CIVIL SOCIETY GUIDE TO EU FUNDING **FOR HEALTH IN EECA**

HOW TO LEVERAGE EUROPEAN UNION FUNDING FOR HEALTH IN EASTERN EUROPE & CENTRAL ASIA?

TB EUROPE COALITION

ACKNOWLEDGMENTS

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Design by **www.nathaliewirth.fr**

ACRONYMS

CADAP	Central Asian Drug Action Programme
CSF	Civil Society Facility
CSO	Civil Society Organisation
DCI	Development Cooperation Instrument
EC	European Commission
EECA	Eastern Europe and Central Asia
EDF	European Development Fund
EIDHR	European Instrument for Democracy and Human Rights
ENI	European Neighbourhood Instrument
ENP	European Neighbourhood Policy
ERDF	European Regional Development Fund
ESF	European Social Fund
EU	European Union
GDP	Gross Domestic Product
GPGC	Global Public Goods and Challenges
HIV	Human Immunodeficiency Virus
IPA	Instrument for Pre-Accession
LA	Local Authority
MARP	Most At Risk Population
LGBTI	Lesbian, Gay, Bisexual, Transgender, Intersex
MDR-TB	Multi-Drug Resistant Tuberculosis
MFF	Multiannual Financial Framework
NGO	Non-Governmental Organisation
OP	Operational Programme
PA	Partnership Agreement
PLWH	People Living with HIV
PWID	People Who Inject Drugs
TB	Tuberculosis
USAID	United States Agency for International Development

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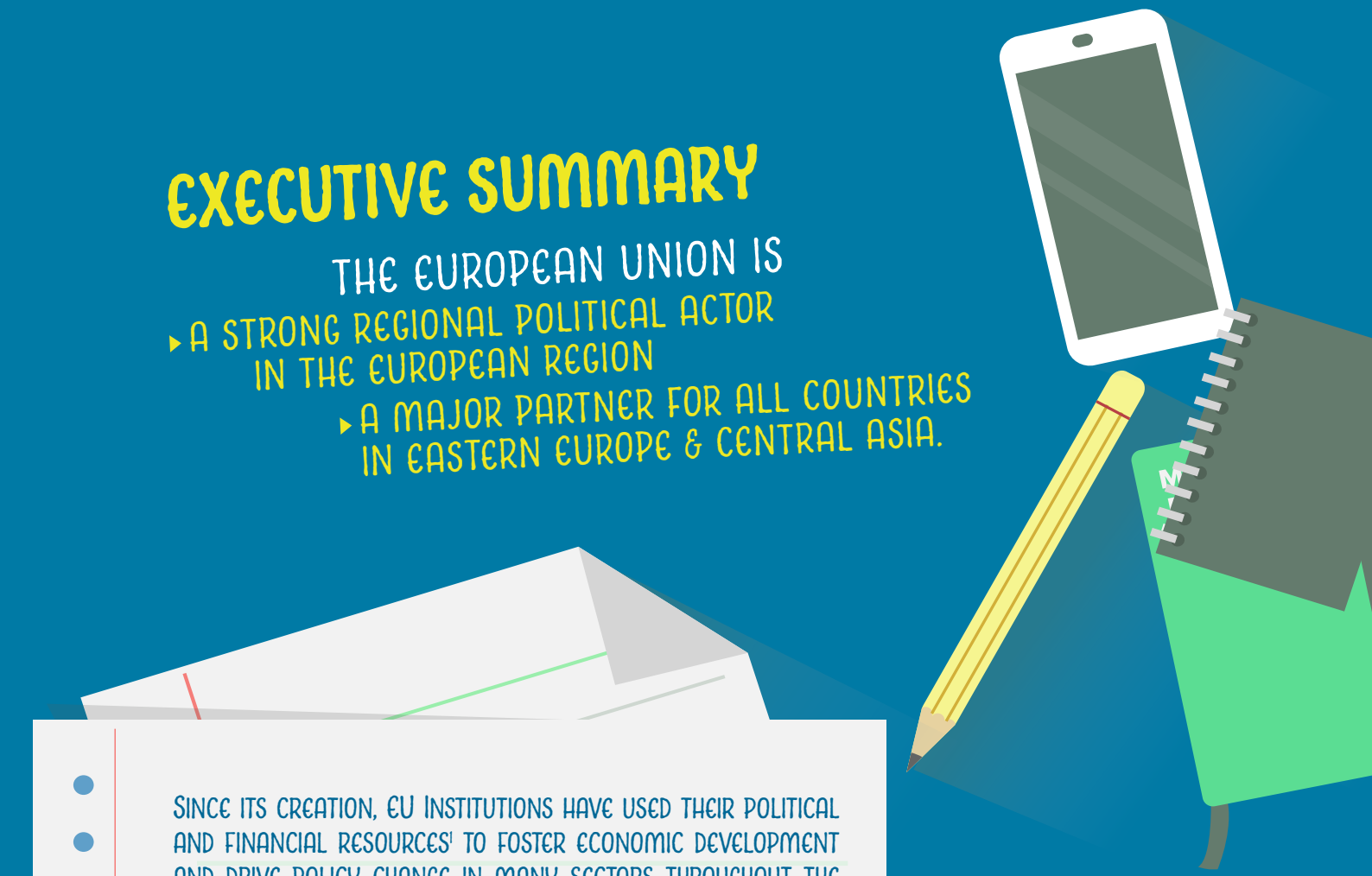
EXECUTIVE SUMMARY

THE EUROPEAN UNION IS

- A STRONG REGIONAL POLITICAL ACTOR IN THE EUROPEAN REGION
- A MAJOR PARTNER FOR ALL COUNTRIES IN EASTERN EUROPE & CENTRAL ASIA.



SINCE ITS CREATION, EU INSTITUTIONS HAVE USED THEIR POLITICAL AND FINANCIAL RESOURCES[1] TO FOSTER ECONOMIC DEVELOPMENT AND DRIVE POLICY CHANGE IN MANY SECTORS THROUGHOUT THE REGION.

Every year, through a variety of EU funding instruments, the EU invests several billions of Euros in EECA countries. While health is recognised by the EU as a key sector within both internal and external policies, the EU is rarely recognised as a major international actor in the health field. In fact, the amount of EU public resources invested in health, including in HIV and TB programmes, is relatively small compared to what it spends in other policy areas.

This situation is the result of a combination of different factors including a lack of prioritisation of health by the governments of EU member states (in the case of Structural Funds) and partner countries (in the case of EU external funding instruments), which decided to focus EU funding on other policy areas (transport, energy, etc.).[2] The complexity of accessing EU's financing mechanisms, especially due to the amount of co-financing requested, is an additional factor that hampers health stakeholders in applying for EU funding.

At a time when major health donors are expected to withdraw from wealthier countries in the EECA region, EU funding could represent an important source to support health systems and help transitions towards domestic funding of HIV and TB programmes.

This guide provides readers with a basic overview of mechanisms and process to access funding at EU-level. We also present a series of recommendations that could help civil society to apply for EU funding for TB, HIV and harm reduction. We hope that this research could contribute to unveil the full potential of EU investments in health.

THE AIM OF THIS GUIDE IS TO:

PROVIDE **NATIONAL & LOCAL STAKEHOLDERS** ▶ ESPECIALLY CIVIL SOCIETY IN THE EASTERN EUROPEAN & CENTRAL ASIAN (EECA) REGION[1] ◀ WITH **SIMPLE & PRACTICAL SUGGESTIONS** ON **HOW TO LEVERAGE EUROPEAN UNION (EU) FUNDING** FOR HEALTH PROJECTS PRIMARILY TARGETING **TUBERCULOSIS (TB) & HIV/AIDS CARE** AS WELL AS **HARM REDUCTION**.

INTRODUCTION

Health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,"[3] is universally recognised as a basic human right, the foundation of individual well-being, and a key determinant for inclusive development and economic growth. The role of the European Union in advancing access to health care and in designing strategies to respond to global health challenges is important for the entire European region where countries benefit from different EU related funding programmes.

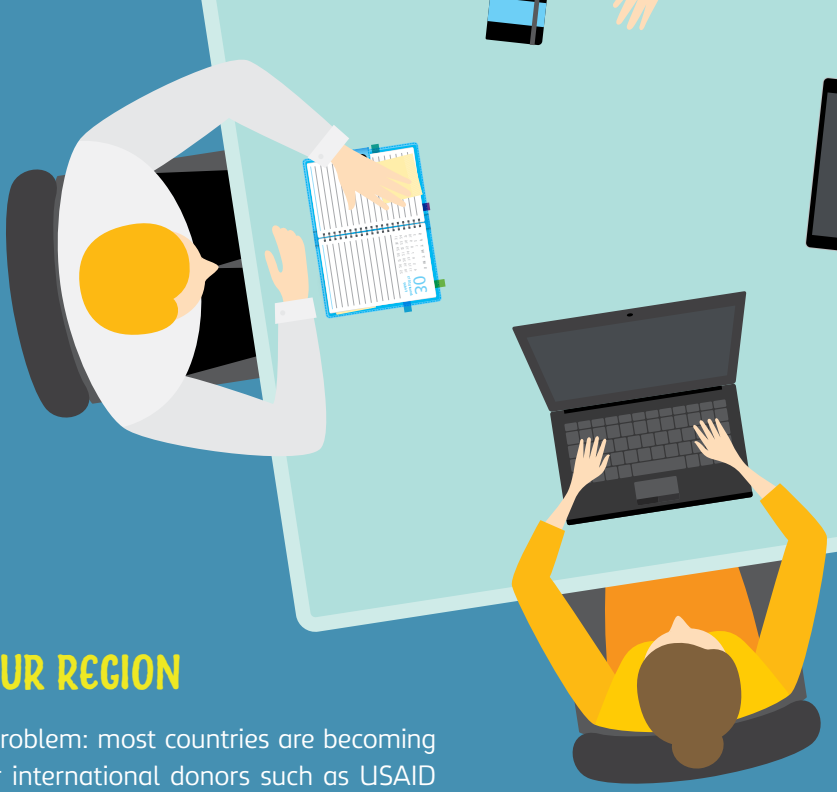
EU investments and programmes are critically needed to improve health in the EECA region. The economic collapse that accompanied the fall of the Soviet Union directly impacted health systems, placing quality and access to health care in jeopardy.[4] As a result, life expectancy gains in the EECA region have been significantly lower than in other middle and high-income countries during the same period. Moreover, the relatively **LOW LEVEL OF PUBLIC SECTOR FUNDING FOR THE HEALTH SECTOR** has led to a significant **INCREASE IN OUT-OF-POCKET SPENDING BY PATIENTS SEEKING GOOD QUALITY HEALTH CARE**, making access to health services even more difficult.[5]

The lack of services and poor access to healthcare following the 1990 collapse of the Soviet Union led to the **RAPID SPREAD OF INFECTIOUS DISEASES** such as multi-drug resistant TB (MDR-TB), a form of the disease, which is resistant to standard TB treatment, and HIV/AIDS. **CHRONIC UNDERFUNDING OF HEALTH OVER THE PAST TWO DECADES ALLOWS THESE DISEASES TO SPREAD, THREATENING PUBLIC HEALTH IN NEWER EU MEMBER STATES AND THE EU EASTERN NEIGHBOURHOOD**.

TB & HIV IN EASTERN EUROPE & CENTRAL ASIA

In 2014 alone, approximately 321,000 people were diagnosed with TB and 37,000 died from the disease in the wider WHO European region.[6] Most worryingly, the **EECA REGION IS HOME TO A QUARTER OF THE GLOBAL BURDEN OF MULTI-DRUG RESISTANT TB (MDR-TB)**, a form of the disease, which is resistant to standard TB treatment. Fifteen of the 27 high MDR-TB burden countries worldwide are located in this region and four are EU member states (Estonia, Latvia, Lithuania and Bulgaria).

The HIV epidemic in Eastern European and Central Asian countries continues to worsen at an alarming rate. WHO figures show that **1.5 MILLION PEOPLE IN EASTERN EUROPE AND CENTRAL ASIA ARE LIVING WITH HIV: 3.5 TIMES MORE THAN IN 2001 (410,000) AND 10 TIMES MORE THAN IN 1991.**[7] The EECA region is now home to the fastest growing HIV epidemic, concentrated among people who inject drugs (PWID).[8]



EXTERNAL DONORS ARE LEAVING OUR REGION

Nowadays, the EECA region faces an additional problem: most countries are becoming "too rich" to benefit from international aid. Major international donors such as USAID and the Global Fund to fight AIDS, TB and Malaria – who have been great supporters of TB and HIV programmes in the region – are gradually phasing out support to programs in the region to **REFOCUS RESOURCES ON LOWER-INCOME COUNTRIES**. This decision ignores the fact that a **COUNTRY'S GROSS DOMESTIC PRODUCT IS NOT A RELIABLE MEASUREMENT OF COUNTRY'S HEALTH NEEDS**, including the availability of HIV and TB treatment services for key affected populations. Additionally, donor withdrawal from the region does not ensure that EECA governments allocate greater funds to health once external aid stops.

Moreover, national governments can be reluctant to support targeted prevention and treatment services for vulnerable groups, including PWID, sex workers, and prisoners.[9] As a result, health **PROGRAMS TARGETING THESE VULNERABLE GROUPS** are supported by donors such as the Global Fund. However, these programs are at risk of being discontinued unless new funding is allocated. Global Fund-supported programmes reducing stigma and harm, mobilising communities, as well as those building the service and advocacy capacity needed for sustainable TB and HIV programmes are particularly at risk.[10] **EVEN IF THESE SERVICES HAVE PROVEN TO BE EFFECTIVE IN PREVENTING THE SPREAD OF TB AND HIV, THE DOMESTIC POLITICAL WILL TO FINANCE THEM IN EECA IS OFTEN LACKING**.

WHAT IS THE ROLE OF THE EU IN PROMOTING HEALTH?

IMPROVING HEALTH IN THE EU NEIGHBOURHOOD WILL RESULT IN BETTER HEALTH OUTCOMES INSIDE THE EU ITSELF, as diseases do not respect borders and easily penetrate the frontiers through human contact with those residing on the other side of the borders.

The EU should foster stronger political commitment to improving health in the region and assist EECA countries in their transition towards domestic financing for health. Investing in the health of EECA countries is not only consistent with the values of the EU, it would also have a great impact on the social and economic development of these countries as well as the wider European region.

TB & HIV EPIDEMICS CANNOT BE EFFECTIVELY MANAGED BY ONE COUNTRY ALONE BUT REQUIRE CROSS-BORDER COOPERATION.

EU FUNDING 101
HOW DOES IT WORK?

EU BUDGET

THE MULTIANNUAL FINANCIAL FRAMEWORK (MFF)

The current MFF was approved by European Union Institutions in November 2013 and covers seven years (from 2014 to 2020), totalling €960 billion euros.[11] It is the seven year budget of the EU institutions.

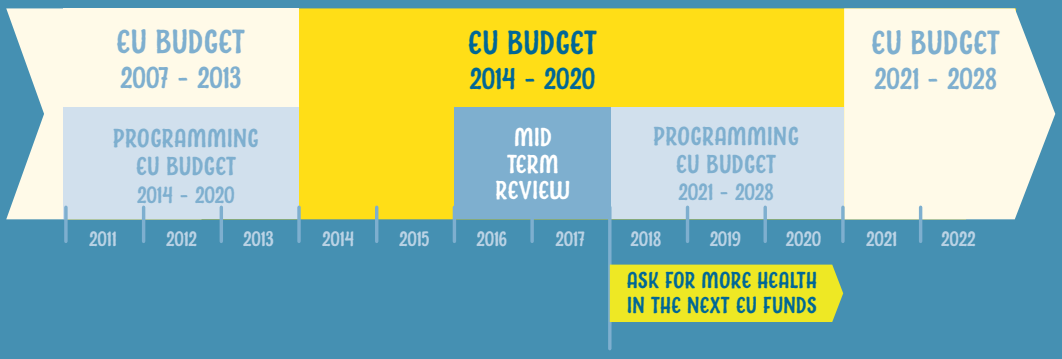
THE ANNUAL EU BUDGET

The annual EU budget is proposed every year by the European Commission and adopted by EU Member States (acting through the Council of the EU) and the European Parliament. The budget is drafted according to limits established by the Multiannual Financial Framework (MFF). The annual EU budget for 2016 is €155 billion, which represents about 1% of the wealth generated by EU economies every year.

MID-TERM REVIEW

While the planning and programming phases of the EU financial instruments have concluded for the period 2014-2020, the amount of money available within specific EU instruments may be revised during the upcoming Mid-Term Review. This may result in an increase in the size of the MFF and/or of certain budget lines. The mid-term review of the MFF, scheduled to start at the end of 2016 and to be finalised by 2017, offers civil society an opportunity to advocate for the EU budget to devote additional resources towards key areas, such as health within and outside the EU.

EU BUDGET TIMELINE



EU FUNDING

EU FUNDING

EU funding can be obtained through different "financial instruments" that each have different aims and scopes; some are country and region-specific, others thematic.

Most importantly, a selection of instruments is targeting EU member states (European Structural and Investment Funds) and others aim to support the development of non-EU countries. The EU instruments applicable to EECA countries will be described in more details throughout this guide.

PROGRAMMING OF FUNDS TO YOUR COUNTRIES

The process of deciding how to spend and use EU funding is called **programming** and takes place in every country before the beginning of each EU budget cycle (currently 2014-2020). This exercise is carried out by the EU in close consultation with the government of each partner country and in cooperation with stakeholders, including local authorities, and to some extent civil society. Each government has a leading role in deciding how the EU's allocations will be spent. For this reason, partner countries should insist on the inclusion of health and health-related actions in EU programming documents. In addition, governments must also allocate sufficient budgetary resources to benefit from EU funds as the EU often only provides funds if national governments commit to share the costs in the form of co-financing.

The outcome of the programming process is similar in every country, regardless of it being an EU member state or a partner country, it is usually a seven-year strategy document (it can be a Partnership Agreement for EU member states or a Multiannual Indicative Plan for non EU member states) that contains the priorities, objectives and expected results, as well as indicative budget envelopes for different objectives.

CO-FINANCING: A KEY EU CRITERION

The majority of EU grants apply the principle of co-financing, meaning that part of the cost is borne by the grant beneficiary or by contributions other than those of the European Commission. The application of this principle allows for increased ownership & responsibility which in turn **improves project success rates & sustainability**.

Co-financing often represents an obstacle in the way of accessing EU funding, especially for smaller NGOs with limited resources. **However, this does not mean that NGOs cannot access EU funding.** Consortia of NGOs can jointly apply for funding & thus pool resources. Creating partnerships with bigger entities & applying as a sub-grantor is also a potential solution. **In sum, coordination with partner organisations is key to obtaining EU funding.**

THE KEY ROLE OF MANAGING AUTHORITIES & EU DELEGATIONS

▸ **FOR EU MEMBER STATES**, a designated national **MANAGING AUTHORITY** provides information on the available funding programmes, selects projects and monitors implementation.

MORE INFO ABOUT MANAGING AUTHORITIES:
EC.EUROPA.EU/REGIONAL_POLICY/EN/ATLAS/MANAGING-AUTHORITIES/

▸ **FOR NON-EU COUNTRIES**, a key role in dealing with available EU funding opportunities is undertaken by **EU DELEGATIONS**. Delegations can provide useful information about available grants and funding opportunities.

MORE INFO ABOUT EU DELEGATIONS:
EEAS.EUROPA.EU/DELEGATIONS/INDEX_EN.HTM

The EU is represented through some 140 EU Delegations & Offices around the world. For over 50 years, these Delegations & Offices have acted as the eyes, ears and mouthpiece of the European Commission vis-à-vis the authorities and population in their host countries. Maintaining political dialogue, administering development aid, overseeing EU trade issues & building cultural contacts, are just some of the tasks undertaken by EU Delegations.

The EU Delegations play a key role in presenting, explaining & implementing EU's foreign policies. They also analyse and report on the policies and developments of their host countries and conduct negotiations in accordance with given mandates.

Note that not all European Union Delegations have established web sites.

SUMMARY OF EU FUNDING INSTRUMENTS

A SERIES OF EU FUNDING INSTRUMENTS HAVE BEEN MADE AVAILABLE BY THE EUROPEAN UNION FOR EECA COUNTRIES AND CIVIL SOCIETY ORGANISATIONS IN THE REGION TO SUPPORT HEALTH FOR THE YEARS 2014-2020.

ESF & ERDF

PAGE 12

ELIGIBLE COUNTRIES

COHESION POLICY STRUCTURAL FUNDS

EUROPEAN SOCIAL FUND ESF

86.4€ BILLION

On top of measures ensuring a healthy work-force or the training of health workers, the ESF welcomes actions which aim to improve the situation of vulnerable groups such as Roma communities. 20% of ESF investments in the period 2014-2020 will be committed to activities aiming to improve social inclusion and combat poverty.

EUROPEAN REGIONAL DEVELOPMENT FUND ERDF

187.4€ BILLION

The ERDF has financed the building and modernisation of hospitals and primary care centres with approximately €5 billion between 2007 and 2013.[12]

IPA II

PAGE 16

ELIGIBLE COUNTRIES

ENLARGEMENT POLICY

INSTRUMENT FOR PRE-ACCESSION II

11.7€ BILLION

Among the many kinds of possible support, the IPA can be used to strengthen the administrative capacity of the Ministry of Health, support health reform, improve health standards in the penitentiary system, upgrade the living conditions and rights of Roma communities or other minority groups, and train health personnel.

ENI

PAGE 20

NEIGHBOURHOOD POLICY

EUROPEAN NEIGHBOURHOOD INSTRUMENT

15.4€ BILLION

A wide range of interventions in public health can be financed under the ENI, such as HIV and TB projects, harm reduction, and capacity building of health CSOs.

ELIGIBLE COUNTRIES

DCI

PAGE 24

DEVELOPMENT COOPERATION POLICY

DEVELOPMENT COOPERATION INSTRUMENT

GEOGRAPHICAL PROGRAMMES **DCI**

5€ BILLION

At least 20% of DCI funds are allocated to basic social services such as health and education. However, the DCI's geographical funds are mainly administered as budget support to governments.

ELIGIBLE COUNTRIES

[13]

THEMATIC PROGRAMME **DCI GPGC**

GLOBAL PUBLIC GOODS & CHALLENGES

1€ BILLION

At least 25% of the global public goods and challenges programme should foster improvements in the lives of people. The health sector foresees support for CSOs only indirectly, as sub-recipients of Global Initiatives (e.g. Global Fund, which disburses important resources to CSOs).

ELIGIBLE COUNTRIES DCI +

THEMATIC PROGRAMME **DCI CSOS-LA**

CIVIL SOCIETY ORGANISATIONS & LOCAL AUTHORITIES

1.9€ BILLION

By empowering citizens and civil society, the DCI CSOs-LA can fund NGO projects. For example, it can finance CSO capacity building, the creation of regional and global CSO networks, and support awareness raising initiatives.

ELIGIBLE COUNTRIES DCI GPGC +

EIDHR

PAGE 28

HUMAN RIGHTS POLICY

EUROPEAN INSTRUMENT FOR DEMOCRACY & HUMAN RIGHTS

1.3€ BILLION

In principle, the EIDHR can provide grants to organisations working with rights of vulnerable groups (prisoners, minorities, etc.), including to improve their health. EIDHR funding is frequently funnelled to those countries where human rights are most at risk.

ELIGIBLE COUNTRIES

ESF & ERDF

COHESION POLICY

HOW TO ADDRESS HEALTH INEQUALITIES IN EU MEMBER STATES THROUGH STRUCTURAL FUNDS

FOR MORE INFO ON EU FUNDING INSTRUMENTS CHECK PAGE 10

ELIGIBLE COUNTRIES

SINCE THE 2004 & 2007 ENLARGEMENT PROCESS TO EASTERN EUROPEAN COUNTRIES, SOCIAL, ECONOMIC & MOST IMPORTANTLY, HEALTH DISPARITIES BETWEEN EU MEMBER STATES HAVE SUBSTANTIALLY INCREASED. Some of the new Eastern European Member States have life expectancies that are eight or nine years lower than the EU average.[14] Health expenditures in Eastern European countries remain the lowest of all EU member states[15] and mortality rates are considerably higher than the EU average.[16] **A RECENT STUDY HIGHLIGHTS THAT HEALTH INEQUALITIES COST THE EU ALMOST ONE TRILLION EURO IN WELFARE LOSSES EVERY YEAR, ACCOUNTING FOR ALMOST 10% OF THE EU'S GDP.**[17] Research also shows that social inequalities are the root cause of health inequalities and undermine the well-being of everyone in society, including the wealthiest individuals.

Public authorities and civil society in EU Member States must be made aware that specific EU funding instruments can be employed in order to reduce disparities and develop poorer regions, including contributing to greater access to health care and enhanced health system capacities. Moreover, they can also be used to finance projects in other sectors that can impact on key determinants of health or maximise health-related outcomes. For example, the European Commission is particularly committed to supporting Member States on Roma integration strategies and the promotion of health among the Roma population.

STRUCTURAL FUNDS MAKE UP **€351.8 BILLION**, OR **34%** OF THE TOTAL EU BUDGET FOR 2014-2020.

Structural Funds that can contribute to investment in health include: the European Social Fund (ESF), the European Regional Development Fund (ERDF) and, to a lesser extent, the Cohesion Fund. **ABOUT €9 BILLION HAS BEEN FORESEEN FOR EXCLUSIVE HEALTH INVESTMENTS FROM THE ERDF AND THE ESF.**[18] It is also important to know that 20% of the ESF is allocated to social inclusion. **THESE FUNDS WERE PREVIOUSLY USED TO BE A SOURCE OF INVESTMENT MOSTLY FOCUSED ON INFRASTRUCTURE WHILE IN 2014-2020 THEY ARE NOW SOURCED TO HELP CONTRIBUTE TO HEALTH SYSTEM REFORMS.** This is a great opportunity for the public health sector, especially in Eastern European EU member states, where Structural Funds can represent a large portion of the overall development budget.[19]

How can Structural Funds be used to invest in health?[20]

Structural Funds are divided into eleven priority areas. While health is not a priority area, investment in the health sector can be supported in the framework of most these areas and seven of them explicitly include health interventions as key priorities for ESF & ERDF. These are some examples of health investments that can be made under each priority area:

ESF & ERDF

Research & Innovation

- Supporting research and development of new prevention tools, diagnostic methods and treatments for communicable & non-communicable diseases

ESF & ERDF

Employment & Labour mobility

- Supporting the training and adaptation of the health workforce to match future demanded skills and services
- Improving people's nutrition patterns, & reduce use of tobacco and alcohol consumption
- Engaging community & consumer organisations, schools, media & various stakeholders to address relevant health risk factors
- Supporting programmes to improve health at workplace

ESF

Information & Communication Technologies

- Setting up e-health solutions ensuring cross-border interoperability of IT systems
- Supporting the use of uniform electronic health care information systems

ESF & ERDF

Institutional capacity

- Developing systems to ensure vaccination schedule is respected even when changing member states
- Setting up health information systems to provide comparable data and indicators to evaluate health action at EU, national and regional levels
- Drawing up national strategies or action plans for medical and care services

ERDF

SMEs competitiveness

- Contributing to the development of SMEs active in innovative services reflecting new societal demands linked to health, ageing population and care, by raising awareness of these new needs or supporting businesses in this sector

ESF

Education

- Formal education & lifelong learning of healthcare professionals

ESF & ERDF

Social inclusion & combating poverty

- Establishing effective information systems to assess the performance of health systems
- Strengthening ambulatory services & primary care
- Increasing coverage of general practitioners / family doctors in all areas
- Infrastructure investments justified on the basis of territorial development needs or disadvantaged groups
- Ensuring insurance coverage, addressing socio-economic factors affecting access to care & pharmaceuticals
- Supporting access to good healthcare for all and ensure universal access to affordable medicines, vaccinations, early detections, screening, treatment and care
- Addressing risk factors that are particularly prevalent in disadvantaged groups
- Supporting development and collection of data and health inequalities indicators
- Tackling disease-associated discrimination and stigma of people with mental disorders

CASE STUDY

EU STRUCTURAL FUNDS TO FIGHT TUBERCULOSIS IN ROMANIA

In Romania, the Ministry of European Funds manages EU funds and decides how EU assistance will be spent under relevant policy areas in consultation with different Ministries, including the Ministry of Health. In view of the 2014-2020 EU budget period, the Ministry of Health of Romania prepared its request for EU funding according to its National Health Plan 2014-2020 and the Partnership Agreement 2014-2020. Romania has been granted a total of €800 million from EU Structural Funds during the period 2014-2020. From the total, €50 million will be used to fight Tuberculosis in the country.

HOW WAS THIS ACHIEVED?

- **NATIONAL LEADERSHIP**: Romania put in place a strong National Health Strategic Plan that prioritises tuberculosis;
- **STRONG ADVOCACY**: Romanian NGOs were aware of existing EU funding opportunities and helped brief the Ministry of Health on weaknesses in TB care provision;
- **HEALTH PRIORITISATION**: Some enthusiastic staff in the Ministry of Health understood what was at stake and advocated internally and in Brussels for TB to be prioritised;
- **CONSISTENCY WITH EU PRIORITIES**: the EU favours a move from hospital-based case to ambulatory care in its member states and Romania seized this opportunity to obtain financing.

HOW WILL THE MONEY BE SPENT?

The Ministry of European Funds will publish calls for proposals (maximum €5 million per project) for which NGOs, private entities and government actors will be eligible. The type of projects that can be financed by the European Social Fund aim at:

- Improving TB diagnosis (GeneXpert machines, infrastructure for labs, drug-susceptibility testing for MDR-TB, quality control, evaluation etc.);
- Screening of vulnerable populations (the homeless, PWIDs, PLWH, etc.);
- Training peer educators & providing incentives for Community Health Workers to do active case finding;
- Composing multidisciplinary teams to help with the transition from hospital-based care to ambulatory care;
- Carrying out harm reduction activities;
- Providing treatment incentives for vulnerable populations and patients;
- Financing human resources and increasing administrative capacities: training of doctors, community health workers, nurses, and primary healthcare staff.

TIPS TO ACCESS... STRUCTURAL FUNDS FOR HEALTH

FOR MORE DETAILS: EU FUNDING TIMELINE CHECK PAGE 8

n°1 HEALTH

During the PROGRAMMING PERIOD and beyond, it is key for civil society to advocate for health to become a national priority in the use of Structural Funds. Health should also be included within the Partnership Agreement between your country and the EU as well as within Operational Programmes (OPs), which contain investment priorities and specific objectives. Having a specific mention of healthcare and related sectors within OPs is essential in order to ensure resources are allocated to health projects.

You can contact the managing authority in your country to find out more about the OPs in place in your country and region and identify the available opportunities to promote health. Check the website of the DG REGIO of the European Commission to find out who the MANAGING AUTHORITY in your country is.

THE LIST OF MANAGING AUTHORITIES IS AVAILABLE HERE EC.EUROPA.EU/REGIONAL_POLICY/EN/ATLAS/MANAGING-AUTHORITIES/

With this in mind, you can prepare briefing papers and organise workshops and presentations for high-level public health officials, health professionals, and decision-makers to explain the potential of using Structural Funds to improve health.

Once you have a clear idea of existing opportunities, work with other CSOs to build coalitions to apply for funding, including organisations working in sectors that could include a health component, i.e. sex workers, migrants, drug users, LGBTI, etc.

It is recommended to be proactive by networking and contacting public authorities to receive information about Structural Funds.

IPA II

ENLARGEMENT POLICY

SUPPORTING HEALTH IN CANDIDATE & POTENTIAL CANDIDATE COUNTRIES THROUGH THE INSTRUMENT FOR PRE-ACCESSION

FOR MORE INFO ON EU FUNDING INSTRUMENTS CHECK PAGE 10

ELIGIBLE COUNTRIES

IN LINE WITH THEIR OBJECTIVE OF JOINING THE UNION, CANDIDATE COUNTRIES & POTENTIAL CANDIDATE COUNTRIES DEVELOP A SPECIAL RELATIONSHIP WITH THE EUROPEAN UNION.

During the process of integration with the EU, these countries benefit from the Instrument for Pre-Accession (IPA II). This financial instrument supports the adoption and implementation of EU law, which is to prepare these countries for EU membership. Reforms should allow for the upgrading of standards equal to the ones enjoyed by EU citizens.

Public health is included as an indicator for the EU to measure progress towards meeting accession criteria. In fact, chapter 28 of the Instrument for Pre-Accession on "Consumer and health protection" focuses specifically on this area. It includes all issues related to tobacco control, communicable diseases, blood, tissues and cells, mental health, drug abuse prevention, health inequalities, nutrition, alcohol related harm reduction, cancer screenings, healthy environments including prevention of injury, promotion of safety and European action in the field of rare diseases. Other chapters can also be relevant to assess the health situation in a country.

THE IPA CAN PROVIDE ASSISTANCE IN THE HEALTH SECTOR TO ACHIEVE THE FOLLOWING OBJECTIVES:

- **CAPACITY BUILDING AND INSTITUTIONAL REFORM OF THE HEALTH CARE SYSTEM & SERVICES OF THE BENEFICIARY COUNTRY**
  - Improving the regulatory & management capabilities of health care institutions & authorities
  - Increasing access and inclusion of vulnerable groups in the health care system
  - Supporting the fight against drug abuse and HIV/AIDS
  - Improving preventive health services with an emphasis on screenings
  - Promoting mutual recognition of health professional qualifications
- **FURTHER REVISION OF THE NATIONAL LAW IN LIGHT OF EU LEGISLATION**
  (e.g. laws on health protection, health insurance and the role of various chambers).
- **FINANCIAL ASSISTANCE FOR HEALTH PROJECTS CAN TAKE VARIOUS FORMS**
  - Services & supplies
  - Grants
  - Administrative cooperation involving experts sent from Member States (twinning)
  - Budget support (in exceptional cases)

PREVENTING HIV TRANSMISSION & DRUG ABUSE IN KOSOVO & MACEDONIA

Prevention of HIV transmissions & drugs among resident population in the cross-border area is a project funded by the Instrument for Pre-Accession Assistance (Component 2: Border Cooperation).

The overall objective of the project is to improve social cohesion between the Republic of Macedonia & Kosovo through establishing a cross-border partnership in the area of HIV prevention. The project targets key affected populations, including drug users, sex workers, minorities, prisoners, adolescents, and CSOs working with most-at-risk population, as well as municipalities and relevant local authorities (centres for social care, centres for public health, hospitals and prisons). Activities implemented under this project are divided into four main groups:

- Awareness-raising and education about HIV and drug prevention (for instance media campaign, public debate in each municipality, winter and summer school on HIV and drug prevention);
- Promotion of joint activities in the area of HIV prevention (including preparation of analysis on HIV prevention mechanisms, training on strategic planning with civil servants, adoption of local strategic and action plans);
- Capacity building of local institutions and other stakeholder groups (for example training on HIV and drug prevention with staff of prisons, hospitals, police stations, centres for social work and public health, Ministry of Health, Ministry of Labour and Social Policies);
- Promotion of cross-border co-operation (i.e. development of a web platform and cross-border coordination meetings).

THE PROJECT AIMS SPECIFICALLY TO:

- Increase public awareness about HIV/drug prevention in the eligible municipalities;
- Increase capacity of local institutions for developing sustainable HIV/drug prevention mechanisms;
- Increase cross-border promotion of HIV/drug prevention mechanisms.

This project displays how two organisations working in different countries joined forces and used IPA funding aimed at increasing cross-border cooperation to support HIV prevention and thus improve the health of vulnerable groups. Similar opportunities for cross-border cooperation may be found in other EU funding instruments as well.

TIPS TO ACCESS FUNDING... FROM THE INSTRUMENT FOR PRE-ACCESSION

Look at opportunities in health-related sectors. Even if health is not generally recognised as a major priority in the IPA, it can be mainstreamed under several other key sectors including the rule of law and fundamental rights, support for the penitentiary system, Roma communities and rights of minority, employment, education and social policies. The latter, for instance, may offer opportunities to train health workers.

Also, in your country, a part of the IPA budget may have been put aside. This could be used to launch a call for proposals in an area not pertaining to the priorities already defined. It is advisable to contact the EU DELEGATION in your country, explain your area of interest and ask about the opportunities in this regard.

FOR MORE DETAILS: EU DELEGATION CHECK PAGE 9

You can also organise a broader meeting with other civil society organisations & EU officials tasked with dealing with project calls and applications in the EU Delegation in your country to understand better procedures and opportunities to apply.

Remember that the EU favours a demand-driven approach. It is important that you coordinate with other organisations active in your sector and demonstrate the added value of the work you are doing in pursuit of the objectives of EU cooperation.

Civil society organisations tend to have difficulties applying for EU funding as the application process is complex and they may have language difficulties. Try and find an NGO that already has experience and form a consortium.

ZERO TB
DEATH
AZERBAIJAN
ZERO TB in RUSSIA
ZERO TB in MOLDOVA

ENI

NEIGHBOURHOOD POLICY

PROMOTING HEALTH IN EASTERN NEIGHBOURHOOD THROUGH THE EUROPEAN NEIGHBOURHOOD INSTRUMENT

FOR MORE INFO ON EU FUNDING INSTRUMENTS CHECK PAGE 10

ELIGIBLE COUNTRIES

WHAT HAPPENS IN THE EU'S IMMEDIATE NEIGHBOURHOOD AFFECTS THE EU & ITS MEMBER STATES. With this in mind, closer cooperation was made possible through the European Neighbourhood Policy, which is backed by funding from the European Neighbourhood Instrument (ENI). Promoting public health is mentioned as one of the main targets for the ENI. It is however up to any country, in cooperation with the European Commission, to include specific health priorities in national Action Plans, which are drafted every 3 to 5 years and assessed annually. Civil society organisations which are interested in influencing this process should contact their EU DELEGATIONS.

Civil society organisations working in the health sector can directly benefit from ENI funding either by applying for health-related calls for proposal or for grants aimed at strengthening their capacities. Reinforcing civil society is one of the main objectives of the ENI and aims to guarantee domestic accountability and increase local ownership.

FOR MORE DETAILS: EU DELEGATION CHECK PAGE 9

According to the rules governing the ENI, CSOs should be involved in preparing, implementing, and monitoring EU support in all sectors. Civil society can thus play a crucial role in advocating for the prioritisation of health investments through the ENI.

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THE NEIGHBOURHOOD CIVIL SOCIETY FACILITY

The Neighbourhood Civil Society Facility is a programme developed under the European Neighbourhood Instrument (ENI) which boosts support for civil society in the region.

The Facility aims to make civil society organisations stronger partners for the EU.

The Eastern Neighbourhood Civil Society Facility provides financial support for projects led by civil society through a combination of calls for proposals launched both at regional and at national level, and technical assistance directed mainly at capacity building. Around 5% of the total investment through the ENI is spent through the facility.

CASE STUDY

227.928€

FOR THE PROJECT: Improving the quality of administrative services in medical & social fields

2013 ▸ 2015

PROJECT IMPLEMENTED BY All Ukrainian Network of People Living with HIV/AIDS

IMPROVING QUALITY OF SERVICES FOR PEOPLE LIVING WITH HIV IN UKRAINE

The All-Ukrainian Network of People Living with HIV/AIDS Charitable Organisation was awarded €227,928 (88% of a total budget of €259,068) by the EU Delegation for this project.

Its main objectives included capacity building of local communities to monitor the quality and efficiency of services provided by government agencies to the population, including people living with HIV. It also aimed to increase organisational and advocacy capacity of HIV service organisations in building dialogue with public service providers on new approaches to service delivery.

As a result of the funding the organisation was able to develop, pilot and present methodology for assessing the quality of health and social services provided by the state and non-governmental organisations. There were several selections and trainings of experts conducted to assess the quality of health and social services and dissemination of experience. This also resulted in the evaluation of the quality of services provided in the medical and social sectors in the two selected regions and analysis of local opportunities and resources to change service delivery in line with local needs.

These funds also enabled the development and piloting of regional action plans that take into account local conditions and needs. These all contributed to the end goal of building capacities of communities of people infected and affected by HIV to monitor quality and integrity of administrative services provided by local authorities to key affected populations.

THE FACILITY FINANCES:

- Capacity-building activities (trainings, seminars, workshops, exchange of good practices, ad-hoc support, etc.) for civil society actors
- The organisation of multi-stakeholder consultations at national and regional level involving civil society actors, national authorities and EU Delegations
- Civil society actors-led monitoring and advocacy activities regarding fulfilment of ENP commitments, at regional, sub-regional or national level, as well as the activities of platforms

FUNDS ARE DISBURSED THROUGH NATIONAL OR REGIONAL CALLS FOR PROPOSALS.

- **NATIONAL CALLS:** Launched by the EU Delegation in each country, these calls are created by the EU Delegation according to the needs and the priorities chosen by each country for the period of 2014-2020. Civil society is usually consulted before the launch of the call, while the government is not. A part of the envelope can be used by the EU Delegation to support other sectors.
- **REGIONAL CALLS:** These are launched by the EU Headquarters in Brussels. They have a cross-border or regional dimension. They require partnerships between various Eastern Neighbourhood countries and, even though organisations from the EU can usually participate, local CSOs need to be included.

INTERVIEW WITH OLGA GVOZDETSKA

PROGRAMME DIRECTOR, ALL-UKRAINIAN NETWORK OF PEOPLE LIVING WITH HIV/AIDS

OLGA GVOZDETSKA

How did you know about the availability of EU funds for health in your country?

First of all I'd like to mention that the EU has a Delegation constantly present and conducting its activities in Ukraine, therefore civil society organizations are able to apply for both EU Calls from Brussels and from EU Delegation in Ukraine. Another strong advantage of constant presence of the Delegation in Ukraine is that its members have personal experience of situation in the country and comprehensively understand its current needs. Moreover, various meetings are organized with participation of members of EU Delegation, different stakeholders and representatives of Ukrainian civil society organizations, where all questions of current interest and urgent needs are discussed. As for our organization, we often monitor the website of EU Delegation in Ukraine and search for available calls for proposal. Plus, in Ukraine there are on-line resource centers available for CSO on which beyond other useful information for CSO's, one can find a list of current calls for proposal of different donors.

Was there a call for proposal issued by the EU Delegation?

As for the current grant received from the EU we found about its availability from the EU's Delegation web site.

Did you already have relations with the EU Delegation prior to applying for the grant?

The current grant is our second successful experience of managing projects funded by the EU. When it was announced, our organization had already been implementing another one. While implementing the EU grant the sub-grantee is usually appointed to a certain Coordinator, who provides informational support and willingly gives advice. Despite close cooperation, all the calls for proposal are reviewed by the Technical Review Panel, so there is no chance to influence the desired decision.

What would be your advice to CSOs who want to try and apply for EU funds?

The experience we are willing to share with others is that any project has a chance for success if its idea is grounded on the current needs of the targeted groups. There is no need to redesign the project and try to fit it into certain call's structure if such a transformation changes the main idea. To be successful, the application should assess current needs of a target population or group and be based on the resources (human resources, technical, communicational etc.) and experience of the applying organization. However, there are calls for proposal that admit collective applications, and in this case it is better to negotiate with and engage other CSOs with the expertise you lack or would like to empower your action with.

TIPS & ADVICE...

START PREPARING THE APPLICATION IN ADVANCE. From our experience, in order to write it down thoroughly it is better to start **3 OR 4 WEEKS BEFORE THE DEADLINE.**

If it is possible, **ORGANIZE MEETING & CONSULTATIONS** with possible stakeholders and target groups representatives. Ask them to share their opinions, vision and ideas with you.

ASK SOMEONE NOT INVOLVED INTO THE APPLICATION'S PREPARATION TO READ YOUR NARRATIVE and tell you what is the main idea, objective and steps you plan to take. If what you hear matches what you've been writing about, chances are very high to be understood correctly by the donor.

DO THE RESEARCH: find all the information you can about **WHAT IS ALREADY BEING DONE ON THE FIELD**, plans of other CSOs, researches already conducted and their results and so on.

FOLLOW THE DONOR'S INSTRUCTIONS. EU is usually very specific about the structure and the information that needs to be in the application, so simply follow the instructions and **ANSWER THE QUESTIONS AS CLEARLY AS POSSIBLE**.

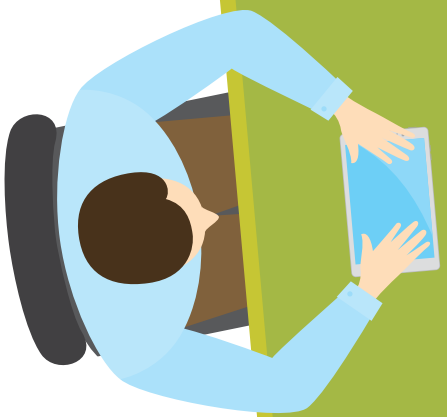
Once the call for proposal is announced, EU usually organizes meeting for the applicants on which one can ask questions about the overall idea and objectives of the action and receive instructions on writing, so it is very advisable **TO HAVE SOMEONE PRESENT ON THAT MEETING.** In case there is no chance to visit, **MONITOR THE EU'S WEBSITE AND LOOK FOR FAQ SECTION AFTER THE MEETING**, the majority of the questions and answers will be there.

TIPS TO ACCESS FUNDING... FROM THE EASTERN NEIGHBOURHOOD INSTRUMENT

FOR MORE INFO ON EU DELEGATIONS CHECK PAGE 9

To start, **check the priority areas for cooperation chosen by your country** by talking to your EU DELEGATION or checking their website and see how your work could be linked to them.

Generally, even if **health is not recognised as a major priority, it can be mainstreamed under several other key sectors,** such as the rule of law and fundamental rights, support for the penitentiary system, Roma communities and rights of minority, as well as employment, education and social policies. The latter, for instance, may offer opportunities to train community health workers.



Regularly check the website of the EU Delegation to monitor calls for proposals. Even if health is not the main theme of the call for proposals, check for opportunities to apply by linking your issues with the subject of the call.

Be proactive and work together with other organisations in your sector, **contact the EU delegation** in your country and ask to meet the civil society focal point for the ENI to explore funding opportunities.

Remember that the EU favours a demand-driven approach. It is important that you **coordinate with other organisations active in your sector** or a relevant one and **demonstrate the added value of the work you are doing** in pursuit of the objectives of EU cooperation.

Civil society organisations tend to have difficulties applying for EU funding as the application process is complex and they may have language difficulties. Try and **find an NGO that already has experience and form a consortium.**

DCI

DEVELOPMENT COOPERATION POLICY

PROMOTING POLITICAL, ECONOMIC & SOCIAL DEVELOPMENT OF DEVELOPMENT COUNTRIES

FOR MORE INFO ON EU FUNDING INSTRUMENTS CHECK PAGE 10

THE DCI SUPPORTS A WIDE RANGE OF OBJECTIVES LINKED WITH THE POLITICAL, ECONOMIC & SOCIAL DEVELOPMENT OF DEVELOPING COUNTRIES.

Two categories of programmes are relevant for this guide:

- geographic programmes covering EU cooperation with four Central Asian countries;
- thematic programmes to address global challenges and support civil society organisations & local authorities, for which all Central Asian and Eastern neighbourhood countries are eligible;

ELIGIBLE COUNTRIES

DCI GEOGRAPHIC PROGRAMMES

DIRECT SUPPORT TO COUNTRIES

The DCI (Development Cooperation Instrument) geographic programmes are in essence bilateral support to countries. The DCI encourages countries to choose a limited number of sectors (usually three) for EU support. Under the period 2014-2020, the health sector was only chosen by Tajikistan as a priority, while Kyrgyzstan made social protection one of its focal areas.

Nevertheless, health was promoted in a variety of ways in the countries of the region through the DCI geographic programmes in the past years. For example, Kyrgyzstan received €2.5 million for a prison reform project which sought to promote a healthier living environment for prisoners through disease prevention and the promotion of mental and physical health. €4.5 million was allocated to Kazakhstan for 2007-2010 and used to fund a project on supporting capacity building measures in the Ministry of Health targeting HIV/AIDS and TB specifically.[22]

PRIORITY SECTORS OF COOPERATION WITH EU

KYRGYZSTAN	THE RULE OF LAW	€37.72 MILLION
	EDUCATION	€71.76 MILLION
	INTEGRATED RURAL DEVELOPMENT	€71.76 MILLION
TAJIKISTAN	HEALTH	€62.2 MILLION
	EDUCATION	€75 MILLION
	RURAL DEVELOPMENT	€110 MILLION
TURKMENISTAN	HUMAN CAPITAL DEVELOPMENT: EDUCATION SECTOR, VOCATIONAL EDUCATION & TRAINING (VET)	€36.2 MILLION
UZBEKISTAN	RURAL DEVELOPMENT & AGRICULTURE: A KEY NATIONAL PRIORITY FOR UZBEKISTAN	€165.5 MILLION

DCI THEMATIC PROGRAMMES

GLOBAL PUBLIC GOODS & CHALLENGES

Thematic programmes offer a range of opportunities for the health sector and civil society. One of the priorities of the DCI Global Public Goods and Challenges (GPGC) is human development, of which health is a crucial element. Health actions under the GPGC focus on (i) controlling communicable diseases, (ii) building of capacity and the translation of knowledge into practice to deal with the changing disease burden, with a focus on non-communicable diseases and environmental risk factors, and (iii) improving access to essential health commodities and sexual and reproductive health services.[23] **THE HEALTH SECTOR RECEIVES APPROXIMATELY €500MILLION (40% OF THE "HUMAN DEVELOPMENT" BUDGET).**[24]
GPGC actions in the health sector are to be complementary to those implemented as part of DCI geographic programmes and will mainly target global health initiatives, such as the Global Fund to fight AIDS, Tuberculosis and Malaria and the GAVI Alliance.

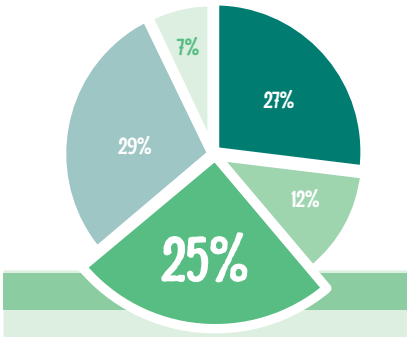
This means that **GPGC WILL ONLY SUPPORT CSOS INDIRECTLY** as sub-recipients of international organizations (e.g. Global Fund, which disburses approximately a third of its resources to CSOs).[25] Calls for proposals are no longer envisaged for the health sector.

CIVIL SOCIETY ORGANISATIONS & LOCAL AUTHORITIES

The Civil Society Organisations and Local Authorities (LAs) thematic programme of the DCI provides support to CSOs and LAs in line with three priorities:

- Enhancing CSO and LA contributions to governance and development processes.
- Reinforcing regional and global CSO networks and associations of LAs.
- Developing and supporting education and awareness-raising initiatives, fostering citizen awareness and mobilisation for development issues.

The programme will mainly be implemented through calls for proposals, but in exceptional cases funding may be awarded directly. EU delegations are responsible for launching calls for proposals at country level.



GPGC 2014-2020 PROPOSED BUDGET ALLOCATION

- Environment & climate change
- Sustainable enrgy
- **HUMAN DEVELOPMENT**
- Food & nutrition security and sustainable agriculture
- Migration & asylum

ELIGIBLE COUNTRIES

REGIONAL DCI FUNDS TO BUILD NGO CAPACITY FOR ACCESS TO HIV-AIDS PREVENTION, TREATMENT & CARE IN EASTERN EUROPE

CASE STUDY

€9M from Development Cooperation Instrument

▸ IN 2010

▸ GOAL: capacity building on HIV prevention, treatment & care

▸ WHERE: Eastern Neighbourhood of EU

In 2010, the European Commission released a call for proposal under the Development Cooperation Instrument thematic programme with an envelope of €9m to build the capacity of HIV NGOs and other non state actors to run projects on HIV prevention, treatment and care in the Eastern neighbourhood of the EU.

In an effort to help civil society form stronger coalitions and become better equipped to actively engage in dialogue with their governments and authorities on HIV/AIDS policies, partnerships and regional cooperation with at least two other organisations were strongly encouraged in the call for proposals.

The International HIV/AIDS Alliance In Ukraine, the Eurasian Harm Reduction Network and the East Europe and Central Asia Union of People Living with HIV were among the 16 NGOs to benefit from those funds. Their programmes varied in the field of exchanging best practices, improving access to and quality of HIV prevention, treatment, care and involving their wider networks for regional impact.

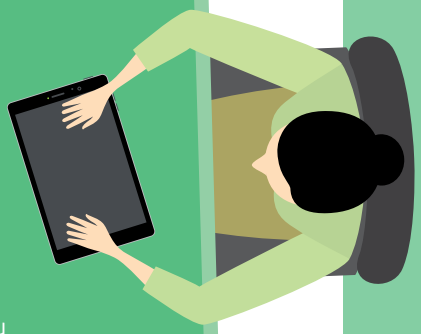
The International HIV/AIDs Alliance In Ukraine, for instance, was awarded a sum of €998,602 for a regional project with a duration of 36 months aimed towards the "broader introduction of effective HIV prevention strategies targeting populations most at risk in the Eastern Neighbourhood Region". It established partnership with local NGOs such as:

- NGO ***WE FOR CIVIL EQUALITY***
- ***GENDER VE TEREQQI*** MAARIFLENDIRME I.B.
- REPUBLICAN YOUTH ASSOCIATION ***VSTRECHA***
- PUBLIC ASSOCIATION ***POSITIVE MOVEMENT***
- THE ***GEORGIAN HARM REDUCTION NETWORK***
- CENTER FOR INFORMATION AND COUNSELING ON REPRODUCTIVE HEALTH ***TANADGOMA***
- NON-PROFIT PARTNERSHIP ***ESVERO***
- ASSOCIATING PARTNER: ***THE SOROS FOUNDATION***

The main objective of the project was to increase the understanding and acceptance of evidence-based HIV prevention interventions among the local non-state HIV service providers. The project aimed to summarise the best national and international practices in form of comprehensive 'Essential Service Packages' for most-at-risk populations. The Packages would include preventive and medical services as well as social support, which is necessary for adequate access to medical treatment and care.

The outcome of this was the development of mapping protocols and tools for each most-at-risk population (MARP) which was then presented to broader stakeholder audiences. Another outcome was a regional knowledge sharing event and other promotion related to the development of HIV prevention and care services for MARPs. Finally, the project also resulted in the creation of Annual Regional Advocacy Schools to develop country level advocacy and communication strategy activities for comprehensive service promotion, country level advocacy activities for promotion of the Service Packages (8 small grants), and on-line follow-up and legal support for advocacy school participants and local community leaders.

TIPS TO ACCESS FUNDING... FROM THE DEVELOPMENT COOPERATION INSTRUMENT



FOR MORE INFO ON EU DELEGATIONS CHECK PAGE 9

Check in your Country Strategy Paper (freely available on the web) if health or health-related issues have been included as priority areas. If health is included, contact the EU DELEGATION in your country to have more information on what kind of actions will be funded and when.

Even if health has not explicitly been chosen as a priority, many other components may have an impact on health or support the work you are doing. Look for actions related to social inclusion or support to vulnerable and marginalised groups, such as Roma communities or prisoners.

If you think you could contribute to any of these areas arrange an appointment with the person in charge of health at the delegation and see if you fulfil the conditions to apply.

Attend civil society seminars in your country if these are organised by the EU Delegation. This is an opportunity to meet other NGOs working at national level with close contacts to the delegation and it will allow you to raise your issue in talks with EU staff who can then communicate your concerns to the government. You will also raise your organisation's profile and show you are a reliable partner.

Monitor calls for proposals on the website of your country's EU Delegation and be ready to apply if you fulfil the conditions. You can also request to receive a training by TASCO[25] to gain a better understanding of the procedures and conditions.

Remember that the EU favours a demand-driven approach. It is important that you coordinate with other organisations active in your sector or a relevant one and demonstrate the added value of the work you are doing in pursuit of the objectives of the Country Strategy Paper.

Participate in annual CSO consultations to decide annual calls for proposals and highlight the importance of promoting health as part of working towards meeting the targets identified in the priority sectors identified by your country.

Look for partners that already have experience with EU funding and join forces to overcome bureaucratic and linguistic challenges. You can contact the EU Delegation to find out which international NGOs are working in your country and which projects they have implemented to make the link with health.

ELIGIBLE COUNTRIES

EIDHR

HUMAN RIGHTS POLICY

PROMOTING HUMAN RIGHTS & DEMOCRACY IN NON-EU COUNTRIES

FOR MORE INFO ON EU FUNDING INSTRUMENTS CHECK PAGE 10

CURRENTLY, THE EUROPEAN INSTRUMENT FOR DEMOCRACY AND HUMAN RIGHTS (EIDHR) FUNDS MORE THAN 1,200 PROJECTS IN AROUND 100 COUNTRIES.

Its principal beneficiaries are Civil Society Organisations, but support can also be provided to groups or individuals in civil society, as well as intergovernmental organisations. Under certain circumstances, the EIDHR can support unregistered organisations if the national context requires so. The EU has generally allocated greater funds to those countries where a strong civil society movement exists instead of focusing on those where a real need for support can be noted.[26] Uzbekistan was thus not entitled to EIDHR prior to 2014 as its NGO movement was not seen as independent.[27] However, it appears that from 2014 onwards it will be receiving EIDHR funding which suggests a change in the Commission's policy.

Funds have thus far mainly been allocated through global calls for proposals (every year in May); country calls for proposals managed by EU delegations (once or twice per year in each country), and small grants for Human Rights Defenders in urgent need (up to €10,000). These grants are usually managed by the local EU Delegations unless there are very large grants and then the European Commission is in charge of their administration. This tends to happen when large international NGOs have received grants as the EU delegation does not have the capacity to manage such large funds.

Health is not directly supported by the EIDHR but the instrument can provide support to organisations or doctors working with marginalised and vulnerable groups including minority groups and prisoners. EIDHR is therefore a useful instrument for civil society organisations, which can present their work in the context of the human right to health.

Examples of projects financed via EIDHR in the health sector are Kyrgyzstan's 2007 project on opening a support centre for national minority rights and a 2008-2009 project on torture prevention and support to victims of torture in Kyrgyzstan. In Tajikistan a 2010 project by Handicap International was funded, which sought to empower representative organisations of persons with disabilities in Tajikistan to effectively promote the equal participation of persons with disabilities and their human rights in the development of Tajikistan.

RECOMMENDATIONS

EXPLAIN TO NATIONAL AUTHORITIES WHY IT IS IMPORTANT TO USE EU FUNDING FOR TB, HIV, AND HARM REDUCTION PROGRAMMES and advocate to prioritise health within the strategy document adopted by your national government and the European Union. The best moment to do this is during the programming period of the EU multiannual budget (2018-2020).

CONTACT YOUR MANAGING AUTHORITY (if you come from a EU member state) **OR THE PERSON IN CHARGE OF RELATIONS WITH CIVIL SOCIETY OR SOCIAL SECTORS WITHIN THE EU DELEGATION** (for non-EU countries) to learn more about available opportunities to promote health within your country.*

BE AWARE that, even if **HEALTH** is not recognised as a major priority, it **CAN BE MAINSTREAMED UNDER SEVERAL OTHER KEY SECTORS**, such as human rights, support to the penitentiary system, Roma and rights of minority, as well as employment, education and social policies.

Once you have a clear idea of existing opportunities, **BE PROACTIVE AND JOIN FORCES WITH OTHER RELEVANT CSOs**, especially those who have already experience in accessing EU funding, to form a consortium and apply for EU funding together.

*IF YOU COME FROM AN EU MEMBER STATE, CONTACT YOUR MANAGING AUTHORITY. CHECK THIS WEBSITE TO FIND OUT MORE ABOUT YOUR NATIONAL MANAGING AUTHORITY: HTTP://EC.EUROPA.EU/REGIONAL_POLICY/EN/ATLAS/MANAGING-AUTHORITIES/

IF YOU COME FROM A NON-EU COUNTRY, CONTACT THE PERSON IN CHARGE OF RELATIONS WITH CIVIL SOCIETY OR SOCIAL SECTORS WITHIN THE EU DELEGATION. CHECK THIS WEBSITE TO FIND OUT THE CONTACT DETAILS OF THE EU DELEGATION IN YOUR COUNTRY HTTP://EEAS.EUROPA.EU/DELEGATIONS/

USEFUL WEBSITES

STRUCTURAL FUNDS & HEALTH

www.health-inequalities.eu
www.fundsforhealth.eu
www.eurohealthnet.eu
www.healthpromotion.eu

INSTRUMENT FOR PRE-ACCESSION

ec.europa.eu/enlargement/instruments/overview/index_en.htm

EUROPEAN NEIGHBOURHOOD INSTRUMENT

www.enpi-info.eu/ENI

DEVELOPMENT COOPERATION INSTRUMENT

ec.europa.eu/europeaid/how/finance/dci_en.htm_en

EUROPEAN INSTRUMENT FOR DEMOCRACY & HUMAN RIGHTS

www.eidhr.eu/

GUIDE TO EUROPEAN FUNDING INSTRUMENTS

www.concordeurope.org/publications/item/368-guide-to-europeaid-funding-instruments-2014-2020

EU DELEGATIONS ENGAGEMENT WITH CIVIL SOCIETY ORGANISATIONS

www.concordeurope.org/civil-society/funding-for-ngo-s/item/260-concord-s-reccomendations-for-eu-delegations-engagement-with-cso-s

www.eeas.europa.eu/delegations/index_en.htm

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"Health Equity and Regional Development in the EU Applying EU Structural Funds" by Ingrid Stegeman and Yoline Kuipers, EuroHealthNet, Brussels, October 2013

Guide to European funding instruments, CONCORD, November 2014

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1 In this guide, we focus on the following Eastern European and Central Asian countries as they are either high priority or high burden TB/HIV countries while frequently not benefitting from sufficient EU funds: Bulgaria, Estonia, Latvia, Lithuania, Romania (EU member states); Armenia, Azerbaijan, Belarus, Georgia, Moldova, Ukraine (Eastern Partnership countries); Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan (Central Asian countries); Albania, Bosnia and Herzegovina, Kosovo, former Yugoslavian Republic of Macedonia, Montenegro, Serbia (Enlargement countries).

2 Report on health inequalities in the European Union, European Commission Staff Working Document, September 2013.

3 Definition of health by the World Health Organisation.

4 Health Reform in Central and Eastern Europe and the Former Soviet Union, Dr Bernd Rechel and Prof Martin McKee, the Lancet, September 2009

5 The European Health Report 2009, World Health Organization.

6 USAID (2013) Accelerating Impact: Expanding Access to Care. United States Agency for International Development.

7 AIDS 2012: growing HIV epidemic in Eastern Europe and central Asia a concern, World Health Organisation Europe, July 2012.

8 Quitting While Not Ahead: The Global Fund's retrenchment and the looming crisis for harm reduction in Eastern Europe & Central Asia, Eurasian Harm Reduction Network, May 2012.

9 Ibid

10 Ibid

11 Euractiv "EU Budget gets massive approval" http://www.euractiv.com/section/social-europe-jobs/news/parliament-gives-final-approval-to-eu-long-term-budget/

12 Health and Structural Funds in 2007-2013: Country and Regional Assessment, Jonathan Watson, DG SANCO.

13 Please note that as Kazakhstan has reached middle-income status it is no longer eligible for DCI on a bilateral basis but can still take part in regional DCI projects and thematic programmes.

14 Report on health inequalities in the European Union, European Commission Staff Working Document, September 2013.

15 Data from Eurostat.

16 Health at a Glance: Europe 2012, OECD Publishing, 2012.

17 Economic costs of health inequalities in the European Union, Johan P Mackenbach, Willem J Meerding, Anton E Kunst, Journal of Epidemiology & Community Health, December 2010

18 Report mapping of the use of European Structural and Investment Funds (ESIF) in health in 2014-2020 launched by the European Commission, November 2015

19 According to the report "Health Equity and Regional Development in the EU Applying EU Structural Funds", in Hungary, 75% of the funds available for nation-wide development currently come from EU funds.

20 Information under this section has been gathered from the report "Health Equity and Regional Development in the EU Applying EU Structural Funds" by Ingrid Stegeman and Yoline Kuipers, EuroHealthNet, Brussels (October 2013).

21 Please note that as Kazakhstan has reached middle income status it is no longer eligible for DCI on a bilateral basis but can still take part in regional DCI projects and thematic programmes.

22 Programme Global Public Goods and Challenges, Multiannual Indicative Programme, 2014-17.

23 Guide to European funding instruments, CONCORD, November 2014.

24 Ibid

25 TASCO's mission is to increase and improve the capacity and actions of CSOs as well as their democratic role. Through TASCO's capacity building activities, support and assistance, the aim is to achieve a strengthened civil society and to stimulate a civil society-friendly environment and culture.

26 Calls for project proposals are often open to civil society organisations based anywhere in the world http://www.eidhr.eu/side-panels/funding/who-can-apply-

27 It is worth noting that Uzbekistan did receive funds via the Institution Building and Partnership Programme which also targeted civil society organisations and an improvement of living standards for women, children and disabled people.

NOTES

GHADVOCATES.EU

RESULTS.ORG.UK

GLOBAL HEALTH ADVOCATES FRANCE & RESULTS UK
are NGOs part of the ACTION network
& host the Secretariat of the TB Europe Coalition

TBCOALITION.EU

TBEC is an informal advocacy network of civil society organisations and individuals that share a commitment to raising awareness of TB and to increasing the political will to control the disease throughout the WHO Europe Region and worldwide.

ACTION.ORG

ACTION is a partnership of locally-rooted organizations around the world that advocate for life-saving care for millions of people who are threatened by preventable diseases.

CIVIL SOCIETY GUIDE TO EU FUNDING **FOR HEALTH IN EECA**

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