



MENA HRA

STRATEGIC PLAN

2022-2027

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LIST OF ACRONYMS

CSO	Civil Society Organization
DCRs	Drug Consumption Rooms
HIV	Human Immunodeficiency Virus
KH	Knowledge Hub
KP	Key Population
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex
MENA	Middle East and North Africa
MENAHRA	Middle East and North Africa Harm Reduction Association
NSP	Needle and Syringe Programs
NS	Network Secretariat
NGO	Non-Governmental Organization
OAT	Opioid Agonist Treatment
PLHIV	People Living with HIV
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
UNODC	United Nations Office on Drugs and Crimes
WHO	World Health Organization

FOREWORD

Dear colleagues, partners, and donors, it is with great pleasure that I present to you the Middle East and North Africa Harm Reduction Association's (MENAHR) Strategic Plan 2022-2027. This is the second strategic plan that MENAHR develops, the first having covered a period of five years from 2014 to 2019. The development of this strategic plan was delayed and faced with challenges. It coincided with a time in which we were presented with several obstacles, whether linked to funding or the COVID-19 pandemic, or other ongoing conflicts and difficulties that the MENA region is constantly facing. However, this delay allowed us to conduct a thorough review of the previous strategic plan, and take into consideration emerging issues within the region, the changing funding and economic environment worldwide, and ensure alignment with the SDGs. It also allowed us to approach the development of this strategy in a participatory manner, taking into account the expert opinions of our partners, whether on a national, regional, or international level. I seize this opportunity to thank our enthusiastic consultants Ms. Patricia Haddad and Ms. Sandra Hajal for their commitment and the astonishing work they have done. I extend my gratitude to our donor [Robert Carr Fund (RCF)] for their follow up and support.

Last but not least, I would like to thank the MENAHR team for the effort and support that they provided in order to achieve this. MENAHR is proud to have been one of the key players in the region promoting and advocating for harm reduction. This evolution would not have been possible without the countless partnerships and tireless efforts of the entire harm reduction community in this region. However, despite all these efforts, people who use drugs are still criminalized and discriminated against in the region, limiting their access to life-saving services. We look forward to building a more conducive environment to ensure a better quality of life for key populations and people who use drugs in MENA. This strategic plan is our roadmap for the upcoming 5 years and we are hopeful that we will be able to meet and accomplish all of our ambitions that we have set forth to scale up the harm reduction response and to raise MENAHR's profile within the region.

Sincerely,

Elie Aaraj

Executive Director
MENAHR

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SITUATION ANALYSIS



GLOBAL OVERVIEW OF SUBSTANCE USE AND HARM REDUCTION SERVICES

In 2021, the United Nations Office on Drugs and Crimes (UNODC) reported that there is an estimated 275 million People Who Use Drugs (PWUD) worldwide, representing a 22 percent increase since 2010. Cannabis was the most used substance, with an estimated 192 million users. However, the majority of drug-use-disorders-related deaths were attributed to opioids (1). In 2020, harm reduction services were available in 86 countries in terms of needle and syringe programs (NSPs), and 84 countries in terms of Opioid Agonist Treatment (OAT). There is a gap in the availability of such services between regions. Harm reduction services are available in most countries in North America, Western Europe, and Eurasia, and lacking in most countries in other regions such as Asia, the Middle East and North Africa (MENA), the Caribbean, Latin America, and Sub-Saharan Africa. Even where available, major gaps existed within countries. Rural communities for example are usually underserved, as well as vulnerable subgroups (women, LGBTQI+, homeless people, people of color, etc.) (2).

THE MENA REGION

The MENA region has long suffered from human rights violations, political authoritarianism, and low-performing socio-economic systems. Since the early 2010s, many countries in the region including Bahrain, Egypt, Lebanon, Libya, Syria, and Tunisia, among others have witnessed several violent conflicts and political unrest, which have led to an increased number of refugees within the region, making it unstable. This has affected the economic situation in the region which has been deteriorating for almost a decade as part of the deterioration of intra- and inter-regional trade, transit, foreign investment, and tourism. Unemployment, especially among the younger population and among women, has been increasing (3). These political instabilities, insecurities, and pressures are creating several health challenges in the region, especially mental health and substance use problems (4).

The MENA region as defined by MENAHRA covers 20 countries and differs in coverage from organizations such as UNODC and UNAIDS. The countries included under MENAHRA are: Afghanistan, Algeria, Bahrain, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Syria, Tunisia, United Arab Emirates, and Yemen. According to a global reviews and size estimations reported on in the 2021 Situation Assessment conducted by MENAHRA, estimates of the number of People Who Inject Drugs (PWID) range from 592,045 (428,479-1,207,853) to 1,017,593 (777,544-1,347,853) (5). Similar to global trends, cannabis was the most reported used substance, estimated at 3.38%. The use of opioids is estimated at 2.65%, and the use of opiates at 1.67%. The use of cocaine is estimated at 0.05%, amphetamines (Captagon) at 0.17%, and ecstasy at 0.67% (1). Illicit use of tramadol in Egypt and other countries has reached a dangerous limit (6). In addition, a number of these illicit drugs are produced within countries of the region, such as opiates in Afghanistan, cannabis in Morocco and Lebanon, and Captagon in Lebanon and Syria (5).

Relatively fewer women use drugs in the MENA region than men, however, they often have lower access to services or may be reluctant to seek support (7). Globally, drug use among women has been increasing, and while enough data is not available in the MENA region, it has been projected that drug use among women is increasing similarly to global trends (8). In Lebanon, in 2013, 3.5% of arrests related to drug use were women. Women who use drugs face challenges such as violence, sexual and reproductive health problems, harassment, unsafe abortions, unplanned pregnancies, intersectional stigma and discrimination, and legal issues. Moreover, 4.5% of arrested women sex workers in Lebanon in 2013 reported drug use to the authorities (7).

Furthermore, drug use is an issue of concern among refugees, making them a key population in the substance use and harm reduction situation in the MENA region (8-10). The conditions of refugees inside camps increase their risk of drug use (10), and heroin is the most commonly used drug (8). This situation is due to the limited safety and governance, which facilitates the targeting of youth by drug dealers. Palestinian refugees in Lebanon, Syria, Jordan, Gaza, and the West Bank experience increased drug-related threats to health (10).

Moreover, different studies have found that 98.5% of prisoners in Iran, 58% in Sudan, 68% in Syria, 30.2% in Lebanon, and 61 to 83% in Oman were imprisoned for drug-related offenses. Injecting drugs within prisons was reported by 17.4% of the prison population in Afghanistan, 23.2% in Egypt, 6.6 to 85% in Iran, 19.8% in Morocco, 5 to 11% in Oman, 11% in Syria, 2.2% in Sudan, and 0.2% in Lebanon. Prisons can also be the place where someone initiates drug injection. In Iran, 21.3% of persons in prison reported starting drug use in prison (11).

One important challenge in the assessment of substance use in the MENA region is the challenging research environment, especially for key population groups. Due to the criminalization of a number of behaviors related to key populations in the region, the availability and surveillance of mental health and substance use disorders is limited and is not systematically reported in many countries (4).

LEGAL CONTEXT IN THE MENA RELATED TO SUBSTANCE USE & HARM REDUCTION

The possession of illicit drugs is punishable by prison with a monetary fine in all Arab countries (12). Fourteen countries in the MENA region have laws that allow death sentences for offenses related to drugs (13). In several countries of the region, the laws are focused less on the consumption of illegal substances and more on their possession. In Kuwait for example, there is no law to sanction a PWUD that is not in possession of drugs. However, other MENA countries' laws do punish drug consumption even if one does not possess drugs. Laws in the region can authorize seeking treatment as an alternative to imprisonment or punishment, however, this remains an exception as most PWUD receive punishment instead. Moreover, a criminal lawsuit can be terminated by a request for rehabilitation and treatment. This is the case in Egypt and in Lebanon where the PWUD's status changes from offender to individual in need of healthcare. In some other countries, treatment can be allowed but for a determined period. The treatment should be voluntarily requested by the PWUD (12). The punitive nature of the legal context of substance use is a barrier to the application of harm reduction in the region (13). For example, Drug Consumption Rooms (DCRs) are illegal in most MENA countries (2). Table 1 below is extracted from the 2021 Assessment of Situation and Response of Drug Use and its Harms in the Middle East and North Africa, and details drug use legislation and mandatory treatment per country in the MENA region covered by MENAHRA (5):

Table 1. Drug use legislation and mandatory treatment per country

KEY	Law focus on possession for purpose of consumption and not on consumption		
	Law punishes consumption		
Countries	Punitive legislation against drug use	Mandatory treatment	Legislation protecting PWUD confidentiality
Afghanistan	Law allows possession of specified amount of drugs*		
Algeria	Law differentiates between possession and consumption. Punishable by imprisonment between 2 months-2 years and a fine.	Law states prevention and treatment before penal measures making treatment basis of legal response to drug use. Sanctions are not enforced if and until treatment, which may include detoxification and rehabilitation, is refused.	
Bahrain	Law does not sanction personal consumption but possession, procurement, or purchase of drugs for personal use is punishable with imprisonment of at least 6 months and a fine	Court may order admittance to hospital for treatment in addition to sanctions for possession. Completing treatment does not exempt offenders from their sentence and they are sent to prison after release from treatment	
Egypt	Law against possession, procurement, or purchase of drug, and cultivation of plants from which drugs can be extracted punishable by imprisonment between 3 to 15 years and a fine. Law does not include punishing PWUD if in possession of any quantity	Law states alternative of commitment to treatment instead of imprisonment and a fine. If treatment is not successful, remaining sentence time is served in custody	Law specifies confidentiality of data to workers in drug treatment centers. Any disclosure is punishable
Iran	Drug possession for personal use and consumption classified as non-criminal offenses*		
Iraq	Law does not sanction consumption but possession is punishable with imprisonment up to 15 years, or 3 years and a fine	Court may impose mandatory treatment up to 6 months in a health center assigned by the ministry as an alternative to custody if drug dependence caused by a medical condition. If drug use is not a result of a medical condition, admission into treatment can be ordered but criminal sanctions will also be imposed	

Jordan	Law punishes consumption, possession, or procurement for consumption, in addition to planting or purchasing any plant that produces drugs with imprisonment of 1-2 years and a fine	Law requires PWUD to voluntarily inform official authorities of a request for treatment before being caught by illegal activity	Drug law specifies confidentiality of identity and information related to PWUD in treatment
Kuwait	Law against possession, procurement, or purchase for personal consumption with imprisonment up to 10 years and a fine. No sanctions on PWUD who are not in possession of substances		Drug law specifies professional confidentiality for people in addiction treatment
Lebanon	Law punishes possession, procurement, or purchase of drugs for consumption with imprisonment between 3 months and 3 years and a fine Punishment with same sanction for people that do not abide by court-imposed treatment procedures.	Offender may ask for referral to the Drug Addiction Committee for follow-up and referral to treatment in lieu of penal measures** (update)	
Libya	Law differentiates between possession and consumption. Both punished by imprisonment up to 2 years and a fine	Court may order admission to treatment centers instead of criminal sanctions. Mandated treatment period is 6 months to one year	
Morocco	Law punishes drug consumption with imprisonment between 2 months and 1 year with a fine. In some cases of drug consumption, only a fine is imposed	Court may order treatment instead of sanctions. Treatment period not specified but follows doctor recommendations	
Oman	Law allows possession of specified amount of drugs*	Treatment period not specified	Drug law protects confidentiality of people in dependence treatment centers
Pakistan	Drug use or possession for personal use is not an offense*		
Palestine			
Qatar	Law differentiates between possession and consumption. Consumption punished with imprisonment of 1-3 years and a fine Judge may avoid imprisonment under law and impose minimum fine for consumption.	Court may order admission to treatment centers instead of criminal sanctions. Mandated treatment period is 3 months to one year	
Saudi Arabia	Law against drug possession for personal consumption punishable by imprisonment of 6 months to 2 years		Anti-drug law specifies confidential treatment of identity and information related to convicted PWUD
Syria			
Tunisia	Law punishes consumption or possession of drugs with imprisonment between 1 and 5 years and a fine. Law also prohibits use of mitigating factors in sentencing	Court may order detoxification at a public hospital. If refused, offender can be forced by the court. Treatment period not specified by court – follows expert committee decision	
UAE	Law punishes consumption of drugs and sanctions vary according to drug type with imprisonment between 1-4 years and a fine. Criminalization of consumption of medical drugs without prescription	Voluntary request for treatment terminates criminal lawsuit, but mandated rehabilitation treatment is specified for a period of maximum of 3 years	
Yemen	Law punishes possession, purchase, procurement or purchase of drugs for personal consumption with imprisonment for 5 years	Voluntary request for treatment terminates criminal lawsuit. Period of stay at treatment center specified between 6 months and 2 years	

Source: Al-Shazly & Tinasti, 2016

HARMS ASSOCIATED WITH SUBSTANCE USE IN THE MENA

Substance use - particularly in a context of criminalization, stigma, and discrimination - is associated with an increased risk of HIV, Hepatitis B and C infection, as well as overdose deaths (1, 2, 14). The MENA region has one of the lowest HIV prevalence rates globally (<0.1%). However, it has a high number of HIV-related deaths (8,000 deaths in 2020) (2). In 2019, PWID constituted 43% of new HIV infections in the MENA (15). Among PWUD, the proportion of HIV goes as high as 3.8% in the Middle East and 6.7% in North Africa. Hepatitis B among PWUD was reported as 14.6% (1). On the other hand, the region has one of the highest Hepatitis C rates worldwide (20%) (2). Among PWUD, the mean proportion of Hepatitis C is approximately 49.3% (14). As for overdose, naloxone is only available in medical settings in most of the countries. Community distribution of naloxone is available only in Afghanistan and Iran. Criminalization of substance use often hinders accessibility to emergency services following an overdose because bystanders are usually afraid of legal repercussions (2).

HARM REDUCTION SERVICES IN THE MENA

In the MENA region, Civil Society Organization (CSOs) are actively advocating for the inclusion of harm reduction services in development and health policies, as well as the implementation of these policies in countries where they exist. In 2020, harm reduction and/or PWID were mentioned in national policy documents of 13 countries. Seven of these 13 countries have adopted harm reduction policies within their National AIDS Strategic Plans: Afghanistan, Egypt, Iran, Lebanon, Morocco, Oman, and Palestine (5). NSPs are available in 10 countries: Afghanistan, Algeria, Egypt, Jordan, Iran, Lebanon, Morocco, Palestine, Tunisia, and Pakistan; while OAT is available in 7 countries: Afghanistan, Iran, Kuwait, Lebanon, Morocco, Palestine, and UAE, as either Methadone Maintenance Treatment or Buprenorphine Maintenance Treatment (5). As previously mentioned, overdose prevention in terms of provision of naloxone through community distribution is available in Afghanistan and Iran (5). No country offers DCRs. Voluntary Counseling and Testing (VCT) is available in a number of countries at the civil society and community level, and includes HIV, HBV, HCV, and Syphilis testing for key populations. Condom programming is also available through outreach programs and civil society organizations in most countries. Hepatitis B vaccination for PWUD is available in Lebanon. ART is available in all countries of the region to anyone testing positive, however the number PWUD on ART is limited and the delivery of this service is facing many challenges (2).

However, even where harm reduction services are available, accessibility, coverage, funding, legal problems, discrimination, and stigma remain challenging. For example, the number of syringes offered is currently 27 per person per year which is below the WHO's recommended target of 300 per person per year, for eliminating Hepatitis C by 2030 (2, 16). Similarly to advocating for harm reduction policies, CSOs are leading the implementation of harm reduction programs in the region (2). Table 2 below is extracted from the 2021 Assessment of Situation and Response of Drug Use and its Harms in the Middle East and North Africa, and highlights the availability of harm reduction services per country in the MENA region covered by MENAHRA (5):

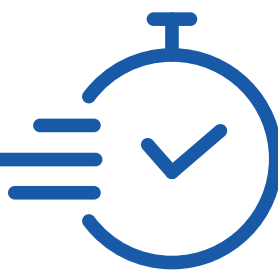
Table 2. Harm Reduction Response in MENA countries

	Mention of harm reduction/PWID in national policy documents	Availability of needle and syringe program	Needles and Syringes distributed per person who injected*	Availability of opioid agonist treatment	Coverage of OAT % (year)*	Availability of drug consumption rooms	Availability of naloxone through community/peer distribution
Afghanistan	HR policy adopted in NASP	YES	112	MMT	4.8 (2019)	NO	YES
Algeria	PWID noted as important KP in national plan	YES	-	NO	-	NO	NO
Bahrain	PWID noted as important KP in national plan	NO	-	NO	-	NO	NO
Egypt	HR policy adopted in NASP	YES	1	NO	-	NO	NO
Iran	HR policy adopted in NASP	YES	43	MMT & BMT	13.4 (2019)	NO	YES
Iraq	-	NO	-	NO	-	NO	NO
Jordan	PWID noted as important KP in national plan	YES	-	NO	-	NO	NO
Kuwait	-	NO	-	BMT (integrated treatment program)	-	NO	NO
Lebanon	HR policy adopted in NASP	YES	9	BMT	49.7 (2015)	NO	NO
Libya	PWID noted as important KP in national plan	NO	-	NO	-	NO	NO
Morocco	HR policy adopted in NASP	YES	109 (2018)	MMT	42.3 (2018)	NO	NO
Oman	HR policy adopted in NASP & PWID noted as important KP in national plan	NO	-	NO	-	NO	NO
Pakistan	PWID noted as important KP in national plan	YES	46 (2018)	NO~	-	NO	NO
Palestine	HR policy adopted in NASP	YES (limited)	-	MMT	-	NO	NO
Qatar	-	NO	-	NO	-	NO	NO
Saudi Arabia	-	NO	-	NO	-	NO	NO
Syria	PWID noted as important KP in national plan	NO	-	NO	-	NO	NO
Tunisia	PWID noted as important KP in national plan	YES	49	NO	-	NO	NO
UAE	-	NO	-	MMT & BMT(integrated treatment program)	-	NO	NO
Yemen	-	NO	-	NO	-	NO	NO

*Source: UNAIDS Info – data year most recent as of 2019 (aidsinfo.unaids.org)

~ Progress towards introducing OAT in 2020

MENAHRA: 2007 UNTIL NOW



MENAHRA was established in 2007 as a joint project for networking, capacity building, and developing programs on harm reduction in the MENA region. The association was later registered in Lebanon as an International Non-Governmental Organization in 2012 under the Presidential Decree number 7491.

MENAHRA is a regional network on harm reduction covering 20 countries⁽¹⁾ in the MENA region. It is composed of a Network Secretariat (NS) located in Beirut and a number of Knowledge Hubs (KHs) and CSOs. Recognizing the crucial role of the civil society in delivering health services to key populations at increased risk, MENAHRA aims at strengthening the role of the civil society in implementing harm reduction in the MENA region.

MENAHRA's first strategy was developed to cover the 5-year period extending between 2014 and 2019, and was formulated around four priority areas, with specific objectives under each area:

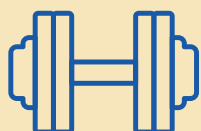
1. To strengthen the performance and sustainability of the MENAHRA Secretariat and Knowledge Hubs
2. To create a supportive environment for the implementation (and scaling up) of harm reduction activities in the MENA region
3. To strengthen knowledge and capacity through research, dissemination of information, and capacity building of harm reduction service organizations, in support of evidence-informed implementation of harm reduction programs
4. To provide technical and management support to civil society organizations for the successful delivery of high-quality harm reduction services for PWUD/PWID in the MENA region.

The formulation and implementation of the 2014-2019 strategy was the responsibility of the entities that made up the MENAHRA network at the time. These included the MENAHRA Board and members of its general assembly on the strategic level; the director of the MENAHRA network secretariat and the directors of the host institutions of 3 sub-regional knowledge hubs on the executive level; and the staff of the MENAHRA network secretariat, based in Lebanon, in addition to the staff of the 3 sub-regional knowledge hubs located in Iran, Lebanon, and Morocco on the operational and implementation level.

Overall, the majority of the actions in the 2014-2019 strategy have been implemented or initiated. Considerable work was conducted with regards to the 38 objectives in the strategy. During that period, MENAHRA received a 5 year grant from the Global Fund, as well as ongoing support from the Robert Carr Networks Fund through the Harm Reduction Consortium, both of which contributed greatly to the achievement of the activities. However, the implementation of the strategy was affected by multiple factors. Enabling factors and strengths of MENAHRA helped moving forward. Unfortunately, multiple obstacles and challenges hindered the implementation.

These include, but are not limited to, political instabilities in several countries of the region that affected national priorities and engagement of governments and organizations. In addition, the global shift away of HIV funding and the decreasing interest of donors left many organizations with minimal or low budgets for harm reduction. The criminalizing context and the recurrent change of decision makers in multiple countries have affected the continuation of a number of initiated and/or piloted harm reduction services. Further detailed information about these obstacles and challenges are available in Table 3 below which includes a SWOT analysis informed by the consultation meeting held with MENAHRA staff, key informant interviews and focus group discussions with partners and stakeholders.

(1) Afghanistan, Algeria, Bahrain, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Syria, Tunisia, United Arab Emirates, and Yemen



STRENGTHS

- Pioneer in the introduction of harm reduction approaches and interventions in the MENA region
- Strong connections to key stakeholders (donors, governmental, civil society, and PWUD) in different countries of the MENA region
- Targeted advocacy activities for different groups including religious leaders, media, parliamentarians, law enforcement, judiciary bodies, etc..
- Sustainable interventions including training of local trainers and creation of groups (Religious Leaders group, MENANPUD) to implement harm reduction activities and awareness
- Source of capacity building and technical support for different stakeholders
- Capacity to organize high level regional conferences and events
- Focus on gaps and needs of key populations using drugs through programs and research
- Advocates for rights of PWUD and establishes of MENANPUD
- High level of flexibility and adaptability in times of emergencies
- Availability of a 5 years strategy (2014-2019)
- Established track record with key donors (Global Fund, RCF, WHO, GIZ, MAC Aids Fund, etc...)



WEAKNESS

- Lack of connections and collaborations with certain countries
- Lack of evaluation of previous strategy (mid-term and final)
- Lack of technical human resources for program implementation
- Limited numbers of administrative human resources
- Minimal input from MENAHRA Board
- Lack of representation of PWUD in MENAHRA Board
- Micromanagement from Executive Director taking away from other crucial functions
- Weak team cohesion
- Delayed and weak dissemination of research findings
- Minimal visibility for activities and achievements
- Minimal ownership and use of research findings in program planning
- Lack of clear structure and functioning of the networking and membership aspect
- Decreased support of service delivery activities following decreased funding
- Limited engagement of new partners, civil society, and community members
- Diminished/non-existent role and engagement of the KHs
- Unclear communication pathways with the KHs and sub-recipients under the Global Fund grant, in addition to their minimal engagement in activity planning and budgeting
- Lack of impact evaluation to inform program planning and amendments
- Lack of sustainability plans



OPPORTUNITIES

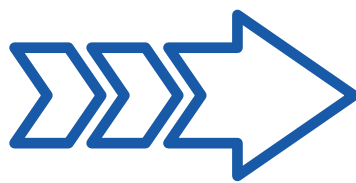
- MENAHRA viewed as a reference and leading harm reduction organization in the region
- MENAHRA is the link between the MENA region and the international community working on harm reduction.
- Partnerships with academic institutions for research purposes
- Flexibility and ability to adapt to external factors in program management and implementation
- Network connections allowing for participatory and collective work
- MENA H Coalition member (Coalition of Key Population networks working on the response of HIV in the MENA Region with a Human Rights Approach)
- Intersection of drug use with other areas such as mental health, communicable diseases, human rights, gender approaches, etc... can widen scope of work and the funding opportunities
- Upcoming funding opportunities (GF and RCF) in 2022
- Presence of regional and international partners collaborating with MENAHRA: HRI, IDPC, WHO, UNAIDS, UNODC, EHRA, etc...



THREATS

- Criminalization of drug use and KPs
- High level of stigma and discrimination against PWUD and other KPs
- Communication between MENAHRA and covered countries hindered by geographical distance, language barriers, and socio-cultural diversity
- Country readiness towards harm reduction hinders advocacy efforts: resistance of stakeholders towards the approach
- Held responsible for lack of progress or initiation of harm reduction approaches in some countries
- Presence of multiple competing regional networks related to HIV and KPs
- Decreased global funding on HIV and harm reduction affecting service provision in the MENA region.
- COVID pandemic affecting priorities among donors and decision makers
- Impact of COVID pandemic on service provision and expansion delaying progress of harm reduction issues.
- Shift in funding trends increasing donor driven programming
- Regional conflicts and instability affecting security situation and priorities in a number of MENA countries
- Recurrent change of decision makers in countries affecting progress towards continuation of initiated and/or pilot harm reduction programs that are not fully legalized yet

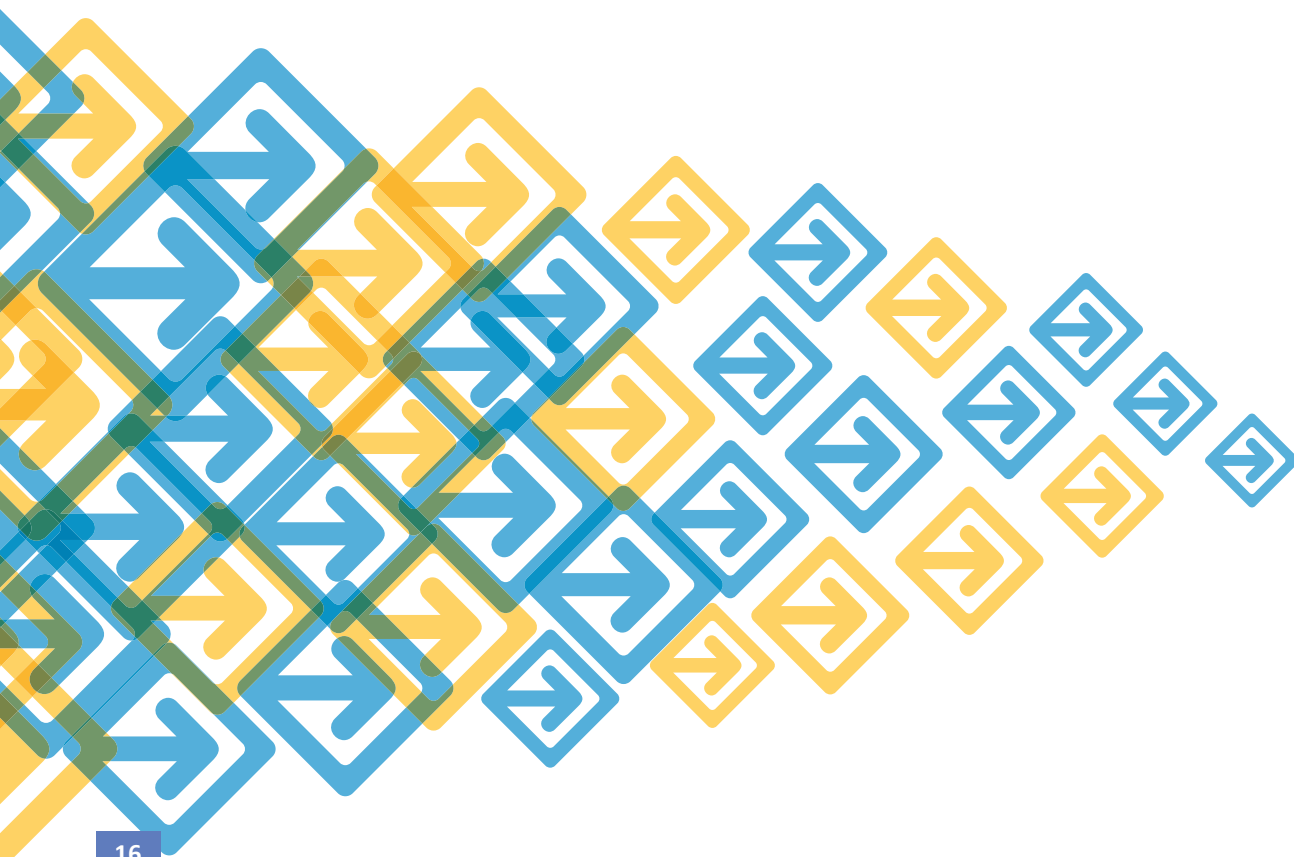
MENAHRA: 2022 ONWARDS



The development of this strategic document included multiple steps that ensured and maximized the participation of all relevant stakeholders and ended with a common consensus around the new proposed vision, mission, organogram, domains of action and strategic objectives. The process of development started with an extensive review of the literature and consultations with MENAHRA's staff and partners. The first draft was developed in line with the WHO health related Sustainable Development Goals and targets in the region and the Global AIDS Strategy 2021-2026 (17-18). The draft was sent for local and international expert review and was edited following the feedback received. The draft was also posted on MENAHRA's website for public review. Finally, a consensus meeting was held during the general assembly in January 2022 and the strategy was finalized following the additional feedback received.

Based on extensive and informative discussions with MENAHRA's stakeholders and review of the main challenges faced during the past seven years, a new structure for MENAHRA was proposed. The new structure re-positions MENAHRA first and foremost as a regional network of CSOs and supporting individual partners working in the field of harm reduction in 20 countries of the MENA region. The work of the previously existing KHs will be reintegrated in the secretariat's work and a new organizational chart (Figure 1) is proposed. The optimal functioning of MENAHRA is ensured once the organizational chart is filled with adequate and well-qualified staff.

Additional updates were made to MENAHRA's guiding principles, mission and vision to reflect the extensive work and years of experience in this field. The collaborative work of MENAHRA will be steered by the following guiding principles:



GUIDING PRINCIPLES



HUMAN RIGHTS

The commitment to respecting the human rights of all people is at the center of the work at MENAHRA. More specifically, the commitment to promoting and upholding the rights of PWUD and other key populations and their equality, regardless of status, sexual orientation, or other social factors, is one of MENAHRA's most important guiding principles. We believe that dignity for all is a basic right, and when attained, a decrease in stigma and discrimination, and improved quality of health and well-being for all can be achieved.



COMMUNITY PARTICIPATION

The participation of PWUD and other KPs in the planning, implementation, evaluation and decision-making processes at MENAHRA is key to the success of its programs. The input of the PWUD community in particular is very important to the strategic directions and programs and is taken into consideration through consultative processes and collaborations with other community led networks and organizations on the both local and regional levels.



EMPOWERMENT

The empowerment of PWUD, whether individually or through networks, to advocate for their rights and be able to plan and manage harm reduction programs, is at the center of MENAHRA's operational approach. Moreover, the empowerment of other stakeholders, such as network members and civil society organizations, is also crucial to the skills building and advocacy activities that MENAHRA conducts within the region to promote harm reduction and the rights of PWUD and other key populations.



EVIDENCE BASED PRACTICE

The quality of MENAHRA's decisions and directions are based on quality and up to date evidence and research. Moreover, MENAHRA works on regularly generating local and regional quality evidence through its research and studies in order to inform programs and approach in the region.



GENDER INCLUSIVENESS

The mainstreaming of gender across MENAHRA's strategic objectives is central to its work, and in line with all the aforementioned guiding principles by which the network operates. Given the challenging environment for gender issues in the region, which is exacerbated by socio-cultural factors in relation to drug use, MENAHRA diligently works to advocate for gender inclusiveness by promoting gender equality through its programs; ensuring gender representation among its staff, members, and partners; and providing gender sensitive resources, research, and services.



REPRESENTATIVE

The cultural, language, and social diversity between countries of the MENA region is large, and therefore ensuring representativeness of MENAHRA's work is central to its operations. Therefore, a participatory approach is applied to a majority of MENAHRA's activities in which partners, community members, and advisors are consulted for input and participation in the development and review of material, advocacy activities, research, and need for technical assistance.



PEOPLE-CENTERED

A people-centered approach has been adopted by MENAHRA to ensure that all activities that it advocates for or implements, ensure that people are treated with dignity and respect, are empowered, and are engaged in meaningful participation.

VISION & MISSION

MENAHRA's work guided by the aforementioned guiding principles will contribute towards the achievement of the new vision and mission stated below:



VISION

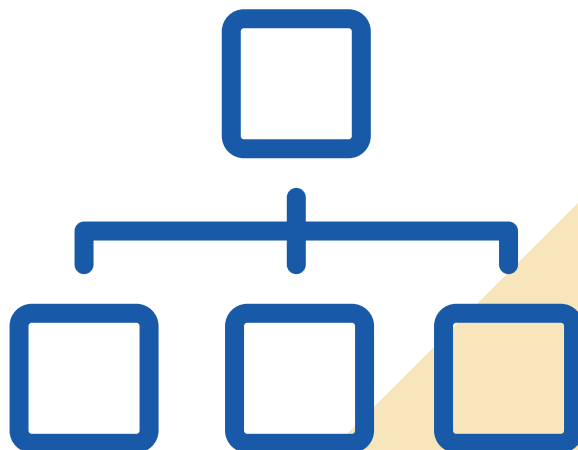
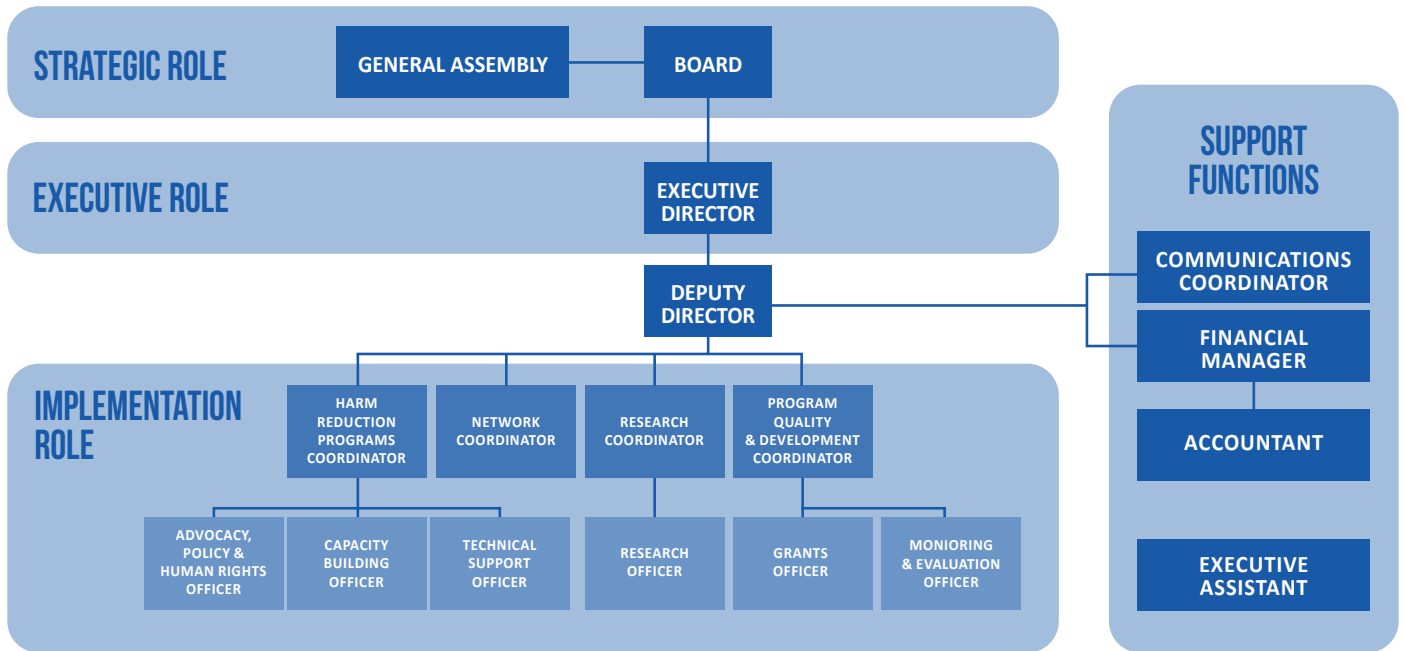
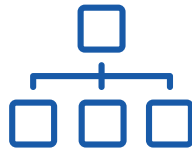
All people who use drugs in the MENA have their rights respected, and have an optimal quality of life free of harms associated with drug use and punitive drug policy.



MISSION

MENAHRA's mission is to improve the health and human rights of PWUD through advocacy, capacity building, promoting evidence-based practices, gender inclusive programming, and empowerment of community and network members to scale up harm reduction in the MENA region.

ORGANIZATIONAL CHART



STRATEGIC OBJECTIVES AND INTERVENTIONS 2022-2027



The identified domains, objectives, and interventions included in this section will pave the way for MENAHRA's work for the coming five years. The domains were identified as key areas where efforts should be made to reach the indicated strategic objectives. Each domain includes a set of strategic interventions that will contribute to reaching the respective objectives. The implementation of the interventions will be under the direct responsibility of the MENAHRA team, with the meaningful participation of MENAHRA's Board of Directors and its network members.

DOMAIN 1: GOVERNANCE

STRATEGIC OBJECTIVE 1: STRENGTHEN THE GOVERNANCE OF MENAHRA

In order to achieve the expected results and impacts of this strategy, MENAHRA's secretariat and network capacities will be strengthened. This will be achieved initially through the effective work of an adequate, well-trained and motivated staff recruited according to the new proposed organizational chart. MENAHRA will seek to employ members of KP groups where possible and when matched with the required competencies for its positions. The network organizational structure will be revisited and updated, and networking activities will be launched. A resource mobilization strategy will be put in place to ensure sustainability and diversification of funds. The resource mobilization strategy will seek new donors while tackling additional substance use related harms like tuberculosis, hepatitis B and C that were not directly or extensively tackled by MENAHRA previously. This strategy will also mirror new emerging interests of donors such as community-led initiatives and others. Finally, the overall functioning of MENAHRA will be overseen by an active and renewed board every three years, which will ensure representation and engagement of PWUD as board members as well network members, to enhance accountability. Under this domain, the networking and communications of MENAHRA will also be strengthened through revisiting membership criteria and recruiting new members, and the development of a detailed communications plan. MENAHRA will continue to ensure communication in the 3 languages most used in MENA – Arabic, English, and French.

1.1 INTERNAL STRUCTURE

Strategic interventions

- 1.1.1** Revise the Terms of Reference and job descriptions of current staff to be aligned with the new proposed organizational structure.
- 1.1.2** Recruit new staff members, while ensuring gender inclusiveness, as needed according to the new structure and Terms of References.
- 1.1.3** Update and implement the policies and procedures manual according to the new strategic directions.
- 1.1.4** Conduct an election for a new and gender-inclusive board every three years that ensures representation of PWUD and maintain continuous communication with the newly elected board.
- 1.1.5** Develop a Board action plan including descriptions of roles of board members, capacity building on governance, and succession planning.
- 1.1.6** Develop and implement a human resource development plan for MENAHRA's staff including capacity building plans.



Expected Results

- 1.1.1 Terms of Reference and job descriptions of current staff revised and aligned with the new proposed organizational structure.
- 1.1.2 New staff members recruited.
- 1.1.3 Policies and procedures manual updated and implemented.
- 1.1.4 New gender-inclusive board elected every 3 years and continuous communication with the newly elected board in place.
- 1.1.5 Action plan, role descriptions, and board succession plan developed; governance capacity building implemented; PWUD board representation ensured.
- 1.1.6 A human resource development plan for MENAHRA's staff including capacity building plans is developed and implemented.

1.2 FINANCING

Strategic interventions

- 1.2.1 Develop and implement an advocacy plan with international donors to delay transition of funding, since majority of MENA countries still have punitive drug laws and absence of domestic funding.
- 1.2.2 Recruit a "Quality and Performance Coordinator" as per strategic intervention 1.1.2 according to the newly set Terms of Reference and job description.
- 1.2.3 Develop and implement a resource mobilization strategy taking into consideration diversification of funds and emerging interests of donors.

Expected Results

- 1.2.1 An advocacy plan with international donors to delay transition of funding is developed and implemented.
- 1.2.2 A Quality and Performance Coordinator is recruited and functional.
- 1.2.3 A resource mobilization strategy taking into consideration diversification of funds and emerging interests of donors is developed and implemented.

1.3 NETWORKING AND COMMUNICATIONS

Strategic interventions

1.3.1 Strengthen MENAHRA's network through an adequate and solid organizational structure including the development of the network's Terms of Reference, new members application process, members criteria, members roles, benefits of membership, selection process, exclusion criteria, and supporting partners.

1.3.2 Review and update the membership of existing members.

1.3.3 Outreach to at least 50 new members per year through country-level mapping of organizations working in the field of harm reduction in addition to human rights activists, health professionals, PWUD, families, political and other potential allies and movements.

1.3.4 Activate the collaboration between the network's members and other relevant stakeholders with the support of the new recruited "Network Coordinator" staff member.

1.3.5 Conduct an assessment to determine capacity of network members and needs in order to plan collaboration opportunities and tailor support activities

1.3.6 Provide direct support (training, advocacy visits, research, evaluation, technical expertise, etc.) tailored to the needs of the network members.

1.3.7 Rebrand and launch a new MENAHRA image, including website and social media platforms, in coincidence with its 15 year anniversary (2022) to raise the profile of MENAHRA as a reputable and authoritative organization in the fields of harm reduction, drug policy, and human rights.

1.3.8 Intensify and increase MENAHRA visibility through setting a detailed and multi-level communications plan

1.3.9 Strengthen partnerships with media institutions and media professionals through advocacy and capacity building activities, as well as potential collaborations to address stigma and discrimination related to substance use as part of the communication plan developed in line with strategic intervention 1.3.8.

Expected Results

1.3.1 Network organizational structure developed and posted on MENAHRA's website.

1.3.2 Membership of existing members reviewed and updated.

1.3.3 At least 50 new members are joining every year.

1.3.4 Network coordinator staff recruited and functional.

1.3.5 Capacity and needs assessment for network members is conducted

1.3.6 Direct needed support is provided to network members.

1.3.7 MENAHRA image rebranded and launched on 15th anniversary along with new website and social media platforms

1.3.8 Multi-level communications plan developed and implemented

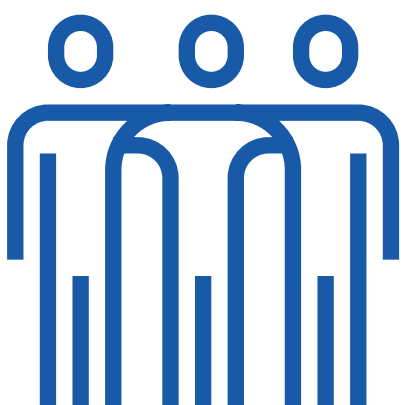
1.3.9 Capacity building and advocacy activities targeting media institutions and professionals implemented

DOMAIN 2: HARM REDUCTION PROGRAMS

STRATEGIC OBJECTIVE 2: PROMOTE A CONDUCIVE ENVIRONMENT FOR HIGH QUALITY, EQUITABLE, GENDER INCLUSIVE, AND COMPREHENSIVE HARM REDUCTION PROGRAMS IN THE MENA REGION WITH A FOCUS ON KEY POPULATIONS.

Harm reduction programs that MENAHRA will implement under this domain will be oriented towards promoting decriminalization, human rights, gender equality, comprehensive programs, and access to justice, as well as decreasing stigma and discrimination. These programs will focus on the interlinking key populations in order to address emerging trends in the field of substance use such as non-injecting drug use and new psychoactive substances, instead of only traditional harm reduction interventions. This requires an expansion of scope to focus on substance use within other key populations, such as the LGBTQI+ community, refugees, sex workers, women, youth, People Living with HIV (PLHIV), and others – primarily through collaborations with other regional thematic partner organizations. Moreover, there will also be a focus on expansion of scope into new areas and their links to substance use, such as hepatitis B and C, STIs, tuberculosis, and overdose, instead of the traditional framing of harm reduction within the HIV arena.

The main programs under this domain will focus on advocacy for policy change, capacity building for multiple levels of stakeholders, and provision of technical support to network members, pilot and model programs, as well as implementation of innovative approaches to services. A regional advocacy strategy that will aim to address regional bodies for policy change will be developed, and complemented with tailored national advocacy plans that will be supported in their development at the country levels. Network members, and other targeted populations such as religious leaders including women religious leaders, the media, law enforcement agents, and governmental agents will benefit from capacity building aiming to raise awareness and complement advocacy efforts for policy change. A specific intervention is dedicated to human rights under this domain, to elevate the importance of rights of PWUD and key populations and maintain the momentum of activities targeting policy change on both the national and regional levels. Community participation, whether PWUD or other KPs, will be encouraged throughout the planning and implementation of harm reduction programs under this domain. Moreover, community-led organizations or networks, such as MENANPUD, will continue to be supported and highlighted as key partners to ensure that programs are meeting community needs.



2.1 ADVOCACY FOR POLICY CHANGE

Strategic interventions

2.1.1 Develop and implement a regional advocacy strategy informed by the “Harm Reduction Advocacy Brief for the MENA Region”⁽²⁾ for policy change, service provision and local funding for harm reduction programs, including an action plan and a local mapping of potential allies in consultation with UN agencies, local and regional stakeholders, and key populations representatives.

2.1.2 Strengthen advocacy capacities of at least 100 network members through advocacy workshops, tours and research to advocate for policy changes, decriminalization, evidence-based services and domestic financing for harm reduction programs.

2.1.3 Support network members in the development of at least 5 national advocacy action plans aiming at catalyzing domestic funding and decriminalizing drug use, based on the needs and priorities identified in the advocacy briefs published by MENAHRA in 2020, and in consultation with relevant national stakeholders.

2.1.4 Participate or ensure representation from the MENA in high-level international and UN meetings at least once per year to continue advocacy efforts and visibility targeting policy change.

Expected Results

2.1.1 One regional advocacy strategy and action plan developed and implemented.

2.1.2 Advocacy capacities of at least 100 network members are strengthened.

2.1.3 Network members supported in the development of at least 5 national advocacy action plans, and their activities are being implemented.

2.1.4 MENAHRA or other representatives supported to participate in at least one high-level international or UN meeting.

2.2 POLICY CHANGE IN LINE WITH HUMAN RIGHTS

Strategic interventions

2.2.1 Organize biennial regional workshops on decriminalization for policy makers in collaboration with human rights organizations, regional and international partners to build the momentum for policy reform.

2.2.2 Document human rights violations against PWUD and submit reports to UN and human rights organizations.

2.2.3 Provide technical assistance to at least 5 countries for the revision of harm reduction strategies.

2.2.4 Maintain a database on relevant drug laws and laws criminalizing key populations for countries of the region to inform advocacy activities and track progress.

2.2.5 Highlight achievements in the MENA region through representation in international and UN meetings.

(2) http://www.menahra.org/images/pdf/Advocacy-Briefs_EN_web.pdf

Expected Results

- 2.2.1 One regional workshop on decriminalization for policy makers is organized every two years in collaboration with human rights organizations, regional and international harm reduction organizations.
- 2.2.2 Human rights violations against PWUD are documented and submitted to UN and human rights organizations.
- 2.2.3 Technical assistance provided for at least 5 countries for the revision of drug laws and laws criminalizing other key populations.
- 2.2.4 Database tracking drug laws and laws criminalizing other key populations developed and maintained
- 2.2.5 Achievements in the MENA region with regards to law revision are highlighted.

2.3 CAPACITY BUILDING (POLICIES, SERVICE DELIVERY, COMMUNITY MEMBERS)

Strategic interventions

- 2.3.1** Develop and implement a capacity building plan jointly with MENANPUD members for institutional development and to enable them to advocate for effective drug related laws and practices, and provide peer services.
- 2.3.2** Develop and implement a tailored capacity building plan on harm reduction and rights of PWUD for different stakeholders (religious leaders, media, law enforcement, judges, lawyers, etc.), to increase awareness on substance use and harm reduction services and to decrease associated stigma.
- 2.3.3** Conduct at least 10 trainings of trainers (TOT) for different stakeholders, to build their capacities in reaching out within their communities and to ensure peer to peer dissemination of knowledge and practices.
- 2.3.4** Conduct at least 5 TOT for harm reduction services providers, to build their capacities in accessing vulnerable populations including women, youth, prisoners, and homeless PWUD, and providing quality harm reduction services for them.
- 2.3.5** Conduct capacity building for at least 100 network members and other CSOs on budget advocacy, innovative service delivery, including emerging technologies, harm reduction integration with mental health and primary health care, among others

Expected Results

- 2.3.1 Capacity building plan for MENANPUD developed and implemented jointly with MENANPUD members.
- 2.3.2 Capacity building plan on harm reduction and rights of PWUD for different stakeholders developed and implemented.
- 2.3.3 A minimum of 10 TOTs for different stakeholders conducted.
- 2.3.4 A minimum of 5 TOTs for harm reduction services providers conducted.
- 2.3.5 Capacity building for at least 100

2.4 SUPPORT AND TECHNICAL ASSISTANCE

Strategic interventions

2.4.1 Provide ongoing support and technical assistance to MENANPUD members to strengthen their institutional capacity and develop skills related to advocacy and service delivery in line with strategic intervention 2.3.1.

2.4.2 Provide support and technical assistance to at least 10 trained stakeholders to implement trainings on harm reduction and PWUD rights within their respective communities in line with strategic intervention 2.3.3.

2.4.3 Develop a package of support services (that include training, guideline and protocol development, mentorship, etc..) for governmental entities and/or organizations that want to initiate harm reduction services or need support in a specific area (ex: initiation of OST, NSP, HIV self-testing, Hepatitis B vaccination for PWUD, etc...).

2.4.4 Update data management system for harm reduction services (SyrEx) and provide trainings for organizations implementing service delivery.

2.4.5 Support the implementation of at least 3 pilot programs by network members or governmental institutions, in collaboration with UN agencies and international partners

2.4.6 Develop adapted, updated and gender sensitive evidence-based protocols, guidelines, or best practices for quality harm reduction services in the MENA region.

2.4.7 Develop at least 5 emergency response plans for harm reduction in different countries in face of humanitarian emergencies and pandemics.

Expected Results

2.4.1 Ongoing support and technical assistance for institutional and technical capacity development provided to MENANPUD.

2.4.2 Support and technical assistance for at least 10 trained stakeholders to implement trainings provided.

2.4.3 Package of support services on initiation of harm reduction services developed.

2.4.4 Data management system for harm reduction services updated and organizations trained.

2.4.5 Implementation of at least 3 pilot programs in collaboration with partners supported.

2.4.6 Updated, adapted, gender sensitive, and evidence-based protocols, guidelines, or best practices for quality harm reduction services developed.

2.4.7 A minimum of 5 emergency response plans for harm reduction in cases of humanitarian emergencies and pandemics in MENA different countries developed.

DOMAIN 3: RESEARCH AND SURVEILLANCE

STRATEGIC OBJECTIVE 3: GENERATE AND DISSEMINATE HIGH QUALITY EVIDENCE FOR HARM REDUCTION PROGRAMS AND POLICIES.

The work under this domain will be focused on regularly collecting data and using the evidence to inform harm reduction programs and policies. For more effective interventions, there needs to be more data collection to better assess the needs in the region and set priorities, plan, implement and evaluate accordingly. This should especially be done for vulnerable populations: refugees, women, the LGBTQI+ community, among others to collect disaggregated data wherever possible. Data collected will provide information on the situation of substance use, harm reduction services, stigma, discrimination, challenges faced by PWUD, CSOs and governments, needs of KPs, effectiveness of interventions implemented and many more. Moreover, the use of community-led surveys will be introduced to ensure representation and triangulation of information to allow for data to inform the design of more appropriate programs. A regional unified surveillance tool for harm reduction will be developed and disseminated among partners to report on yearly. This tool will include major indicators and information needed for the preparation of MENA related chapters in international publications, MENA situation assessment and other publications. In order to effectively conduct research work and activities MENAHRA will establish partnerships with international and regional research institutions. A regional conference will be conducted every 3 years to facilitate exchange of knowledge and expertise. Moreover, the documentation, preservation, and continuation of knowledge and information will be prioritized through the creation and continuous update of an accessible and free online library of resources. All these efforts will be conducted in preparation to establishing a regional monitoring center at MENAHRA beyond 2027.

A major process is assessing whether objectives stated in this strategic plan are being attained is monitoring and evaluation. Therefore, a monitoring and evaluation plan will be developed and used to document achievements and reorient upcoming future activities.

Strategic interventions

3.1.1 Develop MENA regional surveillance tool for harm reduction in collaboration with university institutions.

3.1.2 Yearly gather data from all MENAHRA's partners, especially from community-led organizations and networks, in each country using the regional surveillance tool and publish results.

3.1.3 Prepare the MENA chapter for the HRI Global State of Harm Reduction biennially.

3.1.4 Conduct and disseminate biennially a regional situation assessment of drug use and related harms in the MENA region.

3.1.5 Establish formal partnership with at least 5 regional and international research institutions and universities to set common research agenda, conduct research and jointly mobilize resources for research projects.

3.1.6 Conduct at least 5 exploratory research targeting different key population groups that intersect with drug use in order to inform future advocacy and programming.

3.1.7 Conduct at least 5 research activities related to evaluation of harm reduction services, harm reduction funding in MENA, and other research to inform advocacy for harm reduction services and domestic funding.

3.1.8 Submit research results and reports to scientific journals for publication to ensure the acceptance and wide dissemination of at least 5 articles related to MENAHRA research.

3.1.9 Organize a MENA regional conference on harm reduction every 3 years in collaboration with all relevant stakeholders to disseminate and exchange knowledge and expertise.

3.1.10 Create an online library of resources to ensure that the documentation, preservation, and continuation of knowledge and information is accessible to all as part of strategic intervention 1.3.7.

3.1.11 Develop and implement a monitoring and evaluation framework for this strategy.

Expected Results

3.1.1 A regional surveillance tool for harm reduction is developed in collaboration with university institutions.

3.1.2 Surveillance tool filled yearly by MENAHRA's partners and results published.

3.1.3 MENA chapter for the HRI Global State of Harm Reduction is prepared every 2 years.

3.1.4 A regional situation assessment of drug use and related harms in the MENA region is conducted and disseminated every 2 years

3.1.5 Formal partnership with at least 5 regional and international research institutions and universities established.

3.1.6 A minimum of 5 exploratory research activities targeting different key populations and intersections with drug use conducted

3.1.7 A minimum of 5 evaluation and funding research activities to inform harm reduction advocacy conducted

3.1.8 A minimum of 5 scientific articles based on MENAHRA research submitted and accepted for publication by scientific journals

3.1.9 MENA regional conference on harm reduction organized every 3 years in collaboration with all relevant stakeholders to exchange knowledge and expertise.

3.1.10 Online library of resources created and maintained on MENAHRA website

3.1.11A monitoring and evaluation framework for this strategy is developed and implemented.

SUMMARY OF EXPECTED OUTCOMES AND IMPACT OF MENAHRA'S STRATEGIC PLAN

DOMAINS

I. GOVERNANCE

II. HARM REDUCTION PROGRAMS

III. RESEARCH AND SURVEILLANCE

OUTCOMES

- INCREASE IN EVIDENCE-BASED RESEARCH AND LITERATURE SPECIFIC TO THE MENA REGION

- INCREASED AVAILABILITY OF HIGH QUALITY, EQUITABLE, AND GENDER SENSITIVE HARM REDUCTION PROGRAMS

- INCREASED ACCESS TO HIGH QUALITY, EQUITABLE, AND GENDER SENSITIVE HARM REDUCTION PROGRAMS

- INCREASE IN DECRIMINALIZING LAWS AND POLICIES

IMPACT

DECREASED HIV, HEPATITIS, TB, - AND STIS AMONG PWUD AND OTHER KPS

DECREASE IN OVERDOSE CASES -

DECREASED STIGMA AND - DISCRIMINATION AGAINST PWUD AND OTHER KPS

ALL PEOPLE WHO USE DRUGS IN THE MENA HAVE THEIR RIGHTS RESPECTED, AND HAVE AN OPTIMAL QUALITY OF LIFE FREE OF HARMS ASSOCIATED WITH DRUG USE

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Hayek Roundabout
Fleur Art building, 3rd Floor
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