

# Women who use drugs

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# Overview

1. Introduction and background
2. Our efforts to promote focus and intervention on women who use drugs
3. Opportunities for Influence
4. Closing

# Introduction

1. We recognize the specific needs of women who use drugs
2. We recognize that not enough is being done to ensure services are gender responsive
3. We grapple with data on women who use drugs

# Efforts

## 1. Technical Briefs

1. Changing the face of PWUDs – the recommendations we have made on women include:
2. Ensuring women's issues are highlighted throughout harm reduction and prison technical briefs
3. COVID-Guidelines

## 2. Internal support

1. Advocacy for sex disaggregated data
2. Ensuring that we use a gender lens on all our FRs
3. We provide feedback to Country Teams on women who use drugs
4. TRP is active in promoting gender sensitive programming

## 3. Country level support

1. Technical Advise to countries – example Bangladesh
2. Distribute examples of good practice
3. Encouraging women in all their diversity including women who use drugs

## 4. Improving quality of harm reduction programs

1. Current programs are still small, pilot stages
2. Encouraging women outreach workers
3. Ensuring that gender sensitivity is embedded in all areas of program quality

# Harm Reduction Technical Brief



# Recommended interventions in Technical Brief

- Safe spaces for women who use drugs (separate from male-centered spaces)
- providing free childcare at, or linked to, drop-in centers
- the availability of both male and female outreach workers
- integration of harm reduction services into sexual and reproductive health services
- supporting women's access to harm reduction services in prison and other closed settings, on an equal basis to men
- supporting access to prevention of mother-to-child transmission (PMTCT) for pregnant women who use drugs, including in prison and other closed settings
- linkages with gender-based violence services
- services tailored for women who use drugs who are also engaged in sex work
- supporting access to OST for pregnant women who use drugs.

# Prison Technical Brief

## Ensure the availability of gender-responsive interventions

Women in prison are more likely to be living with HIV than those in the wider community. The same challenges that lead to women being imprisoned – including punitive laws on sex work and drug use –often also lead to increased risk of HIV infection. The HIV risk of women in prison is exacerbated by stigma, gender-based violence, inequality, and discrimination. Not only are HIV prevention and care services often poor in prisons, but women's specific health needs, including access to sexual and reproductive health services, are frequently neglected.....

Health-care services for women in prison should be responsive to their specific needs and available from a female physician if so desired. The [Bangkok Rules](#) and the UNODC & UNAIDS publication [Women and HIV in Prison Settings](#) (2008) provide guidance specific to women in the criminal justice system. For information on PMTCT, see the UNODC technical guide on [Prevention of Mother-to-Child Transmission of HIV in Prisons](#) (2019) and the PAHO and WHO publication [EMTCT Plus: Framework for the Elimination of Mother-to-Child Transmission of HIV, Syphilis, Hepatitis B and Chagas](#) (2017). In addition, the [UNAIDS Gender Assessment Tool](#) (2018) is a guide for ensuring that programming and strategies are gender-inclusive, and for identifying broader human-rights barriers faced by women in relation to HIV services and prevention.

Transgender women in prisons have special health-care needs that should be addressed. Due to general rules for the classification of people in prison, transgender women are particularly vulnerable to violence, including sexual violence, from which they should be protected.

United Nations (2010). [United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders \(the Bangkok Rules\)](#).

# COVID19 Briefing note to CTs

Create a hotline for PWUDs especially women who use drugs can call for needles and other supplies

Many women who use drugs are hidden and inject at home or are injected by their husbands. During this time, violence against these women can also increase particularly when the stress and withdrawal symptoms and money and drugs decreases.

Harm Reduction services are encouraged to start a hotline where women can call to ask for assistance such as needles or GBV support. Post these hotlines in areas where women injectors have been identified.



# Good practices

Kenya - The Muslim Education and Welfare Association (MEWA)

Nepal – Dristi Foundation

Myanmar - Asian Harm Reduction Network (AHRN) & MDM

South Africa - ANOVA

Georgia - ACESO, a subcontractor of GF SR, GHRA.

India – Punjab Government and Alliance India

Nigeria - Youthise

Indonesian Female Drug User Collective (Not funded through GF currently)

# Opportunities for Influence

Global Fund Strategy Development Process

- Global Fund Website – Open Consultation
- [strategydevelopment@theglobalfund.org](mailto:strategydevelopment@theglobalfund.org)

Supporting local networks of people who use drugs & networks of women who use drugs

Develop research data

<https://www.theglobalfund.org/en/funding-model/throughout-the-cycle/community-rights-gender-technical-assistance-program/>

Funding Request – Community Consultations – Regional Platforms

Grant making Process

Help support the development of pilots that could be taken on by GF

Communicate regularly with CRG Department [palani.narayanan@theglobalfund.org](mailto:palani.narayanan@theglobalfund.org)

# Forward looking

## Sex workers who use drugs

Current leadership at these organisations provide opportunity for a greater discussion on this topic

UNAIDS - ED

INPUD - ED

HRI - ED

UNODC HIV TEAM

WHO Key Pop Team

Global Fund CRG and HIV Team

IDPC - ED

UNDP HIV Team

> A change is gonna come!