



**UNODC**

United Nations Office on Drugs and Crime



ADDRESSING THE SPECIFIC NEEDS  
OF WOMEN WHO USE DRUGS

# Prevention of mother-to-child transmission of HIV, hepatitis B and C and syphilis

TECHNICAL BRIEF



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UNITED NATIONS  
Vienna, 2021

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This publication has not been formally edited.

Publishing production: English, Publishing and Library Section, United Nations Office at Vienna.

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## Acknowledgements

Under the supervision of Ms Fariba Soltani (Chief of UNODC HIV/AIDS Section) and of Dr Monica Ciupagea (UNODC expert on drug use and HIV), this technical brief was developed by Dr Fabienne Hariga (UNODC consultant) with the support of Iryna Mikhnovets (UNODC intern).

The United Nations Office on Drugs and Crime (UNODC) gratefully acknowledges the contributions of the members of the technical working group established to assist with the preparation of this brief by providing their inputs and by commenting on the drafts: (in alphabetical order) Judy Chang (INPUD), Mauro Guarinieri (INPUD), Dr Niklas Luhmann (WHO), Ruslan Malyuta (UNICEF), Dorothy Mbori-Ngacha (UNICEF), Morkor Newman-Owiredu (WHO), Tim Sladden (UNFPA), Annette Digna Verster (WHO) and UNAIDS.

This technical brief was edited by James Baer.

## Abbreviations

<b>EMTCT</b>	Elimination of mother-to-child transmission
<b>INPUD</b>	International Network of People who Use Drugs
<b>MNCAH</b>	Maternal, neonatal, child and adolescent health
<b>PTMCT</b>	Prevention of mother-to-child transmission
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>UNWOMEN</b>	United Nations Entity for Gender Equality and the Empowerment of Women
<b>USAID</b>	United States Agency for International Development
<b>WHO</b>	World Health Organization

# Introduction

**In 2016 the General Assembly, in its Political Declaration on HIV and AIDS, committed to the goal of ending AIDS as a public health threat by 2030.** [1] This included an undertaking to “eliminate new HIV infections among children by reducing new infections by 95 per cent in every region by 2020”. The same year, the World Health Assembly endorsed the World Health Organization (WHO) 2016-2021 global health sector strategies on HIV, [2] viral hepatitis, [3] and sexually transmitted infections. [4] These strategies mandate Member States to collaborate towards the goals of zero new HIV infections in infants by 2020, combating viral hepatitis as a public health threat by 2030, and the elimination of congenital syphilis.

Mother-to-child transmission of HIV remains a significant contributor to the HIV pandemic, accounting for 9 per cent of new infections globally. [5] The targets of the 2016 “Start Free, Stay Free, AIDS Free framework” were that by 2018, fewer than 40,000 children would become newly infected, and 95 per cent of pregnant women living with HIV would be receiving lifelong antiretroviral therapy. [6] However, in 2019 an estimated 150,000 children became newly infected with HIV (although this represented a decrease from 280,000 in 2010), and only 85 per cent of pregnant women living with HIV were on antiretroviral therapy. [7]

In 2019 people who inject drugs accounted for an estimated 10 per cent of new HIV infections globally. [8] International declarations and documents encourage and support countries to provide women and girls who use or inject drugs with access to comprehensive services for the prevention of mother-to-child transmission (PMTCT) of infectious diseases. [9] The sixty-first session of the Commission on Narcotic Drugs, held in Vienna in March 2018, adopted resolution 61/4 “Promoting measures for the prevention of mother-to-child transmission of HIV, hepatitis B and C and syphilis among women who use drugs”. [10]

Targeted interventions and programmes are essential in order to reach women who use drugs who are otherwise unable to access services due to stigma and discrimination. Harm reduction services,<sup>1</sup> the entry point to health and social services for most people who use drugs, play a key role in PMTCT of HIV, viral hepatitis B and C and syphilis among women who use drugs. Without access to harm reduction services, and without strong linkages and integration with other relevant health services, women who use drugs and their children will continue to be disproportionately affected by these diseases.

If women who use drugs are left behind, the efforts of countries towards the triple elimination of mother-to-child transmission (EMTCT) of HIV, hepatitis B and syphilis, as well as of hepatitis C, are likely to experience significant delays.

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<sup>1</sup> For the purposes of this technical brief, harm reduction services are defined by the interventions included in the Comprehensive Package detailed in the WHO, UNODC, UNAIDS *Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users* (2012).

The purpose of this technical brief is therefore to provide guidance for the provision of equitable, evidence-informed and human-rights-based services for PMTCT of HIV, hepatitis B and C and syphilis among women who use drugs, and to support countries in their efforts towards EMTCT.

The target audience includes policymakers, service providers and managers of programmes for HIV and hepatitis, drug treatment and harm reduction, sexual and reproductive health, and maternal, newborn, child and adolescent health (MNCAH); as well as non-governmental and community-based organizations, law enforcement agencies and development partners.

This technical brief builds on international guidance on HIV prevention, treatment and care for people who inject drugs, as well as guidance on women who use drugs, PMTCT, and hepatitis B and C, including the documents listed in the Resources section. The development of this brief was overseen by a working group led by the United Nations Office on Drugs and Crime (UNODC) and composed of the International Network of People who Use Drugs (INPUD), the International Network of Women Who Use Drugs (INWUD), World Health Organization (WHO), the Secretariat of the Joint United Nations Programme on HIV/AIDS (UNAIDS), UN Women, the United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF).

#### A NOTE ON TERMINOLOGY

This brief is mainly concerned with women and girls who inject drugs, given the higher risks of HIV transmission through sharing injection equipment, but it is also relevant to some women and girls who use drugs such as stimulant drugs that they may not inject. Throughout this brief, “women who use drugs” is used for conciseness but should be understood to refer to all methods of administering drugs, including but not limited to injection.

Similarly, this brief recognizes that some girls under the age of 18 use drugs and may be in need of harm reduction services as well as PMTCT services. Therefore, throughout this brief, “women who use drugs” should be understood to refer both to women aged 18 and over, and to girls aged under 18.

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