DESCRIPTION OF PRACTICAL EXPERIENCE BASED ON BUDGET ANALYSIS CONDUCTED BY NGO IN THE FRAMEWORK OF EHRA GRANT REALIZATION (CASE-STUDY)

Organization title, country of registration	ARAS - Romanian Association Against AIDS, Romania
The level of the analyzed budgets (national, local - indicate city or territory)	National - Romania Local - Bucuresti, Cluj, Brasov, Constanta, Craiova, Iasi, Targu Mures, Timisoara
Target group(-s) (community(-s) for which service budgets have been analyzed	People living with HIV/AIDS, people who use drugs, homeless persons
Partner expert organization	Funky Citizens
Analyzed period	2016-2020

1. Description of the general state of funding for the specified target group(-s) in the analyzed period (list all possible sources of funding):

   We have to stress the fact that the system of social and medical services for the key populations we chose for this analysis is a maze, both in terms of legislation and of budgets, and, most of all, in terms of public institutions responsible and / or interested in the field. As the public institutions do not provide some essential services (ex: needle exchange), or provide the services, but with financial coverage from different sources (ex: methadone substitution treatment, which is covered both from the Ministry of Health and the National Health Insurance House), the analysis is complex and sometimes with poor, unsatisfactory results. We list herebelow the sources of public funding for the key populations we chose for the analysis, mentioning the fact that these are the sources mentioned in the legal provisions, and not always the real ones.

   People living with HIV/AIDS - National Health Insurance House, Ministry of Health, Ministry of Labour and Social Solidarity, local budgets (Directorates for Social Assistance and Child Protection)

   People who use drugs - National Antidrug Agency, National Health Insurance House, local budgets (Directorates for Social Assistance and Child Protection)

   People without identity documents and/or health insurance - local budgets (Directorates for Social Assistance)

   Roma - no specific source of funding

   Homeless - local budgets (Directorates for Social Assistance and Child Protection)

Another interesting issue is the **over-evaluation of the costs** for certain services – due to the legal requirements for certification of the social services. For example, all public social services must be certified, therefore, they have to observe the regulations in the field: full time employees, social assistant, social worker, medical doctor, etc. This is irrespective of the number of beneficiaries they work with, therefore, the cost/beneficiary can be very high if their number is low and vice-versa.

2. A list of all partners and consultants involved in the review process, indicating their roles and contributions:
   Funky Citizens - contracted consultants who did the data research and analysis

3. List of documents under analysis (budgets, laws, regulations, protocols, etc.):
   - local budgets of cities in the analysis
   - budgets of Directorates for Social Assistance and Child Protection
   - budget of the Ministry of Health, Ministry of Internal Affairs, National Antidrug Agency, Ministry of Labour and Social Solidarity, National Institute of Public Health
   - budget of Directorates for Public Health (local representative of the Ministry of Health in the territory)
   - budget of the National Health Insurance House
   - budgets of national health programs (AIDS Program)
   - legislation governing the activity of the above mentioned Ministries, Institutes and Agencies and mentioning their roles and responsibilities
   - budgets of the regional hospitals responsible for HIV/AIDS treatment
   - Country Strategies and Plans signed by Romania with the European Commission for the implementation of the European Social Fund (round 1 and round 2)
   - last National AIDS Strategy (2004-2007)
   - present National AIDS Strategy, which is still in the process of being approved
   - Law for the prevention of AIDS in Romania and for the protection of people living with HIV (2002)
   - the Constitution of Romania
   - National Reform Plan 2017
   - National Health Strategy 2014-2020
   - National Tuberculosis Control Strategy in Romania 2015-2020
   - Strategy for the inclusion of Romanian citizens belonging to the Roma minority (2015-2020)
   - National Strategy for the Protection and Promotion of the Rights of the Child 2014-2020 - Draft action plan on social inclusion and poverty reduction (2014-2020)
   - Government Decision no. 330 of March 20, 2003 on the organization and functioning of the National Commission for Surveillance, Control and Prevention of HIV / AIDS Cases
   - Order No. 1,611 of December 7, 2004 on the approval of the information circuit and of the forms for declaring and supervising the HIV / AIDS infection (Ministry of Health)
   - Order no. 377/2017 on the approval of the Technical Norms for the implementation of the national public health programs for the years 2017 and 2018 (Ministry of Health)
   - Order no. 245 / 31.03.2017 for the approval of the Technical Norms for the implementation of the national curative health programs for the years 2017 and 2018 (National Health Insurance House)
   - Government Decision no. 355 of April 11, 2007 on the surveillance of workers' health
   - Government Decision no. 720 of July 9, 2008 for the approval of the List of medicines covered by the insured, with or without personal contribution, on the basis of a medical prescription, in the social health insurance system

4. Availability, openness, transparency of the analyzed information (state / municipal budgets, etc.):

Even though there are clear legal mentioning of the obligation for TRANSPARENCY in the public budgets, both at national and local levels, the reality is completely different and does not support an analysis as the one we implemented.

We used two methods for data collection:

- direct, desktop analysis
- official request, based on the Law 544 regarding access to public information (mentioning that any citizen/private institution has the right to require public information from public institutions, and the latter has to answer in 10 days, by providing the information required or by saying they will answer in 30 days, which is the legal deadline in this case)

Main issues we encountered in the research:

- lack of predictability in HIV/AIDS budgets both at local and at central levels - there is an enormous difference between the initial budget and the execution, in both directions
  ex: purchases of HIV tests or of ARV treatment are budgeted, but they never take place or they take place in December (the last month of the budgetary year), for a smaller amount than planned, and the result is that the budget is not spent
  ex: we identified significant supplementations from the National HIV Program, mainly for the budgets of local hospitals, meaning that the planning was not accurate and the hospitals needed urgent extra funding
- impossibility to track the amount spent/beneficiary (key populations as mentioned in this research) or per program/project in the field of HIV/AIDS, both at central and local levels: when we find the figures, they are not related to the number of people benefitting from these services/products
- lack of a strategic intervention, both at central and at local level, lack of coordinated planning and implementation: the interventions targeting key populations are due to the efforts of international donors, mainly through NGOs working in the field; the strategies and policies have been made due to the pressure of the European Union, mainly in the pre-adherence process, but they were not accompanied by financial measures.

5. Other obstacles to budget analysis when conducted by NGO: The main contextual problem we encountered while researching budgets is the fact that the target groups we are interested in, while mentioned in different policies and procedural documents, do not appear as such in the budgets. "Forced" by the European Union (in the pre-adherence period, as a condition for accession, and afterwards, as a condition for receiving funding), Romania included the mentioned vulnerable groups in national strategies, but without transforming and mirroring these strategies into figures and budgets. The most relevant and close result: the absence of public funding for harm reduction activities targeting intravenous drug users. We therefore chose the lens of "HIV/AIDS prevention and treatment" for analysing the budgets.

6. Which data collection methods worked better, and which didn't:
   Both above-mentioned methods worked, but with limitations, as we already explained. In case of a long term monitoring of budgets (both for drafting, development and implementation), beside data collection from internet and from direct requests, we recommend also direct participation in the different meetings where strategies and budgets are discussed: meetings of the local councils, meetings of different commissions in the Parliament, etc.

7. Estimated data:

Target group and size	**Services**	**Estimated budget needs**
Problematic intravenous drug users, 20.288 persons	- harm reduction - methadone substitution treatment	- 350 euros/person/year - 2000 euros/person/year Ideal budget needed for one year, to include harm reduction and methadone substitution treatment: **15.250.000** euros
PLHIV, 12.785 in ARV	ARV treatment	N/A

treatment, out of a total number of 16.658 registered cases		
People without identity papers and/or medical insurance	- social assistance including identity documents - emergency fund	- 150 euros/person/month **500.000** euros for the emergency fund
Homeless, 4000 persons in Bucharest	- night shelters - permanent shelters - outreach services	- 150 euros/person/month **600.000** euros/ year

N.B. We mention the fact that the above-mentioned financial needs are based on the legal provisions that certified services must observe in order to access/receive public funding. These include a standard team, of full time staff, space, vehicles etc. We stress that these standards hinder the optimal and efficient implementation of low threshold services and prevent NGOs from accessing public funding.

8. The main results of the analysis (actual data):

Target group and size	Services provided by public institutions	Cost/person
Intravenous drug users, 20.288 persons	- methadone substitution treatment	- 1.537 euros/year
PLHIV, 12.785 in ARV treatment, out of a total number of 16.658 registered cases	- ARV treatment	- 5612 euros/year
People without identity papers and/or medical insurance	- provisory identity card	- 30 euros
Homeless	- sheltering	- 500 euros/month

9. Identified funding gaps:

Target group	Services not covered/insufficiently covered	Funding gap and explanations
Intravenous drug users	- harm reduction - methadone substitution	We estimate at around **10.000.000** euros the gap between what is spent and what is

	treatment	needed, taking into account the fact that all harm reduction services are provided at present by NGOs, that methadone substitution treatment in public services is not adapted to the needs of the target group and that expenditure for this category of key population is almost impossible the identify as such
PLHIV, 12.785 in ARV treatment, out of a total number of 16.658 registered cases	ARV treatment still faces stock outs	N/A
People without identity papers and/or medical insurance	- social assistance including identity documents - emergency fund for medical services	**500.000** euros as an emergency fund, for Bucharest
Homeless	- night shelters - permanent shelters - outreach services	200 euros/person/month Gap for Bucharest: **600.000** euros, as the amount spent at present is over-evaluated

N.B. We stress that the above-mentioned figures for key populations are at national level for intravenous drug users (figures taken from the National Report 2020 of the National Antidrug Agency). For the cities we analised, only Bucharest had estimates for key populations relevant for our project, and we used them here above.

Contextual explanations:

- HIV/AIDS prevention for the general population is not provided in Romania, even though there a National AIDS program that mentions and budgets "AIDS prevention" - what it is meant here by "AIDS prevention" is the post exposure profilaxis and the confirmation testing for HIV
- the Directorates for Public Health have in their job description the task of condom distribution - this did not happen in the years we analysed

10. Recommendations for filling gaps in public funding based on the advocacy plan developed by the grantee:
    There are two directions for recommendations we propose:

- regarding the budgets themselves
- regarding the strategies/procedures.

1. General recommendations for public institutions regarding the budgets:
    - more transparent and more granular budgets
    - reflection of the strategies and action plans in the budgets
    - budget development: inclusion of all relevant stakeholders
    - budget execution: regular financial monitoring, in order to avoir false economies
    - make use of the three methods of "giving" money to NGOs for reaching out to key populations, as they are "cheaper" and more efficient

2. General recommendations for public institutions regarding the strategies/procedures
    - base them on reality
    - involve relevant stakeholders in drafting them
    - "use" NGOs in strategy development and in the execution/implementation
    - reform the certification system for social services
    - corroborate and coordinate the strategies, action plans and other relevant documents, so that they do not contradict each other

For 2021, ARAS advocacy plan includes the following actions relevant for the above-mentioned recommendations:

- monitoring of the budgeting process for 2021, at local level (Bucharest, Timisoara, Brasov, Iasi, Cluj) and at national level (budget of the Ministry of Health, of the National Antidrug Agency, of the Ministry of Social Affairs)
- advocacy at the 6 sector cityhalls of Bucharest and at the General Cityhall of the Capital, in order for them to fund NGOs for social and medical services for the vulnerable persons of Bucharest (through one of the three existing methods of fundings
- proposals and work with the relevant public institutions for changing the standards in providing social services for key populations (as they are now, they incumb a very high level of expenses and this leads to the impossibility for NGOs to be certified and, therefore, to receive public money)
- advocacy with the Advocacy Group of the CCM so that the Ministry of health observes its obligations after the end of the GFATM project and continues to fund harm reduction activities (both in public and private institutions)
- advocacy and work with the National Health Insurance House for an increase in the budget for methadone substitution treatment, which will lead to more slots in public institutions providing this service
- advocacy at national and European level (in the framework of different entities ARAS is a member of) for a decrease in the price of ARV treatment and, therefore, in spending less for treatment and having more money for prevention

Methods and approaches:

- permanent monitoring of the financial data and budget processing
- participation in the public debates organised by different public institutions, according to the legal provision that requires public debate for documents and decisions of public interest (budgets, laws, decisions of local councils of the cities)
- requiring public information according to Law 544 of access to public information
- formulating ammendments to relevant regulations and laws, in the financial and policies field
- submitting projects (accompanied by budgets) to local and central authorities, for funding
- submitting information materials to newly elected /appointed public servants, pointing out the most stringent problems they must deal with

11. How the activities on this short-term analysis fit into the overall budget advocacy process in the country (what previous work, possibly done by other organizations / experts, you relied on, with whom and how you plan to cooperate in the future):

ARAS has been a member of the Advocacy Work Group in the Country Coordination Mechanism for the implementation of the GFATM in Romania, more precisely of the transition grant. As such, and taking into accoun the excessive delays in the implementation of the transition grant, we thought of this research as a part of the pressure to be put on the Ministry of Health:

- for approving and budgeting the National AIDS Plan 2019-2021 (the last one ended in 2007 and, ever since, Romania has not had a national plan in the field, that addresses prevention for all categories of citizens, including key, vulnerable persons)
- for starting the testing process of subcontracting NGOs for harm reduction services, according to the specifications of the GFATM transition grant

During the research, we used the work done by the Romanian Harm Reduction Network in the project "Count the Costs" (2016), the reports of the Romanian Health Observatory *National HIV Program: Description of a Maze* and *Funding of NGOs active in the medical and social fields*.

ARAS work with the other NGOs members of the Advocacy Group of the CCM will continue in 2021, as the transition grant is being extended until December 31st, 2021.

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