MENAHRA
STRATEGIC PLAN
2014 – 2019

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ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral treatment
CSO	Civil society organisation
EMRO	Eastern Mediterranean Regional Office (WHO)
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GIZ	Deutsche Gesellschaft für international Zusammenarbeit (German Agency for International Cooperation)
GTZ	deutsche Gesellschaft für Technische Zusammenarbeit
HIV	Human immunodeficiency virus
HRI	Harm Reduction International (formerly IHRA)
HRSO	Harm-reduction service organisation
IDU	Injecting drug user
IHRA	International Harm Reduction Association (currently HRI)
INCAS	Iranian National Centre on Addiction Studies
IT	Information technology
KH	Knowledge hub
MENA	Middle East and North Africa
MENAHRA	Middle East and North Africa Harm Reduction Association
M&E	Monitoring and evaluation
MIS	Management information system
MSM	Men who have sex with men
NFM	New Funding Model (Global Fund)
NGO	Non-governmental organisation
NSEP	Needle-and-syringe-exchange programme
NSP	Needle-and-syringe programme
OID	Organisational and institutional development
OP	Operational Plan
OST	Opioid substitution therapy
PIU	Programme implementation unit
PMG	Programme management group
PWID	People who inject drugs
PWUD	People who use drugs
SIDC	Soins Infirmiers et Développement Communautaire (NGO) (Nursing Care and Community Development)
STI	Sexually transmitted infection
SW	Sex worker
SyrEx	Name of specific management information system for management of harm reduction programmatic data
TA	Technical assistance
UAE	United Arab Emirates
UNAIDS	United Nations Joint Programme on AIDS
UNODC	United Nations Office on Drug and Crime
VCT	Voluntary counselling and testing
WHO	World Health Organisation

MENAHRA MISSION STATEMENT

MENAHRA is a network of knowledge hubs and civil society organisations focusing on harm reduction strategies in the Middle East and North African region.

MENAHRA's mission is to improve the quality of life of drug users through advocacy, capacity building, and technical assistance, and by serving as a resource centre in the region.

The MENAHRA network intends to support the creation of policy, legal and social environments that are conducive for the implementation and scaling up of harm-reduction activities in the countries of the MENA region through research, advocacy, information services and training. MENAHRA also aims to build the capacity and enhance the knowledge and skills of Governments and civil society organisations (CSOs) to deliver harm-reduction services for people who use drugs. Priority populations include non-injecting drug users; people who inject drugs; men who have sex with men who use drugs; sex worker drug users; people living with HIV who use drugs; refugees who use drugs; and partners and family members of drug users. In this regard, MENAHRA supports CSOs in developing and implementing model programmes that are capable to demonstrate feasibility and effectiveness of harm reduction activities in the MENA region.

MENAHRA'S VISION OF SUCCESS

Our vision of success is a MENA region that respects the rights and improves the quality of life of drugs users. This involves wide acceptance and implementation of comprehensive harm-reduction services for different groups of drug users, which are of high quality, widely available and easily accessible.

Our vision of success for MENAHRA as an institution is to be the leading network of expertise and reference on harm reduction for drug users in the Middle East and North Africa region – providing high-quality services in the field of advocacy and policy development, research, information services, technical assistance and capacity building, and implementation of pilot programmes with a potential to become best practices for the whole region.

1 INTRODUCTION

This document represents the strategic plan of the Middle East and North Africa Harm Reduction Association, MENAHRA, for the period of July 2014 till December 2019.

The development of a revised strategic plan was necessary due to the new challenges faced, and changing contexts in which MENAHRA has been operating in the past few years. Established in 2007 as a network of organisations with a central Secretariat in Beirut and three Knowledge Hubs in Iran, Lebanon and Morocco, MENAHRA has taken on additional roles over the past years, including the management of a large regional HIV grant. The diversification of activities by the Network, as well as external developments in the field of drug use and HIV, political and economic developments in the countries of the MENA region, and major changes in donor policies and funding models require a strategic reorientation on the mandate, mission, and core business of MENAHRA and its partner organisations.

The strategic planning process started in early 2014. MENAHRA was supported by the German BACKUP Initiative, which is implemented by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) and commissioned by the German Federal Ministry for Economic Cooperation and Development (BMZ) in the development of this Strategic Plan Report. It involved a highly participatory process with active contributions from the MENAHRA Board Of Directors, Secretariat Team and knowledge hubs, representatives of partners organisations involved in harm reduction service delivery, National AIDS Programmes managers, and key UN partners, including WHO, UNAIDS and UNODC.

This Strategic Plan describes the process and the results of MENAHRA's strategic planning exercise, which resulted in a set of key strategies and activities in four priority areas. Operational details of these activities are presented in a separate Operational Plan, which specifies implementation arrangements, institutional responsibilities and time schedules.

2 INJECTING DRUG USE AND ASSOCIATED HARMS IN THE MIDDLE EAST AND NORTH AFRICA - AN OVERVIEW

Drug use in the Middle East and North Africa (MENA)

Existing information on drug use shows that cannabis is the most common drug used by the adult populations in most countries of the MENA region. The highest rate of opioid use in the adult populations has been reported from Afghanistan, Egypt, Iran and Pakistan. In recent years, an increase in drug use has been reported from many countries. Estimates on the prevalence of injecting drug use among population aged 15-64 are available from eight countries and range from 0.09% in Morocco to 0.38% in Iran. Other extrapolations were made in other countries of the region from the information available among the eight countries. The total number of people who inject drugs from the 20 countries is estimated to be around 570,000. The highest numbers of PWID are found in Iran, Pakistan and Egypt (*Rahimi-Movaghar et al, 2013*).

Heroin is the main drug of injection reported from most countries of the region. Other drugs of injection include prescription drugs, antihistamines, and other opioids, such as opium, morphine, methadone and Norgesic, other tranquilisers, amphetamine-type stimulant (ATS) and cocaine. Information on the socio-demographic characteristics of PWID illustrates that they are predominantly male and in their early 30s. Around one-third are currently married and one- to two-thirds of PWID are either uneducated or have an education of less than five years. PWID are an extremely criminalised and marginalised population throughout the MENA region (*Rahimi-Movaghar et al, 2013*).

Risk behaviours among people who inject drugs (PWID)

Risk behaviours are common among PWID. However, there are large differences between countries. Overall, the data shows that about 20 percent of injections are unsafe. Moreover, sex with female sex workers (FSWs) and having intercourse with same-sex partners are not rare among PWID. Condom use in these relationships is uncommon. Many PWID do not have sufficient knowledge on HIV, its risk behaviours, and possible preventive measures (*Rah*imi-*Movaghar et al, 2013*).

The information on *women who inject drugs* is scarce. Pooled HIV prevalence for a limited number of women who inject drugs tested in bio-behavioural surveys (BBS) in four countries is 6.7 percent. In the year 2010, 2 percent of identified HIV cases by injecting drug use transmission were reported in women. High-risk sexual behaviours are common among women who inject drugs. Compared with men who inject drugs, women who inject drugs suffer from lower socio-economic statuses. There is also evidence showing that female sex partners of PWID are at a high risk of HIV infection. In parallel with the HIV-preventive measures planned for men who inject drugs, it is also important to include women who inject drugs and spouses and female partners of PWIDs as target groups of these interventions (*Rahimi-Movaghar et al, 2013*).

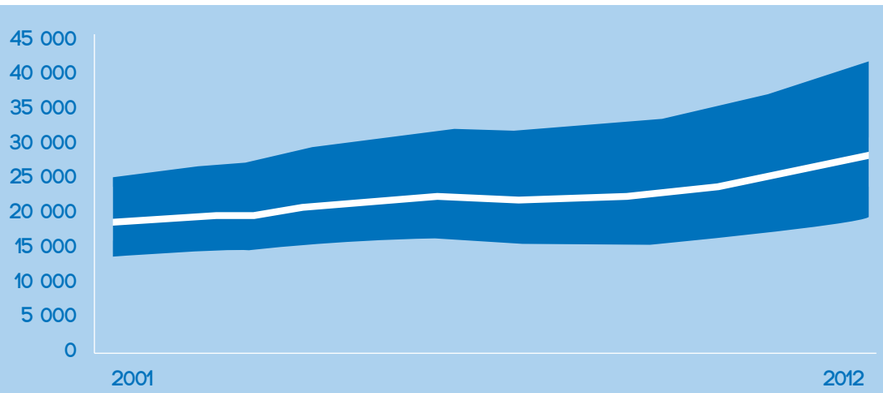
Drug use and injecting drugs are not rare in prisons within the MENA region. In these settings, injecting drug use is commonly associated with unsafe injection. Despite evidence of high HIV risk in prisons, the overall response in the region has been weak (*Rahimi-Movaghar et al, 2013*).

The dynamics of HIV in the MENA region

In 2012, an estimated 35.3 (32.2–38.8) million people were living with HIV worldwide; an *increase* from previous years as more people are receiving life-saving antiretroviral therapy. However, the rate of new infections is declining: in 2012, there were 2.3 (1.9–2.7) million new HIV infections globally, showing a 33 percent *decline* in the number of *new infections* from 3.4 (3.1–3.7) million in 2001. At the same time, the number of AIDS deaths is also declining with 1.6 (1.4–1.9) million AIDS deaths in 2012, down from 2.3 (2.1–2.6) million in 2005 (*UNAIDS, 2013*).

While the HIV epidemic has stabilised in most parts of the world in the last decade, HIV rates continue to increase in the MENA region. In 2012, an estimated 351,300 people were living with HIV in the MENA region. This number is estimated at 260,000 (200,000–380,000) without Afghanistan and Pakistan (which are not considered by UNAIDS geographic definition as part of MENA region), and reaches 351,300 (251,600–554,000) if Pakistan and Afghanistan are included (*UNAIDS, 2013*). Although the overall HIV prevalence in the region is still low, the rise in new infections has put the MENA region among the top two regions in the world with the fastest growing HIV epidemic (*see Figure 1*).

FIGURE 1 **New HIV infections in the Middle East and North Africa (2001-2012) (excluding Afghanistan and Pakistan) (UNAIDS, 2013)**



In 2012, the number of new HIV infections in the MENA region – including Afghanistan and Pakistan – amounted to an estimated 52,000 (30,900-88,400), of whom 20,000 in Afghanistan and Pakistan alone, with a further 32,000 in the other MENA countries (*UNAIDS, 2013*). The new infections came mainly from people who inject drugs (36%), sex workers (36%) and men who have sex with men (17%) (*UNAIDS, 2013*).

The rise in the estimated number of people living with HIV in the wider MENA region presumably is the result of an increased HIV prevalence among key affected populations and a forward transmission of the virus to a larger number of individuals who are generally at lower risk of infection. Recent Modes-of-Transmission studies in Iran and Morocco and repeated rounds of bio-behavioural surveys in countries such as Egypt and Tunisia have supported this assumption. Annual estimated new infections among adults and children have substantially increased in the last decade.

The HIV epidemic in MENA reflects the diversity of the region with different populations more heavily affected in different places. The diversity of the epidemic is further amplified by differing attitudes, policies, political commitments and the availability of and access to HIV services. In some countries, the epidemic is primarily concentrated among people who inject drugs; in other countries, it affects men who have sex with men or sex workers.

Male migrant workers are also among the vulnerable populations in the MENA region and evidence of onward transmission of HIV to their spouses exists in several countries (*WHO, 2011*). A large proportion of women living with HIV in the MENA region are believed to have acquired their infection from their spouses who practise high-risk behaviours. This risk of women is a phenomenon requiring further research and understanding in the region.

Although the quantity of data is steadily increasing, it still does not allow establishing reliable HIV trends. There is also a shortage of data on HIV in countries across the region, specifically from the United Arab Emirates, Iraq, Kuwait, Libya, Bahrain, Qatar and Saudi Arabia. This makes it difficult to get an accurate picture of the situation, both regionally and nationally. Given the gaps in HIV data, particularly related to key populations at higher risk, it is likely that the scope of the HIV epidemic and its impact in the region continue to be underestimated.

HIV among drug users in the MENA region

Globally, at least 158 countries reported injecting drug use and 120 countries have documented HIV among people who inject drugs (PWID) (*UNAIDS, 2013*). An estimated 15 to 16 million people in 158 countries inject drugs, of whom an estimated 3 million are infected with HIV. Nearly 10 per cent of global HIV infections are due to unsafe injecting drug use – up to 30 percent if sub-Saharan Africa is excluded (*UNODC, 2013a*). HIV prevalence among PWID remains high – up to 28% in Asia.

As mentioned above, unprotected sex (mainly between men) and unsafe injection drug use are the primary drivers of the HIV epidemic in the region. From 2,790 newly identified cases of HIV/AIDS with known route of transmission reported from 15 countries in 2010, half were PWID (*Rahimi-Movaghar et al, 2013*). Existing data shows that Pakistan has the highest HIV prevalence among PWID, followed by Iran and six other countries (Afghanistan, Algeria, Egypt, Morocco, Oman and Saudi Arabia) with reports of concentrated HIV epidemics (prevalence > 5%) at least in parts of the country. Countries with an HIV prevalence among PWID ranging from 1-5 percent include Bahrain and Tunisia. Prevalence of HIV among PWID is below 1 percent in five other countries: Jordan, Kuwait, Lebanon, Palestine and Syria. Information on five remaining countries – Iraq, Libya, Qatar, UAE and Yemen – is lacking or insufficient to arrive at any conclusions.

Overall, an estimated 90,000 people who inject drugs are living with HIV/AIDS in the MENA region, which represents an HIV prevalence of over 15 percent in this population. There is also sufficient evidence showing that injecting drug use contributes significantly to Hepatitis C Virus (HCV) epidemic in the region; most of the studies have shown an HCV prevalence of 36-48 percent among PWID (*Rahimi-Movaghar et al, 2013*).

Viral hepatitis among people who inject drugs

Although the relation between injecting drug use and Hepatitis B and C infections is an under-investigated topic in the Middle East and North Africa *(Nelson, et al., 2011; Ramia, et al., 2012*), there is enough evidence showing that injecting drug use contributes significantly to HCV epidemics in the region. Results from at least 14 studies available from six countries of the region (Afghanistan, Iran, Lebanon, Oman, Pakistan and Palestine) assessing HCV prevalence among approximately 4,750 PWIDs since 2005 (*see Table 1*) reveal reported HCV-prevalence rates of 8-80 percent, with most of the results between 36 and 48 percent. Reports from other countries such as Kuwait and Egypt (*UNODC, 2011*) as well as UAE (*United Arab Emirates MoH, 2012*) also suggest a high level of HCV infection among PWID. In addition, several studies on the HCV-infected patients have revealed that injecting drug use is an important risk factor for HCV epidemics (*Jiménez, et al., 2009; Qureshi, et al., 2010*).

TABLE 1 **HCV prevalence among PWIDs in the MENA region**

COUNTRY	NO. OF SOURCES	YEARS	GEOGRAPHICAL DISTRIBUTION	SETTING	NO. TESTED	PREVALENCE OF HCV (%)	SOURCES
Afghanistan	4	2005-9	4 cities	Community & HR program	2118	36-36.6	(Johns Hopkins University; HIV surveillance project, 2010; Nasir, et al., 2011; Todd, et al., 2007; Todd, et al., 2011)
Algeria Bahrain Egypt							
Iran	5	2006-11	5 cities	Community, DICs, treatment centers, prisons	1850	34.5-80	(Amin-Esmaeili, Rahimi-Movaghar, Razaghi, et al., 2012; Haghdoost, Sadjadi, et al., 2012; Kheirandish, et al., 2009; Sarkari, et al., 2011; Zamani, Radfar, et al., 2010)
Iraq Jordan Kuwait							
Lebanon	1	2007-8	Beirut	Community	106	52.8	(Mahfoud, Kassak, et al., 2010a)
Libya Morocco							
Oman	1	2011	Muscat	Inpatient drug treatment	?	48	(Oman MoH, 2012)
Pakistan	1	2007	3 cities	Community	454	8-60	(Achakzai, et al., 2007; Platt, et al., 2009)
Palestine	1	2010	EJG	Community	199	42	(Štulhofer, et al., 2010)
Qatar Saudi Arabia Syria Tunisia UAE Yemen							

The 2013 assessment by MENAHRA found 10 studies from five countries on HBV infection among PWIDs since 2005 (*see Table 2*). The reported HBV infection is in the range of 0.7-24.7 percent, with most of the results are between 3.6-6.5 percent, which is much higher than the prevalence among the general population. HBV infection in the general population has been reported to be 1.76% in Afghanistan (*Khan, S., et al., 2011*), 2.14% in Iran (*Alavian, et al., 2008*) and 2.6% in Pakistan (*Bosan, et al., 2010*).

TABLE 2 **HBV prevalence among PWID in the MENA region**

COUNTRY	NO. OF SOURCES	YEARS	GEOGRAPHICAL DISTRIBUTION	SETTING	NO.	PREVALENCE OF HBS-AG (%)	SOURCES
Afghanistan	4	2005-9	4 cities	Community & HR program	2118	4.6-8.8	(Johns Hopkins University; HIV surveillance project, 2010; Nasir, et al., 2011; Todd, et al., 2007; Todd, et al., 2011)
Algeria Bahrain Egypt							
Iran	3	2007-11	4 cities	Community, DICs, treatment centers	1238	0.7-24.7	(Amin-Esmaeili, Rahimi-Movaghar, Razaghi, et al., 2012; Haghdoost, Sadjadi, et al., 2012; Zamani, Radfar, et al., 2010)
Iraq Jordan Kuwait							
Lebanon	1	2007-8	Beirut	Community	81	5	(Mahfoud, Kassak, et al., 2010a)
Libya Morocco Oman							
Pakistan	1	?	Quetta	?	50	6	(Achakzai, et al., 2007)
Palestine	1	2010	EJG	Community	199	5.3	(Štulhofer, et al., 2010)
Qatar Saudi Arabia Syria Tunisia UAE Yemen							

Overall, the results show that injecting drug use significantly contributes to both HCV and HBV infections in the region. HIV co-infection with HCV was reported from 8.7-24 percent in three studies from Iran and Pakistan (*Achakzai, et al., 2007; Hosseini, et al., 2010; Rahimi-Movaghar, et al., 2010*). The study from Iran showed that the rate of HCV infections among HIV-positive cases was significantly higher than in HIV-negative PWIDs (80.6% vs. 28.7%). In another study conducted in three Afghan cities (*Nasir, et al., 2011*), all PWIDs who were HIV-infected, were also co-infected with HCV. The high rate of co-infection is an indicator that HIV is more likely being transmitted via infected injection equipment than by the sexual route. One of the studies (*Rahimi-Movaghar, et al., 2010*) also showed a high co-infection of HIV with HBV. Overall, given the fact that co-infection of HIV with Hepatitis B and C viruses increases the morbidity and mortality rates, it also changes the natural history of the infections. Therefore, preventive measures of HCV and HBV need to be integrated in HIV preventive programmes in order to address all infections simultaneously.

Opioid overdose among people who inject drugs

In addition to infections with HIV, Hepatitis B and C virus, overdose is a common risk among people who inject drugs. The most commonly known and used opioids include morphine, heroin, methadone, buprenorphine, codeine, tramadol, oxycodone and hydrocodone. If used in excess (overdose) or without proper medical supervision, opioids can cause fatal respiratory depression, with death often occur within minutes of opioid ingestion.

Worldwide, overdose is the leading cause of avoidable death among people who inject drugs (*Degenhardt et al, 2011a*). According to UNODC estimates, drug-related deaths account for 0.5-1.3 percent of all-cause mortality at the global level among persons aged 15-64 (*UNODC, 2013b*). Opioid overdose was the main cause of the estimated 99,000- 253,000 deaths worldwide related to illicit drug use in 2010 (*UNODC, 2013b*). An estimated 70,000-100,000 drug users die from opioid overdose each year.

A recent meta-analysis of studies showed that HIV seropositivity is associated with an increased risk of overdose: people who use drugs have a 74-percent greater risk of overdose if they are HIV-positive, compared with their HIV-negative counterparts (*Green et al, 2012*).

Opioid overdose is both preventable and, if witnessed, treatable (reversible). However, it is difficult to accurately estimate the number of fatal opioid overdoses because of the poor quality or limited nature of mortality data available. Nationally reported mortality data in both low-income and high-income countries are often insufficient to estimate overdose deaths. Current data on overdose mortality derive mostly from prospective cohort studies and national reporting systems, largely from high-income countries. To address these challenges, some countries have now adopted a standard case definition, contributing to an improved capacity for reliable overdose data (*Cook et al, 2011*). However, in many countries data on overdose are limited (*Coffin et al, 2010*): consequently, overdose mortality generally tends to be underestimated. For example, against the backdrop of negligible numbers of fatal overdoses reported by national authorities of Central Asian countries, 25.1 per cent of injecting drug users surveyed in Kazakhstan, Kyrgyzstan and Tajikistan in 2010 reported having witnessed someone die from an overdose in the previous 12 months (*PSI, 2010*).

In addition to fatal overdose, people who use opioids also experience a high rate of non-fatal overdose. For instance, 59 percent of known heroin injectors in a study conducted in 16 Russian cities reported having had at least one non-fatal overdose in their lifetime (*Sergeyev, B. et al (2010*). The proportion of heroin injectors reporting lifetime non-fatal overdose is similarly high in several other cities: 41 percent in Baltimore (*Tobin et al, 2003*), 42 percent in New York City (*Coffin et al, 2007*), 68 per cent in Sydney (*Darke et al 1996*), 38 per cent in London (*Powis et al, 1999*), 30 per cent in Bangkok (*Milloy et al, 2009*) and 83 per cent in Bac Ninh, Viet Nam (*Bergenstrom et al, 2008; Coffin et al, 2007*). Non-fatal overdose can significantly contribute to morbidity, including cerebral hypoxia, pulmonary oedema, pneumonia and cardiac arrhythmia, which may result in prolonged hospitalisations and brain damage (*Warner-Smith et al, 2002)*.

The current AIDS response in the MENA region

Overall, the current response is characterised by low coverage of prevention programmes for key populations at higher risk (i.e. people who inject drugs, men who have sex with men and sex workers). The low coverage is a contributing factor to the limited HIV knowledge and high levels of risk behaviour within these populations. While PWID are at a particularly high risk of HIV and related infections, in most countries HIV-prevention coverage for PWID remains low, with only two out of 32 reporting countries providing the recommended minimum of at least 200 sterile syringes per year for each person who injects drugs. Among 35 countries providing data in 2013, all but four reached less than 10 percent of opiate users with substitution therapy. In addition to exceptionally low coverage, an effective AIDS response among PWID is undermined by common punitive policy frameworks and law enforcement practices, which discourage individuals from seeking the health and social services they need (*UNAIDS, 2013*).

There are other populations in the region at heightened risk to HIV that do not have adequate access to effective prevention programmes, including prisoners, and mobile and migrant populations such as truck drivers, seafarers, uniformed services, migrant workers, and refugees and displaced persons. The settings in which these populations live give rise to behaviours strongly associated with increased HIV risk, and pose barriers to access to services. The comprehensive harm reduction programme in the Islamic Republic of Iran is an example of immediate response to outbreaks of HIV infection in prison systems, where the prevalence is eight times higher than in the general population (*Shahbazi, 2010*). Also, the UNAIDS partnership with the Intergovernmental Authority on Development, the International Organization for Migration and the United Nations Development Programme is another example of joint efforts to address HIV vulnerability of mobile populations along the Red Sea Ports and the Gulf of Aden. Through this partnership, health facilities were strengthened, inter-country collaboration promoted and protocols harmonised in Djibouti, Ethiopia, Somalia and Sudan (*Martin, 2010*). However, more efforts are to be exerted to implement interventions that target the unique needs of the diverse cross-border mobile populations.

The availability, access and quality of health-specific interventions are mixed, although MENA countries have made some progress over the last few years. However, HIV testing and counselling remains a serious challenge. Nearly 60 percent of the diagnostic HIV tests carried out between 1995 and 2008 were for migrant workers, while only 4 percent of tests were for the key populations at higher risk (*Hermez et al, 2010*). Also, most of the HIV testing in the region is mandatory, and if quality voluntary counselling and testing is available, it is not always readily accessible to key populations. This is primarily due to stigma and discrimination, limited engagement and capacities of civil society organisations (CSOs) working with those populations, and existing structures not sufficiently tailored to their needs. Strengthening surveillance systems for sexually transmitted infections is another major challenge especially among key populations at higher risk.

Although individual countries have improved access to antiretroviral therapy (ART) (nearly a 25% increase, from 15,548 in 2009 to 19,483 in 2010 in one year), the estimated regional coverage remains low at 8 percent. Oman has the best estimated coverage in the region, with 45 percent of adults and children living with HIV receiving treatment at the end of 2010, followed by Lebanon (37%) and Morocco (30%). Most countries are falling short of the goal of universal access to treatment. Also, the number of people needing treatment has increased from 57,000 in 2001 to 210,000 in 2010, both due to a higher HIV prevalence in the region and a change in the World Health Organisation (WHO) guidelines for treatment eligibility.

It is worth noting that four countries in the region contribute 85 percent of the estimated ART eligibility: Iran (26,000), Pakistan (22,000), Somalia (25,000) and Sudan (93,000). Achieving regional targets for ART access mainly relies on these four countries scaling up their national treatment strategy, together with serious commitment to expand HIV testing and counselling, which is the most critical step to accessing treatment.

Specific HIV services for PWID

Five countries of the MENA region have adopted harm-reduction policies within their National AIDS Strategic Plans (NASP): Afghanistan, Iran, Lebanon, Morocco and Pakistan. Opioid substitution treatment (OST) exists in five out of 20 countries: Afghanistan, Iran, Lebanon, Morocco and UAE. Iran is the only country in the region that has made OST widely available, mainly through private clinics. The service is also available in medium- to large-size prisons. Nine countries of the region have needle-and-syringe programmes (NSP). Five countries – Afghanistan, Iran, Morocco, Pakistan and Tunisia – are expanding distribution of needles and syringes to PWIDs. However, all of these countries still have low coverage. Egypt, Lebanon, Palestine and Oman are offering needle-and syringe programmes through a limited number of sites and on a small scale. The available data shows that the coverage of HIV testing and counselling is low in the region (Rahimi-Movaghar et al, 2013).

3 INJECTING DRUG USE AND HARM REDUCTION - KEY CONCEPTS AND HARM REDUCTION PRACTICES IN THE MENA REGION

Harm reduction is a general term defined as policies, programmes and interventions that are designed to reduce or minimise harms that are associated with certain behaviours, including those that are risky and illegal. Harm reduction aimed at reducing harms related to drug use is currently a strategy that is adopted by many countries around the world.

In recent years, an increase in drug use has been reported from many countries in the Middle East and North Africa (MENA) region, including Afghanistan, Iraq, Jordan, Morocco, Palestine, Qatar, UAE, Egypt and Libya. The countries of this region are located on major trafficking routes of opiates from the opium fields "Golden Crescent," particularly in Afghanistan.

Drug use has been associated with significant social, economic, and health consequences. In the MENA region, it is estimated that there are approximately 570,000 people *who inject* drugs (PWID) (*Rahimi-Movaghar et al, 2013*). PWID in the region and all around the world face increasing risks of contracting HIV and other sexually or blood-transmitted infections through the sharing of needles and syringes and unsafe sexual practices. According to the World Health Organisation (WHO), sharing needles, syringes and other injecting paraphernalia is one of the most important modes of transmission of HIV and other sexually transmitted infections (STIs).

People who use drugs have multiple vulnerabilities to HIV, tuberculosis, hepatitis and other infectious diseases (*UNODC, 2013a*):

- Sharing of drug injecting equipment can be three times more likely to transmit HIV than sexual intercourse.
- Stimulant drug use, both non-injecting and injecting, has been associated with sexual transmission of HIV. In particular:
- Amphetamine-type stimulants are associated with high levels of HIV infections among men who have sex with men.
- Crack cocaine is associated with sexual transmission of HIV among sex workers.
- People who use drugs are highly stigmatised, even by many health-care workers.
- People who use drugs are often unable or unwilling to access HIV services for fear of discrimination and harassment.

Although the HIV epidemic in the region is currently still low, many countries have reported an increase in the number of newly identified HIV cases, of which unprotected sex and unsafe injecting drug use have been identified as the primary modes of transmission. As mentioned earlier, data from the years 2010-2011 illustrate that eight countries have confirmed concentrated epidemic among PWID at least in parts of the country: Pakistan, Iran, Afghanistan, Algeria, Egypt, Morocco, Oman and Saudi Arabia (Rahimi-Movaghar et al, 2013). Other countries have reported low HIV prevalence attributed to injecting drug use, varying from 0.4% to 5.7%, yet with alarmingly high rates of hepatitis C, which is indicative of high-risk behaviour among PWID. Moreover, partner agencies in the region have raised concern regarding a perceived increase in HIV prevalence among non-injecting drugs users as well.

In a technical guide that was developed by WHO, the United Nations Office on Drugs and Crime (UNODC) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), a comprehensive package for the prevention, treatment and care of HIV among PWID was set forth in order to identify the recommended interventions to be included in harm-reduction programmes (*WHO et al, 2012*). The package identifies the following nine interventions:

- Needle-and-syringe-exchange programmes (NSEP)
- Opioid substitution therapy (OST) and other evidence-based drug-dependence treatment
- Voluntary counselling and testing (VCT)
- Antiretroviral therapy (ART)
- Prevention and treatment of sexually transmitted infections
- Condom programmes for people who inject drugs and their sexual partners
- Targeted information, education and communication for people who inject drugs and their sexual partners
- Prevention, vaccination, diagnosis and treatment of viral hepatitis
- Prevention, diagnosis and treatment of tuberculosis

Harm reduction is a fairly new approach to most of these countries, with the exception of Iran and Pakistan, who are pioneers in implementing interventions on harm reduction. Few countries in the region have recognised PWID as a major threat to their national health and have accepted to adopt harm-reduction policies in order to minimise health consequences of drug injection for both the injectors and the community. The countries of the region are at different levels of consideration, adoption and/or implementation of harm-reduction policies and services.

One group of countries (Afghanistan, Iran, Pakistan, Morocco and Lebanon) has adopted harm-reduction policies to some extent and has identified the health threats associated with injecting drug use. These countries are at different levels of implementation and coverage; however, there remains a need in all of them to scale up their services. The majority of services are provided through civil society organisations (CSOs); however capacity building through training and monitoring of interventions for these CSOs is needed to improve their service delivery. In addition, these countries need to advocate for allocation of national resources for harm-reduction funding, as to date they have mostly relied on support from external bodies.

In another group of countries, the health threats associated with injecting drug use have been identified, but at the implementation level services have either not been initiated, or they have started on a small scale and need to be expanded. In Bahrain, Jordan, Oman and Syria services have not been officially initiated, while in Egypt, Lebanon, the West Bank and Gaza, Jordan and Tunisia, needle and syringe distribution has been initiated as pilot programmes, but needs to expand coverage. Countries in this group face major barriers for service delivery including: a) Inadequate political support; b) Understaffing of national programmes for HIV; c) Limited financial resources from health budget; d) Inadequate surveillance systems; and e) Skewed focus of resource allocation towards HIV screening and antiretroviral treatment (ART).

The role of CSOs in the region in providing harm-reduction services has been an active one. In nine countries of the region (Afghanistan, Egypt, Iran, Lebanon, Morocco, Palestine, Pakistan, Jordan and Tunisia), most harm-reduction services for PWID are implemented by, and have been driven by CSOs. Active civil society organisations are an essential element influencing the progress of harm reduction within countries and therefore there is a need to support these CSOs, in order to ensure continuity of services and build their capacities towards sustainable programmes.

4 MENAHRA'S HISTORY

The *Middle East and North Africa Harm Reduction Association* (MENAHRA) was launched in 2007 as a collaborative initiative by the World Health Organisation (WHO) and Harm Reduction International (HRI, formerly IHRA), and funded by Drosos under the "*Strengthening the role of civil society organisations in the Middle East and North Africa*" project. Today, MENAHRA is an international NGO registered in Beirut under Presidential Decree number 7491, and its main funder is the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM).

MENAHRA is the first network on harm reduction for injecting drug use in the MENA region, covering 20 countries (Afghanistan, Algeria, Bahrain, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Syria, Tunisia, UAE and Yemen), with its secretariat in Beirut, and three knowledge hubs (KHs) based in Iran (KH-INCAS), Lebanon (KH-SIDC), and Morocco (KH-ArRazi).

The initiative was launched during a regional workshop organised by UNODC, UNAIDS, WHO and GTZ with the aim of stimulating informed national policymaking, and programme design and implementation in response to drug use and HIV in the region. The workshop comprised of HIV and drug use stakeholders from different sectors in MENA. In addition to the objective of increasing commitment to harm reduction, the consultation intended to explore and reach consensus on the establishment of a regional network on harm reduction. WHO and IHRA presented the Drosos funded project. Through interactive means, the participants discussed and provided their recommendations regarding the administration, location and membership of a regional network on harm reduction.

Following the consultation, an open and transparent call for proposals was launched in the Islamic Republic of Iran, Lebanon, and Morocco for the establishment of sub-regional knowledge hubs. The applicants of accepted proposals were assessed on the ground and selected to host the Sub-Regional Knowledge Hubs as follows:

- Lebanon: *Soins Infirmiers et Développement Communautaire* (SIDC) hosts the sub-regional knowledge hub for Lebanon, Egypt, Syria, Jordan, Palestine, Yemen and the six Gulf States.
- Iran: The *Iranian National Centre on Addiction Studies* (INCAS) hosts the sub-regional knowledge hub for Iran, Afghanistan, Pakistan and Iraq.
- Morocco: the *ArRazi Hospital* in Rabat hosts the sub-regional knowledge hub for Morocco, Algeria, Tunisia and Libya.

Based on the recommendations of the participants of the consultation, Caritas – Alexandria in Egypt and SIDC in Lebanon were approached to submit proposals for hosting the interim network secretariat based on their known experience in harm reduction and networking in the region. Proposal screening resulted in the selection of SIDC.

Moreover, in order to establish a uniform monitoring and evaluation system, the Department of Epidemiology and Prevention Department of INCAS was also selected as the Monitoring and Evaluation Unit of the MENAHRA Project.

In June 2007, the directors of the selected institutions, the managers of the sub-regional knowledge hubs, the coordinator of the interim secretariat and representatives WHO, IHRA and Drosos foundation met for the first time in the offices of WHO-EMRO in Egypt. This team agreed to become the Project Management Group (PMG).

A sub-group composed of the Sub-Regional Knowledge Hub Managers and the Network Coordinator was formed constituting the Project Implementation Group (PIG). Decisions regarding the overall approach of operation, image, and name of the project were taken during the meeting. The name "MENAHRA," which stands for Middle East and North Africa Harm Reduction Association, was agreed on as the name of the network, with the three Sub-Regional Knowledge Hubs being its main pillars. The PMG later defined its institutional objectives and strategic targets, and developed a monitoring and evaluation framework for measuring its progress, outputs, outcomes, and impact.

In 2009, MENAHRA became an independent social corporate, and in 2012, it was officially registered as an international organisation under Lebanese presidential decree number 7491.

5 OVERVIEW OF THE STRATEGIC PLANNING PROCESS

The development of this MENAHRA Strategic Plan for the 2014-2019 period started in February 2014 and was supported through a grant from GIZ. An external consultant assisted in the process. The strategic planning process took a systematic approach following a number of steps:

1. Clarification and agreement on the focus of the strategic planning process
2. Identification of MENAHRA's mandate
3. Stakeholder analysis and clarification of MENAHRA's mission and values
4. Development of a vision of success
5. Assessment of internal strengths and weaknesses and external opportunities and threats for MENAHRA (SWOT analysis)
6. Identification of priority strategic issues facing MENAHRA
7. Formulation of strategies and activities to address the strategic issues
8. Development of an effective implementation process and operational plan
9. Review and adoption of the strategic plan

A workshop was held in Beirut from 24 to 28 February 2014. Participants included staff of the MENAHRA secretariat in Beirut; selected staff of the Knowledge Hubs in Beirut (SIDC) and Tehran (INCAS); and regional partner organisations and institutions, including UN agencies, NGO partners implementing harm-reduction services and other stakeholders. A full list of the participants of this workshop is provided in Annex 1.

Initial agreement on the expected outcomes of the workshop was reached with MENAHRA staff. It was agreed that the Strategic plan would focus on *internal strategic* issues facing MENAHRA – the Secretariat and Knowledge Hubs – as an organisation, as well as *external strategic* issues, related to the delivery of harm-reduction services in the MENA region.

A discussion was held with staff to discuss MENAHRA's *mandate*, with a view to clearly understand the organisation's formal roles and responsibilities. This included an assessment of formal and informal expectations and requirements.

The *stakeholder analysis* involved developing a comprehensive overview of all MENAHRA's stakeholders and their expectations: this contributed to developing a *mission statement* that responded to the key expectations from the main stakeholders. In parallel, a small working group developed a *vision of success*.

The *SWOT analysis* resulted in a comprehensive list of internal strengths and weaknesses of MENAHRA – the Secretariat and its Knowledge Hubs – as an organisation, as well as external opportunities and threats affecting the successful implementation of harm-reduction programmes in the MENA region. This served as the basis for identifying the key strategic issues facing MENAHRA, distinguishing between internal issues of the organisation, and external issues related to harm-reduction service delivery. Details of these strategic issues will be discussed in the next section.

The identified strategic issues served as the basis for formulating the key strategies to be implemented to successfully address the strategic issues. In addition to strategies, more specific activities and responsibilities for implementation were identified. The workshop ended with a general draft operational plan, specifying the core priority strategies for the strategic plan.

The results of the workshop were subsequently used as the basis for developing a more detailed operational plan by the external consultant, with key strategies and main and specific activities organised around four objectives. This draft operational plan was then discussed with the MENAHRA Secretariat during a two-day workshop in Beirut from 27 to 28 March 2014 and adopted.

After the operational plan had been adopted, the strategic plan was finalised and a draft was circulated among key stakeholders, including staff from the Knowledge Hubs in Beirut and Tehran, and regional stakeholders including UN agencies and CSO service providers.

Comments and additions by the stakeholders were incorporated into the draft documents and the strategic plan and operational plan were finalised in June 2014.

6 KEY STRATEGIC ISSUES FACING MENAHRA AND ITS PARTNER ORGANISATIONS

The review of the key priorities facing MENAHRA (Secretariat and Knowledge Hubs) and its regional partners revealed a number of strategic issues that need to be addressed in order to ensure the effective fulfilment of MENAHRA's mission, and the attainment of the expectations of its main stakeholders.

Agreement on the strategic issues lies at the heart of the strategic planning process, as they represent the main challenges MENAHRA and its partners are facing, and which need to be addressed through the strategies and activities of the Strategic Plan.

The strategic issues were identified and discussed by staff from the MENAHRA Secretariat, Knowledge Hubs, and local and regional partners. This ensured contributions from different stakeholders, both from within MENAHRA (Secretariat and Knowledge Hubs), and from outside (partner CSOs and UN agencies).

The participants of the main strategic planning workshop were asked to identify strategic issues at three levels:

1. Strategic issues facing MENAHRA as an institution, including the Secretariat, the Knowledge Hubs, and their interrelationship ("internal" organisational issues)
2. Strategic issues related to MENAHRA's mandate, mission and its core activities
3. Strategic issues related to the delivery of harm-reduction services in the MENA region

These three levels can be seen as representing the following process (*see Figure 2*):

FIGURE 2 **Strategic issues facing MENAHRA and its partners at three levels**

The *blue square* represents MENAHRA's organisational resources – staff, funding, technical expertise – and the rules and regulations that determine the way it is functioning as Secretariat and Knowledge Hubs. The *purple arrow* represents the activities and services that the MENAHRA Secretariat and Knowledge Hubs provide to their clients, beneficiaries and target groups, including their sub-recipients, Governmental partners and policy makers, people who use drugs, and other stakeholders. The *red oval* represents the results and outcomes in terms of service delivery, usually through harm-reduction CSOs: this involves aspects of quality of services, coverage and uptake, comprehensiveness and referral networks, and sustainability.

These three components of the process of harm-reduction service delivery have also been used to structure the objectives and result areas of the Strategic Plan, with Objective 1 relating to internal organisational issues ("inputs"); Objectives 2 and 3 addressing MENAHRA's core activities ("process"); and Objective 4 dealing with issues of grant management and service delivery ("results & outcomes"), which is mainly done through partner organisations.

Participants were asked to formulate the strategic issues as questions, which would prompt a response in terms of the main actions to be undertaken to effectively address the issues. The results of the group work discussions on strategic issues at these three levels reveal the following:

1. Strategic issues related to MENAHRA's institutional and organisational functioning:

Strategic issues related to MENAHRA's internal functioning as an institution consisting of a Secretariat based in Beirut, and Knowledge Hubs in Iran, Lebanon and Morocco include the following:

- How to ensure and strengthen the *financial sustainability* of the MENAHRA Secretariat and its Knowledge Hubs?
- How to improve the *functioning and the collaboration* between the MENAHRA Secretariat and Knowledge Hubs?
- How to strengthen the active involvement of the MENAHRA *Board*?

These strategic issues reveal financial sustainability and (greater) independence as a key priority: to date, MENAHRA has been strongly dependent on funding from donors, such as WHO, The Global Fund and other donors. However, this has not only led to a dependency on donors for financial resources, but it has also affected MENAHRA's functioning, as its activities have become increasingly donor-driven – especially in the context of the management of the Global Fund grant. This has affected the performance in some of the areas of MENAHRA's mandate and mission, and has resulted in concentrating on those countries supported by the Global Fund grant. In addition, the *relationship and collaboration* between the Secretariat and Knowledge Hubs – especially those in Iran and Morocco – have suffered from limited funding from the Global Fund for the Knowledge Hubs and their activities. As a result, the revision and revitalisation of this relationship was considered a major issue to be addressed.

Finally, there is high potential for further involvement of the Board of Directors in order to ensure a higher impact on MENAHRA's overall performance.

2. Strategic issues related to the core activities and strategies implemented by the MENAHRA Secretariat and Knowledge Hubs

As shown in the figure above, strategic issues related to MENAHRA's mandate and mission involve its core activities, including advocacy, capacity building, technical assistance (TA), research, information services and grant management. Strategic issues identified in this field include:

- How to strengthen a supportive environment for harm reduction in the MENA region? How to get Governments more involved and committed to harm reduction, including through political and financial support? (*advocacy*)
- How to better communicate with governments and strengthen the role and collaboration with the *media*?
- How can MENAHRA enhance and promote research efforts and *studies* on harm reduction in the MENA region?
- How to ensure that capacity building meets the needs in a comprehensive way, and how can the status of training and *capacity building* be strengthened, e.g. through certification and accreditation?
- How to ensure that MENAHRA remains, or strengthens its role as the *main centre of expertise* in the field of harm reduction in the MENA region? How to develop new and innovative services and approaches in this context?

The strategic issues related to MENAHRA's mandate and mission – its "*core business*" – show the need to ensure that the MENAHRA Secretariat and Knowledge Hubs critically review their current performance in all these areas, and formulate specific actions to strengthen their functioning accordingly. This involves refocusing on MENAHRA's core activities as a centre of knowledge and expertise – through increased investment in research; information and communication; professionalising and marketing its technical assistance activities; strengthening partnerships with universities and research institutions; and systematising its advocacy and lobbying efforts – and reducing the amount of time and human resources invested in grant management. Implementation and management of harm-reduction programmes is not MENAHRA's core business, but should be instrumental to piloting innovative approaches in the field, and conducting operational research in support of strengthening evidence-based harm-reduction interventions in the MENA region.

3. Strategic issues related to harm-reduction programmes and service delivery

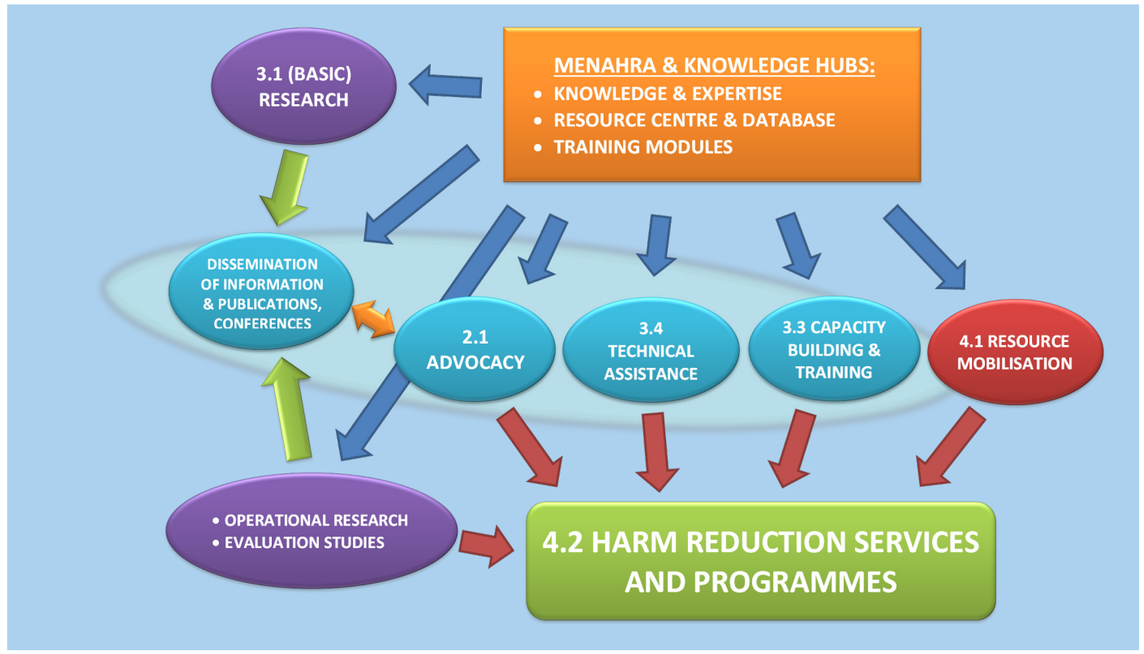
Strategic issues that were identified at the level of the results and outcomes of MENAHRA's activities, and its impact on the delivery of programmes and services in the MENA region, include the following:

- How to expand the geographic coverage of MENAHRA's activities, e.g. including countries of the Gulf Cooperation Council (GCC)?
- How to ensure (financial) sustainability of harm-reduction service delivery beyond donor support, especially from the Global Fund? How to strengthen the capacity of CSOs to mobilise their own resources and become more sustainable?
- How to scale up coverage and utilisation of harm-reduction services, and allow going beyond small pilot projects?
- How to ensure and improve the quality and comprehensiveness of harm-reduction service delivery, and strengthen collaboration and referral between Government and CSO services?

Discussions focused on the role of MENAHRA in strengthening harm-reduction service delivery as a centre of knowledge and expertise, and how best to support governments and (especially) CSOs in implementing these services. As mentioned above, implementation of services and grant management are not MENAHRA's core business. However, the current management of the Global Fund grant, has given MENAHRA a unique opportunity to translate its expertise into practice, by providing capacity building and technical assistance to its sub-recipients, as well as through operational research and establishing M&E systems, and using the lessons learned for advocacy, information services and for continuously strengthening its own expertise. This, while implementation and grant management are not the primary focus for MENAHRA, it has and should continue to be a function that can strengthen its overall performance. However, future activities in this field should focus more on piloting innovative approaches, conducting operational research, and providing on-the-job technical support to sub-recipients. Knowledge hubs should also be involved more actively in these aspects of grant management.

Figure 3 provides a vision of MENAHRA's ideal role in strengthening harm reduction in the MENA region: the square box shows MENAHRA's *main identity* as a centre of knowledge and expertise – with clear roles for the Secretariat and Knowledge Hubs – a resource centre and database, and an institution that strengthens regional capacity through training and technical assistance.

FIGURE 3 **Core activities related to MENAHRA's mandate and mission**



The *four blue ovals* represent MENAHRA's core business: dissemination of information and communication through various channels and modalities; advocacy with governments to create supportive policy and legal environments for harm reduction in the MENA region; Technical assistance to CSOs, governments and other partners for the development and implementation of harm-reduction policies, programmes and services; Capacity building and training of service providers and policy makers.

Basic and operational research and evaluation studies (*the purple ovals*) have not been a major focus of MENAHRA to date, but should become a more important part of MENAHRA's activities in the near future. The Knowledge Hubs can and should play a particularly active role in this field, while partnerships with universities, research and training institutions should be established to further strengthen this area.

Resource mobilisation is instrumental for ensuring MENAHRA's own sustainability, as well as the sustainability of harm-reduction service delivery, with special attention for quality of services, scaling up coverage and utilisation of services, and improved networking and referrals to ensure access to comprehensive serviced for PWUD/PWID.

Ultimately, MENAHRA's activities in all these areas will contribute to the effective implementation of harm-reduction services and programmes in the MENA region (*the green square*): MENAHRA can play an active role in this field through resource mobilisation, management of *(larger and smaller)* grants, and the implementation of pilot projects.

The elements shown in Figure 2 represent the key strategic areas that MENAHRA and its partners should focus on in the near future. As such, they constitute the bases for the Strategic and Operational Plan for the 2014-2019 period. In this regard, the next section will address the four main objectives, result areas, strategies and main activities of the Strategic Plan, which aim to address the key strategic issues identified, and ensure successful implementation of harm reduction programmes in the MENA region in the next five years.

7 PRIORITY AREAS, OBJECTIVES, STRATEGIES AND MAIN ACTIVITIES FOR MENAHRA IN THE 2014-2019 PERIOD

The previous section discussed the key strategic issues that have been identified as priorities to be addressed by MENAHRA and its direct partners. These strategic issues relate to: 1) Internal organisational and institutional challenges facing the MENAHRA Secretariat and Knowledge Hubs; 2) Core activities of MENAHRA (Secretariat and Knowledge Hubs) that are directly related to its mandate and mission; and 3) Implementation of harm-reduction programmes and services, with technical support from MENAHRA.

These strategic issues are the basis for the formulation of the following objectives in four priority areas:

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 organisations (HRSOs), in support of evidence-informed implementation of harm-reduction programmes
4. To provide *technical and management support to civil society organisations* for the successful delivery of high-quality harm-reduction services for PWUD/PWID in the MENA region.

The successful implementation of key strategies in the Strategic Plan's proposed four priority areas and associated Objectives entails the achievement of a number of key results for each priority area. This section provides an overview of the *key results* for each priority area, and describes the main strategies for producing these results.

7.1 Programming for Results in Priority Area 1: Strengthening the performance and sustainability of the MENAHRA Secretariat and Knowledge Hubs

The key results or outcomes expected in the context of Priority Area 1 include:

Expected key result in Priority Area 1:

1a. MENAHRA Network effectively functioning, with adequate collaboration between Secretariat and Knowledge Hubs, and long-term *institutional and programmatic sustainability*
1b. The MENAHRA Network – Secretariat and Knowledge Hubs – has attained *financial* sustainability that allows its continued performance as centre of expertise independent of short-term donor support

In this context, interventions will be implemented in the following result areas to strengthen MENAHRA's institutional performance and financial sustainability:

1.1 Strengthen the organisational and institutional capacity and functioning of the MENAHRA Secretariat, Knowledge Hubs and Board.

1.2 Strengthen MENAHRA's financial sustainability

Result Area 1.1:	Strengthen the organisational and institutional capacity and functioning of the MENAHRA Secretariat, Knowledge Hubs and Board

Strengthening the institutional and organisational capacity of the MENAHRA network – comprising the Secretariat in Beirut and the three Knowledge Hubs in the MENA region – involves strengthening the individual capacity and skills of the member institutions, as well as their collaboration and coordination for planning and conducting joint activities. MENAHRA's relatively recent role as the principal recipient of a regional HIV grant from The Global Fund has had a major impact on the workload of the Secretariat, while the involvement of the Knowledge Hubs remained limited due to the decision by the Global Fund not to support the Knowledge Hubs under this grant. While the management of this regional grant has allowed MENAHRA to gain valuable experience in the management of harm-reduction services in the region, it has also had an impact on the collaboration within the MENAHRA network. In this context, it is vital to strengthen these linkages between Secretariat and Knowledge Hubs, and revitalise the role of the MENAHRA network as a centre of regional expertise on harm reduction in the MENA region. To this effect, the following six main activities are planned for the 2004-2019 period:

1.1.1 Strengthening the human resource capacity of the MENAHRA Secretariat and Knowledge Hubs – The reorientation of MENAHRA on its original mandate, roles and responsibilities, especially in the field of research and information management, will require: 1) a revision of the terms of reference and job descriptions of the current staff – especially at the secretariat – as well as: 2) the recruitment of additional staff to deal with the foreseen increased tasks. More human-resource capacity is expected to be required in the field of resource mobilisation; technical assistance; research; and information management. Additional staff will be hired as needed, in accordance with increasing workloads in these respective fields. 3) Capacity building of existing and new staff will involve technical expertise regarding harm reduction, as well as skills for project and financial management; monitoring and evaluation (M&E); information technology (IT); policy advocacy and other key areas identified as priorities. As part of strengthening staff capacity, each year, eight MENAHRA representatives from Secretariat and Knowledge Hubs will attend international conferences on HIV/AIDS, harm reduction or related areas; and present research papers (see Strategy 3.1). 4) Finally, four MENAHRA staff will be participating in international field and exchange visits to harm-reduction programmes in the region and/or beyond, that will allow them to get a first-hand experience with innovative approaches to harm reduction in other settings.

1.1.2 Redefine and update the MENAHRA Network model – In addition to reviewing and updating the roles and responsibilities of individual staff, and strengthening their skills and capacities (see 1.1.1), the overall MENAHRA network model will require a thorough revision, with a view to revitalising the collaboration between Secretariat and Knowledge Hubs in the field of joint fund-raising; consultancy assignments (TA); and joint activities in the field of research; organisation of the 2-yearly Regional Harm Reduction Conference; development of training modules and materials; and advocacy. To this effect, a systematic evaluation will be done of current MENAHRA activities, to identify the most effective partnership model for secretariat and Knowledge Hubs. This will result in the signing of renewed memoranda of understanding between the MENAHRA Secretariat and the Knowledge Hubs, which will guide future cooperation.

1.1.3 Strengthening of communication and coordination between MENAHRA Secretariat and Knowledge Hubs – Communication and coordination between the Secretariat and Knowledge Hubs has been suboptimal in the past few years. To strengthen the internal communication, quarterly online meetings and conferences will be held between secretariat and knowledge hubs; furthermore, joint Annual Reports will be developed and joint planning and coordination meetings will be held in Beirut every two years to strengthen the Network's common focus. Finally, linkages between the respective websites of the MENAHRA Secretariat and the Knowledge hubs will be strengthened, and new, joint content will be developed.

1.1.4 Partnerships with international universities, research and teaching/training institutions for joint research and capacity-building programmes in the harm reduction field – Research will play an increasingly important role in MENAHRA's activities. In this context, in addition to strengthening MENAHRA's in-house research capacity (see 1.1.1), MENAHRA will reinforce its partnerships with universities, research and teaching/training institutions in the MENA region and beyond. To this effect, 1) an assessment will be done to identify potential partner institutions; and 2) Partnership models will be developed that will specify the relations, roles and responsibilities of MENAHRA (secretariat and knowledge hubs) and its partners in the research field. 3) The partnerships models will be the basis for engaging new research partners and 4) establish official agreements on joint activities through MoUs. Joint activities that will take place in the field of research, training and teaching are specified in the context of objective 3.

1.1.5 Strengthen Membership and active involvement of MENAHRA Board in resource mobilisation and advocacy activities – In addition to strengthening the MENAHRA Secretariat and Knowledge Hubs, and expanding partnerships with other institutions, the functioning of the Board needs to be improved to ensure guidance of MENAHRA's activities. To this effect, the Board's terms of reference will be reviewed and updated, and regular biannual Board meetings will be held. Board membership will be renewed and updated every three years, with a specific view to strengthening linkages with decision makers at regional and international level, including from new sub-regions that have been underrepresented to date, such as the GCC countries. Board members will be involved more actively in resource-mobilisation for research and capacity-building activities through their respective networks.

1.1.6 Strengthen and update Office infrastructure of MENAHRA Secretariat and Knowledge Hubs – Finally, a supportive working environment for staff of MENAHRA Secretariat and Knowledge Hubs will be promoted by ensuring adequate IT and other equipment and facilities.

Result Area 1.2: Strengthening MENAHRA's financial sustainability

Financial sustainability is a key aspect of overall sustainability. While the current Global Fund grant supports the staffing and a large part of the activities of the MENAHRA Secretariat, the Knowledge Hubs have been excluded from the grant by the Global Fund, and overall, MENAHRA has become heavily dependent on this one donor. In addition, this has led to a concentration on the donor-driven management of harm-reduction services, at the cost of other important elements of MENAHRA's mandate in the field of information and technical support beyond Global Fund beneficiaries. In this context, strengthening financial sustainability through diversification of donors and the development of income-generating activities is an important priority for the 2014-2019 period. To this effect, the following three main activities will be conducted:

1.2.1 Develop resource-mobilisation strategy and strengthen capacity for fundraising – MENAHRA will develop a resource-mobilisation strategy to guide a more systematic focus on financial sustainability, which will allow the organisation to pursue its own mandate, rather than being dependent on a donor-driven agenda. This will also include recruitment of additional human resources specifically tasked with resource mobilisation for MENAHRA as an organisation, as well as for harm-reduction service delivery in the region (see Objective 4).

1.2.2 Resource mobilisation among regional and international multi- and bilateral donors in support of MENAHRA Secretariat and Knowledge Hubs – Resource mobilisation will be done through the development of regular (at least 4 per year) project proposals for different donors and private foundations, which will support the core activities of the secretariat and Knowledge Hubs. The partnerships that were created as part of Activity 1.1.4 may also help mobilise these additional resources.

1.2.3 Establish Consultancy services at MENAHRA Secretariat in collaboration with Knowledge Hubs – In addition to the more 'traditional' resource-mobilisation activities (see 1.2.2), the Secretariat and Knowledge Hubs will specifically invest in the development of consultancy services to generate regular resources for the network and become less dependent on donors. To this effect, 1) a Consultancy Department will be established in the Secretariat, and: 2) a business model will be developed for the provision of consultancy services to a range of clients. This business model will include: Project design and development; mid-term and end-of-project evaluations of harm-reduction programmes; Capacity building and training; as well as Technical assistance (TA) to various aspects of project management. 3) MENAHRA will create its own "pool of consultants", regional and international experts that can be contracted for specific TA and other consultancy services in the field of harm reduction. 4) The Consultancy Department will be responsible for the development of bids for consultancy assignments of international donors such as the EU and bilateral donors, as well as proposals for private foundations, including in the MENA region.

7.2 Programming for Results in Priority Area 2: Creating a Supportive Environment for the implementation and scaling up of harm-reduction activities in the MENA region

While Priority area 1 focuses on strengthening MENAHRA as an organisation, priority areas 2 to 4 focus the core activities related to MENAHRA's mission and mandate as an *advocate and expertise centre* on harm reduction in the MENA region, or as a grant manager.

A key area in this regard is the *creation of supportive policy, legal and societal environments for harm-reduction* programmes and services in the MENA region. The key result or outcome expected in the context of Priority Area 2 includes:

Expected key results in Priority Area 2:

2a. Supportive policy environment in place, with adequate Government funding for core harm-reduction services in key MENA countries
2b. Supportive legal frameworks in place that allow the implementation of core harm reduction services in key MENA countries

In this context, interventions will be implemented in the following result areas to create supportive environments:

2.1 Systematic advocacy with policy makers at the Government and institutional level to promote implementation of harm-reduction programmes and services for PWUD/PWID
2.2 Development of a model legal and policy framework to support the introduction of harm-reduction services in priority countries.

Result Area 2.1: Conduct systematic advocacy with policy makers at Government and institutional level to promote implementation of harm-reduction programmes and services for PWUD/PWID

Policy advocacy is the key strategy for MENAHRA to promote a supportive environment for harm reduction in the MENA region. To date, harm reduction has received limited support in the region for two reasons: 1) drug use is not considered a major priority; and 2) harm reduction is not always considered the appropriate response, as it is seen by some policy makers as promoting drug use. In this context, advocacy with decision makers in key Government ministries (e.g. Health and Interior), as well as directors of key institutions working with drug users, is essential to create an environment that will allow the introduction of harm reduction programmes and services. Thus, the following activities will be implemented by MENAHRA:

2.1.1 Develop and implement an updated MENA Regional Advocacy Strategy for high-level decision-makers at governmental and institutional level – with specific National sub-strategies for key MENA countries – An overall advocacy strategy is crucial to ensure systematic, rather than haphazard, implementation of advocacy. To date, MENAHRA has been actively advocating for harm reduction in MENA, based on identified needs and following an overall advocacy plan. The advocacy strategy will be updated and costed to ensure adequate resources can be mobilised for the implementation of the proposed activities.
1) The regional advocacy strategy will distinguish between three contexts: a) countries with supportive policies and legislation for harm reduction, as well as concrete experience in implementing harm reduction services, such as Iran, Lebanon, Morocco and Pakistan. b) Countries with some level of acceptance and/or implementation of harm reduction, but where significant obstacles remain for its further scale-up or implementation of comprehensive services; c) Countries where harm reduction faces considerable opposition, and where strong and sustained advocacy is needed to create an entry point for piloting basic harm-reduction programmes. These three scenarios will allow advocacy strategies that are tailored to the context of specific countries, and will serve as the basis for specific country-level advocacy strategies, which will target specific priority countries. 2) In addition to developing advocacy strategies, staff of the MENAHRA Secretariat and Knowledge Hubs will be trained in advocacy and lobbying skills to ensure a professional approach to advocacy. 3) The regional advocacy strategy will be the basis for developing a specific project proposal to mobilise resources for its implementation. 4) In addition, special M&E tools will be developed to systematically monitor the implementation of the advocacy strategy and evaluate its impact. 5) Implementation of the advocacy strategy will involve media advocacy campaigns, lobbying and advocacy with key decision makers, roundtables and forum discussions to present and discuss evidence on the effectiveness of harm reduction.

2.1.2 Expanding and strengthening contacts and partnerships with high-level policy makers in Ministries and institutions in key MENA countries for informal advocacy and lobbying – MENAHRA will systematically expand its contacts and network of decision makers in the MENA region, prioritising selected countries with a major drug use epidemic and/or which require intensive advocacy to create a more supportive environment. Key contacts include high-level officials in Ministries of Health, Interior and Justice, directors at Psychiatric hospitals, Addiction Centres, Prison Departments etcetera. These networks will allow ongoing, informal advocacy and lobbying for harm reduction in key countries, using opportunities as they arise, e.g. during country visits, regional meetings and conferences. These advocacy and lobbying activities will be systematically monitored to assess their effectiveness and adjust approaches as needed.

2.1.3 Conduct regular, formal advocacy activities to promote acceptance and implementation of Harm-reduction programmes and services by Government and civil society – In addition to the informal advocacy and lobbying activities using networks of key decision makers as mentioned above, more formal advocacy activities will be implemented through: 1) Special advocacy missions; 2) Annual sub-regional and country-level advocacy meetings and workshops for high-level policy makers and technical experts to sensitise and build capacity on key harm-reduction concepts; and 3) through annual study tours and exchange visits to best-practice sites in selected countries, with a view to sensitising and building capacity among high-level decision-makers and technical experts. Study tours can be key to changing the perceptions of high-level decisions makers, but special attention will be given to commitment and follow-up to ensure that these study tours translate in concrete policy and programmatic measures. 4) Furthermore, sensitisation and capacity building will take place for media professionals to transmit key messages to promote understanding and acceptance of harm reduction services.

2.1.4 Support establishment of new, and support for existing self-help groups of PWID/PWUD with a view to empowerment and active involvement in Advocacy for Harm Reduction in priority countries – An important aspect of advocacy is the active involvement of people who use and/or inject drugs (PWUD/PWID) in advocacy activities, to ensure their perspectives are taken into account and their voices are heard. In this regard, MENAHRA will continue to: 1) Foster the establishment and support for self-help groups and organisations of (former) PWID. 2) Furthermore, MENAHRA will support capacity building and training for (former) PWUD/PWID in the field of advocacy and lobbying; and 3) education and advocacy activities conducted by PWUD/PWID.

Result Area 2.2: Develop model legal and policy framework to support introduction of Harm Reduction services in priority countries

The successful introduction and implementation of harm reduction programmes requires specific legal and policy frameworks, e.g. to allow opioid substitution therapy (OST) or needle-and-syringe-exchange programmes. In addition to advocacy, MENAHRA will therefore also support the development of 'model' legal and policy frameworks to facilitate the adoption of harm reduction programmes and services.

2.2.1 To this effect, the MENAHRA secretariat and Knowledge Hubs will conduct **reviews of existing legal and policy frameworks in selected priority countries in MENA region**. This will contribute to a thorough understanding of the gaps and challenges in this field, and allow developing adequate strategies to support harm reduction in these countries.

2.2.2 MENAHRA will subsequently **develop 'model' legal and policy frameworks and specific legislative proposals** to serve as the basis for smooth introduction of selected harm-reduction services in priority countries. These 'model' frameworks aim to make it easier for countries to develop and introduce the necessary legislative and policy measures that are required for the implementation of various harm-reduction services. MENAHRA will work in close collaboration with the League of Arab States, which has already developed a model HIV Law in 2012, and which can provide a policy context for the subsequent introduction of harm reduction interventions.

7.3 Programming for Results in Priority Area 3: Strengthening knowledge and capacity in the field of harm reduction through research; dissemination of information; and capacity building of CSOs, in support of evidence-informed implementation of harm-reduction programmes

Strengthening the availability and access to knowledge, expertise and capacity in the field of harm reduction lies at the heart of MENAHRA's mission.

The key results or outcomes expected in the context of Priority Area 1 include:

Expected key results in Priority Area 3:

3a. MENAHRA Network is the main centre of expertise on harm reduction in the MENA region
3b. Strengthened evidence base for effective harm reduction services through research
3c. Increased technical and institutional capacity of key harm-reduction service providers in key MENA countries

In this context, and building on MENAHRA's existing activities and experience, interventions will be implemented in the following five result areas to strengthen knowledge, expertise and capacity in the field of harm reduction in support of evidence-informed implementation of harm-reduction programmes:

1. Strengthening the evidence base on harm reduction through research on regional and national priority issues
2. Strengthening the availability and access to information through dissemination and publication of information, conferences, resource centre etc.
3. Development of protocols, guidelines, training modules and tools based on evidence from (operational) research and evaluation studies
4. Strengthening the technical and institutional capacity of government and civil society service providers to deliver high-quality harm reduction services
5. Provision of technical assistance to governments, policy makers and service providers on harm reduction policy and programme development.

Result Area 3.1: Strengthening the evidence base on harm reduction through research on regional and national priority issues

The MENAHRA Secretariat and Knowledge Hubs have been involved in a number of research projects, including operational research in the context of the Global Fund grant. To date, however, MENAHRA has focused more on communication and the dissemination of existing information, rather than the collection of new data through research. Given the paucity of accurate data on harm reduction in the MENA region, MENAHRA wants to strengthen its own capacity and involvement in research, and play a more active role in strengthening the availability of, and access to harm-reduction-related information. To this effect, the 2014-2019 strategic plan includes the following strategies:

3.1.1 Establishing partnerships with international and Regional Research institutions and Universities to conduct joint research – in addition to the strengthening of networks and partnerships with key stakeholders in the MENA region and beyond in the context of Objective 1, MENAHRA will specifically establish partnerships with universities and research institutions in the region and beyond, with a view to conducting joint research (see 3.1.3). As a first step, MENAHRA and its Knowledge Hubs will identify potential research partners, with a proven track record in the field of harm reduction, preferably also in the MENA region. This inventory of potential research partners will be the basis for establishing formal partnerships with universities, research institutions, addiction and drug-treatment centres, and other key institutions in- and outside the MENA region. In addition to joint research, these partnerships will also facilitate strengthening MENAHRA's research capacity through exchange visits and field training. Finally, these partnerships will be used to conduct joint resource-mobilisation activities for research projects.

3.1.2 Developing and annually updating a research agenda on harm-reduction-related priority issues in the MENA region and specific priority countries – MENAHRA and its research partners will establish a research committee, which will meet twice per year to develop a research agenda that will be based on the identified research priorities for the MENA region, as well as for selected priority countries. This research agenda will guide the research projects of MENAHRA and its partners; in addition, MENAHRA will publicise and promote the research agenda among donors and other stakeholders through its website, meetings and other channels

3.1.3 Joint research projects with international and regional partners on identified priority research topics – Each year, MENAHRA and its research partners will conduct a maximum of three studies, based on the priorities identified in the research agenda. While MENAHRA will initially play a supportive role for its partners in these studies, as MENAHRA's own research capacity and expertise increase – both through additional research staff and capacity building – MENAHRA's role will gradually increase, and research will become a more important component of MENAHRA's activities. Possible priority topics for the first two years include: 1) a situation analysis of existing policies and services related to drug use, harm reduction and other areas in the MENA region; 2) Outcome and impact evaluation studies of (selected) needle-and-syringe (exchange) and OST programmes & services currently being implemented in the MENA region; 3) Research on female drug users and their access to, and utilisation of harm-reduction services (in selected countries); 4) Research on non-injecting drug users, e.g. ATS users, sex workers and MSM using drugs. The results of these and other studies will be published and widely disseminated through various channels, including peer-reviewed journals and at regional and international conferences. In addition to joint research projects, collaboration with research partners will also include training and capacity building.

Result Area 3.2:	Strengthening the availability and access to information through dissemination and publication of information, conferences, resource centre etc.

A key part of MENAHRA's mission is to be the main centre of expertise and knowledge in the field of harm reduction in the MENA region. To date, MENAHRA and its knowledge hubs have already been a major resource centre for the region, and want to further expand and improve this function. The main objective of these information services is to enhance evidence-informed decision making regarding programmes, policies and resource allocation for harm-reduction services. To this effect, MENAHRA and its Knowledge Hubs will continue to develop and provide innovative services to strengthen the availability, access and utilisation of information on harm reduction through the following main strategies:

3.2.1 Establish and maintain a comprehensive database on harm reduction in the MENA region – This comprehensive database will be the basis for MENAHRA's information services (see below) and comprise epidemiological data; social, psychological and biomedical research data and reports; cost-effectiveness studies; project and programme reports from The Global Fund and other projects; regional and national policy documents; evaluation-study reports; and other relevant information related to harm reduction. To support maintenance of the database, regular staff training will include issues of IT and harm reduction. Furthermore, students will be offered internships and part-time positions to build database-management capacity among young professionals.

3.2.2 Develop a 2-yearly MENA report for HRI Global State of Harm Reduction Report – MENAHRA already contributes data on the status and trends of drug use and harm reduction in the MENA region to the International Harm Reduction Association's IHRA Global State of Harm Reduction Report, and will continue to do so in 2014, 2016 and 2018.

3.2.3 Develop 2-yearly comprehensive Regional Situation Report on the status and trends of drug use and harm reduction in the MENA region – Complementing the biennial IHRA report, the MENAHRA Secretariat and Knowledge Hubs will produce a 2-yearly regional report in 2015, 2017 and 2019. This regional report will be published in English and Arabic in printed and CD-ROM format and distributed among regional and international stakeholders.

3.2.4 Provide access to updated information through "Online Harm Reduction Resource Centre" – The comprehensive MENAHRA database (see 3.2.1) will be used to provide online access to selected information on harm reduction in the MENA region. This Online Harm Reduction Resource Centre will package data and information in a user-friendly way, in order to facilitate its use in the development and implementation of harm-reduction programmes, policies and advocacy activities. The Online Resource Centre will be hosted by the MENAHRA website, with links to the MENAHRA Knowledge Hubs in the region. In addition to the website, the Online Resource Centre will also offer active document-search services and provision of documents and information not available on website on request. The utilisation of the Online Resource Centre will be monitored and evaluated to allow its further improvement.

3.2.5 Produce and disseminate the monthly MENAHRA Electronic Newsletter and other electronic news services – 1) MENAHRA will continue to produce its monthly newsletter, which contains news and updates on harm reduction in the region and beyond from experts and special contributors, scientific journals, newsletters, conference reports, research reports, programme reports and other sources. The electronic newsletter actively invites stakeholders to share their information and news with the region, and thus provides an electronic platform for discussing the advances of harm reduction in the MENA region. In the 2014-2019 period, MENAHRA will make special efforts to increase the number of subscribers through active promotion among stakeholders. 2) In addition to the existing electronic newsletter, a new initiative is the production of an annual "glossy" online newsletter, which will provide an overview of the main developments in the field of harm reduction in the MENA region of the previous year. Special attention will be given to the layout to give it a "glossy' character that draws the reader's attention. If successful, the glossy online newsletter may also be produced in a printed format in subsequent years. 3) Another electronic newsletter initiative will be daily online updates by MENAHRA correspondents on news from major (regional and international) harm reduction and AIDS conferences. This MENAHRA service will allow MENAHRA members and subscribers of the MENAHRA Newsletter who cannot attend these conferences in person to follow the main developments.

3.2.6 Organise and Hold 2-yearlyRegional Harm Reduction Conferences for the Middle East and North Africa in 2015, 2017 and 2019 – MENAHRA has organised two successful regional and assisted in the organisation of one international harm reduction conferences. Three-day regional conferences will be organised and held in 2015, 2017 and 2019 in close collaboration with MENAHRA's research partner institutions. Conference reports will be produced and disseminated among participants and online to achieve maximum coverage of the conferences. In addition, the regional conferences will allow MENAHRA to discuss future research projects with regional and international partners, further strengthen its research activities and enhance its research profile in the MENA region. The conferences will play an increasingly important role for MENAHRA to consolidate its function as key centre of expertise on harm reduction

3.2.7 Develop and implement innovative information services using emerging information technologies – In addition to the existing information services (annual reports, online resource centre, electronic newsletter, conferences) MENAHRA will develop additional information services and products, using innovative technologies, such as cell-phone-based applications, to further strengthen the accessibility and utilisation of harm-reduction-related information. These IT techniques will complement existing modalities for disseminating information.

Result Area 3.3:	Development of protocols, guidelines, training modules and tools based on evidence from (operational) research and evaluation studies

In addition to MENAHRA's research (see 3.1) and information-dissemination (see 3.2) functions as the main centre of expertise on harm reduction in the MENA region, MENAHRA wants to take on a more proactive role in providing information that is tailored to the needs of specific users. In this regard, MENAHRA will develop protocols, guidelines, training modules and tools for the delivery of harm-reduction services, which are based on evidence from research and evaluation studies, as well as operational research from programme implementation.

These products and services aim to go beyond making information *available and accessible*, by setting *standards* and providing practical *protocols* and guidelines that can guide the development and implementation of harm-reduction policies, programmes and services. In addition, the MENAHRA Secretariat and Knowledge Hubs will prioritise the development of *capacity-building* and *training* modules and tools, which will be used in capacity-building activities organised by MENAHRA and its Knowledge Hubs, as well as by regional partners and stakeholders. The following two main strategies will be implemented:

3.3.1 Development and updating of harm-reduction standards, protocols and guidelines on selected priority aspects of Harm-reduction services – In this context, the MENAHRA Secretariat and Knowledge Hubs will: 1) *Conduct an annual review of existing standards, protocols and guidelines* for harm-reduction service delivery and: 2) Revise and update them based on new insights from (operational) research, evaluation studies, programme reports, policies and (new) international guidelines. 3) The revised standards, protocols and guidelines will be printed and made available online to key members and partners in the MENA region – including government and civil society service providers. Furthermore, substantial changes in standards, protocols and guidelines will be incorporated in new training materials and capacity-building activities (see 3.3.2 and 3.4.1)

3.3.2 Develop and update capacity-building and training modules in the field of harm reduction and organisational & institutional development (OID) for Government and Civil society service providers – In addition to the development and revision of standards, protocols and guidelines, the MENAHRA Secretariat and Knowledge Hubs will also develop and update *training modules and tools on the areas of harm reduction and organisational and institutional development (OID)*. To this effect, MENAHRA will: 1) make an inventory of existing training materials and tools; and 2) review newly developed capacity-building materials and tools of other institutions, and adapt and translate selected training materials to Arabic for their use in the MENA context. 3) In addition, MENAHRA will develop its own new capacity-building and training materials and tools where these are not available from other institutions. These materials will focus on harm reduction service delivery, as well as organisational and institutional development. 4) In addition to specific training modules and tools, MENAHRA will work in close collaboration with its regional and international partners – universities, training institutions, harm-reduction networks in other regions – to develop certified courses on harm-reduction service delivery at a) basic and b) advanced levels. These certified courses will include specific technical areas, such as needle-and-syringe-exchange programmes; opioid substitution therapy; peer-driven interventions and outreach; overdose management; and drug-rehabilitation services. The certified courses will be offered in conjunction with MENAHRA's partner institutions (also see strategy 1.1.4). 5) Furthermore, MENAHRA will develop online training courses on general harm-reduction concepts and service delivery, with annual updates. These online courses can be self-conducted by members and partners (free of charge) or for a small fee for other parties.

Result Area 3.4:	Strengthening the technical and institutional capacity of government and civil society service providers to deliver high-quality harm reduction services

The capacity-building and training courses, materials and tools developed by MENAHRA and/or in conjunction with its partners (see 3.3.2), will be used during different types of capacity-strengthening activities in two major areas: 1) Technical capacity in the field of harm-reduction services; 2) Organisational and institutional capacity.

3.4.1 Strengthening technical capacity of Government and civil society service providers to provide high-quality harm-reduction services – Capacity building for service providers in the field of harm reduction will follow a systematic approach: 1) Every 2 years, a rapid assessment will be conducted to identify the main capacity-building needs among service providers in the field of harm-reduction in key MENA partner countries. The assessment will be done among partner institutions in a low-cost manner, using online questionnaires on the MENAHRA website, Facebook account, and via e-mail and Skype. 2) The results of this assessment will be used to develop and regularly update an overall capacity-building plan, which will include: a) General harm-reduction training courses for all service providers in the MENA region; and b) Specific training tools and modules targeted to local (country and institutional level) capacity-building needs. The plan will specify how MENAHRA training modules and tools will be used to address the identified capacity-building needs.

Capacity-building activities will be conducted in three ways: 1) Certified online training courses – developed in conjunction with MENAHRA partners – will be available free of charge to MENAHRA members and partner organisations. Other organisations and individuals may use these online training tools for a small fee, which will contribute to the further development and updating of training materials. The online training tools will also be used to ensure that participants in more advanced training courses possess a basic level of knowledge on harm reduction, before they can participate in those follow-up courses (see next). Those who successfully complete these online training modules will be given certificates. 2) Each year, the MENAHRA Knowledge Hubs will conduct a 5-day training course on general harm reduction principles and services. The participants in this course will be required to complete selected online courses (see before) first to ensure they have basic knowledge. 3) Specialised trainings will be held at the Knowledge Hubs on a quarterly basis for selected participants. Five-day training courses are already conducted by the Knowledge Hubs on a range of technical topics, including: Advocacy (5 days); Media (2 days); Proposal writing (5 days); NSEP and Outreach (5 days); OST (5 days); VCT (5-8 days); Rapid situation assessment (5 days)

3.4.2 Organisational and Institutional development of civil society service providers to provide high-quality harm-reduction services – A second important area for capacity building is organisational and institutional development (OID) for civil society organisations (CSOs). In addition to the need for technical capacity building on harm reduction (see 3.4.1), many CSO service providers have limited organisational and institutional capacity to effectively implement services and ensure sustainability of the organisation and its services. In this context, MENAHRA and its Knowledge Hubs will follow a systematic approach to OID: 1) A general assessment of the main OID capacity-building needs will be conducted to identify priority areas. The assessment will not focus on specific countries, but map the most important gaps and weaknesses among CSO service providers. 2) The results of the assessment will be used to develop an overall capacity-building plan for OID, which will specify key priority areas, and an overall work plan with activities.

In accordance with this overall capacity-building plan, regular **OID capacity building activities** will be held: 3) a 3-day OID training course will be held for CSO service providers in the context of the 2-yearly Regional Harm Reduction Conferences (2015, 2017 and 2019) in Beirut. In addition, each year, a paid OID training course will be held by the Secretariat or Knowledge Hubs for (non-partner) institutions working in Harm reduction field. More OID courses will be organised if demand is higher. 4) In the context of the Global Fund Project, each year, a 5-day grant-management training will be held at the Secretariat in Beirut for new sub-recipients (12 participants); this training also includes capacity building and roll-out of the (recently adopted) SyrEx electronic management information system (MIS). 5) A pilot will be started in 2015 with the Quality Management Toolkit (QMT), a self-assessment and management tool for CSOs working in ham reduction, which focuses on strengthening organisational and institutional capacity, as well as quality of (harm reduction) services. If successful, two 5-day QMT training workshops will be held each year. 6) Finally, the SyrEx system will be gradually rolled out to be used by all MENAHRA Global Fund sub-recipients by 2019.

Result Area 3.5: Provision of technical assistance to governments, policy makers and service providers on harm reduction policy and programme development

The provision of technical assistance by the MENAHRA Secretariat and Knowledge Hubs to governments, policy makers and service providers on the field of harm-reduction policy and programme development constitutes an additional core strategy in the context of MENAHRA as a centre of regional expertise and resources. Technical assistance is different from capacity building (see previous strategy 3.4), in that it does not focus on strengthening specific capacities (knowledge, skills) of service providers or policy makers, but it aims to contribute technical inputs for resolving specific technical questions. MENAHRA may provide technical assistance in a number of areas:

- Service delivery, including aspects such as quality of services, coverage and uptake of services, and specific service components (e.g. OST, NSEP etc.)
- Policy development in the field of harm reduction, both at the regional and country level
- Development of legal amendments
- Development of M&E systems and tools for harm reduction
- Project and programme (mid-term and end-of-project) evaluations
- Development of project proposals for funding

In principle, technical assistance will be a for-profit activity, which will contribute to the financial sustainability of the MENAHRA Secretariat and the Knowledge Hubs. However, technical assistance may also be provided in the context of existing projects (e.g. Global Fund), partnerships with other organisations in the region or beyond (e.g. universities and training institutions), or as part of wider advocacy activities. In these cases, technical assistance may be provided free of charge, as part of MENAHRA's own objectives and work plan.

The provision of paid technical assistance by the MENAHRA Secretariat and Knowledge Hubs is a relatively new activity, which will need to be developed gradually. As part of Objective 1 (see 1.2.3), a new business model for the provision of consultancy services will be developed. Key steps for implementing technical assistance consultancies include 1) systematic promotion of TA services and 2) the subsequent provision of TA to clients.

3.5.1 Promotion of MENAHRA technical assistance capacity with donors and governments for development of country policies and strategies tailored to country needs – A first step in promoting MENAHRA's technical assistance services is 1) the development of a marketing strategy regarding the provision of TA services that are tailored to the specific TA needs of countries, Ministries, UN agencies and other clients (incl. Policy development, national guidelines, country programme and project evaluations, research, etc.). 2) This marketing strategy will subsequently be implemented to conduct ***systematic promotion*** of MENAHRA's technical assistance expertise.

3.5.2 Provide TA on request to MENA Governments or policy makers – Further to promoting MENAHRA's technical assistance services, TA will be provided on request to: 1) Government ministries and institutions (e.g. drug-treatment facilities, prison system) in selected countries; 2) UN agencies, e.g. UNODC, UNAIDS, WHO; and 3) Donor agencies (e.g. development and evaluations of projects). The results of these technical assistance assignments will be systematically documented to inform and further strengthen MENAHRA's policy, programmatic and research expertise in the field of harm reduction.

7.4 Programming for Results in Priority Area 4: Provision of technical and management support to CSOs for the successful delivery of high-quality harm-reduction services for PWUD/PWID in the MENA region

Implementation of harm reduction services, or the management of projects, such as the Global Fund project that MENAHRA is currently managing in a number of countries in the MENA region, is not one of MENAHRA's original core activities. MENAHRA's mission statement clearly states that it strives "*to improve the quality of life of drug users through advocacy, capacity building, technical assistance and serving as a resource centre in the regio*n". In this regard, the core strategies mentioned in the context of Objectives 2 and 3 – advocacy, research, information services, capacity building and technical assistance – constitute the heart of MENAHRA's priority activities.

However, the management of grants and sub-recipients provides a unique opportunity to ensure that service delivery is systematically informed by evidence from MENAHRA's information-related activities (e.g. research, capacity building, guidelines and tools). Furthermore, the management of grants and service providers allows MENAHRA to conduct operational research, build capacity in the field, pilot innovative approaches to harm-reduction service delivery and identify "what works", and mobilise additional resources for service delivery that contribute to the sustainability of harm reduction.

In this context, the implementation of harm-reduction programmes and services for people who use and/or inject drugs (PWUD/PWID) will continue to be an important activity for the MENAHRA Secretariat and Knowledge Hubs.

In this regard, the key results or outcomes expected in the context of Priority Area 4 include:

Expected key results in Priority Area 1:

4a. Increased availability of financial resources in key MENA countries for core harm-reduction services
4b. MENAHRA providing effective management and technical support to harm-reduction pilot projects and grants in selected MENA countries

In this context, and building on existing MENAHRA experiences in this field, interventions will be implemented in the following result areas to provide effective financial and technical support to harm-reduction programmes in the MENA region:

4.1 Mobilisation of financial resources for implementation of harm-reduction services in the MENA region – with special attention for sustainability
4.2 Provision of effective technical & management support to CSO service providers for effective delivery of harm-reduction services
4.3 Development and implementation of innovative harm-reduction service-delivery models – with a focus on sustainability, high quality and coverage.

Result Area 4.1: Mobilisation of financial resources for implementation of harm-reduction services in the MENA region – with special attention for sustainability

The MENAHRA Network aims to promote the use of harm-reduction approaches in order to improve the quality of life of people who use and/or inject drugs. In this regard it is of major importance to ensure that adequate resources are available for harm-reduction programmes and services in the MENA region and at the individual country level. At present, the regional Global Fund grant that MENAHRA is managing, as well as other Global Fund grants at country level, support a large part of the harm-reduction services available in the MENA region. It is expected that such external grants from international donors will remain crucial for financing harm reduction, until the concept of harm reduction is fully accepted and financed by governments themselves.

In this context, resource mobilisation among external donors will remain vital to ensure adequate funding and sustainability of the programmes that have been established in the MENA region to date. Therefore, MENAHRA aims to play an active role in resource mobilisation and other strategies to strengthen financial sustainability of the existing and future harm-reduction services. In this regard, MENAHRA will employ two major strategies: 1) development of project proposals for harm-reduction programmes; and 2) Development of cost-recovery schemes and resource mobilisation capacity for harm-reduction service providers.

4.1.1 Develop project proposals for harm-reduction programmes for Global Fund and other multilateral and bilateral donors (UN agencies, bilateral agencies, private foundations) – As mentioned, MENAHRA will be actively involved in resource mobilisation for harm-reduction services in the MENA region. This includes developing project proposals for The Global Fund, United Nations and other multilateral organisations, the European Union and bilateral donors, as well as private foundations in the MENA region and at the international level. MENAHRA's technical expertise and practical experience in managing large harm-reduction programmes provide it with the knowledge and skills needed to develop successful proposals, which small, local CSOs may lack.

MENAHRA will follow a systematic approach to resource mobilisation: 1) first, a comprehensive assessment of available donors and funding schemes will be made to identify the most appropriate opportunities for successful fundraising. 2) Once a comprehensive overview of funding opportunities is available, MENAHRA will engage other regional or country-level organisations to establish consortia that will jointly prepare project proposals to mobilise funding. 3) This way, each year MENAHRA aims to develop a minimum of two project proposals in conjunction with regional partner organisations. An important priority in this regard will be the continuation of funding from The Global Fund under the so-called "New Funding Model" (NFM).

It is important to note that the development of (successful) project proposals may imply that MENAHRA will ultimately be managing the grants (see 4.2.2). However, this is not the primary objective: the main objective is to mobilise resources for harm-reduction services in the MENA region; rather than managing these projects (which will place an additional burden on the organisation) MENAHRA will focus on providing technical assistance and capacity building to these projects, once they are being implemented. If, however, there is a joint decision among MENAHRA partners that MENAHRA is best placed to manage a particular project, a separate Project Implementation Unit (PIU) will be established within MENAHRA, with additional PIU staff specifically hired for this purpose, to manage the grant. This will avoid overburdening MENAHRA with additional grant-management responsibilities, which may also affect its core activities in the field of harm reduction.

4.1.2 Development and introduce of cost-recovery and resource-mobilisation schemes for harm-reduction service providers – In addition to direct mobilisation of resources for harm-reduction programmes (see 4.1.1), a more fundamental approach to ensuring sustainability of harm-reduction services is the development of cost-recovery and resource mobilisation schemes for CSOs that provide harm-reduction services. This involves a number of strategies: 1) the development of user-fee schemes will allow partial recovery of the costs incurred for harm-reduction services. User fees need to be realistic in that they should not lead to lower utilisation of services. Therefore, it is important to identify the appropriate services for which user fees can be charged, and which clients can afford to pay them. E.g. in some countries clients already pay a certain fee for OST services. 2) A second approach is the development of paid services by CSOs: additional or special services may be introduced targeting specific clients who can afford to pay for these services or part thereof. Again, the introduction of paid services should not lead to differential access and uptake of key harm-reduction services for clients. 3) A third strategy is to strengthen the capacity of harm-reduction service organisations to mobilise their own resources. These skills will already be addressed to some extent as part of organisational and institutional development courses, but more specific skills are needed to successfully mobilise funds as a CSO. 4) The schemes developed for user fees, paid services, and resource mobilisation will be incorporated in existing training courses of MENAHRA and the Knowledge Hubs. In addition, these training courses may be offered as stand-alone training courses for paying clients.

Result Area 4.2	Provide effective technical & management support to CSO service providers for effective delivery of harm-reduction services

As mentioned above, while management of grants and/or implementation of services is not among MENAHRA's primary objectives, the current management of a regional Global Fund grant has provided MENAHRA and its implementing partners (sub-recipients) with many opportunities to strengthen harm reduction in the MENA region. Therefore, while it is not the main priority for MENAHRA, management of the Global Fund grant will remain an important part of MENAHRA's activities in the next few years. In addition, as mentioned under strategy 4.1 above, successful mobilisation of funds from other donors may result in additional grant-management responsibilities for MENAHRA – if and when there are no adequate alternatives for grant management.

4.2.1 Provide effective management of existing Global Fund-supported harm-reduction programmes and services – MENAHRA will continue to manage the current regional Global Fund grant. This includes overall technical and financial management of the grant; capacity-building activities for sub-recipients to ensure adequate technical and institutional capacity; supervision, oversight and monitoring and evaluation; procurement and supply management; and other key functions associated with the grant management. Specific details of these functions are provided in the Global Fund Grant Agreement with MENAHRA.

4.2.2 Provide effective management of harm-reduction programmes and services financed by other donors – as mentioned above, while MENAHRA will not prioritise taking on the management of additional grants from the Global Fund or other donors, it is in principle possible that successful resource mobilisation (see 4.1) results in the need to provide effective grant-management support. In case of compelling reasons to select MENAHRA as the most appropriate recipient of funds and grant manager, MENAHRA will establish separate project-implementation units (PIU) for managing such additional harm-reduction projects. In such cases, MENAHRA will recruit additional PIU staff, which will manage the grant independently. Depending on the size of the project and grant and the associated management workload, additional projects may be managed by existing staff; hiring additional staff; or setting up separate project-management units, which may manage several smaller projects together as well.

Result Area 4.3:	Development and implementation of innovative harm-reduction service-delivery models – with a focus on sustainability, high quality and coverage

Apart from the management of comprehensive grants in cases where no alternatives are available for grant management, MENAHRA will actively seek to manage small, innovative approaches and pilot to harm reduction. Such 'pilot projects' allow operational research and field testing of innovative approaches to harm reduction service delivery, and the identification of "what works": (cost) effective models and local adaptations of services that have been successfully implemented elsewhere. To this effect, MENAHRA and its Knowledge Hubs will engage in the following strategies:

4.3.1 Develop innovative harm-reduction service-delivery models, based on evidence from successful implementation in other regions – Examples of innovative approaches include peer-driven interventions; services targeting female drug users or other specific subgroups; mobile community-outreach services and others. Often these approaches may not be 'innovative' per se, but they may never have been implemented in a specific context: positive experiences in Europe or the US do not guarantee successful implementation in the MENA region. Local cultural, religious, political and social factors may hamper the effective implementation of services in one MENA country, while they have been successfully implemented in another. Therefore, pilot projects are essential for identifying the right approaches to implementing specific harm-reduction services in a particular country.

In this context, MENAHRA in conjunction with its research and other regional and international partners will engage in: 1) the development of local models for comprehensive, high-quality programmes and services and specific sub-programmes, adapted to the local circumstances. In addition, 2) MENAHRA will develop *effective approaches for subsequently scaling up of successful pilot projects*: bringing services to scale involves solving particular challenges, which are often unique to a country's political context, health system, financing modalities and other local factors.

4.3.2 Establish and implement model programmes to pilot innovative, evidence-based harm-reduction services in selected priority countries – include systematic operational research and M&E to demonstrate results and identify challenges – The implementation models developed under 4.3.1 (see above) will subsequently be piloted. This involves: 1) *Pilot projects with ongoing operational research* of high-quality, comprehensive harm-reduction services and comprehensive referral systems. Operational research will be a key activity to identify the best approaches, document successes, and thus gather 'evidence' of the (cost) effectiveness of specific harm-reduction services. This evidence will be essential for successful advocacy with high-level policy makers, as well as donors. 2) Lessons learned in the context of implementing pilot programmes will be systematically documented and published through the MENAHRA website, special publications, at conferences and advocacy meetings (see next).

4.3.3 Advocate for continuation and scale-up of successful HR service-delivery models in selected priority countries – Pilot programmes should not end with the publication of a report: the ultimate goal of pilot projects is to identify challenges and successful implementation models, and use these for subsequently scaling-up to other sites and/or the national level. To this effect, the result of pilot programmes will be fed into MENAHRA's advocacy strategy (see 2.1.1).

8 SUSTAINABILITY: AN INTEGRATED COMPONENT OF THE MENAHRA STRATEGIC PLAN 2014-2019

The key elements of MENAHRA's 2014-2019 strategic plan all aim to contribute to strengthening the sustainability of harm-reduction services in the MENA region. Sustainability is sometimes an implicit objective of MENAHRA's core strategies, but more often sustainability is an explicit objective.

MENAHRA was established for the specific purpose of long-term strengthening harm reduction in the region, rather than achieving short-term successes in service delivery.

It is important to distinguish between a number of different types of sustainability, which are closely inter-related and mutually reinforce each other.

The concept of sustainability

Before addressing the focus on sustainability of the MENAHRA strategic plan for 2014-2019 in more detail, it is important to briefly discuss the meaning of the concept of sustainability. A selection of definitions given for the concepts of 'sustainability' or 'sustainable' in different contexts shows the following key words:

- *"Sustainability is to meet the needs of the present without compromising the ability of future generations to meet their own needs"* [1]
- *"Ability to maintain or support an activity or process over the long term"* [2]
- *"Able to be maintained at a certain rate or level"*
- *"Able to be used without being completely used up or destroyed"*
- *"Involving methods that do not completely use up or destroy natural resources"* [3]
- *"Able to last or continue for a long time"* [3]

Definitions of sustainability also distinguish different aspects or types of sustainability, such as financial, environmental, or social sustainability. Definitions in different contexts all highlight similar characteristics: e.g. a description of sustainable communities states the following :

"In a sustainable community, resource consumption is balanced by resources assimilated by the ecosystem. The sustainability of a community is largely determined by the web of resources providing its food, fibre, water, and energy needs and by the ability of natural systems to process its wastes. A community is unsustainable if it consumes resources faster than they can be renewed, produces more wastes than natural systems can process or relies upon distant sources for its basic needs."

The various definitions and descriptions of sustainability highlight a number of key issues: 1) *Now vs. later* – the importance of taking the future perspective into account, rather than just looking at short-term gains (*continuity*). 2) *Internal vs. external*: building internal strengths and capacity (*control*), rather than relying on external factors (*dependency*). 3) Investing in development, instead of merely depleting resources (*balance*).

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1 http://sustainability.about.com/od/Sustainability/a/What-Is-Sustainability.htm
2 http://www.businessdictionary.com/definition/sustainability.html
3 http://www.merriam-webster.com/dictionary/sustainable
4 http://www.oly-wa.us/SustainSouthSound/

Thus, sustainability involves focusing on continuity of programmes in the future; strengthening the internal capacity and control over its own future of MENAHRA and its implementing partners; and balancing investments with utilisation of resources.

Sustainability in MENAHRA's Strategic Plan 2014-2019

The characteristics of sustainability mentioned above apply to three types of sustainability that lie at the core of MENAHRA's strategic plan:

1. ***Programmatic sustainability*** refers to the continuity of service delivery, and the ability to sustain a certain level and coverage of (harm-reduction) programmes and services over time. It also refers to the capacity of service providers to deliver high-quality services.
2. ***Institutional sustainability*** refers to the stability and internal capacity (control) of MENAHRA and its implementing partners as organisations to deliver high-quality programmes and services.
3. ***Financial sustainability*** refers to a balance between generating and expending (financial) resources.

Programmatic sustainability

Ultimately, programmatic sustainability is the most important type of sustainability: while institutional and financial sustainability are means to an end, programmatic sustainability refers to continuity of successful harm-reduction service delivery over time.

Sustainability at the level of programmes and services involves:

1) *Supportive policy and legal environments* for harm reduction programmes
2) Compliance with internationally accepted *standards and protocols* for high-quality service delivery, based on evidence of (cost) effectiveness
3) The technical capacity of MENAHRA and its implementing partners to deliver high-quality services;

MENAHRA's Strategic Plan 2014-2019 includes the following strategies that explicitly and implicitly contribute to these aspects of programmatic sustainability:

1. Supportive policy and legal environments for harm reduction programmes – Objective 2 of the strategic plan explicitly aims to create these supportive environments for harm reduction in the MENA region through a number of strategies. Strategy 2.1 involves systematic advocacy with policy makers at Government and institutional level to promote the acceptance and implementation of harm-reduction programmes and services for people who use or inject drugs. This strategy also includes the active involvement of people who use drugs in these advocacy activities, thus contributing to their empowerment. This is further supported through Activity 4.3.3, which involves advocacy for continuation and scale-up of successful HR service-delivery models.

In addition, Strategy 2.2 focuses on the development of 'model' legal and policy frameworks to support the introduction of harm-reduction services in priority countries. This is further supported through Strategy 3.5, which involves technical assistance to governments, policy makers and service providers on harm reduction policy and programme development.

2. Compliance with internationally accepted standards and protocols for high-quality service delivery, based on evidence of (cost) effectiveness – The MENAHRA Strategic Plan 2014-2019 has a clear focus on compliance with quality standards, as evidenced by Strategy 3.1, which focuses on strengthen the evidence base on harm reduction through research on regional and national priority issues. Furthermore, Strategy 3.3 will support the development of protocols, guidelines, training modules and tools based on evidence from (operational) research and evaluation studies

3. Technical capacity to deliver harm-reduction services – Technical capacity and expertise among service providers is a key prerequisite for programmatic sustainability. In this context, the MENAHRA Strategic Plan includes multiple strategies to strengthen technical capacity of CSO and government partners: Strategy 3.2 will strengthen the availability and access to information for service providers through various information and communication activities. Furthermore, Strategy 3.4 focuses on a range of capacity-building efforts for government and civil society service providers to deliver high-quality harm reduction services. Strategy 4.2 involves on-site technical assistance and management support for CSO service providers for effective delivery of harm-reduction services. Thus, the Strategic Plan includes multiple explicit strategies to strengthen technical capacity and expertise of service providers, with a view to increased programmatic sustainability.

Institutional sustainability

As mentioned above, institutional sustainability is not a goal in itself, but a means to an end. However, the institutional sustainability of the MENAHRA Network and its service-provider partners – especially in civil society – is crucial for programmatic sustainability. In this context, the Strategic Plan includes a number of strategies that explicitly aim to strengthen organisational and institutional development of the MENAHRA Secretariat and Knowledge Huns, as well as harm-reduction service providers, especially CSOs.

1. Strengthening the organisational and institutional capacity of the MENAHRA network – A key strategy in this regard is Strategy 1.1, which specifically aims to strengthen the institutional capacity and functioning of the MENAHRA Secretariat, Knowledge Hubs and Board. This involves activities in the field of: (1.1.1) Strengthening the human resource capacity of the MENAHRA Secretariat and Knowledge Hubs; (1.1.2) Strengthening the MENAHRA Network model; (1.1.3) Strengthening communication and coordination between MENAHRA Secretariat and Knowledge Hubs; (1.1.4) Establishing and expanding partnership(s) with international universities, research and teaching/training institutions for joint research and capacity-building programmes; (1.1.5) Strengthening the MENAHRA membership as well as the active involvement of MENAHRA Board; and finally (2.1.2) Expanding and strengthening contacts and partnerships with high-level policy makers in Ministries and institutions in key MENA countries.

2. Strengthening the organisational and institutional capacity of civil society service providers – In addition to the strong focus on strengthening the technical capacity of civil society service providers (see above), the MENAHRA Strategic Plan includes a number of explicit strategies for organisational and institutional development of these CSOs. Strategy 3.4.2 aims to strengthen the organisational and institutional capacity of government and civil society service providers through a range of specific capacity-building efforts, including workshops, on-the-job support, online training tools, and self-assessment toolkits, covering areas such as Human resource management; Financial management; Procurement-and-supply management (PSM); Information technology; Monitoring and evaluation and management information systems. Thus, organisational and institutional development is a key priority for MENAHRA and its partners, with an explicit view to strengthening the overall institutional sustainability.

Financial sustainability

Financial sustainability – while not a goal in itself, but a means to programmatic sustainability – is crucial for the continuity of harm-reduction programmes and services in the MENA region. To date, harm-reduction programmes in the region have been heavily dependent on external funding, especially from the Global Fund. While financial sustainability is high on the agenda of all stakeholders, in practice civil society service providers tend to focus on securing financial resources for the short and – at best – medium term. Often they rely on indirect funding, such as through MENAHRA as a principal recipient, without engaging in their own resource-mobilisation efforts. As a result, the balance between generating and expending (financial) resources is heavily skewed to the latter, and financial sustainability remains a major challenge and priority.

In this context, the MENAHARA Strategic Plan 2014-2019 gives high priority to strengthening financial sustainability of: 1) the MENAHRA Network; 2) MENAHRA's service-providing CSO partner organisations and their services.

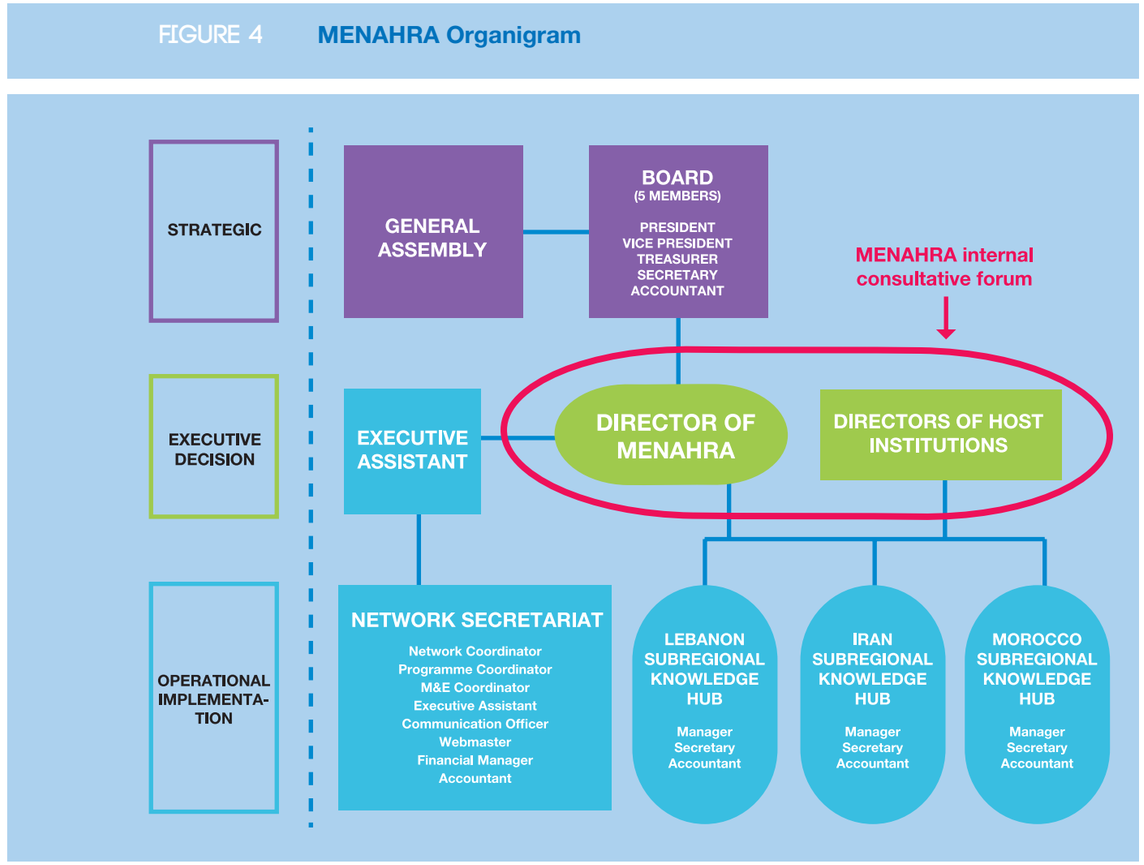
1. Strengthening the financial sustainability of the MENAHRA Secretariat and Knowledge Hubs – Strategy 1.2 focuses uniquely on strengthening MENAHRA's financial sustainability. This strategy aims to develop MENAHRA's capacity to generate financial resources through consultancy and technical-assistance services, rather than being fully dependent on donor support for individual projects. Specific activities in this regard include: (1.2.1) the development of a resource-mobilisation strategy and strengthening of MENAHRA's human-resource capacity for fundraising through dedicated staff and capacity building; (1.2.2) Systematic resource-mobilisation efforts in support of activities of the MENAHRA Secretariat and Knowledge Hubs among regional and international multi- and bilateral donors; and (1.1.3) the establishment of a consultancy services department, with the development of a business model and a pool of regional consultants that MENAHRA can build upon for remunerated consultancy services in the region. The Secretariat and Knowledge Hubs will be working closely together in this field.

2. Strengthening the financial sustainability of MENAHRA's service-providing CSO partner organisations and their services – In addition to a specific financial sustainability strategy for the MENAHRA Secretariat and Knowledge Hubs (see above), the MENAHRA Strategic Plan 2014-2019 also includes a number of explicit strategies and activities to strengthen the financial sustainability of its CSO partners and their harm-reduction services. Strategy 4.1 involves MENAHRA's support for the mobilisation of financial resources for implementation of harm-reduction services in the MENA region: to this effect, MENAHRA will support (4.1.1) the development of project proposals for harm-reduction programmes for The Global Fund and other multilateral and bilateral donors (UN agencies, bilateral agencies, private foundations). The main purpose of this support for proposal development is to guarantee the availability of funds for harm reduction programmes in the MENA region: MENAHRA does not aim to subsequently manage these resources, but is available for support in this area if needed.
Another important activity (4.1.2) is the development of cost-recovery schemes and resource-mobilisation strategies for CSOs providing harm-reduction services, which aim to make CSOs less dependent on donor funding. Specific approaches in this field include the development of user-fee schemes, payment for selected services, and strengthening CSOs' fund-raising capacity. Special attention will be given for all these financial sustainability strategies to avoiding a negative impact on the utilisation of services by clients.

9 IMPLEMENTATION ARRANGEMENTS

The roles and responsibilities of the MENAHRA Secretariat and Knowledge Hubs in the implementation of MENAHRA's activities are specified in the *"Human Resources and Accounting Policies and Procedures"* document. Figure 4 shows MENAHRA's organigram.

FIGURE 4 **MENAHRA Organigram**



The Secretariat and Knowledge Hubs will all be actively involved in the decision making, planning, development, implementation and monitoring and evaluation of all planned activities of the 2014-2019 Strategic Plan.

The Secretariat will take the lead responsibility for initiating and managing the planned activities, while the level of involvement of the respective Knowledge Hubs will vary across the various strategies and activities, in accordance with their expertise and institutional capacity: the three Knowledge Hubs are hosted by independent organisations in Iran, Lebanon and Morocco, each of which have a different background, institutional mandate and expertise. Thus, their expertise in research, information management, advocacy, capacity building and training, service delivery, resource mobilisation and other areas varies greatly from one knowledge hub to another.

The strategic plan 2014-2019 places great importance on revitalising the relationships and collaboration between the Secretariat and the three Knowledge Hubs: Strategy 1.1 specifically aims to strengthen not only the institutional and organisational capacities of the secretariat and knowledge hubs, but it also gives special attention to redefining and strengthening the current MENAHRA network model, with a view to improved collaboration and increased involvement of the Knowledge Hubs in all MENAHRA activities.

Strengthening partnership networks with institutions in the MENA region and beyond

In addition to re-establishing and strengthening the collaboration within the MENAHRA Network in accordance with the specific roles and responsibilities of the secretariat and knowledge hubs, the Strategic Plan 2014-2019 prioritises the establishment of additional partnerships with organisations and institutions in the MENA region and beyond, in order to strengthen MENAHRA's capacity for joint programme activities in its respective core activity areas: research; information and communication; advocacy; capacity building and technical assistance; as well as resource mobilisation and management of harm-reduction grants and projects (see Figure 5).

FIGURE 5 **Partnership networks for joint projects and programmes**

Specific types of potential partner institutions include: Research and training institutions and universities in the MENA region and beyond; Regional harm reduction network in other regions; International NGOs working in the field of harm reduction, HIV/AIDS and other key areas; Government institutions and programmes in MENA countries working in the field of drug control, management, rehabilitation and prevention; UN agencies and other international institutions setting standards and providing technical assistance (e.g. CDC); Regional charities and donor organisations, as well as multilateral and bilateral donors.

The ***Operational Plan*** of the 2014-2019 Strategic Plan specifies for each planned activity the organisations primarily responsible for implementation, as well as implementing partners and other stakeholders. Thus, the roles and responsibilities of the Secretariat and individual Knowledge Hubs will vary according to the specific activity. In addition – as mentioned above – the MENAHRA Network partners will increasingly seek partnerships and collaboration with other regional and international organisations to strengthen MENAHRA's capacity to engage in additional projects and activities. These partnerships will contribute to MENAHRA's capacity for implementing joint programmes, and will strengthen its institutional, financial and ultimately programmatic sustainability. Increased networking and partnerships will also benefit local civil society organisations implementing harm reduction services in the various MENA countries. To date, these CSOs often have limited institutional capacity and partnership networks. Investing in new partnerships will strengthen their capacity as well.

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ANNEX LIST OF WORKSHOP PARTICIPANTS, 24-28 MARCH 2014, BEIRUT, LEBANON

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NOTES

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With the support of

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DEUTSCHE ZUSAMMENARBEIT

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