

TRANSITIONING FROM DONOR SUPPORT **FOR TB & HIV** IN EUROPE

BULGARIA: CONTRACTING NGOs FOR BETTER RESULTS¹



**TB
EUROPE
COALITION**



CONTEXT

Bulgaria has been a member state of the European Union (EU) since 2007 and is currently classified as an upper middle-income country, according to the World Bank country income classification. The country has been a recipient of donor support to their HIV/AIDS and tuberculosis (TB) programmes from the Global Fund to fight AIDS, TB and Malaria (Global Fund) since 2004 and 2008 respectively.

The combination of national policies with donor and domestic funding has helped Bulgaria make progress

in responding to its TB and HIV epidemics. As shown in Graph 1, there has been a clear decrease in TB rates since 2000. There has also been some progress in improving access to HIV testing, particularly for key populations,² which resulted in an increase of HIV detection rates (Graph 2). The country has been particularly successful in controlling the transmission of HIV among some key populations, such as people who inject drugs.³

Improving economic status, including Bulgaria's ability to access EU funding since it became an EU

member, combined with progress in the fight against the TB and HIV epidemics, has led Bulgaria to see a gradual withdrawal of donor support for its TB and HIV programmes.

Since its inception, the Global Fund has determined eligibility for financial support to countries based on their income classification and disease burden. Because Bulgaria had improved economic status and decreased disease burden, the Global Fund HIV grant's 'administrative closure' in Bulgaria took place in May 2017, while the TB grant runs until the end of September 2018.

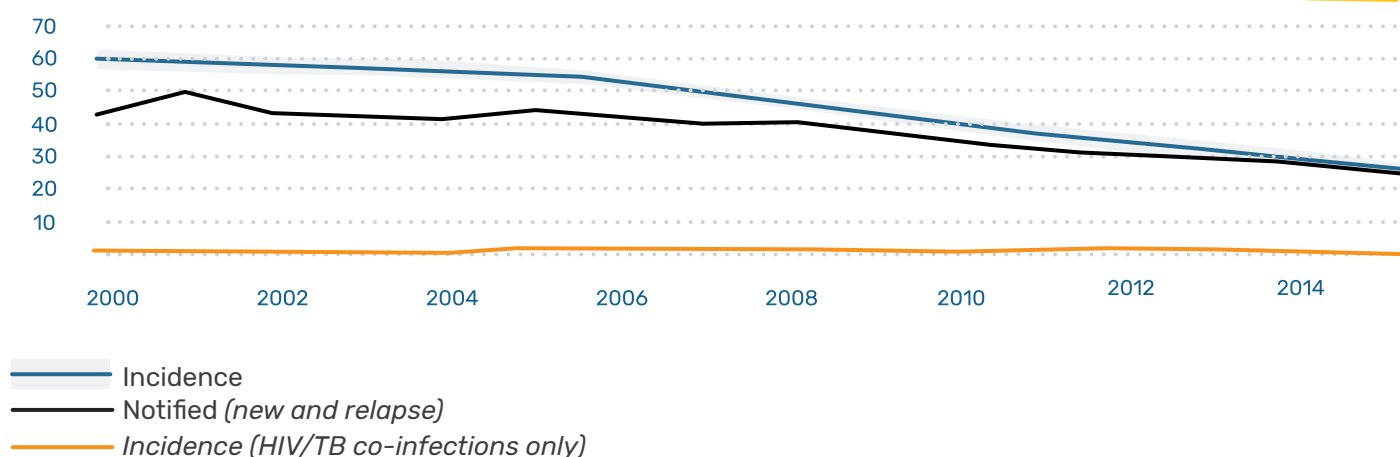
In March 2017, new national programmes for TB and for HIV were adopted by the government for the period of 2017-2020. Those plans also included indicative budgets drawn from the state budget. However, some aspects of the programmes, such as HIV prevention activities, will receive less funding from domestic resources than they previously received from the Global Fund.

While progress in responding to TB and HIV epidemics has been achieved through a mix of complex and interconnected factors, one of these important factors is the key role of NGOs and civil society in providing services which have led to improved health outcomes.

TB INCIDENCE RATES IN BULGARIA BETWEEN 2000 AND 2014

SOURCE: WHO'S BULGARIA TB PROFILE

Graph 1



WHAT ROLE DO NGOs PLAY IN THE TB & HIV RESPONSE?

HIV

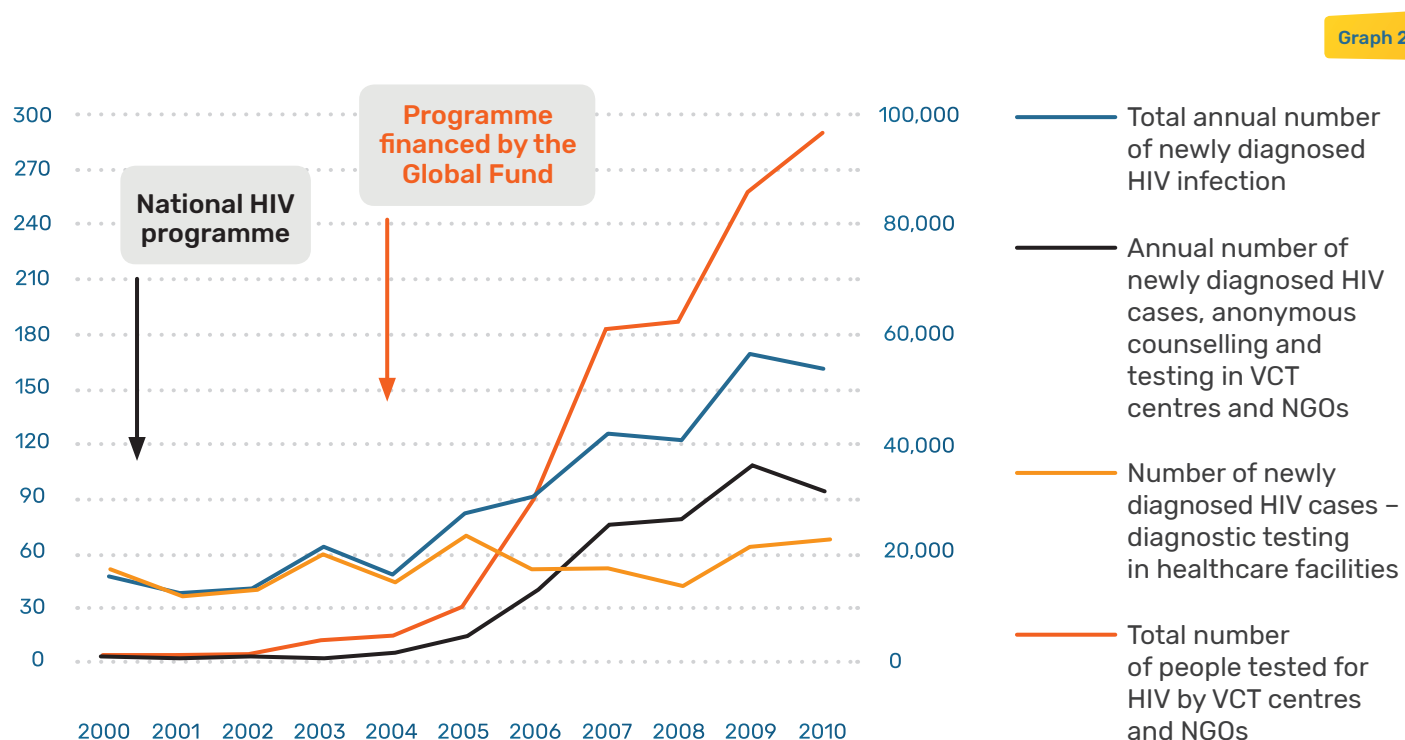
Before the Global Fund began supporting Bulgaria's HIV programme in 2004, Bulgarian NGOs were already involved in the HIV response, specifically among key populations. In Bulgaria, key populations include people who inject drugs, men who have sex with men, sex workers, prisoners, and Roma communities. With the Global Fund grant, the number of NGOs involved in the HIV programme increased. The Ministry of Health – the primary recipient of the Global Fund funding – allocated financial resources from their Global Fund HIV grant to NGOs to scale-up activities and services to key populations at national and local levels. Services provided by NGOs included, among others, social

and psychological support, harm and risk reduction services, counselling and testing, implementation of nationwide awareness raising campaigns.⁴

NGOs' activities and services to key populations considerably accelerated the progress of the HIV response. Specialist counselling, peer to peer support and psychological assistance services provided by community-based organisations resulted in increased treatment uptake and improved adherence.⁵ Voluntary counselling and testing services provided by NGOs also contributed to intensified HIV case finding (Graph 2).

DISTRIBUTION OF THE ANNUAL NUMBER OF NEWLY DIAGNOSED HIV BY TYPE OF HIV TESTING SERVICE PROVIDER IN BULGARIA BETWEEN 2000 AND 2010

SOURCE: MINISTRY OF HEALTH, PROGRAMME "PREVENTION AND CONTROL OF HIV/AIDS", 2011



TB

The launch of Global Fund financial support for the TB programme made it possible for the Bulgarian Ministry of Health to contract NGOs to provide services. These services included TB screening, contact tracing, community care, and social support among key populations at risk of TB, including the Roma population, orphans and vulnerable children, refugees, asylum seekers and migrants, and people who inject drugs. Through NGO engagement, Bulgaria improved its performance in TB screening, case finding and adherence to treatment, which eventually led to increased success rates in treatment.⁶

One good example of the collaboration with NGOs was the practice of home-care nursing. Nurses who were assigned to local TB hospitals spent part of their time working with NGOs in local communities. They provided a medical backbone to the NGOs' work. In turn, NGOs helped nurses gain access to patients and vulnerable communities (such as Roma and people who use drugs) who are often sceptical or suspicious of health workers and reject assistance for fear of stigma or discrimination.

Despite progress in the response to the TB and HIV epidemics, Bulgaria still faces challenges of concentrated epidemics in key populations. The examples above show that better results have been achieved by engaging NGOs, as they are closer to and more trusted by communities. The continuation of the effective delivery of TB and HIV services will therefore closely depend on the continuation of NGOs' involvement in the response to these two epidemics.

In the past years, civil society's work had been exclusively financed by donor funding. With the withdrawal of Global Fund support from Bulgaria, the government has to find new mechanisms and resources to continue work with NGOs and ensure continuation of services for key populations. One of the most effective and sustainable ways to do this is through social contracting.



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SOCIAL CONTRACTING: PROVIDING SPECIFIC SERVICES IN PARTNERSHIP WITH NGOS

Social contracting of NGOs for the TB and HIV response is a form of cooperation between government and NGOs, where the government finances NGOs to deliver strictly defined services of social relevance. It is a type of partnership between NGOs and a government based on clear regulatory procedures and appropriate funding mechanisms for its implementation.

Social contracting is distinct from other types of funding for social services such as government grants. While grants are a form of direct funding for specific activities/projects within the scope of a government's programmes, social contracting aims at achieving the long-term involvement of NGOs in the provision of specific types of social services with dedicated budgets. For example, grants are a more appropriate mechanism to fund innovation, start-ups and capacity building, while contracts should fund ongoing, long-term service delivery.⁷ A major difference between social contracting and grants is the former's continuity and sustainability.

By its nature, social contracting is closer to public procurement of services in terms of following the principles of transparency and accountability in public spending. However, for social contracting the lowest price is not the most important evaluation criterion, but rather the quality of the offered service vis-à-vis the standards set for those services. The purpose of the contracting process is to make sure specific services are provided to the beneficiaries, ensuring best quality at a reasonable price.⁸ Thus, there is a need for a separate procedure on social contracting, different from traditional procurement mechanisms, though the latter can serve as a basis for the regulation of social contracting. What's more, procurement can be overly burdensome for small civil society and community organisations, as it often involves heavy administrative procedures.

Therefore, for social contracting to be carried out in the health sector, several preconditions should be put in place:

- **Appropriate legislative and regulatory procedures, different from traditional public procurement and grants system**, in order to make it legally possible to socially contract NGOs for long-term engagement;
- **Sufficient budget to contract NGOs both from national and local/municipal budgets**, in order to ensure predictability and sustainability of funding.

SOCIAL CONTRACTING OF NGOs WITH DOMESTIC RESOURCES

Removing legal hurdles to procure services via NGOs

In Bulgaria the legal environment is generally favourable to civil society contracting, as NGOs are among the entities legally entitled to provide social services. However, unless specified otherwise, the contracting procedure has to be based on the State Procurement Law. It must follow the rules stipulated in this law in order to issue a tender. As previously mentioned, this is not adequate for entering into partnership with TB and HIV NGOs to provide services as it evaluates tenders based on costs and may be burdensome for some small community-based organisations who lack the necessary administrative and financial capacity. If authorities want to issue a tender outside of the existing public procurement rules, they would have to create a new mechanism described under a separate normative act. Such procedures exist for social assistance services, but have never been put in place in the health sector. Another problem for effectively engaging NGOs to provide necessary TB and HIV services is the fact that the Bulgarian Health Law does not allow contracting of NGOs for certain type of healthcare services. This includes, for example, opioid substitution therapy, HIV and TB treatment, as only institutions with a medical license are allowed to provide such services.⁹

Following the adoption of the new TB and HIV programmes for 2017-2020, the Ministry of Health has not been able to contract NGOs with domestic resources thus far. The Ministry of Health asked the State Procurement Agency whether the procedures stipulated in the State Procurement Law had to be applied or whether the Ministry of Health can apply the procedures for contracting NGOs, developed for the purpose of the Global Fund grant. The State Procurement Agency confirmed that the Ministry

of Health should follow national procurement rules and that the call for tender cannot be limited only to NGOs, which was previously the case with the Global Fund grant. Currently the Ministry is in the process of developing a mechanism that will allow to allocate specific funds to contract NGOs within the national TB and HIV programmes.

Throughout this confusion, NGOs who historically provided services linked to HIV outreach and prevention have lost their funding since Global Fund support ceased and are either working voluntarily or have had to let go of their staff. Only those that receive TB funding can continue the provision of services until the Global Fund TB grant comes to an end in September 2018. As a temporary measure, Regional Health Inspectorates,¹⁰ who have previously been engaged in the Global Fund grant implementation, are to provide outreach and prevention services, financed by domestic sources, until another contracting solution for NGOs is found. Regional Health Inspectorates have been instructed to hire outreach workers who have experience under former Global Fund grants. However, the current coverage of service is limited and includes only HIV testing.

Though the Global Fund TB grant lasts until 2018, there is a risk that NGOs working on TB will be faced with similar legal issues if a solution is not urgently found. It would be in the best interest of the Bulgarian government to develop specific rules and procedures for contracting NGOs in the health sector, and recognise the central role NGOs play in the TB and HIV response in legal documents to avoid any barriers to NGO engagement.

Optimisation of services: a challenge and an opportunity for an integrated response

In addition to legal barriers, another obstacle for sustaining the evidence-based NGO involvement in TB and HIV programmes is the limitation of available domestic funding to support NGOs. The Bulgarian government has committed to fund the new TB and HIV programmes with domestic resources. However, the current level of committed funds seems insufficient for the full range of interventions previously funded with the help of the Global Fund. In particular, the planned allocations for the HIV response among key populations is less than half of what was previously provided by the Global Fund.¹¹

Because of limited domestic funding, the Ministry of Health should find ways to streamline and optimise

the work of NGOs providing TB and HIV services. This can be done by assessing the efficiency of current service delivery models to identify possible areas of misalignment, duplication and overlap in service components. On the ground, this will be challenging, as most Bulgarian NGOs specialise in working with specific target groups. Such an assessment, if comprehensive and context specific, can help improve efficiency and ensure improved health outcomes, sustainability and better results from available resources. Optimisation, if done the right way, can help to ensure a more coherent response to the two epidemics.



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LESSONS LEARNT

In many countries within the European region, external funding for NGOs helped showcase the added-value of civil society and community-led interventions. With many NGOs heavily relying on donor support to fund their evidence-based programmes, the withdrawal of Global Fund financing is a significant risk to the sustainability of health services for key populations.

The Bulgarian case shows that even when a government contracts NGOs with the support of donor funding, the same mechanisms cannot necessarily be used after the transition to domestic funding due to legal hurdles and low domestic resources allocated to TB and HIV.

Thus, timely development of adequate legal and regulatory framework to contract NGOs is key in order to avoid disruption of NGOs services and continue sustainable delivery of evidence-based services.

Countries also need to step up their efforts to mobilise additional domestic financial resources to fund essential health services administered by NGOs. An assessment of service delivery model's quality can also improve efficiency and ensure better results from available resources.

¹ This case study has been prepared based on a literature review and on information gathered via interviewing various in-country stakeholders. It is not intended to be a comprehensive or in-depth study, but rather to highlight some of the successes and challenges during the transition from donor to domestic funding for the TB and HIV response from a civil society perspective.

² According to UNAIDS Terminology Guidelines 2015, those considered key population are gay men and other men who have sex with men, sex workers, transgender people and people who inject drugs as the four main key population groups, but it acknowledges that prisoners and other incarcerated people also are particularly vulnerable to HIV and frequently lack adequate access to services. Countries should define the specific populations that are key to their epidemic and response based on the epidemiological and social context.

³ In 2014 the number of newly registered HIV cases among injecting drug users was less than a third of the total in 2009 (24 vs 74 respectively). Source: Curatio International Foundation, "Transition from Global Fund Support and Programmatic Sustainability Research in Four CEE/CIS Countries, Bulgaria Country Report", January 2015.

⁴ UNAIDS, "Republic of Bulgaria: Country Progress Report on Monitoring the 2013 Political Declaration on HIV/AIDS, the Dublin Declaration and the Universal Access in the Health Sector Response", 2014, <http://www.unaids.org/sites/default/files/country/documents/file%2C94414%2Cfr..pdf>

⁵ Curatio International Foundation, "Transition from Global Fund Support and Programmatic Sustainability Research in Four CEE/CIS Countries, Bulgaria Country Report", January 2015.

⁶ Idem.

⁷ European Center for Not-for-Profit Law (ECNL), "The Handbook on Non-State Social Service Delivery Models: A guide for policymakers and practitioners in the CIS region", European Center for Not-for-Profit Law (ECNL), 2012, http://ecnl.org/dindocuments/416_UNDP-ECNL_Handbook%20on%20social%20contracting_2012.pdf

⁸ Idem.

⁹ Eurasian Harm Reduction Network, "Contracting Public Healthcare and Social Services to CSOs: framework, opportunities, lessons learned", 2017, unpublished.

¹⁰ Regional Health Inspectorates are responsible for the administration of district hospitals and the application of the government policies and international standards locally, control over all medical activities, the provision of statistical information, etc. There is a health inspectorate in every administrative region of the country. Source: <http://undp.bg/healthcare-in-bulgaria/>

¹¹ Aidspan, "As funding from the Global Fund is phased out, Bulgaria struggles to find sustainable financing", September 2017, http://www.aidspan.org/gfo_article/funding-global-fund-phased-out-bulgaria-struggles-find-sustainable-financing

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