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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

Phumzile Mngomezulu

Community-based harm reduction services: Gauteng

[24 March 2026] Phase 2025b [Jul - Dec 2025]



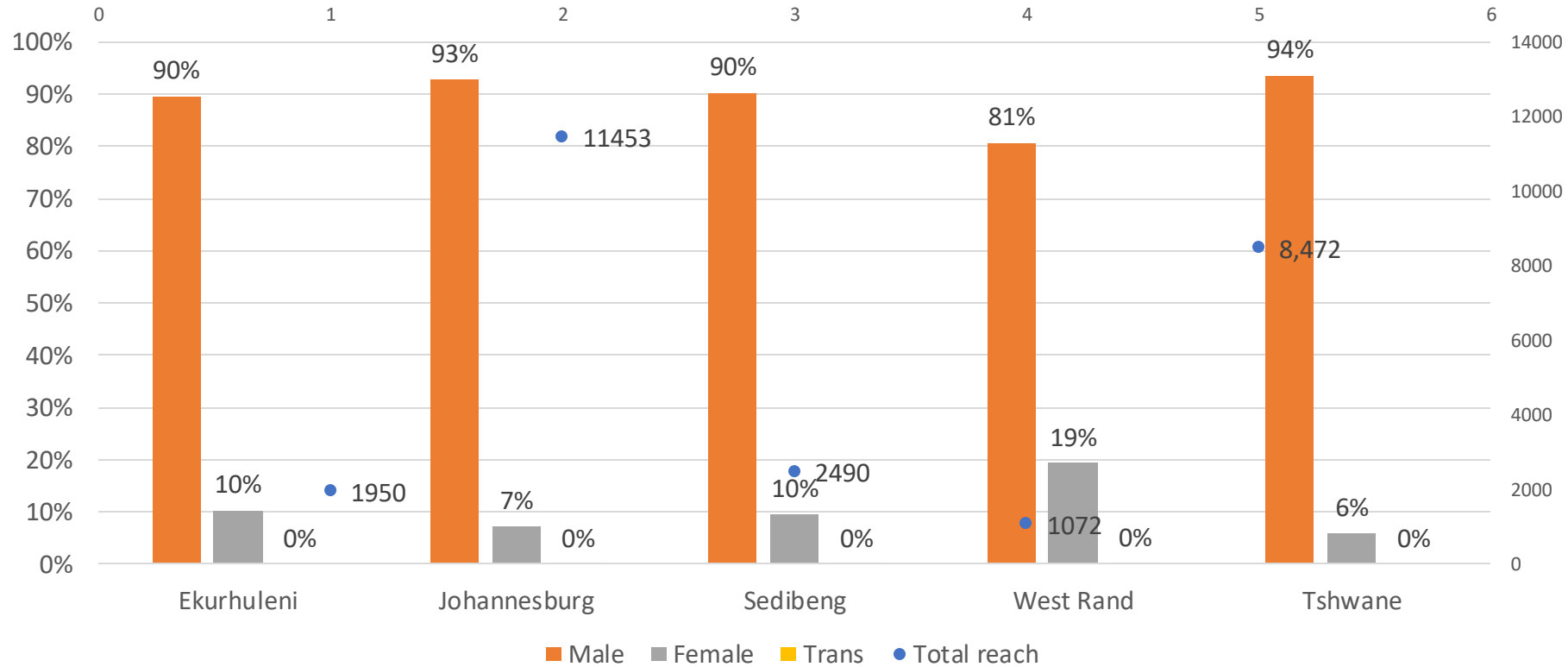
Needle & syringe reach, by gender



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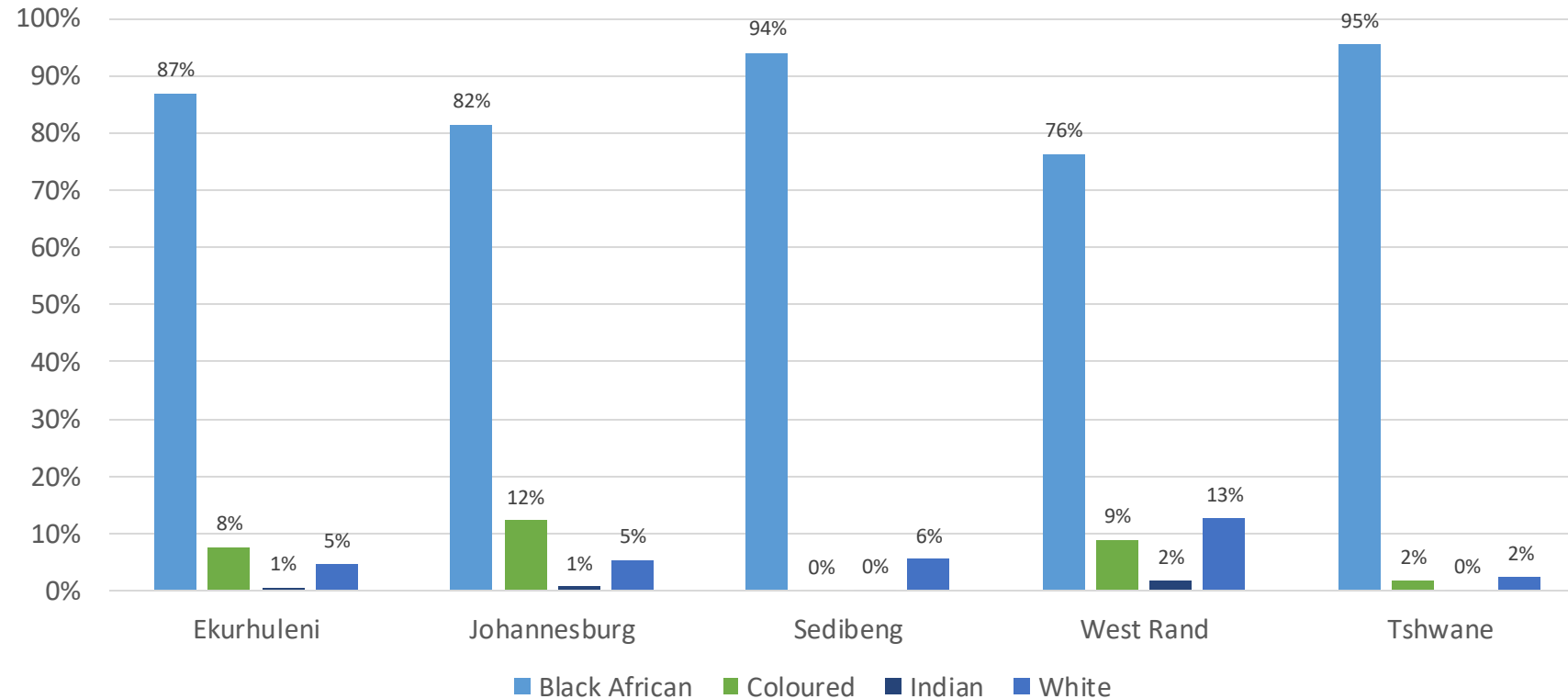
Needle & syringe reach, by population group



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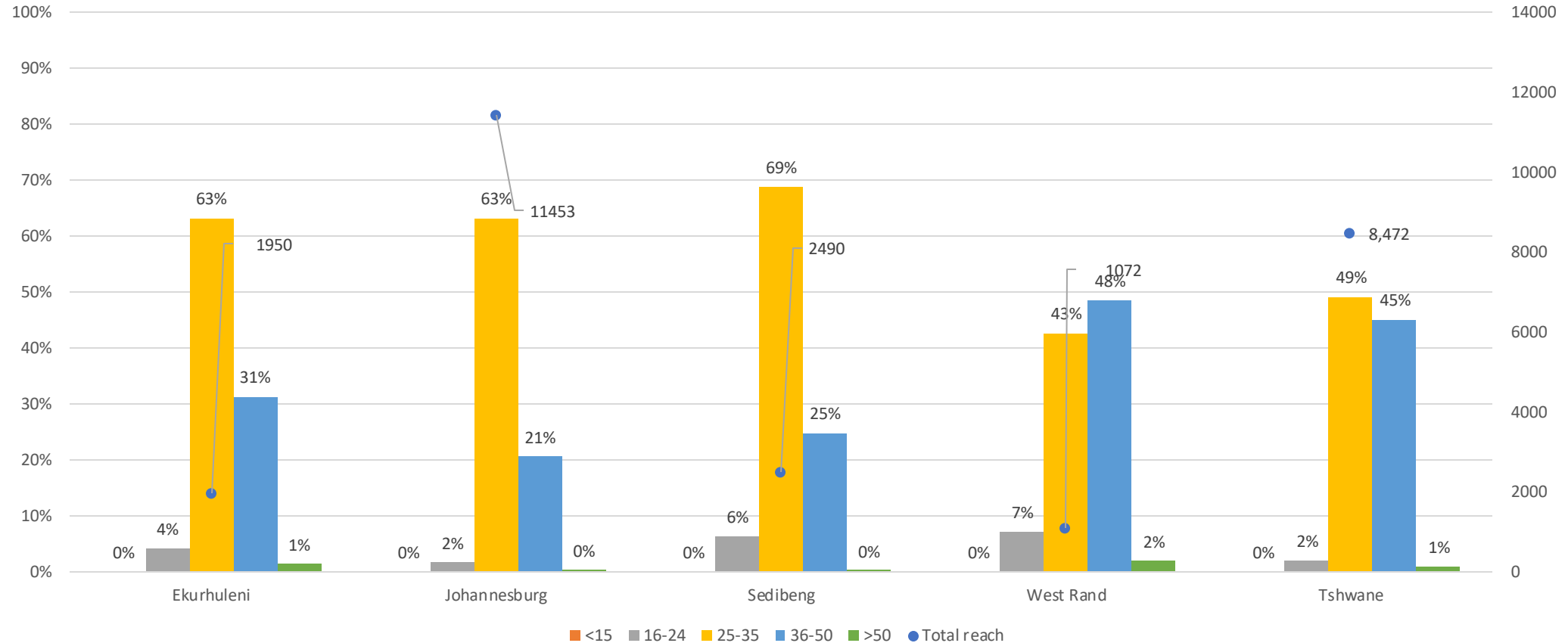
Needle & syringe reach, by age



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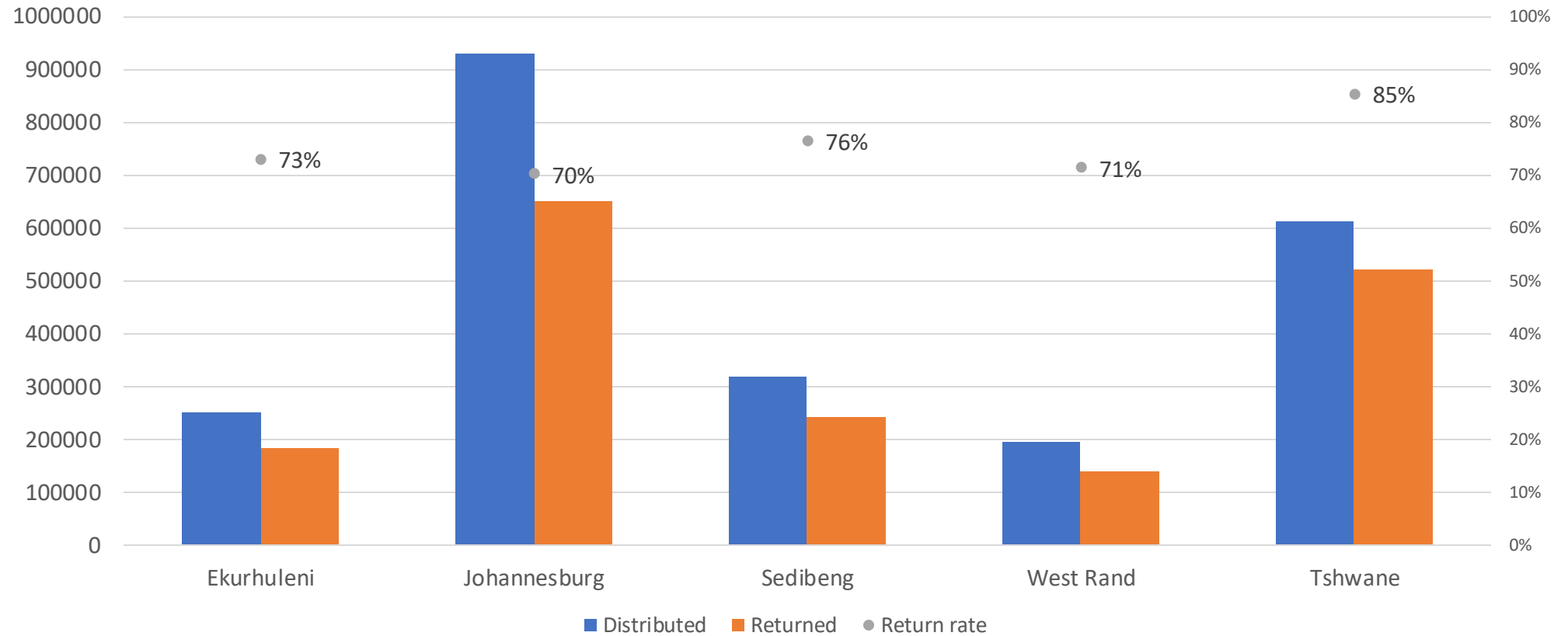
Needle & syringe distribution & return



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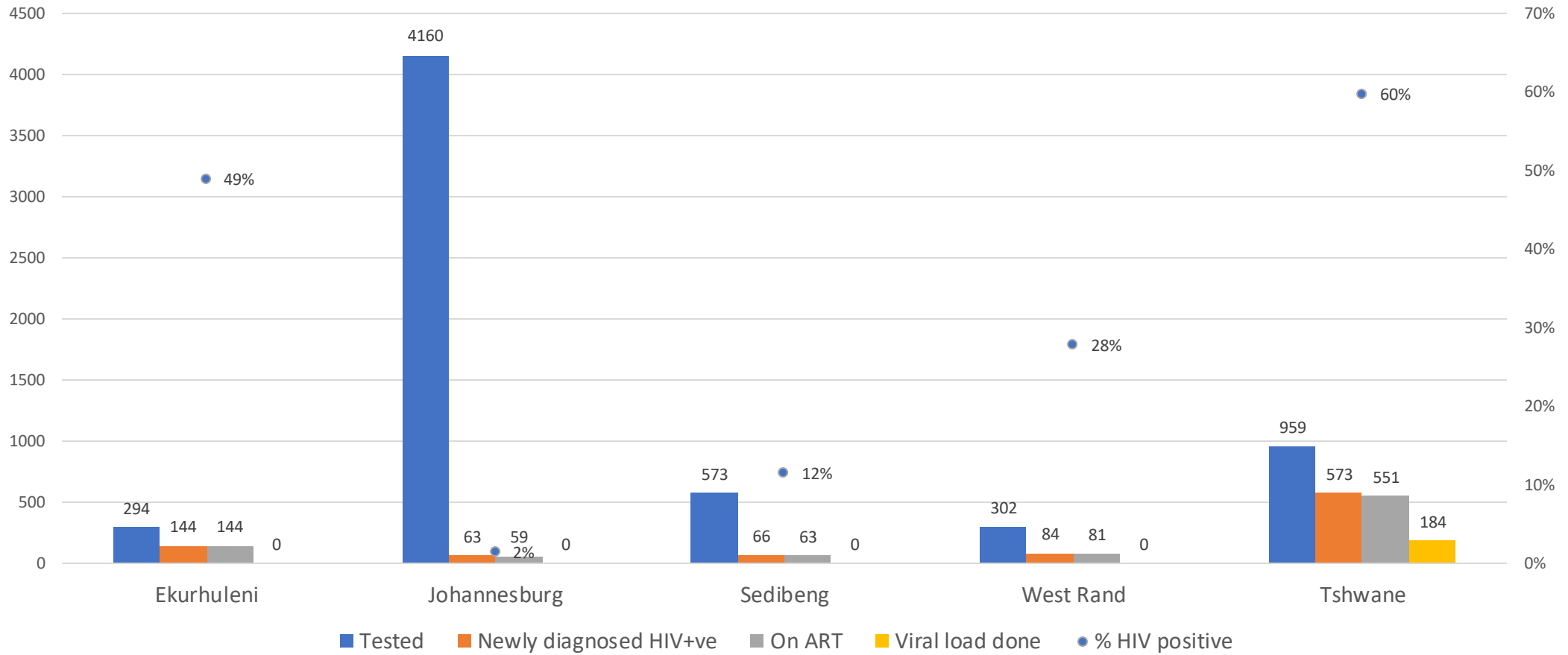
HIV testing & treatment cascade



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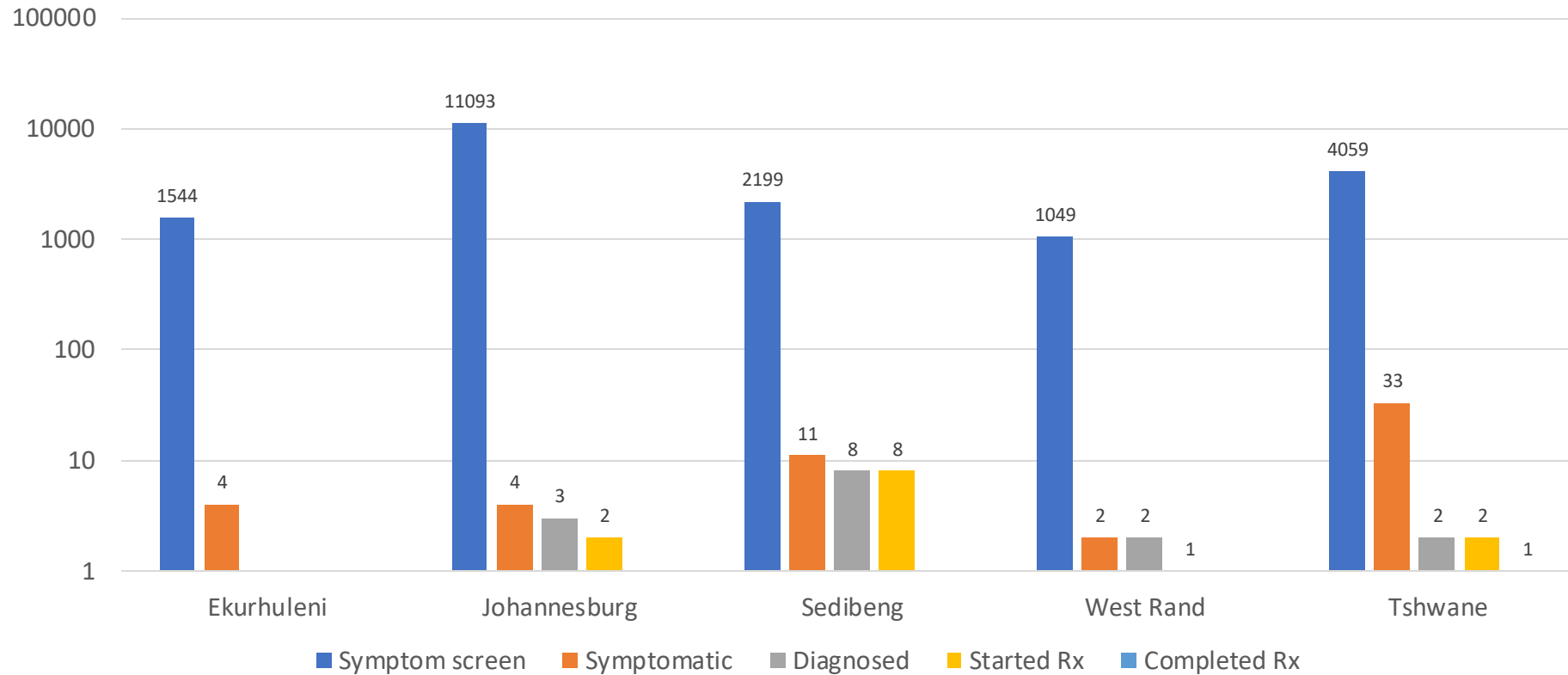
TB testing & treatment cascade



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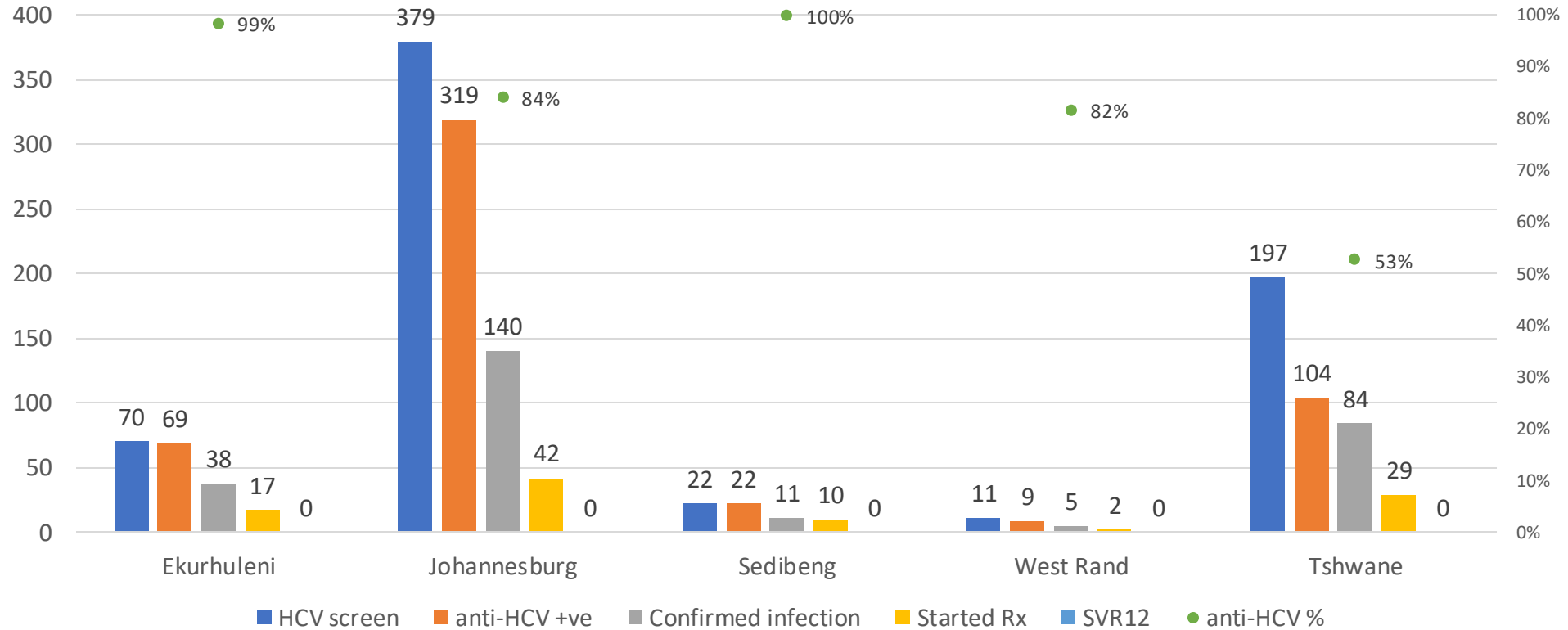
HCV testing & treatment cascade



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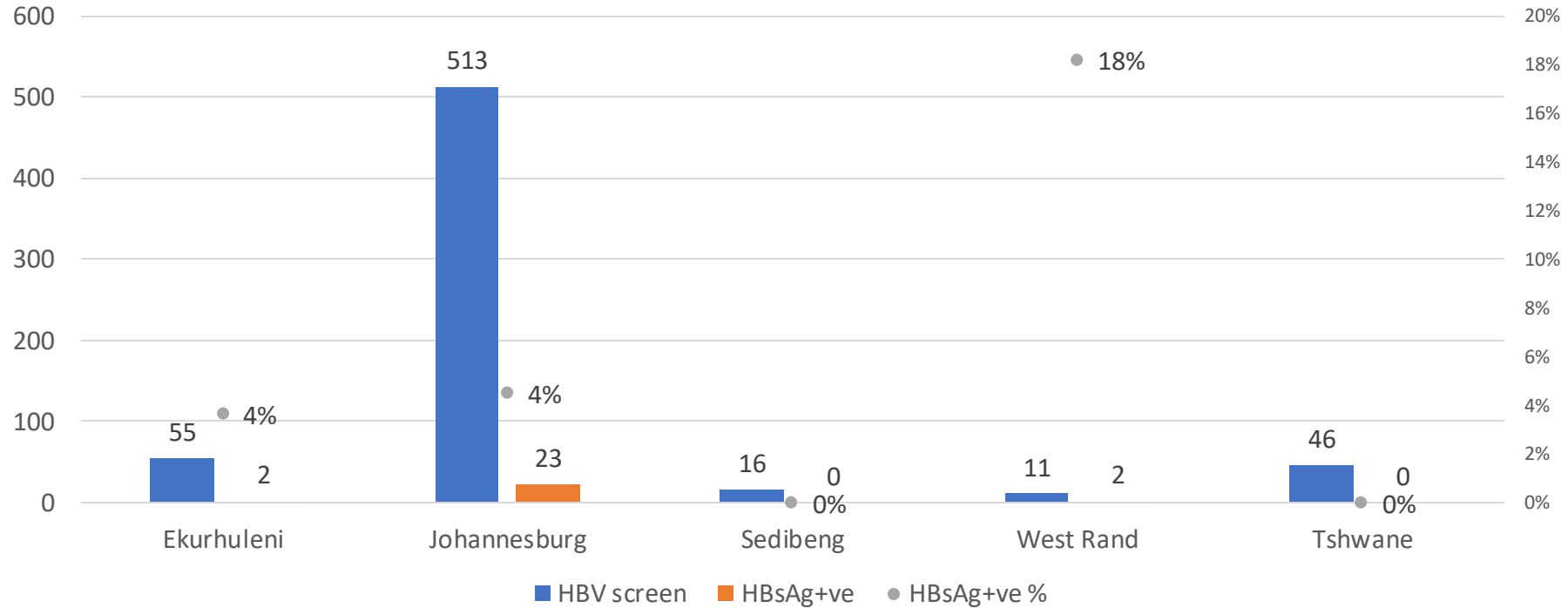
HBV testing



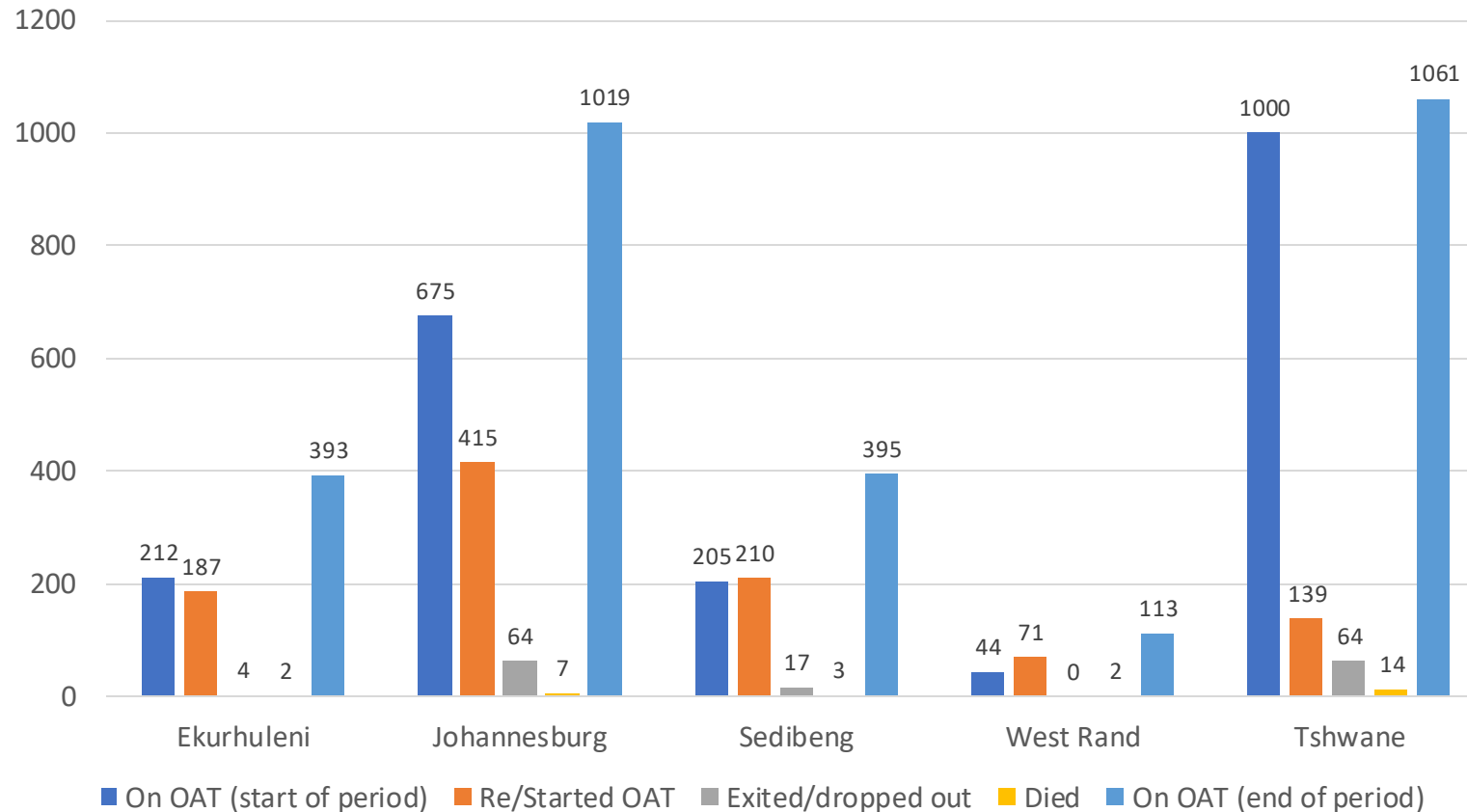
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Opioid agonist therapy



No OAT services in City of Joburg or Ekurhuleni for 4 weeks due to change in Global Fund principle recipients and Ses. Several hundred PWUD did not receive methadone during this period.

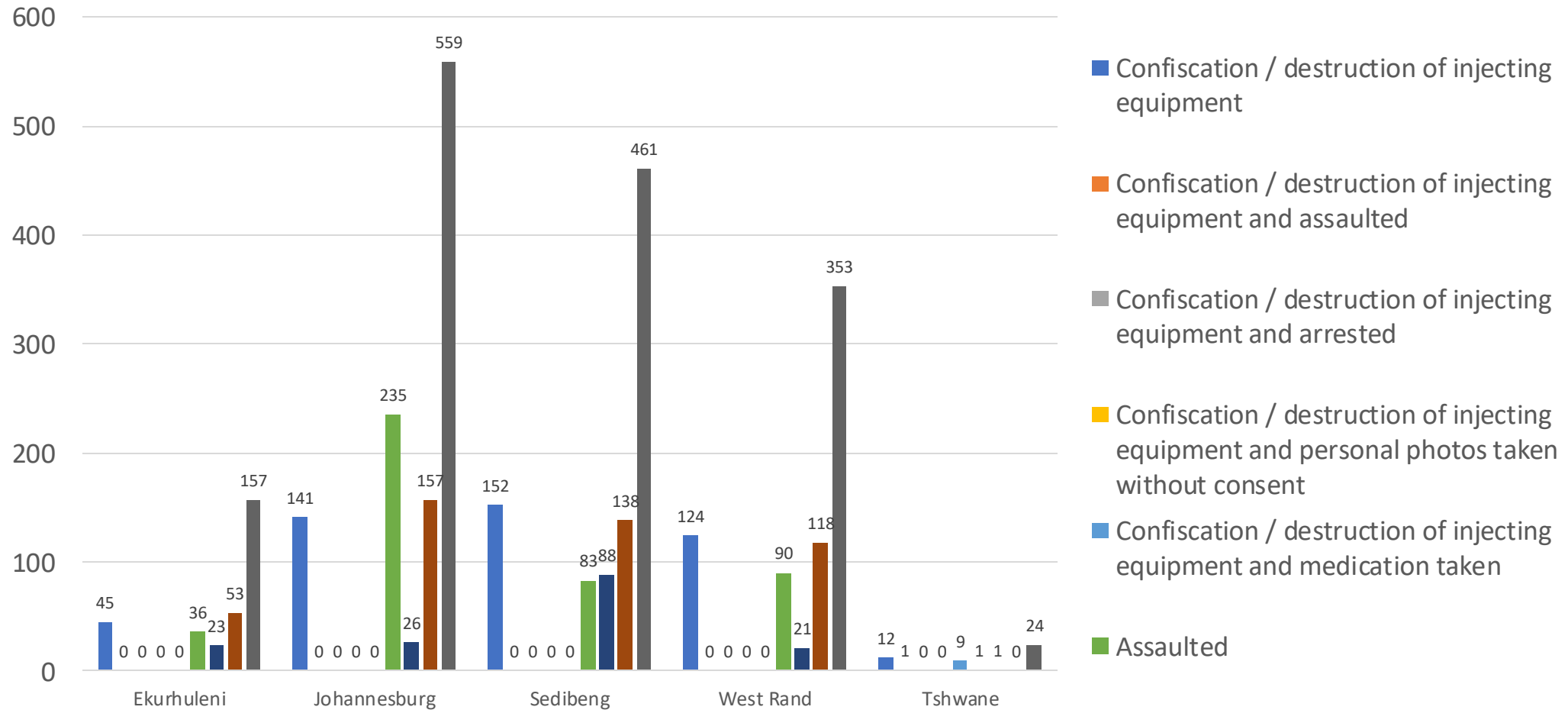
Human rights violations



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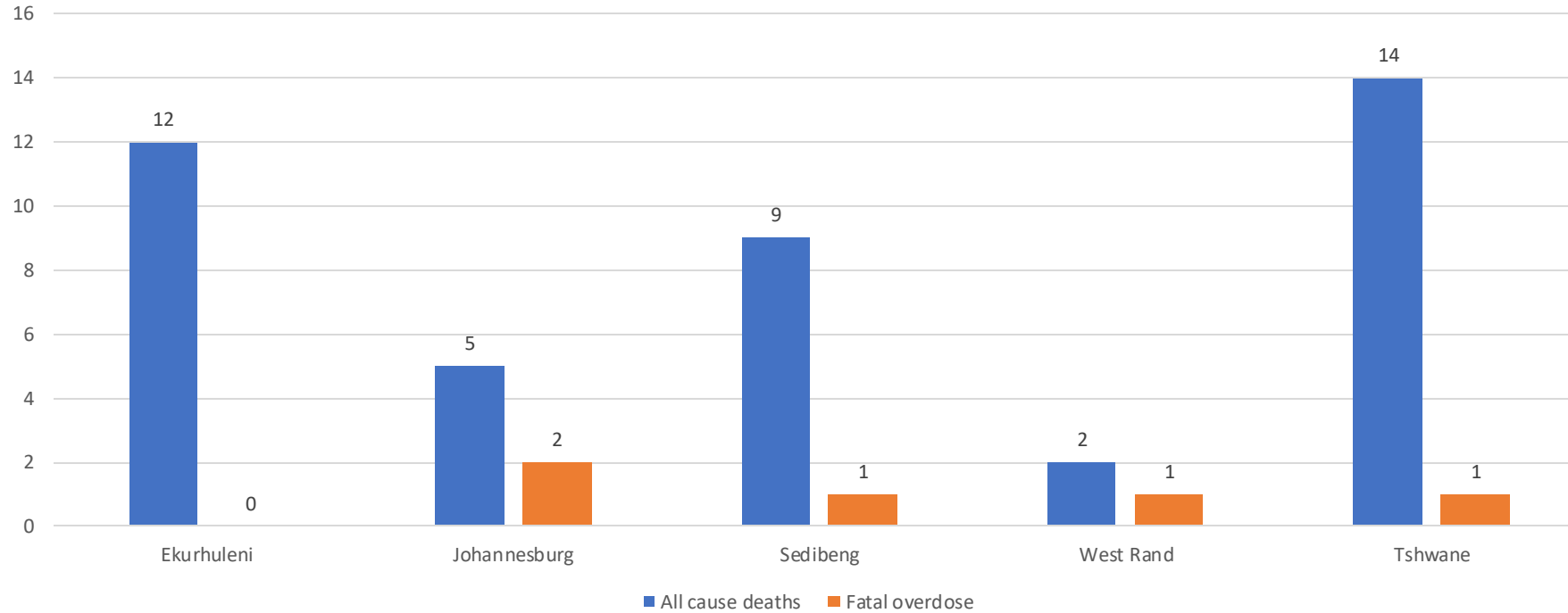
Mortality & Overdose



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5 fatal overdose in an NSP client



Female sex workers who inject drugs: Needle & syringe programme



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No harm reduction
services for sex
workers who inject
drugs during this
period



Issues & challenges



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Challenges	Recommendations
<p>Sub-optimal transition of services by new Global Fund Principal recipient and delays in grant making resulted in interruption of OAT and NSP services for hundreds of people in Gauteng.</p>	<p>Establish a formal bridging mechanism that allows the outgoing PR to continue essential services (OAT and NSP) beyond the transition date until the incoming PR has confirmed operational readiness and the first grant disbursement has been received and both the outgoing and incoming PRs to jointly maintain a min 90-day buffer stock of OAT medications and NSP commodities before the transition date to prevent service interruptions due to grant disbursement delays.</p>
<p>Challenges with adherence to ART, PrEP, and other medications due to mobility, substance use, myths, medication confiscation by police within Sedibeng.</p>	<p>As the programme prepares for closeout, Outreach and clinical teams have adherence plans in place to ensure that clients receive treatment for OST, ART, DAAs and TB until arrangement for continuation with Aurum for GC7</p>
<p>PWID clients still struggle with the current transition into the DoH facilities for HIV management.</p>	<p>Continuous engagements and support.</p>
<p>Transitioning (HIV services) remains stagnant in Tshwane compared to the progress made in other provinces.</p>	<p>We are still reaching out for engagements, requests for meetings assisted by CDC. The programme has prepared according to the transition plan and expectations.</p>

Successes



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- OAT clients receiving support from CDC / PEPFAR in Tshwane transitioned to COSUP programme.
- Hep C clients were transferred to Sediba Hope Medical centres.





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Acknowledgements

