

NATIONAL DEPARTMENT OF HEALTH STANDARD TREATMENT GUIDELINES & ESSENTIAL MEDICINES LIST WEBINAR SERIES

UPDATE ON OPIOID AGONIS THERAPY IMPLEMENTAION RESEARCH PROJECT

Mental Health and Substance Abuse



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Overview



- Purpose
- Background
- Objectives of the project
- Project update
- Conclusion



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Purpose



- Provide update on progress made regarding Opioid Substitution Therapy (OST) currently known as Opioid Agonist Therapy (OAT) implementation research to relevant stakeholders.



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Background



- The non-medical use of illicit opioids, specifically heroin consisting of concoctions (known locally as nyaope, or whoonga) and inappropriate and over prescription of licit opioids pose public health and social problems.
- Opioid Substitution Therapy (OST) also known as Opioid Agonist Therapy (OAT) is the gold standard for the treatment of opioid dependence (WHO 2009).
- OAT is a combination of specific pharmacological and psychosocial interventions to reduce illicit opioid use and its related harm (Goeieman et al 2023).
- Methadone and buprenorphine are recommended medications for OAT (WHO 2009).
- In general, methadone is recommended over buprenorphine, because it is more effective and cost less (WHO 2009).

Background



- Currently the use of methadone in the public sector is limited to short term opioid withdrawal management at the hospital level.
- The limitation with short term use of methadone includes among others the high rate of relapse and increased risk of mortality on return to use.
- Although OAT is being implemented in the private sector and through donor funded private sector projects, the feasibility, acceptability, and effectiveness of providing OAT in South African Public Health Care facilities is not known.
- Following a motivation for expansion of methadone to include OAT for use at the primary health care level submitted to the National Essential Medicine List Committee (NEMLC) for review, a recommendation was made that an implementation research project on OAT in selected public health facilities be conducted.



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Background



- In view of the medical and psychosocial expertise and resources that are required to implement OAT, Community Health Care Centers (CHCs) would be the better equipped primary health care facilities to render this service.
- It is therefore imperative to explore and understand the implementation of OAT in Primary Health Care facilities with a focus in CHCs.
- Findings from the implementation research will help to inform the roll out of OAT in the country in a safe, cost-effective and efficient way.



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Objectives of the project



- To assess feasibility of implementing OAT in a CHC setting.
- To develop Standard Operating Procedures for OAT, aligned to relevant WHO guidelines (WHO 2009), the NEMLC Mental Health Conditions Opioid Dependence Non-EML Protocol and the OST Checklist for Provincial Pharmaceutical and Therapeutics Committees (PTCs) suitable for use in a CHC settings in South Africa.
- To develop training, orientation and information materials for different categories of staff in the selected facilities and stakeholders on OAT.
- To train all the staff, approximately 160 officials (about 80 officials per facility) in the implementing facilities including but not limited to managerial staff, clinical staff, administration staff, general and security staff.

Objectives of the project



- To propose a patient flow suitable for clients on OAT who need to come to the facility on daily basis for their daily dose.
- To observe the implementation of OAT in the selected facilities against a set criteria and document the findings regarding the feasibility, acceptability, safety and effectiveness of providing OAT in the selected CHCs.
- To make recommendations to address the identified gaps and to build on the identified strengths to strengthen access to safe and quality OAT in community health care centers including measures to prevent diversion for illegitimate purposes; and
- To strengthen intersectoral collaboration.



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Project update



- Technical support is being sought through a service provider to implement OAT project in select Community Health Centres.
- Bid Specifications Committee has been appointed and has concluded Bid Specification to appoint a service provider to assess the feasibility of implementing OAT in selected community health centres, for a period of twenty (20) months.
- Bid documents were published on NDoH website on 04 July 2024.
- Compulsory Briefing session is scheduled for 23 July 2024.
- Bid closing date is 08 August 2024
- It is anticipated that the project will be implemented in two CHCs one in Mpumalanga Province (Emalahleni Local Municipality) and one in North-West Province (Madibeng Local municipality).



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Project update



- The specific CHC will be selected in collaboration with the province.
- It is anticipated that about 30 Participants (15 per site) will be recruited to participate in the study.
- The first initiation on Methadone is expected to start in January 2025 and monitored for 12 Months.
- Methadone will be initially procured through the National Department of Health procurement system and sustained through provincial procurement system.



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Conclusion



- Progress report on OAT implementation will be shared with NEMLEC to assist in reviewing the possible expansion of methadone to include OAT in Standard Treatment Guidelines and Essential Medicines List.
- Findings from the implementation research will help to inform the roll out of OAT in the country in a safe, cost-effective and efficient way.



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Thank you



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