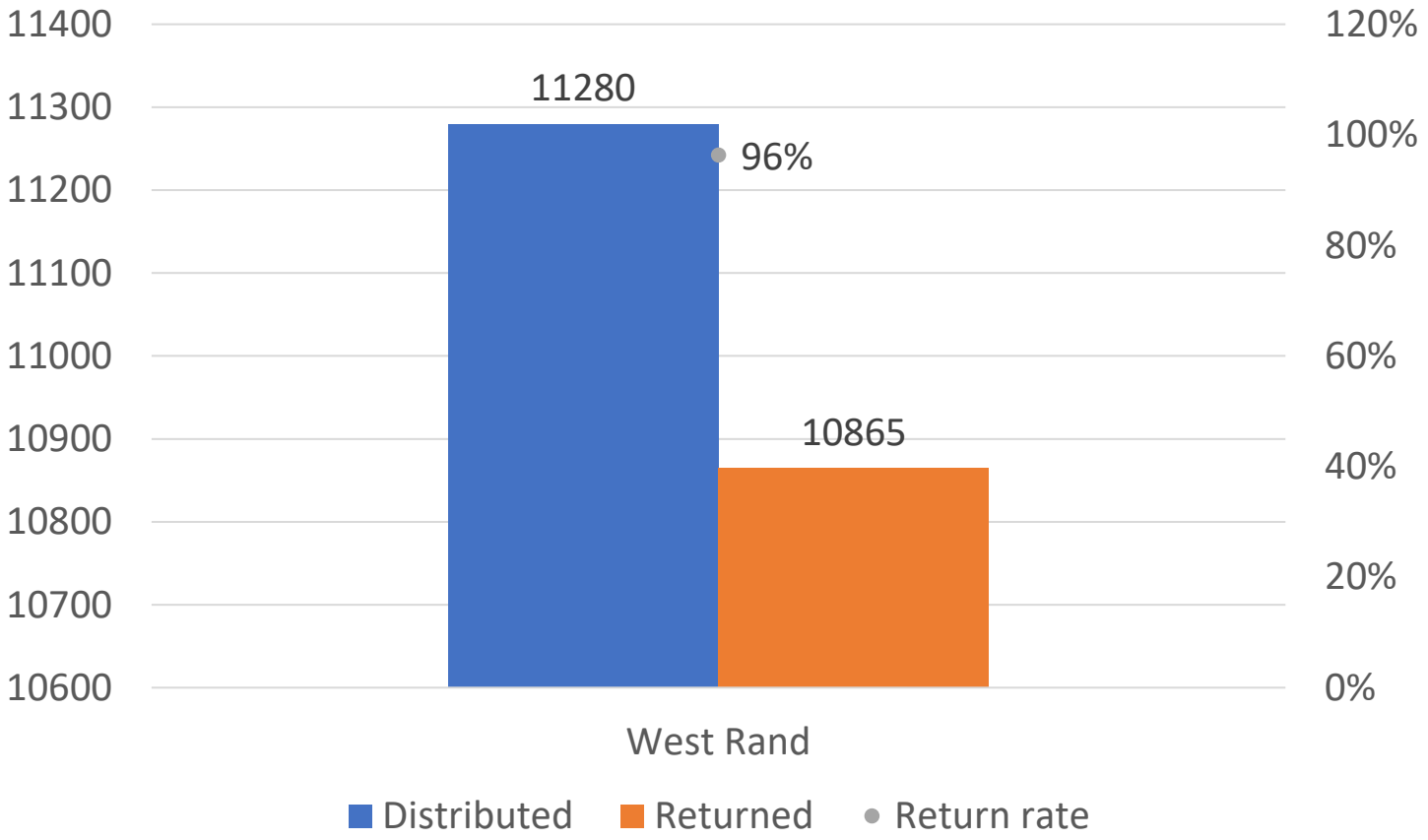

25* Female sex workers who inject drugs reached

(*some also access service provided by Tsepo ya bona)

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Issues, challenges & issues

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Challenges	Recommendations
Funding & Sustainability: Reliance on short-term donor support limits programme sustainability and expansion.	Integrate harm reduction into health budgets; pursue multi-year co-funding; align with NHI.
OST Access: Restricted prescribing authority, limited medication supply, and poor client follow-up.	Expand prescriber base; ensure consistent medication supply; link OST with primary care.
Needle & Syringe Supply: Stockouts due to weak procurement systems and supply chain delays.	Improve procurement forecasting; introduce digital stock monitoring; emergency re-supply protocols.
Stigma & Discrimination: Negative attitudes from police, health workers, and communities deter clients.	Sensitise police and healthcare providers; incorporate harm reduction into health education; community campaigns.
Community Awareness: Misconceptions that harm reduction "encourages drug use" hinder community buy-in.	Implement peer-led outreach, local dialogues, and evidence-sharing with communities.
Hepatitis & HIV–SUD Integration: Lack of integrated service delivery models across these conditions.	Train PHC teams for integrated screening and treatment; expand mobile outreach.
Affordability: Out-of-pocket costs remain prohibitive in non-subsidised settings.	Negotiate drug pricing; provide subsidies; leverage WHO and donor mechanisms

Successes

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- Increased Service Coverage
- 85% of PWID report safer injecting and disposal after NSP engagement.
- Integrated HIV and hepatitis education within harm reduction programmes.
- Improved testing uptake and linkage to ART and hepatitis care.
- Methadone and buprenorphine offered in community settings.
- Improved retention in care and reduced illicit opioid use.
- Peer educators and CHWs improved trust and service uptake.
- Enhanced continuity of care among PWUD.
- Ongoing training improved attitudes among health workers and police.
- Greater acceptance of harm reduction as public health practice.

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Acknowledgements

FPD
PEPFAR
TB HIV CARE
SEDIBA HOPE MEDICAL CENTRE
INVEPRO BEYOND GREATER CHANGE
AIDS Foundation South Africa
Developing Partnerships - Serving Communities
COMMUNITY ORIENTED SUBSTANCE USE PROGRAMME | COSUP
NACOSA
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