



Introducing INHSU

The International Network on Health and Hepatitis in Substance Users



About INHSU

The International Network on Health and Hepatitis in Substance Users is a global network dedicated to improving the health of people who use drugs.

Our members include:

- Clinicians
- Researchers
- Nurses and allied health
- People with lived experience of using drugs and/or hepatitis C
- Policymakers
- Representatives from community-based organisations

Our members are from countries all over the globe, with 53 countries represented at our 2021 conference that took place last October.

What we do



Knowledge Exchange

- We facilitate scientific knowledge exchange, and the dissemination of knowledge to improve the health of people who use drugs across the world



Education

- Our hepatitis C education program consist on online learning and workshops and has been adapted for 10 countries so far
- Currently planning to adapt for South Africa



Advocacy

- Our advocacy work gives a voice to this community, providing a safe space to share their stories. By speaking openly about the issues faced by people who use drugs, we aim to reduce stigma and discrimination.

INHSU Africa 2020

- Cape Town, February 2020
- Brought together advocates, policy champions, civil society leaders and the community of people who use drugs
- The event highlighted best practices, contributed to enhancing drug user health, and focused on the elimination of hepatitis C and HIV

[GOOGLE: INHSU Africa conference](#)



INHSU Africa declaration

At INHSU Africa an African Declaration was made to eliminate hepatitis C and improve the health of people who use drugs. Signed by 21 African and global organisations, the Africa Declaration calls on African political leaders and all global partners to:

- Scale-up harm reduction services
- Make health services accessible for people who use drugs
- Support community empowerment and programmes
- Improve access to affordable diagnostics and medicines
- Eliminate stigma, discrimination and violence
- Reform drug policies
- Enhance funding for harm reduction and hepatitis C elimination efforts

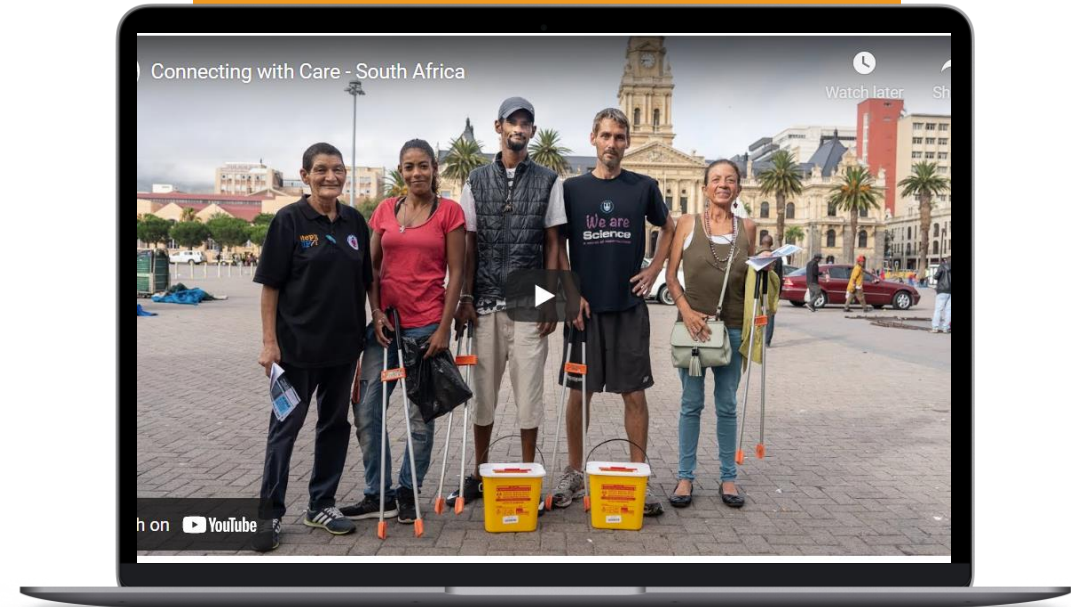
[GOOGLE: INHSU Africa declaration](#)



Connecting with Care South Africa

- INHSU's Connecting with Care films use powerful storytelling to profile innovative models of care for hepatitis C elimination among people who use drugs
- These films give a voice to the community, telling their stories and showcasing best practice from across the globe
- We were proud to profile a model of care from South Africa as part of this series of films


[GOOGLE: Connecting with Care South Africa film](#)



Policy brief

- South African Policy Brief articulates the key issues facing people who use drugs in relation to harm reduction and viral hepatitis
- GOOGLE: INHSU South African Policy Brief.

South African Policy Brief: Viral hepatitis in people who use drugs



1 Political commitment

Why should governments care about the health of people who use drugs?

Leave no one behind and inequalities

The Sustainable Development Goals (SDGs) and Global Health Commitments

Realise the public health benefits of scientific breakthroughs

2 Global picture

11.3m An estimated 11.3 million people have recently injected drugs

11% This is expected to increase to 11% by 2020*

38m There are an estimated 38 million people living with HIV worldwide

325m There are an estimated 325 million people living with HIV and HCV

6.1m 6.1 million people living with HCV have recently injected drugs

1.1m There were 1.1 million HIV and HCV related deaths in 2019, 60% of which were related to HIV 50%*

HIV Indicators (by 2020)		Target	Status (2019)
% of people living with HIV know their status		95	81
% of people who know their HIV positive status receive antiretroviral therapy (ART)		95	82
% of people living with HIV on treatment with suppressed viral loads		95	88

Viral Hepatitis Indicators (by 2020)		Target	Status (2019)
% coverage of HIV vaccine (third dose)		90	85
% vaccine coverage of prevention of HIV mother-to-child transmission		90	43*
% chronic HIV infections diagnosed		90	13
% chronic HCV infections diagnosed		90	52
% receiving HIV treatment		80	2
% receiving HCV treatment		80	16
Number of needle needles and syringes provided per year per person who injects drugs		300	33
% of people who inject drugs accessing opioid substitution therapy (OST)		40	16*

*No the last 12 months

Table 1: Selected Global HIV and viral hepatitis service coverage targets*

3 South African picture

Epidemiology:

There are an estimated 82 500 people who inject drugs (2020) and 144 129 people in prisons (2018) in South Africa** National viral hepatitis data is limited and points to epidemics in need of urgent attention (see Table 2).

Prominence	General population	People who inject drugs	People in prison
HIV	12%	27%	15%
HIV Ag	7%	0%	3%
Anti-HCV	1%	55%	3-6%

Table 2: HIV and viral hepatitis in South Africa

Policy:

The National Viral Hepatitis Action Plan (2019-2024) and National Viral Hepatitis Management Guidelines, the National Drug Master Plan (2019-2024) and the National Strategic Plan on HIV, TB and STIs (2016 – 2022) support viral hepatitis and HIV services and other harm reduction for people who use drugs. The latest Essential Medicines List (EML) and Standard treatment guidelines restrict HIV treatment (relative to hospital (secondary) level) and HCV treatment to tertiary and quaternary levels. Direct acting antivirals (DAAs) were registered in 2020 by the South African Health Products Regulatory Authority (SAHPRA); however, they are not yet included in the EML.

Prevention, testing and treatment services:

- The National Viral Hepatitis Programme is yet to be funded and implemented. Only one metropolitan municipality funds harm reduction services, the remaining are funded by donors.
- HIV vaccination for adults is limited to selected harm reduction sites and hospital clinics (health care worker vaccination is disproportionately implemented focusing on those deemed to be at highest risk e.g. laboratory staff).
- Needle and syringe services and OST services are operational in 3 and 4 health districts, respectively. The high cost of methadone is the major barrier to OST uptake.
- A range of diagnostic tests are registered for local use (Table 3). The National Health Laboratory Service and private pathology networks have testing infrastructure. Routine screening for people who use drugs is not conducted, and there is limited viral hepatitis testing and integration in the existing HIV screening (HIVAg) screening is one of the baseline tests prior to ART initiation or regimen change in those without HIV status is unknown).
- In the public sector, initiation of HIV treatment is limited to district health level.
- HCV treatment is limited to tertiary/quaternary level. DAA therapy is limited to special certification at specialist clinics and in the private sector.

Small OST services (>150 people) operate in Capetown, Durban and Johannesburg, a large OST services in 300 people) operates in Grahamstown.

	HIV	HCV
Rapid diagnostic tests*	<ul style="list-style-type: none"> Vitros HIVab (BiaMérieux SA) SD BIOLINE HIVAg III (Standard Diagnostics, Inc) Determine HIVAg 1 & 2 (Abbott Diagnostics) 	<ul style="list-style-type: none"> QuikCheck HCV test (Quidel Technologies) SD BIOLINE HCV test (Standard Diagnostics, Inc)
Point-of-care molecular tests*	<ul style="list-style-type: none"> Xpert HIV Viral Load (Cepheid) ABSTRACT HIV serology (Abbott) COBAS Amplicor/COBAS TaqMan version 2 Tanohiv disposal (Tanohiv) 	<ul style="list-style-type: none"> GeneSight HCV ID (Syneos) Specy HCV Viral Load (Epitope) ABSTRACT HCV antibody (Abbott) COBAS Amplicor/COBAS TaqMan version 2 Sofosbuvir/Hepatitis C (Sofosbuvir/Hepatitis C)

Table 3: Locally registered health products

HIV and blood spot testing facilities have been used in research settings. *Signatures and generic medications registered have been used in research settings. **First line therapy

4 Cascade of viral hepatitis care

Elimination of viral hepatitis requires equitable access to affordable prevention, screening, assessment, treatment and care services. People who inject drugs adhere to HCV therapy and treatment is effective*: HCV infection post treatment occurs but at a lower rate than primary infection**

	Prevention	Screening	Assessment	Treatment	Ongoing Care
HIV	HIV vaccination	Hepatitis B surface antigen	Non-invasive fibrosis assessment HIV serology testing HIV viral load, AFP and liver transaminase Liver cancer screening	Uncomplicated: treat at primary care with lamivudine HIV-HCV coinfection: ART as a first-line containing regimen HIV - HCV - HIV triple infection dual HCV infection as a dual infection and then treat HCV	Package of care based on harm reduction, including needle and syringe services and access to OST Adjuvant support Regular retesting (HIV, HCV) When possible confirm anti-HIV tests a 3-6US after HIV vaccination
HCV	Needle and syringe programmes and OST	Hepatitis C antibody	HCV PCR confirmatory test Non-invasive fibrosis assessment Liver cancer screening HIV - HCV - HIV triple infection	Uncomplicated: treat at primary care with peginterferon- α 2a and sofosbuvir (DAA) HCV HIV coinfection: treat HCV once HIV virally suppressed at primary/community level HIV - HCV - HIV triple infection: complicated, consult with specialist	

Table 4: What is required across the care cascade to eliminate viral hepatitis

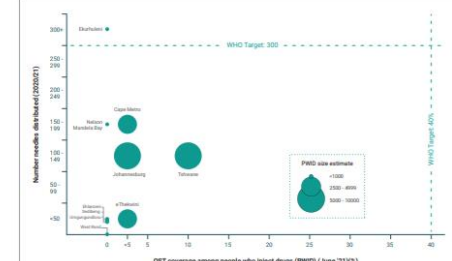


Figure 1: Needle and syringe and OST service coverage in South Africa

5 Recommendations for South Africa

- Political commitment:**
 - Dedicate funds to support the implementation of the National Viral Hepatitis Programme and scale up harm reduction services for people who use drugs
- Health services:**
 - Integrate viral hepatitis management into HIV programme
 - Decentralise viral hepatitis services
 - Scale-up harm reduction services
 - Scale-up rapid diagnostic tests for viral hepatitis in community settings
 - Provide harm reduction and viral hepatitis services in correctional service centres
- Medications and technology:**
 - Increase access to affordable methadone and buprenorphine
 - Provide healthcare workers with education on viral hepatitis and substance use disorders and harm reduction
 - Ensure lamivudine for treatment of HIV is included on EML for primary care
 - Ensure access to generic DAAs
 - Reduce cost of HCV and HIV molecular testing
- Human resources:**
 - Sensitise health care workers to provide non-judgmental care
- Health information:**
 - Include viral hepatitis indicators in the National Indicator Data Set
- Financing:**
 - Mobilise domestic financing for viral hepatitis services and harm reduction, including as part of National Health Insurance
 - Include OST and viral hepatitis treatment in private medical aid benefits packages
- Quality, equity and coverage:**
 - Reduce community and health worker stigma towards people who use drugs
 - Scale-up access to harm reduction services towards WHO targets
 - Consider social determinants of health, such as housing, in the continuum of care

Partners:

Recommended citation: INHSU. South Africa Policy Brief: Viral Hepatitis in People Who Use Drugs. June 2022. (INHSU: 2022). Development of this brief was supported by a grant from Open Society Foundations.

Upcoming activities in South Africa

INHSU is continuing to work with key stakeholders in South Africa on projects related to the health and wellbeing of people who use drugs:

- **Storytelling for Advocacy** – a 6-month mentor program to build the storytelling and networking capacity of people who use drugs in South Africa
- **World Hepatitis Day virtual event** – an event that will further the discussions around viral hepatitis and the health and wellbeing of people who use drugs in South Africa
- **Policy briefs** – additional policy briefs to aid discussions with policymakers in the region
- **Virtual event series** – additional virtual events delivered with partners across the region
- **Education events** – currently seeking funding to adapt our HCV education for South Africa
- **INHSU 2022 conference** – 19-21 October in Glasgow, Scotland with virtual tickets also available

GOOGLE: '[INHSU newsletter](#)' and sign up for alerts for upcoming events and projects in South Africa and our global conference

Other useful resources



HCV intervention toolkit

- An interactive toolkit featuring how-to-guides, infographics and films to advise and inspire HCV treatment and care

[GOOGLE: INHSU HCV intervention toolkit](#)



Become a member of INHSU

- Discounted rates for LMIC/free membership for students and people with lived experience
- Ongoing professional development and global networking opportunities

[GOOGLE: INHSU membership](#)



Conference archive

- Hundreds of abstracts, videos and posters from the past 5 years of INHSU conferences available via easy search function

[GOOGLE: INHSU conference archive.](#)

THANK YOU



www.inhsu.org

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