



COSUP IN SOUTH AFRICA

**A MODEL FOR DOMESTIC HARM
REDUCTION FUNDING**

WHAT IS COSUP?

The Community Oriented Substance Use Programme (COSUP) in Tshwane, South Africa represents an innovative model of domestic harm reduction funding¹. Established through collaboration between the City of Tshwane and the University of Pretoria's Department of Family Medicine, COSUP adopts a community-oriented primary care approach. COSUP combines harm reduction, human rights and community integration into a continuum of care, providing comprehensive services such as opioid agonist therapy (OAT), needle and syringe programmes (NSP), psychosocial support and vocational training.

COSUP was initiated in response to increasing drug use in Tshwane and the limitations of abstinence-based and punitive responses. The programme combines primary care and public health principles to meet the specific health needs of people who use drugs. Interventions include motivational interviewing, brief interventions², OAT, HIV and HCV prevention and peer-led initiatives. These services are integrated into existing public sector services to ensure comprehensive care for people who use drugs.

Research, monitoring, and evaluation have been central to COSUP and to supporting the programme's effectiveness, improvement and sustainability. COSUP's success has been recognised nationally and internationally, positioning it as a model for other cities.

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1. This brief is a succinct version of the longer report and aims to provide crucial information on COSUP in a short reading. COSUP is an exemplary domestically-funded holistic harm reduction programme which can offer inspiration and guidance to policymakers interested in having similar programmes in their own provinces and countries. It can provide impetus to activists for evidence-based advocacy.
 2. Brief intervention here refers to pieces of information, advice, or education delivered in non-specialist settings and can be provided by all COSUP staff interacting with people who use drugs.

COSUP'S IMPACT

Health

- High retention rate (around 60%) in OAT
 - The NSP in Tshwane engaged people in broader health services and was considered to be of benefit to the whole community.
 - The multidisciplinary approach has provided access to vital social and health services for people who use drugs, enhancing overall wellbeing.
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Recognition

- COSUP was named a best practice case for governance in the 2020/21 State of South African Cities report.
 - The City of Tshwane was described as the most positive example of harm reduction scale-up in South Africa during the COVID-19 national lockdown.
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Economic

- COSUP currently accounts for almost half of South Africa's harm reduction services and provides these at about half the cost of the Global Fund programme³.
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3. When compared with the Global Fund programme in South Africa, COSUP costs around half the amount for a similar number of people on OAT. However, since the Global Fund programme is an HIV programme that focuses on preventing HIV transmission among people who inject drugs, and COSUP is a programme designed to address all types of drug use, a direct comparison cannot be made.

The following recommendations draw from the experience of COSUP in South Africa.

General

Recommendations

- Promote cooperative governance and social contracting
 - Build communities, not programmes
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Recommendations for Municipalities

- Consider implementing a COSUP in your city or town
 - Prioritise community-based harm reduction services
 - Ensure sustainable funding along the continuum of care
 - Invest in community development and employ people who use drugs
 - Address stigma and integrate harm reduction services into broader health and social systems
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Recommendations for Implementors

- Build on existing relationships – don't knock on closed doors
- Prioritise communication, collaboration and coordination – not competition
- Work with what you have, not what you wish for
- Employ people who use drugs
- Position COSUP as a service for the community

FUNDING MODEL

The funding model used for COSUP combines procurement contracting and grant funding. The City of Tshwane makes scheduled payments based on the Service Level Agreement (SLA) and contract timeline. However, COSUP also has access to the flexibility and up-front payments that are typical of grants. The level of trust and historical dealings with the Department of Family Medicine meant that the funding was flexible, and line items were adjusted as priorities shifted. Unlike other municipalities, interventions for drug use in Tshwane are funded by the Department of Health.

REPORTING

The university must submit monthly reports to the city management. As per ACT 32 of 2000, an annual progress report comparing achievements with key performance indicators must be submitted. In the final year of the three-year contract, a detailed report must be produced on compliance, progress and areas for improvement.

GOVERNANCE

A COSUP governance committee comprises Directors from Tshwane City's Department of Health and Social Development, the Director of Support Services, the Dean of the Faculty of Health Sciences and the Head of Family Medicine from the University of Pretoria, or their appointed representatives. Committee meetings are scheduled quarterly, and the role of the Governance Committee is to ensure legal and financial accountability, strategic direction and oversight.

A management team comprising the project leads and a city Deputy Director meet every two weeks. The team is responsible for daily operations, resource allocation and assigning operational roles and tasks, and is held accountable for all operational aspects of COSUP.

COMMUNITY INCLUSION

The Chair of the South African Network of People who Use Drugs (SANPUD) sits on COSUP's central management team. Peer educators from the community of people who use drugs are central to the programme and services. Peer-led outreach services include screening, brief interventions, referrals, distributing and collecting needles and syringes, behavioural interventions and engaging with the community of people who use drugs. The university also maintains relationships with networks of people who use drugs and encourages and supports networks to participate in research and policy processes in the city and province. The university collaborates and consults with SANPUD when needed.

Community advisory groups provide regular feedback on services. The groups decide their structure, which various stakeholders may lead. COSUP also engages with sex workers and people with experience of homelessness. Collaboration with stakeholders is broad and includes health, mental health, social services, law enforcement, education and other service providers from the government, NGOs and the private sector.

COSUP'S TIMELINE

2016-2020:

**Pilot phase followed
by rapid expansion**

On 17 May 2016, the first agreement was signed. A few amendments and obstacles followed due to government change in Tshwane in the same year. Eventually, the programme survived these political changes and rapidly shifted towards making programmatic progress.

A total of 2,957 people who use drugs were enrolled in COSUP and attended 19,533 counselling, social work or support sessions between 2016 and 2020. More than 600 people were initiated on OAT, around half of whom were self-funded, and the other half were city funded. Retention rates for six months or more were 87% for people sponsored by the city and 62% for self-funded people, highlighting the need for cheaper and funded OAT services.

2020:

COVID-19

The South African government declared a national lockdown to control the spread of the COVID-19 virus on 27 March 2020, but COSUP continued working with the city and health departments to continue supporting people, especially people with experience of homelessness.

More than 2,000 new people received services, including 1,076 people who were initiated on methadone, resulting in daily observed doses for more than 500 people on methadone in 26 shelters. All COSUP sites remained open during lockdown. COSUP's response to the COVID-19 pandemic confirms the model's inherent adaptability, collaboration and innovation in addressing healthcare challenges during times of crisis.

2020-2023:

Phase II

The focus of Phase II was to consolidate services, align COSUP with the National Draft Master Plan and other policy documents, and capacitate and train people working with people who use drugs. COSUP worked with the city to establish the Local Drug Action Committee, a structure mandated by the National Drug Master Plan to coordinate stakeholder engagements and establish consultations to inform policy.

During this time, COSUP expanded its OAT services and NSP with additional funding support from CDC/PEPFAR and the Global Fund.

2024 onwards

In early 2024, the City of Tshwane entered into a new SLA worth USD 6.8 million with the University of Pretoria to continue the COSUP programme until 2026. The focus in the next period is to expand services throughout all of Tshwane's regions to ensure equitable service delivery, and to focus on prevention by implementing a harm reduction-informed school programme, expanding services to unemployed youth through sports and skills development programmes and increasing access to mental health services while continuing to promote comprehensive and integrated care for people who use drugs.



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**HARM REDUCTION
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