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 Drugs (SANPUD) to highlight the impact of US funding cuts on harm reduction in South Africa.

Last update: 10th March 2025

1. Epidemiological data

- 1.1 People who use drugs, HIV and viral hepatitis
 - The estimated national HIV prevalence rate in South Africa is approximately 13.9% which is approximately 8.45 million people living with HIV in South Africa.¹
 - There are an estimated 75,701 people who inject drugs in the country.²
 - There are estimated to be 400,000 people who use heroin, 350,000 who use cocaine, and 290,000 use methamphetamines.³
 - HIV prevalence among people who inject drugs is 55% as of 2023.⁴
 - The HIV prevalence amongst people in prisons is estimated to be 17.5% (as of 2020).5
 - The prevalence of hepatitis C (HCV) among people who inject drugs is estimated to be 83%, compared with 0.47% among the general population.⁶

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.⁷
- Condom use among people who inject drugs is reported to be 52%.
- 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.⁹
- Coverage of harm reduction services is extremely low. 5% of people who inject opioids were receiving opioid substitution therapy (OST)^a at the end of 2023.¹⁰
- Some of the medication used for OST in South Africa are Methadone, Buprenorphine (Subutex) and Buprenorphine-Naloxone combinations (e.g. Suboxone).
- 36 needles and syringes are distributed per person per year,¹¹ far below the UN recommended amount of 200 for HIV prevention and 300 for HCV prevention.
- In 2024, needle and syringe programmes operated in 11 health districts and OST was provided in 8 health districts.
- Coverage of HIV testing amongst people who inject drugs is estimated to be 69.2%¹²

2. Harm Reduction programs and funding source mapping

Funding agency	PEPFAR	Global Fund	Government ¹³

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

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 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.

^b The GC7 planned budget for South Africa is not available in the Global Fund data explorer as of 10th March, 2025.

- 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.
- The allocation for people who use drugs in GC7 increased from 3% (GC6 allocations) to approximately 6.8%^c of the total HIV allocation for the country. 4.5% of the total allocation for people who use drugs is for methadone (OST).
- In Tshwane, CDC/PEPFAR funds harm reduction services in close cooperation with COSUP (Community Oriented Support Program) and the Global Fund. The Global Fund supplies the needles and syringes.^d 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.²¹

3. Harm reduction programme gaps due to US funding cuts

The PEPFAR/CDC funded service centres in Tshwane and Ehlanzeni districts stopped providing services for a period of 15 days, from 29th January 2025 - 14 February 2025.²² One thousand people who use and inject drugs from Mpumalanga (Ehlanzeni district) and 4,000 people from Gauteng (Tshwane district) faced disruption in accessing OST and NSP. Clients were encouraged to utilise the public health care facilities near them, however, none of them offered OST or NSP, except for in the city of Tshwane where University of Pretoria provide services through COSUP (Community Oriented Substance Use Program).

TB/HIV Care, the implementing organisation for PEPFAR, received instruction to resume limited waived HIV interventions, including harm reduction, from CDC on the 13th of February 2025. These services are to run for up until the 90 days as per the waiver.

The following services resumed:

- Sustain and continue PrEP services for existing clients, including new clients may be added.
- Maintain clients on methadone and consider eligible clients for tapering, where appropriate
 - No new clients on methadone
- Provision of "post-violence" care and post-exposure prophylaxis (but avoid gender-specific)
- Conclude activities for clients already enrolled in structural programs and IES courses/learnership, (no new clients)
- Decanting and multi-month dispensing (MMD) to be prioritised (sustainable care)
- Any trainings already confirmed will proceed and conclude

^c The total allocation for GC7-HIV grant for South Africa was US\$ 348,426,323

^d US federal regulations prohibit procurement of needles and syringes with US funds.

References

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https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/sanac-nsp-2023-2028-web-version.pdf

https://hivprevention coalition. unaids. org/sites/default/files/attachments/sanac-nsp-2023-2028-web-version.pdf

¹ 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

² HRI (2024) The Global State of Harm Reduction https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2024/

³ 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.

⁴ Midpoint from 2023 BBS of 4 sites (PWID BBS 2023) cited from South Africa funding request-TB/HIV 2024 https://data.theglobalfund.org/location/ZAF/access-to-funding

⁵ South Africa National Strategic Plan for HIV, TB and STIs 2023-2028

⁶ 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/

⁷ South Africa National Strategic Plan for HIV, TB and STIs 2023-2028

⁸ 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

⁹ South Africa National Strategic Plan for HIV, TB and STIs 2023-2028

¹⁰ South Africa funding request-TB/HIV 2024 https://data.theglobalfund.org/location/ZAF/access-to-funding

¹¹ UNAIDS Country Fact sheets South Africa 2022 https://www.unaids.org/en/regionscountries/countries/southafrica

¹² 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

¹³ HRI (2024) The Community Orientated Substance Use Program: A Model for Domestic Harm Reduction Funding, a case study. https://hri.global/publications/cosup-in-south-africa-a-model-for-domestic-harm-reduction-funding/

¹⁴ South Africa funding request-TB/HIV 2024 https://data.theglobalfund.org/location/ZAF/access-to-funding

¹⁵ The information and data on this table are from South Africa funding request-TB/HIV 2024 https://data.theglobalfund.org/location/ZAF/access-to-funding

¹⁶ https://www.dataetc.org/projects/pepfar/

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²² Based on email communication with representative from SANPUD (South Africa National Network of People Who Use Drugs) on 31st January 2025