

# HARM REDUCTION INFORMATION NOTE – SOUTH AFRICA

This information note has been compiled by Harm Reduction International (HRI) in collaboration with the South African Network of People Who Use Drug (SANPUD) to support Global Fund Grant Cycle 7 processes.

## 1. Epidemiological data

### 1.1 People who use drugs, HIV and viral hepatitis

- The estimated HIV prevalence rate in South Africa is approximately 13.9% which is approximately 8.45 million people living with HIV in South Africa<sup>1</sup>.
- There are an estimated 82,000 people who inject drugs in the country<sup>2</sup>.
- There are estimated to be 400,000 people who use heroin, 350,000 who use cocaine, and 290,000 use methamphetamines<sup>3</sup>.
- HIV prevalence among people who inject drugs is 21% (as of 2017) which is considerably higher than among the general population<sup>4</sup>.
- One in every four people who injects drugs is living with HIV<sup>5</sup>.
- The HIV prevalence amongst people in prisons is estimated to be 17.5% (as of 2020)<sup>6</sup>.
- The prevalence of hepatitis C (HCV) among people who inject drugs is estimated to be 43%, compared with 0.47% among the general population.<sup>7</sup>

### 1.2 HIV prevention and treatment and harm reduction

- Data required to assess progress towards the 90-90-90 targets for people who inject drugs is not available<sup>8</sup>.
- Condom use among people who inject drugs is reported to be 52%<sup>9</sup>
- Coverage of the core package of HIV, TB and STI services for people who inject drugs is 25% (2021/2022), which is lower than coverage among other key populations, with the exception of transgender people<sup>10</sup>
- Coverage of harm reduction services is extremely low. Less than 1% of people who inject opioids are receiving opioid substitution therapy<sup>11</sup>.

- 36 needles and syringes are distributed per person per year<sup>12</sup>, far below the UN recommended amount of 200 for HIV prevention and 300 for HCV prevention.
- In 2024 needle and syringe programmes operate in 11 health districts and oral substitution therapy (OST)<sup>a</sup> is provided in 8 health districts.
- Coverage of HIV testing amongst people who inject drugs is estimated to be 69.2%<sup>13</sup>
- The community-led monitoring study in South Africa found that the country has set unrealistically low targets for reaching people who use drugs<sup>14 15</sup>. The low targets have resulted in the majority of people who use drugs, even those living close to harm reduction drop-in-centres, not receiving services. For instance, the harm reduction centre in the city of Ekurhuleni had a target of reaching 500 people. Despite there being many thousands more people who use drugs in the city requiring services, once this target was reached, people who use drugs were turned away and denied access to services.

***Key highlight – Despite high HIV and HCV prevalence amongst people who inject drugs in South Africa, harm reduction coverage remains extremely low. The use of methamphetamines is reported to be on the rise and there are no interventions in place.***

## 2. National Context

- Harm reduction in South Africa is underpinned by conflicting laws and policies that hinder the effective implementation of the harm reduction programs<sup>16</sup>. The Drugs and Drug Trafficking Act 140 (1992) focuses on policing of substances<sup>17</sup>; while the Prevention of and Treatment for Substance Abuse Act 70 of 2008 guides drug treatment and specifically supports harm-reduction-based strategies and projects in the country. However, the Minimum Norms and Standards that accompany Act 70 of 2008 are geared towards abstinence-based approaches.
- No laws prevent the provision of harm reduction services by community-led organisations (CLOs), community-based organisations (CBOs), or civil society organisations. But a lack of acceptance within society and the dominance of punitive drug responses are a barrier to scaling up harm reduction<sup>18</sup>.
- South Africa adopted the 2022 High Level Political Declaration on HIV/AIDS and the 2025 Global AIDS Strategy Targets, which include the scale-up of harm reduction.
- South Africa’s National Strategic Plan for HIV, TB and STIs (2023 – 2028) includes people who use drugs as a key population and emphasises evidence-based approaches to substance use. It recommends the decriminalisation of drug use and possession of drugs for personal use. It includes the scale up of needle and syringe programmes, opioid agonist therapy and viral hepatitis services for people who use drugs. It also highlights the particular need to implement programmes for women who use drugs and to uphold human rights.

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<sup>a</sup> OST is also known as opioid agonist therapy or OAT, but OST is the most-used term in South Africa

- The National Department of Health has made a policy decision to support OST. It has a draft OST Implementation Plan and draft clinical guidelines. However, some government departments are reluctant to implement the plan.

### 3. Harm Reduction Financing<sup>b</sup>

- The South African country submission to the Global Fund in September of 2021 reported a 96% funding gap for HIV interventions for people who use drugs.
- The major harm reduction service delivery funders have been CDC/PEPFAR and the Global Fund, and the only domestic funding is from the City of Tshwane Municipality. The National Government does not fund any harm reduction services or commodities in South Africa.
- Despite the Global Fund being the largest harm reduction funder, the allocation for people who use drugs in 2022-2025 was less than 3% of the total HIV allocation for the country and only 14% of the total allocation for people who use drugs is for methadone (OST). Importantly, there has been no consistent source of funding for community-led organisations and their advocacy initiatives across different grant cycles, leaving organisations and their work in a fragile situation. For instance, in the 2022-2025 grant cycle, no funding was provided to networks led by people who use drugs until mid-2023 when funds were restricted to supporting community-led monitoring efforts. This contrasted with the previous grant cycle when funding for human rights and advocacy was bulked together under one grant for people who use drugs.
- CDC/PEPFAR currently funds services in Tshwane, in close cooperation with COSUP (Community Oriented Support Program) and the Global Fund. The Global Fund supplies the needles and syringes<sup>c</sup>, and CDC provides some methadone for COSUP.
- COSUP is a unique example of publicly financed harm reduction in South Africa. The project is supported through funding from the provincial level (City of Tshwane) and implemented by the University of Pretoria. It is the largest OST and NSP programme in South Africa. In early 2024, the City of Tshwane entered into a new agreement amounting to US\$6.8 million, supporting the University to continue COSUP until 2026. This further validates the success of COSUP as a model for city-wide drug services.<sup>19</sup>
- The other funders supporting legal and policy reform and advocacy include The Dutch Ministry of Foreign Affairs via the Love Alliance programme.

***Key highlight – South Africa heavily relies on international funding for harm reduction. Domestic funding at the provincial level in Tshwane has been sustained over six years and has proved an***

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<sup>b</sup> Key data in this section is derived from HRI (2022) Harm Reduction Funding Landscape in South Africa <https://hri.global/publications/harm-reduction-financing-landscape-analysis-in-south-africa/>; while additional references are found in the endnote.

<sup>c</sup> US federal regulations prohibit procurement of needles and syringes with US funds.

***impactful investment. Overall, there's a 96% funding gap for HIV interventions for people who use drugs in South Africa, which is alarming given high HIV prevalence amongst people who inject drugs. While South Africa has endorsed global commitments to harm reduction scale-up, these have not yet translated into domestic financial and programmatic accountability.***

#### **4. Advocacy priorities for people who use drugs in Grant Cycle 7**

The South African National Government does not fund any harm reduction services or commodities, with the only domestic financing of harm reduction being in Tshwane, where the local municipality supports COSUP through the University of Pretoria. The lack of national government buy-in has an ongoing negative impact on the key population of people who use drugs. Based on programme data from the South African Community Epidemiology Network on Drug Use (Jul - Dec 2023) needle and syringe programme coverage levels are acceptable only in the cities of Cape Town and Durban, while in Johannesburg and Tshwane, coverage is insufficient. OST coverage is further off target. At the end of 2023, OST coverage among people who inject drugs was at 5% of those accessing NSP (1,579 out of 29,371 people who inject drugs). Funding for harm reduction advocacy is critical to ensuring comprehensive support and coverage expands to provinces such as Free State, Limpopo, Mpumalanga, Eastern Cape and North West, where services are minimal or non-existent.

In November 2023, the sub sector of people who use drugs (PWUD sub-sector) met to prepare for Grant Cycle 7 (GC7). This meeting identified PWUD sub-sector key advocacy priority areas for GC7. SANPUD, PWUD sector leaders, the Global Fund principal recipient, sub-recipient and other stakeholders working in the field of harm reduction were consulted in identifying the advocacy priority areas. In April 2024, the PWUD sub-sector hosted a virtual focus group discussion with 36 people who inject drugs across seven districts without Global Fund support for their inputs in the GC7 application.

The following advocacy priorities were formulated from these meetings and are central to creating a more supportive and effective environment for people who use drugs in South Africa:

##### **1. Healthcare Access:**

- **Integrated Health Services:** Promoting integrated health services that address the physical and mental health needs of people who use drugs, including HIV, TB, and hepatitis care.
- **Training for Healthcare Providers:** Educating healthcare providers on the specific needs and challenges faced by people who use drugs to reduce stigma and improve care quality.

2. Legal and Policy Reform:
  - Decriminalisation of Drug Use: Advocating for the decriminalisation of drug possession and use to reduce stigma and the criminal justice burden on people who use drugs.
  - Policy Alignment with Human Rights: Ensuring national drug policies align with human rights principles, protecting the dignity and health of people who use drugs.
3. Harm Reduction Services:
  - Needle and Syringe Programs (NSPs): Scaling up access to clean needles and syringes to reduce the transmission of HIV and other blood-borne infections.
  - Scale-up Opioid Substitution Therapy (OST): Expanding access to medications like methadone and buprenorphine to support addiction treatment and reduce harm.
  - Safe Consumption Spaces: Establishing supervised injection facilities to provide safer environments for drug use and reduce overdose deaths as there are no safe consumption spaces in South Africa despite evidence of their effectiveness in reducing overdose deaths.
4. Community Empowerment and Involvement:
  - Capacity Building: Empowering networks led by people who use drugs through training and capacity-building programs to enhance their advocacy and leadership skills.
  - Peer Involvement: Ensuring that people who use drugs are involved in the design, implementation, and evaluation of programs and policies that affect them.
5. Social and Economic Support:
  - Housing and Employment Programs: Developing initiatives to provide stable housing and employment opportunities for people who use drugs to support their reintegration into society.
  - Social Support Networks: Strengthening community-based support systems that offer counseling, peer support, and social services.
6. Public Awareness and Stigma Reduction:
  - Public Education Campaigns: Launching campaigns to educate the public about drug use and harm reduction, aiming to reduce stigma and discrimination.
  - Media Engagement: Working with media outlets to promote balanced and accurate portrayals of people who use drugs and harm reduction strategies.
7. Research and Data Collection:
  - Evidence-Based Interventions: Supporting research to identify effective harm reduction and treatment interventions and using this data to inform policy and practice.
  - Monitoring and Evaluation: Implementing robust monitoring and evaluation systems to track the impact of interventions and identify areas for improvement.
8. Funding and Resource Allocation:

- Sustainable Funding: Securing sustained and adequate funding for people who use drugs (PWUD) Sector to ensure advocacy and support services for people who use drugs communities.
- Resource Allocation: Ensuring that resources are allocated efficiently and equitably to meet the needs of people who use drugs across different provinces and communities.
- Continue supporting the 8 existing districts and increase the reach target to match the geographic population of people who use drugs in that district with no less than 2,000 people who use drugs reached per quarter with the package of harm reduction services). Namely: City of Cape Town, City of Johannesburg, Ekurhuleni, eThekweni, Sedibeng, uMgungundlovu, Nelson Mandela Bay, and West Rand. Introducing one stop shop in West Rand which will be managed by the GF-PR managing people who use drugs portfolio. This is a drop-in centre/clinic that caters for the needs of all key populations in that districts.
- Establish services in 8 additional districts of which one will be an additional one stop shop. A comprehensive package of social, structural, biomedical and harm reduction services be offered to people who use drugs (with priority given to people who inject drugs). Proposed districts (the reach target in these districts for NSP and OST should be no less than 1,500 people:
  - a) Free State: Lejweleputswa & Thabo Mofutsanyana
  - b) KZN: Amajuba, King Cetshwayo
  - c) North West: Bojanala
  - d) Eastern Cape: Buffalo City
  - e) Limpopo: Capricorn
  - f) Western Cape: Eden

## References

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- <sup>1</sup> South Africa National Strategic Plan for HIV, TB and STIs 2023-2028  
<https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/sanac-nsp-2023-2028-web-version.pdf>
- <sup>2</sup> HRI (2022) The Global State of Harm Reduction <https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2022/>
- <sup>3</sup> Scheibe, A., Shelly, S., Stowe, MJ. (2021). Insights into the market value of heroin, cocaine and methamphetamine in South Africa. *Report*. Geneva: Global Initiative Against Transnational Organized Crime; 2021.
- <sup>4</sup> South Africa National Strategic Plan for HIV, TB and STIs 2023-2028  
<https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/sanac-nsp-2023-2028-web-version.pdf>
- <sup>5</sup> Pretorius et al. PWID BBS prelim findings s. 2023. Cape Town: TB HIV Care
- <sup>6</sup> South Africa National Strategic Plan for HIV, TB and STIs 2023-2028  
<https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/sanac-nsp-2023-2028-web-version.pdf>
- <sup>7</sup> Harm Reduction International Viral Hepatitis data repository <https://hri.global/special/prevalence-of-viraemic-hepatitis-c-infection-among-people-who-inject-drugs-and-the-general-population/>
- <sup>8</sup> South Africa National Strategic Plan for HIV, TB and STIs 2023-2028  
<https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/sanac-nsp-2023-2028-web-version.pdf>
- <sup>9</sup> South Africa Global AIDS Monitoring (GAM) report 2020 [https://sanac.org.za/wp-content/uploads/2022/04/South-Africa-Global-AIDS-Monitoring\\_GAM-Report-2020.pdf](https://sanac.org.za/wp-content/uploads/2022/04/South-Africa-Global-AIDS-Monitoring_GAM-Report-2020.pdf)
- <sup>10</sup> South Africa National Strategic Plan for HIV, TB and STIs 2023-2028  
<https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/sanac-nsp-2023-2028-web-version.pdf>
- <sup>11</sup> HRI (2022) Harm Reduction Funding Landscape in South Africa <https://hri.global/publications/harm-reduction-financing-landscape-analysis-in-south-africa/>
- <sup>12</sup> UNAIDS Country Fact sheets South Africa 2022 <https://www.unaids.org/en/regionscountries/countries/southafrica>
- <sup>13</sup> South Africa Global AIDS Monitoring (GAM) report 2020 [https://sanac.org.za/wp-content/uploads/2022/04/South-Africa-Global-AIDS-Monitoring\\_GAM-Report-2020.pdf](https://sanac.org.za/wp-content/uploads/2022/04/South-Africa-Global-AIDS-Monitoring_GAM-Report-2020.pdf)
- <sup>14</sup> SANPUD 2024 preliminary CLM data (unpublished).
- <sup>15</sup> Ritshidze 2022 State. Of Healthcare <https://ritshidze.org.za/wp-content/uploads/2022/01/Ritshidze-State-of-Healthcare-for-Key-Populations-2022.pdf>
- <sup>16</sup> HRI (2022) Harm Reduction Funding Landscape in South Africa <https://hri.global/publications/harm-reduction-financing-landscape-analysis-in-south-africa/>
- <sup>17</sup> Schiebe A, Shelly A and Verfeld A (2020) Prohibitionist Drug Policy in South Africa- Reasons and Effects. International Development Policy <https://doi.org/10.4000/poldev.4007>
- <sup>18</sup> HRI (2022) Harm Reduction Funding Landscape in South Africa <https://hri.global/publications/harm-reduction-financing-landscape-analysis-in-south-africa/>
- <sup>19</sup> HRI (2024) The Community Orientated Substance Use Program: A Model for Domestic Harm Reduction Funding, a case study. unpublished