



Taking stock of budget advocacy efforts in Eastern Europe, South-Eastern Europe and Central Asia

BULGARIA COUNTRY CASE

Vilnius, 2021

Bulgaria

Population:	7 million
PLHIV number estimated:	3300 (2019, UNAIDS estimate)
PLHIV virally suppressed:	42.42% (2019, UNAIDS estimate)
Health expenditure as % of GDP:	4.2% (2018, World Bank)
Health as % of government expenditure:	11.5% (2018, World Bank)

HIV financing: Share of government (domestic public) resources, US\$

	2017	2020
- overall HIV expenditure	76% 9.9 million (2015)	100%
- HIV treatment	97% (2015)	100%
- HIV prevention	12% (2015)	100%

Data for 2015 from UNAIDS financial dashboard; data for 2020 are based on absence of donor support.

HIV budget advocacy: How civil society organizes itself

In Bulgaria, the Sofia-based Coalition of CheckPoint Sofia, Initiative for Health, and XY Foundation of PLHIV together with a network of other 24 HIV and TB NGOs is leading advocacy efforts. The Coalition cooperates with the National Council for Prevention of HIV, TB, and STIs, the Minister of Health, and also working with selected members of parliament, journalists, and international stakeholders. At the end of 2019, the Coalition started an advocacy project, with the support of ICSS and OSF, which aimed to come to an agreement with the MoH about a funding mechanism that would allow NGOs absorb state funds to sustainably provide coverage with services to key populations. That project came to an end in the first quarter of 2021 and currently NGOs in Bulgaria have no funds for either service or advocacy work. The Initiative for Health Foundation closed in 2020 due to a lack of financial resources.

Funding amounts and sources, US\$:

US\$110,700* in 2018-2021

27.7 thousand annually

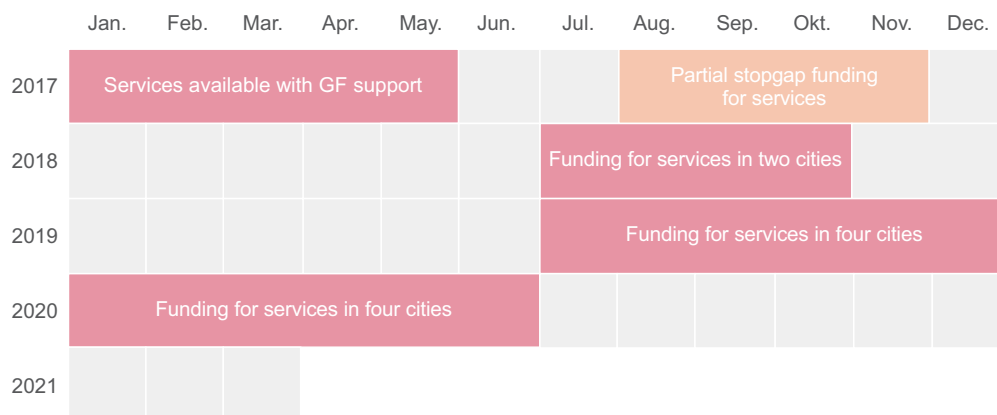
100%: ICSS/OSF (only October 2019-April 2021)

Not a success story yet...

When the Global Fund support ended (the HIV program ended in 2017 and the TB program ended in 2019), there was no social contracting mechanism in place to enable funding of the work of NGOs. Services targeting key populations such as harm reduction programming and non-medical support of PLHIV had been entirely dependent on Global Fund support. The Global Fund HIV support ended with the assumption that a social contracting mechanism was in place but soon different procedures and mechanisms were requested by legal and procurement officials, while essential services quickly began to decline and disappear.

Currently, there are no state-funded services for key populations in Bulgaria though some small-scale local projects are still running with donor funding. In only 21 of the 51 months between January of 2017 and March of 2021 were any services available to key populations at all and geographic coverage was often limited to 4 or fewer cities. Initiative for Health, the oldest harm reduction organization in the country, is now fully closed. Targeted testing of key populations has declined with Health without Borders (Check Point Sofia), an important site for testing having reduced its staff from 17 employees to 1 employee and 2 volunteers.

Availability of HIV services for key populations in 2017-2021



The human cost:

* **Late detection of HIV** (which is linked to poorer treatment outcomes) increased from 47.8% in 2017 (which was on par with the European average of 48.6%) to 62% by 2019.

*There was a **50% increase in new AIDS cases** between 2018 and 2019, the first two years during which NGOs lacked financial support for services.

From Politico's article *Lost in transition: Bulgaria's HIV fight*, April 2021.

Why allocated funds do not reach NGOs

These shortfalls in services come even though state funding for HIV was allocated under the Public Procurement Act. The absorption of the first public tender announcement (in late 2017) was only 22%. Absorption of a later tender's improved but significant gaps in coverage of services remained. A study by the Coalition revealed numerous factors contributing to low and inconsistent funding of services including:

- untimely calls for upcoming tenders and long duration of tender procedures;
- requirement of a bank guarantee for execution (3%);
- requirement of a bank guarantee for advance payment (100%) and, without a bank guarantee, no advance payment is available (first payment were made in month 4);
- the 'lowest price' criterion is applied (which hinders consideration of the quality of services);
- VAT registration for bigger cities is required;
- significant administrative and financial burden of the application process;
- targets to be reached by the services are unrealistically high and there are fines for non-execution.

The most recent prevention tender, announced by the MoH in 2021, set very high coverage targets and limited resources. For example, in Sofia with 20,000 clients in Sofia to be reached by 3 field workers, 0.5 health staff and 1 coordinator. Moreover, one service was to reach four groups – Roma, MSM, people who inject drugs and sex workers. Support for PLHIV and case management was eliminated.

The application procedure is so complicated that the help of a lawyer is needed to prepare the various documentation required. Therefore, the Sofia Coalition did not apply to this tender.

Advocacy momentum which could be lost

In the face of these difficult circumstances, the Sofia Coalition undertook strategic advocacy with the support of OSF and ICSS for a 14-month long “bridge fund” for advocacy work. The Coalition assessed the outcomes of transition in Bulgaria, NGO capacity and experiences with the public procurement tenders, and civil society vision on appropriate funding mechanisms. As mentioned above, a network of 27 NGOs was formed. Together with the support NGO law experts, they drafted a proposal for a change in the law, supported by a policy brief document. They carried out a mass media campaign that got the attention of national and international press. They reached out to international partners and donors for support.

They established a meaningful relationship with the Ministry of Health and participated meaningfully in the drafting of HIV and TB national programs (2021-2025). These programs have been approved by the National Council on HIV and TB and are awaiting approval by the Council of Ministers. The Minister of Health understood and supported the need to change the funding mechanism model.

Unfortunately though, the Public Procurement Agency in Bulgaria expressed a position against changing the law, stating that it contradicts the European Union's regulations (Directive 2014/24/EU of the European Parliament and the Council on public procurement). Based on this, the MoH paused the law amendment to further investigate the issue.

Continued advocacy is needed as, since the spring elections of 2021, a coalition was unable to form a government, and a stable government is not expected earlier than September 2021 and the temporary government has already appointed a new Minister of health.

And, as the bridge fund came to a close in spring of 2021 the NGO Coalition is left without funding for further advocacy work. “We are an organization without administrative capacity,” one of its leaders said.

Sources used:

- *Grant reports of the NGO Coalition for Sustainability Bridge Funding*
- *Politico article [Lost in transition: Bulgaria's HIV fight](#), April 2021*