

Harnessing the COVID-19 Response Towards Hepatitis Elimination: South Africa

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Overview

- Harm reduction & HCV services
- COVID-19
- Advocacy priorities



Harm reduction coverage

Largest metros
(Feb 2020)

01.

JOHANNESBURG

- NSP & OST programme
- HIV testing & referral for treatment
- No routine viral hepatitis testing/ Rx

02.

PRETORIA

- NSP & OST programme
- HIV & TB testing & treatment
- Viral hepatitis screening (HCV Rx pilot study)



03.

CAPE TOWN

- NSP & OST programme
- HIV testing & referral for treatment
- Hepatitis testing & referral for Rx if on OST

04.

DURBAN

- No NSP (stopped in 2018) & no OST programme
- HIV testing & referral for treatment
- No routine viral hepatitis testing/ Rx

COVID-19 pandemic in South Africa

CONFIRMED CASES

1,417,537

↑ **4,551**

ACTIVE CASES

134,999

DEATHS

41,117

↑ **243**

RECOVERED

1,241,421

87.6% RECOVERED

TESTS

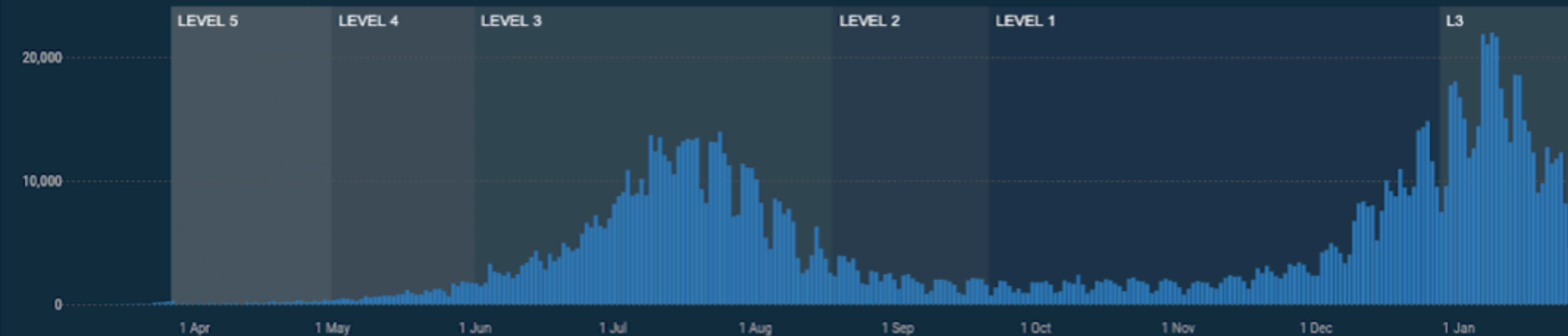
8,019,239

+ **26,113**

Active cases are confirmed cases minus recoveries and deaths

Daily confirmed cases

This chart shows the daily confirmed cases since March 2020. The levels refer to the lockdown levels.



<https://mediahack.co.za/datastories/coronavirus/dashboard/>

COVID-19





COVID provided a platform to extend the reach of health facilities to the most vulnerable. A range of protectors and champions of harm reduction emerged.
Michael Wilson, AA&D

The scale up of flexible harm reduction services was non- negotiable during lock down to reduce the onward transmission of Hep C, HIV and other illnesses

Andrea Schneider, NACOSA



HCV elimination advocacy priorities

- Scale-up the use of rapid viral hepatitis diagnostics, including procurement through the National Department of Health
- Increase access to needle and syringe services and opioid substitution therapy
- Increase access to direct acting antivirals
 - Move towards community-based delivery
 - Registration of DAAs
 - Affordable (generic) DAAs

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Harm Reduction Responses in the Age of COVID-19

**Documenting the experiences
of people who use drugs in
South Africa**

Executive Summary

While people who use drugs (PWUD) had limited access to harm reduction service already, Covid-19 and the consequent lockdown, created new challenges in providing treatment, care and support to people who use drugs, that required a flexible approach by service providers. At the same time, opportunities arose which allowed for innovation in the delivery of harm reduction services for people who use drugs in South Africa. The lessons learnt must be implemented and scaled up across the country. These efforts need to be supported in a financially sustainable way throughout the Covid-19 period and beyond.

This brief outlines the key lessons learnt and recommendations for stakeholders and documents the experiences of people who use drugs and their access to HIV and viral hepatitis harm reduction, prevention and treatment services since the beginning of the Covid-19 pandemic in South Africa's four largest metros (Cape Town, Durban, Johannesburg and Pretoria). Harm reduction service delivery responded flexibly to increase access at a time of restrictions in movement. This created opportunities for ongoing flexibility for enhanced access to harm reduction services going forward.

While each city responded differently according to their context, the flexibility required to act swiftly resulted in notable change. There was rapid and large scale-up of harm reduction services in Pretoria. Needle and syringe services took place in selected shelters in Johannesburg. In Durban, access to opioid withdrawal management was expanded. Activities in Cape Town resulted in increased access to personal protective equipment, feminine hygiene packs and harm reduction counselling.

