

W4GF Statement on World Hepatitis Day Addressing Risk and Inaccessibility of HCV Treatment for Women Who Use Drugs

Introduction

On this World Hepatitis Day, Women4GlobalFund (W4GF), a global movement network of 327 advocates from 75 countries dedicated to promoting gender equality within the Global Fund programs, highlights the critical challenges faced by women in all of their diversity¹, especially women who use drugs, in accessing affordable, safe, timely, effective and high-quality treatment for Hepatitis C (HCV). Women represent a vulnerable group disproportionately affected by and at greater risk of HCV due to compounded barriers, including high treatment costs and systemic inaccessibility. Of the 50 million people living with HCV globally in 2022, an estimated 36% people knew their diagnosis, and of those diagnosed with chronic HCV infection, around 20% (12.5 million) people had been treated with DAAs by the end of 2022²

The Global Fund has been a key player in supporting harm reduction³ programs and investments aimed at combating HCV, particularly as a co-infection of HIV. Through its comprehensive funding and strategic partnerships, the Global Fund has endorsed and facilitated the implementation of WHO's 'Comprehensive Package' of harm reduction services, which includes critical actions and services for preventing and treating HCV among women who use drugs.

The 'war on drugs' remains a paradigm worldwide, fueling stigma, state violence, and informal drug markets in a state of constant and dangerous flux⁴. Globally, a higher proportion of women (35%) than men (19%) are in prison for drug-related offences⁵. Harm Reduction International (HRI) reports many health services and harm reduction programs are not tailored to the specific needs of women who use drugs. This lack of gender-sensitive and transformative approaches leads to poor health outcomes and increased vulnerability⁶. A significant proportion (ranging from at least 15% up to nearly half depending on country/region) of all people who use drugs in the world are women⁷. Accounting for the concealing effects of criminalisation, gender power imbalances and stigma, the number of women who inject drugs is likely to be an underestimate. This increased vulnerability is a product of a range of environmental, social and individual factors affecting women, which also affect

¹ All over the text, we refer to women in all our diversity. We are not homogenous, and we include women living HIV, affected by TB and malaria; heterosexual; lesbian and bisexual; transgender; intersex, and non-binary women; women who use drugs; sex workers; adolescents and young women; Indigenous women; displaced, migrant, and refugee women; women in secluded settings and incarcerated women; and women with disabilities".

²Hepatitis C Fact Sheet, WHO,

<https://www.who.int/news-room/fact-sheets/detail/hepatitis-c#:~:text=Treatment%20is%20always%20needed%20for,infection%20and%20live%20healthy%20lives>.

³ The term harm reduction refers to a comprehensive package of policies, programmes and approaches that seeks to reduce the harmful health, social and economic consequences associated with the use of psychoactive substances/drugs. The elements in the package are as follows: needle and syringe programmes; opioid substitution therapy; HIV testing and counselling; HIV care and antiretroviral therapy for people who inject drugs; prevention of sexual transmission; outreach (information, education and communication for people who inject drugs and their sexual partners); viral hepatitis diagnosis, treatment and vaccination (where applicable); and tuberculosis prevention, diagnosis and treatment.

⁴<https://supportdontpunish.org/support-dont-punish-campaigners-are-dismantling-the-war-on-drugs-and-building-sustainable-alternatives-that-uphold-rights-and-dignity/>

⁵ UNODC, World Drug Report 2018.

⁶ Drug Use and HIV, UNODC, https://www.unodc.org/unodc/en/hiv-aids/new/drug-use_and_HIV.html.

⁷ <https://whrin.site/>

their ability to engage in health promoting services such as harm reduction. Women are demonstrably subject to health inequities with regard to access to harm reduction services ⁸.

Our statement calls for urgent action to address these inequities and ensure that all women, especially women who use drugs can access life-saving HCV treatment.

Women who use drugs are particularly at risk of HIV & HCV due to several interrelated factors:

-Women who inject drugs [are at a significantly higher risk of HIV transmission, being](#) 50% more likely to contract HIV compared to men who inject drugs. Is due to multiple factors including needle sharing, unprotected sex, double stigma, and a lack of access to prevention and treatment services.(UNODC). Women who inject drugs are 1.2 times more likely than men to be living with HIV. ([WDR-special-2023](#)) and are more at risk of TB, being the leading cause of death for women living with HIV and Use Drugs. ([WHO, 2023](#))

-Women who use drugs face unique risks compared to men, including higher rates of intimate partner violence, GBV, social stigma, incarceration, and economic dependence, which exacerbate their health risks and limit their access to healthcare services such as harm reduction services. ([UNODC, HRJ.1](#)).

- Women who use drugs face significant stigma and discrimination, both from society and within healthcare settings. This stigma deters many from seeking medical help, exacerbating their health risks. For instance, in many regions, healthcare providers may be less willing to offer HCV testing and treatment to women who use drugs, fearing non-compliance or feeling biased against their drug use⁹.

- Issues such as childcare responsibilities, fear of losing custody of children, and experiences of intimate partner violence create additional hurdles for women in accessing HCV treatment. For example, women may avoid seeking treatment out of fear that their drug use will be reported to child protective services¹⁰.

- Punitive drug policies often result in high incarceration rates for women who use drugs, where access to harm reduction services and HCV treatment is extremely limited. Incarceration settings rarely provide adequate healthcare services, and the stigma and legal repercussions of drug use further discourage women from seeking help¹¹.

-**There is very limited data on women in all of their diversity**, such as transgender women and non-binary people who use drugs, suggesting that they may face significant barriers to accessing health care. ([EMCDDA](#)).

High Cost and Inaccessibility of Treatment

The cost of Direct-Acting Antivirals (DAAs), the primary treatment for HCV, remains prohibitively high. This financial barrier is particularly detrimental for women who use drugs, many of whom are economically marginalized. Additionally, the availability of treatment in many regions is sparse, further limiting access for this group at greater risk. In countries like **India, Bangladesh,** and

⁸ [Lack of services focused on the specific needs of women, notably sexual and reproductive health services and childcare](#)

⁹ World Drug Report 2024: Contemporary Issues, UNODC, https://www.unodc.org/documents/data-and-analysis/WDR_2024/WDR24_Contemporary_issues.pdf.

¹⁰ Harm Reduction International. "Barriers to Harm Reduction for Women." Retrieved from [HRI](#).

¹¹ World Drug Report 2024: Contemporary Issues, UNODC, https://www.unodc.org/documents/data-and-analysis/WDR_2024/WDR24_Contemporary_issues.pdf.

Pakistan¹² access to Hepatitis C treatments can be limited, especially in rural and underserved areas. Although generic medications are available, affordability and distribution remain issues.

For example, in the US, the price of a full course of DAA treatment can exceed \$84,000 USD as Gilead charges as much as €43,000 for one person's 12-week treatment of sofosbuvir in Europe. Meanwhile, in countries where the drug is not patented, competition among generic producers has driven the price to just €52 for the same treatment course. Studies have shown that it costs about €0.50 per daily pill to manufacture the drug¹³. The pharma company's voluntary license to 11 generic manufacturers in India excludes not only all developed countries but also 41 middle-income countries. This list includes Ecuador, Jordan and Thailand¹⁴. The Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement allows for certain flexibilities that can be used to enhance access to HCV treatment. These flexibilities enable countries to issue compulsory licenses for generic production of medications, thus significantly reducing the cost of DAAs. Countries like India and Egypt have effectively used TRIPS flexibilities to make HCV treatment more affordable (**in India with prices ranging from \$161 to \$312 and in Egypt at \$343**¹⁵), demonstrating the potential for broader application to benefit women who use drugs globally¹⁶.

Integrated Harm Reduction Service¹⁷

Harm reduction refers to policies, programs, and practices that aim to minimize the negative health, social, and legal impacts associated with drug use. It includes services like opioid agonist therapy, needle and syringe programs, safe drug consumption spaces, and testing and treatment for infectious diseases such as HCV and HIV. WHO outlines a 'Comprehensive Package' of harm reduction services endorsed by multiple global health organizations. These services are essential for preventing HIV and HCV transmission and ensuring treatment access. However, harm reduction must extend beyond health commodities to include social services, gender and human rights respect. This holistic approach seeks to reduce not only the harms of drug use but also the adverse effects of drug laws and policies. For women who use drugs, this means integrating services like housing, psychosocial support, and employment initiatives, alongside advocating for alternatives to criminal sanctions. For instance, in Portugal¹⁸, decriminalization of drug use coupled with robust harm reduction services has led to a significant decrease in HCV incidence among people who use drugs.

Example of Current Challenges in South Africa¹⁹

¹² Persistence reaps rewards in overcoming hepatitis C in Karachi, MSF, <https://www.msf.org/persistence-reaps-rewards-overcoming-hepatitis-c-karachi>.

¹³MSF and groups call to end Gilead's hepatitis C drug monopoly in Europe which blocks access, MSF, <https://www.msf.org/msf-and-groups-call-end-gilead%E2%80%99s-hepatitis-c-drug-monopoly-europe-which-blocks-access>

¹⁴The Use of TRIPS Flexibilities for the Access to Hepatitis C Treatment, South Centre,

https://www.southcentre.int/wp-content/uploads/2018/10/PB54_The-Use-of-TRIPS-Flexibilities-for-the-Access-to-Hepatitis-C-Treatment_EN.pdf.

¹⁵"In Egypt, a local generic version of sofosbuvir is produced, but this is not available in low-income countries," The Lancet,

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(15\)00156-4/fulltext#:~:text=In%20Egypt%2C%20a%20local%20generic.available%20in%20low%20income%20countries.](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(15)00156-4/fulltext#:~:text=In%20Egypt%2C%20a%20local%20generic.available%20in%20low%20income%20countries.)

¹⁶The Use of TRIPS Flexibilities for the Access to Hepatitis C Treatment, South Centre,

https://www.southcentre.int/wp-content/uploads/2018/10/PB54_The-Use-of-TRIPS-Flexibilities-for-the-Access-to-Hepatitis-C-Treatment_EN.pdf.

¹⁷ Drug Use and Harm Reduction, FutureLearn, <https://www.futurelearn.com/courses/drug-use-and-harm-reduction>.

¹⁸"The Effects of Decriminalization of Drug Use in Portugal," ResearchGate,

https://www.researchgate.net/publication/238070854_The_Effects_of_Decriminalization_of_Drug_Use_in_Portugal.

¹⁹ Barriers to Harm Reduction for Women, Harm Reduction International,

https://hri.global/wp-content/uploads/2022/10/Barriers_to_Harm_Reduction_for_Women_2-1.pdf.

In South Africa, an estimated 76,000 people inject drugs, with women comprising between 16% and 23% of this population. Despite the high prevalence of HCV (54.7%) among people who inject drugs, harm reduction services are limited. The country's drug policies criminalize drug use, exacerbating the challenges faced by women who use drugs in accessing necessary healthcare. There are only four needle and syringe programs and 11 opioid agonist therapy sites nationwide, none of which are tailored to the needs of women. Additionally, the high prevalence of HIV among people who inject drugs in South Africa (estimated at 46.4%) compounds the health challenges for these women, necessitating integrated care that addresses both HCV and HIV effectively.

Call to Action

To address these challenges, W4GF urges:

1. Governments must decriminalize people who use drugs and implement supportive policies that enhance access to comprehensive healthcare services for HIV and TB, harm reduction services, and HCV treatment. This includes revising laws that unjustly target people who use drugs and implementing policies that support their health and human rights, considering the specific needs of women in all of their diversity.
2. Urge Governments to address and implement gender-sensitive and transformative drug's policies with a focus on health, human rights, well-being and harm reduction. Drug policy budgets need rebalancing to ensure health and gender-transformative harm reduction-based responses are adequately financed.
3. Governments, pharmaceutical companies and international bodies should work together to reduce the cost of DAAs, making them affordable and accessible for all women who use drugs. This includes utilizing TRIPS flexibilities to lower prices through generic medication production. For example, countries should look at the success of Egypt²⁰, which negotiated lower prices for DAAs, resulting in widespread access and significant reductions in HCV prevalence.
4. Harm reduction services must be tailored to address the specific needs of women in all of their diversity, including considerations for childcare, safety, and comprehensive healthcare. Programs like those implemented by Metzineres²¹ in Spain provide a model for integrating gender-sensitive and transformative harm reduction services that address the unique needs of women who use drugs because it provides a holistic, women-centred environment that integrates harm reduction services with broader social support. This model includes safe use and consumption spaces, healthcare, housing, legal aid, and social services, all designed to address the specific needs and challenges faced by women.
5. Engage women who use drugs in the design and implementation of harm reduction programs to ensure their needs are met effectively. This participatory and women-led approach ensures that services are relevant and responsive to the real-life challenges faced by women.

Recommendations

²⁰ *The Use of TRIPS Flexibilities for the Access to Hepatitis C Treatment - South Center*
:(https://www.southcentre.int/wp-content/uploads/2018/10/PB54_The-Use-of-TRIPS-Flexibilities-for-the-Access-to-Hepatitis-C-Treatment_EN.pdf)

²¹Metzineres, "Home," accessed July 2024, <https://metzineres.org/en/metzineres#abordatae>

1. W4GF recommends developing and implementing gender-sensitive and transformative harm reduction programs that provide comprehensive support addressing the unique needs of women who use drugs, in all of their diversity. Multidisciplinary care programs should integrate healthcare services with social support systems, including childcare, housing, legal aid, and employment opportunities.
2. The Global Fund, UNAIDS, UNODC, WHO and other stakeholders should actively involve women who use drugs in the design, implementation, and evaluation of harm reduction, HIV, and HCV treatment programs. This participatory approach ensures that services are tailored to their needs and increases the likelihood of program success. W4GF recommends creating advisory boards or committees composed of women who use drugs, in all of their diversity, to guide policy and program decisions.
3. The Global Fund should support and fund peer-led actions, programmes, and services where women who have successfully navigated HCV and HIV treatment act as mentors and advocates for others. These peer-led initiatives can provide relatable, credible support and improve treatment uptake and adherence among women who use drugs, in all of their diversity.
4. Include and fully finance, in Global Fund's country programmes, the implementation of mobile clinics and outreach services that bring HIV, TB, HCV testing and treatment directly to women who use drugs, in all of their diversity. These services should operate in locations where women in all of their diversity can be safe and are likely to access them, such as shelters, community centers, and safe drug consumption spaces
5. The Global Fund should support advocacy programs for the decriminalization of people who use drugs, naming the specific risks women who use drugs face, advocating for the removal of punitive laws that disproportionately affect women who use drugs. Legal reforms should focus on human rights, guaranteeing health rights and supporting rather than punishing.
6. Governments, donors, and CSOs should push for the use of TRIPS flexibilities to ensure affordable access to DAAs for HCV treatment. Advocate for the production and distribution of generic medicines to reduce costs. Collaborating with governments and international organizations to negotiate lower drug prices and ensure budget allocation for HCV treatment within public health systems.
7. Integrating, into Global Fund's country programmes, psychosocial support into HCV treatment programs. Addressing comprehensively the health needs of women who use drugs, in all of their diversity, can improve treatment outcomes and overall well-being.
8. Ensuring the collection and analysis of gender-disaggregated data on HCV prevalence, treatment access, and outcomes. This data is crucial for understanding the specific challenges faced by women who use drugs in all of their diversity and for designing effective comprehensive services.

Conclusion

The fight against HCV, highly connected to HIV, cannot be won without addressing the unique challenges faced by women in all of our diversity who use drugs. On this World Hepatitis Day, W4GF calls for a concerted global effort to make HCV treatment affordable, safe, timely, effective and of high-quality, ensuring that all women who use drugs receive the comprehensive and multidisciplinary

gender- sensitive and transformative care they deserve, guaranteeing their human rights and physical and mental well-being.