



# MENAHRA – The Middle East and North Africa Harm Reduction Association

Best practices in strengthening civil society's role in delivering harm reduction services



World Health  
Organization

Regional Office for the Eastern Mediterranean



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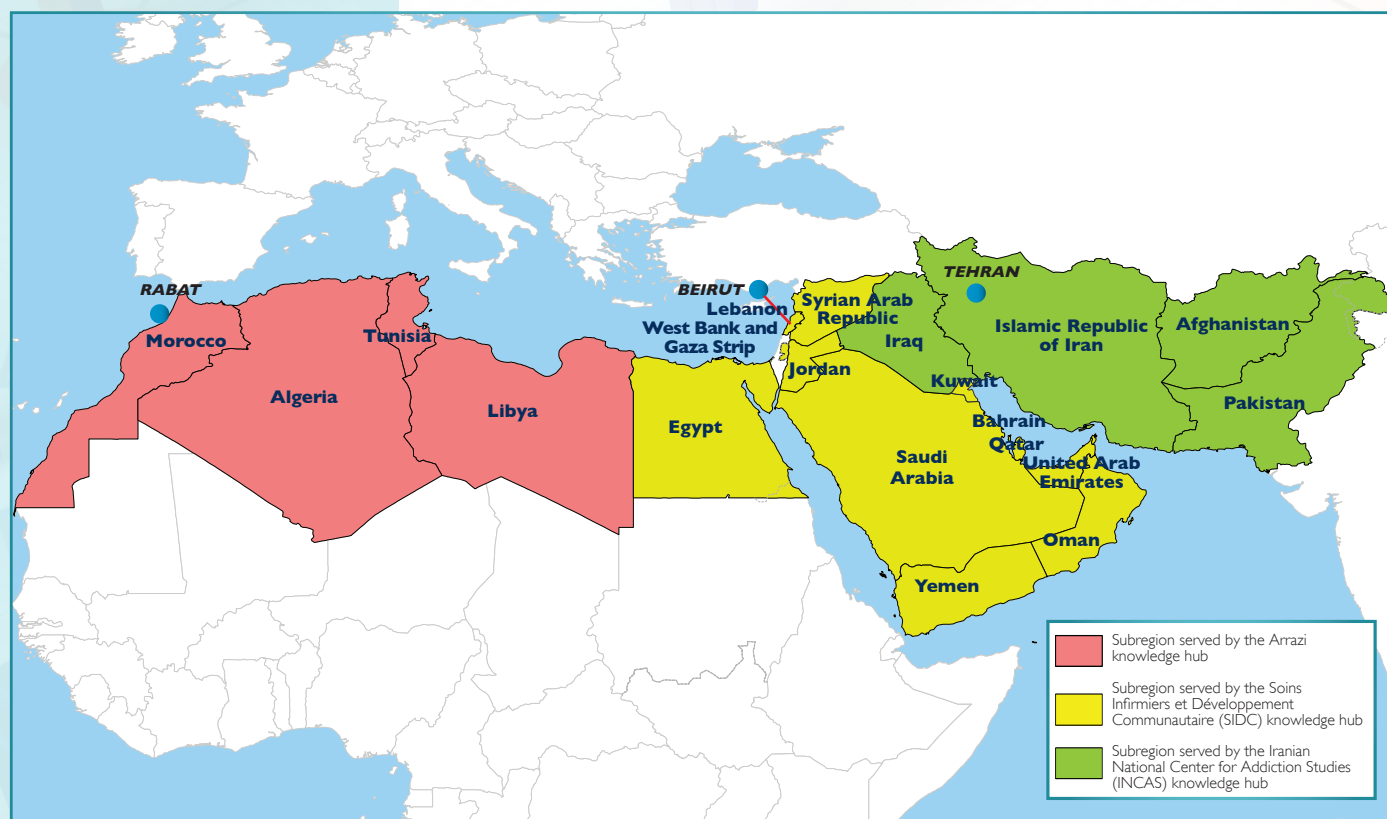
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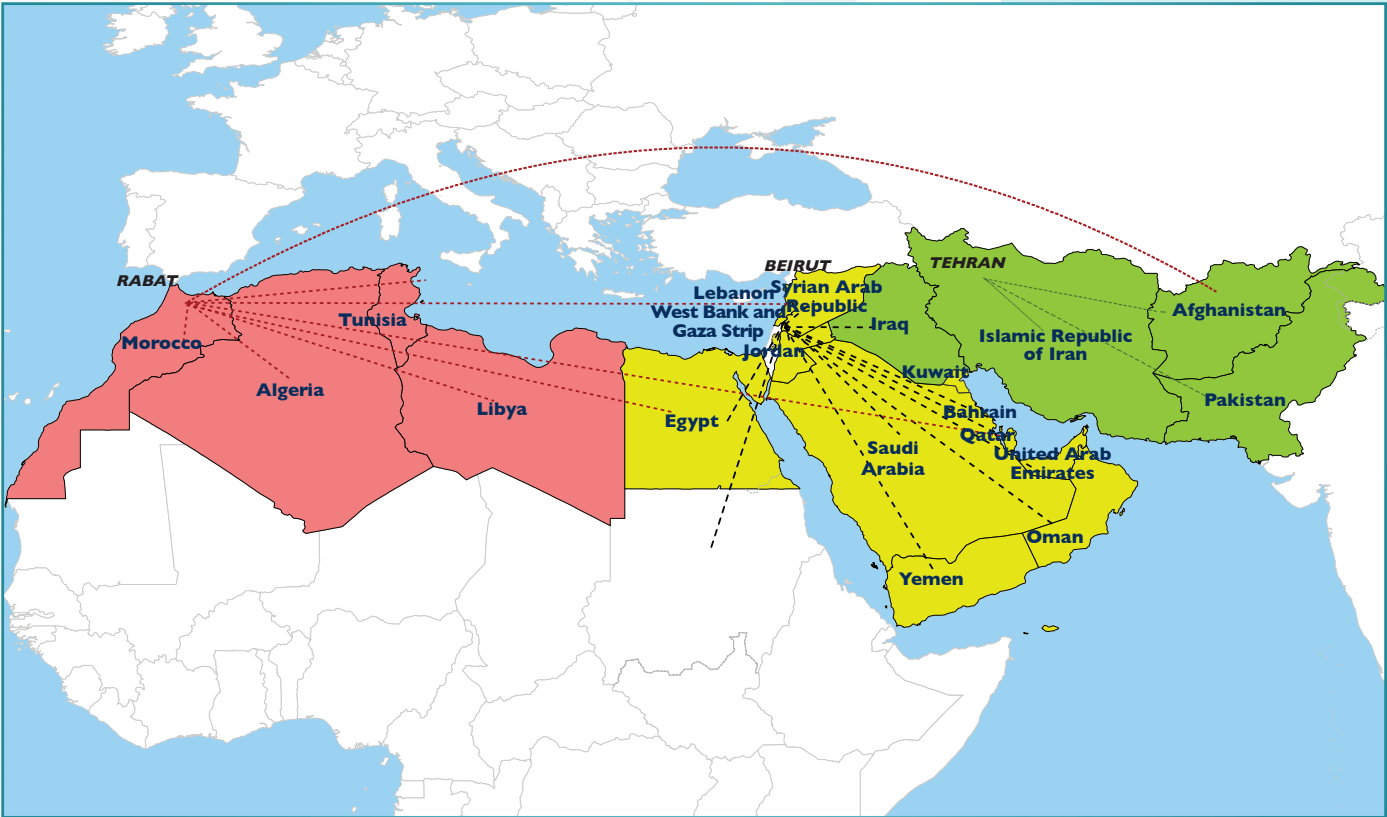
*The Middle East and North Africa Harm Reduction Association (MENAHR) promotes harm reduction through a network that revolves around three knowledge hubs in the Islamic Republic of Iran, Lebanon and Morocco. The knowledge hubs cooperate via a network secretariat. Each knowledge hub operates in part of the WHO Eastern Mediterranean Region, conducting advocacy, disseminating resources, providing training and supporting civil society organizations' projects.*



**Figure 1. The three knowledge hubs of the Middle East and North Africa Harm Reduction Association**



*In support of MENAHRA’s mission of building the capacity of civil society to advocate for and provide harm reduction services, the three knowledge hubs of MENAHRA provided training for 723 practitioners from 19 countries.*



**Figure 2. Training outreach of the Middle East and North Africa Harm Reduction Association**



# Introduction

The HIV epidemic in the Middle East and North Africa has continued to grow, aggravated by an increase in injecting drug users with high-risk practices such as sharing contaminated syringes. An approach known as harm reduction has been proven to be effective in reducing negative health consequences among this vulnerable group. Yet the provision of harm reduction services to this population has been hindered because drug use and HIV are considered taboo in many parts of the region. Nongovernmental organizations in civil society can fill this gap, but their potential has been underdeveloped. These were the challenges addressed by the formation of the Middle East and North Africa Harm Reduction Association (MENAHRRA).

MENAHRRA provided a framework through which practitioners in civil society reached out to colleagues in other civil society organizations throughout the region to strengthen their active role in harm reduction while engaging policy-makers to lessen obstacles to the acceptability of harm reduction. Guided by a vision combining public health and human rights, MENAHRRA became an umbrella for the empowerment of civil society (Box 1).

This document was produced to share the experiences of the establishment and development of the association. The challenges and accomplishments of launching MENAHRRA provide useful lessons and best practices in strengthening civil society organizations in the response to HIV, increasing their involvement in effective interventions and advocacy, and overcoming obstacles.

The document begins by describing the nature and extent of HIV and injecting drug use in the Middle East and North Africa. It explains the concept of harm reduction as an approach to these challenges, as well as the uniquely valuable role that can be played by civil society. After describing the impetus that led to the creation of the association, the document describes the structure and achievements of the association in each of its components. The concluding section considers lessons that were learned during the project period that led to the association's graduation into a self-organizing initiative with independent funding.

## Harm reduction

Interventions that seek to help injecting drug users avoid the negative health consequences of injecting, such as HIV infection.

### Box 1. MENAHRRA achievements 2006–2011

- Training more than 700 civil society practitioners from 19 countries in harm reduction and advocacy;
- Grants to civil society organization projects, including needle and syringe exchanges, voluntary HIV counselling and testing, and opioid substitution therapy;
- Developing and distributing educational and advocacy materials, including posters, brochures and television commercials;
- Organizing a regional conference in 2009 and hosting an international conference in 2011 that generated high-profile conversations.





Civil society practitioners said that as a result of MENAHERA training, advocacy and support:

- members of civil society organization gained skills and valuable connections to counterparts from across the Middle East and North Africa;
- civil society organizations' harm reduction services engendered a growth in provision of harm reduction services beyond their own projects;
- many countries adopted changes in policies and practices favourable to harm reduction;
- awareness of, and sharing information about, harm reduction has increased dramatically in the Middle East and North Africa, as has acceptance of discussing injecting drug users and harm reduction.

*An outreach worker with the MENAHERA-supported nongovernmental organization, the Organization for Social Development, provides first aid for a drug user in Pakistan*





# The problem





More than 30 years after the first AIDS case was diagnosed, the world is still struggling to contain the spread of the HIV epidemic and to provide access to essential prevention, treatment and care to all those who need it. Globally, more than 33 million people are currently living with HIV. In the Middle East and North Africa, the HIV epidemic has continuously expanded during the past decade. The estimated number of people living with HIV was 285 400 in 2010. Although the overall HIV prevalence in the Middle East and North Africa is still low (0.2%), its rate of growth is the second highest among the world's regions. Injecting drug use is the main driver of HIV transmission in a range of countries in the region.

Many HIV epidemics in the Middle East and North Africa are being driven by parallel epidemics of injecting drug use. Several countries in the region act as major trafficking routes of opiates from the opium fields of the "Golden Crescent", particularly Afghanistan, to the illicit drug markets of Europe and North America. Where trafficking occurs, there is a "spill-over" into the community, with local opiate use increasing. Once opiate use has been introduced into a community, drug injecting soon follows and, with it, associated HIV epidemics. In the Middle East and North Africa<sup>1</sup>, it is estimated that there are 1 million injecting drug users. There may also be 10 times as many people in the region who currently smoke or inhale opiates rather than injecting, but who are at risk of transitioning to injecting.

Reusing and sharing contaminated needles is a highly efficient way of transmitting HIV. Concentrated HIV epidemics among injecting drug users have been highlighted in Afghanistan, Bahrain, Egypt, Islamic Republic of Iran, Libya, Morocco and Pakistan. Hepatitis B and C are also spreading fast among people who inject drugs in the region, including in areas where HIV prevalence in this population group is low. The proportion of injecting drug users with access to harm reduction services has been extremely low.

<sup>1</sup> Here defined as Afghanistan, Algeria, Bahrain, Egypt, Islamic Republic of Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Syrian Arab Republic, Tunisia, United Arab Emirates, West Bank and Gaza Strip, and Yemen.

*A doctor at a centre operated by the nongovernmental organization Médecins du Monde in Kabul provides health care for an injecting drug user*





# **The approach**



# Harm reduction

Around the world, there is a clear consensus with regard to the package of essential interventions that helps reduce the related risks of drug use and HIV infection, as laid out in the technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users<sup>2</sup>. Often packaged under the term “harm reduction”, these interventions primarily aim to help injecting drug users avoid the negative health consequences of injecting and improve their health and social status (Box 2).

## Box 2. Harm reduction services

A comprehensive package for the prevention, treatment and care of HIV among injecting drug users includes the following interventions:

- needle and syringe programmes;
- opioid substitution therapy and other drug dependence treatment;
- HIV testing and counselling;
- antiretroviral therapy;
- prevention and treatment of sexually transmitted infections;
- condom programmes for injecting drug users and their sexual partners;
- targeted information, education and communication for injecting drug users and their sexual partners;
- vaccination, diagnosis and treatment of viral hepatitis;
- prevention, diagnosis and treatment of tuberculosis.

A wealth of scientific evidence has shown that harm reduction programmes are effective in reducing risk behaviour among injecting drug users and has indicated that epidemics of HIV among injecting drug users can be prevented, slowed or even reversed if comprehensive harm reduction programmes are implemented.

In addition to the positive consequences for HIV epidemics, harm reduction programmes have the strong potential to foster a variety of other public health benefits. Interventions for injecting drug users that reduce the risk of HIV also have the potential to engage drug users in drug-dependency treatment services that may ultimately lead to abstinence from drug use. In addition, such programmes can help avoid other harmful consequences of drug use, including hepatitis B and C infections and overdose deaths.

## Civil society's role

Civil society is an integral part of successful harm reduction work. Trained community-based outreach workers know the local community. They know where, when and how to access and engage hidden populations of drug users. Outreach workers can be trained to establish trust and are recognized as sources of accurate information. They can assist drug users in understanding their personal risk of HIV infection and in identifying the preventive steps necessary to reduce risk. They can provide referrals or bridge injecting drug users to services, including drug treatment, testing and counselling for HIV/AIDS, needle and syringe programmes and other HIV prevention and treatment services.

Harm reduction programmes run by civil society organizations have been proven to be among the most cost-effective HIV/AIDS prevention strategies available.

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<sup>2</sup> WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. Geneva, World Health Organization, United Nations Office on Drugs and Crime, and Joint United Nations Programme on HIV/AIDS, 2009.





# The project



# Birth of MENAHRA

Harm reduction is still nascent in the Middle East and North Africa. In many countries, drug users are still considered exclusively a problem for the systems of law enforcement and criminal justice rather than a challenge for public health institutions. The social condemnation of drug use has been so strong that it has led to a lack of understanding and empathy towards drug users and often denial that the practice even occurs. As a consequence, there has been a lack of political will to support harm reduction approaches. In many countries in the region, civil society involvement in HIV prevention, treatment and care was relatively weak prior to MENAHRA and civil society organizations in general lacked the will and capability to champion harm reduction. That gave special relevance to MENAHRA's effort to bridge those gaps.

In 2006, the World Health Organization (WHO) and the International Harm Reduction Association (now known as Harm Reduction International), with funds from the Drosos Foundation, began a project with the purpose of strengthening civil society's role in delivering harm reduction services in the Middle East and North Africa. The secondary purpose was promoting and advocating an environment conducive to the implementation and scaling-up of harm reduction in the region. The original project time frame ran from August 2006 to December 2011.

The project aimed at important public health goals: prolonging and improving the quality of life for injecting drug users in the Middle East and North Africa; and stabilizing and decreasing the prevalence of HIV/AIDS among the region's general population.

The result of this project was the establishment of a regional network supporting harm reduction coordinated by a network secretariat and supported by three subregional knowledge hubs (Figure 1). Together, the network secretariat and the knowledge hubs worked towards achieving the specific objectives (Box 3).

## Box 3. Objectives of the project

- To establish sustainable structures that can deliver capacity-building activities, undertake advocacy and avail information resources on harm reduction in the Middle East and North Africa
- To establish sustainable structures that can foster and facilitate information-sharing and mutual support among stakeholders in the Middle East and North Africa
- To provide direct support to civil society organizations to initiate and/or expand harm reduction activities in the Middle East and North Africa
- To identify and support emerging model programmes that are capable of demonstrating the feasibility and effectiveness of harm reduction activities in the Middle East and North Africa

The network coordinator, the knowledge hub managers and the directors of their host institutions agreed to form an association named the Middle East and North Africa Harm Reduction Association. The acronym MENAHRA echoes the word for lighthouse in Arabic and minaret in Farsi, symbolizing the association's role as a beacon of information and support for harm reduction practitioners.

MENAHRA was registered in Lebanon as an international social corporate non-profit organization in 2009 and as an international nongovernmental organization. MENAHRA was authorized to operate as an international nongovernmental institution in Lebanon by presidential decree 7491 of 6 February 2012.



*The association's logo*



# Structure

## Network secretariat

The aim of the project was to create a sustainable network in the Middle East and North Africa to facilitate information sharing among stakeholders about harm reduction and to mobilize resources to support activities. Toward that end, a coordinating body eventually named the network secretariat built connections among three hub institutions and other governmental and nongovernmental organizations, including partner agencies such as the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Office on Drugs and Crime (UNODC), as well as individuals and institutions that had a stake in harm reduction in the region.

The network secretariat rapidly put in place tools for communicating with network members, external partners and interested individuals. The MENAHRA web site posts regional and international news on harm reduction as well as useful documents and announcements of conferences and meetings. The web site also announces knowledge hubs' activities, has links to their web sites and invites proposals from civil society organizations. The network secretariat widely distributes a bimonthly electronic newsletter and uses social media to promote the MENAHRA web site and stimulate discussions.

## Core functions of the knowledge hubs

- capacity-building
- advocacy
- information resources

## Knowledge hubs

The centrepiece of the project was the establishment and support of the three subregional knowledge hubs. The knowledge hub approach created a knowledge reference centre hosted in an institution that is already recognized and well connected in the Middle East and North Africa.

Under the umbrella of a network secretariat, the three subregional knowledge hubs worked together to develop common approaches, training courses and materials and other resources that could then be adapted for subregional needs. The main activities of the subregional knowledge hubs were as follows.

**Capacity-building.** The hubs have served as focal points for the development and delivery of training courses and workshops in harm reduction, including the development of resource materials (Figure 2).

**Advocacy.** Harm reduction (theory, practice and evidence) was introduced to national and regional policy-makers, members of the judiciary, religious leaders and members of private and civil society organizations.

**Information resources.** The hubs have served as resource centres for harm reduction – collecting and disseminated information including a situation analysis and practical material for harm reduction interventions.

Each hub was designated to direct those activities within a cluster of countries in each of three subregions of the Middle East and North Africa (Table 1). The subregional knowledge hubs are hosted in:

- **Arrazi Psychiatric Hospital** in Rabat, Morocco, which leads MENAHRA activities in four countries: Algeria, Libya, Morocco and Tunisia. Arrazi is a government hospital, an affiliation that assisted efforts to advocate on behalf of



harm reduction with policy-makers. The hospital also serves as a base for the nongovernmental organization, the League of Rabat-Salé for Mental Health.

- **Iranian National Center for Addiction Studies (INCAS)** in Tehran, Islamic Republic of Iran, which is responsible for leading MENAHRA activities in Afghanistan, Islamic Republic of Iran, Iraq and Pakistan. INCAS' academic nature provides access to special expertise in the field.
- **Soins Infirmiers et Développement Communautaire (SIDC)** in Beirut, Lebanon, which is responsible for leading MENAHRA activities in Egypt, Jordan, Lebanon, Syrian Arab Republic, West Bank and Gaza Strip, Yemen and the six member countries of the Gulf Cooperation Council. As a nongovernmental organization with an established network in Lebanon and regionally, SIDC facilitated MENAHRA's approach to civil society.

**Table 1. The subregions of the three knowledge hubs**

Hub location	Host institution	Provides training and resources for civil society in
Rabat, Morocco	Arrazi Psychiatric Hospital	Algeria, Libya, Morocco, Tunisia
Beirut, Lebanon	Soins Infirmiers et Développement Communautaire (SIDC)	Bahrain, Egypt, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Syrian Arab Republic, United Arab Emirates, West Bank and Gaza Strip, Yemen
Tehran, Islamic Republic of Iran	Iranian National Center for Addiction Studies (INCAS)	Afghanistan, Islamic Republic of Iran, Iraq, Pakistan

## Project Management Group

To ensure that decisions were made jointly and that all partners had a voice, a Project Management Group was established in June 2007 composed of managers of the knowledge hubs, directors of the hubs' host institutions and representatives of WHO headquarters, the WHO Regional Office for the Eastern Mediterranean and the International Harm Reduction Association. The Project Management Group reviewed the progress of the network secretariat and knowledge hubs in implementing their work plans, as well as reviewing proposals to support individual activities by civil society organizations. The group decided how the association would participate in regional and global events. It reviewed the association's strategy after an extensive assessment of baseline situations. The group set targets and a framework for monitoring and evaluating progress. Finally, it advised on registering the association in accordance with legal statutes, structuring the association, and applying for future funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria.



*The Project Management Group visits Arrazi Hospital, Rabat in 2009*



## Achievements

MENAHRA has been a pioneering project, ambitious not only in its geographical scope but in its subject matter and mission – raising a sensitive topic in a region where drug use is stigmatized, HIV is often taboo and recognition is lacking for the rights of key populations at risk of HIV. In a period of five years, MENAHRA made great strides in promoting concepts of harm reduction while equipping fieldworkers with the knowledge and skills to advocate for harm reduction services with decision-makers and the public. According to a broad sampling of civil society practitioners, MENAHRA increased knowledge of the harm reduction and the needs of a vulnerable and often stigmatized population and has attracted new professionals to the field, thus contributing to social acceptance and an increase in availability of services.

On the strength of its results (Tables 2 and 3) and having articulated a clear vision for the future, MENAHRA was able to win a five-year grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria beginning in January 2012. It was the first grant in the Global Fund's history dedicated to a regional project in harm reduction and specifically targeting the strengthening of civil society organization capacity. As such, the network secretariat will fully manage the grant as the principal recipient, ensuring MENAHRA's sustained action in strengthening the role of civil society in harm reduction in the Middle East and North Africa.

*An outreach worker with the MENAHRA-supported nongovernmental organization, the Organization for Social Development, provides sterile syringes to drug users in Pakistan*





## Building a network

The network secretariat, initially hosted in the SIDC in Beirut, served as an information platform: registering members; producing newsletters; creating forums for news and information; and coordinating the project's participation in international conferences. It managed the process of proposal submissions by civil society organizations. The network secretariat created links with institutions and individuals throughout the Middle East and North Africa who want information, training, resources and other support related to harm reduction. The network secretariat's web site, newsletter and region-wide trainings increased interest in harm reduction and attracted new members into the partnership.

In 2009 and 2010, the web site was visited by users from 134 countries. By mid-2010, the network secretariat had about 1000 people on its e-mail subscription list receiving the MENAHRA newsletter and updated information on projects, events and conferences on harm reduction in the Middle East and North Africa and internationally.

**Table 2. MENAHRA results: sustainable structures established 2006–2011**

Result	Details
4 structures formally established	1 network secretariat and 3 knowledge hubs
11 staff employed by MENAHRA	2 at network secretariat; 2 at Arrazi; 3 at INCAS; 4 at SIDC
8 staff with training in harm reduction	1 at Arrazi; 2 at network secretariat; 2 at SIDC; 3 at INCAS
5 funding sources	Drosos Foundation: source for network secretariat and 3 knowledge hubs Mediterranean Network for Co-operation on Drugs and Addictions: source for Arrazi SIDC: cost recovery UNODC: source for Arrazi WHO: source for network secretariat

**Table 3. MENAHRA results: regional communication and information sharing 2006–2011**

Result	Details
Approximately 1000 network members	950 people on e-mail listserv, 76 registered members as of June 2010
13 newsletters	Published on the web site and sent to listserv
5 civil society organization applications funded	Out of 70 civil society organization applications submitted in response to request for proposals



MENAHRA shapes policy by holding discussions with influential people such as religious leaders and parliamentarians at a regional conference in Beirut



## Advocacy

MENAHRA has reached out to high-level policy-makers to explain the arguments in favour of harm reduction, resulting in policy changes and increases in service provision. For example, MENAHRA supported the civil society organization Médecins du Monde in introducing opioid substitution therapy in Afghanistan in 2009; meanwhile the INCAS knowledge hub provided training and advocacy to groups visiting from Afghanistan and Pakistan.

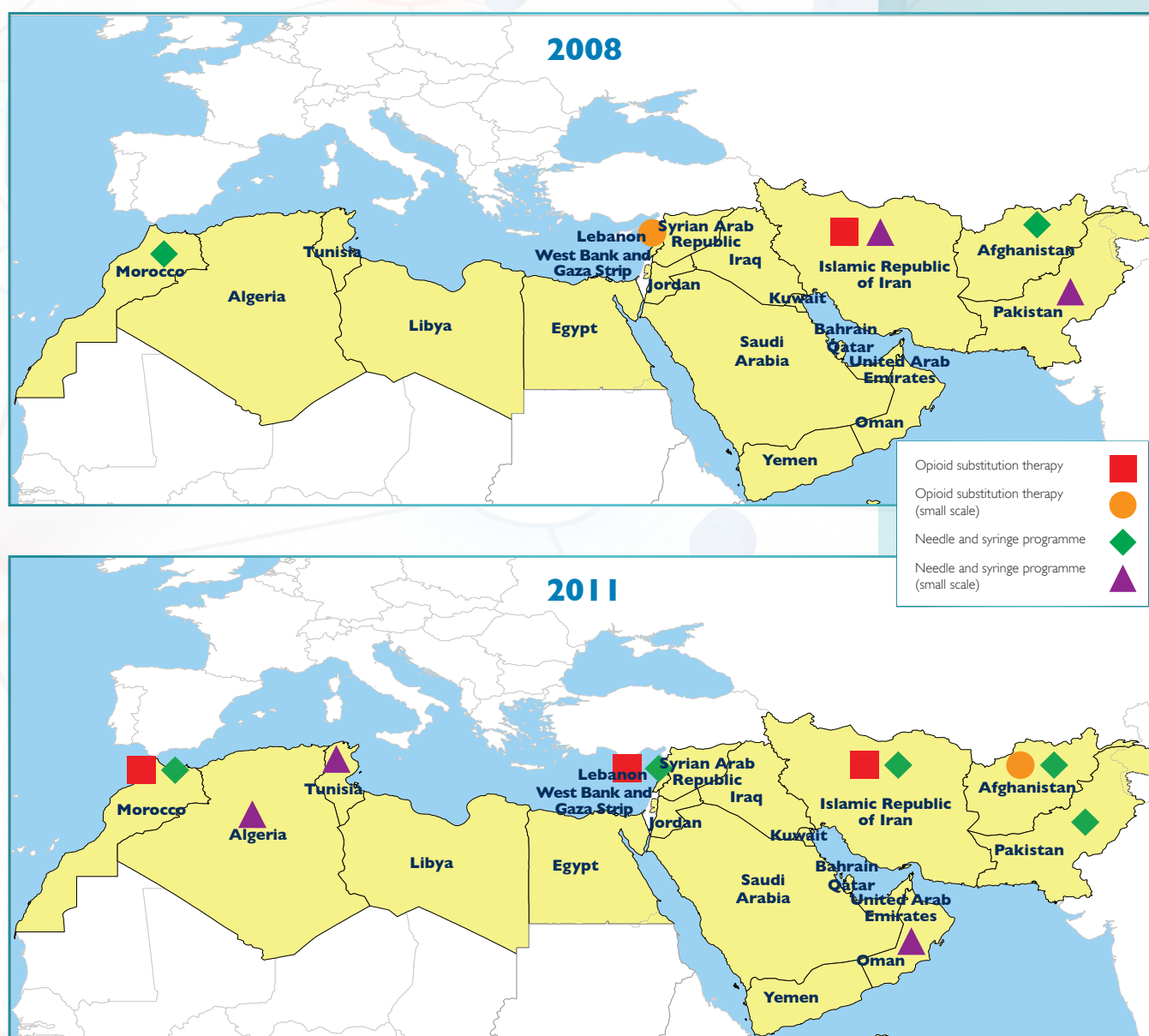
In countries where acceptance of harm reduction was already advanced compared with others in the Middle East and North Africa, MENAHRA contributed to the local efforts to improve the situation. In the Islamic Republic of Iran, MENAHRA supported promotion of opium substitution therapy. In Lebanon, MENAHRA contributed to the adoption of a strategy on opium substitution therapy in 2009 and consulted with a national task force to support implementation of that strategy, including guidelines as well as gaining the cooperation of security forces in not prosecuting distribution of hypodermic needles. In Morocco, MENAHRA joined the local efforts in advocating for the implementation of opium substitution therapy in 2010 (Figure 3).

In autumn 2009, the MENAHRA network secretariat organized the First Middle East and North Africa Harm Reduction Conference in Beirut, featuring 40 speakers and attended by 165 people from 25 countries. In spring 2011, the network secretariat hosted the International Harm Reduction Conference also in Beirut, bringing this conference to the Middle East and North Africa for the first time. The discussions generated by these events were remarkable. Policy-makers and decision-makers, including parliamentarians, programme managers, high-level government officials, religious leaders and law enforcers, gave presentations and participated in debates with

**Table 4. MENAHRA results: advocacy 2006–2011**

Result	Details
17 types of advocacy materials produced and distributed	4 types produced by INCAS; 6 types produced by SIDC (10 000 produced); 7 types produced by Arrazi (990 produced)
16 advocacy workshops	Arrazi: 1; SIDC: 1; INCAS: 4; Médecins du Monde: 10 (about opioid substitution therapy)
3 more countries adopted a harm reduction policy	Lebanon, Libya, Tunisia
3 more countries considered a harm reduction policy	Jordan, Saudi Arabia, Syrian Arab Republic
4 countries increased provision of opioid substitution therapy	Afghanistan initiated opium substitution therapy on a pilot basis Lebanon and Morocco scaled-up opium substitution therapy
6 countries increased needle and syringe programmes	Afghanistan, Lebanon and Morocco scaled-up needle and syringe programmes Algeria, Oman and Tunisia initiated needle and syringe programmes on a pilot basis





**Figure 3. Harm reduction services in the Middle East and North Africa, 2008 and 2011**

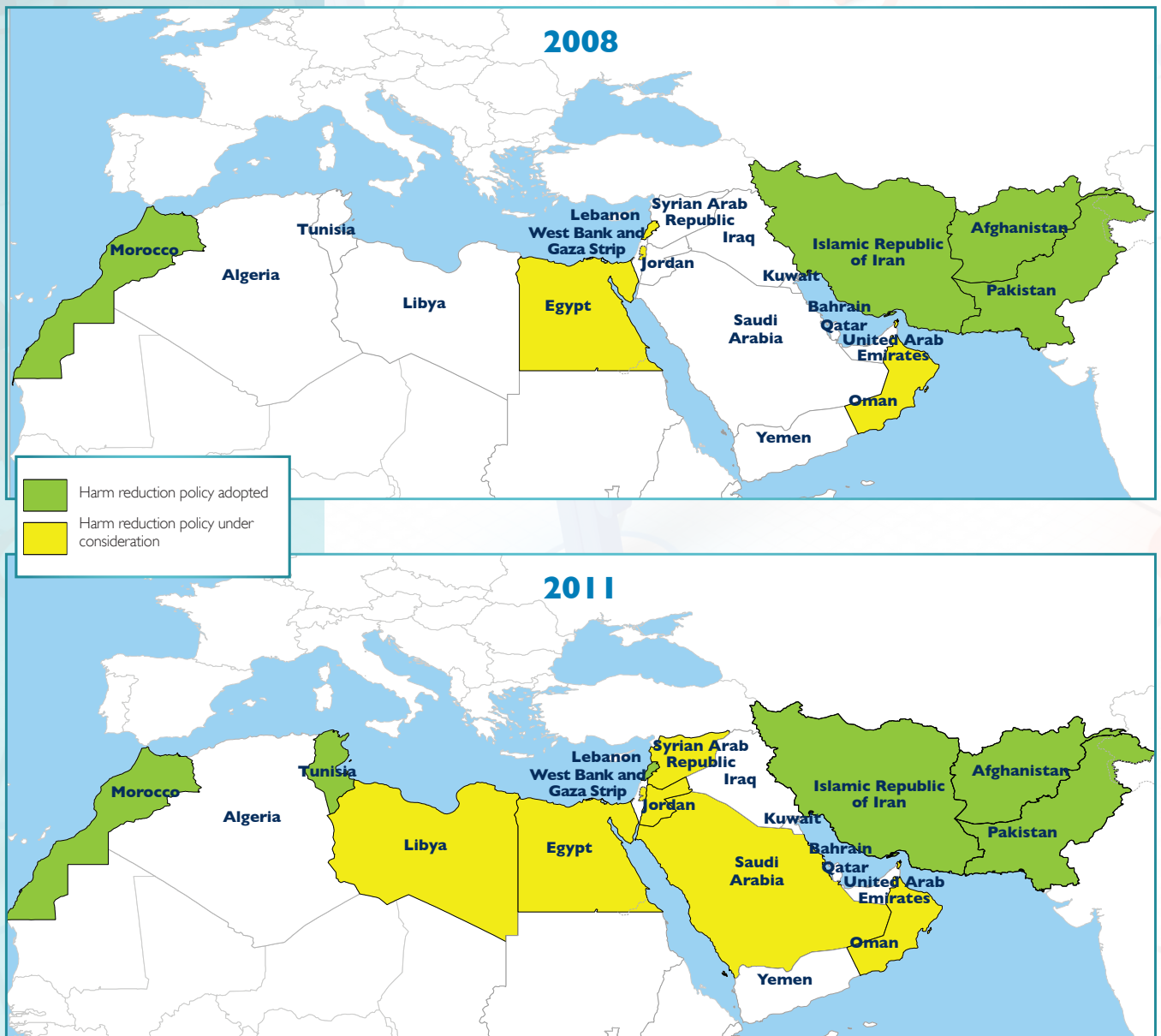
other attendees. The wide media coverage of the events promoted discussion of harm reduction and the MENAHRA initiative among the public. In addition, the conferences enabled the knowledge hubs and MENAHRA-supported civil society organizations to learn about the latest developments in harm reduction and to interact with experienced and influential practitioners from around the region and the world.

MENAHRA also participated in international gatherings, including high-level meetings of the United Nations Commission on Narcotic Drugs in 2009 and meetings with UNAIDS, WHO and the World Bank in 2010.

The association's activities have contributed to policy changes that favour harm reduction in a number of countries in the Middle East and North Africa as shown in Table 4 and Figure 4.

Additional steps toward harm reduction policies were initiated after MENAHRA's advocacy. In Jordan, the association spurred the organization of an activity advocating for harm reduction.





**Figure 4. Harm reduction policies in the Middle East and North Africa, 2008 and 2011**





Practitioners from civil society and government receive training on harm reduction and rapid situation assessment at the SIDC knowledge hub, Beirut in 2008

## Knowledge hubs' activities

Each knowledge hub was quickly operational and began to hold trainings within a year. Training provided by knowledge hubs was the core of all activities, with 723 people trained between 2007 and 2011 (Table 5). Each knowledge hub chose its training topics and designed training curricula during the first year of the project. Participants expressed satisfaction in the post-training evaluation questionnaires and indicated that the trainings had the desired effect of enhancing the civil society organization's understanding of harm reduction and confidence in their ability to provide harm reduction services.

**Table 5. MENAHRA results: capacity-building 2006–2011**

Result	Details
36 workshops delivered	10 at Arrazi; 12 at SIDC; 14 at INCAS
12 training resource materials developed	2 at Arrazi (module on opioid substitution therapy in French and module on outreach in Arabic); 4 at INCAS; 6 at SIDC
723 people trained	190 people from 12 countries at SIDC 248 people from 3 countries at INCAS 285 people from 8 countries at Arrazi

**“The training session in Morocco convinced me it was possible to do harm reduction in Algeria.”**

*Civil society organization practitioner from Algeria*

**“We went to the training with one idea and came back with a completely different one. It changed our whole outlook on harm reduction.”**

*Civil society organization practitioner from Jordan*

**“Without MENAHRA, there wouldn't be any harm reduction in Tunisia.”**

*Civil society organization practitioner from Tunisia*





## Arrazi knowledge hub, Morocco

The Arrazi knowledge hub was established in May 2007 and is hosted in the Arrazi Psychiatric Hospital, Rabat. This knowledge hub was created before harm reduction was started in Morocco, and so the development of harm reduction approaches was approached cautiously.

**Thorough training to initiate harm reduction services:** The training plan was to expose participants to various harm reduction dimensions and components (outreach, opium substitution therapy, advocacy, management, policy-making, media, setting targets and harm reduction in prisons), depending on their domain of work. The Arrazi knowledge hub delivered 10 regional training workshops from 2008 to

**Table 6. Trainings at the Arrazi knowledge hub, Morocco, from February 2008 to July 2011**

Result	Details
Advocacy	Media institutions, journalists
Opioid substitute treatment	Civil society organizations, activists, government
Management of harm reduction programmes	Civil society organizations, activists, government
Outreach and street work	Civil society organizations, activists, government
Harm reduction	Decision-makers
Harm reduction	Media
Target-setting	Civil society organizations, activists, government
Harm reduction	Prison managers

*Civil society practitioners learn harm reduction techniques at Arrazi Hospital, Rabat, in 2011*





2011 with participants from countries in the subregion (Algeria, Libya and Morocco). A total of 285 professionals participated, including 109 from Morocco, 105 from Tunisia, 48 from Algeria, 15 from Libya and eight from other Middle East and North Africa countries (Afghanistan, Bahrain, Egypt and Lebanon). The workshops included trainings for service providers on advocacy, opium substitution therapy, development and management of harm reduction programmes and outreach, and trainings for policy-makers and media representatives (Table 6). The knowledge hub also held a training workshop entitled “Setting targets for universal access to HIV treatment, and prevention and care for injecting drug users” and organized a study tour to Morocco for practitioners from civil society organizations in Libya. Trainees expressed satisfaction at what they called the high quality of the training.

**Results:** As a result of these trainings, participants from Algeria reported initiating outreach to injecting drug users and participants from Tunisia reported initiating outreach and needle and syringe programmes. Participants later contributed to founding a harm reduction association named Manara in Tunisia and organized an advocacy workshop for decision-makers in January 2009. Manara subsequently applied for funding to MENAHRA for a mobile unit to undertake needle and syringe distribution and exchange. Also, following an advocacy training organized by the Arrazi Knowledge Hub, participants from the Tunisian Association for the Fight against STDs and AIDS held an advocacy workshop for decision-makers in January 2009. Arrazi provided technical assistance for both of these nongovernmental organization workshops, with a total of 116 trainees attending.

The knowledge hub noted that participants from civil society organizations working in HIV prevention began to consider drug users as a target population and initiated outreach to those populations.

The Arrazi knowledge hub encouraged nongovernmental organizations whose members had attended workshops to apply to the MENAHRA network for financial support for their harm reduction projects and provided technical support and feedback on their proposals. This encouragement resulted in the submission of proposals from Algeria, Morocco and Tunisia.

When MENAHRA began in 2007, none of these civil society organizations was involved in harm reduction. Their commitment to introducing harm reduction services thus represented a significant development.



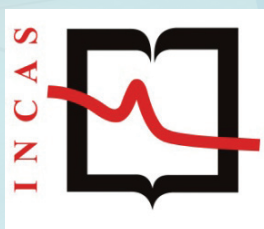
*Journalists outside Arrazi Hospital, Rabat, listen during training on advocacy in 2009*

### Information materials produced by Arrazi

- A brochure on safe injection (pictured right)
- Information sheets on the four most commonly used drugs
- A booklet and poster on the spectrum of services for HIV prevention and drug use
- A leaflet about the role of civil society in harm reduction







## *INCAS knowledge hub, Islamic Republic of Iran*

The knowledge hub is hosted within the Iranian National Center for Addiction Studies (INCAS) in Tehran University of Medical Sciences. INCAS was established in 2003 as the national referral research and training centre on drug abuse issues. As a knowledge hub, INCAS serves the eastern side of the Middle East and North Africa. The special contribution of INCAS as a knowledge hub has been to ensure high-quality training with competent teachers on the basis of its experience preceding MENAHRA. This has made it an attractive pole for neighbouring Afghanistan, where practitioners had long struggled to scale-up a pilot opium substitution therapy programme.

INCAS held 14 regional training sessions from 2007 to 2011 for 248 practitioners, including 153 from the Islamic Republic of Iran, 87 from Afghanistan and eight from Pakistan. They included medical doctors, midwives, nurses, social workers, psychologists, outreach workers and psychiatrists. Training topics included harm reduction, voluntary HIV testing and counselling, and harm reduction for female drug users and females in prisons (Table 7).

**Results:** Trainees said they were very satisfied with the training content, quality of instruction and participatory approach. Two trainees began to run their own training workshops on harm reduction and voluntary counselling and testing; other trainees established an addiction treatment clinic and sought work in drop-in centres.

INCAS provided support and guidance on concepts and budgets to civil society organizations that were writing funding proposals for harm reduction work.

*Participants at a training workshop on agonist maintenance treatment for opioid dependence at INCAS, Islamic Republic of Iran, September 2011*







**Table 7. Trainings at INCAS knowledge hub, Islamic Republic of Iran, 2007–2011**

Topics	Target
Principles of harm reduction	Physicians, drop-in centre staff
Harm reduction for drop-in centres and addiction treatment clinic staff	Centre staff
Voluntary counselling and testing	Psychologists, social workers
Psychotherapy and methadone maintenance treatment	Psychologists, psychiatrists, general practitioners
Structured assessment of substance abuse and high-risk behaviour	Researchers
Harm reduction substance abuse in prison settings	Prison staff
Substance abuse treatment	General practitioners
Harm reduction activities for female drug users and prisoners	Service providers
Harm reduction basics and applications	UNODC, government officials, nongovernmental organizations
HIV prevention and care among drug users	Study tour for Médecins du Monde
Agonist maintenance treatment for opioid dependence (and refresher)	General practitioners, government officials, public facilities staff, civil society organizations

*Consultants for the Drosos Foundation and WHO discuss MENAHRA-supported activities with Alireza Noroozi at INCAS, Islamic Republic of Iran*

### Information materials produced by INCAS

- 3 booklets on methadone maintenance treatment, a type of opioid substitution therapy, for patients, health care providers and families of drug users
- 1 training booklet on harm reduction





## SIDC knowledge hub, Lebanon

SIDC became a knowledge hub for MENAHRA in May 2007. The nongovernmental organization provides outreach and health services to vulnerable groups such as youth and marginalized populations, including drug users and people living with HIV. Operating since 1987, SIDC has strong connections to the community and a national profile.

**Diverse trainers, high demand:** SIDC knowledge hub held 12 workshops from 2008 to 2011 with a variety of national and international trainers. There were 190 trainees from 12 countries. Topics ranged from the general, such as an introduction to harm reduction for advocacy and a session calling on journalists to help explain harm reduction to the public, to the specific, such as targeted training on how to implement opioid substitution therapy and needle and syringe programmes for service providers and outreach workers (Table 8). The knowledge hub held an advocacy workshop for civil society organizations, government bodies and medical professionals to introduce advocacy skills and promote the importance of advocating for harm reduction services and drug users' rights.

After SIDC held its first workshops, demand grew such that SIDC instituted an application process for subsequent workshops. Applications significantly exceeded available slots.

**Results:** After receiving training, members of civil society organizations began to introduce elements of harm reduction into their work. For example, one civil society organization introduced discussions on harm reduction into its weekly cultural meeting for its members; another strengthened and developed its training-of-trainers programme on harm reduction; and a national AIDS programme official supported a new civil society organization for drug users by providing lectures and follow-up consultation. SIDC also observed greater interest in the issue on the part of the media.

**Table 8. Trainings at SIDC knowledge hub, Lebanon, from January 2008 to July 2011**

Topics	Target
Harm reduction and rapid situation assessment	Civil society organizations, government bodies, interested professionals
The role of the media in advocacy for harm reduction	Media/journalists
Opioid substitute therapy	Psychiatrists, civil society organizations, medical professionals
Writing proposals on harm reduction	Civil society organizations
Harm reduction policy	Civil society organizations, activists, government officials
Opioid substitution therapy and needle and syringe programme	Civil society organizations, government officials
Outreach for drug users	Civil society organizations, outreach workers
Voluntary counselling and testing for drug users	Civil society organizations, national AIDS programmes, voluntary counselling and testing counsellors
Overdose management and prevention	Civil society organizations



SIDC provided a training workshop for representatives of 13 civil society organizations on how to write proposals to mobilize resources for harm reduction programmes. Afterward, many representatives of the civil society organizations contacted SIDC requesting assistance in writing proposals; SIDC then held 23 support sessions covering brainstorming, review proposals and follow-up to representatives of 12 civil society organizations.

### Information materials produced by SIDC

- An advocacy kit with brochures and posters on the rights of drug users, developed with the involvement of drug users
- A compilation report on harm reduction
- Information sheets on the knowledge hub's activities



The MENAHRA project enabled the SIDC knowledge hub to produce the above posters in 2009 for a campaign raising awareness of the rights of drug users. The centre of each poster reads “He uses drugs ... and he has rights?”

The upper left poster addresses stigmatization and reads “Don't talk about me. ... Talk to me.”

The upper right poster addresses unsafe needle use and reads “I looked in the garbage dumpster for the syringe I threw away a week ago.”

The poster underneath, concerning opioid substitution therapy, reads “Pain is forbidden in human rights.”



## Support to civil society organizations

MENAHARA works to strengthen civil society organizations that are judged to have the potential to deliver harm reduction services if they were to gain additional financial or technical resources. MENAHRA seeks to help civil society organizations establish harm reduction activities or increase the quality and coverage of harm reduction services. The following are outstanding examples of civil society organizations' work assisted by MENAHRA during its initial period.

*Workers from Médecins du Monde conduct outreach to injecting drug users in Pul-e-Soughta, Afghanistan in 2010*



### *Afghanistan: building on success*

Since 2006, the civil society organization Médecins du Monde in Kabul, Afghanistan has successfully operated a broad array of services at a drop-in centre, including health education, overdose prevention, testing and counselling, psychosocial support, and social services such as access to showers, food and laundry. The centre's health unit provides routine treatment and referrals for antiretroviral therapy and tuberculosis treatment. The civil society organization also provided outreach services every weekday morning, offering health education and counselling while identifying emergency medical cases.

In June 2009, MENAHRA began funding Médecins du Monde's existing staff, including two doctors, two nurses, four outreach workers and five peer educators, as they expanded their needle and syringe programme. The civil society organization reported that almost one in three registered clients returned regularly to use the services. Médecins du Monde found that the project effectively contributed to mitigating injection-related risk behaviours. A survey of 134 injecting drug users in August 2010 found that 94% used sterile injecting equipment and more than 90% had proper information on parental HIV transmission, although less than one in four used a condom the last time they had sexual intercourse.

In February 2010, with MENAHRA's support, Médecins du Monde introduced Afghanistan's first opioid substitution therapy programme. Clients receive their daily



treatment at the Médecins du Monde centre along with psychosocial support in groups and individually with the civil society organization's psychologist. The centre's social workers help those clients reintegrate socially by meeting with family members and seeking housing and employment.

Before the project, nongovernmental organizations in Afghanistan provided services to drug users as an afterthought, primarily in detoxification. Médecins du Monde reported that the success of its opioid substitution therapy pilot project and its advocacy efforts on opioid substitution therapy, all supported by MENAHRA, have led to a paradigm shift, assisted by the efforts of the National AIDS Control Program to increase recognition of harm reduction. The civil society organization conducted extensive advocacy, including holding several meetings with high-ranking ministerial authorities and garnering support from United Nations agencies. Médecins du Monde arranged for parliamentary officials to visit the drop-in centre and for religious leaders to visit the districts where it does outreach.

Médecins du Monde also produced several briefing notes in the Dari language about opioid substitution therapy and harm reduction. After the civil society organization presented the first results of its opium substitution therapy project, a number of other Afghan nongovernmental organizations also expressed an interest in initiating opioid substitution therapy as an alternative to detox.

Several nongovernmental organizations began offering harm reduction services and more joined with Médecins du Monde in advocating for an expansion in harm reduction services in Afghanistan.



*An activity of the nongovernmental organization Freedom in Cairo, Egypt*

### *Egypt: inspiring replication*

In April 2009, MENAHRA began providing funding to a nongovernmental organization named Freedom Program from Drugs and HIV/AIDS in Cairo, Egypt, to provide harm reduction services in the city's populous and economically distressed neighborhood of Shoubra. Freedom operates a drop-in centre and 18 outreach workers were trained by MENAHRA in harm reduction. The project provides information and education on safe injection, one-on-one counselling including overdose education, and a health awareness group. It also provides condoms, syringes, clothes, meals, medical care and showers. The project also provides rapid HIV testing at the centre or by referral, and counselling before and after the test. The nongovernmental organization reported that more than one in four of its clients return regularly for services.



The nongovernmental organization broadened Egypt's discussion about HIV, AIDS, condoms and the effectiveness of harm reduction. Freedom also conducted awareness-raising with religious leaders, the media and lawyers while producing materials on HIV/AIDS awareness and healthy behaviour.

Freedom reported that as a result of learning about its MENAHRA-funded programme, four new sites began providing selected harm reduction services.

*The Mashhad Positive Club in the Islamic Republic of Iran distributes condoms and sterile syringes to injecting drug users*



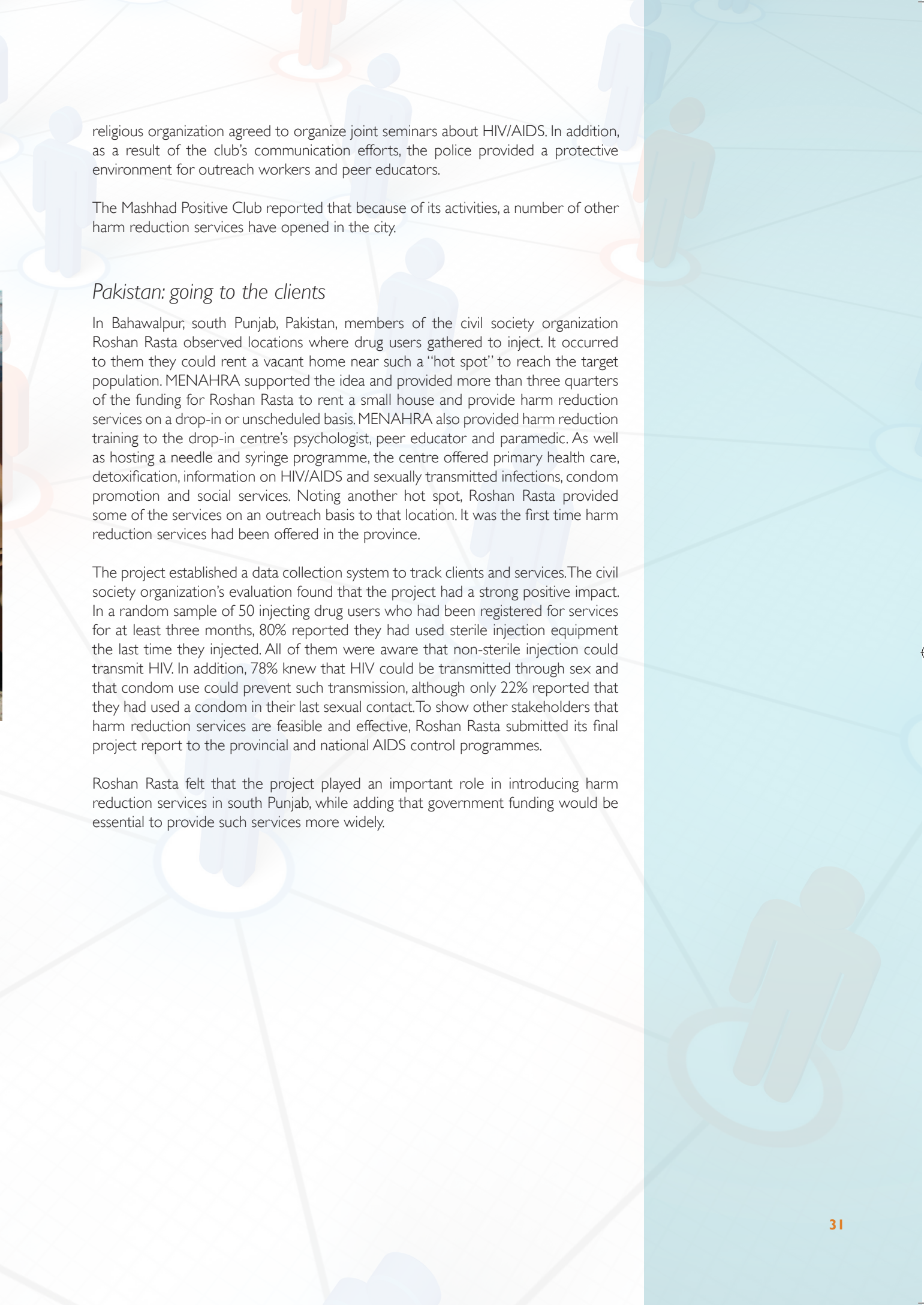
### *Islamic Republic of Iran: a positive appeal to key stakeholders*

In Mashhad, Islamic Republic of Iran, a MENAHRA-supported harm reduction project by the Mashhad Positive Club was notable for its emphasis on information materials and its effective advocacy to key stakeholders in society.

MENAHRA trained five staff in harm reduction services. In conjunction with distributing needles and syringes, the project distributed condoms, provided training in safe injection and educated users about preventing overdoses. The project counselled clients on sexual and reproductive health, provided sexually transmitted infection screening on site and by referral, and referred clients for voluntary testing. The civil society organization reported that almost one in three of its clients returned regularly for services.

During MENAHRA-funded support, the Mashhad Positive Club published information, education and communication materials on voluntary testing and living with HIV, including proper nutrition, and sexual and reproductive health rights. The club reported that through its advocacy and on the strength of its project results, they were able to garner support for harm reduction from two key groups of decision-makers: religious leaders and the police. During the MENAHRA-supported project, a





religious organization agreed to organize joint seminars about HIV/AIDS. In addition, as a result of the club's communication efforts, the police provided a protective environment for outreach workers and peer educators.

The Mashhad Positive Club reported that because of its activities, a number of other harm reduction services have opened in the city.

### *Pakistan: going to the clients*

In Bahawalpur, south Punjab, Pakistan, members of the civil society organization Roshan Rasta observed locations where drug users gathered to inject. It occurred to them they could rent a vacant home near such a "hot spot" to reach the target population. MENAHRA supported the idea and provided more than three quarters of the funding for Roshan Rasta to rent a small house and provide harm reduction services on a drop-in or unscheduled basis. MENAHRA also provided harm reduction training to the drop-in centre's psychologist, peer educator and paramedic. As well as hosting a needle and syringe programme, the centre offered primary health care, detoxification, information on HIV/AIDS and sexually transmitted infections, condom promotion and social services. Noting another hot spot, Roshan Rasta provided some of the services on an outreach basis to that location. It was the first time harm reduction services had been offered in the province.

The project established a data collection system to track clients and services. The civil society organization's evaluation found that the project had a strong positive impact. In a random sample of 50 injecting drug users who had been registered for services for at least three months, 80% reported they had used sterile injection equipment the last time they injected. All of them were aware that non-sterile injection could transmit HIV. In addition, 78% knew that HIV could be transmitted through sex and that condom use could prevent such transmission, although only 22% reported that they had used a condom in their last sexual contact. To show other stakeholders that harm reduction services are feasible and effective, Roshan Rasta submitted its final project report to the provincial and national AIDS control programmes.

Roshan Rasta felt that the project played an important role in introducing harm reduction services in south Punjab, while adding that government funding would be essential to provide such services more widely.





## **Conclusion and lessons learned**





*Trainings at SIDC knowledge hub, Beirut*


In 2010–2011 WHO commissioned three evaluations of the quantitative and qualitative impact of the network's activities. A situation assessment conducted by MENAHRA in 2008 provided a baseline for these evaluations. Before MENAHRA was established, harm reduction was little known or understood in the Middle East and North Africa. The evaluations suggested that MENAHRA activities had increased stakeholders' awareness of harm reduction and increased governments' acceptance of the harm reduction approach. They found a general recognition among civil society practitioners that the MENAHRA initiative had succeeded in changing the dynamic and placing the sensitive topics of drug use and harm reduction on the agenda of the region's discussions of important health and social issues. In the presence of diverse stakeholders and political and epidemiological factors that fostered this positive change, it is difficult to quantify the contribution of MENAHRA. However, stakeholders in government and civil society considered that MENAHRA had expedited a shift towards an environment conducive to harm reduction. While noting areas in which progress was gained, the evaluations also noted areas for improvement that would be relevant to other harm reduction projects.

## Strengthening civil society

Stakeholders reported that MENAHRA enlarged the space in which civil society organizations can discuss harm reduction and implement harm reduction services. MENAHRA stimulated an increased mobilization of civil society in the provision of harm reduction. Among civil society organizations that were previously unaware of, or uninterested in working with, injecting drug users, MENAHRA witnessed increased interest as reflected in an accelerating number of applications for support to initiate harm reduction services. Nevertheless, more work is needed to strengthen key capabilities in civil society.

- MENAHRA structures have a good grasp of some key data required for effective monitoring and evaluation. However, to capture the detail and spirit of the funded civil society organizations' activities, MENAHRA should also ask the organizations to produce a narrative. Publishing such narratives would contribute to visibility, advocacy and networking. MENAHRA should also formalize a process for undertaking site visits to civil society organizations' activities.
- Civil society organizations should work to build their own capacity in data collection, analysis and reporting by requesting technical assistance from their Knowledge Hub or alternative sources.
- The next level of MENAHRA support to civil society organizations could include direct technical assistance to civil society organizations to assure quality of service delivery.



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- Although injecting drug users are predominantly male, civil society organizations should be encouraged to attract female drug users to services and to address the needs of the spouses and families of male drug users.
  - Civil society has shown creativity in seeking nongovernmental funding sources. However, in order to scale-up services to reach a significant portion of the vulnerable populations, ongoing budgetary support from national governments will be essential.

## Training

The three knowledge hubs have spread the dynamic mission of the network into the diverse countries of the Middle East and North Africa. The knowledge hubs fulfilled their mission of providing training and technical assistance to civil society organizations in their subregions. However, measurement of training effectiveness could be more formalized:

- Knowledge hubs have begun to conduct pre-training and post-training assessments designed to determine the extent to which training participants have grasped key harm reduction principles. These should be conducted and analysed on a regular basis in order to glean lessons to be shared with the other knowledge hubs.
- After training, mentoring would be useful to help participants put their newly acquired skills into practice, as well as to help civil society organizations adjust their activities to emerging challenges. The hubs should also conduct a later follow-up assessment, for example six months after the training, to ascertain how participants have made use of the training in their work.

## Advocacy

MENAHRA contributed to increased acceptance of harm reduction in the Middle East and North Africa among policy-makers and the public. There is evidence to suggest that the knowledge hubs' training and advocacy workshops have contributed to changes that favour harm reduction in both policies and practices. For example, training and advocacy by the SIDC knowledge hub contributed to the adoption of opioid substitution therapy policy in Lebanon, increased advocacy for harm reduction in Jordan and a pilot needle and syringe outreach programme in the West Bank and Gaza Strip

However, the MENAHRA initiative highlighted proposed adjustments that could increase the impact of advocacy:

- Training should target decision-makers to help them become efficient advocates on these sensitive issues in difficult environments including: (1) potential donors who have funding but lack crucial knowledge on harm reduction; (2) law and order representatives who, if well informed, can make a huge difference in the field; and (3) those in the media who, if well informed and sensitized, can become crucial actors in making difficult and sensitive harm reduction issues understood by the general public.
- Cross-border advocacy should be enhanced through more active engagement of both knowledge hubs and civil society organizations.





## Sustainability

With the knowledge hubs and the network secretariat, MENAHRA successfully established four sustainable structures to facilitate information-sharing, build capacity and support advocacy. MENAHRA has also succeeded in diversifying its funding sources. By supporting and mobilizing civil society organizations, the knowledge hubs forged transnational connections among civil society, creating social capital. At the same, the MENAHRA experience highlighted potential obstacles to sustainability:


- The network will always face the pressure of local concerns, as each knowledge hub is continually drawn to focus on issues in its own subregion. A common funding mechanism is essential to supporting an ongoing focus on the shared interests of the network.
- Decentralization is one of MENAHRA's strengths. However, reporting between knowledge hubs was not formalized; consequently, information about civil society organizations' activities was not always shared. All knowledge hubs and the network secretariat should be fully aware of the harm reduction activities undertaken by recipients of MENAHRA funding. Formalized reporting would also facilitate an overview of all knowledge hubs' implementation of their work plans.
- Continued and sustained efforts are needed to identify and attract new funding sources. This is especially important for civil society organizations if harm reduction service delivery is to be sustainable in the Middle East and North Africa. Government support for civil society organizations' harm reduction services should be sought. Alternative funding methods, such as SIDC's cost-recovery mechanism, should be explored and expanded.

*MENAHRA hosted the 2011 international conference of the International Harm Reduction Association. Events included a "dialogue space" for informal discussion, debate and skill-building. Photo courtesy of SIDC*









The Middle East and North Africa Harm Reduction Association (MENAHRRA) provides a framework for reaching out to civil society organizations, strengthening their active role in harm reduction, particularly reducing HIV risk for injecting drug users, and for engaging with policy-makers to reduce obstacles to the acceptability of harm reduction. Guided by a vision combining public health and human rights, MENAHRA has become an umbrella for the empowerment of civil society organizations in the Region. This document is intended to share the best practices and the lessons that were learned during the establishment and development of MENAHRA.



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