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# Acronyms & Abbreviations

<table>
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<th>Acronym</th>
<th>Full Form</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<tr>
<td>ART</td>
<td>Antiretroviral Therapy</td>
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<tr>
<td>COVID-19</td>
<td>Corona Virus Disease 2019</td>
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<td>CSO</td>
<td>Civil Society Organization</td>
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<td>DCR</td>
<td>drug consumption rooms</td>
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<tr>
<td>GF</td>
<td>The Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
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<tr>
<td>HBV</td>
<td>Hepatitis B Virus</td>
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<tr>
<td>HCV</td>
<td>Hepatitis C Virus</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>AIDS</td>
<td>Acquired immunodeficiency syndrome</td>
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<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
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<td>KP</td>
<td>Key Population</td>
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<tr>
<td>MENA</td>
<td>Middle East and North Africa</td>
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<td>MENAHRA</td>
<td>Middle East and North Africa Harm Reduction Association</td>
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<td>MENANPUD</td>
<td>Middle East and North Africa Network of People who Use Drugs</td>
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<td>NSP</td>
<td>Needle/ Syringe Program</td>
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<tr>
<td>OAT</td>
<td>Opioid Agonist Treatment</td>
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<tr>
<td>OCA</td>
<td>Organisational Capacity Assessment</td>
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<tr>
<td>INGO</td>
<td>International Non-Governmental Organization</td>
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<tr>
<td>PEST</td>
<td>Political, Economic, Social and Technological</td>
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<td>PWID</td>
<td>People Who Inject Drugs</td>
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<td>PWUD</td>
<td>People Who Use Drugs</td>
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<tr>
<td>SDGs</td>
<td>Sustainable Development Goals</td>
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<tr>
<td>SSDP</td>
<td>Students for Sensible Drug Policy</td>
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<tr>
<td>STD</td>
<td>Sexually Transmitted Diseases</td>
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<tr>
<td>TB</td>
<td>Tuberculosis</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNAIDS</td>
<td>The Joint United Nations Programme on HIV/AIDS</td>
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<tr>
<td>UNAIDS RST MENA</td>
<td>UNAIDS Regional Support Team for the Middle East and North Africa</td>
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<tr>
<td>UNODC</td>
<td>United Nations Office on Drugs and Crime</td>
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<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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<tr>
<td>WHO EMRO</td>
<td>World Health Organisation Regional Office for the Eastern Mediterranean</td>
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The Middle East and North Africa Network of People who Use Drugs (MENANPUD) is a community led network of individuals of people who use drugs (or have been using drugs) in the Middle East and North Africa region. It was initiated and formed by people who use drugs at the Harm Reduction International Conference in Beirut (Lebanon) in 2011. The mission of MENANPUD is to support their peers and to work on defending their rights, specifically their health rights. MENANPUD conducted several trainings to strengthen the capacities of its members on technical and interpersonal skills, attended regional and global meetings highlighting the needs of people who use drugs in the Middle East and North Africa (MENA) region, and organized several awareness and advocacy campaigns under support don’t punish. MENANPUD currently has a small number of committed and engaged members of people who use drugs / people who inject drugs from five countries: Afghanistan, Bahrain, Egypt, Morocco and Pakistan. The network has a great role to play in front of all the challenges people who use drugs / people who inject drugs are facing in the region. However, it does not have currently strong national representations of community members of people who use drugs nor significant base across the countries. It is an opportunity for MENANPUD being the unique community network of people who use drugs in MENA, to rely on solid representations to feed in national and regional actions, to unify and amplify the voices of people who use drugs and defend their rights in the region. Therefore, one of the strategic orientations for MENANPUD is to have a stronger base at community level in the countries respecting gender representation and to position themselves as strategic partners, both nationally and regionally. This would involve an expansion plan to recruit more members, strengthen their capacities and empower them to ensure community development, to lead on peer services for scaling up quality, responsive and comprehensive harm reduction and HIV services.

Another orientation for MENANPUD is to focus on strategic advocacy and targeted campaigning. The objective is to raise awareness of people who use drugs on their healthy behavior, public, media and policy makers on social and legal factors that affect the livelihood of people who use drugs such as criminalization laws, violence, stigma and discrimination and to sensitize on the need to promote their health right and to respect their human rights. This would not happen without strengthening leadership skills of the members and reinforcing their meaningful involvement in the national and regional response to influence decision-making processes and policies development and the provision of quality comprehensive services. To ensure relevant changes, MENANPUD will consider developing its own community led research highlighting the needs of people who use drugs in MENA and build upon the findings. Furthermore, the presence of strong international, regional and national organizations that paved the way to work on drug use and harm reduction, HIV, and human rights in MENA, is a huge opportunity for MENANPUD to rely on. This, combined with the willingness of donors – such as the Global Fund, Frontline AIDS, United Nations Office on Drugs and Crime (UNODC), The Joint United Nations Programme on HIV/AIDS (UNAIDS), World Health Organization (WHO), and the Robert Carr Fund, among others – to support community led organizations, will magnify MENANPUD’s role and provide it with an opportunity to sustain.

Furthermore, many regional forums and mechanisms are available to include MENANPUD in their activities. This would enhance the network’s visibility on regional and global levels. MENANPUD sits on the board of the International Network of People who Use Drugs (INPUD) and is provided with many opportunities also through MENAHRA to attend global and regional events. One of the network’s orientation to consider is to focus strategically on linking with various stakeholders, nationally regionally and globally, on building alliances and partnerships for collaboration purposes in areas of advocacy, campaigning, programmatic, technical assistance and exchange of experiences.

The current process of strategic development is an opportunity for MENANPUD to solidify its purpose and strengthen its governance. In the absence of an operational secretariat and strategic institutional development plan, MENAHRA is hosting MENANPUD and delivering its managerial, administrative, financial and fundraising functions in the short- to medium-term. MENANPUD is still in the process of being registered in Lebanon and is heavily reliant on MENAHRA for its financial solvency. However, any financial perturbation and instability of the latter will hugely affect MENANPUD’s sustainability. Therefore, one of the main interventions of MENANPUD is to decide on its structure, strengthen its governance and establish a strong secretariat to coordinate and implement the resource mobilization plan to ensure its own sustainability. Detaching from MENAHRA at this stage, with existing gaps in institutional and organizational capacities combined with lack of strong base on national level, weak financial solvency and sustainability would threaten the existence of MENANPUD. There is thus a need for developing an institutional development plan including a transition plan for MENANPUD with technical support provided by MENAHRA and INPUD to acquire needed skills and adopting needed tools, models and policies for managing the network, ensure its autonomy and reach its objectives.
INTRODUCTION

The Middle East and North Africa Network of People Who Use Drugs (MENANPUD) is a community network of people who use drugs (or have been using drugs) in the Middle East and North Africa (MENA) region. MENANPUD is hosted by the Middle East and North Africa Harm Reduction Association (MENAHRA) located in Beirut, Lebanon.

For MENANPUD to be able to operate within the surrounding challenging context facing people who use drugs (PWUD) in the MENA region it was primordial to develop its strategic plan as a guiding document to answer the needs of the community it represents. It was also a momentum for the network to plan for its own autonomy and independency relying on various partners and donors willing to support.

Based on the above, and within the technical support provided by MENAHRA, the strategic planning process started in November 2020, leading up to the development of the current strategic document.

METHODOLOGY

Within the process of developing the strategic plan for MENANPUD, a minimized Organizational Capacity Assessment (OCA) was conducted for the network. The assessment analyzes the capacity needs at organizational level referring to issues such as leadership and governance, system and structure, human resources, membership, financial management and partnerships and networking. This assessment analyses the organization's internal strengths and weaknesses.

A series of Key Informant Interviews (Appendix 1) were also conducted with various stakeholders from United Nations (UN) agencies, International Non-Governmental Organizations (INGOs), Civil Society Organizations (CSOs) and MENANPUD. These interviews helped in identifying the external opportunities and threats facing the network on political, economic, social and technological factors, also known as Political, Economic, Social and Technological (PEST) analysis. The compilation of data helped in developing the SWOT analysis for the network. (Appendix 2)

Based on findings of the analysis, a consultation meeting was conducted with MENANPUD members. The meeting helped in identifying the mission and vision of the network, a series of strategic issues and in proposing MENANPUD’s strategic orientations and first year action plan for 2021. Key Informants validated and commented on the content before submitting the MENANPUD strategic plan 2021-2024 to the secretariat for final validation with the members.
OVERVIEW OF CHALLENGES FACING PEOPLE WHO USE DRUGS

People who use drugs face many challenges in the MENA region on various levels and in various settings including in prisons and humanitarian settings. These challenges are linked to legal issues and criminalization of drug use, stigma and discrimination, health issues, lack of adequate services, gaps in data, shortage of funding, and lack of political commitment.

MENA countries lack evidence to determine the size of key populations (KPs), surveillance systems and bio-behavioral data on People Who Use Drugs to ensure a comprehensive response. There is thus a wide range of estimates of People Who inject Drugs (PWID) in MENA (335,000–1,635,000). In 2017, MENAHRA conducted its third situation assessment of drug use and its harms in the MENA region. The estimates of people who inject drugs in the region were around 887,000. To get these estimations, countries in MENA rely mainly on HIV case reporting as well as on surveillance at detoxification and treatment centers on HIV, viral hepatitis and tuberculosis (TB).

To date, MENA countries have focused their drug policies on the criminalization of drug possession and use. Algeria, Jordan, Lebanon, Libya, Morocco, Qatar, Tunisia, and the United Arab Emirates, for instance have legislations that sanction the consumption of certain substances. Legislation in countries such as Bahrain, Egypt, Iraq, Kuwait, Saudi Arabia and Yemen focuses on drug possession for the purpose of consumption. Death sentencing for drug offenses is still being reported in countries such as Bahrain, Egypt, Iraq and Oman. People who use drugs therefore are facing criminalization, punishment, death penalty, physical abuse and coercive drug treatment. They are highly stigmatized and discriminated against and are often unable to access services for fear of arrest or harassment.

People who use drugs often experience underlying health conditions. For instance, People who inject drugs are identified as a vulnerable group to HIV/AIDS and hepatitis C infection and remain underserved by social and health interventions. The intersection with these health issues in addition to TB, co-morbidity and mental illness are major health concerns for people who use drugs / people who inject drugs.

The HIV epidemic in the MENA region is highly concentrated among key populations (KPs) and their sexual partners. People who use drugs are one of the KPs at high risk of HIV in MENA. More than 12% of the estimated 14.2 million people who injected drugs globally in 2019 were living with HIV. People who inject drugs in MENA accounted for 43% of new HIV infections in 2019. The high rates of HIV prevalence among people who inject drugs is a predictable outcome of the lack of adequate harm reduction services and comprehensive and confidential HIV prevention and treatment services, limited access to existing services due to widespread stigma, and increased injecting drug use (most notably heroin). Furthermore, the MENA region has the highest prevalence of hepatitis C infection globally, with around 20% of the people living with hepatitis C infections residing in the MENA region. In addition, in 2020, it was estimated that there are more than 200,000 people who inject drugs living with chronic hepatitis C.

Other challenges that people who use drugs / people who inject drugs face are linked to the shortage or limited coverage of comprehensive harm reduction services such as needle and syringe programs (NSPs), as well as evidence-based drug treatment and prevention from overdose risk, among others. Some countries in MENA are witnessing an increase in private drug treatment and rehabilitation centers using methods that are not evidence based. This would perpetuate unsafe and higher risk use of drugs in the region. Overdose response is barely familiar in MENA countries and is limited to Lebanon and Morocco. Furthermore, drug consumption rooms (DCRs) are not available in MENA countries. Availability of DCRs would reduce overdose-induced mortality, increase the access to addiction treatment programs reduce syringe sharing and syringe reuse and provide education on safer injection practices. The COVID-19 pandemic severely affected the quality provision of health services. It also magnified the existing barriers that people who use drugs face in accessing harm reduction services.
Women who use drugs are still overlooked despite the complex harms, stigmatization and structural violence they face. Furthermore, people who use drugs face socioeconomic marginalization resulting in higher rates of poverty, unemployment and homelessness, as well as a lack of access to vital resources. This factor, compiled with the current global recession, the drastic impact of COVID-19, increase the financial instability of people who use drugs, their risky behaviors, and affect their wellbeing and enjoyment of their basic rights.

The ongoing humanitarian emergencies in the region—associated with large-scale movements of people— is another massive challenge for public health systems in general and HIV programmes in particular that increase the vulnerability of people who use drugs / people who inject drugs. Another consideration to look at are people who use drugs in prisons. People in prison settings are one of the most vulnerable groups facing barriers to treatment due to discrimination and stigma, and interruption of treatment. Any lack of commitment and consideration of strong processes and measures to reduce harm in prisons will constitute a violation of the human rights of prisoners across MENA, aggravated by COVID-19 will increase suffering and mortality.

Ultimately, the region is still witnessing a lack of political commitment towards harm reduction policies and programs where the majority of countries in MENA do not admit that drug use and people who use drugs are drivers of the HIV epidemic in the population. This also affects the allocation of domestic funds for harm reduction services in any setting and support provided for community led organizations and networks. Furthermore, almost all countries in MENA reported decreases in funding for harm reduction programmes from international donors, mainly the Global Fund and the Drosos Foundation. This constitutes a major challenge for people who use drugs to enjoy their basic health rights accessing and receiving tailored and adequate services.

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(7) Further information on harm reduction can be found in the following link: https://www.hri.global/what-is-harm-reduction
VISION & MISSION

THE CURRENT VISION
Our aim to reach a society where people who use drugs are treated with the same respect and rights as any other citizens.

THE PROPOSED VISION
A Just society in the Middle East and North Africa region, guaranteeing the human rights of people who use drugs including their health right.

MISSION
MENANPUD is a regional, community-led network which works to unify and amplify the voices of people who use drugs (or have used drugs) in order to promote their health and wellbeing, defend their rights, reduce stigma, discrimination and criminalization, and promote harm reduction services.

How MENANPUD will conduct its mission: MENANPUD will assure its mission through communication, networking & collaboration, advocacy and decision-making, empowering community members of PWUD, reintegrating them in society and strengthening peer led support services.

PRINCIPLES
• We are people from all social backgrounds, age and religion unified to raise the voice of the unheard, the People who Use Drugs (PWUD) in order to defend the rights, to be our own spokesmen and be involved in decisions that affect our own body and lives.
• We are people from the MENA region who use (or have used drugs), and have been marginalized, discriminated against, put in jail, demonized and stereotyped as dangerous and disposable by our societies, medical system and governments.
• We are neither promoting drug use, nor forbidding people from using drugs.
• We are here to help our peers to reduce the harm caused by drug use to their health, enabling self-representations of people who use drugs and collaborating with other organizations to achieve our goals.
• We believe in the principles of the Universal Declaration of Human Rights, the Vancouver Declaration elaborated in 2006 by drug user activists and the Manifesto, “Nothing About Us, Without Us”.

MENANPUD Strategic Plan 9
In line with the MENANPUD’s above vision and mission, and based on the SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis highlighting the strategic issues that the network needs to tackle, the following four strategic orientations were identified with the stakeholders.

**STRATEGIC ORIENTATION ONE: STRENGTHENING MENANPUD’S NETWORK, GOVERNANCE & INSTITUTIONAL CAPACITIES**

### 1.1 Secure national and regional representations of people who use drugs

- Reach out for new members, and increase the numbers while respecting gender representation.
- Ensure the geographic coverage nationally and in other countries in the MENA region, and set appropriate expansion plan to be implemented in coordination with various partners.
- Establish an effective coordination and communication system on national levels to voice the concerns of the community and address them both nationally and regionally.

**Expected results**

- MENANPUD has wider representation and solid base in MENA. At least 3 new members are affiliated in the current 5 countries and new groups are formed in 3 other MENA countries respecting gender participation and representation
- The concerns of the community on national level are well identified and addressed through the work of the network

### 1.2 Enhance institutional and organizational functioning of MENANPUD

#### 1.2.1 Ensure solvency and financial independency:

- Continue the process of the official registration.
- Develop an MOU with MENAHRA including a transition plan, leading up to MENANPUD autonomy.
- Develop a resource mobilization plan for sustainability purposes (for both core funding and programs).

**Expected results:**

- MENANPUD is registered, autonomous and governs itself (transition plan with MENAHRA implemented)
- MENANPUD is financially sustainable without being dependent on one donor with various sources of funding
- Fundamental skills for network management, financial & project management are acquired at secretariat level

#### 1.2.2 Strengthen MENANPUD governance

- Decide on the network model. Ideally, the best is to have national networks under the regional network. In the case of people who use drugs, there is a need to think of the legal infrastructures and various obstacles for building national networks, and the way to ensure equal representation of the community members of people who use drugs in each country regardless of the number of members. Make sure that no one is left behind. MENANPUD to rely on INPUD’s support, being an independent community led network who can provide guidance in this perspective, as well as other regional networks such as Eurasian Network of People who Use Drugs (EUNPUD), European Network of People who Use Drugs (EuroNPUD) and others for best practices and examples.
- Establish a transparent communication and coordination mechanism between board members, operational / secretariat and groups/networks on national level to act in solidarity. To stay connected and up-to-date on the needs of the community for prioritization of interventions and voicing the concerns.
- Ensure effective and efficient role of the board members by ensuring training on their roles, implication and involvement in representation, resource mobilization and regional advocacy activities.
- Enhance the capacity of the board in building alliances (training, attend regional/international meetings...).
Expected results:
• MENANPUD has a well-defined structure
• The concerns of the community on national level are well identified and addressed through the work of the network
• The board is effective and is applying the principles of good governance
• An effective and transparent communication mechanism among the board members is established ensuring a consultative process of decision-making

1.2.3 Establish and reinforce the secretariat of MENANPUD and its human resources
• Develop the organizational structure/ hierarchy to answer the strategic directions, apply the directions of the board and implement activities.
• Set in place a human resource management plan (to be identified within the MOU with MENAHRA).
• Develop needed institutional and financial policies and procedures and ensure the appropriation of these policies by the team.

Expected results
• MENANPUD’s secretariat is well established and armed with strong team and adequate internal policies and procedures (starting with one administrative, then team to grow and include financial officer, M&E officer “...”) supported by MENAHRA throughout the whole process

STRATEGIC ORIENTATION TWO: SCALING UP QUALITY RESPONSIVE AND COMPREHENSIVE SERVICES THROUGH EMPOWERING COMMUNITY MEMBERS OF PEOPLE WHO USE DRUGS AND ENHANCING THEIR PARTICIPATION AND LEADERSHIP

This orientation is focused at first on empowering local people who use drugs to engage with existing opportunities offered by existing local partners, such as CSOs, UN agencies, INGOs, until an opportunity arises, where community members can lead on programs for scaling up quality responsive and comprehensive services.

2.1 Ensure better quality and greater range of effective HIV/Sexually transmitted diseases (STDs) and harm reduction services reaching those at greater risk through establishing and fostering peer led services
• Empower community members of people who use drugs to lead on peer services for prevention, outreach / harm reduction and HIV /STDs services / drop in centers.
• Conduct continuous training and mentoring on prevention packages, harm reduction, community testing and counseling messages and accessing referral services.
• Conduct training for organizers/ members on peer-to-peer naloxone, training on overdose, Needle syringe program, safe injecting and stimulus...
• Endow country members with quality resources, to ensure transfer of knowledge to other community members of people who use drugs and to provide peer services.
• Connecting with key stakeholders on national level to collaborate in delivering services.

2.2 Provide people who use drugs with needed skills and strengthen their capacities and mentoring them to collaborate and lead on change that concerns them
• Ensure community development on national level: Institutionalize support for people who use drugs and empower them to lead their response (shifting from people who inject drugs as recipients of services to the self-determination of communities of people who inject drugs).
• Provide continuous training and information sharing with members and strengthen their skills in various fields (soft skills, managerial, technical and programmatic skills. Leadership & management, resource mobilization, proposal writing, documentation & reporting, effective communication & negotiation skills, advocacy, networking and partnership development...).
• Strengthening leadership skills of MENANPUD members and reinforcing their meaningful involvement in the national and regional response & influencing decision-making processes and policies development.
**Expected results:**
- People who use drugs are supported to address the structural constraints to health, human rights and well-being that they face
- People who use drugs access to services is improved, including reduction of the risk of acquiring HIV/STDs and hepatitis B/C
- The response, knowledge, awareness and adherence of people who use drugs increased
- Group members are provided with adequate treatment care & support, ensuring their connectedness and inclusion
- Group/network of people who inject/use drugs are respected as partners by officials and service-providers in health, law enforcement and social services for people who use drugs
- Capacities of organizers and members to be advocators and to run and organize groups/networks professionally (technical and programming skills) are strengthened
- Members are provided with adequate tools and resources

**STRATEGIC ORIENTATIONS THREE: ENSURING HEALTHY LIVES AND PROMOTING HUMAN RIGHTS AND WELL-BEING OF PEOPLE WHO USE DRUGS THROUGH ADVOCACY AND COORDINATED CAMPAIGNS**

3.1 **Conduct targeted advocacy and awareness campaigns**

MENANPUD to develop an advocacy strategy in collaboration with various strong partners, and coordinate campaigns on special days such as world AIDS day, world TB day, world hepatitis day, world mental health day, support don’t punish campaign and say yes to know.

3.1.1 **Enhance political commitment towards human and health rights of people who use drugs**

Advocate for:
- Policies and enhanced political commitment in MENA countries towards people who use drugs human and health rights including in humanitarian settings and prisons.
- Provision and scaling up of treatment and harm reduction, HIV/STDs and viral hepatitis services (including but not limited to Antiretroviral Therapy (ART), viral hepatitis, NSP, OST, overdose prevention and management with naloxone...).
- Allocation of adequate human and financial resources for provision of quality comprehensive services.

3.1.2 **Advocate for quality comprehensive services for people who use drugs**

- Promote effective prevention, treatment, care and support for people who use drugs who are living with and affected by HIV/STDs, hepatitis, TB and other relevant health issues.
- Advocate for evidence-informed, quality comprehensive approach of services based on human right principles.
- Advocate for gender-responsive harm reduction services.
- Advocate for equal access to drug prevention, care and treatment, OST, ART and viral hepatitis, TB, mental health, and information and education.

3.1.3 **Join forces for laws change and supportive policies**

- Advocate for intermediate reforms to drug laws and policy change in order to reduce the criminalization and stigmatization of people who use drugs (i.e. removing criminal sanctions for drug use and drug possession for personal consumption, abolition of the death penalty...).
- Sensitize policy-makers, police and the judiciary on the importance of harm reduction for people who use drugs and promote the adoption of supportive policies and practices.

3.1.4 **Reduce violence, stigma and discrimination towards people who use drugs to ensure their enjoyment of basic rights**

- Sensitize and mobilize public opinion and increase awareness on the rights of people who use drugs aiming at reducing violence and stigma and discrimination.
- Engage with traditional/faith-based agents, media leaders, and parliamentarians and raise their awareness on human rights norms and the impact of discrimination in increasing vulnerability of people who use drugs.
- Document and react to any human right violations of people who use drugs.
3.2 Influence change through regional and global representation

- Be the legitimate voice of people who use drugs in MENA. Observe national, regional and international/global opportunities for visibility of MENANPUD and ensure effective participation in platforms to influence regional and global policies serving the rights of people who use drugs in MENA. (Advocacy grounded in evidence, lived experience, and the protection of human rights and based on grassroots needs).
- Unify and amplify the voices of the community and formulate common statements for the MENA region, highlighting key priorities and issues.
- Enhance the visibility of MENANPUD. Develop/implement the communication plan and efficiently work on social media tools. “Creating a voice for people who use drugs”. Launch the website, increase traffic on Facebook page, Twitter and Instagram, develop newsletters, blogs, and feed in the social media with relevant stories related to people who use drugs in MENA region, successful stories, human rights violations, harmful attitudes...
- Develop, translate and/or disseminate advocacy Information, Education and Communication (IEC) materials and tools.
- Elevating the Harm Reduction across the region while being the voice of people who use drugs within the region.

Expected results:
- Knowledge and access to quality comprehensive services of harm reduction and HIV/STDs in various settings are enhanced
- Violence, stigma and discrimination towards people who use drugs decreased in various settings
- Positive change in laws and policies is witnessed. Punitive environments and processes are replaced by ones that are supportive and inclusive for people who inject/use drugs
- Increased political commitments towards people who use drugs showed in services and allocation of funds
- The concerns of the community on national level are well identified and addressed through the work of the network
- Groups/network of people who use drugs are well positioned on national and regional levels, reaching out for new members and increasing awareness on the human rights of the community and their health right

STRATEGIC ORIENTATION FOUR: BUILDING ALLIANCES, NETWORKING EXCHANGE OF KNOWLEDGE & EXPERIENCES TO INFLUENCE CHANGE

Building alliances and strong partnerships will result in meaningful involvement of people who use drugs in decision-making, in changing the perception towards them and in influencing changes affecting their well-being.

4.1 Building alliances and promoting leadership of people who use drugs on national and regional levels

- Reach out for allies and partners (UN agencies, international organizations, strong CSOs, regional networks and other cross-borders networks working with key populations) and build strong relationships with them to collaborate on areas of advocacy, campaigning and programming. (Map stakeholders and establish contact with them with defined objectives for joint collaboration).
- Advocating for the inclusion of members in CCMs, in national committees on harm reduction and other initiatives related to the HIV/STDs and harm reduction, especially the development and implementation of the national strategic plan. (Community based monitoring).
- Advocating and working on social inclusion and financial empowerment of people who use drugs by developing social protection schemes
- Building bridges and opening dialogues with decision and policy-makers, health providers, the press & media, religious leaders and human rights organizations.
- Build stronger networking and cross-movement to work on effective interventions to address health intersection issues (HIV, TB & viral hepatitis).
4.2 Improve the availability and use of quality strategic information to inform evidence-based response and transfer learning & knowledge

- Share learning and experiences among countries across the region, providing opportunities, technical assistance, and strengthening the knowhow of group members through exchange visits and missions.
- Collaborate with other people who use drugs groups at global and cross regional levels for sharing experience, joint advocacy and strengthened leadership for the region.
- Develop, adopt and/or adapt guidelines modules and tools developed for people who use drugs to increase the capacities of people who use drugs and their knowledge (advocacy, services, treatment, antiretroviral educational materials for the drug-user community, defend their rights...).
- Document best practices.
- Initiate community led research and data collections and mapping, on harm reduction in general and on the rights of people who use drugs and react to any human right violations regarding people who use drugs.
- Conduct mapping on needs & priorities of people who use drugs (treatment, shelters, job opportunities...).
- Advocate for data, evidence such as bio-behavioral studies and surveillance systems.

**Expected results:**
- MENANPUD is visible on national, regional and global levels and positioned itself as a strategic partner in MENA.
- Partnerships with various stakeholders are strongly established for collaboration purposes in areas of advocacy, campaigning and programmatic.
- Members of MENANPUD are meaningfully involved in national committee and in decision and policy making processes, and capable of voicing their concerns and influence necessary changes.
- Needs and concerns of people who use drugs in MENA region are well identified and addressed through advocacy schemes.
- Resources for people who use drugs are available and adapted to regional context.
- MENANPUD has needed IEC materials.
# APPENDIX 1: LIST OF KEY INFORMANTS

<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>NAME</th>
<th>TITLE</th>
</tr>
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<tbody>
<tr>
<td>Al Sadiq Al Tayeb Association, Palestine</td>
<td>Majed Alloush</td>
<td>General Director</td>
</tr>
<tr>
<td>European Network of People who Use Drugs (EuroNPUD)</td>
<td>Mat Southwell</td>
<td>Project Executive</td>
</tr>
<tr>
<td>Frontline AIDS</td>
<td>Ancella Voets</td>
<td>Harm Reduction Technical Lead - Frontline AIDS</td>
</tr>
<tr>
<td>International Drug Policy Consortium (IDPC)</td>
<td>Jamie Bridge</td>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td>International Network of People who Use Drugs (INPUD)</td>
<td>Judy Chang</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Middle East and North Africa Harm Reduction Association (MENAHRA)</td>
<td>Elie Aaraj</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Middle East and North Africa Harm Reduction Association (MENAHRA)</td>
<td>Perla Hani</td>
<td>Financial Manager</td>
</tr>
<tr>
<td>Middle East and North Africa Harm Reduction Association (MENAHRA)</td>
<td>Hassan Fakif</td>
<td>Communications Officer</td>
</tr>
<tr>
<td>MENANPUD, Afghanistan</td>
<td>Abdur Raheem Rejaey</td>
<td>Member</td>
</tr>
<tr>
<td>MENANPUD, Bahrain</td>
<td>Hassan Turaif</td>
<td>Coordinator</td>
</tr>
<tr>
<td>MENANPUD, Egypt</td>
<td>Hamdy Hassan</td>
<td>Member</td>
</tr>
<tr>
<td>MENANPUD, Morocco</td>
<td>Mohamed Bentaouite</td>
<td>Member</td>
</tr>
<tr>
<td>MENANPUD, Pakistan</td>
<td>Zeeshan Ayyaz Shami</td>
<td>Member</td>
</tr>
<tr>
<td>The UNAIDS Regional Support Team for the Middle East and North Africa (UNAIDS RST MENA)</td>
<td>Simone Salem</td>
<td>Regional Community Support Advisor</td>
</tr>
<tr>
<td>United Nations Office on Drugs and Crime Regional Office for the Middle East and North Africa (UNODC)</td>
<td>Tariq Sonnan</td>
<td>Regional Adviser, HIV/AIDS Prevention and Care</td>
</tr>
<tr>
<td>WHO Regional Office for the Eastern Mediterranean (WHO EMRO)</td>
<td>Joumana Hermez</td>
<td>Regional Advisor HIV, Hepatitis and STIs</td>
</tr>
</tbody>
</table>
APPENDIX 2: SWOT ANALYSIS

STRENGTHS

- Members are willing to work. They are the basis of building an independent network
- Many trainings were provided to the members in various fields. Need follow up
- Hosted by MENAHRA who is providing organizational and technical support. INPUD as well
- Network in the process of being registered
- Unique community network of PWUD in MENA. Their role is important in the response.
- Members are entry point to high-risk groups for both HIV and viral hepatitis. They are key points for partners who wish to work on these issues
- The rise of high-risk group to HIV came thanks to the HIV response, which gave them more empowerment, more involvement and more visibility of their issues

WEEKNESSES

- Lack of institutional and financial strategic planning and coordination
- Current dependence on MENAHRA (finance, administration)
- The network is unregistered, and funding is minimal
- Lack of human resources
- Low membership numbers, and geographical spread
- The network does not have a clear and tangible effect
- Capacity of the members needs strengthening
- The structure model is unclear (network, groups national levels, president, coordinator)
- Unclear Membership / Role of Members / Number of Members / Gender Representation
- Little geographic coverage
- The network does not have a strong base at the national level, which affects the quality of regional representation, influence and leadership role
- Lack of communication with stakeholders
- MENANPUD does not showcase their impact
- Lack of visibility
OPPORTUNITIES

- Universal Health Coverage
- Global AIDS strategy
- Sustainable Development Goals
- Global Action Plan for Health and Well-Being for All
- Interlinkage with TB, hepatitis B/C and tackling other KPs
- Presence of partners and stakeholders as allies: MENAHRA, INPUD, EURONPUD SANPUD, IDPC, UNODC, WHO, UNAIDS.
- Presence of advocators supporting the community
- Availability of regional and global forums and mechanism to welcome MENANPUD and increase its visibility on regional and global levels
- The Dutch funding shifted across different regions to South Africa and to Egypt and Morocco. MENANPUD to link with South African network of PWUD.
- Potential new grant for the GF (look for linking up with short terms technical assistance in the countries focusing on harm reduction)
- Support provided by INPUD (technical assistance under research programing and DU mobilizing)
- Possibility to apply to the Robert Carr Fund in 2021. MENANPUD should aim to be listed as a full Consortium partners on one or more of the new proposals for 2022-2024 (following successful experiences of European and South African networks of PWUD)
- Make use of technology to reach out to more people

THREATS

- MENA is not on the global agenda for donors
- Funding challenges and sustainability of funds
- Shrinking civil society space
- Drug use and PWUD are not yet recognized as a driver or as key players in their community at national and regional levels.
- Lack of political commitment towards community networks
- Lack of political will to fund and provide services for PWUD, with more strain on resources due to COVID-19.
- Impact of COVID-19 on service provision and increase harmful patterns among PWUD
- Leadership is an issue on national level
- Major issues facing PWUD:
  - Repressive and punitive laws, (criminalization corporal punishment, death penalty, coercive drug treatment factors that discourage PWUD from seeking health care services, affect their wellbeing and inhibit them from speaking out)
  - Violence, Social stigma and discrimination affects the representation of the community in various settings
  - Socioeconomic marginalization of PWUD
  - Rights of PWUD/KP are not respected
  - Lack of drug treatment services.
  - Insufficient coverage of harm reduction services
  - Lack of holistic interventions. Services need be implemented through the lances of human rights, and interventions to guarantee stable life and wellbeing of PWUD
  - Co-morbidity with mental illness
  - Intersection with other health issues HIV & HCV and lack of adequate services
  - Lack of evidence to determine size of key populations. Lack of data, surveillance systems and bio-behavioral studies on PWUD
  - Overdose risk, and lack of prevention programs
  - Lack of holistic services in prisons and humanitarian settings
  - Lack of shelters for PWUD
  - Instability in the region: poverty, displacement, security
APPENDIX 3: ADDITIONAL NOTES ON MENANPUD STRUCTURE

A) CREATING NATIONAL NETWORKS
Ideally, the concept of regional network is to have national networks of people on national level.
Creating national networks at this stage is not the best use of resources and is difficult, due to various constraints and obstacles, related to legal infrastructure and social stigma and discrimination. It is hard to get people who use drugs in the region to join and to be open about their drug use, and claim to be in a network.

B) ESTABLISHING GROUPS
Creating groups also faces many problems due to non-compatibility among the members themselves and leadership issues. The idea of having focal points rather than national networks runs the risk of staying individual representatives.

C) APPLYING CHAPTER MODEL TO ENSURE THE BALANCE AND EQUAL REPRESENTATIONS OF COUNTRIES AND NO ONE FEELS LEFT OUT.
MENANPUD to explore having national chapters (experience of Students for Sensible Drug Policy (SSDP)), bring people who use drugs together, without pressure of having to create a national network. Each chapter will be linked to MENANPUD. Create a google group for each country and anyone is allowed to join that group.
A transition model can identify leader characteristic to lead on national interventions. At the end of the plan, an evaluation can be conducted for the best model.

RECOMMENDATIONS:
• Make sure that each country has an equal input. (Afghanistan has a network, Morocco has few members and Egypt has only one member),
• Avoid being heavily reliant on one strong network when it comes to identification of needs and concerns (i.e. Afghanistan)
REFERENCES


