

**ANALYSIS OF THE SOURCES AND
POSSIBILITIES OF SOCIAL
CONTRACTING OF CIVIL SOCIETY
ORGANIZATIONS TO ENSURE
THE SUSTAINABILITY OF SERVICES
IN THE TUBERCULOSIS RESPONSE
IN THE REPUBLIC OF MOLDOVA**



Analytical note

Analysis of the sources and possibilities of social contracting of civil society organizations to ensure the sustainability of services in the tuberculosis response in the Republic of Moldova.

Project: “Advancing People-Centered Quality TB Care – From the New Model of Care Towards Improving DR-TB Early Detection and Treatment Outcomes (TB-REP 2.0)”.

Principal Recipient: Center for Health Policies and Studies (PAS Center)

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List of abbreviations used in the report:

SHIB	State health insurance budget
HIV	Human Immunodeficiency Virus
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
SO	State organizations
STIs	Sexually transmitted infections
KP	Key populations
KAP Committee	National Committee of key affected populations in the context of HIV/AIDS and tuberculosis
PWID	People who inject drugs
MHLSP	Ministry of Health, Labour and Social Protection of the Republic of Moldova
LPA	Local public administration
MSM	Men who have sex with men
MoF	Ministry of Finance of the Republic of Moldova
LSA	Local state authority
NHIC	National Health Insurance Company
NCSI	National Chamber of Social Insurance
NGO	Non-governmental organisation
CSO	Civil society organization
OST	Opioid substitution therapy
IDUs	Injecting drug users
RM	Republic of Moldova
CCM	Country Coordinating Mechanism for the coordination of the National HIV/AIDS and tuberculosis programs
SW	Sex workers
AIDS	Acquired Immunodeficiency Syndrome
TB	Tuberculosis
CHIF	Compulsory Health Insurance Fund

1. FOREWORD

The presented analytical note will cover the analysis of the legal issues related to the sources and possibilities of implementing social contracting of civil society organizations to ensure the sustainability of services in the tuberculosis response in the Republic of Moldova. The analysis has been carried out at the request of TB Europe Coalition within the framework of the project "Advancing People-Centered Quality TB Care - From the New Model of Care Towards Improving DR-TB Early Detection and Treatment Outcomes" (TB-REP 2.0), funded by the Global Fund to fight AIDS, Tuberculosis and Malaria. The Principal Recipient of the project is the Center for Health Policies and Studies (PAS Center).

It is important to note that within the framework of the above mentioned regional project, the National Association of Tuberculosis Patients "SMIT", who are a country partner representing civil society, carried out in the Republic of Moldova the "Analysis of the possibilities of financing non-governmental organizations working in the field of tuberculosis in the Republic of Moldova from national funds"¹, while developing a package of documents necessary for the provision of NGO services in the field of tuberculosis. Therefore, this analytical note completes the existing information and reveals complementary aspects.

The steady increase in demand for diversification of social services aimed at improving the quality of life of people with tuberculosis who have difficult living conditions is now becoming a burden for government authorities providing medical and social support. This fact serves as the basis for the need to reform systems in the field of health care and social protection of people with tuberculosis. The success of this reform is rooted in the understanding that the successful development and participation of the civil sector is an important resource in the implementation of projects to support vulnerable groups and ensure the acceleration of the introduction of new people-centered mechanisms of social protection of the population. Today, new mechanisms of providing social assistance to the representatives of vulnerable groups are a response to serious challenges for governmental and non-governmental organizations who are facing a significant reduction in donor funding and the need to achieve sustainability by advocacy for public funds allocation.

Analysis of the country situation and approaches related to the implementation of mechanisms to support the activities of CSOs, through the introduction of effective and sustainable forms of funding, including social contracting of CSOs, will become the basis for further development of action plans and community advocacy for to provide comprehensive and sustainable services for vulnerable groups and build trust-based relationships between all stakeholders in the fight against tuberculosis.

¹ SMIT PA, Analysis of the possibilities of financing non-governmental organizations working in the field of tuberculosis in the Republic of Moldova from national funds, April 2020, https://drive.google.com/file/d/1J2vTAqT_GYjsys7MwfUqkt6gohb3i1E/view

Aim of the report:

To describe and present a Moldova-specific analysis of the situation and approaches to the implementation of funding mechanisms to ensure coordinated actions by the CSOs and the government to reduce the burden of TB, by means of:

- Analysis of the legal environment, barriers and factors contributing to a sustainable response of the community of people affected by TB and the involvement of CSOs in TB response, in collaboration with the government and public services.
- Analysis of the existing opportunities for procurement of services provided by the CSOs, including from the funds of the National Health Insurance Company (NHIC) in Moldova.

Recommendations are developed for:

- ensuring the capacity building of CSOs to sustainably fulfil their role and functions in response to TB in the context of prevention and detection as well as support of people with TB;
- ensuring the sustainability and quality of services for KP in Moldova, which includes maintaining the current level of funding and provision of TB services;
- identifying advocacy activities for the CSOs to promote mechanisms for financing services provided by the CSO in the field of TB from the national public budget/NHIC.

The report was developed based on:

- ✓ the analysis of legislative, regulatory and methodological acts and documents;
- ✓ the analysis of reports and available data from the MHLSP and the NHIC on existing CSO funding mechanisms;
- ✓ the experience of implementation by the CSO of projects on prevention in the field of HIV in Moldova from the funds of the NHIC Prevention Fund and local budgets.

2. LEGISLATIVE FRAMEWORK AND NORMATIVE REGULATION OF ACTIVITIES AND FINANCING OF CSOS WORKING IN THE FIELD OF HIV/AIDS AND TUBERCULOSIS IN MOLDOVA

Over the past 15-20 years the CSOs in the Republic of Moldova have proven their role in the settlement of problems and meeting the needs of communities that governmental organizations fail to meet, including ensuring the active participation of HIV/AIDS and TB affected and vulnerable communities in decision-making processes that affect the quality of their lives. The CSOs are an integral part of a functioning democracy, they are able to influence, create and get involved in the development of tools and mechanisms that will ensure the realization of the rights of vulnerable and marginalized communities, including in the context of HIV/AIDS and tuberculosis.

At the moment the activity of CSOs in the Republic of Moldova is regulated by the following legislative acts:

- ✓ Law No. 837 as of 17.05.1996 on Public Associations.
- ✓ Law No. 279 as of 11.02.1999 on Youth.
- ✓ Law No. 121 as of 18.06.2010 on Volunteering
- ✓ Law no. 436 as of 28.12.2006 on Local Public Administration.
- ✓ Government Decision No. 266 as of 12.04.2011 on the approval of the Regulations for the Commission defining the public utility of CSOs.

Overall there are 14 CSOs active in the field of HIV/AIDS in Moldova involved in the implementation of the National Program for the Prevention of HIV/AIDS and STIs for 2016-2020. At the same time, these CSOs are united by umbrella organizations/networks, depending on their areas of activity - *the Union of Organizations Working in the Field of HIV Prevention and Harm Reduction, the League of People Living with HIV/AIDS, and the Association «Positive Initiative»*. There are 6 CSOs in the area of tuberculosis response, which are also active participants in the National Program for the Prevention and Control of Tuberculosis. These CSOs are united under the *National Platform of CSOs active in the fight against tuberculosis*. Most of these CSOs are members of the Country Coordinating Mechanism and its technical working groups. The National Committee of HIV/AIDS and Tuberculosis Affected Communities (KAP Committee) was created in Moldova in 2014, It unites not only the CSOs, but also natural persons, leaders of initiative groups who represent the interests of groups of people who use drugs, sex workers, men who have sex with men, and people with tuberculosis. The aim of the KAP Committee is to ensure the participation of these groups and communities in the national and local measures to control

the spread of the HIV and tuberculosis epidemic in the Republic of Moldova. KAP Committee is not a registered legal entity and is responsible for coordinating the efforts and decision-making processes of civil society and affected communities, while at the same time contributing to their development and mobilization.

The main goal of CSOs activity in Moldova is to support and scale up TB and HIV countermeasures aimed at reducing mortality among patients with comorbidities by means of:

1. improving early HIV diagnosis, ensuring access to treatment and care and improving adherence to treatment, promoting interventions that have impact, including on reducing TB incidence, through better preventive treatment and ARV therapy;
2. improving tuberculosis screening and early diagnosis of tuberculosis in vulnerable groups in the context of HIV/AIDS, through effective collaboration with TB services with the view of timely initiation of TB treatment;
3. involvement in HIV/TB co-infected patient care: support for timely initiation of ARV therapy and TB treatment by expanding community care in collaboration with SO.

The response of the Government of the Republic of Moldova in the field of HIV/AIDS and tuberculosis control is implemented through the approval and enforcement of special laws and National Programs:

- ✓ Law on Prevention and Control of HIV/AIDS No. 23 as of 16.02.2007.
- ✓ Law on Control and Prevention of Tuberculosis № 153-XVI as of 04.07.2008.
- ✓ National Program for the Prevention and Control of HIV/AIDS and STIs for 2016–2020 (approved by Government Decision No. 1164 as of 22.10.2016).
- ✓ National Program for the Prevention and Control of Tuberculosis for 2016–2020 (approved by Decision No. 1160 as of 20.10.2016).

Both of the above programs are designed in line with the Sustainable Development Goals², strategies and recommendations of the WHO, UNAIDS and STOP TB Partnership.

The goal of the TB control program is to reduce the burden of TB in the Republic of Moldova, including drug-resistant TB (hereinafter DR-TB), by ensuring universal access to quality prevention, diagnosis and treatment services, as well as implementing people-centered³ models of care and strategic interventions. It is expected that by the end of 2020 the objectives of this Program will be accomplished, thus ensuring the development of the necessary capacities of all partners involved in TB control activities. Objective 7 envisions strengthening community and civil society participation in TB control through a patient-centered approach. Thus, at the national level, the role of the civil society and affected communities in the fight against tuberculosis is well understood and well grounded.

In particular, active involvement of CSOs within the framework of the National TB Program is noted in the field of TB prevention, early detection and provision of support in the context of treatment and adherence, both in the general population and in specific social groups. Thus, in 2016, 11 CSOs received grants from the Global Fund through the sub-recipient Soros Foundation-Moldova to work with prisoners, homeless people, drug users, but also to support people with TB.

² Sustainable Development Goals. UN: <https://sustainabledevelopment.un.org/>

³ The term (patient-centered) was subsequently replaced by a "people-centered approach".

The average worth of each grant was approximately € 15,000-16,000. At the same time, in 2020, only four CSOs received grants to work in the field of TB response and facilitate the implementation of the National Program. It is recognized that a decrease in the volume of allocated funds does not mean a decrease in the role of CSOs and awareness of their contribution, but it is rather the fact that the Global Fund's resources are limited and public funding mechanisms have not yet been developed or have not been applied. This situation is already being discussed and should be adjusted within the framework of the new National TB Program for the period of 2021-2025.

In this context, funds for achieving Objective 7 (CSO participation) were included in the budget of the National TB Program for 2016-2020 from the national public budget, but they were not allocated due to the lack of operational funding mechanisms. Also, the fact that most CSOs are currently funded exclusively by a grant from the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (hereinafter GF) raises concerns about the sustainability of services and future funding from the state budget.

Within the framework of the current legislation with the view to ensure the quality and sustainability of TB and HIV services, the Ministry of Health, Labour and Social Protection of the Republic of Moldova (MHLSP) has adopted the following normative and methodological acts that are designed to ensure the involvement of CSOs and strengthening their role:

TB field:

- National Clinical protocol "Tuberculosis in adults" (Order by the MHLSP No. 441 as of 05.05.2020).
- National Clinical protocol "Tuberculosis in children" (Order by the MHLSP No. 440 as of 05.05.2020).
- Standardized protocols for family doctors (MHLSP, 2017).
- Roadmap for the modernization of the phthisiopulmonology system taking into account the patient-centered approach.
- List of services provided by the SO and the CSOs within the framework of the National Tuberculosis Control and Prevention Program (2017).

Some of the planned actions remain unfulfilled or partially implemented at the moment:⁴

Partially implemented actions

- Development of a draft document on service standards for CSO interventions involved in tuberculosis response.
- Development of guidance on the application of standard operating procedures for the CSOs activity in the field of TB.
- Development of draft model regulations on the participation of CSOs in fighting TB.

Unfulfilled actions

- Development and implementation of mechanisms to support programs implemented by the CSOs in the field of TB (2018-2020, responsible bodies - MHLSP, NHIC);
- Support for the provision of the NGO-based services through small grants (2018-2020, responsible bodies - MHLSP, NHIC).

All of the above-mentioned documents are in the process of consultation and finalization within the CCM technical working group on TB.

Currently, no CSO in Moldova active in the field of tuberculosis response is funded from national sources, even though

⁴ Draft Report "Mid-term assessment of the Sustainability Plan of the National Program for the Prevention and Control of Tuberculosis for 2017-2019", Soros Foundation-Moldova

the current legislation of the country, in principle, does not prohibit the participation of private medical institutions, including CSOs, in the provision of medical care and other types of assistance related to tuberculosis control and prevention.

Field of the response to the HIV/AIDS epidemic:

- Quality standards for HIV prevention services for vulnerable populations (MHPSA, 2011, 2015, 2020⁵).
- Regulations on the activity of HIV prevention/harm reduction programs within key affected populations (MHPSA, 2018).
- Standards and accreditation mechanism for HIV prevention service providers for key affected populations (MHLSP, National Committee for Assessment and Accreditation in Healthcare, 2017).

So far two NGOs providing harm reduction and HIV prevention services to IDUs have received accreditation. Organizations that are not yet accredited, although claiming that they need some support to prepare for the accreditation of services, have not applied to the accredited organizations or the Coordinating Unit of the National HIV/AIDS Program for this support. De facto, the absence of accreditation of CSOs is not currently an obstacle to receive funding from the NHIC funds, if the CSO is actively promoting the implementation of the National Program.

- The minimum quality standards and model regulations on the organization of integrated social HIV services for drug users and substitution therapy patients are approved by the mechanism for the accreditation of psycho-social service-providers for people who use drugs (Government Decision No. 232 as of 18.04.2017).

So far 3 NGOs have been accredited to provide psycho-social services to people who use drugs. This is a good prerequisite for further development of mechanisms for financing psycho-social services for PWID from the funds of the National Chamber of Social Insurance/NCSI.)

- Instructions for the use of rapid HIV tests by NGOs for testing key affected populations (MHLSP Order No. 409 as of 16.03.2018 on the approval of the national guidelines for laboratory diagnosis of HIV infection).
- Assessment of the cost of HIV harm reduction and HIV prevention services among vulnerable groups (2011, 2014, 2017⁶).
- Regulations on contracting of prevention/harm reduction services from the funds of the National Health Insurance Company (2016/17).⁷

Unfulfilled actions: *in 2014, in Moldova, under the auspices of the UNAIDS, a cross-sectoral working group was created under the MHLSP to develop a mechanism for contracting HIV prevention services for key populations from the state budget (budget of the MHLSP). The regulations and the necessary package of documents were developed, but due to the lack of mechanisms and direct experience of the MHLSP in financing of CSOs, this source of funding was not used, although funds were planned in the medium-term planning budget. In this situation, as an alternative option, the Prevention Fund of the National Health Insurance Company (NHIC) was identified as a source of funding.*

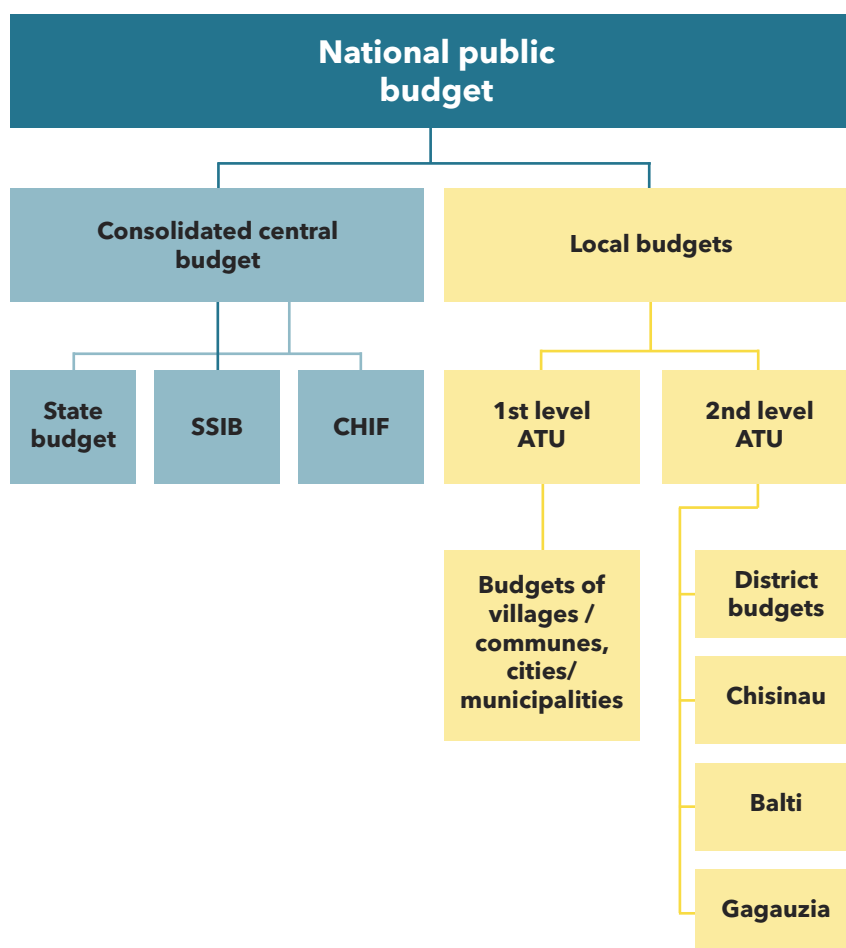
⁵ Quality standard for HIV prevention services among key populations, MHSPA, 2020
<http://uorn.md/ru/standardul-de-organizare-si-functionare-a-serviciului-de-prevenire-hiv/>

⁶ Assessment of the cost of HIV harm reduction and HIV prevention services among vulnerable groups, 2017
<http://ucimp.md/images/pdf/costificarea serviciilor de prevenire hiv.pdf>

⁷ Regulations on contracting of prevention/harm reduction services from the funds of the NHIC <https://www.legis.md>

3. ANALYSIS OF FUNDING SOURCES AND OPPORTUNITIES FOR CSOS WORKING IN THE FIELD OF HIV/AIDS AND TUBERCULOSIS IN MOLDOVA

Under Law No. 181 on Public Finance and Fiscal Responsibility, the National Public Budget of the Republic of Moldova includes **the state budget, the state social insurance budget, compulsory health insurance funds, and local budgets**⁸.



The Ministry of Finance is responsible for budget planning with the involvement of line ministries and other agencies. This process is usually managed by the General Directorate of Budget Synthesis of the Ministry of Finance of the Republic of Moldova.

⁸ National Public Budget <https://mf.gov.md/ru/buget/bugetul-public-na%C8%9Bional>

The budget of the National HIV and TB Programs is based on cross-sectoral collaboration and consists of funds and allocations from the following sources:

- the state budget, which includes the budgets of the MHLSP, the Ministry of Justice, the Ministry of Internal Affairs.
- State Social Insurance Budget (SSIB), National Chamber of Social Insurance (NSSI).
- Local public administration budgets (city budgets).
- Compulsory Health Insurance Fund (CHIF), National Health Insurance Company.
- External donors (mainly the Global Fund to Fight AIDS, Tuberculosis and Malaria).

Since the implementation of the first National Programs to the present day, the main part of the CSO activity in the field of HIV/AIDS has been provided with financial support from external funds (over 70%) and in the field of tuberculosis - almost 100%.

3.1. Financing of CSOs from the state budget

The state budget is a set of revenues, expenditures and sources of funding intended for the implementation of the functions of central government bodies, except for the functions of the state social insurance system and the compulsory health insurance system. The state budget is administered by the Ministry of Finance⁹. The Ministry of Finance is responsible for budget planning with the involvement of line ministries and other agencies. This process is managed by the Department of Budgetary Policies and Budget Synthesis of the Ministry of Finance.

In the Republic of Moldova, funding allocated to the health sector makes up approximately 9% of the GDP as of 2016 (data published in 2019¹⁰). The annual law on the state budget and medium-term budget planning do not contain specific lines on HIV or tuberculosis. These lines are included in the general healthcare budget. Subsequent distribution for healthcare programs is carried out by the MHLSP depending on the total amount approved by the Ministry of Finance (in accordance with the inflation rate, the annual budget increase makes up not more than 5-6%). If a significant increase in the budget of one program is required it can be achieved mainly by reducing the budgets of other programs. Financial resources from the budget of the MHLSP are mainly allocated for the purchase of anti-tuberculosis drugs. Unlike social services, the list of services that the CSOs can provide to people with tuberculosis including their cost has not been developed or approved. The CSO accreditation standards for medical and psycho-social services in the field of TB have not yet been developed.

Based on the above, it can be seen that the MHLSP does not have the necessary mechanisms to finance and provide grant programs to the CSOs, unlike other ministries that can be easily accessed by non-governmental organizations working in the healthcare field and providing psycho-social services on HIV and TB.

⁹ <https://mf.gov.md/ru/buget/bugetul-public-na%C8%9Bional/bugetul-de-stat>

¹⁰ <http://apps.who.int/nha/database> <https://gtmarket.ru/ratings/expenditure-on-health/info>

Placement of social orders and CSOs involvement

Under Art. 33 of Law No. 837, social order is one of the forms of implementation of social programs organized by public authorities from the state budget or from the budgets of local public administrations (LPA). Only CSOs that meet the conditions of the placed order participate in tenders for social order. Among these conditions are the availability of equipment and other necessary goods, qualified staff with experience in this field and a good reputation, the ability to attract volunteers and additional funds.

In 2015, the Ministry of Youth and Sports funded both youth CSOs and 8 district youth councils. The Ministry of Economy and the Ministry of Environment also provided small grants to specialized CSOs.

Since 2013, Law No. 96 as of 13.04.2007 on Public Procurement provides for a new mechanism for concluding contracts with providers of social services, ensuring the right of absolutely all public associations to participate in public procurement of social services and not only of public organizations having a certificate of public utility. Such a Certificate of public utility is issued by a specially created commission under the Ministry of Justice of the Republic of Moldova based on the analysis of the activity of the CSO over the past 3 years. As a result, the CSOs holding such a certificate enjoy a number of advantages stipulated by the Law on Public Associations No. 837 as of 17.05.1996, for example, the provision of rent-free premises (see more information in the 5th chapter of the Law <https://www.legis.md>).

Under Law No. 123 as of 18.06.2010 on Social Services it is necessary to attract a quality social service provider to have the right to provide social services. Social service providers can organize and provide social services if they are accredited. Thus, under Law No. 129 as of 08.06.2012, in 2013, the MHLSP established the National Council for the Accreditation of Social Services Providers, and in 2014, the Regulations on the Accreditation Procedure for Social Services Providers was approved by Government Decree No. 95 as of 07.02.2014.

Funding from the state social insurance budget

The central public authority in the field of social protection (MHLSP) is responsible for shaping the policy in the field of state social insurance and social assistance and based on the proposals of the National Chamber of Social Insurance submits to the Ministry of Finance projections for the state social insurance budget (SSIB) and other information necessary for the formation of a budget projection for the medium-term period, promotes the draft law on the SSIB, monitors and analyses the implementation of the SSIB, as well as the efficiency of programs, submits proposals to the Government with the view of ensuring the financial stability of the state social insurance system.

The National Chamber of Social Insurance (NCSI) functions as an executive body with the status of a legal entity that projects, administers, promotes, manages the state social insurance system, applying social insurance policies and strategies¹¹ (by analogy with the NHIC, funding from which is described in a separate section, due to its practical application to support the prevention programs of CSOs in the field

¹¹ State social insurance budget <https://mf.gov.md/ru/buget/bugetul-public-na%C8%9Bional/bugetul-asigurarilor-sociale-de-stat>

of HIV/AIDS with the prospect of funding the CSOs active in the field of TB starting from 2020).

3.2. Financing of CSOs from local budgets (budgets of local public administrations/LPA)

Under the Law on Local Public Administration No. 436 of 28.12.2016, the LPA bodies (local councils, mayor), while exercising their powers, have autonomy enshrined and guaranteed by the Constitution of the Republic of Moldova, the European Charter of Local Self-Government and other agreements to which the Republic of Moldova is a party. In this context, local government bodies have financial autonomy. They adopt their own budget, which they use freely and effectively when exercising their powers, including for financing the CSOs activity at the local level.

In accordance with the legislation of the Republic of Moldova and the current regulatory acts in force at the local level, the CSOs can receive funds through such mechanisms as:

- Mechanism for the implementation and financing from the local budget of socially useful projects, for the implementation of local strategies, programs/plans.
- Mechanism for the implementation of the "Civil Budget" project.
- Mechanism for public procurement of services for local needs.
- Allocation of funds for the implementation of municipal programs, cooperation agreements for the implementation of actions or works of public interest.
- Financial support for charitable and philanthropic activities of CSOs.

Brief description of these mechanisms

✓ **Mechanism for the implementation and financing from the local budget of socially useful projects, for the implementation of local strategies, programs/plans.**

This mechanism was developed to implement local social programs. It establishes general principles of interaction between local public administration authorities and the CSO's methods of financing of socially useful projects and programs from the local budget. Through this mechanism, the local City Administration Council can, on a competitive basis, provide special funding for the CSOs registered and operating in the territory, based on their requests. The amount of funds for social projects financing is approved by the City Administration Council and is included in the formation of the budget for the year of management. After the announcement of the results of the competition, the mayor's office of the locality, within 30 calendar days, concludes with the executing organization that won the competition, an agreement for the receipt of funds from the local budget for the implementation of social projects.

✓ **Mechanism for the implementation of the «Civil Budget» project**

The mechanism for the implementation of the "Civil Budget" project is focused on the implementation of the most important social projects in the territory of the city/village with the involvement of citizens and public organizations into the activities of local public administration authorities to address local issues.

This funding mechanism provides for:

- increasing the efficiency of the use of budgetary funds by involving representatives of civil society in the decision-making process at the local level and strengthening control over the implementation of the Strategy for sustainable development of the locality;
- active participation of the population in prioritizing the solution and financing of local issues.

Financial support within the framework of this mechanism is carried out at the expense of funds provided in the local budget for the current year.

✓ **Mechanism of public procurement of services for local needs**

The public procurement mechanism is intended for the performance of works or provision of services for the needs of the locality and the customer is: a government body, a legal entity under public law, an association of these bodies or persons using public money, including the state and local budgets, the budget of state social insurance and compulsory health insurance funds. The application of this mechanism is ensured under the Law on Public Procurement (No. 131 of 03.07.2015). Based on this, the local public administration can purchase a plan or project by selecting it on a competitive basis or by concluding contracts for public procurement of services, including with the CSOs.

This law applies to public procurement contracts, the estimated value of which, net of the value-added tax, equals or exceeds MDL 80,000 for services (approximately EUR 4,000). The criteria for awarding a public procurement contract are drawn up based on the best bid.

Procurement of services is public and transparent from the very beginning of the process until the control over the implementation of the purchased service.

Another financing mechanism could be **low-cost public procurement**.

Low-cost public procurements are public procurement contracts that are planned and concluded by customers and the estimated value of which net of the value-added tax does not exceed MDL 80,000 (approximately EUR 4,000) for goods and services and MDL 100,000 for works (approximately EUR 5,000). When arranging the low-cost public procurement the contracting authority ensures the efficient use of financial resources, transparency, objectivity and impartiality of the procurement process, and public confidence in it.

Another instrument under this financing mechanism is **social order**.

Social order is one of the forms of implementation of social programs organized by public authorities (both at the local and national levels). It is a set of contracts related to the performance of works and/or the provision of services in the interests of society and citizens living in the territory of the city. The public authority draws up a list and plans the scope of works and services to be performed within social order. The social order is funded from the city budget, if it is initiated by the LPA. The social order is arranged through a public tender, following the legislation on public procurement, taking into account the peculiarities established by the Law on Public Associations. Only public associations (legally registered CSOs), foundations and private institutions with public utility status participate in tenders on social order. The CSOs participating in a tender on social order must have the necessary conditions to fulfil the placed order, including equipment and other goods, qualified personnel and experience in the field, the ability to attract volunteers and additional resources.

The following method of public procurement of services is also used within the same funding mechanism:

Request for quotations (tender procedure)

The LPA requests quotations and concludes contracts for the procurement of public services, which are presented following certain specifications, provided that the estimated cost of procurement does not exceed MDL 400,000 for services (approximately EUR 20,000). In addition to the price, the LPA may establish other requirements that will be taken into account when evaluating price quotations. In this case, the request for quotations shall indicate each such requirement and its relative cost. Each CSO can submit a single price quotation without the right to change it. The bidder who meets all the requirements following the award criteria specified in the announcement/invitation to participate is declared the winner. For the purchase of goods or services, the cost of which exceeds MDL 150,000 (approximately EUR 7,500 Euro), as well as for the purchase of works, the cost of which exceeds MDL 200,000 (EUR 10,000), the LPA publishes in advance an announcement for participation in the Public Procurement Bulletin and on the website of the Public Procurement Agency.

✓ Allocation of funds for the implementation of municipal programs, cooperation agreements for the implementation of actions or works of public interest.

Under the Law on Public Associations No. 837 as of 17.05.1996¹², the CSOs can, through their activity, contribute to the achievement by state bodies of goals and objectives of public importance and usefulness. The LPA can provide support to public associations by financing their participation in social, scientific and cultural programs, concluding contracts for the performance of work and provision of services, as well as by commissioning social services on a competitive basis for the implementation of various state programs for an unlimited number of public associations. The state promotes the development of the activity of public associations pursuing public interests by means of collaboration with them and application of preferential fiscal policy to them.

Financial or material support for programs, projects and activities of public associations, foundations and private institutions with a public status is carried out based on an agreement signed with the state body that made the decision on financial or material support.

An example of such support provided by the local public authorities to the CSOs is the city of Balti. Within the framework of the implementation of local programs to fight HIV/AIDS and tuberculosis the following funds in the national currency Moldovan lei (1 MDL = 0.05 EUR) were provided from the local budget in most cases by transferring them to the CSOs account:

Year	HIV	TB
2016	56 199, 00 MDL	26 527, 00 MDL
2017	60 000, 00 MDL	19 000, 00 MDL
2018	300 000,00 MDL	20 000, 00 MDL
2019		24 000, 00 MDL

¹² Law on Public Associations No. 837 as of 05.17.1996 <https://www.legis.md/>

✓ Financial support for charitable and philanthropic activities of CSOs

As stipulated by the Law of the Republic of Moldova No. 1420 (as of 31.10.2002) on Philanthropy and Sponsorship¹³, the state supports philanthropy and sponsorship activities of the central and local authorities, ensuring the protection of the rights and legal interests of natural persons and legal entities participating in philanthropy and sponsorship activities. Local and central public administration authorities can support the CSOs that carry out philanthropy activities under the law, including through material and technical subsidies. In particular, the CSOs may be fully or partially exempted from payment of services provided by state organizations, as well as from payments for the use of state property and state property of administrative and territorial units, by the decision of the administrative body of the central or local government.

3.3. Application of the 2% Law (Law on percentage designation of individuals' income tax for the activities of CSOs)

Another financing mechanism for the CSOs is the percentage designation of funds from the individuals' income tax in the amount of 2% for the activities of CSOs.

The right to use the percentage designation mechanism is exercised by CSOs that meet the following conditions:

- carry out socially beneficial activities in the common interest or in the interests of certain local communities, free of charge or at a reduced cost for vulnerable persons or groups;
- are active for at least one year until they submit the request for registration in the list of beneficiaries of the percentage designation;
- have no debts to the national public budget for the previous financial periods.

The application for participation in the percentage designation mechanism is submitted to the Ministry of Justice under the procedure established by the Government of the Republic of Moldova (Decision No. 1286 as of 30.11.2016 on approval of the Regulations on the percentage designation mechanism¹⁴).

The funds received from percentage designation can be used for:

- supporting the activities stipulated by the Law on Public Associations (Article 30) for a period not exceeding two financial periods after the financial period in which the designation was allocated. The amounts that are not used within this period are returned to the budget;
- covering of administrative expenses in the amount of 50% if the sum received is up to MDL 50,000 (approximately EUR 2,500), and 40% if the sum exceeds MDL 50,000 and does not exceed MDL 100,000 (EUR 5,000); 30% if the sum exceeds MDL 100,000 and does not exceed MDL 500,000 (EUR 25,000); 25% if the sum exceeds MDL 500,000.

The CSOs that benefited from the percentage designation in the amount of 2% of the individuals' income tax shall submit reports on

¹³ Law of the Republic of Moldova No. 1420 as of 31.10.2002 on Philanthropy and Sponsorship, <https://www.legis.md/>

¹⁴ Decision of the Government of the RM No. 1286 as of 30.11.2016 on approval of the Regulations on the percentage designation mechanism <https://www.legis.md/>

the use of financial resources following the procedure established by the Government of the Republic of Moldova.

3.4. Financing of CSOs from the Compulsory Health Insurance Fund

The National Health Insurance Company is an autonomous state organization at the national level, which carries out non-profit activities in the field of compulsory health insurance, established by the Decision of the Government of the Republic of Moldova No. 950 as of September 7, 2001 with the view to enforce the Law on Compulsory Health Insurance No. 1585-XIII as of February 27, 1998.¹⁵

The goals of the Company are: organizing, conducting and managing the process of compulsory health insurance using procedures and mechanisms for the formation of funds to cover the costs of treatment and prevention of diseases included in the Unified Compulsory Health Insurance Program, quality control of medical care provided and the implementation of a regulatory framework related to the compulsory health insurance. All financial resources accumulated under compulsory health insurance form the **Compulsory Health Insurance Fund (CHIF)** and are distributed according to the following structure:

**Fund for payment of current medical services
(basic fund)**

**Prevention fund
(disease risk prevention)**

Reserve fund

**Fund for the development and modernization of public health
service providers**

**Compulsory health insurance system
administration fund**

The MHLSP shapes the policy of compulsory health insurance and submits to the Ministry of Finance projections for the **Compulsory Health Insurance Fund (CHIF)** and other information necessary for the formation of a budget projection for the medium-term period; promotes the draft law on the CHIF, monitors and analyses the implementation of the CHIF functions, monitors the efficiency of programs, performs other functions and obligations stipulated by the current legislation.

¹⁵ Law on Compulsory Health Insurance No. 1585-XIII as of February 27, 1998 <https://www.legis.md/>

Stages of financing the CSOs from the CHIF resources (as exemplified by HIV/AIDS prevention programs):

Setting up the needs for funding of the CSO programs, collection of arguments in favour of the CSO activity, advocacy for the inclusion of needs in the current healthcare policy (National Programs)

Development and approval of the methodological framework required for contracting and financing the NGOs:

- Regulations on the activities of CSO programs in the field of HIV/AIDS
- Quality standards for services/programs provided by the CSOs
- Standards for accreditation of CSOs services

The MHLSP shapes the priorities for financing in the field of healthcare for the current period and submits them to the NHIC

The NHIC evaluates the resources of the CHIF and distributes funds within the limits of available allocations from the state budget approved by the Ministry of Finance. The NHIC decides on financing of CSO programs in the field of HIV and AIDS prevention (from the Prevention Fund)

Development and approval of the Regulations for contracting harm reduction services from the NHIC funds and approval of the allocation of funding by the Coordinating Council of the NHIC Prevention Fund

Announcement of a competition for funding HIV/AIDS prevention projects for vulnerable groups

Allocation of funding from the NHIC Prevention Fund for a period of one year and monitoring of the projects implementation

In conformity with the scheme presented above, by the Common Order of the MHLSP and NHIC No. 286/154A as of April 11, 2017 a Coordinating Council was established on the determination of priorities for the use of financial resources of the NHIC Prevention Fund for the implementation of project-based HIV prevention and harm reduction activities among vulnerable groups and the approved Regulations for financing of these projects.

According to this Regulations, the NHIC funds HIV prevention and harm reduction projects for key affected populations, if these projects are identified by the Coordinating Council as priorities for funding from the NHIC Prevention Fund.

Further, a special Commission for the selection and evaluation of projects financed from the Prevention Fund (established by the NHIC order No. 306-A as of 07.07.2017) announces and holds the competition

Priorities and objectives of financing from the NHIC Prevention Fund, approved for 2018, 2019 and 2020:

- reducing the risks of HIV infection among vulnerable groups of the population (IDUs, SWs, MSM) by ensuring that a specific number of clients are covered by a package of prevention services (following the National HIV/AIDS Program for 2016–2020), with a focus on providing services in the territories uncovered by the funding from the Global Fund.

Conditions for participation in the competition:

- a request for funding can be submitted by an institution/non-profit organization/CSO registered in the territory of the Republic of Moldova;
- minimum three years of experience in implementing prevention projects;
- previous experience in implementing projects of financial value of at least MDL 150,000 (EUR 7500).

The list of documents necessary for a request for project financing:

- application for funding under the form established by the NHIC;
- project budget;
- data about the organization;
- a copy of the document on the foundation of the organization;
- a copy of the registration certificate;
- Curriculum Vitae of the Project Director;
- copies of the last three approved (by the tax authorities) annual reports;
- certificate on the absence of debts to the national public budget (from the tax inspectorate, with a valid date and in the original);
- a certificate concerning the situation of the bank accounts (if they are not blocked);
- declaration under one's own responsibility on the absence of debts to natural persons and legal entities;
- a short description of the implemented projects in the field of healthcare over the past 12 months.

Funding allocation criteria:

- Compliance of the project with the funding priorities of the NHIC Prevention Fund approved by the Coordinating Council on determination of priorities for the use of financial resources of the Fund.
- Relevance and importance of the project, good reasoning and compliance with the national healthcare strategy in this field.
- Compliance with the Quality standards for HIV prevention services for key populations, approved by the MHLSP (Order No. 996 as of 23.12.2015).
- Administrative and technical capacities of the organization to implement the project.
- Well-grounded budget.
- The quality of the mechanism for record-keeping, evaluation and monitoring of the project.
- Project results and impact.

4. EXAMPLES OF CSOS CONTRACTING FROM THE RESOURCES OF THE COMPULSORY HEALTH INSURANCE FUND (PREVENTION FUND)

In July 2017, the NHIC announced, for the first time, a competition for funding HIV prevention projects for vulnerable groups of the population, after long advocacy and preparatory processes, with the participation of representatives of the National HIV/AIDS Program, UNAIDS, including CSOs. As a result of the competition, in November 2017, the first two harm reduction projects in the amount of MDL 2 million (equivalent to approximately EUR 100 000) submitted by two different CSOs (Youth for the Right to Life, Balti and Positive Initiative, Chisinau) were financed from the NHIC Prevention Fund.

In 2018, the NHIC announced a second competition and concluded a contract for another project worth MDL 950 000 (approximately EUR 50 000) with another non-governmental organization (AFI) active in providing HIV prevention services for populations affected by the epidemic. The project operated based on a consortium of three organizations providing HIV prevention services for SWs, MSM and IDUs (AFI Association, "Information Centre GENDERDOC-M", "Association for the Present and the Future").

In 2019, following the results of the third competition, a contract for MDL 1 427 595.25 (approximately EUR 72 000) was concluded with two organizations: one from the north and one from the south of the country, whose projects are designed for the period from May 2019 until April 2020. Although the period of the last projects had to start in May 2019, funding began in July, and, accordingly, the planned activities began in July (see table 1).

Table 1. The CSOs projects financed from the NHIC Prevention Fund, 2017-2020

	Organization / duration of projects	City	Target group	Year / allocated funds (EUR)			
				2017	2018	2019*	2020
1.	Association "Youth for the Right to Life, Balti	Balti	IDUs/SW	50 000		50 000	
2.	Association "Positive Initiative"	Chisinau	IDUs	50 000			
3.	A consortium of organizations led by AFI Association (Act for Involvement)	Chisinau	IDUs/SW/MSM	-	47 000		
4.	Regional Center "Together for Life"	Comrat	IDUs			22 500	

* The indicated amounts are allocated for 12 months of implementation of projects on prevention, a period that can be distributed over two consecutive years. For example, projects contracted by the NHIC in May 2019 cover the period of June 2019 - May 2020.

De facto, the funds transferred and used by the CSOs in the case of several projects did not differ significantly from the contract amounts due to reasons such as:

- savings on the purchase of handouts for prevention projects;
- untimely transfer of funds of the NHIC to the accounts of CSOs due to bureaucratic processes, and respectively, the impossibility of their timely use.

Based on the fact that the NHIC is the only source of funding for the CSOs from the national public budget, the amounts allocated from the NHIC Prevention Fund to support the CSOs programs in the field of HIV/AIDS represent only a small part of the total funding needs and funding planned for the separation of CSOs activity within the framework of the Plan for the transition from the GF funding to state funding. Thus, in 2017 this amount was only 43% of the amount planned in the Plan, in 2018 - 25%, in 2019 - 9%¹⁶

According to the information provided by the MHLSP, the list of funding priorities from the NHIC Prevention Fund for 2020 for the first time includes support for the activities of NGOs active in the field of tuberculosis – 4 projects totalling MDL 1.2 million (EUR approximately 60 000).

Target groups:

- socially vulnerable people (poor);
- mobile population (labour migrants);
- homeless people;
- persons released from custody;
- unemployed;
- people addicted to alcohol, tobacco, drugs;
- localities heavily affected by tuberculosis (high incidence and/or prevalence);
- remote localities

Within the framework of this funding, it is assumed that the NHIC will closely cooperate with the coordination team of the National TB Prevention and Control Program, and as outcome indicators are assigned:

- ✓ proportion of people with tuberculosis identified in key affected populations;
- ✓ proportion of people with tuberculosis adhering to treatment.

Impact indicators:

- ✓ decline in the incidence of tuberculosis among key populations in the Republic of Moldova;
- ✓ increase of treatment success indicator and decrease in the prevalence of tuberculosis in the general population.

¹⁶ Draft Report "Mid-term assessment of the Sustainability Plan of the National Program for the Prevention and Control of HIV/AIDS and STIs (2016-2020)", Soros Foundation-Moldova.

5. ADVANTAGES AND DISADVANTAGES OF CSOS FINANCING FROM THE COMPULSORY HEALTH INSURANCE FUND: LESSONS LEARNED AND PROSPECTS

Advantages of funding from the NHIC/Prevention Fund:

- ✓ The NHIC financing from the Prevention Fund fully covers the costs of a comprehensive package of preventive services that CSOs implement based on approved standards and recommendations of international organizations (from the purchase of hand-outs, office maintenance to payment for the services of field workers and specialists).
- ✓ The cost of the package of services per client of a prevention program funded by the NHIC is comparable to the cost of the package provided by the Global Fund (approximately EUR 50 including hand-outs).
- ✓ Within the framework of funding from the NHIC, CSOs get the opportunity to plan and form a package of services, taking into account the realities and needs of their group of clients (for example, the list of hand-outs within the framework of the Global Fund grant is determined initially and remains practically unchanged throughout all 3 years, while within the framework of the NHIC application it is possible to argue for the need for additional materials or services, such as consultations by doctors).
- ✓ Funding from the NHIC enables CSOs (including small ones) to gain experience in procurements, including public procurements using electronic online platforms.
- ✓ The use of common reporting forms and indicators for funding from the NHIC and the Global Fund is comfortable and effective for the work of CSOs.
- ✓ The experience of cooperation and interaction with government officials from the MHLSP and the NHIC influences the level of trust in CSOs. It also contributes in the long term, to the reduction of stigma and discrimination concerning groups of people at high risk of HIV infection and TB, as well as to change the social perception of these groups.

Disadvantages of funding from the NHIC/Prevention Fund:

- Dependence of the distribution of resources of the NHIC Prevention Fund on the annual establishment of the priorities by the MHLSP. Each year, organizations with the support of the coordinating unit of the National HIV Program are required to write a letter stating the need for funding HIV and TB programs for vulnerable populations as a priority. Accordingly, there is a risk that if the MHLSP does not include these programs in the priority list, funding for the programs will be interrupted.
- Funding of prevention projects/interventions for vulnerable and affected groups from the national public budget is a prerequisite of the Global Fund for the grant allocation to the Republic of Moldova. In the absence of this condition and funding from the Global Fund, CSOs express concern that funding from the NCCS will be stopped (unless conditioned by the external donors).
- The risk of interruptions in financing of prevention projects from the NHIC funds. This fact is conditioned by uncertain and long periods of time for setting priorities on the part of the MHLSP, submitting information to the NHIC, distribution and allocation of funds for prevention projects on a competitive basis (absence of clearly established timelines), which makes the process difficult to predict. This leads to interruptions in funding, and in the absence of funds from the Global Fund, prevention programs will have a frequency of implementation, which will lead to a decrease in the access and quality of prevention programs
- Lack of synergy between the Global Fund and NHIC funding cycles. GF grants are allocated to CSOs at the beginning of the calendar year (January) for a 12-month period, while the NHIC can announce a competition and start disbursing funds in the middle of the year (example of 2019: April – competition announcement, June – conclusion of a contract, July – transfer of funds to the CSO account). This leads to the situation that CSOs, like the National Program, have no data at the beginning of the calendar year for to plan an effective allocation of funds for the implementation of prevention programs.
- Irregular interaction of the NHIC with the National Program team and CSOs while preparing the competition for funding from the Prevention Fund, and setting priorities with regard to geographical coverage, target groups, or coverage of underfunded projects from the GF resources (example of 2019, in April the NHIC announced a competition for funding 2 projects from the Prevention Fund in the total amount of MDL 2 million for the northern and southern regions of the Republic of Moldova). At the same time, some of the organizations providing services in the central and northern regions implemented underfunded projects and/or with partial financial coverage of the service package or the number of beneficiaries.
- The NHIC is currently the only source of funding for CSO programs from public funds; there are no alternative funding mechanisms. Following this situation:
 - ◆ The psychosocial component of opioid substitution therapy programs introduced by CSOs and underfunded by the Global Fund suffers from a lack of funding. This component was not integrated into the package of services provided by the Republican Narcological Dispensary for funding from the NHIC Basic Fund. At the same time, the National Chamber of Social Insurance does not have the necessary mechanisms and planned funds to finance the psycho-social activities of CSOs (even

those that have passed the necessary accreditation procedure).

- ◆ The financial resources allocated and paid annually for prevention programs are lower than the amounts planned in the sustainable development plan (transition plan) of the National HIV/AIDS Program.
- Low flexibility of the NHIC to extend the implementation duration of projects, lengthy and highly bureaucratic decision-making procedures within the NHIC.
- Lack of opportunities to receive funds from the NHIC for trainings and training events for the CSO staff engaged in prevention projects, or for drafting and printing of informational hand-outs or information campaigns, for example, to promote anonymous and free testing for HIV/viral hepatitis/STIs, and TB prevention (the budget allocated by the NHIC is not sufficient for these activities). Usually the informational materials printed with funding received from the Global Fund grant are used. Unfortunately, during the last period (2018–2020), training events for CSOs were practically not carried out even using Global Fund funds.

Considering the fact that funding of CSOs active in the field of HIV/AIDS from the funds of the NHIC Prevention Fund has a rather short history, some of the listed shortcomings are transitory/temporary, and can be solved as a result of interaction between the parties (CSO and NHIC). At the same time, the above situations and processes should be taken into account while preparing CSOs active in the field of TB for receiving funding from the NHIC Prevention Fund, improving the funding mechanism itself to ensure the continuity, durability and sustainability of this funding.

6. CONCLUSIONS

- It is stated de jure that in the Republic of Moldova there are many legislative opportunities, and mechanisms for financing and supporting CSOs, but de facto, a small number of these mechanisms/tools are used, in particular, in the field of healthcare and social protection.
- The unstable political situation and difficult economic situation in the country hinder the formation of political will, decision-making processes and the use of new forms and types of support for CSOs against the background of an existing favourable legislative environment.
- In the area of HIV/AIDS and TB prevention, in terms of the support and financing of services provided by CSOs, the government structures do not fully comply with the responsibilities prescribed in the National Programs and Transition Plans.
- There is a good methodological basis for the activity of CSOs in the field of service provision (developed, approved and applied) in the field of HIV/AIDS. There are regulations for the organization of services, quality standards for the provision of CSO services, accreditation standards and instructions for organizing specific interventions. It is recommended to apply the gained experience to the field of TB by analogy.
- CSO accreditation procedures have been developed and are applied while organizing HIV/AIDS services, so it is the experience that needs to be applied in the field of tuberculosis.
- Accreditation of CSOs providing public healthcare services (HIV/AIDS – both prevention services and psychosocial support, etc.) does not ensure contracting and funding for CSO services.
- The NHIC Prevention Fund is currently the only source of funding for the CSO prevention services in the field of HIV/AIDS and a potential source of funding for the CSO services in the area of tuberculosis for 2020.
- Poor diversification of funding sources for CSO programs and services from the national budget does not ensure the complexity, durability and sustainability of services

7. RECOMMENDATIONS

	Recommendations	Responsible bodies	Role of CSOs
1.	Develop and implement an advocacy action plan to ensure planning of financial resources for CSO activities under the National TB Program and the necessary funding mechanisms from the national budget, including the NHIC.	CSO	Active advocacy, involvement of affected communities and partners, fund-raising
2.	Develop, approve and apply a Methodological framework for CSOs in the field of TB service- provision: a list of services and regulations for organizing services, quality standards, accreditation standards, instructions for organizing specific interventions, and calculation of the cost of services.	MHLSP, Department for Coordination of the National Program	Active involvement and participation of CSOs
3.	Develop and apply procedures for the accreditation of CSOs providing TB services, ensuring a subsequent funding mechanism for CSO services.	MHLSP, Department for Coordination of the National Program	Advocacy, active involvement and participation of CSOs
4.	Provide training and support to CSOs in the process of accreditation of services in the field of tuberculosis, both on the side of the coordination team of the National Tuberculosis Program and CSOs active in the field of HIV/AIDS.	MHLSP, Department for Coordination of the National Program	Involvement and experience sharing with CSOs accredited in the field of HIV/AIDS
5.	Diversify sources of funding for CSO programs and services from the national budget to ensure comprehensiveness, sustainability and durability of services, using/piloting the existing financing mechanisms, including from the sources of the NHIC, and the Law on 2%, local budgets.	CSO	Advocacy, cooperation with the coordination team of the National Program. Active use of existing funding mechanisms
6.	Develop partnerships with local public authorities that are positive about using alternative ways to support CSOs (allocating funds for the implementation of local HIV and tuberculosis programs, providing free of charge premises for CSO services).	CSO, local authorities	Advocacy and collaboration, facilitating the implementation of local programs
7.	Develop and apply a unified methodology for realistic calculations of CSO services within the framework of different funding sources.	MHLSP, Department for Coordination of the National Program	Active participation and advocacy
8.	Ensure the synergy of processes between the MHLSP and NHIC concerning the allocation of funds for the implementation of CSO services from different sources to ensure quality and equitable access (funding periods, geographic coverage, priority target groups). Revision of the Regulations on financing CSOs from the NHIC Prevention Fund.	MHLSP, NHIC, Department for Coordination of the National Program	Cooperation, providing information about the current situation with services in the field and the situation of patients
9.	Consider the possibility and develop mechanisms for allocating funds to CSOs active in the field of tuberculosis from other NHIC funds, for example, from the Basic Fund, for the implementation of DOT and the provision of home care for people with tuberculosis.	MHLSP, NHIC, Department for Coordination of the National Program	Advocacy, development of the methodological framework
10.	Develop and implement an integrated model for the delivery of CSO services in the field of HIV/TB/OST, including for the purpose of applying and extrapolating existing funding mechanisms.	MHLSP, NHIC, Department for Coordination of the National Program	Advocacy, development of the methodological framework



2020