

EURASIAN HARM REDUCTION ASSOCIATION STRATEGY
2020-2024

TABLE OF CONTENTS

TABLE OF CONTENTS	2
LIST OF ABBREVIATIONS	3
ABOUT EHRA.....	4
THE CEECA REGION AND HARM REDUCTION	4
VALUES, MISSION, VISION, AND ROLE OF EHRA.....	5
EHRA STRATEGIC GOALS, OBJECTIVES, AND EXPECTED RESULTS FOR THE PERIOD 2020-2024.....	7
STRATEGIC GOAL 1 AND EXPECTED RESULTS	7
OBJECTIVE 1.1	7
National Results 1.1	7
Regional Results 1.1.....	8
OBJECTIVE 1.2.....	8
National Results 1.2	8
Regional Results 1.2.....	8
OBJECTIVE 1.3.....	8
National Results 1.3.....	8
Regional Results 1.3.....	9
OBJECTIVE 1.4.....	9
National Results 1.4.....	9
Regional Results 1.4.....	9
STRATEGIC GOAL 2 AND EXPECTED RESULTS	10
OBJECTIVE 2.1.....	11
National Results 2.1	11
Regional Results 2.1.....	11
OBJECTIVE 2.2.....	11
National Results 2.2	11
Regional Results 2.2.....	12
Objective 2.3.....	12
National Results 2.3.....	12
Regional Results 2.3.....	13
Objective 2.4.....	13
National Results 2.4.....	13
Regional Results 2.4.....	13
STRATEGIC GOAL 3 AND EXPECTED RESULTS	13

Objective 3.1.....	14
National Results 3.1.....	14
Regional Results 3.1.....	15
Objective 3.2.....	15
National Results 3.2.....	15
Regional Results 3.2.....	15
STRATEGIC GOAL 4 AND EXPECTED RESULTS	15
Objective 4.1.....	15
National Results 4.1.....	16
Regional Results 4.1.....	16
Objective 4.2.....	16
Regional Results 4.2.....	16
Objective 4.3.....	16
National Results 4.3.....	16
Regional Results 4.3.....	16
Objective 4.4.....	17
Regional Results 4.4.....	17

LIST OF ABBREVIATIONS

CEECA	Central and Eastern Europe and Central Asia
EHRA	Eurasian Harm Reduction Association
EU	European Union
GDP	gross domestic product
HIV	human immunodeficiency virus
LGBT	lesbian, gay, bisexual, and trans* people
NGO	non-governmental organization
NPS	new psychoactive substances
OST	opioid substitution therapy
STI	sexually transmitted infections
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

ABOUT EHRA

The **Eurasian Harm Reduction Association (EHRA)** is a non-profit membership, non-governmental organization formed in Lithuania in 2017 with initiatives from harm reduction activists and organizations from Central and Eastern Europe and Central Asia (CEECA). EHRA's aim is to create favorable environment for sustainable harm reduction programs and to promote decent lives for people who use psychoactive substances in the CEECA region. By May 2020, EHRA has brought together 287 organizational and individual members from the CEECA region, operating in accordance with its organizational Statute.

THE CEECA REGION AND HARM REDUCTION

More than 3 million people who use psychoactive substances live in the countries of Central and Eastern Europe and Central Asia (CEECA). At least 1.5 million (about half) of people who use psychoactive substances within CEECA live in the Russian Federation.

Access to harm reduction programs is a human right. Within the CEECA region, which has the fastest growing HIV epidemic in the world and high rates of hepatitis C and overdose mortality, harm reduction programs are also a public health necessity. Although harm reduction programs to some extent are [available in 28 out of 29 countries](#) in the CEECA region, the scope, quality, accessibility, and sustainable financing of these programs are so low in many CEECA countries that their impacts on the public have been insignificant.

Many countries within CEECA have political environments that maintain repressive drug policies, leading to the criminalization and imprisonment of people who use psychoactive substances. The lack of political will to improve the health of people who use psychoactive substances is one of the key barriers to the implementation and financing of harm reduction programs in many CEECA countries. As a result, quality harm reduction programs – that is, those based on principles of human rights and social justice, taking into account scientific evidence and meeting the urgent needs of people who use psychoactive substances – are not available.

Countries in Central and Eastern Europe that are members, candidates, and associate members of the European Union (EU) have declared in their social policies and approaches to public health that they are guided by recommendations, [common plans](#), and best practices of the European Union. However, harm reduction programs have followed these guidelines only in some of these countries, such as Croatia, the Czech Republic, Estonia, and Slovenia. Of note, even in these countries, advocacy efforts are needed to increase the flexibility of harm reduction services to respond to the changing needs of people who use psychoactive substances within changing drug scenes and to reduce harm from repressive drug policies and deal with human rights issues. For EU member states such as **Bulgaria, Hungary, Poland, and Romania**, attention from EHRA is needed with regard to the quality, accessibility, and financing of harm reduction services and conservative drug policies.

South East Europe countries such as Albania, Bosnia and Herzegovina, Montenegro, North Macedonia, and Serbia are in the focus of EHRA advocacy efforts to ensure [sustainable funding for harm reduction programs](#) and the survival of organizations that advocate for and help people who use psychoactive substances in these countries.

Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, and Ukraine have already begun to introduce mechanisms to ensure the sustainability of harm reduction services from local resources. The priority topics for EHRA in these countries are to ensure access to quality and evidence-based effective harm reduction services and to ensure the protection of human rights and drug policy reform aimed at depenalization and decriminalization.

Up to 70% of all people living with HIV in the CEECA region live in **the Russian Federation**. The HIV epidemic remains concentrated among people who use psychoactive substances. Such a high level of HIV spread among people who use psychoactive substances is also due to the low coverage of needle and syringe programs, the complete absence of opioid substitution therapy (OST) programs, which are prohibited in Russia, and the high level of stigma and discrimination against people who use psychoactive substances. The priority problems with regard to Russia addressed by EHRA are the repressive drug policies, the social vulnerability of people who use psychoactive substances, and the systematic violations of human rights, including restrictions on the right to information and a ban on the provision of basic harm reduction services.

In **Turkmenistan**, the only country of the region lacking any harm reduction services, any possible services for people who use psychoactive substances should be encouraged, including HIV testing and antiretroviral therapy, access to screening for tuberculosis, and other possible medical assistance through multi-country projects.

VALUES, MISSION, VISION, AND ROLE OF EHRA

EHRA builds all its activities on the following **common values**:

- **Dignity,**
- **Freedom of choice,**
- **Social justice,**
- **Health,**
- **Well-being.**

EHRA MISSION: Our mission is to actively unite and support communities and civil societies to ensure the rights and freedoms, health, and well-being of people who use psychoactive substances in the CEECA region.

EHRA VISION: Our vision is for each CEECA country to have an active movement that advocates for humane policies and access to evidence-based and needs-based harm reduction services for people who use psychoactive substances.

EHRA THEORY OF CHANGE: We believe that, for actualization of values that move toward our mission and that reach our vision, we need to:

- **Mobilize supporters and movement.** Mobilization means helping unite our members, civil societies, and key community groups to promote advocacy for people who use psychoactive substances within the CEECA region. Movement means the collective and coordinated actions of alliances that work to deliver our common agreed-on advocacy goals. These alliances may include communities of people who use psychoactive substances, other key groups (including people living with HIV, viral hepatitis, tuberculosis, LGBT, youth and adolescents, women, relatives of people using psychoactive substances), civil society organizations, experts in social policy, budget advocacy groups, and public health service organizations, as well as decision makers, media, and religious leaders.
- **Attract and develop** resources, expertise, information, and tools for situation research and advocacy in the CEECA region.
- **Change public opinion** through communication and campaigns.

- ***Strive to ensure that the voice of the community and experts from the CEECA region is not only heard but also influences decisions*** regarding EHRA's strategic priorities in the field of public health, social policy, drug policy, and harm reduction programs at the national level, as well as global priorities in drug policy.

EHRA STRATEGIC GOALS, OBJECTIVES, AND EXPECTED RESULTS FOR THE PERIOD 2020-2024

STRATEGIC GOAL 1 AND EXPECTED RESULTS

Develop and support national movements of allies advocating for legal regulations aimed at decriminalization, depenalization, and protection of the rights of people who use psychoactive substances

Repressive drug policies in the CEECA region lead to systematic violations of human rights of people who use psychoactive substances. Every year, thousands of people who use psychoactive substances go to jail for committing non-violent crimes. Although citizens within the CEECA region have rights to the highest attainable standard of health, rights to fair trials, freedom from torture, and rights to privacy guaranteed by the constitutions of countries and international agreements, the criminalization and low access to legal aid have resulted in the rights of people who use psychoactive substances to be often violated and unaddressed. Criminalization leads to even greater marginalization and social exclusion, including refusal of some to seek medical help, ultimately resulting in negative consequences not only to the lives of people who use psychoactive substances themselves but also to those closest to them and to society as a whole.

Based on the [EHRA position on drug policy](#), we strive to achieve decriminalization and depenalization of the use, possession, purchase, and cultivation of psychoactive substances for personal use. Decriminalization and depenalization are preconditions to the protection of the rights of people who use psychoactive substances in the CEECA region. As [recommended by UNAIDS](#), we strive to overcome legal barriers to help and protect the rights of people who use psychoactive substances.

Recently, in several countries of the EECA region, including Kazakhstan, the Russian Federation, and Ukraine, there have been attempts to introduce criminal responsibility for sharing neutral or positive information about drugs and ways to use them (termed “drug propaganda”). Harsher laws against “drug propaganda” have posed risks for the dissemination of harm reduction information. Since 2020, laws on controlling advocacy activities through the concept of “foreign agent” and their expansion to individual local consultants have created additional obstacles for EHRA and its members’ advocacy.

OBJECTIVE 1.1

Organize a systematic impact on national governments through documenting cases and reporting on human rights violations against people who use psychoactive substances, as well as against young people and women who use psychoactive substances, in international human rights treaty bodies.

National Results 1.1

- Staff members within organizations and other associations for people who use psychoactive substances are trained to systematically document cases of violation of rights;
- National platforms are created to coordinate reporting and advocacy among representatives of community groups for people who use psychoactive substances, including women and youth, EHRA members, and human rights organizations;
- Advocacy is conducted to change the situation in countries based on recommendations from international human rights treaty organizations.

Regional Results 1.1

- A systematic advocacy communication is organized to influence state bodies, with regional communications serving to monitor whether international obligations of countries are implemented;
- Regular technical assistance is available in the region to document cases of human rights violations against people who use psychoactive substances and to submit reports to UN treaty bodies and to other international human rights organizations.

OBJECTIVE 1.2

Advocate for the humanization of drug policies in CEECA in cooperation and collaboration with human rights activists, feminists, families and close ones, political and other potential allies, movements, and organizations.

National Results 1.2

- Partnerships with key media resources in the CEECA region are established, which would allow the media to have access on how repressive drug policies impact people who use psychoactive substances and their local communities;
- At the national level, joint positional documents or communication campaigns are initiated, and advocacy actions are carried out, in particular, aimed at changing legislation.

Regional Results 1.2

- Problems associated with repressive drug policies and violations of the rights of people who use psychoactive substances are included in the priorities of regional professional communities of medical practitioners, human rights activists, researchers, and others;
- Regional community leaders and EHRA members use global resources and tools, which are available in Russian and local languages, and have access to global experts to assist in strengthening their advocacy efforts;
- Memoranda are signed at the regional level and/or projects that include feminists, human rights defenders and public health experts are implemented to jointly advocate for countering repressive drug policies.

OBJECTIVE 1.3

Enhance the capacity of leaders of communities of people who use psychoactive substances, youth, women, and EHRA members to advocate for effective legal regulations and practices.

National Results 1.3

- Constructive national partnerships are created between groups that serve people who use psychoactive substances and possible allies from among:
 - Parliamentarians (working with members of parliament to advocate for legislative changes at the national and municipal levels);
 - Judicial and law enforcement officials;
 - Opinion leaders, including religious leaders;

- Expert knowledge and skills of community activists are improved for meaningful participation and influence on international processes and platforms for discussing drug policies;
- Groups that support the Narcofeminism movement are created to increase expert work in the field of protecting and realizing the rights of women who use psychoactive substances and gender equality.

Regional Results 1.3

- Systematic positional mentoring and resource support systems for community initiatives are provided to assess situations, to formulate effective arguments, and to enhance advocacy work;
- Regular support to the Narcofeminism movement is provided by increasing opportunities for women to participate in political and other decisions, supporting initiatives of women who use psychoactive substances, and offering assistance to protect human, social, economic, and other rights.

OBJECTIVE 1.4

Ensure joint advocacy in response to the stricter legislation against drug propaganda, “foreign agents,” and other threats to activists and public organizations working in the field of harm reduction.

National Results 1.4

- Legislation and risks to NGOs are analyzed in connection with the tightening of laws in affected countries;
- A database of lawyers and human rights defenders for each country is created;
- An algorithm is developed for quick response for activists and NGOs to threat signals in the affected countries.

Regional Results 1.4

- Joint regional information approaches are developed to ensure the safe exchange of information on harm reduction from the EHRA;
- Recommendations on personal information/communication and financial security in response to “foreign agent” laws and other similar laws are developed and communicated to the members and consultants of EHRA;
- Cases of violation of the right to information and violation of the right to access to vital information on harm reduction for people who use psychoactive substances in CEECA are documented, reported internationally, and duly communicated to interested parties and the media;
- Statements/positions of international organizations and technical agencies for the protection of the right to information and support for harm reduction are developed through advocacy by EHRA.

STRATEGIC GOAL 2 AND EXPECTED RESULTS

Strengthen advocacy for access to high-quality, evidence-based, gender-transformative, non-discriminatory harm reduction services in freedom and in closed settings that have proven to be effective and are based on people's needs and human rights

We understand [harm reduction](#) as policies, programs, and practices aimed at minimizing the negative effects of current policies on the health, social opportunities, and human rights of people who use of psychoactive substances. Harm reduction is based on justice and human rights aimed at positive changes and the provision of social and medical assistance to people without condemnation, coercion, discrimination, or requiring them to stop using psychoactive substances as a prerequisite for support.

EHRA seeks to ensure that countries in the CEECA region have access to quality and effective harm reduction services based on the needs of people who use psychoactive substances that also consider any new changes in the drug scene. It is important for us that different groups of people who use psychoactive substances have access to harm reduction, including women, youth and adolescents, people with physical or mental health issues, and people living with HIV, viral hepatitis, and tuberculosis.

We consider harm reduction services as an integral part of ensuring [universal health coverage](#) for people who use psychoactive substances; this population often experiences the most severe forms of discrimination and is the most vulnerable in terms of socio-economic status.

At the moment, access to full-scope quality harm reduction services in CEECA countries is limited. In many CEECA countries, existing harm reduction interventions do not include distribution of naloxone, drug checking, access to sexual and reproductive health services, and/or access to social service programs. As a result, harm reduction programs may not have the ability to reduce overdose mortality; protect against HIV and other blood-borne infections; ensure access to HIV, hepatitis B and C, tuberculosis, and sexually transmitted infections (STI) treatment; and/or provide social support and social integration for people who use psychoactive substances.

Although HIV is not the only health issue that people who use psychoactive substances face, HIV prevalence, incidence, and treatment outcomes are important indicators for the measurement of the accessibility and quality of harm reduction services, especially in settings where other health and social inclusion indicators are not routinely collected.

Access to harm reduction is not equal among people who use psychoactive substances. [Gender inequality](#) and the double stigmatization of women who use psychoactive substances in the CEECA regions have led to lack of services to women and an increased vulnerability to abuse of rights, which result in dramatically higher rates of HIV infection. Often, neither gender-sensitive nor gender-oriented harm reduction services are available, or these services are not sufficiently funded in the CEECA countries, with activists for women who use psychoactive substances having little community support. In addition, development of leadership and specific harm reduction programs are needed among young people and adolescents with experience in the use of psychoactive substances.

Harm reduction policies in the majority of EECA states formally limit the provision of clean syringes to people under 18 years old. Opioid substitution treatment is inaccessible to young people because of age restrictions and the overall low availability of these services. However, even for those in the 18- to 24-year age group, access to harm reduction services is inadequate because traditional outreach tactics do not allow inclusion of those who use party drugs and new psychoactive substances and those who buy psychoactive substances through *Darknet*. Young people who use psychoactive

substances or who are suspected to use psychoactive substances also risk being expelled from schools and universities, creating additional barriers to services.

In addition to these limitations, harm reduction services in the CEECA region require constant updates due to changing situations in the regulation of psychoactive substances and the changing availability of different substances. Only flexible, inclusive, and truly community-led services can timely respond to the changing drug scene and effectively reduce the harms of drug use and repressive drug policy.

OBJECTIVE 2.1

Contribute to improving the quality and comprehensiveness of existing harm reduction services in the countries of the CEECA region.

National Results 2.1

- When selecting and evaluating the quality of harm reduction services at the national and local levels, customers use the EHRA criteria and the quality system of services;
- EHRA members and experts, as agents of change in countries, use agreed-on criteria and approaches to quality harm reduction when advocating for changes in state standards of services for people who use psychoactive substances and when introducing relevant quality criteria in the tender documentation and systems for assessing the quality of services;
- A system of technical support for local harm reduction services (“peer-to-peer”) is used to improve the quality of services;
- The main criteria for quality of harm reduction, as described by EHRA, are used to evaluate programs by donors, national specialists, and organizations responsible for implementing harm reduction programs;
- Hiring “peer” consultants without higher specialized education as providers of harm reduction services paid from local budgets is allowed.

Regional Results 2.1

- A simple system of self-assessment and peer review by professionals and technical assistance to improve the quality of harm reduction programs is developed by EHRA through expert practitioners based on international standards and recommendations;
- Regional communications are organized to promote efficiency of harm reduction for a broader range of medical and social care specialists, decision makers, politicians, and the general public;
- Educational opportunities are identified for practitioners to study best practice addictology courses in Europe, and educational exchange is organized.

OBJECTIVE 2.2

Provide advocacy, technical support, and information for the development of harm reduction services that are sensitive to the needs of people who use new psychoactive substances (NPS) and to the changes in the drug scene.

National Results 2.2

EHRA members and communities of people who use psychoactive substances in CEECA region:

- Are familiar with the situation on NPS consumption in their country and region as a whole;
- Are familiar with proven harm reduction programs/services for NPS users and apply this knowledge to advocacy at the national level;
- Advocate for the introduction of a flexible package of harm reduction services for people who use injectable and non-injectable NPS.

Regional Results 2.2

- A regional review of the situation with the use of NPS is made on the basis of national studies in no less than 15 CEECA countries;
- A regional database is compiled on the applied harm reduction practices, information materials, and ability to receive expert assistance for the development of harm reduction services and programs for NPS users;
- Regional systemic support is provided to new leaders of the community of people who use psychoactive substances, including youth in advocacy activities at the national level for access to harm reduction services for NPS users;
- Services and handouts for NPS users are included in international standards and guidelines for harm reduction (EU service package, WHO recommendations).

OBJECTIVE 2.3

Provide advocacy, technical support, and information for the implementation of innovative services for the CEECA region that have shown global evidence-based effectiveness, such as but not limited to HIV treatment, pre-exposure and post-exposure prophylaxis (PrEP and PEP), drug checking, safe consumption rooms, gender-sensitive services, and community naloxone programs.

National Results 2.3

- Legal mechanisms are available in each CEECA country to provide one or more innovative service for the CEECA region (drug checking, safe consumption rooms, gender-sensitive services, and access to injection and nasal naloxone services);
- A pilot project is conducted in at least 3 countries in the CEECA region to collect evidence on the effectiveness of drug checking for the prevention of overdose;
- A community-based naloxone program is available;
- The requirement to issue a prescription for naloxone is removed from the annotation for naloxone (instructions for using the drug) to ensure free access to naloxone to people who use psychoactive substances; naloxone is available in harm reduction projects;
- Gender-oriented centers for women using psychoactive substances are provided, allowing medical, psychological, legal, and social support and gender-sensitive services such as sexual and reproductive health services in harm reduction programs.

Regional Results 2.3

- People who use psychoactive substances have access to relevant, detailed, and regularly updated information on the substances used and information on the reduction of risks associated with the use of these substances;
- Mechanisms are established and implemented to provide services for checking substances in the context of criminalization of use/possession for personal use;
- Methods of effective advocacy at the national and local level are developed and tested that are based global experience in introducing safe consumption rooms and their different models;
- Nasal naloxone is registered in countries, and prices for the procurement of drugs for harm reduction programs are reduced through joint advocacy work with national communities and experts aimed at pharmaceutical companies and the state;
- Regular technical assistance is available to develop gender-sensitive and gender-oriented harm reduction services.

OBJECTIVE 2.4

Provide advocacy, technical support, and information to ensure access to quality opioid substitution treatment services in CEECA.

National Results 2.4

Depending on the situation in a country:

- Advocacy is conducted aimed at expanding access to OST services;
- Advocacy is conducted aimed at maintaining the quality of the drug and service coverage in the context of the transition to national funding;
- Systems for monitoring the quality and satisfaction of OST services and harm reduction by community groups are part of the state system for monitoring and evaluating OST services.

Regional Results 2.4

- Opportunities of use are explored, and the range of available drugs is expanded (medical heroin, morphine, “depot”: medications, buprenorphine) thanks to regional advocacy for improving the quality and humanity of OST services aimed at governments and pharmaceutical companies.

STRATEGIC GOAL 3 AND EXPECTED RESULTS

Ensure sustainability of harm reduction services as part of the transition from donor support to national funding

CEECA governments currently provide less than 15% of the funding for harm reduction programs needed in the region, indicating that the region is highly dependent on international donors. At the same time, many countries in the CEECA region are not eligible to receive donor funding due to an increase in per capita gross domestic product (GDP). Investments to improve the quality of social support and the level of coverage by harm reduction programs and ensuring a “responsible transition”

are joint tasks of governments, donors, and technical agencies. CEECA governments and local authorities are responsible for the stable financing of quality services. CEECA governments have also signed the 2016 Political Declaration on HIV/AIDS that calls to “**ensure that at least 30% of all service delivery is community-led by 2030.**” To summarize, this means that not less than 30% of public funds for harm reduction services are provided for community-led organizations and that state funding mechanisms should be available and accessible for community-led NGOs to provide harm reduction services. It is critically important that representatives of the community of people who use psychoactive substances influence decisions on financing harm reduction services through meaningful involvement and participation in collegial decision-making processes and oversight bodies.

A number of CEECA countries that have relied on international funding, by 2019, however, already had experience in using domestic sources to cover HIV prevention and treatment of key populations, including people who use psychoactive substances. Social contracts require market competition among NGOs through an open-tender process, in which national or local governments procure services to reach health targets. With regard to the Transparency International Corruption Perception Index, countries in CEECA have poor scores, and many government tenders in CEECA are subject to massive fraudulent schemes and corruption. Social contract procurement of HIV services is constructed in a way that throws community-led organizations out of the competition or pushes them to lower the quality of services. Tender processes in many CEECA countries lack requirements to provide gender-sensitive and age-sensitive services and to ensure quality of services. In contrast, funding allocation decisions are taken on a lowest price principle, leading to decreased service quality, weakening of community systems, and waste of funds.

EHRA seeks to ensure that CEECA countries that are transitioning or have recently transitioned from donor support of harm reduction services to national funding have resilient services without interruption or degradation in quality. In addition, EHRA helps community organizations develop financial and programmatic sustainability.

OBJECTIVE 3.1

Develop and support national advocacy efforts to ensure the state's program, financial, and political sustainability of quality harm reduction services.

National Results 3.1

- National public organizations and communities have information about the transition processes and sustainability of harm reduction services and monitor the implementation of state obligations;
- National tools are created to track resources allocated by states for harm reduction services provided by public organizations and community organizations;
- In countries that are transitioning from the Global Fund support to national funding of harm reduction services, effective mechanisms of government funding of NGOs are piloted or are already working to provide harm reduction services;
- Representatives of the community of people using psychoactive substances have a significant part in decision-making on issues of ensuring sustainability and state financing of harm reduction services.

Regional Results 3.1

- EHRA regularly produces high-quality analyses of the impact of the transition from donor support to national funding on the sustainability of services for people who use psychoactive substances in the CEECA countries;
- In cases of difficulties or systemic problems in accessing harm reduction services in one or more countries, EHRA organizes information campaigns to draw attention to the problem;
- A regional mechanism for tracking the transition process in countries is developed that collects and analyzes information from countries at the regional level;
- In critical cases of termination of harm reduction programs, EHRA provides communication and advocacy support to communities.

OBJECTIVE 3.2

Advocate for international donor investments in continuation of support for community and civil society advocacy efforts and effective and responsible transition to domestic funding. Monitor and advocate for the sustainability of quality harm reduction services as part of this process, in coordination with national and regional partners.

National Results 3.2

- Donors invest in transition and sustainability bridge funding for services by including these topics in tenders for funding in countries.

Regional Results 3.2

- Advocacy aimed at donor investment is carried out with consideration to ensure the sustainability of harm reduction services as part of the transition process in those countries where harm reduction services are still dependent on funding from the Global Fund;
- The voice of the community of people who use psychoactive substances from the region is heard and considered by the relevant structures of the Global Fund when discussing political and strategic decisions regarding transition and sustainability.

STRATEGIC GOAL 4 AND EXPECTED RESULTS

Ensure efficiency and sustainability of EHRA

Strategic objectives 1 to 3 of the EHRA Strategy could not be achieved without strong regional association. The EHRA Secretariat, Steering Committee, Advisory Board, and EHRA members will work as one team to strengthen systems and approaches in order to effectively provide regional advocacy and support national advocacy efforts.

OBJECTIVE 4.1

Develop and support regional partnerships with human rights activists, feminists, families and close ones, political and other potential allies, movements, and organizations for cooperation in addressing joint advocacy goals.

National Results 4.1

- EHRA facilitates mobilization and building of a movement of support that unites EHRA members, representatives of other vulnerable communities, and representatives of regional organizations, civil society, and key community groups to enhance advocacy within the community of people who use psychoactive substances and within their regional society.

Regional Results 4.1

- Strong alliances and consortiums with community networks of LGBT, chem-sex workers, people living with HIV and tuberculosis, youth and teenager organizations, organizations of relatives of people using psychoactive substances, and other regional community groups are built for joint advocacy and communication campaigns;
- EHRA coordinates with global partners in advocacy, technical support, and capacity-building actions in CEECA countries.

OBJECTIVE 4.2

Gain and sustain regional and global reputation as experts in drug policy, human rights protection for people who use psychoactive substances, and quality and sustainability of harm reduction services.

Regional Results 4.2

- EHRA conducts regional research and assessments together with academia. Not less than 2 scientific papers or publications with results are published and quoted as evidence;
- The EHRA members and EHRA Secretariat staff build upon their professional capacities;
- Best practices, experiences, and tools on key strategic issues are shared through regional expert groups, webinars, social media, and web and other available channels to ensure regional and global exchange.

OBJECTIVE 4.3

Develop the capacity of EHRA members to ensure the sustainability of organizations, including from state and local resources and alternative sources of financing NGOs.

National Results 4.3

- At least 20 members of EHRA develop and begin to implement approaches to ensure the sustainability of their work from alternative sources of financing (non-donor and non-state);
- EHRA members join the processes of national advocacy for accessible mechanisms of state support of public organizations for advocacy and training activities.

Regional Results 4.3

- EHRA provides regular training and technical support to its members on ensuring the sustainability of their work through state and alternative sources of funding;
- A database of best practices for ensuring the sustainability of NGOs is developed and is updated with opportunities to get practical help in starting similar activities.

OBJECTIVE 4.4

Ensure governance and financial and operational sustainability of EHRA.

Regional Results 4.4

- Membership engagement approaches and transparent governance systems are used for joint actions and decision-making;
- Fundraising planning and active work on raising funds to implement EHRA strategic objectives are conducted. It is important to engage and use at least 1 new donor per year to diversify sources of EHRA funding;
- Risk mitigation planning and management are organized by the EHRA Steering Committee and EHRA Secretariat.