

## UNODC Webinar to promote implementation of harm reduction programmes and implementation of Opioid Substitution Therapy in South Africa

10 May 2022 UNODC in partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and WHO organised a webinar titled “Implementation of Opioid Substitution Therapy in South Africa”.

The webinar organized in the form of a virtual roundtable brought together high-level government officials and other stakeholders from South Africa to share experiences and best practices and discuss the way forward for scaling up harm reduction programmes in the country. The webinar created a forum for decision makers to discuss how to scale up access to evidence-informed and human rights-based services and to ensure the continuity and sustainability of HIV, TB, viral hepatitis and STIs prevention, treatment, care, and support services for people who use drugs and people in prisons.

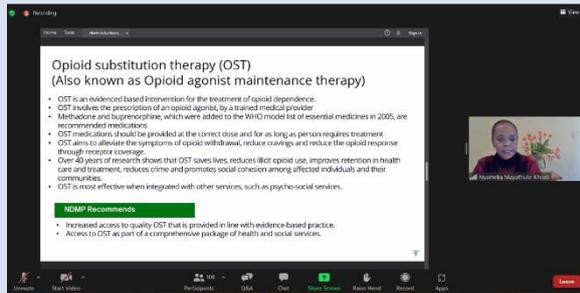
UNODC is the convening agency for addressing HIV prevention, treatment and care among people who use drugs and people in prisons and other closed settings. UNODC’s HIV work focuses on targeted advocacy, setting norms and standards, country-level capacity building (including civil society and communities), reduction of stigma and discrimination, and promotion of human rights. GFATM has been supporting the Government of the Republic of South Africa as well as communities in the PWID Programme of the NFM2 and 3 grant periods through the Technical Support Unit of the South African National AIDS Council (SANAC) and Networking HIV & AIDS Community of South Africa NPC (NACOSA), the principal grant recipient, as well as three sub-recipient organizations. The implementation of an expanded PWID programme in 7 districts of 3 provinces, including 3 satellite sites, will further increase services to this key population.

Ms. Jane Marie Ongolo, Regional Representative of the UNODC Office for Southern Africa, opened the meeting emphasizing UNODC’s core mandates, which aim to build strong partnerships and meaningfully involve drug control and law enforcement agencies, prison authorities, justice and health sectors, civil society, and community-led organizations in the national AIDS responses to achieve successful public health impacts.



Mr Linden Morrison, Head, High Impact Africa 2 Department (HIA2), GFATM indicated his hopes that the webinar could contribute to dislodging some of the barriers that are preventing further progress in combatting HIV, HCV and opioid dependence, such as the persistently high cost of methadone relative to other middle-income countries and the fact that OST medications are not yet included on the Essential Medicines List. He also emphasized the need to scale up OST in the country urgently.

Dr. Zukiswa Pinini, Acting Deputy Director General, HIV/AIDS, TB, MCWH, National Department of Health (NDOH) showed support for prescribing OST without time limits and expanding access to it as part of a comprehensive package of interventions, including psychosocial support, while noting stigma and discrimination against and criminalization of people who use drugs as persistent barriers to effective prevention and treatment. She expressed concerns about the high cost of methadone and its limited availability from suppliers in South Africa.

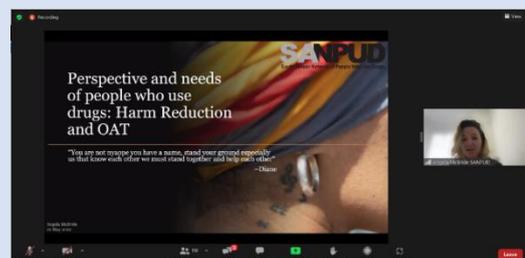


Ms. Nyameka Mayathula-Khoza, Chairperson, Central Drug Authority, discussed South Africa's National Drug Master Plan 2019-2024 and its strengthened focus on harm reduction and opioid substitution therapy (OST). To achieve an evidence- and human rights-based approach, she recommended increasing access to quality OST. She stressed that evidence-based strategies to reduce harm must be implemented in tandem, including NSPs; OST; HIV and STI testing, prevention and treatment; condom and lubricant programmes for PWUDs and their sexual partners.

Dr. Kgalabi Ngako, Deputy Director, NDOH Mental Health and Substance Abuse Directorate, updated participants on the progress of OST rollout in South Africa and outlined plans to scale up. He pointed out that the current use of methadone in the public sector, which is limited to short-term withdrawal treatment and detoxification, is not optimal because it carries a higher risk of relapse, as well as an increased risk of death if use resumes. A Costed Comprehensive OST Implementation plan has been developed with support from WHO, leading to a pilot of OST in selected public health facilities which, while not yet in operation, will hopefully pave the way for expanded implementation after the pilot's completion.

Mr. Shaun Shelly, Chair, People Who Use Drugs Technical Working Group, South African National AIDS Council (SANAC), on behalf of Dr. Thembisile Xulu, SANAC CEO, gave an urgent and impactful talk on SA's path in implementing harm reduction, noting that the last 10 years have provided some notable progress, yet that most regions still nevertheless remain off track to meet UNAIDS HIV and HCV epidemic control targets. Looking forward, much remains to be done to reach national and UNAIDS targets on service coverage, as many PWUD are not being reached, and even many of those on OST are not receiving optimal doses. With that in mind, the next 10 years will require redoubled efforts and political will to comprehensively implement harm reduction and bring South Africa towards epidemic control.

Ms. Angela McBride advocated for OST provision to be comprehensive, widely available, affordable, acceptable, and inclusive in meeting people where they are at. She particularly called for listening to and including women who use drugs in tailoring services specifically to their needs and circumstances, to consider OST as long-term, and potentially lifelong, intervention that goes beyond detoxification.





Dr. John Blandford provided a brief statement voicing his support for advancing and scaling up OST implementation into a wider range of settings and comparing his experiences thus far working South Africa with his previous post in Vietnam, which had reached a similar juncture of shifting government policies to embrace public health approaches to prevention and treatment for drug use disorders and HIV.

Ms. Hendrietta Bogopane-Zulu concluded the webinar emphasizing that stigma and discrimination against people who use drugs, including particular forms of stigma and barriers against women who use drugs, continue to block and dissuade them from accessing treatment. people should be put at the center of action and lessons should be drawn from other key populations, specifically men who have sex with men, in seeking solutions to combat HIV among people who use drugs.



The webinar brought together to focus on the issues for including methadone on the essential medicines list, redouble efforts to support further price reduction of methadone, securing increased funding, capacity building of service providers and to develop specific plans for scaling up access to OST in the community and in prisons.