



Report on the Workshop

Transition from the Global Fund support of TB program to national funding: civil society role, opportunities and priorities in Romania

Hotel International, Bucharest, Romania
13 – 14 June 2019

As Romania is transitioning out from the Global Fund's and other donor's support, 25 civil society representatives from 5 major cities gathered to discuss what they can do for a greater sustainability of the country's responses to the TB and HIV epidemics. The participants first heard the information about ongoing efforts and the perspectives from the leading experts of public health, TB and HIV, and the Global Fund's portfolio manager. Guest activists from the Republic of Moldova and Montenegro shared their lessons and paths to energizing political commitment, uniting civil society efforts, developing social contracting of NGO services and pursuing inclusive multi-stakeholder dialogue in CCM.

The participants discussed their advocacy plans during the workshop in these areas: (1) sex education for young people as part of developing SRHR policies (and possibly creating a coalition in an area for re-energizing advocacy); (2) political commitment to TB, HIV, STI and hepatitis; and (3) social contracting mechanism including costing of services, reviewing the models of funding and possible funding sources.

An update on the CCM evolution project, Global Fund CCM policy and practices reinforced the urgency among the participants to make CCM operational, while pushing through the establishment of a modified post-Global Fund CCM – a national body that would truly lead the HIV and TB strategies. Within the CCM and also outside CCM, civil society wants to see more emphasis on facilitating cooperation and coordination including at service and programmatic levels. The participants questioned feasibility of increasing accountability of civil society and community CCM members to their constituencies in the next year (but importance of the oversight function and info-sharing), given how stretched resources are.

The workshop took a challenging task of discussing future advocacy when a number of relevant strategies are under way. Three critical projects for sustainability are supported by the Global Fund in Romania: a TB transition grant; a regional EECA HIV grant; and a CCM evolution project. Therefore, those three critical sustainability areas --where either studies are under way or strategies have been planned—were only touched upon without a greater detail: (a) changing the model of TB care; (b) mobilizing support from local authorities; and (c) getting better pricing for medications to free funds for prevention and support under the national HIV and TB programs.

Two additional sources of support are available for Romanian civil society and were presented in detail: grants from Active Citizen Fund supported by Norway, Iceland and Lichtenstein; and Global Fund's technical support on Community, Rights and Gender (CRG). The event was organized by the Eastern Europe and Central Asia (EECA) Regional Platform on Communication and Coordination, hosted by the Eurasian Harm Reduction Association, which has conducted in 2018 – 2019 similar civil society events in Azerbaijan, Tajikistan, Central Asia and is planning one in Albania later in October this year.

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Context, goal and objectives

See: [Concept](#)

Romania is one of the countries which has been affected significantly by the notable decrease in availability of funds for HIV and TB responses from the Global Fund and other donors. Like in case of other countries in Eastern Europe and Central Asia, there is a concern about how to ensure the successful transition from the donor support to reliance on national funding, particularly since negative experience after the closure of the HIV grants from the Global Fund and UNODC, following which services among vulnerable populations reduced and a major spike in HIV was observed.

Romania has been allocated a grant of € 4,052,972 for tuberculosis and building resilient and sustainable systems for health in the current three-year allocation cycle of the Global Fund. This grant is being considered as the last TB grant for the country to support the transition processes.

Although Romania is ineligible to receive the Global Fund funding for HIV response since 2010 when its last Global Fund HIV grant came to an end, the current “transition grant”, as well as all previous TB grants to Romania, includes a significant component on HIV prevention among key affected populations (KPs). Therefore, civil society mobilization for joint advocacy to ensure the domestic funding of HIV prevention activities among KPs is essential.

At the same time, according to the Global Fund’s Eligibility List 2019 Romania may be eligible for an allocation for HIV/AIDS for non-governmental or civil society organizations if the country demonstrates the barriers to providing funding for interventions for key populations, as supported by the country’s epidemiology. The Global Fund Secretariat will assess whether the criteria have been met at the time of determining allocations for the 2020-2022 allocation period. The decision on the countries’ allocations within the next 2020-2022 allocation period will be made by the Global Fund Board in November 2019.

Within this context, the workshop's goal was to agree on the needs, opportunities and steps for civil society advocacy towards sustainability of TB and HIV responses in the context of donor transition in Romania.

The objectives were:

- to have a common understanding of the current situation with donor transition, risks for the sustainability of the responses, and opportunities under the projects supported by the Global Fund;
- to learn from experiences in neighboring countries undergoing similar issues;
- to identify steps needed by civil society and communities' representatives in the next 2 years;
- to present opportunities for funding and technical assistance including the Global Fund Technical Assistance Program on Community, Rights and Gender (CRG TA Program);
- to re-energize commitment to advocacy and align efforts.

Participants and experts

See: [List of Participants](#)

The organizers selected 25 participants in consultation with the Global Fund Secretariat and key national partners. EHRA reached out to all the CCM NGO members, all the sub-recipients of the previous Global Fund grants, CSOs involved in the new grant activities implemented by Romanian Angel Appeal (RAA) and some other NGOs that were active in the field of TB/HIV/Public Health or resource centers such as CSDF.

Participants included civil society and community representatives in/from:

- in the country coordinating mechanism (CCM)
 - 8 members/alternates;
 - 2 members of the CCM Oversight Committee;
 - 2 members of the CCM's working group on advocacy;
 - 2 representatives of the Secretariat;
- 6 non- governmental organizations (NGOs) involved in the new and the previous Global Fund TB grant;

The pool of experts consisted of:

- The Global Fund Portfolio Manager (*first day*);
- Two civil society representatives from Montenegro and the Republic of Moldova;
- Representatives of the government principal recipient – National Institute of Public Health, national TB coordinator, a hospital manager delegated by the city authorities (*only for specific sessions*);
- Representative of the operator of 'Active Citizenship Fund' in Romania;
- EECA Regional Platform Coordinator and other representatives of organizers.

The Chair of CCM from the Ministry of Health could not participate, possibly in relation to the busy schedule during the Romania's Presidency of the European Union Council. Members of the CCM Oversight Committee were invited to participate but only one joined in one segment of the meeting.

Since the meeting was taking place in Bucharest and the majority of participants coming from the city (4 out of 25), there was a rotation of participants present with an exception of the core group.

Approach and agenda

See: *Agenda in [Romanian](#) and [English](#)*

The concept of the meeting was developed by the organizers. Inputs were received from the Global Fund's portfolio manager for Romania, CCM Hub and CRG team, as well as Romanian Angel Appeal who serve as the lead civil society partner in two Global Fund supported projects.

The two-day workshop combined a series of presentations, discussions, and group work. It was conducted in the Romanian and English languages with simultaneous translation, with one national and one international facilitators. The agenda was structured into the four sessions:

- (1) taking a stock;
- (2) hearing from other stakeholders and other countries;
- (3) planning civil society work; and
- (4) support available.

The initial plan to have two sets of group work were reversed as a number of discussions were deemed to be too early before relevant legal assessment or ARV pricing reports or WHO technical mission on procurement are conducted. The agenda intentionally did not plan having officials throughout the meeting and instead invited them to the first day and specifically for their presentations and for a special panel.

Evaluation

Self-administered [questionnaire](#) and a short reflective session were conducted at the end of the workshop. Unfortunately, by then only 12 participants remained for the reflection.

The evaluation showed that the objectives were achieved between 81% and 92% in average, with higher marks on the first three objectives and less clarity on advocacy steps and alignment of the efforts.

The participants gave particularly high marks for the logistics and materials (97%), also possibilities to express their opinion, the agenda and facilitation (93%). Some participants at the end of the workshop commented that a workshop in a retreat outside Bucharest, in a relaxed environment would be more conducive, particularly for many long-term burn-out advocates and ensuring lower rotation of the participants in the room.

The main outcome highlighted in the evaluation forms showed that the participants took different things from the meeting – for some it was an inspiration from the presented examples from Montenegro and Moldova, for others - on new ideas on cooperation and youth-focused initiatives, understanding funding opportunities, an idea of applying for CRG support, short-term steps for the CCM's advocacy group, and better coordination among civil society

initiatives. But there was also a sense, expressed by one participant that after the meeting “CSOs remain not financially sustainable” as they were before the meeting.

The examples of planned next steps reported in the evaluation forms included follow up with Moldova colleagues on understanding their approach to costing, developing a project based on the discussion, sharing the discussion with other colleagues and the next meeting of the CCM’s working group on advocacy, staying in touch with peers in the same domain etc.

Materials

The materials – presentations and additional materials from Moldova, Montenegro and others - are available in the online google drive under the following folders:

<https://drive.google.com/drive/folders/1VnYIi3mb2L98XxJfqCWseTed2OMMt6zD>

Folders:

- [Presentations](#) (sorted by sessions)
- [Documents](#):
 - o documents from Moldova,
 - o CRG technical assistance,
 - o legal analysis of social contracting feasibility in Montenegro,
 - o theory and practices of involvement of civil society in CCMs,
 - o sustainability of social services (in Romanian)
- [Logistics](#)
- [Flipchart photos](#)
- Other documents in the main folder: concept, agenda, participant list, evaluation form

Discussions

- **Session 1: Taking a Stock**

Global Fund TB grant is for transition, i.e. strengthening systemic issues

[The Global Fund’s Portfolio Manager for Romania Ms Sandra Irbe](#) outlined the policy of the Global Fund to encourage national ownership, especially in middle-income countries. Romania, especially in light with its membership in the European Union, is seen as able to fund its own response to HIV and TB. The new tuberculosis grant is a grant aimed to support the transition process and sustainability, therefore it is built on the blocks for health system strengthening: integrating CCM in health governance; reforms of the model of TB care; greater integration of existing services partnering government, municipal and NGO efforts; and establishing contracting of services for vulnerable populations implemented by NGOs. Ms. Irbe presentation outlined good practices from other countries addressing these challenges.

De jure eligible for HIV and TB but not de facto?

In the response to questions from the audience, Ms. Irbe explained that Romania formally remains eligible for TB without conditions and for HIV under the so called ‘NGO rule’, however, allocation is not guaranteed, moreover, Romania being the EU member state would

have difficulties to meet the conditions for the HIV NGO rule, i.e. to prove the barriers to funding of services for key populations required. This topic was further discussed at the end of the workshop, where Mr. Ivan Varentsov shared that Russian NGOs are planning strong advocacy to defend their right to apply to the Global Fund under this NGO rule and have a non-zero allocation and expressed openness to collaborate with Romanian civil society if the latter decided to do the same for Romania.

Post-transition support and watchdog needed

The participants highlighted the importance of the watchdog function after the donor transition and that donors should fund it. According to Ms. Irbe, such support for watchdog was made available to Russia by the Global Fund on exceptional basis; Romania should look for alternative sources of support for this area.

CCM oversight including what country commits as conditions of the grant

Oversight of the country's commitments ranging from the implementation of the conditions in the Global Fund's grant agreement, to monitoring of the progress of the key milestones in the grant and discussing how to facilitate this progress and overall sustainability - is the chief function of the Country Coordinating Mechanism (CCM). CCM should have these issues on its agenda and ask relevant stakeholders to report on the progress on regular basis, with time-bound milestones for the next period, and discuss how to facilitate that progress.

Delayed but enthusiastic start of TB transition grant

MoH is the Principle Recipient of the grant hosting the grant management unit. The Global Fund TB transition grant implementation unit is set up in the National Institute of Public Health. Currently a project implementation unit team is being hired, which delays the start of the project. The [Project Manager Dr Florentina Furtunescu](#) and [Dr Silvia Asandi, the Director of the main sub-recipient, responsible for the civil society component, Romanian Angel Appeal](#), highlighted critical elements within the upcoming project to be delivered. The project will focus on capacity building of government bodies, advocacy at national and local levels, time-bound support for harm reduction programs among people who inject drugs and homeless. It will facilitate the partnerships at local levels like the agreement of establishing a community-based integrated center in Bucharest, which is been a collaboration between government, city and NGOs. NGOs also can have a more watchdog role, for example, to monitor the reforms of the care model change. WHO will provide technical support on reforming the model of care.

TB transition grant

*Funded by the Global Fund
 € 4,052,972*

March 2019-March 2021

*Principal recipient (PR): National Institute of Public Health under the Ministry of health
 Main sub-recipient: NGO Romanian Angel Appeal (previously PR)*

Key expected results:

- increased capacity of the Ministry of Health to manage TB and other communicable diseases: policies, planning and M&E;
- continued reform of the TB care model moving to ambulatory care
- TB prevention policies;
- improved procurement and supply chain (procurement and delivery, lower prices and buying procedures);
- enhanced legislation related to TB and key populations;
- new contracting mechanism for NGOs by the Ministry of Health.

New grant builds on previous achievements by civil society

The previous TB grant, managed by the Romanian Angel Appeal as a sole principal recipient, did not involve government bodies in the grant management. It has demonstrated that civil society advocacy and collaboration can work. Additionally, that grant enabled initiating the reforms of TB care model, procurement and advocacy for steps in terms of procurement and registration of medicines. Civil society also managed to get a promise of doubling the TB budget but the minister of health who made the promise left his position and this commitment was implemented only in part. One participant highlighted the continued gaps in state procurement also for HIV and that currently the Ministry of Health uses the EU funds to pay for essential antiretroviral medications for HIV.

Civil society advocacy works: key results

- **Law on Tuberculosis**– came into force in December 2018, bylaws are under development
- **2019-2021 Draft HIV/AIDS National Strategic Plan**, submitted to MoH in November 2017, approval of the Government pending;
- **Romanian TB Caucus**, an informal body of the 22 Romanian Parliament members since March 2019;
- **All MDR-TB drugs included in the list of reimbursed medicines**, following the Report on TB Medicine Crisis in Romania –October 2017 and a campaign; needs follow up to address the new WHO recommendations for MDR-TB treatments.

Social contracting

The plan under the TB grant is that the Ministry of Health will develop a mechanism. A legal analysis is being done which should conclude with a package of proposed legal documents. The opinion of the Ministry of Labor and Social Justice, which has a mechanism for contracting NGOs to deliver social services is that organizations should be accredited and operate according to standards in order to get state funding. The development of standards will be led by the Romanian Angel Appeal with planned involvement of socialists from ministries. One international expert highlighted lessons learnt from other countries how important it is to ensure greater ownership of the Ministry of Health in this process and its product: in some countries in the region, standards and costings developed by NGOs have not been recognized by institutions and had to be remade.

HIV advocacy gets 3-year funding

HIV advocacy grant

Funded by the Global Fund, through Alliance for Public Health (Ukraine)

US\$ 359,718

June 2019-December 2021

Main implementer: NGO Romanian Angel Appeal

Partners: Romanian Association Against AIDS (ARAS), National Union of Organizations of People Affected by HIV/AIDS (UNOPA) and “Eu sunt!Tu?” Association

Goal: to improve the financial sustainability of HIV interventions delivered by civil society organizations among key populations and people living with HIV;

Key results:

- Minimum cost standards and service quality standards for interventions mentioned above developed by 2020 and at least of one of the cost and service standards approved by 2021
- By 2021, the government will have allocated at least 300,000 EUR for such interventions

A significant support for civil society's consistent advocacy will come from a [regional HIV grant](#) supported by the Global Fund and managed by the Alliance of Public Health in Ukraine. It will develop minimum and seek the approval of the official service costing and quality standards for HIV services targeting people living with HIV, MSM and other key populations. The success of the project will be measured with whether the government allocates at least 300,000 EUR for HIV services implemented by civil society organizations (this amount was defined by the Alliance and the participating parties could not clarify how this amount was calculated). It will lobby for the approval of the National HIV/AIDS Strategic Plan 2019-2021, will engage lobbying company for that purpose. The project will enable Romanian activists to maintain regular exchanges with other countries in the Balkans and beyond undergoing similar transition challenges. A comment from the floor suggested expanding the scope of the TB caucus in the Romanian parliament to include HIV, which would enable putting HIV higher on the political discussion, possibly organizing parliamentary hearings on HIV and TB where different stakeholders could share their perspectives and secure support from the parliament on the steps towards a greater sustainability and accountability.

Physicians and NGOs services

There is a greater acknowledgement of the role of NGOs in service provision, particularly addressing needs of people with more complex needs. One participant commented that for physicians it became too easy to have NGOs to serve their clients but they should do more as part of their job and collectively physicians and NGOs could do more together as teams and to have a greater voice from doctors towards the government about the gaps in formal health services and the role needed from NGOs (and that state should fund it).

Evolution of Country Coordinating Mechanism into an effective and sustainable body

The Global Fund's pilot project 'CCM Evolution' supports the country--among 10 countries globally--to strengthen its governance in HIV and TB. [Mr. Dragos Rosca, representing the CCM Secretariat, hosted by Romanian Harm Reduction Network](#), outlined the focus, progress and remaining tasks under this initiative. The focus is (1) strengthening CCM oversight functions which will be led by a newly elected CCM Committee, supported by various instruments and data collection exercises; and (2) finding a sustainable structure that would outlive CCM after the Global Fund grants end. For the latter purpose, different models have been discussed. Further research will present the multi-sectorial inter-departmental governance practices in Romania and governance practice on HIV and TB within the EU. During this workshop, Ms. Nicoleta Dascalu from ARAS offered to support these processes to collect information from the EU Civil Society Forum on HIV/TB/hepatitis.

More integration and strategic interventions in the future CCM?

The workshop discussed that hepatitis might fit well for a governance that would lead more integrative approaches on HIV, TB and hepatitis. This would also be in line with WHO recommendations and EU tendencies. However, a new Steering Committee for the implementation and coordination of a recently adopted national hepatitis strategy is already in the process of being formed by the Ministry of Health and it is unknown how advanced this process is. The representative from the National Institute for Public Health pointed that merging the issues might turn to complicate the issues. Mr. Rosca highlighted that CCM could get engaged in some strategic initiatives in the health sector that have implications on HIV and TB, e.g. the process of amending of the Law on Healthcare and defining the Law on Prevention, as well as next national health strategy. The other area which had less development so far are

opportunities for better organization of civil society voices – preparatory meetings before CCM and enhancing representation function of constituencies. The CCM has two active groups – one on advocacy and another on sexual and reproductive health. The ‘CCM Evolution’ project will continue in the country until the end of 2019.

- **Session 2: Perspectives from other stakeholders and abroad**

Perspectives and advices from health and public health leadership

The panel of the National TB Coordinator, a city delegated head of the main infectious disease hospital of Victor Babes, head of the National Institute of Public Health and the Global Fund portfolio manager were asked how they see the role of civil society and how civil society advocacy could become more impactful. National TB coordinator Dr Beatrice Mahler from Marius Nasta Institute of Pneumatology highlighted that they rely on NGO services for the national TB strategy, like outreach project to screen 75,000 patients that is planned. She highlighted that communication strategy is needed to document and increase awareness of the value that NGOs bring. Dr. Emilian Ioan Imbri from Dr. Victor Babes Hospital echoed the important role he sees for NGOs in such areas as treatment support. He highlighted an observation that NGOs has major divisions and lack of unity among them. Earlier at the beginning of the workshop he shared an example how he facilitated a joint position among NGOs, Victor Babes Hospital to called for integrated services and that this joint effort, overcoming the differences, might bring results. (According to a comment from the audience, the city hall is however falls behind the agreed schedule to allocate premises for the integrated care center and this needs to be speeded up). Dr Imbri was clear that legislative changes are needed for more proper recognition of NGO role and contracting them in health and social systems. NGOs voice to highlight unmet challenges, like high rates of TB in prisons with 8 out of 3000 prisoners having TB, is another area that Dr Imbri would encourage. Dr. Furtunescu from the National Institute of Public Health outlined different levels of prevention and that NGOs are critical for outreach to deliver prevention and popularization of prevention, also delivering approaches at community level. In her opinion, predictable financial programs are needed for NGOs but she encouraged NGOs to be more lenient to government mistakes and focus on working together with government to build solutions for prevention, partnership and community.

Win-win solutions with government but using street advocacy and filling gaps when needed?

Ms Sandra Irbe from the Global Fund started her comments with the recognition of the asymmetry of power, energy, stability, knowledge and access to international events between civil servants and civil society. She encouraged agreeing on a common goal, using opportunities and understanding the role. Despite high levels of frustration, Ms Irbe encouraged channeling it into finding ways for showing some win-win solutions where government structures and officials would see gains from their side, while supporting advocacy asks from NGOs. One participant highlighted that the civil society advocacy is complex, while partnering with government institutions might be important, protests are important part to be impactful. In the very beginning of the HIV response NGOs together with parents led aggressive advocacy that showed results. However, similar protests in 2013 have not changed the government’s lack of funding for continuation of harm reduction programs despite the spike of the new HIV cases among people who inject drugs. ARAS advocacy for increasing opioid maintenance therapy

(OMT) did not yield changes in public services and therefore they decided to develop these services themselves and now 50% of OMT clients are served by ARAS.

Moldova experience

[Ms. Ala Iatco, the President of the Union of Organizations Working in the Field of HIV Prevention and Harm Reduction in Moldova and a member of Moldova National Council on HIV and TB](#), presented their path towards a greater sustainability. Despite the frequent changes of leadership in ministries, they implemented an aligned strategy towards receiving first funding for HIV preventions services among key populations implemented by NGOs. Part of that process was to developing costing of services per person, methodologies of services and get them approved by the Ministry of Health. So far, funding has been received from the National Health Insurance Fund but other options are discussed on the model of funding from the Ministry of Health and cities (with some successes at the city levels already) to make the services more sustainable and have diversified funding. The critical role was played by UNAIDS, uniting of community-based groups including rehabilitation, affected communities and service providers, strong role of the HIV department at the Ministry of Health and dialogue with Ministry of Finance, support from the police. The participants from Romania explained the difficulties of engaging the Ministry of Health to take responsibility in harm reduction due to overlapping function with the National Anti-Drug Agency's role.

Montenegro: social contracting starts between Global Fund grants

Montenegro experienced collapse of NGO services for key populations but not advocacy after the Global Fund's departure in 2015. According to [Ms. Sanja Šišović from NGO CAZAS](#), aligned advocacy and political changes helped to get the first 100,000 EUR, earmarked for HIV services by NGOs by the Parliament. This process was reinforced by the new law on NGOs which enabled each ministry including Ministry of Health to allocate a percentage of funding for programs of national importance implemented by NGOs – in this case for HIV. This generate allocations. In parallel, the mechanism – tender description, criteria and process for selection of proposals – were developed. An active CCM, with the secretariat supported by the Global Fund after 2015 and Global Fund help (Global Fund send support letters even after 2015, before it returned to the country due to increased level of epidemic and therefore changed eligibility status of Montenegro). The Montenegro continues working on making the contracting more sustainable. One of the limitations of this work so far is that TB is not addressed in this advocacy and contracting. Also, the CCM has not been integrated in the national AIDS Commission, which are connected, however, the CCM Secretariat, placed in the Institution for Public Health is independent and operational which contributes to CCM being effective.

- **Session 3: Planning advocacy**

[CCM presentation from Mr. Ivan Varentsov from EHRA](#) outlined the Global Fund requirements and recommendations for CCMs including civil society and community representation. He showed some practices from other EECA countries to address these. It seems that these recommendations are not yet implemented in the country: election of CCM members from its own sector, having affected community representatives including from key populations, developing constituencies of communities and civil society.

[Ms. Ala Iatco from Moldova](#) presented the experience of her country’s National Coordination Council on HIV and TB (NCC), which is not only overseeing the Global Fund grants, but which is an institutionalized governance body that oversees implementation of the national HIV and TB programs. She explained how the body is organized, its composition with multisectoral ministries and key population representatives involved, successes and challenges. Inclusion of one of the major opponents to sexual education and sexuality issues – the Church representative – raised an interest among the participants. In Moldova, the HIV and TB community decided that discussions with the opposition are easier and more inclusive within the NCC than outside.

Open plenary discussion identified several areas that the participants would like to work on during the workshop for planning advocacy. The following areas were short-listed for group work:

1. Increasing political commitment to TB and HIV
2. Developing contracting model for NGO services among vulnerable groups
3. Developing sexual and reproductive health and rights advocacy and greater coordination of services (including among youth)

Other topics that were identified but not discussed due to lack of expertise in this particular setting were: supporting the reforms of the TB model of care, enhancing city involvement in HIV and TB (including to support NGO services), and the discussion on Romania’s eligibility and allocation form the Global Fund.

Key considerations and conclusions resulted from the group work

Subject	Political commitment & dialogue	Sexual and reproductive health and rights – SRHR	Social Contracting
Purpose	To get more political commitment and to have a real dialogue	To advocate for a SRHR strategy/campaign at the national level?	To social contract NGOs to do campaigns/health projects
Evidence		High rates of STIs, abortion, teenage pregnancy, etc. No education on SRHR	International Reports Models from abroad
Key steps and strategies	To build messages on statistics and to shape the message in electoral/economical/statistical ways. These messages can be distributed during the elections, to all the parties, to raise awareness about our issues.	Setting the national standards on SRHR Put all the organizations/people interested on the same page Develop an advocacy plan	To identify models working in similar contexts To adapt the framework in order to enable the social contracting to work at the level of MoH / National Health Insurance House

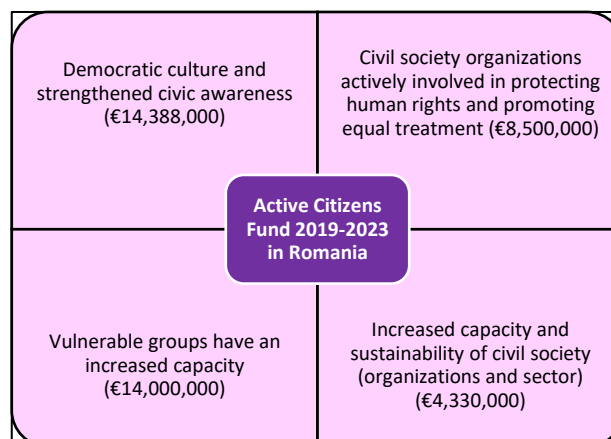
	To include TB Caucus Romania in CCM and/or vice versa		
Partners /supporters	To identify more supporters among embassies, networks, European Agencies, UN Agencies, public figures that that can be ambassadors for our causes	NGOs Networks Professionals (teachers, doctors, psychologists etc.) Mass media Public Health and Local Authorities	NGOs Communities Medical professionals
Opposition		Religious organisations Politicians Parents	Local and national public authorities
Coordination of next steps	CCM working group on advocacy – chaired by Stefan Radut The group will work on the ideas developed during the training and will come up with a plan (some of them were previously discussed)	Follow up by Oana from Europrotector (Craiova) and Vlad from ACCEPT who will develop this into a concept and facilitate next steps. They will try to create also a network of NGOs working on these specific topics.	Romanian Angel Appeal will work with the MoH on the current grant: amending the legislation and pilot projects for social contracting. (2 projects)

• **Session 4: Available support**

Civil Society Development Foundation

[Mr. Ionut Sibian from the Fund](#) presented the upcoming opportunities for receiving institutional support, exchange with EEA countries, and support for services within the generous support from the Norwegian and other EEA support. Over 2019-2024, the Active Citizenship Fund will distribute €46 million. The six domains of the assistance are:

- Democracy, active citizenship, good governance and transparency;
- Human rights and equal treatment by combating all forms of discrimination on grounds of racial or ethnic origin, religion or belief, sex, disability, age, sexual orientation or gender identity;
- Social justice and inclusion of vulnerable groups;
- Gender equality and gender-based violence;



- Environment and climate change;
- Capacity building of NGOs.

11 calls for proposals will be announced in autumn 2019.

TB People and TB Europe Coalition

Romanian activists are highly engaged in global and regional initiatives, like the TB patient-driven network of activists called TB People and the civil society advocacy network in Europe, TBEC: TB Europe Coalition. [Mr. Stefan Radut who is a TBEC board member and Vice-President of ASPTMR](#) presented them and encouraged people to join to gain from networking and information coming from these networks.

Global Fund CRG TA Program

[Mr. Ivan Varentsov from EECA Regional Platform on Communication and Coordination](#) presented on the components under the Global Fund's CRG Strategic Initiative. Six Regional Platforms for Communication and Coordination were supported to expand communication of Global Fund process among civil society groups and organizations and coordinate the TA needs and opportunities. Within the second component of its CRG SI the Global Fund supports global and regional networks like TBEC to support the meaningful engagement of key and vulnerable populations in Global Fund processes in the long-term. A special technical assistance program on CRG that is available within the first component of the GF CRG Strategic Initiative which is an important resource for the civil society in addition to the Global Fund grants. The support comes in kind, i.e. not in the form of money or grant, through identified TA providers. Its purpose is to support ongoing grants implemented by countries and support by the Global Fund, therefore these requests should be linked to the Global Fund grants, i.e. in case of Romania, the current TB grant. He explained in detail the scope, and the process of such support, showing examples from Bulgaria, Tajikistan and Georgia of the received support. He went in detail through a simple form for filing the request (which could be done by NGOs directly) and offered informal consultations in case additional questions arise. During the question and answer session, it was highlighted that the support has to be limited to maximum value of US\$20,000-25,000, short-term. A conference on human rights in itself is not in the scope of the program but a consultation with clear preparation and output that would be used under the grant could be. Transgender and woman focus – if there is a need from Romanian side – should be somehow linked with vulnerability to TB. Such support could be requested for growing capacity and leadership of affected communities.

Options where Global Fund CRG TA might be useful in Romania

After the workshop there have been discussions about two applications for CRG TA, one from ARAS, in the context of strengthening HR component of the current TB grant, and another application from ASPTMR in the context of developing skills in educating the TB patients to stand up for their rights.

Being a transition grant with 70% of the activities being TA, almost all the needed support was introduced there. Also, the gaps were covered by the regional project so, right now, there is not such a big need of TA. The TB grant and the regional project were signed this year, few months ago and there is a thought that during the implementation TA needs will be revealed.