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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

[March 2025] | Phase 56 | 2024b [July - December 2024]



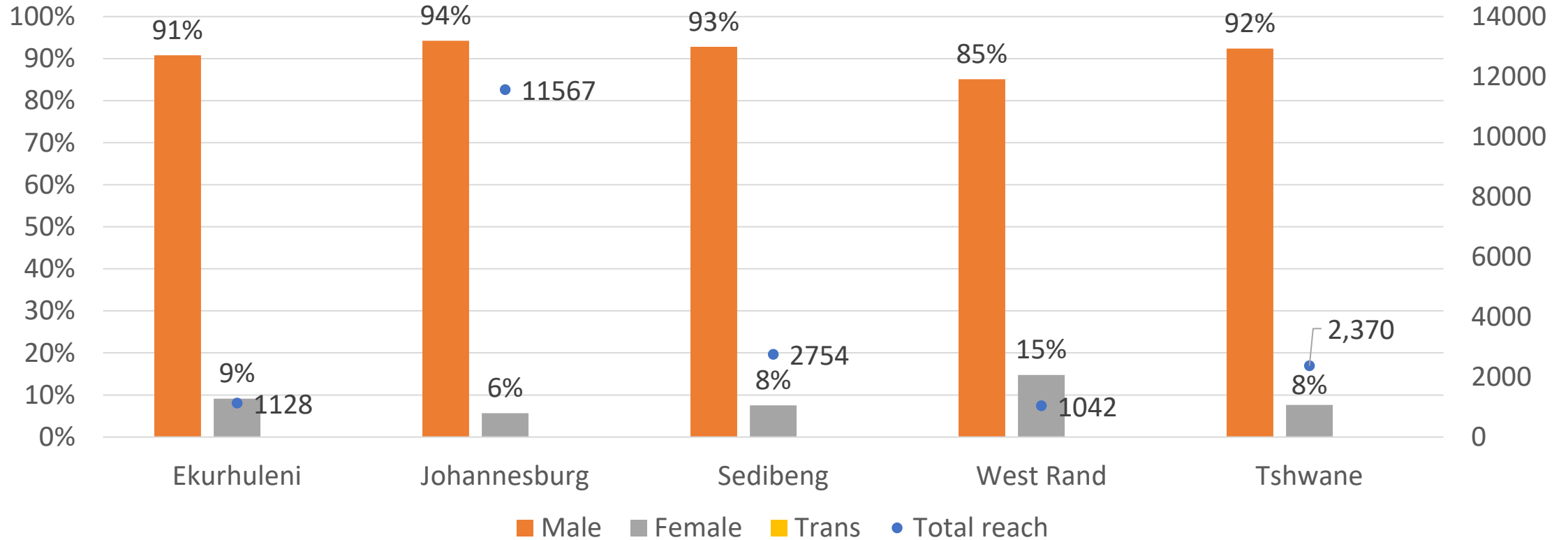
Needle & syringe reach, by gender



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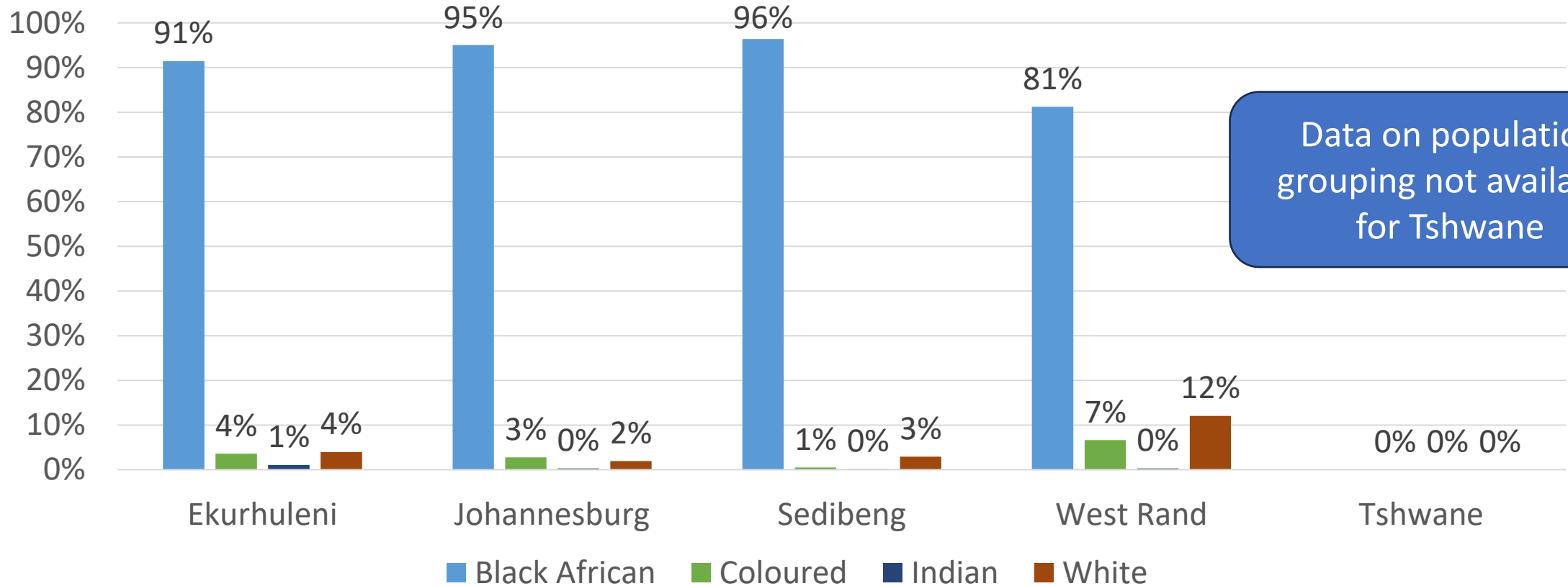
Needle & syringe reach, by population group



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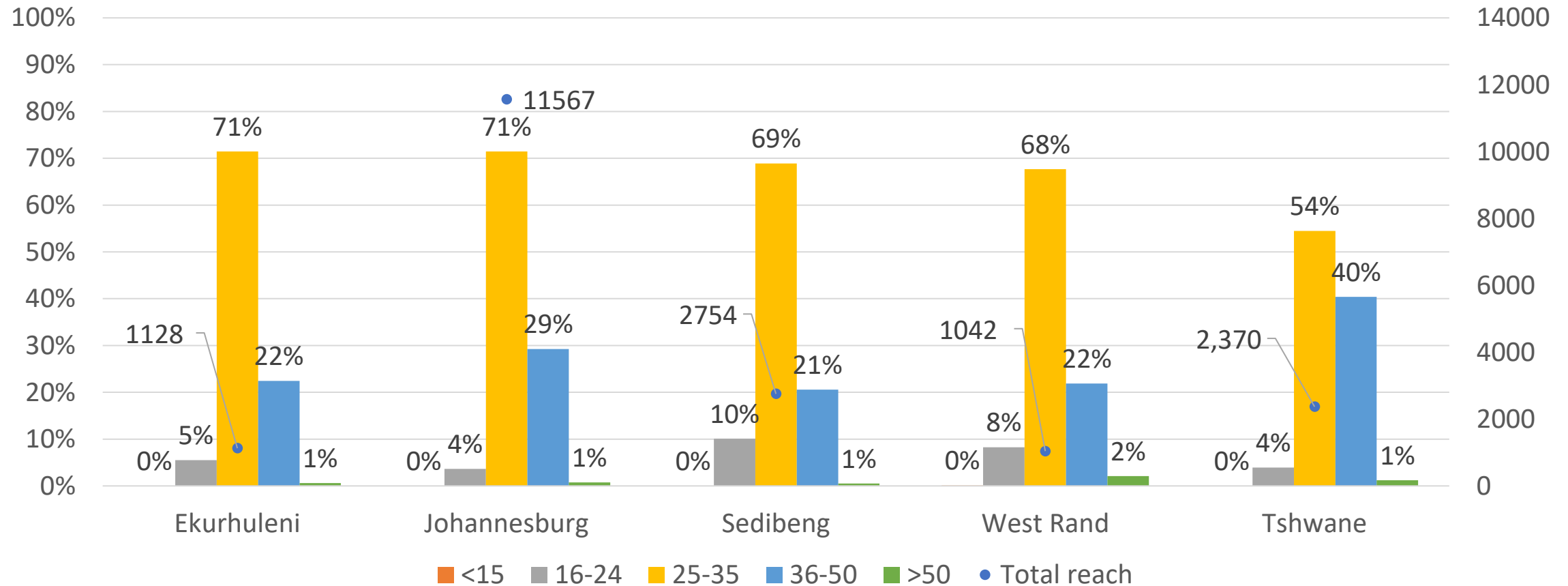
Needle & syringe reach, by age



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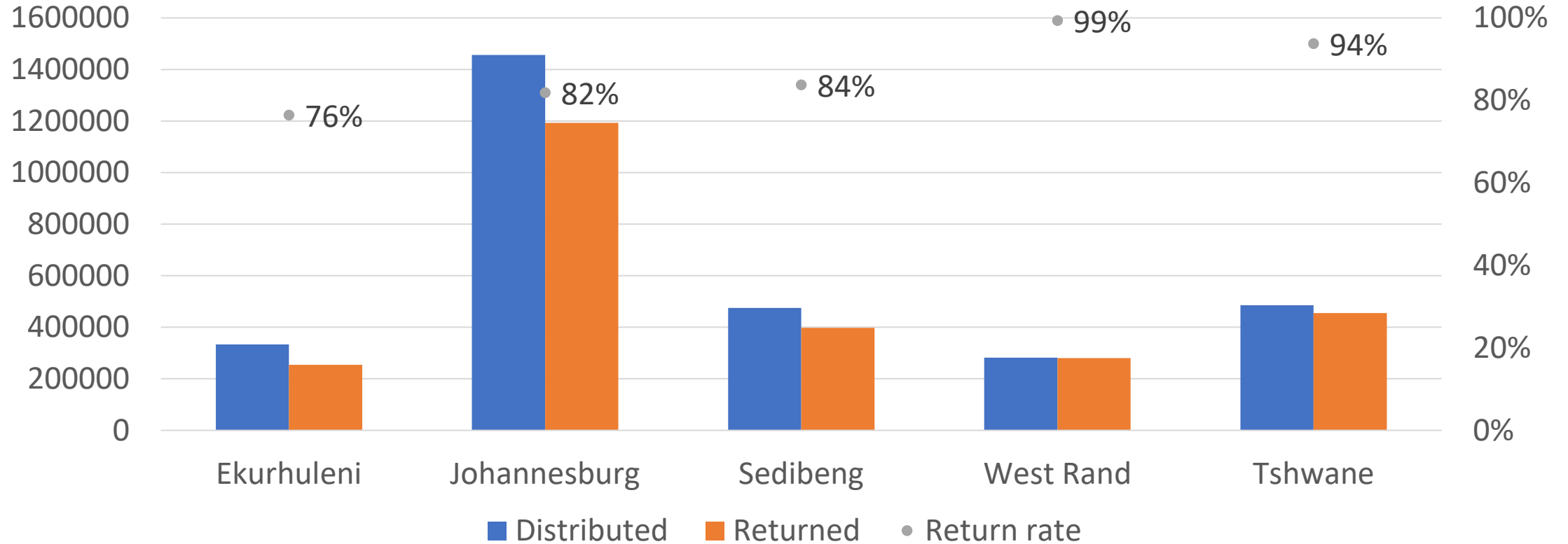
Needle & syringe distribution & return



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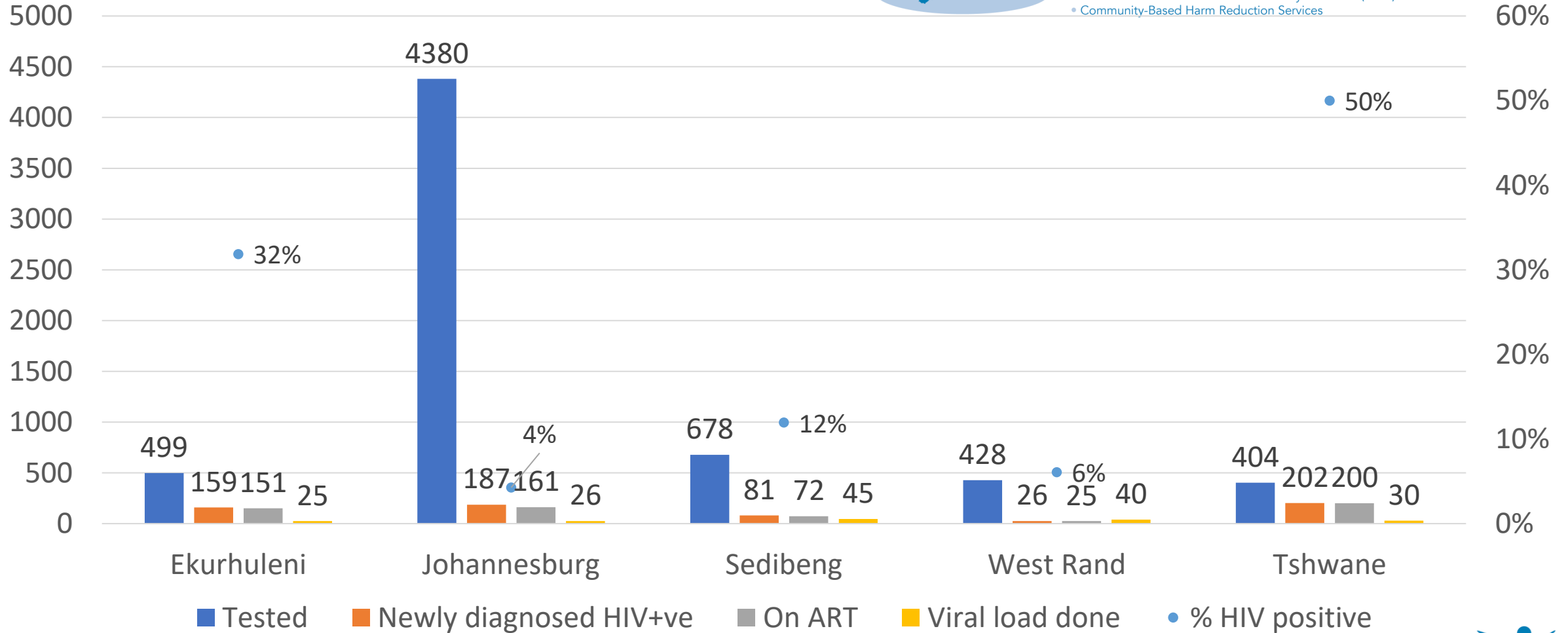
HIV testing & treatment cascade



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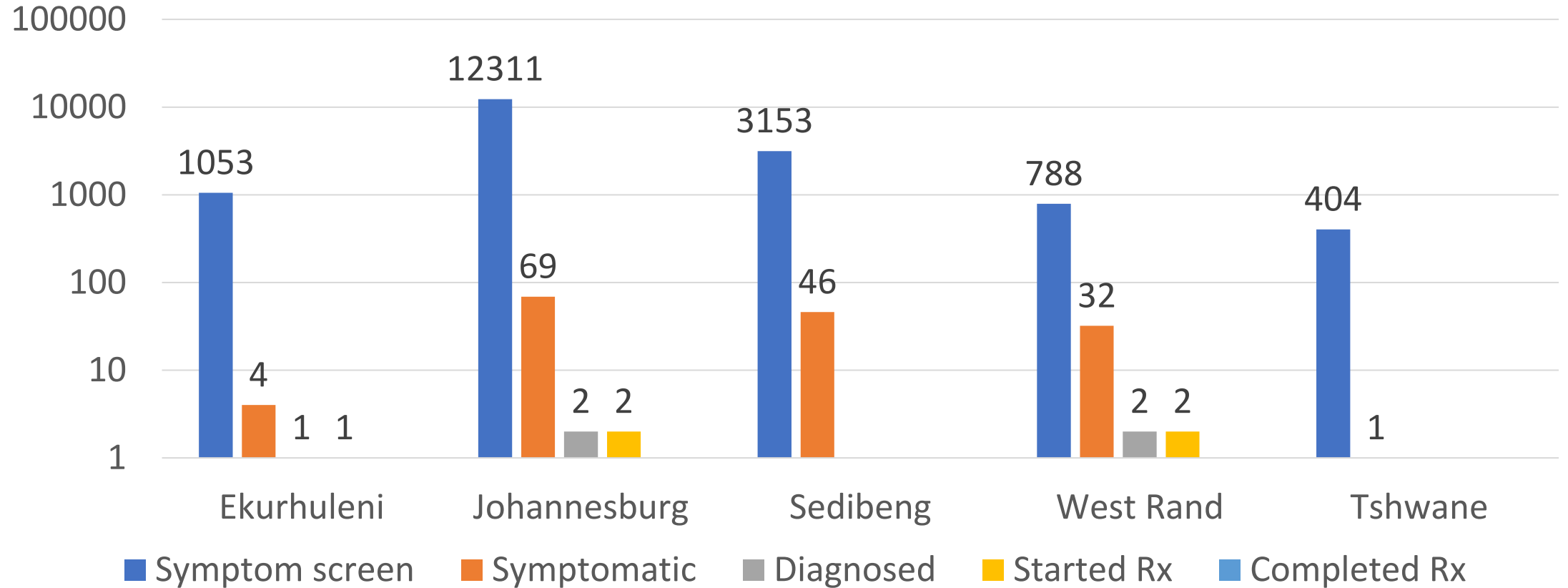
TB testing & treatment cascade



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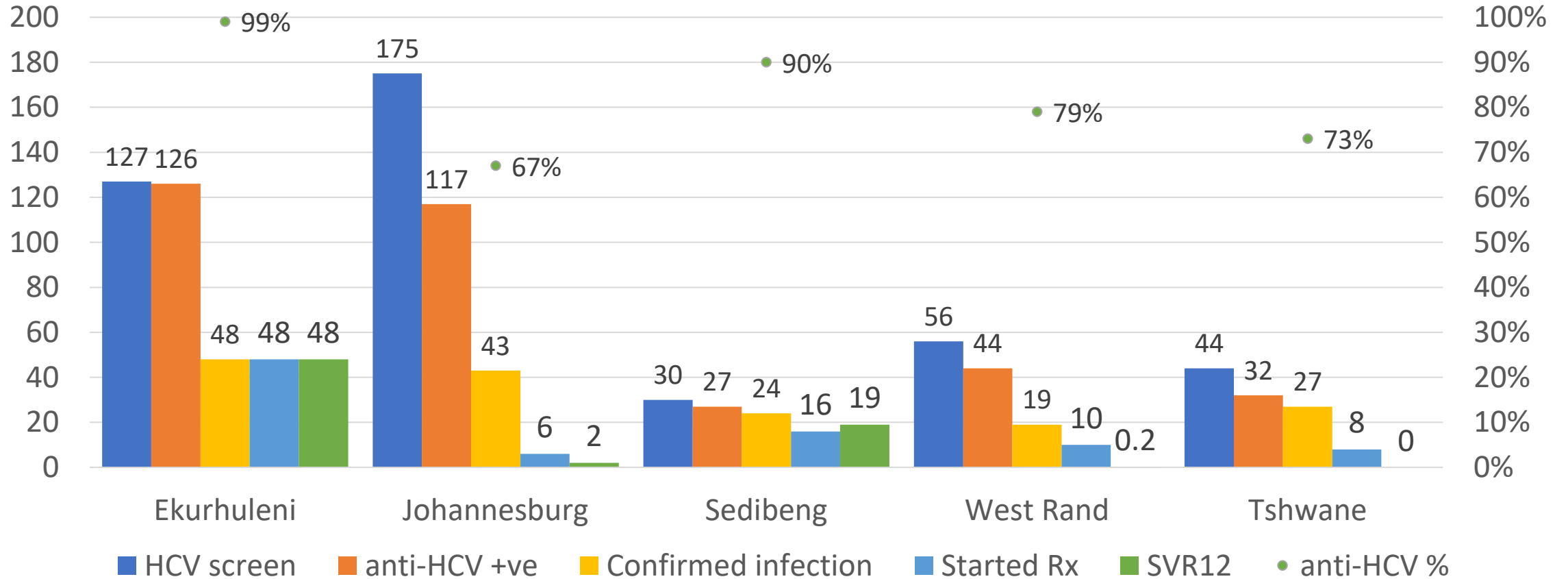
HCV testing & treatment cascade



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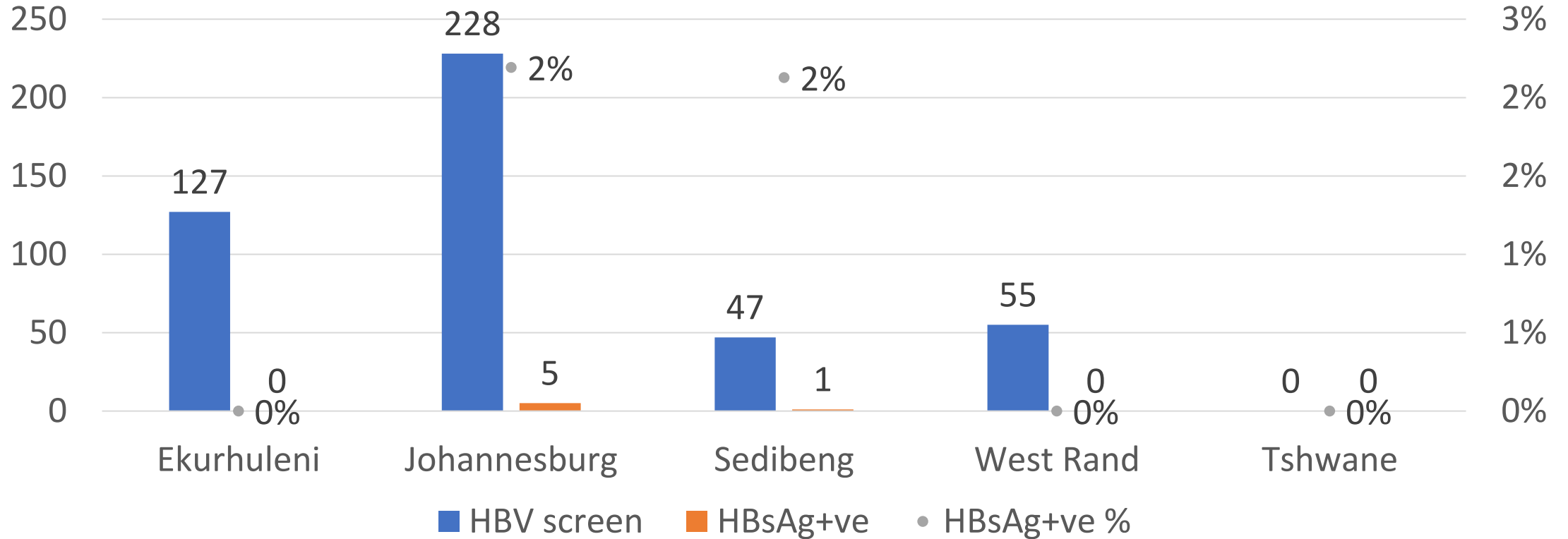
HBV testing



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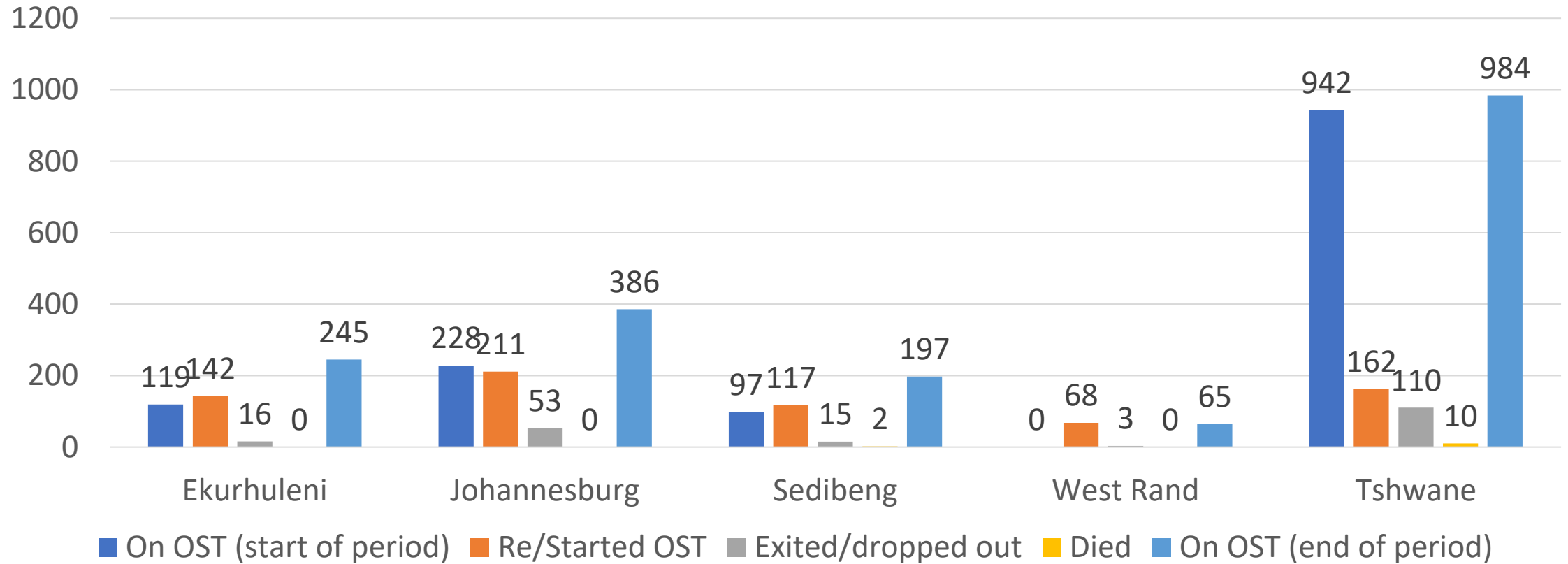
Opioid substitution therapy



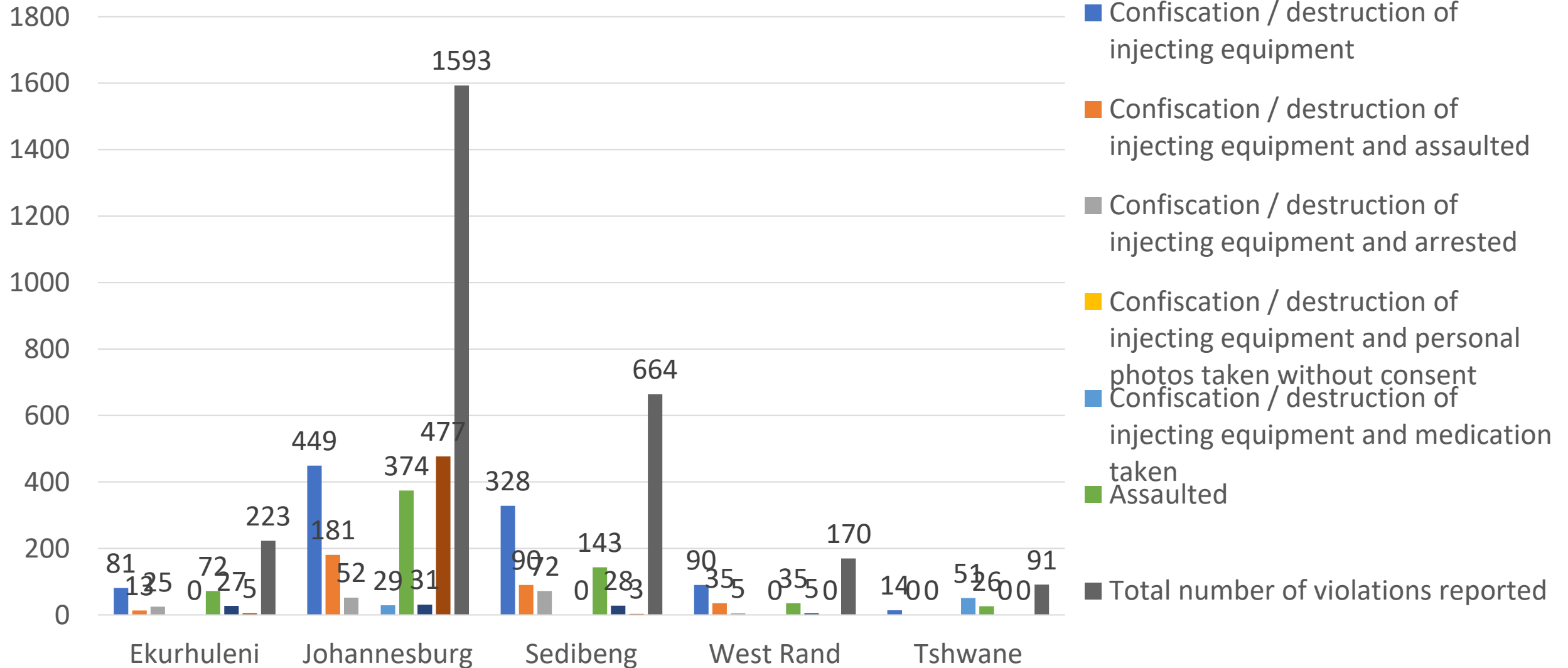
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Human rights violations



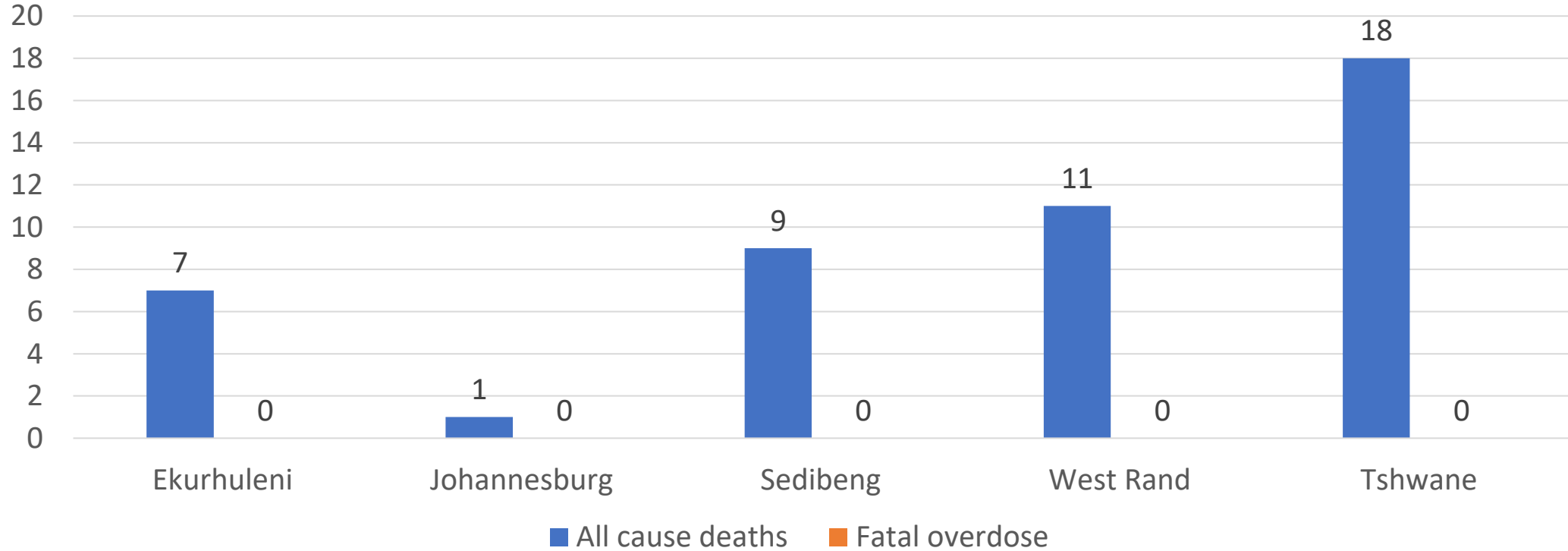
Mortality & Overdose



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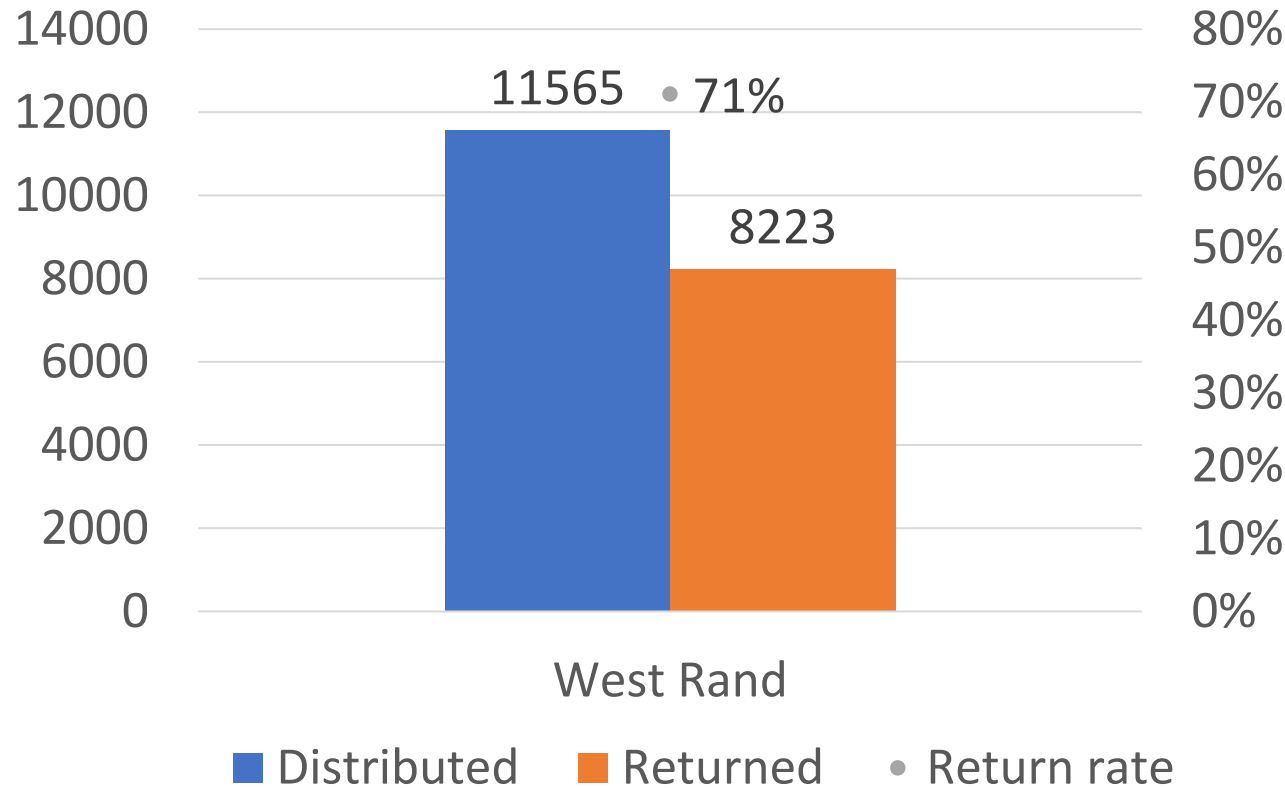
Female sex workers who inject drugs: Needle & syringe programme



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151* Female sex workers who inject drugs reached

(*some also access service provided by Tsepoya bona)



Issues, challenges & issues



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Challenges	Recommendations
<ul style="list-style-type: none"> • Staff recruitment delays affecting service reach: The program extended to more locations within the sub-district to reach more PWUD/PWID • Inconsistent screening and treatment opportunities for hepatitis • Lack of capacity for integrated hepatitis program with current human resources • Low HBV vaccination uptake • Reporting of co-infections not optimal • Difficult to provide services in all the seven regions of Tshwane because of budget cuts 	<ul style="list-style-type: none"> • Follow-up on staff recruitment • Strengthen the evaluation and reporting of co-infections • Implement Standardized Screening Protocols across HR implementers • Expand Point-of-Care Testing/ align with OST and ART initiations • Decentralize Treatment and build on public private partnerships for DAA supply • Establish Referral Pathways to and from specialist liver clinics
<p><u>Viral load monitoring:</u> Challenge with missed appointment v/s dispensing cycle requirement - making client not eligible for VL monitoring. NHLS backlog (July, August 2024).</p>	<ul style="list-style-type: none"> • Enrolment of client onto adherence clubs and one on one PSS • Tracing and rebleed of clients whose specimens were never processed
<ul style="list-style-type: none"> • Inability to continue services in certain locations due to questionable safety of the provider/teams. • Continued client harassment by law enforcement 	<ul style="list-style-type: none"> • Continue to engage with stakeholders (SAPS, PWUD ambassadors,) • Sensitization on harm reduction

Successes



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- Family reunification part of the OST programme.
- Increase involvement of nurse clinicians is hepatitis management
- OST and hepatitis screening and initiation aligns well
- Reduction in overdose cases reported
- Have a retention rate of 73% for clients on OST
- Increase involvement of nurse clinicians is hepatitis management
- OST and hepatitis screening and initiation aligns well





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