



Strategic Plan 2007 - 2009

Central and Eastern European Harm Reduction Network (CEEHRN)

*** possibilities to change name of the organization are currently being considered by CEEHRN Steering Committee**

Approved by:
CEEHRN Steering Committee
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Address Pamenkalnio St. 19-6, Vilnius, 01114, Lithuania
Tel.: (370 5) 269 1600
Fax: (370 5) 269 1601
E-mail: info@ceehrn.org
Website: www.ceehrn.org

Developed by Catalina Iliuta, Program and Development Director,
CEEHRN
Raminta Stuikyte, Executive Director, CEEHRN

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CEEHRN Strategic Plan for 2007–2009 presents CEEHRN priority programs to address problem drug use and HIV issues in Central and Eastern Europe and Central Asia. The document neither exhaust all areas where CEEHRN can contribute to comprehensive response, nor it details activity plan; instead it focuses on priority areas and outlines integrated programs to address them.

The Strategic Plan is based on key problems and responses, as well as CEEHRN niche identified by its members, Steering Committee (SC) and partners in CEEHRN Strategy and its preparation process, during SC meetings and other communication. The document is adopted by SC. CEEHRN Secretariat works together with CEEHRN membership, SC and partners on its implementation.

Progress made and the plan itself is to be reviewed by SC on annual basis.

About CEEHRN

The Central and Eastern European Harm Reduction Network (CEEHRN) is a regional network with a mission to support, develop, and advocate for harm reduction approaches in the field of drugs, HIV/AIDS, public health, and social exclusion by following the principles of humanism, tolerance, partnership, and respect for human rights and freedoms.

Founded in 1997, CEEHRN today unites more than 250 individuals and organizations from 25 countries of Central and Eastern Europe and Central Asia. The Network's members come from both the public and non-governmental sector and include government agencies, drug treatment and HIV experts, harm reduction organizations, researchers, community groups and activists (notably, organizations of people living with HIV and drug users), as well as supporters and experts from outside the region. CEEHRN is governed by its members through elected representatives at the Steering Committee. The executive work is carried out by a Secretariat based in Vilnius, Lithuania.

The main activities of the Network include:

- advocacy for less-repressive and non-discriminative policies with respect to drug users, other vulnerable populations, including sex workers, inmates and people living with HIV/AIDS,
- assessment of policies, needs, services and human rights situation in the field,
- informational support, networking and exchange of good practices, expertise and lessons learnt,
- capacity building of harm reductionists, as well as other stakeholders from affected communities and having direct or indirect contact with drug users and other vulnerable populations in Central and Eastern Europe and Central Asia.

CEEHRN works closely with national and regional organizations, as well as builds partnerships with pan-European networks and international organizations. It is active in the international initiatives, including Universal Access to HIV/AIDS Treatment, Care and Prevention, UNGASS on HIV/AIDS, others.



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Executive Summary

The overall **goal of CEEHRN** is to support, develop and advocate for evidence and human rights based harm reduction approaches in the field of drugs, HIV, public health and social exclusion. It is implemented through the following **objectives**:

- o to employ less repressive and non-discriminative policies with regard to drug users and other vulnerable groups (including sex workers, prisoners and people living with HIV/AIDS); and
- o to strengthen evidence based practices and services for vulnerable groups

Geographical focus Central and Eastern Europe and Central Asia (CEECA), which consists of 6 sub-regions: Balkans, the Baltics, Central Europe, European Countries of the Commonwealth of Independent States, Caucasus and Central Asia.

Beneficiaries

Primary beneficiaries: groups of vulnerable groups, providers of services and advocates of rights for vulnerable groups, decision makers and health care professionals in community and prisons, other national and regional stakeholders;
Secondary beneficiaries: vulnerable populations; society at large.

Duration 3 years (2007 – 2009)

Four priorities in focus:

1. Quality, coverage and variety of harm reduction and other services for vulnerable populations.
2. Legislation and human rights.
3. Institutionalization and sustainability of harm reduction and other services for vulnerable groups.
4. Management and promotion of CEEHRN.

CEEHRN role varies throughout the priority areas and cover the following activities areas or **Programs**:

- A. National and Regional Documentation and Advocacy for Services and Enabling Policies
- B. Capacity Building and Technical Assistance (Harm Reduction Knowledge Hub)
- C. Information Center and Networking
- D. Human Rights of Vulnerable Groups
- E. Special Initiatives

These programs crosscut the following priority and highly-important **topics**: Drug Policy; Harm Reduction (quality, scale, range and institutionalization); Substitution Treatment; as well as Prisons; Services in Custodies; Drug Treatment; Pharmacies in Drug Services; Human Rights and Vulnerable groups; Sex Work; Hepatitis; Female Drug Users; Underage Vulnerable Groups; Stimulant Injecting and Poly-drug Use.

Expected outcomes

- ensuring sustainability of services for vulnerable groups, their capacity building and advocacy efforts
- improving capacities of local non-governmental and governmental organizations to advocate for evidence base approaches and rights of vulnerable groups
- helping to raise awareness and link with other existing international, pan-European and CEECA networks, from which further lessons can be learnt



Background: Drug Use, HIV, Hepatitis C, Sex Work, and Prisons in CEECA

Central and Eastern Europe and Central Asia (CEECA) is post-Soviet bloc which after socio-economical changes in 1990s experienced high increases in drug use, sex work, as well as complex transition of medical and social care systems. The region which has population of almost 400 millions reports inconsistent response to problem drug use in terms of policy, practices and services, as well as growing negative consequences related to drug use, including HIV and hepatitis epidemics.

More than 3 million injecting drug users (IDUs) live in CEECA (*UN Reference Group on HIV Prevention among IDUs 2004*); however this estimate might not be accurate due to lacking research-based estimates. Limited available data shows that majority of IDUs use opiates and this is the most problematic type of drugs in the region. At least few countries report increasing injecting use of amphetamine-type stimulants among younger generation of drug users; anecdotal information from services suggests increasing poly-drug use as well. Anecdotal reports of service providers indicate that as much as up to 12% of drug injectors and 8% of sex workers might be underage (*ARAS & Romanian Harm Reduction Network 2006*).

Data on hepatitis C in the countries of Central and Eastern Europe is limited, though it is a major health issue among IDUs. In some sites of the region the prevalence of hepatitis C varies from 60 to over 90% among drug injectors (CEEHRN 2006). Drug injecting is also the major HIV driver in the region, where HIV epidemics spread faster than anywhere in the world. Estimated 1.5 million people with HIV live in the region (UNAIDS 2006). Available data suggest that HIV and hepatitis C co-infection is a common among IDUs, who acquire both viruses while sharing injecting equipment and varies from 40% to 90% (WHO 2006). Co-infection poses a great challenge to health care, since hepatitis C is more severe in people living with HIV/AIDS and is becoming leading cause of death among PLWHA (EATN 2006). However, despite being the group most affected by hepatitis C, in most countries of the region current IDUs and even people undergoing drug treatment are systematically excluded from HCV treatment (CEEHRN 2006). While some countries, especially in South-Eastern and Central Europe, do not experience major HIV epidemic among IDUs, all territories through the region (where data available) report about high risk behaviors associated with injecting drug use and (interlinked with) sex work.

In recent years, a substantial progress was made in the region in terms of introduction of pilot services for vulnerable populations, including HIV prevention, treatment and care. However, coverage of existing HIV preventive services in communities and prisons for vulnerable groups, including injecting drug users, sex workers, men who have sex with men, is the lowest one in the world; not more than 10% of these populations were "covered", i.e. have received some service at least once per year (*UN Secretary General Report 2006*). Russia, which has the largest population in the region, Tajikistan, Kazakhstan, Armenia still do not implement substitution treatment which is essential component of high scale and quality drug treatment system; overall in the Eastern part of the region drug treatment including rehabilitation is often undeveloped; cases of degrading drug treatment are reported. Quality and range of provided services, as well as their diversification (in order to meet needs of specific sub-groups of drug users, and sex workers) are becoming of high importance.



Services for vulnerable groups, including harm reduction, lacks institutionalization and national political and financial support. Standards for needle exchange and outreach programs are officially institutionalized in two countries (Kazakhstan and Lithuania). Substitution treatment guidelines are adopted in all countries where it is provided. Status of harm reduction workers in outreach, peer counseling and needle exchange is unclear and is not integrated into national professions' system.

International funds, notable the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), are the major source for interventions among vulnerable populations in at least 20 countries. These funds are time-bound (2-4 years in average) and often provided with condition that developed services will be sustained during the second phase of funding period and after international funds are over. However experience in the rest of region, where countries are not eligible for most international donors, shows that major challenges in sustaining and expansion of such services for vulnerable groups in spite of fast economical grow and ten year history. International funds create an opportunity to develop services with relevant quality standards, coverage and diversification for specific sub-populations, like underage drug users and sex workers, female drug users, integrated prevention and treatment services for drug users with HIV and/or hepatitis C etc., and to advocate already today for inclusion of those services in national funding plans.

Creating enabling, non-discriminative legislation and policies is more challenging in the region. Mechanisms to keep governments accountable for their commitments to human rights to health and enabling environment for vulnerable groups are lacking. Limited reports from AIDS and harm reduction advocacy groups indicate harsh policies directly affecting drug users and sex workers, fueled with stigma and discrimination of drug users, sex workers, inmates and people living with HIV/AIDS in all countries of the region (*IHRD 2006, CEEHRN 2005, UNAIDS 2006*). These polices and practices, especially in relation to law enforcement and healthcare, badly affect rights of vulnerable populations; moreover they increase behavior related risks and access to targeted services (e.g. see *Bezlov 2005*). Discriminative attitudes and prejudice reduce access to such essential services like HIV and hepatitis C treatment for vulnerable population (e.g. IDUs account for more than 70% of HIV cases in the region but represent only 24% of people receiving treatment (*UNAIDS 2006*)). Discriminative practices are often found related to low awareness of evidence base what approaches work with vulnerable groups and understanding of needs of people using drugs, involved in sex work etc.

Existing laws and practices lead to high rates of incarceration and arrests of drug users and other vulnerable populations. This markedly contributes to overcrowding of penitentiary institutions in some countries (e.g. Russia is in top-two of countries with highest prison populations) and to health problems. Indirect documented data, such as high rates of hepatitis C among inmates, reports of drug users in the community (many of whom might have incarceration experience) and outbreak of HIV show that risky behaviors take place behind the bars. In Latvia, Estonia, Russia and some other countries of the region, around 25% of HIV cases are registered through prison system. However recognition of drug injecting (as well as sex) in prisons, general low implementation of rights of vulnerable groups and prison healthcare being separated from overall healthcare system are major barriers to implementation of services in custodies and prison settings, even if those services exist in community settings for a certain time.



Goal and Priorities

Aims

The overall **goal** is to support, develop and advocate for evidence and human rights based harm reduction approaches in the field of drugs, HIV, public health and social exclusion.

Specifically during 2007-2009, CEEHRN seeks to

- employ less repressive and non-discriminative policies with regard to drug users and other vulnerable groups; and
- strengthen evidence based practices and services for vulnerable groups (including drug users, sex workers, prisoners, and people living with HIV/AIDS).

Geographical Focus

Central and Eastern Europe and Central Asia or 6 geographical sub-regions:

- Balkans (Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Kosovo (UN administered territory), Macedonia (FYR), Montenegro, Romania, Serbia, Slovenia)
- Baltics (Estonia, Latvia, Lithuania)
- Central Europe (Czech Republic, Hungary, Poland, Slovakia)
- European countries of the Commonwealth of Independent States (Belarus, Moldova, Russia, Ukraine)
- Caucasus (Armenia, Azerbaijan, Georgia)
- Central Asia (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan)

The region shares common history and similar past of political system, policy development, health and social care structures, mentality, as well transitional processes and related challenges. In spite of current economical-social differences, development and sustainability of services for vulnerable groups and enabling environments is challenging throughout the region.

Eastern European and Central Asian countries commonly understand Russian; in South-Eastern and Central Europe English is widely understood.

Beneficiaries

Primary beneficiaries:

- services providers working with vulnerable populations (staff and managers)
 - needle exchange and outreach services, drug treatment providers, HIV and hepatitis treatment providers, in community and in law enforcement settings;
- human rights and harm reduction advocacy groups,
- groups of affected communities,
- decision makers in the field of public health, social care from local and national authorities,
- healthcare workers and social workers who are working and/or should be working with drug users and other vulnerable groups;
- workers in law enforcement (police and prison systems),
- other stakeholders (including media).

Secondary beneficiaries:

- vulnerable populations and their close surrounding,
- society at large.



Priority Areas

1. Quality, coverage and variety of harm reduction and other services for vulnerable populations

- Supporting the introduction of harm reduction services for drug users and other vulnerable groups in all countries of the region;
- Expansion of services in terms of coverage, access, variety, diversification and integration with other services in order to meet needs of especially vulnerable groups of drug users and other vulnerable populations (female drug users, sex workers who use drugs, underage drug users and other vulnerable populations, drug users in law enforcement systems, amphetamine and stimulant injectors, people with HIV and/or acute hepatitis who use/used drugs);

2. Legislation and human rights

- Increasing understanding, awareness and readiness for action of legislators, law enforcement, decision makers of health system and others through advocacy and capacity building, in order to implement evidence and human rights based approaches toward the vulnerable groups, problem drug use and HIV;
- Identification of and addressing key problematic legislation and practices in creating enabling environment for vulnerable groups;
- More active involvement of human right groups in advocacy and protection of rights of vulnerable populations;

3. Institutionalization and sustainability of harm reduction and other services for vulnerable groups

- Institutionalization of services for vulnerable groups in national policy documents (national strategies), as well as including funds for harm reduction services in current and upcoming national and international budgets for national strategies;
- Institutionalization of harm reduction worker's status, his/her training and his/her rights (including burn out prevention), as well as quality standards for harm reduction services;

4. Management and promotion of CEEHRN

- Clear and transparent structure, participatory decision making, quality service provision;
- Development of CEEHRN Secretariat capacities for improving performance of CEEHRN programmatic activities;
- Supporting development of topic-driven and regional networks of services providers, advocacy groups and others, as well as establishing scheme of transferring tasks to partners and members (in implementation of the Strategic Plan);
- Establishing partnerships with key regional, pan-European and international stakeholders.



Programs

CEEHRN role varies throughout the priority areas and cover the following **activity areas (programs)**:

- A. National and Regional Documentation and Advocacy for Services and Enabling Policies
- B. Capacity Building and Technical Assistance (Harm Reduction Knowledge Hub)
- C. Information Center and Networking
- D. Human Rights of Vulnerable Groups
- E. Special Initiatives

The Programs are interrelated and support each other. However they can function independently with identifiable outcomes and outputs.

A. National and Regional Analysis and Advocacy for Services and Enabling Policies

- *Objective*

Together with other stakeholders to advocate for enabling environment, protection of human rights of vulnerable populations, and evidence-based, quality and sustainable services

- *Activities*

A.1. Building capacity of, support for and networking between national advocacy groups

- Training on advocacy for national and regional partners (at least 2 trainings)
- Small grants for advocacy activities in countries where funding is not available
- Identification of national focal points for range of topics
- Assistance in development and adoption of national advocacy plans and their implementation, finding advocacy arguments and situation in and outside the region
- Assistance for national networks in monitoring implementation of the national drugs and HIV strategies and human rights protection documents
- Organization of regional and international support for national advocacy efforts (sharing information about the national advocacy targets in listservs, in preparation for major meetings, organization of support letters etc)

A.2. Series of documentation, consultations and follow-up advocacy at regional and sub-regional levels

Regional activities are organized on three priority topics, including drug policy, harm reduction (quality, scale, range and institutionalization), and substitution treatment. On each of these topics the following takes place:

- Documentation of policies and practices (collection of information on issue through national focal points, literature review)
- Producing the report, fact sheet and recommendations for action (in English and Russian, as well as 1-5 national languages if relevant)



- Consultation of national advocacy groups and policy makers
- Media event and media alerts dissemination at least in 6 countries
- Satellites, side events and integrated sessions in official program at major events and bodies in the fields (including International Harm Reduction Conferences in 2007, 2008 and 2009, Eastern European and Central Asian AIDS Conference 2008, International AIDS Conference in 2008, UN General Assembly Special Session on Drugs in 2008 or 2009, EU Civil Society Forum on HIV/AIDS and Think Tank on AIDS, events related to Universal Access to HIV Treatment, Care and Prevention, others).

Sub-regional activities focuses on sharing lessons learnt, good practices and developing joint advocacy actions at geographical sub-regional level. Each of 6 sub-regions mentioned earlier holds:

- Consultations on annual basis
- Country missions to assess situations and stakeholders
- Assessment of situation on various topics and producing media alerts at least twice per year
- Producing sub-regional report on drugs, HIV, hepatitis, harm reduction, human rights and vulnerable groups

Focus of advocacy activities in each sub-region is selected on basis of national advocacy groups needs in that geographic area, however during the Strategy Plan's implementation they cover at least two out of three priority topics mentioned above and at least other 3 highly important topics (such as services in prisons, drug treatment, services in custodies, police practices in terms of interaction with vulnerable groups and their services, services for underage vulnerable groups, hepatitis, pharmacies in drug services, services for female drug users, address poly-drug use, policies and services for sex workers).

A.3. Regional conference and report on drugs, HIV, hepatitis, harm reduction, human rights and vulnerable groups

- Regional conference in 2009
 - o Focus: three priority and other highly-important topics and other issues defined by conference program committee
 - o Program committee is combined of regional and international experts
 - o Conference is fully bilingual
 - o Organized in partnership with UN agencies and EU bodies, as well as other stakeholders
- Regional report on policies and practices with regard to drug users and other vulnerable groups (produced using sub-regional reports and topic-focused reports) (in English and Russian)
- Report launched at the Regional Conference 2009, disseminated and presented through national focal points and media



B. Harm Reduction Knowledge Hub

- *Objective*

To improve quality and range of harm reduction and other drug, HIV and related services for vulnerable groups, through

- increased knowledge and skills of service providers and stakeholders which are affecting services,
- development of standard training tools which could be easily adapted to local context, specific needs and different target groups
- improved understanding of needs of vulnerable groups in broader range of stakeholders,
- development and assistance in implementation of good quality standards for services and training of service providers
- technical assistance in assessment of service management and implementation of their recommendations, as well as monitoring and evaluation

- *Activities*

Similarly like with other activities, the Program is built on previous CEEHRN and its members' experience. Starting from 2004, concept and activities of the Harm Reduction Knowledge Hub including training modules, trainings on specific topics and training of trainers were developed with assistance and technical advice of regional experts and WHO. Work was focused around nine topics: (a) Principles and Practices of Harm Reduction; (b) Project Management and Evaluation; (c) HIV Treatment for Injecting Drug Users; (d) Outreach and Peer Approaches; (e) Needle and Syringe Programming; (f) Drug Substitution Treatment; (g) Harm Reduction in Prison; (h) Advocacy; and (i) Sex work.

B.1. Training tools (manuals) - development, promotion, translation and sharing

Existing training tools, specifically training manuals certified by WHO, to be translated into English/Russian (now each module is available in one of those two languages).

Publishing and dissemination of training manual series (via CD and hard copies, also website – limited versions); materials updated on annual basis and updates incorporate new manuals, case studies and training schemes

Signing of partnership agreements with existing major training initiatives in order to extent quality use of training tools

Development of training tools (manuals) on newly emerging topics including

- o Overdose
- o Drug Policy
- o Female drug users (with a key focus on reproductive health providers and gynecologists)
- o Work with Underage Drug Injectors and Sex Workers
- o Burn Out Prevention
- o Health Services for Drug Users in Custody
- o Pharmacies and Role in HIV Prevention and Harm Reduction
- o Hepatitis C Treatment and Care for Injecting Drug Users.

Other topics may be: Motivational interview; Case management of the drug users with co-infections of HIV, TB and hepatitis; etc.

B.2. Trainings and Academies for Trainers



Organization of national and sub-regional trainings based on demand (mainly through contacts with UN national offices, GF projects and other major initiatives in the region, as well as national authorities)

Academies of trainers (Training of Trainers) 1-2 times per year for advanced experts with invited international and regional trainers (in English and Russian) (agenda adapted from previous Training of Trainers sessions organized and training manuals developed by the Harm Reduction Knowledge Hub)

B.3. Institutionalization of harm reduction trainings

- Assessment of official registration and recognition of harm reduction trainings for harm reduction service providers and for different professions (medical doctors, nurses, pharmacists, police officers, prison staff etc) at national level; 3-6 countries.
- Technical assistance and support for national partners to pilot registration process in 3 selected countries.
- A brochure developed on how to register harm reduction trainings for different professions.
- Provision of good practice tools for registration of harm reduction trainings (including contacts of organization which have registered such trainings)

B.4. Databases of experts, trainers, good practice sites, and training sites

- Maintenance and update of the following databases:
 - o list of international, regional and national experts and trainers (who can provide information, organize local site visit, provide technical advice, carry out training) (in English and Russian) (information on request)
 - o list of good practice sites that are recommended by at least 3 organizations (description on website in English and Russian); (at least one per each major topic) (detailed information on request)
 - o list of training centers with professional and cost-effective package of training organization (description on website in English and Russian); (at least four sites in English-speaking countries and four sites in Russian-speaking countries)
- Provision of additional information and advice on demand (frequent request received is to help to identify potential good practice sites where study visits for practitioners and policy makers could be organized)

B.5. Technical assistance (based on demand)

- Technical assistance on developing and organizing trainings at national and regional level; accreditation of harm reduction trainings for different professionals; national needs assessment for capacity building and developing capacity building plans, quality assessment, introduction of new services, improvement of monitoring and evaluation system (including using of monitoring and evaluation database developed and presented during monitoring and evaluation trainings) etc.

B.6. Study visits and internships

- Study visits on demand
- Internships for service providers who start program or start new service to good practice services in the region and in the EU (at least 15 internships) (short-term internships)



C. Information Center and Networking

- *Objective*

To build a comprehensive and flexible regional informational resource for harm reduction practitioners, researchers, information managers, journalists and community activists and advocates as well as other stakeholders in the region.

- *Activities*

C.1. Website with extensive library www.ceehrn.org

The website maintains sections on problematic topic areas (including situation update, publications, legal documents, links), news and events updates, information about grant, training, vacancy opportunities, basic and regular updates about CEEHRN and partner work, country related data and information. Extensive library of CEEHRN and other organization materials, policy documents, training tools and brochures with enhanced search engine developed.

C.2. Bilingual e-services (monthly e-news digests and members listservs)

C.3. Four issues per year of a **printed newsletter** on harm reduction in CEECA issued and disseminated in two languages

C.4. Annual Special Supplement of the International Journal of Drug Policy in the Russian language produced and disseminated to scientific institutions, drug treatment providers, harm reductionists, advocates and other stakeholders.

C.5. Information kits on drugs, HIV, rights, policies and management (CDs and information kits with hard copies of materials) (key materials on) (for new and low-infrastructure organizations, including service providers and advocacy groups)

C.6. Ongoing work with media

- maintaining two listservs of journalists and information managers (in English and Russian) for dissemination of press releases and updates from the region and from international activists (this includes technical assistance to service providers to put together press releases and to translate them)
- maintaining a special online press center at www.ceehrn.org (including good practice articles from the region translated into English and Russian)

C.7. Producing a series of guidelines for service providers

Guidelines are developed on case management of specific populations that use drugs: Drug users living with HIV; Drug users living with hepatitis C and/or hepatitis B; Female drug users and pregnancy; People in substitution treatment; Drug users in criminal justice system; Overdose; Young injectors etc.

All guidelines are produced in English and Russian. It is disseminated via website, listservs and in hard copy to service providers and groups of drug users and other vulnerable populations.

C.8. Producing CEEHRN statements and standards for evidence based services and policies

Based on the need to expand and sustain qualitative harm reduction services, CEEHRN supports development and promotion of harm reduction standards, which promote enlargement of range of service providers (including pharmacies, general practitioners etc) and scope and range of services (including secondary exchange,



naloxone distribution for overdose prevention etc.). CEEHRN widely promotes recognized good practice standards for harm reduction through specific tools (statements and standards). The tools are to be developed during consultations and/or working groups. Topics will be based on identified priority needs and the process will be defined based on raised funds.

D. Human Rights of Vulnerable Groups

- *Objective*

To intensify efforts to protect rights of vulnerable groups through

- empowerment of affected communities and civil society representatives
- involvement of human rights groups in drugs, HIV, hepatitis, sex work and prison issues
- networking of legal clinics and human rights groups that work or could work on drugs, HIV, prisons and rights of vulnerable groups and
- direct work with national and regional authorities and UN bodies in human rights field.

- *Activities*

D.1. Analysis and assessment of the key stakeholders in the human rights area and their involvement in addressing rights of vulnerable groups

Stakeholders at international/regional/European level:

- analysis of strategies, major activities (reports, conferences etc) of the major international bodies for human rights.
- based on analysis, establishing contacts and partnerships with these bodies in order to promote human rights of vulnerable groups.

Stakeholders at national level:

- mapping of key stakeholders in human rights (national authorities, human rights organizations), assessment their current and potential involvement in protection of human rights of the vulnerable groups including those working in prisons and with criminal justice issues, and needs for capacity building.
- Linking of interested parties with national advocates of harm reduction and vulnerable groups.

D.2. Capacity building and advocacy of national vulnerable group advocates (including human rights groups, advocate groups for harm reduction, groups of vulnerable groups)

- Specific training on human rights for advocates of harm reduction and vulnerable groups.
- Manual and fact sheets (developed, published, translated into English/Russian, disseminated) in order to raise awareness about the need of human rights protection of vulnerable populations.
- Follow up assistance for participants of the training
- Assessment of national legal documents and policies regarding the rights of vulnerable populations
- Small funds for national and transnational projects for participants of the training



D.3. Consultation on rights of vulnerable groups (legislation and human right protection mechanisms at national level)

- Regional consultation with participation of national authorities on human rights (ombudsmen), representatives from vulnerable groups and advocacy groups, human rights groups. Outcome of the consultation is regional agenda and action plan.
- One of the major proposed topics for the consultation and follow up is establishment of regional watchdog which would monitor enabling environment and rights of vulnerable populations and people living with HIV/AIDS (based on Conclusions of the Regional Consultations on Universal Access to HIV Treatment, Care and Prevention in CIS and in South-Eastern Europe (*UNAIDS 2006a; UNAIDS 2006b*)).

E. Special Initiatives

E.I. Burn Out Prevention

- *Objective*

To contribute to prevention and management of high retention and psychological tiredness (burn out syndrome) in personnel of services for vulnerable populations (mainly harm reduction workers and peer educators).

- *Activities*

E.I.1. Supporting small scale burn out prevention programs

Based on experience in 2004-2006 and on expressed demand for further work, CEEHRN provides small grants for harm reduction service providers and to groups of peer educators.

E.I.2. Promotion of need for burn out prevention in organization of harm reduction and peer counseling services

Manual on burn out prevention (which is developed in 2006) is disseminated to English and Russian speaking service providers, AIDS centers and groups of drug users and of people living with HIV/AIDS, as well as brought to major events and integrated in CEEHRN trainings.

E.II. Club drugs

- *Objective*

To assess situation and risks associated with club drug use and need for action through rapid assessments in 5 focus countries.

- *Activities*

E.II.1. Rapid assessment of risk-taking behaviors associated with club drugs use in 3-8 countries / sites

E.II.2. Production and dissemination of minimum package of IEC

These include fact sheet with recommendations for action and sample leaflet for club drug users with information about overdose prevention, reducing other harms



related to drugs (English and Russian, with possibility to translate into national languages).

E.III. Stimulant injecting/poly-drug use

- *Objective*

To assess situation with regard to stimulant injecting, poly-drug use (including alcohol use) and need for action.

- *Activities*

E.III.1. Rapid assessment of risk-taking behaviors associated with club drugs use in 3-8 countries / sites

E.III.2. Production and dissemination of basic IEC

These include fact sheet with recommendations for action and sample leaflet for stimulant injectors and poly-drug users with information about safer injecting/non-infecting use of drugs, overdose prevention, reducing other harms related to drugs (English and Russian, with possibility to translate into national languages).

E.IV. Monitoring of the Global Fund activities

- *Objective*

To monitor performance and impact of Global Fund (GF)-supported activities, with specific focus on sustainability of its achievements

- *Activities*

The following actions cover 5-8 countries per year (up to 20 countries during the Strategic Plan period), with priority to those countries where GF-project ends earlier:

E.IV.1. Assessment of implementation of IDU, sex worker and inmates related components of GF-funded projects and ensuring their sustainability.

The assessment covers current roles of Country Coordinating Mechanisms and Principal Recipients in preparing exit strategies; current levels of co-funding from national sources for GF projects; integration of GF activities in national strategies and action plans; creating policies that enable evidence based services and policies.

E.IV.2. Producing and dissemination of report with good practice, lessons learnt and recommendations (based on assessment)

The report outlines conclusions, good practices and recommendations for the Global Fund secretariat, Principal Recipients, Country Coordinating Mechanisms, sub-recipients and others in assessed and other countries. It is handed during the GF Partnership Forum, regional meetings of the Universal Access initiative etc.

E.V Project "Community-based Advocacy and Networking to Scale-up HIV Prevention in an Era of Expanded Treatment"

This specific project is developed by ICASO together with Regional Secretariats, including Eastern Office of AIDS Action Europe (office hosted by the CEEHRN since 2004). The project is implemented in Russia and Ukraine through national partners and it is part of "Community-based Advocacy and Networking to Scale-up HIV



Prevention in an Era of Expanded Treatment an ICASO initiative in ten countries across the world.

- *Objective*

Given the risk of prevention efforts falling behind expanded treatment access initiatives, this project aims to support a broad-sweeping policy and programming shift to increase access to comprehensive prevention services alongside expanded treatment services.

- *Activities*

Three main pillars of the project are skills building, advocacy and networking and these are targeted at developing capacity at the national level to advocate and work toward aligned services of HIV prevention and treatment.

The project framework has 9 activities and covers the following topics and issues:

- Skills building and training for in-country NGOs and CBOs on policy analysis, networking and advocacy related to expanding and aligning national prevention and treatment programs.
- Developing and implementing community interventions to address social, cultural, political and economic barriers in fighting stigma and discrimination
- Developing 10 country advocacy agendas and engaging networks to implement them.
- Mobilization of PLWHA for prevention initiatives, with a view to making the GIPA principle (Greater Involvement of People Living with HIV/AIDS) a reality in the selected countries.
- Promoting voluntary counselling and testing (VCT), home-based care, treatment literacy and adherence to treatment regimens, new preventive technologies, such as vaccines and microbicides, and linking that participation with existing expanded treatment access initiatives.

E.VI Scientific research in harm reduction, drug policy and HIV related to injecting drug users

- *Objective:*

Facilitating exchange and uptake of harm reduction research in advocacy for evidence based.

- *Activities*

E.VI.1. Assessment of needs for evidence based information in harm reduction and defining priority areas for harm reduction research in the region

The need assessment will consist in two specific actions: (1) office desk review of existent harm reduction researches in the region (what areas are covered by existent researches, geographical focus, etc) and (2) questionnaire-based survey of national harm reduction networks and researches. Based on the results of the report, CEEHRN will define the priority areas for harm reduction research in the region and will disseminate the information to interested groups – researchers (from national, regional and international level), civil society groups and donors.

E.VI.2. Data base for harm reduction research

The data base will include at least the following components:



CEEHRN

- A database with national and international researchers in the field and hosted listserv of researchers upon their interest which would be further developed by researchers themselves and serve as space for exchanging research methodologies, outcomes etc.
- Collection of relevant scientific data and research in harm reduction (abstracts (in English and Russian) with links to full-text articles and/or full text relevant papers may be hosted at the CEEHRN website).

This activity will be linked and will benefit of technical expertise of the Information and Knowledge Hub Departments.



Expected Outcomes

The implementation of the CEEHRN Strategic Plan 2007–2009 will:

- ensure sustainability of services for vulnerable groups, their capacity building and advocacy efforts
 - o through the transferring of best practices in implementing services and
 - o through fostering dialogue between civil society and public authorities in order to establish a path of communication and a protocol for cooperation, which can be used after the end of initiatives and can ensure local ownership of the results;
- improve the capacities of local non-governmental and governmental organizations to advocate for evidence base and rights of vulnerable groups
 - o through training, involvement in assessments regarding harm reduction issues in the region and
 - o through development of the advocacy strategies that address human rights for vulnerable groups and improved linkages among human rights structures and advocates of vulnerable groups;
- help to raise awareness and link with other existing pan-European and Central-Eastern European and Central Asian countries networks, from which further lessons can be learnt.

Strategic Plan Management, Monitoring, and Evaluation

CEEHRN Steering Committee (SC) is responsible for developing and updating the Strategic Plan, as well as for monitoring and evaluation of its implementation.

Secretariat is responsible for implementation of the Strategic Plan (including fundraising, initiation and running of relevant programs). It reports to the SC on annual basis and submits annual action plan with specific program activities, timelines, partnerships (with members and external organizations), measurable indicators and budgets.

Minimum level of accomplishment of the Strategic Plan is implementation of the following Programs: 3 out of 4 programs A,B,C,D operate throughout the time period; at least 2 out of 4 sub-programs in program E (“Special Initiatives”) operate during the time period.

The Strategic Plan is evaluated within the last year of the proposed plan period; evaluation report is a public document for CEEHRN members, SC, partners and donors. The evaluation process is executed by independent expert who is selected on competition basis by SC. The evaluation process collects information and recommendations regarding further CEEHRN Strategy and regarding enhancement of CEEHRN operational work and structures.

Reporting on projects supported by donors is done in line with donor requirements.



CEEHRN Steering Committee

The SC reviews progress made using those annuals reports, evaluates and approves them at SC meetings, which take place on the first half of each year. After approval, the annual reports are disseminated to membership, partners, donors and other interested parties.

At least two times per year, the Network Coordinator organizes consultations using the SC email address and/or conference calls¹. The agenda will include (but not exclusively): (1) reports of the implementation of the Strategic Plan and (2) sub-regional updates and priorities that are in line with CEEHRN mission and strategy.

(1) Brief reports of the implementation of the Strategic Plan will be provided by the Secretariat (Executive Director and/or Program and Development Director) as well as by the SC members that are involved in CEEHRN specific programmatic areas.

(2) The SC members will provide during the emails and/or conference calls short updates regarding their activities at regional level, major priorities for the region that they represent and they may propose specific actions and initiatives that meet these priorities and are in line with CEEHRN mission and strategy.

SC members will be involved in developing and implementation of one or more CEEHRN programmatic activities through providing information about key regional partners, ensuring technical assistance for the Secretariat and supporting sub-regional initiatives. Based on needs, extensive involvement will be negotiated for specific actions.

Ongoing monitoring will involve SC members through direct participation in working groups for programmatic activities. Information about the progress is also provided through other means: quarterly updates on progress (produced by Secretariat and disseminated to interested parties), public information about CEEHRN activities on its website and updates through e-services, conference calls of SC and SC listservs. If requested, Secretariat provides additional information as needed.

All the other roles and responsibilities of the SC members are described in the CEEHRN Statute.

CEEHRN Secretariat

The Secretariat is CEEHRN executive body and its major function is to assist in developing and to implement the CEEHRN Strategy, approved and adopted by CEEHRN Steering Committee. CEEHRN Secretariat develops and proposes to the Network Coordinator and SC Members activities plans that are in line with CEEHRN mission and strategy, as well as annual activities reports.

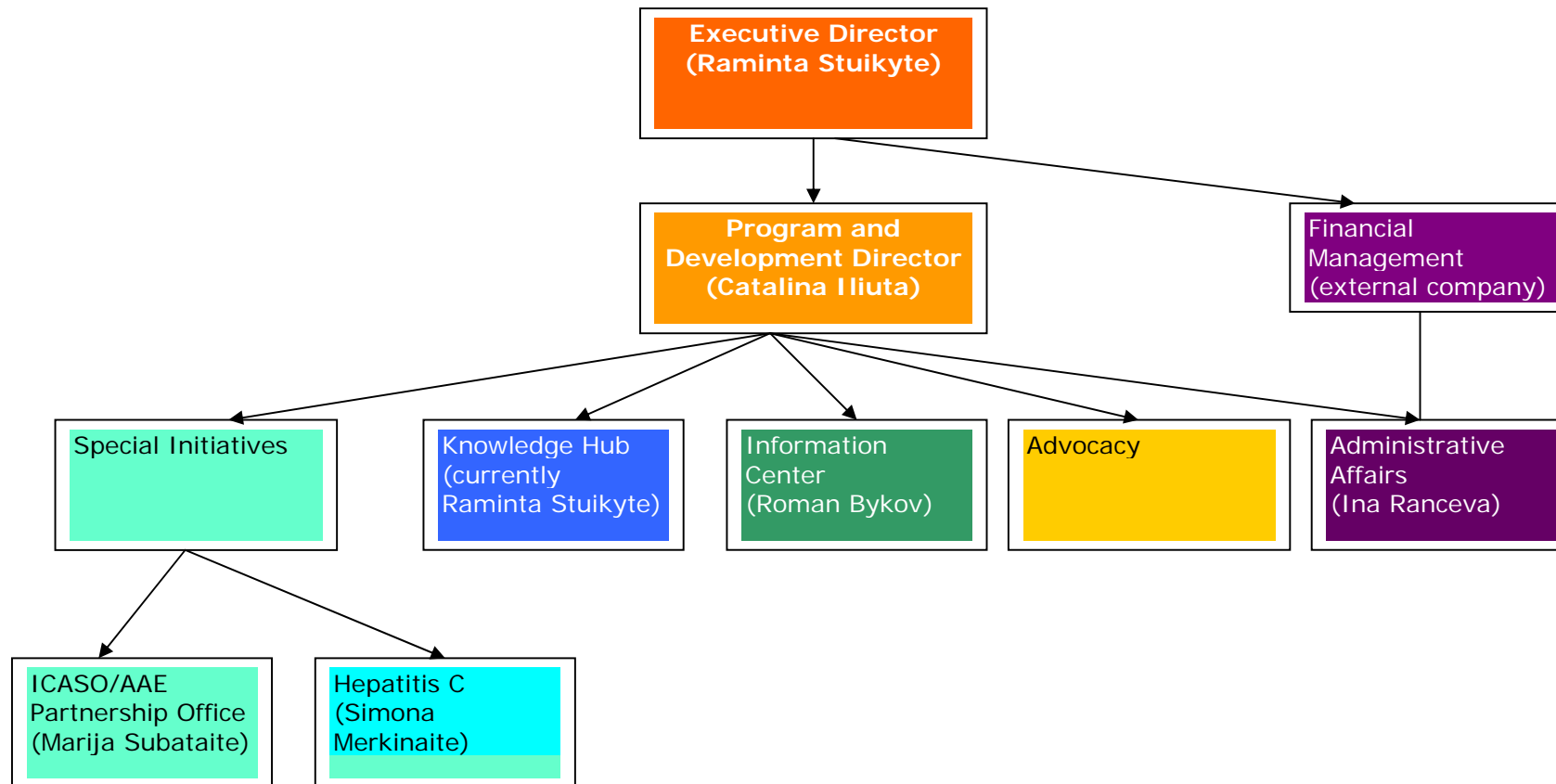
In order to achieve strategic objectives described in this document, the Secretariat will pay a special attention to its development. Building Secretariat capacities is high on CEEHRN Secretariat agenda and they will lead to administrative resources increase and restructuring process. Change of the actual organizational chart (pag 20) is proposed below in this document (pag 21).

In parallel with development of the programmatic activities of the CEEHRN Strategic Plan for 2007 – 2009, relevant departments are to be formed in CEEHRN Secretariat. Special administrative charts will be developed for each program and they will be included in the organizational chart.

¹ Due to the fact that SC is a bi-lingual body will be preferred the email conferences. Only in exceptional cases conference calls will be organized.

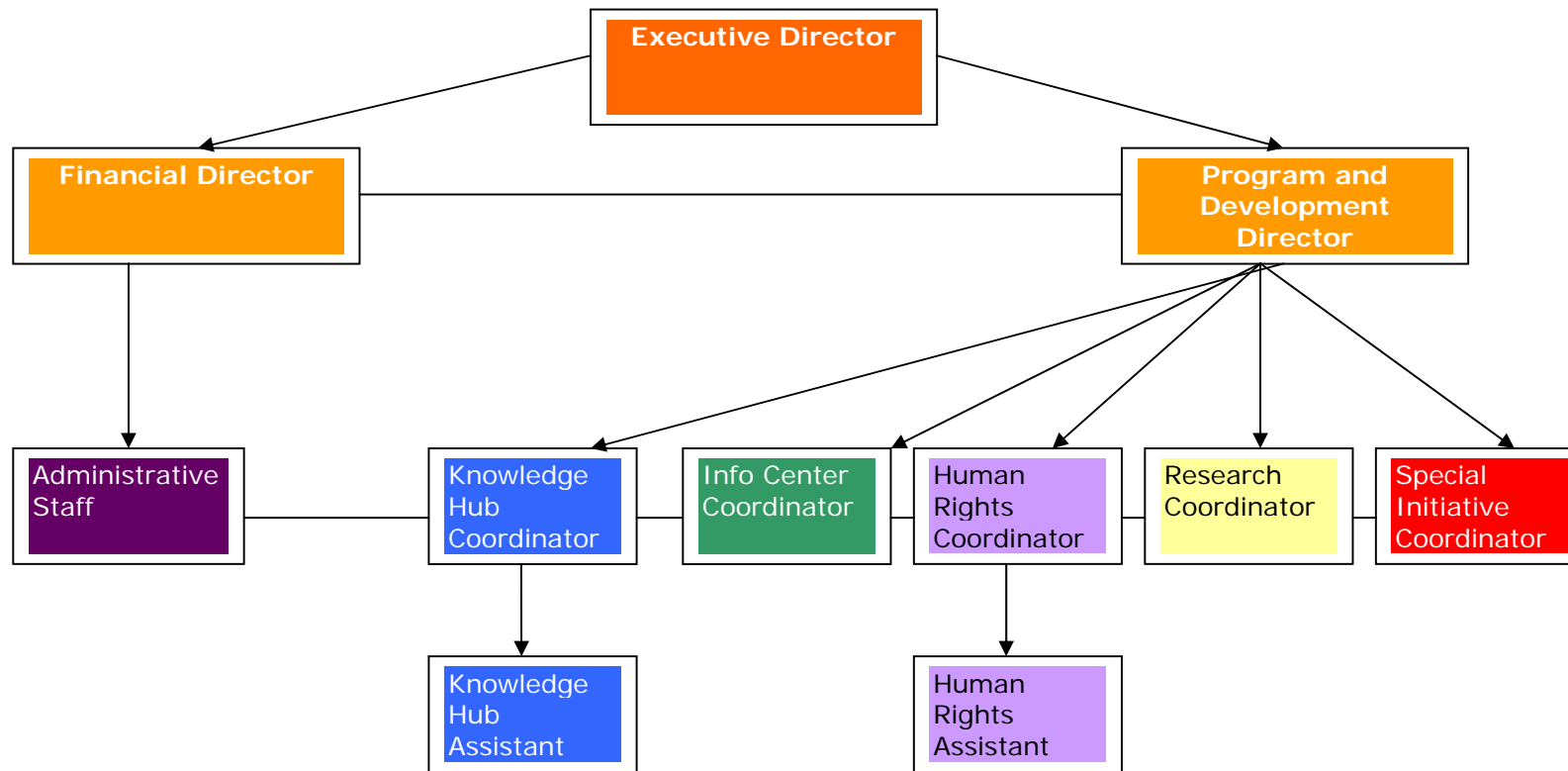


**CEEHRN Secretariat Structure:
END OF 2006**





CEEHRN Secretariat Structure
Proposal for 2007 - 2009:





Principles of Work

- **define principles of work**
- **define SC and Secretariat**
- **under each chapter SC and Secretariat – roles and responsibilities related to the Strategic Plan**
- **secretariat – internal development**

Principles which serve as a basis for the Strategic Plan:

- Promotion of CEEHRN mission, values and principles that CEEHRN believes in, priorities and programs;
- Transparency and dissemination of Strategic Plan-related documentation and reports (including financial report);
- Accountability and transparency of all CEEHRN activities, programs and initiatives;
- Involvement of variety of key stakeholders (including drug users and people from other vulnerable populations) in decision making process;
- Geographical diversity and sub-regional representation in implementation and decision making;
- Promotion of partnerships and horizontal linkages, as well as transferring of activity implementation of the Strategic Plan to partners;
- Supporting evidence based and human rights approaches that address the needs of the vulnerable populations.

Key Partners

- **CEEHRN members, national and regional harm reduction networks, drug user groups and organizations of people living with HIV, major regional non-governmental organizations:**
 - Macedonian, Polish, Romanian, Russian, Kyrgyz, Tajik, Kazakhstan, Georgian harm reduction networks, Ukrainian Harm Reduction Association
 - Central Asian Harm Reduction Network
 - South Eastern European Adriatic Addiction Treatment Network (SEEAATN)
 - SEE Collaborative
 - SWAN
 - East Europe and Central Asia UNION of People Living with HIV
 - Open Society Institute (IHRD and SHARP programs)
 - AIDS Foundation East-West and others
- **UN Agencies**
 - World Health Organization
 - UNAIDS
 - UNODC
 - UNICEF
 - UNDP
- **Pan-European networks and structures**
 - Civil Society Forum on HIV/AIDS
 - EMCDDA (European Monitoring Centre on Drugs and Drug Addiction)
 - European AIDS Treatment Group
 - AIDS Action Europe
 - European Network of Drugs and Infections Prevention in Prisons
 - TAMPEP



- ELISAD (European Associations of Libraries and Information Services on alcohol and other drugs)
- **Human rights organizations**
 - Human Rights Watch
 - Canadian HIV/AIDS Legal Network
 - OSI's program on Law and Health
 - Hungarian Civil Liberties Union
- **Harm reduction groups outside the region and international organizations:**
 - International Harm Reduction Association
 - Asian, Latin American, US, Canadian, Caribbean and other networks (including in development of emerging Knowledge Hubs in MENA region)
 - International Treatment Preparedness Coalition
 - International Council of AIDS Service Organizations

The list is alive as partnerships are built during the Strategic Plan implementation, monitoring and evaluation.



References

ARAS & Romanian Harm Reduction Network (2006) *Romania - Most at risks adolescents and young people, HIV/AIDS and substance use*. Bucharest.

Bezlov, T (2005) *Heroin Users One Year After outlawing the Dose for "Personal Use"*. Sofia: Initiative for Health Foundation. Translation into English by Maria Nenkova.

Central and Eastern European Harm Reduction Network (CEEHRN) (2006) *Hepatitis C among Drug Users in New EU Member States and Neighborhood. Recommendations for Action*. Available at <http://www.ceehrn.org/hepatitis>

Central and Eastern European Harm Reduction Network (CEEHRN) (2005) *Sex Work, HIV/AIDS and Human Rights in Central and Eastern Europe and Central Asia*. Available at http://www.ceehrn.org/EasyCEE/sys/files/Sex%20work%20in%20CEE%20CA_report%20EN_final.pdf

EATN (2006) *Evaluating and Deconstructing Barriers to HCV Treatment for Co-infected Drug Users*. European AIDS Treatment News. European AIDS Treatment Group, Vol. 15, 2006.

IHRD (2006) *Harm Reduction Developments 2005: Countries with Injection-Driven HIV Epidemics*. New York: International Harm Reduction Development Program (IHRD) of the Open Society Institute.

UN Reference Group on HIV/AIDS Prevention and Care among IDU in Developing and Transitional Countries (2004) *Global Overview of Injecting Drug Use and HIV Infection among Injecting Drug Users*. Available at <http://www.idurefgroup.org/home.php>

UN Secretary General (2006) *Declaration of Commitment on HIV/AIDS: five years later, report of the Secretary-General* No A/60/736. Available at <http://daccess-ods.un.org/access.nsf/Get?Open&DS=A/60/736&Lang=E>

UNAIDS (2006) *2006 Report on the global AIDS epidemic*. Available at http://www.unaids.org/en/HIV_data/2006GlobalReport/default.asp

UNAIDS (2006) *Building on experience to scale up HIV prevention, treatment, care and support (Regional Consultation in the Commonwealth of Independent States, Moscow, Russian Federation, 1-2 March 2006)* The road towards universal access bulletin no.9. Available at <http://data.unaids.org/pub/Periodical/2006/>

UNAIDS (2006) *Scaling the AIDS response to contain the epidemic in South Eastern Europe (South Eastern Europe regional consultation, Bucharest, Romania, 8-9 March 2006)* The road towards universal access bulletin no.11. Available at <http://data.unaids.org/pub/Periodical/2006/>

UNDP (2005) *Human Develop Report 2005. International cooperation at a crossroads: Aid, trade and security in an unequal world*. Available at <http://hdr.undp.org/reports/global/2005/>

WHO (2006) *Trends in sexually transmitted infections and HIV in the European Region, 1980–2005. WHO Technical briefing document*. Copenhagen: World Health Organization Regional Office for Europe. Available at <http://www.euro.who.int/Document/RC56/etb01b.pdf>.