



MODEL FOR SUSTAINABLE HIV RESPONSE IN BULGARIA

POLICY BRIEF

**on the Bill on Supplement
to the Bulgarian Health Act**

1 Introduction

This paper has been drafted by a team of legal experts and representatives of the non-governmental sector in support of the proposal for a Bill on Supplement to the Bulgarian Health Act and with the aim to introduce a new model for financing projects on activities for prevention and care for HIV and other socially significant infectious diseases¹. The main problems arising from the implementation of the existing legislation have been analysed and a justification of the need for amending the legal framework and the practices of its application has been presented in order to obtain better quality results regarding the control over the said infectious diseases, the care for people affected by them, and the proper expenditure of the funding from the state budget.

Because of the experience gathered by the civil society and its proven expertise, this document focuses on the programmes within the field of HIV, but the proposals it puts forward refer also to the activities on tuberculosis, viral hepatitis, and other diseases preventable through community-based work.

2 Analysis of the models of financing applied to date

1. Financial aid from the Global Fund

Throughout the 2004-2019 period, Bulgaria was a recipient of funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) via the Ministry of Health, whose aim was to support the country's national programmes for HIV and tuberculosis prevention and control. The total of funding for HIV amounted to 49,490,868 USD², and for tuberculosis to 30,364,236 USD³. A considerable share of this funding was invested in the prevention of both diseases and in care for people affected by them. As a result, large-scale nation-wide programmes for work with the affected communities were implemented, owing to which Bulgaria remained a country with low HIV prevalence, and obtained a significant decrease in tuberculosis incidence. The primary sub-recipients under the Programmes financed by the Global Fund were the non-governmental organisations: a key partner in the implementation of the activities with the communities.

¹ For the purposes of this paper, socially significant infectious diseases refer to HIV, sexually transmitted infections, tuberculosis, and viral hepatitis.

² Review of sustainability of the Global Fund's HIV grants in Bulgaria, February 2019, KPMG Bulgaria

³ Focused country evaluations, Bulgaria Tuberculosis evaluation, field-based evaluation, May 2019, APMG Health

2. State funding

After the Global Fund withdrew its financial support from Bulgaria (which happened in 2017 for the HIV Programme, and in 2019 for the Tuberculosis Programme), a period of transition toward state funding began. Beside the fact that the amount of funding allocated by the Bulgarian state to the National Programme for HIV and Sexually Transmitted Infections (STIs) Prevention and Control and the National Programme for Tuberculosis Prevention and Control has been much less than the Global Fund grants, still no clear mechanism has been put in place for the selection of contractors of the activities under the programmes, and no order has been established for their financing.

As a state body whose budget is used to finance activities under the National Programmes, the Ministry of Health follows the only general option for public resources expenditure, i.e. the assignment of specific activities through procedures under the Bulgarian Public Procurement Act (BPPA).

The funding of the said specific categories of activities under BPPA proved to be an extremely unsuitable method of assistance, which led to the fact that in two years alone the activities on HIV prevention and care were wiped off the map in many regions of the country. As a result of a call for tender, in 2019, state funding was used to support activities on HIV and STIs prevention in only four Bulgarian cities (Sofia, Plovdiv, Varna, and Burgas), and in mid-2020, with the conclusion of the term for the implementation of the contracted agreements for public procurements, an end was put to their financing too.

Now that the implementation of public procurements under the first contracts with the Bulgarian Ministry of Health over the 2017-2019 period has been completed, there has been a noted withdrawal from future participation in procedures under BPPA on the part of the non-governmental organisations specialised in the field of HIV and tuberculosis.

For example, contracts have been signed for the implementation of only six out of a total of twenty-three opened positions under the call for tender in December 2019 for 'Selection of contractors of activities on tuberculosis prevention and control among risk groups in connection with the implementation of the 2017-2020 National Programme for Tuberculosis Prevention and Control in the Republic of Bulgaria under twenty-three individual positions'. The mandator had to cancel the remaining seventeen individual positions because either not even a single offer had been submitted, or because all submitted offers were ineligible. As a result of this, a large part of the territory of the Republic of Bulgaria remained without appointed contractors of activities on tuberculosis. Also, only four offers were submitted for three out of the twenty-two positions for the call for tender from August 2020 for 'Selection of contractors of activities on HIV and sexually transmitted infections prevention and control among target groups in connection with the implementation of the 2017-2020 National Programme for HIV and STIs Prevention and Control in the Republic of Bulgaria under twenty-two individual positions', but the Tender Committee established that two of the submitted offers did not meet the presentation requirements. Thus, at present only two offers are being considered for one single position, which in fact means that Bulgaria remains without contractors of activities on HIV and STIs.

3 Problems with the financing through procedures under BPPA

Due to the specific nature of the activities under the National Programmes for HIV and Tuberculosis Prevention and Control, trading companies have no interest in developing that type of activity, and what is more they lack the required experience and expertise to provide quality implementation. Only the non-governmental organisations established as associations and foundations have the potential to develop and provide the specific activities on disease prevention and care.

The impossibility to cover the territory of the country and to provide care for most-at-risk populations will become even more palpable, since the non-governmental organisations lack motivation to participate in procedures under BPPA. The organisations that have been carrying out activities on HIV and tuberculosis prevention and care under the 2017-2019 calls for tenders of the Bulgarian Ministry of Health have pointed out the following shortcomings and obstacles arising from the use of that particular funding mechanism:

1. Administrative and financial burden to applicants related to the process of application and implementation (including the need to register under the Bulgarian Added Value Tax Act, BAVTA);
2. Commercial nature of the contracting and loss of emphasis on the quality of services;
3. Inapplicability of the evaluation criteria 'lowest price' and 'economically most profitable offer';
4. Short terms of the contracted agreements on implementation;
5. Discontinuation of the services in-between procurements due to lack of regularity in the calls for tenders and of continuity;
6. Need of providing warranty for implementation at the expense of participants;
7. Need of providing advance funding for implementation at the expense of participants;
8. Irrelevant pricing of the volume of activities and the consumables required for their implementation;
9. Unnecessarily complicated reporting documentation.

As a result of the withdrawal of the organisations from participation, the state funding allocated to the National Programmes, however insufficient, has remained unabsorbed. Meanwhile, work with the key populations has been discontinued because the organisations lack funding to continue implementing their activities.

In 2020, a survey⁴ was conducted among the non-governmental organisations that had been carrying out activities on HIV and tuberculosis prevention and care, whose results revealed beyond any doubt that public procurements were evaluated as an inadequate funding mechanism related to a series of shortcomings. They came to the conclusion that the order of assignment currently applied by the Bulgarian Ministry of Health did not match the specific nature of the provided services and the needs of the populations for which they were intended. Some of the procedural rules and the evaluation criteria for the offers were inapplicable to the activities on the prevention and care of HIV and other socially significant infectious diseases. The surveyed non-governmental organisations united around the idea of introducing a new and relevant financial mechanism that would provide sustainability, would guarantee the implementation of the national policy, as well as qualified management and monitoring. In their view, the problems with the use of public procurements as a financial tool arise from the following factors:

1. THE MAXIMUM TERM OF IMPLEMENTATION UNDER THE CONTRACTS FOR ALL PUBLIC PROCUREMENTS ANNOUNCED TO DATE BY THE BULGARIAN MINISTRY OF HEALTH IS 12 MONTHS.

After its expiration, a new call for tender is announced, which supposedly ends with the selection of a new contractor. If it is not the previous one, the result is a change in the team of experts, and lack of continuity. The current practice shows that the one-year term is extremely insufficient, if we wish to reach out to the entire community, to establish trust among the clients of the services, and to obtain the intended results.

2. LIKELIHOOD OF PROLONGED DISCONTINUATION OF THE WORK WITH THE KEY POPULATIONS DURING THE PERIOD LEADING UP TO THE CONTRACTING OF A NEW AGREEMENT FOR PUBLIC PROCUREMENT.

Some of the reasons for the discontinuation of the activities are the untimely calls for upcoming tenders, and the long duration of the procedures. There is also a possibility that agreements are appealed before the Commission for Protection of Competition and the Supreme Administrative Court of the Republic of Bulgaria. The ongoing appeal procedure delays the initiation of provision of services for an undefined period of time and presents the danger of leaving the respective populations without monitoring and care for months and even years ahead.

3. THE MAJORITY OF NON-GOVERNMENTAL ORGANISATIONS ARE NOT ABLE TO INVEST IN THE CREATION OF THEIR OWN TEAM OF QUALIFIED EXPERTS WHO HAVE PROFOUND KNOWLEDGE AND EXPERIENCE IN DRAFTING OFFERS AND IN PARTICIPATION IN PROCEDURES UNDER BPPA.

Maintaining a team of people with special administrative and legal expertise is economically unfeasible, since the annual call for tender for prevention and control of HIV and other socially significant infectious diseases is advisory, but is not fixed in the legislation. Because of the specific area of expertise and the ban for carrying out commercial activities, non-governmental organisations are ineligible for public procurements with a subject matter other than that one. The constant amending of the acting legislation in the field of public procurements requires the hiring of external experts, which is a non-justified administrative and financial burden. Non-governmental organisations will not be able to use their experience in participation in previous calls for tenders over the 2017-2019 period due to the switch to electronic assignment through the Centralised automatic information system for e-public procurement since the beginning of 2020.

4. BECAUSE OF THE NATURE OF THE SERVICES, THE CRITERIA OF ‘LOWEST PRICE’ AND ‘ECONOMICALLY MOST PROFITABLE OFFER’ APPLIED TO THE EVALUATION OF THE OFFERS AS PROVIDED BY BPPA ARE UNSUITABLE FOR THE SELECTION OF A CONTRACTOR OF ACTIVITIES ON HIV AND TUBERCULOSIS PREVENTION AND CONTROL.

The search for the lowest price when assigning them is unsuitable and unjustified from a social point of view. The Bulgarian Ministry of

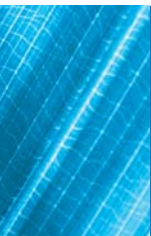
⁴Ensuring sustainability of HIV and tuberculosis services in Bulgaria through the experience of civil society - Assessment report (April 2020), <http://aidsbg.info/media/zb2lpvt2/ngo-assessment-report-2020-eng.pdf>

Health, in its capacity of being responsible for the protection of the health and the implementation of the National Programmes, should provide the entire financial resource allocated from the state budget for decreasing the number of new infections and improving the quality of life of people living with socially significant infectious diseases. The funding allotted to those activities cannot be spent on other activities, and therefore the 'economising' of financial resources by means of assigning activities at minimal prices is at the expense of the entire Bulgarian society. It will be more expedient to assign and finance these activities based on a procedure that best matches their specific nature.

5. THE INTRODUCTION OF THE 'LOWEST PRICE' AND 'ECONOMICALLY MOST PROFITABLE OFFER' CRITERIA BRINGS THE NEXT PROBLEM WHEN FINANCING VIA PUBLIC PROCUREMENTS, i.e. laying an emphasis on the commercial nature of the contracting at the expense of the quality of services and the expertise and experience. Thus, competition is created artificially among non-governmental organisations. There is also a potential risk that, driven by their strife to win the tender, participants may offer an artificially lowered price. In the course of the contract's implementation the small financial resource will inevitably compromise the quality and/or quantity of the activities.

6. THE REQUIREMENTS FOR IMPLEMENTATION WARRANTY THROUGH PROVISION OF BANK WARRANTS, INSURANCE OR BANK TRANSFERS TO THE MANDATOR, AS WELL AS RAISING ADVANCE FUNDING FOR THE IMPLEMENTATION PROVE TO BE AN UNBEARABLE BURDEN TO THE WINNING PARTICIPANTS. Non-governmental organisations do not have free financial resources at their disposal that they can block throughout the entire duration of the implementation of the public procurement contract. In fact, the raising of advance funding to the amount of 3% of the contract's value proves to be a financial obstacle for the main body of organisations working on issues related to HIV and the other socially significant infectious diseases.

7. INCORRECT DEFINING OF THE SUBJECT MATTER OF THE TENDER THROUGH INCLUSION OF SERVICES AND DELIVERY OF CONSUMABLES, AS WELL AS INADEQUATE PRICING OF THE VOLUME OF ACTIVITIES AND THE CONSUMABLES REQUIRED FOR THEIR IMPLEMENTATION. Contractors are forced to buy 100% of the consumables, which devours a considerable amount of the financial resource at the expense of the services provided by the team of experts. Moreover, according to the Bulgarian legislation, non-governmental organisations are not allowed to purchase certain medical consumables directly, which could be regulated in an economically expedient manner by means of centralised purchasing of the consumables by the Bulgarian Ministry of Health (as was the practice during the implementation of the Programmes financed by the Global Fund) and their provision to the contracted organisations.



Keeping in mind these problems, a conclusion can be drawn that the assignment of activities on prevention and care for HIV and other socially significant infectious diseases under BPPA is not efficient. It will be more expedient to initiate the development and regulation of an entirely novel procedure that will match adequately the specific nature of these activities and the needs of the populations they service.

4 The good practices in the field of HIV and the potential models for financing

In 2015, the global community set itself the ambitious goal to end the HIV epidemic by 2030 as part of the UN Sustainable Development Goals. As an interim 'stop' along the way to achieving this goal, clear indices were defined to be obtained by 2020, namely the three '90-90-90': 90% of all people living with HIV to know their status, 90% of all people with diagnosed HIV infection to receive sustained antiretroviral therapy, and 90% of all people receiving antiretroviral therapy to have viral suppression (undetectable viral load), which would curb down the number of new cases of HIV worldwide to 500,000.

Enormous efforts and resources were mobilised and the concept of 'HIV care continuum' was adopted that transformed the ideology and the way HIV services had been organised and provided.

The '90-90-90' HIV targets placed the individual person at the centre of services, bound the programmes on HIV prevention to the 'HIV care continuum' concept, and defined the compulsory requirement for continuity and integration of the services as a prerequisite for the interventions' success.

The current understanding for successful HIV response includes the provision of wide access to services on HIV prevention and testing designed in a way that is adequately targeted at the populations most vulnerable to the infection (field work, low-threshold stationary and distant services), coupled with a full set of subsequent services for people with a positive result from the HIV test (HIV care continuum).

WHEN APPLYING THE 'HIV CARE CONTINUUM' MODEL, A SERIES OF STEPS/STAGES THAT A PERSON INFECTED WITH HIV PASSES THROUGH IS COVERED GRADUALLY FROM THE MOMENT OF LEARNING THE POSITIVE RESULT OF THE HIV TEST TO THE ACHIEVEMENT OF VIRAL SUPPRESSION AS THE OPTIMAL GOAL.

These stages include: testing and diagnosing of the HIV infection; referral to specialised medical care and commitment to caring about one's own health; timely initiation of antiretroviral therapy and adherence to it; achievement of viral suppression and lasting maintenance of the undetectable viral load.

The reason for the global focus on obtaining viral suppression (the third one of the '90's) as optimal goal is the indisputable scientific consensus that an HIV-positive person on antiretroviral therapy who maintains continually an undetectable viral load is unable to transmit HIV sexually, i.e. the chain of transmission of the virus is being broken down (**Undetectable HIV = Untransmittable HIV**). From an epidemiological point of view and in regard to the protection of public health, this

concept was adopted as fundamental for obtaining a significant curbing of the epidemic by 2020, and its potential end by 2030.

Against the backdrop of this worldwide experience, in Bulgaria we have witnessed insufficient, incoherent and piece-meal type of services that are not able to match the needs and to form a sustainable national HIV response.

SINCE 2017, THREE NON-GOVERNMENTAL ORGANISATIONS⁵ HAVE BEEN DEVELOPING A COMMUNITY-BASED INTEGRATED MODEL ON THE TERRITORY OF THE CITY OF SOFIA, WHICH IS MEANT TO ACT AS HIV CARE CONTINUUM AND TO OFFER ACCESS TO COMPREHENSIVE SET OF SERVICES: FROM ADEQUATE PREVENTION INTERVENTIONS AND WIDE-ACCESS HIV TESTING SERVICES TO SUBSEQUENT CARE AND SUPPORT FOR PEOPLE WITH A POSITIVE RESULT FROM THE HIV TEST.

The model has been based on the current epidemiological data for Bulgaria⁶, defining three populations as most vulnerable to being infected with HIV: men who have sex with men (MSM), people who inject drugs (PWID), and sex workers (both female and male), and has focused its efforts of working with these populations on the following three directions:

1. FIELD WORK

Encompassing the three key populations with focused interventions on site carried out by trained field workers, 'experts by experience' and representatives of the same populations. The majority of the on-site interventions is carried out by means of a mobile unit and includes: anonymous testing for HIV with a rapid test, provision of tools for safe injecting of drugs, provision of condoms and counselling/promotion of other possible options for HIV and risky behaviour prevention. With MSM and sex workers, in particular, vigorous work is being done distantly on dating websites and online applications, as well as via other online communication channels.

2. LOW-THRESHOLD STATIONARY CENTRE

Offering anonymous and free testing and counselling for HIV in a protected environment: a community-based low-threshold stationary centre, which everyone can visit at a convenient time and where they will be met with friendly and non-discriminatory attitude. A type of service most suitably targeted at MSM, where beside rapid HIV testing, vigorous work is being done on HIV prevention by means of distributing condoms and counselling/promotion/referral to other available means of prevention.

3. CARE AND SUPPORT FOR PEOPLE WITH A POSITIVE RESULT FROM THE HIV TEST

Provision of the full set of subsequent services to every person with a positive result from the rapid HIV test, which includes assistance with the confirmation of the diagnosis, referral to specialised medical care, provision of subsequent support until antiretroviral treatment is initiated and lasting viral suppression is obtained; further support in coping with various challenges related to living with HIV. Among people living with HIV (PLHIV) the individual approach is paramount, but methods of group work such as peer support groups are also applied.

⁵Health without Borders Association, <http://hwb-bg.info>, Initiative for Health Foundation, www.initiativeforhealth.org, and I Foundation, www.aidsbg.info

⁶2017-2020 National Programme for Prevention and Control of HIV and Sexually Transmitted Infections in the Republic of Bulgaria, https://www.mh.government.bg/media/filer_public/2017/04/28/natsionalna_programa_za_preventsiia_i_kontrol_na_khiv_i_seksualno_predavani_infektsii_v_republika_blgariia_za_perioda_2017-2020_g.pdf

⁷Selection of contractors of activities on HIV and sexually transmitted infections prevention and control among target groups in connection with the implementation of the 2017-2020 National Programme for HIV and STIs Prevention and Control in the Republic of Bulgaria, www.mh.government.bg/bg/profil-na-kupuvacha/protseduri-po-zop/protseduri-po-reda-na-zop/izplniteli-na-dejnosti-po-preveniia-na-hiv-spi/

THE DESCRIBED INTEGRATED MODEL HAS BEEN EFFECTIVE IN TERMS OF ACHIEVING THE '90-90-90' TARGETS ON A LOCAL LEVEL, I.E. WITHIN THE CITY OF SOFIA.

However, in order for this model to be successful, it is required, first and foremost, to assemble and maintain teams of professionals, as well as to create conditions for their continuous education and for the development, upgrading and adaptation of the services to the changing environment.

The model's efficiency was successfully demonstrated over a 12-month period (June 2019 – June 2020), while implementing a public procurement for HIV services assigned by the Bulgarian Ministry of Health, which although insufficiently funded created opportunity for the organisations to develop the full scale of the described services. However, due to the absence of a subsequent cycle of state funding, a large number of the services that had been excellently put in place within the communities was discontinued after the completion of the public procurement's implementation. That led also to the dismantling of the established teams of professionals. In order for this successful model to be continued and applied throughout the country, a change in legislation is required that will guarantee the state's lasting commitment and uninterrupted financing for that type of specific activities.

The survey⁴ conducted in 2020 among the non-governmental organisations that had been carrying out activities on HIV and tuberculosis prevention and care outlined as most adequate the following two possible models for state funding:

- 1) centralised assignment to the contractors by the Bulgarian Ministry of Health as a state-delegated activity, and**
- 2) project-based financing.**

The analysis of the existing legislation and the practices applied by the Bulgarian Ministry of Health regarding the assignment of activities did not identify possibilities for provision of centralised assignment of activities on HIV prevention and care to the non-governmental organisations.

The second of the two proposed models stood out as the most suitable mechanism.

The organisations united around the proposal for an amendment to the Bulgarian Health Act, drafted by a team of legal experts and representatives of the non-governmental sector, that will allow the financing of projects of non-commercial legal entities in connection with the implementation of the National Programmes for Prevention and Control of HIV and Sexually Transmitted Infections, Tuberculosis, and Viral Hepatitis.

5 Parties interested in the introduction of a new mechanism for financing

One of the cardinal problems in Bulgaria is the lack of a clear system for participation of the interested parties in the discussion of issues related to the right to health and/or prevention of risky behaviour. There are no established minimum standards or directions as to how interested parties ought to be included in the process of discussing various health issues. The importance of the consultation process as such is seriously undervalued in Bulgaria, and the majority of non-governmental organisations, when they happen to take part in consulting forums, are placed in a dependent position, because the power and the resources lie mainly in the hands of the state and the municipal administration.

The situation regarding the non-governmental organisations specialised in the field of HIV is alarming. Their participation in consultation procedures related to the national HIV response is chaotic and unstructured, and in many instances it is based on 'good will' and 'invitation' for participation to individual persons on the part of the administration. The lack of an institutionalised network of organisations is an additional obstacle to their organised participation at various stages of the consulting process, when it is being conducted at all, which reduces the chances of efficient impact on national and local HIV policies.

For the purposes of this paper, the following parties interested in the introduction of a new mechanism for financing of projects for activities on HIV prevention and care have been identified:

INTERESTED PARTIES

Key populations
(MSM, PWID, sex workers)
and PLHIV

Civil society

National Council for
Prevention of the Acquired
Immune Deficiency Syndrome,
Tuberculosis, and Sexually
Transmitted Infections

PRESENTATION

Proper community leaders and advocates among MSM, PWID, sex workers, and PLHIV elected as emissaries of the seriousness of the issue with the lack of sustainable solution to the national HIV response.

Non-governmental organisations specialised in the field of HIV with experience, capacity and knowledge of the problems, and the expertise to offer solutions.

A consultative body with the Bulgarian Council of Ministers (the Bulgarian government) whose chairperson is the Health Minister. Its line-up includes representatives of various state institutions, experts, professionals, and non-governmental organisations specialised in the field of HIV and tuberculosis. It defines the directions of the national HIV and tuberculosis response.

Partnership for Health Council

A consultative body with the Bulgarian Council of Ministers (the Bulgarian government) whose chairperson is the Health Minister. Its line-up includes representatives of various state institutions and agencies, professional organisations, organisations of patients and other non-governmental organisations in the field of health care. It drafts and implements policies in the sphere of public health and policies for improving citizens' access to state-of-the-art health services.

Ministry of Health

It manages and implements policies related to the country's HIV response.

Ministry of Labour and Social Policy

It manages social services on the principle of state-delegated activity. Through its *Agency for Social Services Quality* it monitors, observes, and licenses social services.

National Assembly (Bulgarian Parliament)

A legislative body that determines the legal regulation in the field of health care, including HIV.

Ombudsman

Defends civil rights when state and municipal bodies and their respective administrations hamper/limit the access to public services, including in the field of HIV.

Local authorities

Municipal authorities on site ought to be directly interested and should play a key role in supporting measures related to HIV response on a local level.

Media and society

Media as a tool for promotion of the seriousness of a given case and as a means to influence political decision-making by means of the so-called 'media pressure'.

6 Hypotheses regarding the future development

The last three years during which the Bulgarian Ministry of Health has been announcing calls for tenders for activities on HIV demonstrated clearly that the current model for state funding is no longer able to create the necessary conditions for sustainability of the interventions, for work toward achieving the global HIV targets on a national level, and last but not least, for the protection of the nation's health through the implementation of a successful HIV response. The need of a new mechanism for sustainable state funding that will focus on the quality and efficiency of the interventions and will create conditions for the resumption and multiplication of the good practices in the country is imperative.

Hypothesis 1

Developing further the issue about amending the mechanism for state funding for the activities on HIV prevention and care will have a direct impact on the further spread of the epidemic and the efficiency of the national HIV response in Bulgaria. A legislative reform introducing a new centralised funding mechanism will lead to sustainability and will provide opportunities for the interventions with proven efficiency over the years to be implemented anew to fruition. Thus, the non-governmental sector will be engaged in the long-term, it being the only efficient executor of activities on HIV prevention and care due to its proximity to the affected communities and its accumulated experience. The years during which with the help of the Global Fund the non-governmental organisations worked without interruption with the vulnerable communities allowed for the spread of HIV to remain sustainably under 1% of the population, which for a long time rendered Bulgaria among the countries with low HIV prevalence and saved millions from expensive treatment. The proximity to the group and the relevance of the well-prepared non-governmental organisations allowed also managing quickly the local epidemics among specific communities, such as the one in Plovdiv's Stolipinovo quarter in 2009, and the one in Sofia in 2012. The introduction of an efficient mechanism for financing of non-governmental organisations specialised in the field of HIV will maintain their vitality and will guarantee the relevance of the country's national HIV response and the continuous sustenance of the good results achieved with the help of the Global Fund.

Hypothesis 2

If a legislative reform is not carried out, public procurements will remain the only valid form of distribution of state funding. However, its limitations as a mechanism for sustainable containment of the spread of HIV are already a fact. The procedures related to the implementation of public procurements take up considerable time and will certainly entail long-lasting discontinuation of the activities, which, in turn, will lead to an acute deterioration in the interventions' effectiveness. The long periods of non-existent preventative and supporting measures will compromise the results that had been achieved and will waste the invested resources. Short-term contracts will contribute to the frequent change in the contractors of activities, which will obstruct the capacity building and the quality development. Thus, the national response to HIV will be *de facto* compromised and will exist only on paper. And that will mean only one thing: uncontrollable spread of the HIV epidemic, a

multitude of 'hidden cases' among the most vulnerable communities that will neither be found out, nor treated, and non-existent capacity for response in the event of local epidemics which might favour the quick spread of the virus into the larger community.

AND YET, BY INTRODUCING AN ADEQUATE AND SUSTAINABLE MODEL FOR FINANCING OF COMMUNITY-BASED PROGRAMMES FOR HEALTH PREVENTION AND CARE, THIS SCENARIO CAN BE EVADED BOTH FOR HIV, AND OTHER SOCIALLY SIGNIFICANT INFECTIOUS DISEASES, SUCH AS TUBERCULOSIS AND VIRAL HEPATITES.

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