REPUBLIC OF BULGARIA

National Committee for Prevention of AIDS and STIs at the Council of Ministers

UNITED NATIONS GENERAL ASSEMBLY SPECIAL SESSION ON HIV/AIDS

COUNTRY PROGRESS REPORT ON MONITORING THE DECLARATION OF COMMITMENT ON HIV/AIDS

Reporting period: January 2008 – December 2009

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Status at a glance

Inclusiveness of the stakeholders in the report writing process

The first and second UNGASS Country Progress Reports of the Republic of Bulgaria on the implementation of the Declaration of Commitment on HIV/AIDS were submitted in 2006 and 2008 and presented progress on key indicators respectively for the periods 2003-2005 and 2005 2007.

A working group headed by the Deputy Minister of Health, was established for the preparation of this third Bulgarian UNGASS Country Progress Report. The processes for report preparation has followed the recommendations of the United Nations Programme on HIV/AIDS (UNAIDS) and included representatives of government institutions, medical facilities, organizations from the non-governmental sector directly involved in the provision of HIV prevention, care and support services and United Nations agencies who have supported the implementation of the national HIV response.

The working group collected, processed and reviewed all available data obtained from the Directorate of Specialized Donor-Funded Programmes at the Ministry of Health, the National Unit for Second Generation HIV Sentinel Surveillance at the National Centre of Infectious and Parasitic Diseases, the Ministry of Education, Youth and Sciences, the National Centre of Hematology and Transfusiology, the National Centre for Protection of Public Health, the National Centre of Addictions, all United Nations agencies represented at the country level, the Embassies of Germany and the Netherlands, the European Commission, international organizations, as well as all information from the programmatic monitoring system on HIV prevention interventions implemented primarily by the non-governmental organizations, which is systematically collected by the Monitoring and Evaluation Unit of Program “Prevention and Control of HIV/AIDS”, implemented with a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The draft UNGASS report was presented at a meeting of the Country Coordinating Mechanism to Fight AIDS and Tuberculosis for review, discussion and agreement.

Status of the epidemic

Bulgaria is at crossroad of two epidemics with different dynamics and different driving forces. According to UNIADS, the epidemic in the region of Eastern Europe and Central Asia is the most rapidly growing one, and 62% of the new infections in 2006 are among injecting drug users. At the same time, the epidemic in Central and West Europe continues to grow mainly among men who have sex with men, who represent 29% of new HIV infections in 2006, and the number of newly registers cases has doubled between 1996 and 2006.

Bulgaria is still a country with low HIV prevalence in the general population. However, the country faces a great challenge related to the possibility of rapid development of concentrated epidemics in separate group identified as most-at-risk. There is already such epidemiological and behavioural evidence for the groups of injecting drug users, men who have sex with men and sex workers. The risk is also related to the possibility of transmission of the infection to the general population, where the main mode of transmission is the heterosexual one, and where a generalized epidemic can develop. Therefore, now is the time to implement effective national policies aimed at preventing such epidemics in the country.

Policy and programmatic response

In 2008, the Bulgarian Government adopted the new National Programme for Prevention and Control of HIV and Sexually Transmitted Infections (STIs) for the period 2008-2015. The new programme is designed to sustain and scale-up the national HIV response and the results achieved under the previous National Action Plan for Prevention and Control of AIDS and Sexually Transmitted Diseases (2001-2007) and Program “Prevention and Control of HIV/AIDS” (2004-2008), implemented with a grant form the Global Fund to AIDS, Tuberculosis and Malaria. The Program “Prevention and Control of HIV/AIDS” will continue to be an integral part of and contribute to the goals and objectives of the National Programme through the support of Global Fund for the period 2009-2014.

The National HIV Programme sets forth the overall policy of the country not to allow an outbreak of HIV/AIDS epidemic and incorporates a multisectoral and participatory approach to address all aspects of the problem while respecting human rights. Future priorities for action were identified through a broad national consultative process conducted in October-November 2007 with the participation of all relevant stakeholders. There were a series of National Round Tables to assess

the effectiveness of implemented interventions and identify strengths and gaps for the period to 2015.

The goals of the new National Programme for Prevention and Control of HIV/AIDS and STIs (2008-2015) are to reduce the number of new HIV infections and improve the quality of life for people living with the disease. The main strategic areas under the programme are 1) health system strengthening; HIV/AIDS and STIs epidemiological surveillance and testing policy; 2) health promotion and HVI prevention among the groups most at risk; 3) health care and social services for people living with HIV/AIDS and STIs; and 4) treatment of HIV/AIDS and STIs.

Since 2001, the National HIV Programme has been actively implemented through significant allocations from the budget of the Ministry of Health to ensure:

- Safety of each donor blood unit;
- Universal and free-of-charge HIV testing throughout the country;
- Free-of-charge and universal provision of antiretroviral therapy to those in need;
- Access to antiretroviral treatment in Bulgaria is universal, which means that all persons, who meet the criteria for initiation of antiretroviral treatment, are provided with most up-to-date HAART therapy regardless of their social and health insurance status;
- Free-of-charge antiretroviral prophylaxis to prevent mother-to-child transmission of the HIV infection.

The amount of national funds spent by the Bulgarian Government for the period 2008-2009 is 15,099,688 USD (Table 1).

Table 1. State budget spending for HIV/AIDS in the period 2007-2009

Year	Funds allocated (USD)
2007	3,384,966
2008	6,076,186
2009	5,638,536
Total for the period 2007-2009	**15,099,688**

Source: Ministry of Health, Directorate "Management of Specialized Donor-Funded Programmes", 2010

Since the beginning of 2004, Programme “Prevention and Control of HIV/AIDS” has been implemented with a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFAMT). Thus, Bulgaria was successful in significantly scaling-up access to and coverage of services for HIV prevention among the groups most-at-risk (injecting drug users; sex workers; young Roma people with risk behaviour; men, who have sex with men; and prisoners), as well as care and support for people living with HIV. Financing of the first period of the programme (2004-2008) amounted to USD 15.7 million. The financial support received by the GFATM is additional resources to domestic budget for achieving the goals of the National Programme for Prevention and Control of HIV and Sexually Transmitted Infections 2008-2015.

Bulgaria is one of the few countries in the region to receive high appraisal of the programme achievements and approval from the Global Fund for continued funding through the Rolling Continuation Channel (RCC) for additional six years at the total amount of 34 million EUR. The programme “Prevention and Control of HIV/AIDS” will continue to provide comprehensive quality HIV prevention, care and support services to the hard-to-reach groups primarily by civil society organizations. According to the needs assessment performed through a broad national consultative process in October-November 2007, the following key programmatic areas were identified as priorities:

- Low-threshold Voluntary Counselling and Testing services for groups most-at-risk (IDUs, MSM, prisoners, SW, at-risk young Roma people and most at risk youth)
- Comprehensive low-threshold outreach programmes for groups most-at-risk to implement Behavioural Change Communication (IDUs, MSM, prisoners, SW, at-risk young Roma people and most vulnerable youth)
- Provision of accessible and affordable ARV treatment for people living with HIV (PLHIV)
- Provision of accessible Opioid Substitution Treatment for IDUs (OST)
- Care and support for the groups most-at-risk and PLHIV

Programme “Prevention and Control of HIV/AIDS” seeks to contribute to the overall goal of the National Programme for Prevention and Control of HIV and STIs 2008-2015 through the attainment of the following specific objectives:

1. To create a supportive environment for a sustainable national response to HIV/AIDS in Bulgaria
2. To strengthen the evidence base for a targeted and effective national response to HIV and AIDS
3. To scale up coverage of testing and counseling services provided through the low-threshold VCT network with a focus on most-at-risk groups
4. To reduce HIV vulnerabilities of IDUs by scaling up population coverage of a comprehensive package of prevention interventions

5. To reduce HIV vulnerabilities of most-at-risk Roma people (aged 15-25 years) by scaling up population coverage of community-based prevention and referral services
6. To reduce HIV vulnerabilities of female and male sex workers by scaling up population coverage of comprehensive package of prevention interventions
7. To reduce HIV vulnerabilities of at-risk youth (aged 15-24 years) by scaling up coverage of comprehensive youth-friendly programmes and services
8. To improve the quality of life of people living with HIV/AIDS (PLHIV) by guaranteeing universal access to treatment, care and support
9. To reduce HIV vulnerabilities of MSM by scaling up population coverage of a comprehensive package of prevention interventions

Activities and services to most-at-risk groups were implemented at the national as well as the local level in cooperation with more than 50 NGOs, 13 Regional Inspectorates for Protection and Control of Public Health, the National Center of Infectious and Parasitic Diseases, 156 schools from 14 municipalities. The Ministry of Health allocates considerable financial resources form the Global Fund grant to the non-governmental organizations and a number of health and medical facilities to implement activities. The amount of funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria allocated for HIV prevention and control in the period 2007-2009 come to 10,456,649 USD (Table 2).

Table 2. Resources from the Global Fund grant allocated for HIV prevention in the period 2007-2009

Year	Funds allocated (USD)
2007	2,889,969
2008	2,819,725
2009	4,746,955
Total for the period 2007-2009	**10,456,649**

Source: Ministry of Health, Directorate "Management of Specialized Donor-Funded Programs", 2010

The national HIV response has also been technically and financially supported by multilateral and bilateral organizations in Bulgaria – UNAIDS, UNICEF, UNFPA, WHO. IOM and foreign governments.

For the period 2007-2009 financial resources received by UN agencies and other multilateral organizations to support the national HIV/AIDS response amount to 1,023,027 USD (Table 3).

Table 3. Resources from the UN organizations and bilaterals allocated for HIV prevention in Bulgaria for the period 2007-2009

Year	Funds allocated (USD)
2007	390,891
2008	316,018
2009	316,118
Total for the period 2007-2009	**1,023,027**

Source: Ministry of Health, Directorate "Management of Specialized Donour-Funded Programs", 2010

Thus the country ensures the financing and implementation of an integrated and balanced approach aimed to achieve universal access to HIV prevention; diagnosis, treatment; care and support to most-at-risk groups and people affected by the disease.

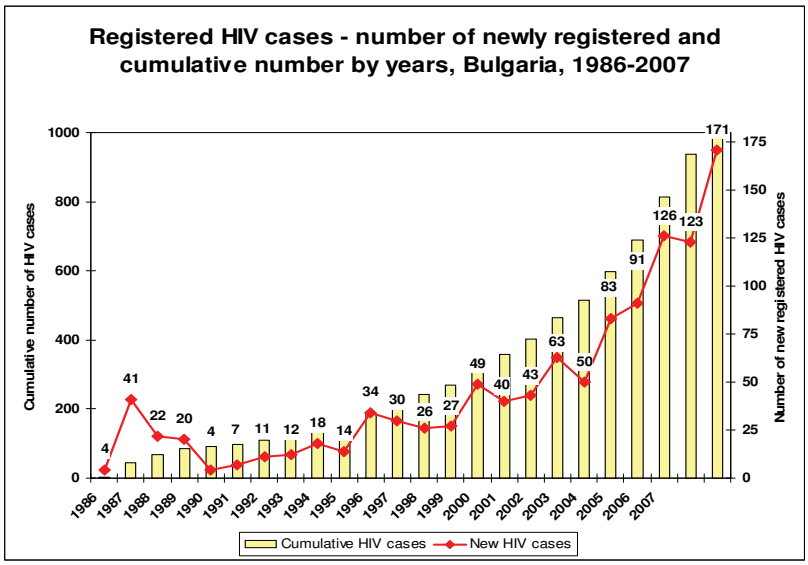
UNGASS indicator data in an overview table

See Appendix A.

Overview of the AIDS epidemic

Since 1986, when HIV case registration started in the country, to the end of 2009, a cumulative total of 1109 HIV cases have been registered in Bulgaria. The annual number of newly registered HIV cases increased from 50 in 2004 to 171 in 2009 (Figure 1).

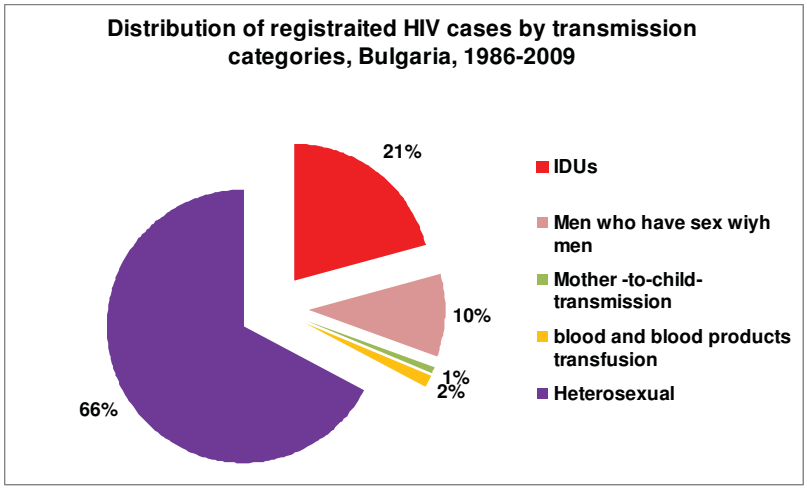
Figure 1.



Source: Ministry of Health, Directorate for Management of Specialized Donor-Funded Programmes, 2010

From the total number of registered cases in the period 1986-2009 with a known route of transmission, 66% are heterosexual, 21% are injecting drug users, and 10% are MSM. 17 cases (2% of all cases) were infected through transfusion of blood and blood precuts as such last were registered in 1996. Children infected by their mothers are only 1% of all cases (Figure 2).

Figure 2.



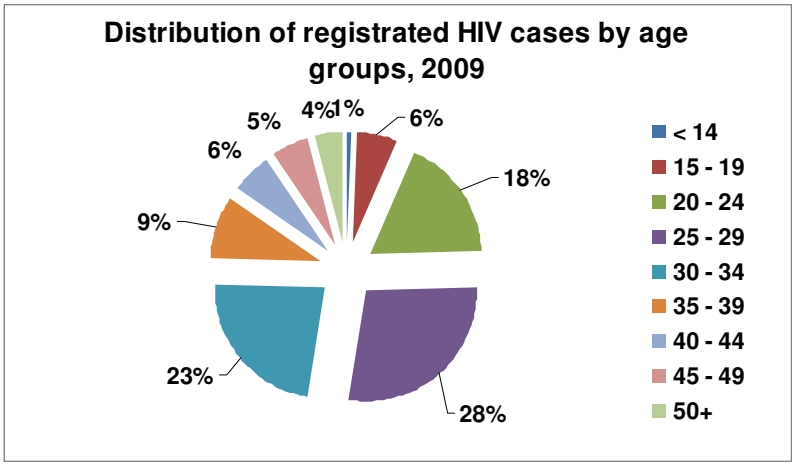
Source: Ministry of Health, Directorate for Management of Specialized Donor-Funded Programmes, 2010

Since 2004, there has been an increase in the number of HIV cases among injecting drug users. In 2009 only, their number is 74 or 43% of the annual number of cases. The annual share of newly registered HIV cases among men who have sex with men has also risen to 19% of the total number of cases for 2009.

The distribution of the newly registered HIV cases in 2009 by age groups indicates that half of the cases are among young people aged 15-29. The youngest person registered in 2009 is 16-year old, while the eldest is 66 year old (Figure 3.).

Geographical distribution of registered HIV cases indicates that the majority of them are concentrated mainly in large urban areas as Sofia, Plovdiv, Burgas, Varna and Pazardzhik.

Figure 3.



Source: Ministry of Health, Directorate for Management of Specialized Donor-Funded Programmes, 2010

Since 2004, with the implementation of the Global Fund-funded Programme "Prevention and Control of HIV/AIDS" in Bulgaria, there have been several major improvements in terms of surveillance evidence on the stage, type and dynamics of the HIV infection.

- Establishment and expansion of the National Integrated Biological and Behavioural HIV Surveillance System, which is designed to track trends among the groups most-at-risk;
- Active motivation and referral of most-at-risk groups to use Voluntary HIV Counselling and Testing services; rapid scale-up of the provision of VCT services through a network of VCT centres, mobile medical units, drop-in centres for IDUs and health and social centres based in Roma communities;
- Implementation of nationwide campaigns for promotion of HIV testing and counselling, including anonymous and free-of-charge VCT services.

These efforts made it possible to intensify HIV case finding and resulted in increased case detection rates, particularly through VCT services.

Furthermore, focused efforts to collect epidemiological evidence on HIV prevalence and behavioural evidence on the drivers of the epidemic, were successful in

- Better understanding epidemiological patterns of the spread of HIV in different sub-groups of the population and geographical distribution by country regions.

- Estimating the HIV epidemic as of 31 December 2007 and projecting the epidemiological trends to 2015.

Key changes in the type and dynamics of the epidemiological situation in Bulgaria include:

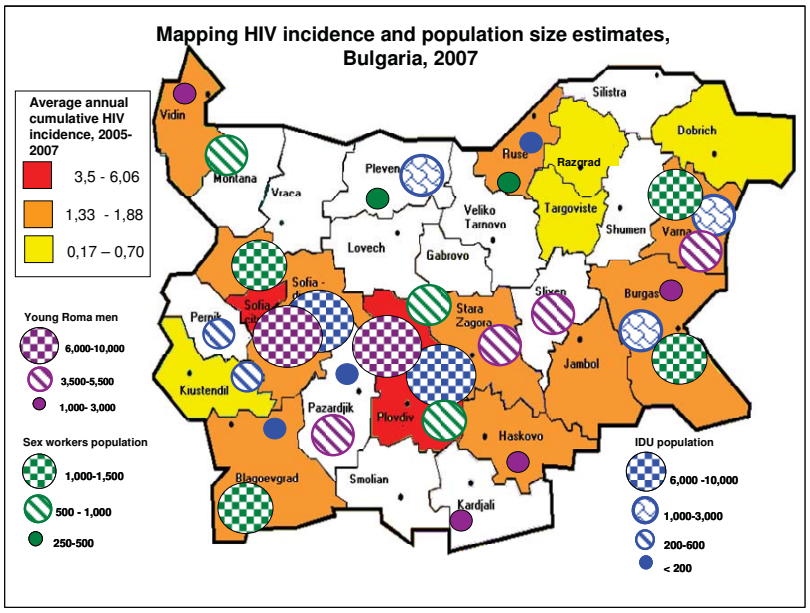
1. Increase in HIV prevalence among injecting drug users
2. Identification of the epidemiological situation among MSM
3. Delineation of groups with multiple risk exposure:

    - Young Roma people – IDU, MSM, SW
    - Prisons – IDU, MSM
    - Vulnerable children and youth

4. Delineation of 4 groups of country regions according to the spread of HIV infections (measured as the average cumulative incidence of new diagnosed HIV cases per 100 000 population) and risk factors (defined as overlapping of the size of the most-at-risk groups, concentration of most-at-risk groups, transport corridors, tourist aria, border entry point etc (see Figure 4):

    - Regions with very high cumulative incidence and high-risk factors
    - Regions with high cumulative incidence and high-risk factors
    - Regions with medium cumulative incidence but high-risk factors
    - Regions with low cumulative incidence and low-risk factors– rest of the country.

Figure 4.



Source: Ministry of Health, Programme "Prevention and Control of HIV/AIDS", 2008

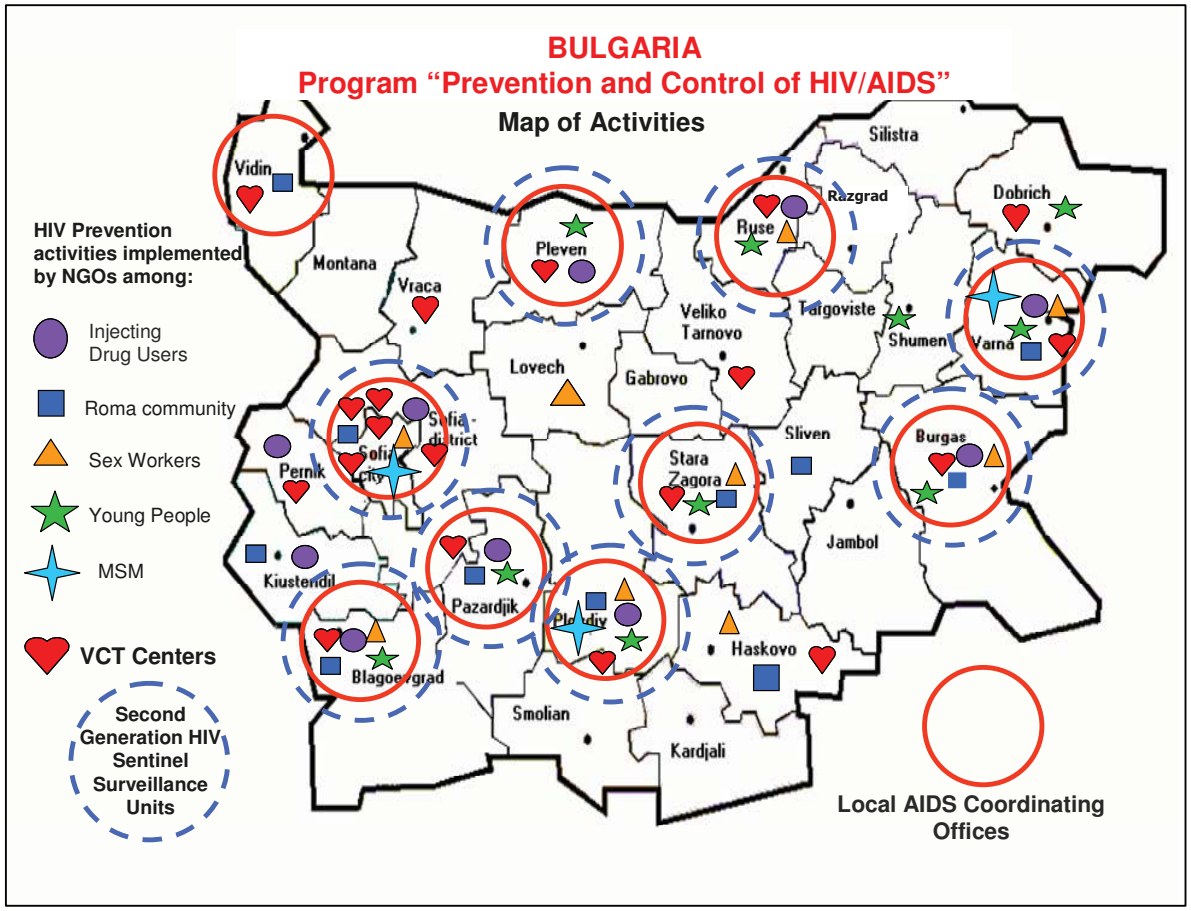
All these developments provided strong reliable data for the purposes of designing, planning and assessing interventions as part of the national HIV response aimed at ensuring universal access to HIV prevention, treatment, care and support for those who need it.

National response to the AIDS epidemic

Prevention, knowledge and behavior change, care and support for the Groups Most-at-Risk

Since its start in the beginning of 2004, Program 'Prevention and Control of HIV/AIDS', implemented with a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria, has been the most comprehensive health program in Bulgaria with a preventive focus. This program made it possible to complement the national response to the AIDS epidemic and ensure that country has an integrated and balanced approach through (1) prevention; (2) treatment; and (3) care and support to the people affected by the disease. The program ensures geographical equity and high coverage levels not only in meeting the targets agreed with the Global Fund but also the implementation of national-scale interventions (Figure 5). Thus, the Program is an integral part and contributes to achieving the goals of the National Program for Prevention and Control of HIV and STIs (2008-2015).

Figure 5. Mapping the implementation of Program 'Prevention and Control of HIV/AIDS', financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria



The Program is structured around nine objectives and the Ministry of Health has signed agreements for cooperation with 19 municipalities. The main goal of the program is to contribute to the decrease of HIV incidence rate and to improve the quality of life of people living with HIV. In 2008 and 2009, activities and services to most-at-risk groups were implemented at the national as well as the local level in cooperation mainly with:

- 49 NGOs providing services for HIV prevention, care and support among the groups most-at-risk (networks of 10 NGOs for injecting drug users; 8 NGOs for sex workers; 10 NGOs for young Roma people with risk behaviour; 3 NGOs for men, who have sex with men; 11 NGOs for youth-at risk; 3 NGOs for people living with HIV); 2 NGOs work in the field of the capacity building and 3 NGOs are responsible for the Voluntary Counselling and Testing centres

- A total of 12 mobile medical units operated by NGOs have been supported financially to reach representatives of the vulnerable groups; 10 of them have been procured with Global Fund funds; 5 low-threshold centres for injecting drug users are operated by NGOs; 8 Health and Social Centers for Roma are run by NGOs with the support of the GFATM;

- the National Center of Infectious and Parasitic Diseases with established 1 National and 9 Regional Units for Integrated Biological and Behavioural HIV Surveillance at the Regional Inspectorate for Protection and Control of Public Health

- 19 Voluntary Counselling and Testing Centers for provision of free of charge services established at the Regional Inspectorates for Protection and Control of Public Health. Each week according to the Order issued both by the Minister of Health and the Minister of Justice, the specialists from the VCT centers provide services in all prisons in the country.

- 5 Infectious hospitals in the country providing free-of-charge ARV treatment for people living with HIV and free-of-charge treatment for opportunistic infections

- 156 schools from 14 municipalities to provide up-to-date health education for young people

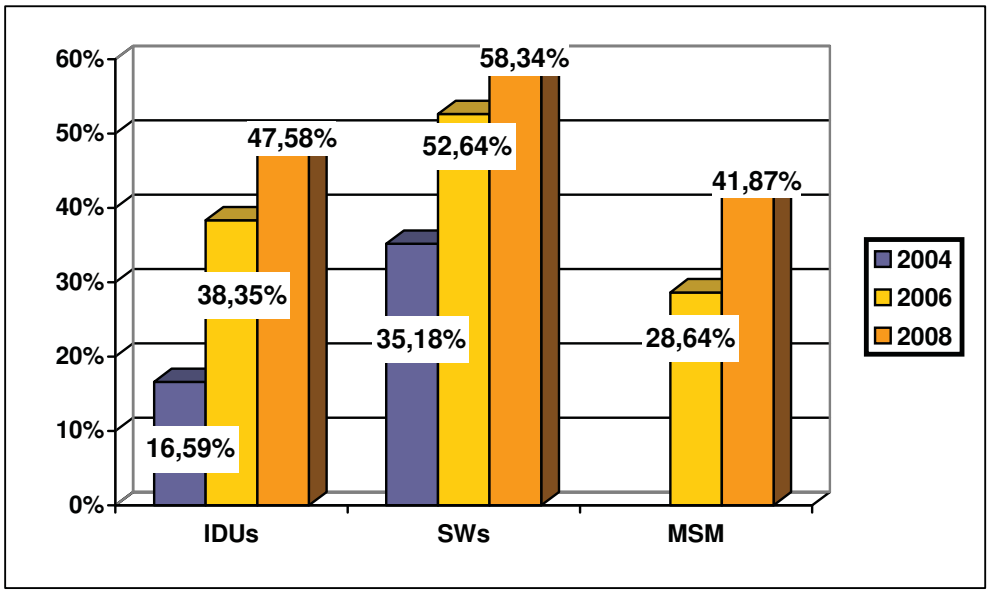
Progress towards the goals and objectives of the National Programme for Prevention and Control of HIV and STIs 2008-2015 and the potential for impact of services provided to the most-at-risk groups are evidenced by the knowledge and behavioural changes over time. These are measured through the following UNGASS indicators and country specific indicators:

- HIV-related risk behaviours of groups most-at-risk and young people aged 15-24 years;
- HIV testing among groups most-at-risk;
- Coverage of HIV prevention programmes;
- HIV-related knowledge among groups most-at-risk and young people aged 15-24 years.
- HIV prevalence among groups most-at-risk and young people aged 15-24 years;
- Syphilis prevalence among groups most-at-risk;
- Survival for PLHIV receiving ARV treatment.

Injecting Drug Users

In the end of 2008, the percentage of injecting drug users who report having an HIV test and knowing their results indicates more than two and a half times increase (from the baseline 16.59% in 2004 to 47.58% in 2008 (Figure 6). The reach of HIV prevention programmes of this group is 52.43% (Figure 9). The rate of increase observed with results the UNGASS knowledge indicator is three times (from the baseline 12.5% in 2004 to 37.21% in 2008) and the behaviour indicator on safe injecting practices scores as high as 86.17% in 2008. At the same time condom use during last sexual intercourse is 38.15% (Figure 7).

Figure 6. Percentage of most-at-risk populations that have received an HIV test in the last 12 months and who know their results



Source: Ministry of Health, Program "Prevention and Control of HIV/AIDS", 2010

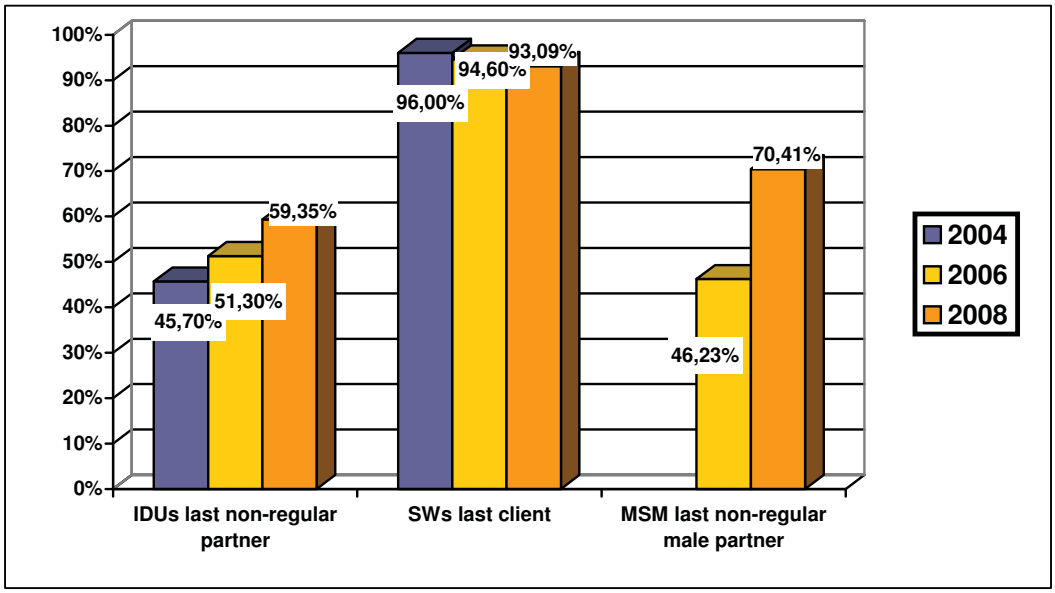
Major positive trends in the national programme UNGASS indicators are attributed to the concerted actions for the development and implementation of harm reduction activities targeting injecting heroin users in Bulgaria with the general aim to preserve low HIV prevalence. These actions have started in the late 90s in the capital city of Sofia by one NGO and expanded 3 other big cities – Plovdiv, Bourgas and Pleven in 2000, with the financial support of international donor organizations.

However, the implementation of harm reduction as a nationwide policy has been achieved since 2004 under Objective 4 "HIV prevention among IDUs" of Program "Prevention and Control of HIV/AIDS", funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria. The program involves NGOs as Sub-Recipients in the 10 biggest cities in Bulgaria, working on the field with IDUs and providing a large spectrum of HIV prevention services:

- needle and syringe exchange and distribution of sterile injecting equipment among IDUs;
- outreach work in IDU community to provide health education, social and psychological support through consultations, strengthening of the positive attitudes, skills and practices towards reduction of risk sexual and injecting behaviours;
- distribution of free-of-charge condoms, booklets and leaflets on risk reduction and promotion of healthy lifestyle;

- referral and accompanying (when needed) to drug treatment programmes and other health and social services;
- active motivation and provision of HIV, Hepatitis B and C testing, including pre- and post-testing counseling;
- in 5 cities (Sofia, Plovdiv, Varna, Bourgas and Pleven), the NGOs also provide services to IDUs through low-threshold drop-in centres;
- in 3 cities (Sofia, Plovdiv, and Varna) NGOs Sub-Recipients were provided also with Mobile Medical Units (MMUs) for support the provision of HIV, Hepatitis B and C testing and providing other services to hidden and hard-to-reach IDU populations in the large cities.

Figure 7. Percentage of IDUs who report safe injecting and percentage of most-at-risk groups who report condom use during last sexual intercourse



Source: Ministry of Health, Program "Prevention and Control of HIV/AIDS", 2010

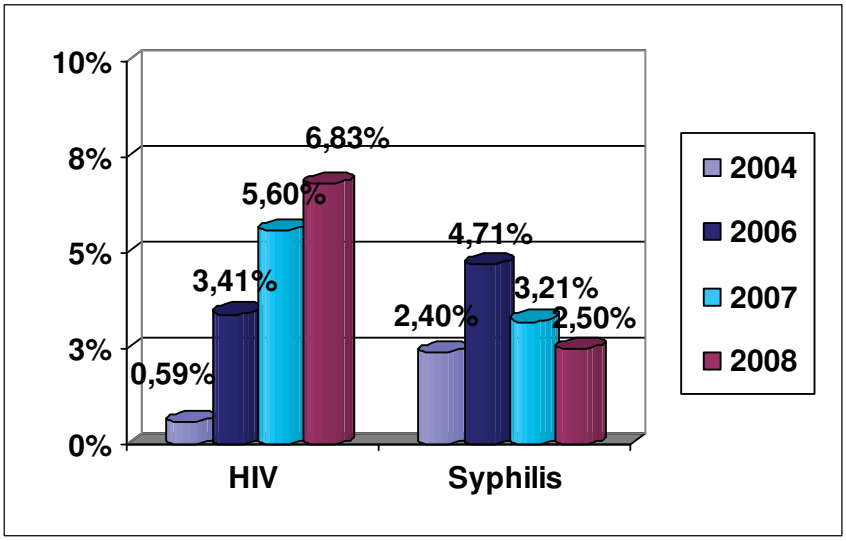
HIV and Syphilis prevalence among IDUs

IBBS survey results for the period 2004-2008 indicate an increase in HIV prevalence among IDUs – from the baseline 0.59% in 2004 to 6.83 % in 2008 (Figure 8). The latter result reflects the first signs of a concentrated HIV epidemic among IDU in two of the largest country regions. At the same time Syphilis prevalence in the group of IDUs stays stable below the national target of 5% (Figure 8).

Qualitative programmatic data, gathered through the national monitoring and evaluation system, point out that there are two negative factors influencing the programmatic response:

- There is a very strong negative influence on the outreach work with IDUs in Bulgaria related to the change in Penal Code in 2004 and the abolishment of the so-called "single dose" article, which decriminalized the simple possession of drugs for the IDUs. At the moment, every possession of non-medical drugs is criminalized, which has led to hiding of the target group, formation of "shooting galleries", using in small hidden hard-to-reach groups, combining drug dealing with drug using, rapid increase of the population of IDUs in prisons and mixing of injecting drug users from different parts of the cities. All these factors in many other cities and countries have had contributed to an acceleration of the HIV epidemic among IDUs and similar epidemiological trend is observed in Bulgaria.
- During the last years, there is increased migration of IDUs to and back from other countries for participation in working and religious communities for drug users.

Figure 8. HIV and syphilis prevalence among IDUs



Source: Ministry of Health, Program "Prevention and Control of HIV/AIDS", 2010

It is important to note that the Global Fund-funded Program "Prevention and Control of HIV/AIDS" in Bulgaria, which is an integral part and contributes to the goals of the National Programme, has made a difference with regard to HIV prevention among Injecting Drug Users through ensuring the following:

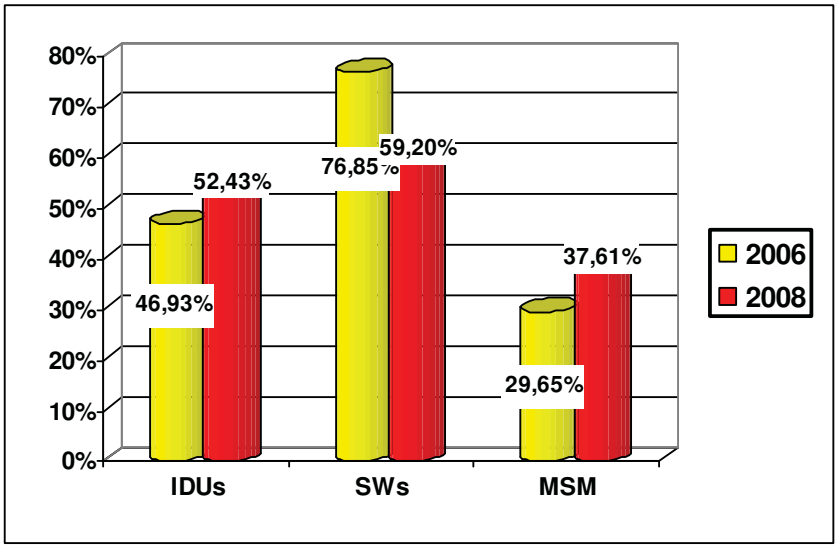
- Sustainability for the harm reduction activities in the country
- Rapid geographical expansion of services based on good practices models and boosting national standards

- Increased coverage with evidence-based interventions for HIV prevention among IDUs
- Professional capacity building and networking
- Political will and support to programme activities
- Promotion of central government, municipal, NGO and other institutions and organizations co-operation on all levels
- Government experience in central budgeting of harm reduction activities performed locally by NGOs
- Early detection of HIV cases among IDUs
- Preparedness to intervene in case of local HIV epidemic among IDUs.

Sex Workers

In the end of 2008, the percentage of sex workers who report having an HIV test and knowing their results is 58.34%, which indicates a tendency of significant increase compared to baseline data for this group in 2004 - 35.18% (Figure 6). The tendency of significant increase is explained through the active provision of preventive services with the support of NGO implementing outreach activities and Voluntary HIV Counselling and Testing (VCT) Centres. 59.2% of the sex workers were reached with HIV prevention programmes in the same year (Figure 9), although the street sex wokers remain hard-to-reach due to more frequent police actions. In 2008, the percentage of respondents who give correct answers to all five questions is 36.94% compared to baseline data in 2004 - 12.4%. The percentage of condom use with the most recent client continues to score high - 93.09%.

Figure 9. Percentage of most-at-risk populations reached with HIV prevention programmes



HIV and Syphilis prevalence among SWs

IBBS survey results for the period 2004-2008 indicate that the low HIV prevalence among SWs has been preserved significantly below the point of concentrated epidemic - 0.63% in 2008. At the same time Syphilis prevalence in the group of sex workers also stays stable below the national target of 15% - at 10.0% in 2008.

Since 2004, the Global Fund Programme in Bulgaria has boosted the existing efforts for HIV prevention among SWs from local NGO projects to a national network of organisations in a system of HIV prevention, treatment and care. Currently, the Program "Prevention and Control of HIV/AIDS" allocates the largest amount of the funding for HIV prevention among sex workers and other donor organizations support small projects in Sofia, Bourgas and Plovdiv, which are also aimed to contribute to the national response.

The main approaches used to increase the coverage of HIV prevention services among sex workers include:

1. **Regular outreach work, including:**

- Health consultations on the spot
- Distribution of safe sex materials (condoms and lubricants)
- Distribution of safe injecting materials (whenever needed)
- Distribution of specifically tailored educational materials
- Referral and accompanying (if necessary) to relevant health and social services

2. **Operation of mobile medical units to provide:**

- Anonymous and free-of charge HIV/syphilis/Hepatitis B and C testing, including pre- and post-test counselling
- STI treatment according to the Guidelines for the Management of Sexually Transmitted Infections of WHO
- Dermato-venearological check-ups
- Referral and accompanying (if necessary) to relevant health services

3. **Networking and advocacy for HIV/ AIDS/STI prevention activities among SWs at local and national level**
4. **Capacity building of professionals and peers in HIV/AIDS prevention among SWs through**

- Training of outreach workers
- Training of supervisors of outreach workers
- Training of peer educators

It is important to further note

- The group of the sex workers is very dynamic but also significantly smaller than the other two vulnerable groups. The Bulgarian social situation allows attraction of professionals and access to most groups of SWs. This allows relatively quick change in the group norms and behaviour, which would contribute to prevent a concentrated HIV epidemic.
- The professional and trained teams implement evidence-based interventions and achieve very good results in a criminally controlled situation of prostitution. The nation-wide scope of coherent activities and the support of a network of institutions and the activities at national level plays a crucial role for the success of the outreach work.
- It is a lot more difficult to introduce change in knowledge, when the criminal structures or police raids are more active and this need to be reflected in the targets and the interpretation of the results according to country regions.

Men who Have Sex with Men (MSM)

Epidemiological and behavior data collected through the baseline IBBS survey in 2006 identified MSM as a high-priority group for targeted research and intervention. Available data on programmatic response to HIV among MSM prior to 2004, shows tha the prevention needs of group have been partially addressed in large urban areas as the capital city of Sofia.

The percentage of MSM who received had HIV test in the last 12 months and know their result is 41.87% which is an increase of 1.5 times as compared to 2006 (Figure 6) which is the result of the active provision of free-of-charge anonymous HIV counselling and testing for most-at-risk groups. The reported coverage with HIV prevention services among MSM is 37.61% and the level of HIV knowledge – 38.39%. At the same time condom use with the last non-regular sexual partner in 2008 is relatively high at 70.41%.

HIV and Syphilis prevalence among MSM

IBBS survey results for the period 2006-2008 indicate that though surveillance activities target those at highest risk of HIV transmission, HIV prevalence among MSM remains below the point of concentrated epidemic - from the baseline 0% (no HIV positive respondents) in 2006 to 3.32% in 2008.

The existence and involvement of NGO network implementing outreach activities among MSM is an important prerequisite for the national HIV response. In 2009, there were three active organizations in the largest country cities Sofia, Varna and Plovdiv, which provided a package of HIV prevention services, including:

- Outreach counselling and motivation of the target group to use preventive services
- Condom and lubricant promotion and distribution
- HIV prevention messages through web-sites and other targeted media
- Provision of low-threshold HIV counselling and testing services through outreach activities and mobile medical units
- Provision of low-threshold services for STI diagnosis and treatment
- Referral and accompanying (if necessary) to relevant health services
- Provision of specific services for case management of people living with HIV and other people from the group at higher risk
- Implementation of HIV prevention campaign activities and stigma and discrimination reduction strategies.

ARV treatment, care and support for people living with HIV

According to the principles of universal access, through significant annual allocations from the Ministry of Health budget, Bulgaria ensures free of charge ARV treatment and monitoring of the treatment for all people living with HIV. At the end of 2009, 327 people, living with HIV were receiving ARV treatment, of which 223 men and 3 children under the age of 15 years. The effectiveness of the provided ARV treatment and medical care is evidenced by the percentage of the people, who are still on treatment 12 months after its initiation - 89.58% for the 2008 cohort of beginning patients. It is important to point out the role of the three NGO, which provide psycho-social support to the people living with HIV. Their activities include specific counselling to cope with the disease, training and support for treatment adherence.

Analysis of the results of NCPI part A and part B points out also the inclusion of people living with HIV in national consultative and decision-making bodies responsible for planning, implementation and oversight of HIV-related activities. They have 2 representatives in the Country Coordinating Mechanism to Fight AIDS and Tuberculosis and 1 representative in the Expert Board on HIV and STIs at the Ministry of Health.

Good practices

The Municipality of Varna is one of the first in our country, which constructed and put into action a Municipal Strategy for Prevention of HIV/AIDS with the implementation period 2009-2014. The style of this strategy is markedly non-discriminative, and the text includes issues such as: working in partnership with media, institutions and structures of civil society to conduct informational and educational campaigns and programs to increase public awareness, to contribute for significant positive changes in community norms and attitudes, responsible attitude to own health, socially responsible attitude towards people living with HIV / AIDS, to promote reproductive and sexual health, etc. In Bulgaria there are three municipalities that have adopted such strategies and thus ensure ownership and sustainability of policies on HIV / AIDS not only at national but also at local level.

In the country there is a functioning network of 19 centres for voluntary HIV/AIDS counseling and testing in the 15 cities with largest population, including young people, unemployed and people with low socioeconomic status. The VCT centres comply with the requirements to be available with easy access to customers (to be well known for the inhabitants of the city and to have well-developed network of public transport, convenient hours for customers and in the same time to ensure confidentiality of clients by separate entrance or waiting room. The services of voluntary counseling and testing (VCT) are provided by medical professionals - doctors, laboratory assistants, nurses and psychologists.

The cooperation between Ministry of Health and Ministry of Justice is also defined as a good practice. In 2006 for the first time as a pilot project voluntary counseling and HIV testing was provided to prisoners by the teams of VCT centres in Sofia and Stara Zagora. Since then, every year by a joint decree of the Minister of Health and Minister of Justice the teams of VCT centres provide voluntary counseling and testing for HIV to prisoners from all 13 prisons in Bulgaria .

Mobile medical units (MMUs) continue to prove their efficiency as they help to scale up and improve the quality of health and psychological services, oriented to the client needs. Representatives of target groups have the opportunity to use free and anonymous medical consultations, HIV testing and diagnosis of different STIs and to be adequately referred to different services for specific health problems. The use of MMU gives opportunity to offer services in convenient for the target groups place and time and is particularly appropriate intervention for sex workers and Roma people as well as for people from small towns where VCT centres are not in place.

Due to the specific risks and vulnerability of children in institutions the promotion of life skills based health education for these children is also considered as a good practice in HIV/AIDS prevention among young people at risk. In 2009 under the GF grant 60 social workers and psychologists from 30 institutions were trained to provide interactive health education and as a result at the end of the year 887 children from institutions are receiving life skills based education. Another 401 children and young people were reached through peer-provided training in sexual and health life skills provided by NGO outreach teams.

Major challenges and remedial actions

The major challenges to implement the national policy and program on HIV and STI prevention and control is ensuring the sustainability of efforts; scale-up of the prevention services among the groups most at risk and achieving the goals under Universal access to HIV treatment, prevention, care and support and Millennium Development Goals. The actions taken by the Government are in the field of actively involvement of all stakeholders in the field of financing and implementing the activities under the National program and also in decentralization of the coordination at regional level by all Regional Public Health Institutions.

Support from the country's development partners

The UN organizations and other multilateral organizations support the civil society in the implementation of national response in the field of HIV/AIDS and STIs prevention among the groups most-at-risk. There are several projects implemented during the reporting period, financed by the international organizations and institutions. The projects are focused in the field of STIs prevention; HIV/AIDS prevention among Roma population, injecting drug users, sex workers and young people.

Monitoring and evaluation environment

One of the challenges identified through the Universal Access consultation process identified during a broad consultation process in 2006 was the delay in the establishment of the National HIV/AIDS Monitoring & Evaluation System. Currently, by virtue of the Statutory Rules of the Ministry of Health, the Directorate for Management of Specialized Donor-Funded Programmes at the Ministry of Health is responsible for the operation of the National Monitoring and Evaluation System roles and functions related to situation and response analysis closely supported by the Monitoring and Evaluation (M&E) Unit of Program "Prevention and Control of HIV/AIDS".

In the framework of the national monitoring and evaluation efforts, relevant country stakeholders are involved in:

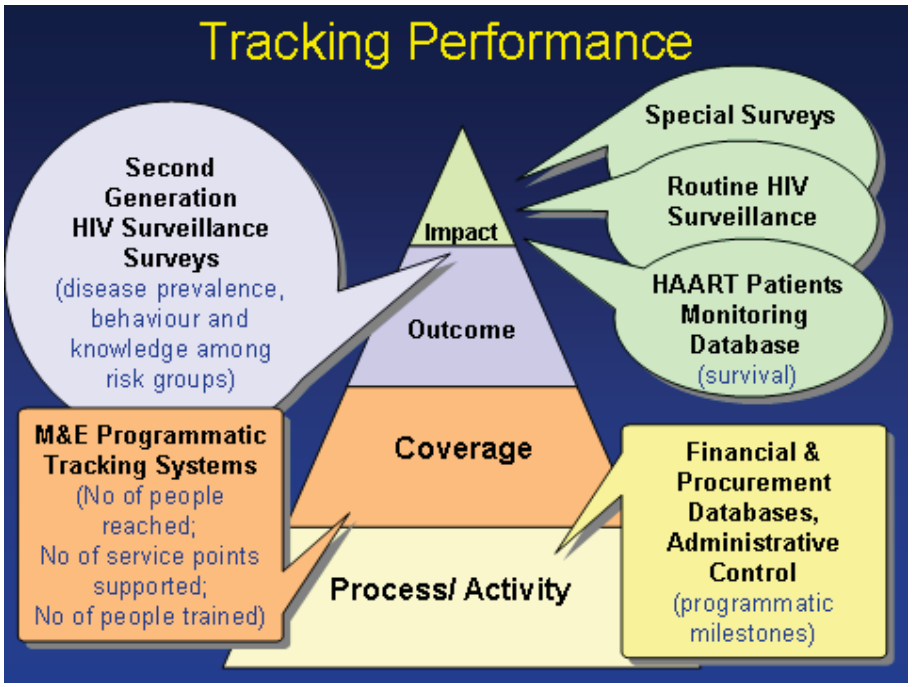
- Design and participatory development of national HIV/AIDS M&E framework and plan
- Establishment of the national and regional AIDS/TB/STIs units
- Development and integration of national database on programmatic implementation of HIV prevention and control activities
- Strengthening the M&E capacity of key national and local stakeholders
- Integration of HIV/STIs/TB Information systems in the National Health Information System.

To this end, the country has developed a Monitoring and Evaluation Plan using the 12 components of the Organizing Framework for a Functional National HIV Monitoring and Evaluation System, which has been endorsed by UNAIDS and other development partners.

Impact and outcome indicators for the National Programme for Prevention and Control of HIV and STIs 2008-2015, including UNGASS indicators, are measured through the use of four main types of surveillance data sources as follows :

- Integrated Biological and Behavioural HIV Surveillance (IBBS) for tracking progress on indicators for most-at-risk groups (for methodological notes on data collection, processing and interpretation see Appendix B);
- Routine HIV Surveillance, as used for HIV estimations and projections models to estimate biological trends among the general population, including young people aged 15-24 years;
- Special national representative surveys to track changes in knowledge, attitudes and behaviour among young people aged 15-24 years;
- Information System for monitoring HIV patients registered in HIV treatment sectors for follow-up and provision of Antiretroviral Therapy (ART).

Figure 10. Types of data sources for tracking performance against impact and outcome indicators of the national HIV response



The existing M&E system allows also generation of strategic information in the area of behavioural surveillance and reporting against international initiatives as the UNGASS Declaration of Commitment, Millennium Development Goals, the global initiative for Universal Access to HIV Prevention, Treatment, Care and Support.

Appendix A. Bulgaria: UNGASS indicator data in an overview table.

National Indicators					
№	**Indicator**	**Data Entered for 2010 report**	**Value and short description from 2008 report**	**Value and short description from 2010 report**	**Method of data measurement**
Government HIV and AIDS Policies					
1	Domestic and international AIDS spending by categories and financing sources	YES	Attached completed AIDS spending matrix	Attached completed AIDS spending matrix	
2	National Composite Policy Index	YES	Attached completed NCPI report	Attached completed NCPI report	Consultation among state officials, experts, international and nongovernmental organizations engaged with the problem of HIV/AIDS
National Programs					
3	Percentage of donated blood units screened for HIV in a quality assured manner	YES	100% (2006)	100% (2009)	Information system of the National Centre of Hematology and Transfusiology
4	Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	PARTIALLY	The number of adults and children with advanced on antiretroviral therapy was 196 in 2006 and 221 in 2007	The number of adults and children with advanced on antiretroviral therapy was 251 in 2008 and 327 in 2009	Antiretroviral Therapy patient Registers
5	Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	PARTIALLY	Two pregnant women were registered HIV-positive in 2006. One woman received antiretrovirals to reduce the risk of mother-to-child transmission. One woman was find HIV-positive in 2007 and she received antiretrovirals to reduce the risk of mother-to-child transmission.	Two pregnant women were registered HIV-positive in 2008. One woman received antiretrovirals to reduce the risk of mother-to-child transmission. Nine women were found HIV-positive in 2009 and all of them received antiretrovirals to reduce the risk of mother-to-child transmission.	Antiretroviral Therapy patient Registers

№	Indicator	Data Entered for 2010 report	Value and short description from 2008 report	Value and short description from 2010 report	Method of data measurement
6	Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV	PARTIALLY	A total number of 32 HIV-positive people on ART received treatment for TB (27 men and 5 women)	A total number of 23 HIV-positive people on ART received treatment for TB (16 men and 7 women)	Antiretroviral Therapy patient Registers
7	Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know their results	PARTIALLY	No DHS was conducted in Bulgaria to gather the information needed.	No DHS was conducted in Bulgaria to gather the information needed for people aged 15-49. The indicator value calculated from a national representative survey among young people aged 15-24 is 7.68% (2009)	National representative health survey among young people aged 15-24
8a	Percentage of most-at-risk populations that have received an HIV test in the last 12 months and who know their results	YES	Sex workers: 52.64% (2006)	Sex workers: 58.34% (2008)	Integrated Biological and Behavioural Surveillance
8b	Percentage of most-at-risk populations that have received an HIV test in the last 12 months and who know their results	YES	MSM: 28.64% (2006)	MSM: 41.87% (2008)	Integrated Biological and Behavioural Surveillance
8c	Percentage of most-at-risk populations that have received an HIV test in the last 12 months and who know their results	YES	IDUs: 38.35% (2006)	IDUs: 47.58% (2008)	Integrated Biological and Behavioural Surveillance
9a	Percentage of most-at-risk populations reached with HIV prevention programmes	YES	Sex workers: 76.85% (2006 г.)	Sex workers: 59.2% (2008)	Integrated Biological and Behavioural Surveillance
9b	Percentage of most-at-risk populations reached with HIV prevention programmes	YES	MSM: 29.65% (2006 г.)	MSM: 37.61% (2008)	Integrated Biological and Behavioural Surveillance
9c	Percentage of most-at-risk populations reached with HIV prevention programmes	YES	IDUs: 46.93% (2006 г.)	IDUs: 52.43% (2008)	Integrated Biological and Behavioural Surveillance

№	Indicator	Data Entered for 2010 report	Value and short description from 2008 report	Value and short description from 2010 report	Method of data measurement
10	Percentage of orphaned and vulnerable children aged 0–17 whose households received free basic external support in caring for the child	NOT RELEVANT			
11	Percentage of schools that provided life skills-based HIV education in the last academic year	YES	5.81% (academic year 2006/2007)	16.52% (academic year 2008/2009)	Program monitoring
	Knowledge and behavior				
12	Current school attendance among orphans and among non-orphans aged 10–14	NOT RELEVANT			
13	Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	YES	19.17% (2006)	22.82% (2009)	National representative health survey among young people aged 15-24
14a	Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	YES	Sex workers: 35.06% (2006)	Sex workers: 36.94% (2008)	Integrated Biological and Behavioural Surveillance
14b	Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	YES	IDUs: 32.16% (2006)	IDUs: 37.21% (2008)	Integrated Biological and Behavioural Surveillance
14c	Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	YES	MSM: 28.62% (2006)	MSM: 38.39% (2008)	Integrated Biological and Behavioural Surveillance
15	Percentage of young women and men aged 15–24 who have had sexual intercourse before the age of 15	YES	9.9% (2006)	8.28% (2009)	National representative health survey among young people

№	Indicator	Data Entered for 2010 report	Value and short description from 2008 report	Value and short description from 2010 report	Method of data measurement
16	Percentage of women and men aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months	NO	No DHS was conducted in Bulgaria to gather the information needed. Available data for young people (15-24) show that 25.2% have had more than one partner (2006).	No DHS was conducted in Bulgaria to gather the information needed. The indicator value calculated from a national representative survey among young people aged 15-24 is 20.88% (2009).	National representative for the population aged 15-24 health survey
17	Percentage of women and men aged 15–49 who had more than one sexual partner in the past 12 months reporting the use of a condom during their last sexual intercourse	NO	No DHS was conducted in Bulgaria to gather the information needed. Available data for young people (15-24) show that 59.6% have had more than one partner and have used condom during their last sexual intercourse (2006).	No DHS was conducted in Bulgaria to gather the information needed. The indicator value calculated from a national representative survey among young people aged 15-24 is 68.83% (2009).	National representative for the population aged 15-24 health survey
18	Percentage of female and male sex workers reporting the use of a condom with their most recent client	YES	94.62% (2006)	93.09% (2008)	Integrated Biological and Behavioural Surveillance
19	Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	YES	46.23% (2006) Data related to condom use last time they have had sex with a male partner	70.41% (2008) Data related to condom use last time they have had sex with non-regular partner	Integrated Biological and Behavioural Surveillance
20	Percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse	YES	19.46% (2006)	38.15% (2008)	Integrated Biological and Behavioural Surveillance
21	Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected	YES	25.18% (2006) Indicator value calculated following a country spesific methodology	86.17% (2008) Indicator value calculated following the UNGASS recommended methodology	Integrated Biological and Behavioural Surveillance

№	Indicator	Data Entered for 2010 report	Value and short description from 2008 report	Value and short description from 2010 report	Method of data measurement
Impact					
22	Percentage of young women and men aged 15–24 who are HIV infected	YES	Not reported	0.08% (2007)	Estimations obtained through WORKBOOK and SPECTRUM model, ver. 3.14
23a	Percentage of most-at-risk populations who are HIV infected	YES	Sex workers: 0.19% (2006)	Sex workers: 0.63% (2008)	Second generation Sentinel Surveillance
23b	Percentage of most-at-risk populations who are HIV infected	YES	MSM: 0% (2006)	MSM: 3.32% (2008)	Second generation Sentinel Surveillance
23c	Percentage of most-at-risk populations who are HIV infected	YES	IDUs: 3.43% (2006)	IDUs: 6.83% (2008)	Second generation Sentinel Surveillance
24	Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	YES	90.63% (2006)	89.58% (2009)	Antiretroviral Therapy patient Registers
25	Percentage of infants born to HIV-infected mothers who are infected	Indicator calculated in UNAIDS Geneva			

Appendix B. Description of the system for Integrated Biological and Behavioural Surveillance (IBBS) among Groups Most-at-Risk

The organization and implementation of IBBS was started in 2004 under Program "Prevention and Control of HIV/AIDS", financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Major challenge and great success was to ensure the high quality of the IBBS system so that it can be used for monitoring the spread of HIV and high risk behavioural trends over time and collecting essential data to guide planning of interventions and assessing the progress in the national HIV response. It includes one national and nine regional Second Generation HIV Surveillance units operational respectively at the National Centre of Infections and Parasitic Diseases (NCIPD) and the Regional Inspectorates for Protection and Control of Public Health (RIPCPH) in nine regions in the country. The successful completion of surveillance surveys is the result of the close cooperation among the Ministry of Health, the Program Management Unit, national and international consultants, the RIPCPH and non-governmental organizations who are sub-recipients of the Global Fund grant, which made it possible to proliferate a pool of medical and non-medical professionals and thus complementing specific skills and competences. It is important to highlight the role of NGOs that were responsible for recruiting respondents from the target groups, which led to the high rates of implementation of the planned sample sizes.

The system was developed to track in parallel biological and behavioural trends among groups most-at-risk regarding HIV as previously defined in the National Strategy and National Action Plan for Prevention and Control of HIV/AIDS and STIs (2001-2007). In particular, the most-at-risk groups targeted by the surveys were:

- Injecting Drug Users (IDUs) (annually 2004-2008);
- Sex Workers (SWs) (annually 2004-2008);
- Roma people (2004)/ Young Roma Men (YRM) (annually 2005-2008);
- Men who have sex with Men (MSM) (annually 2006-2008);
- Prisoners (annually 2006-2008).

The surveys started in 2004 during the pilot phase in 5 major cities – Sofia, Pleven, Plovdiv, Bourgas and Varna. The surveys were expanded geographically in 2005 to 8 cities (adding Blagoevgrad, Pazardzhik and Rousse), and in 2006 to 9 cities (adding Stara Zagora) (Figure 5 - Mapping the implementation of Program 'Prevention and Control of HIV/AIDS', financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria).

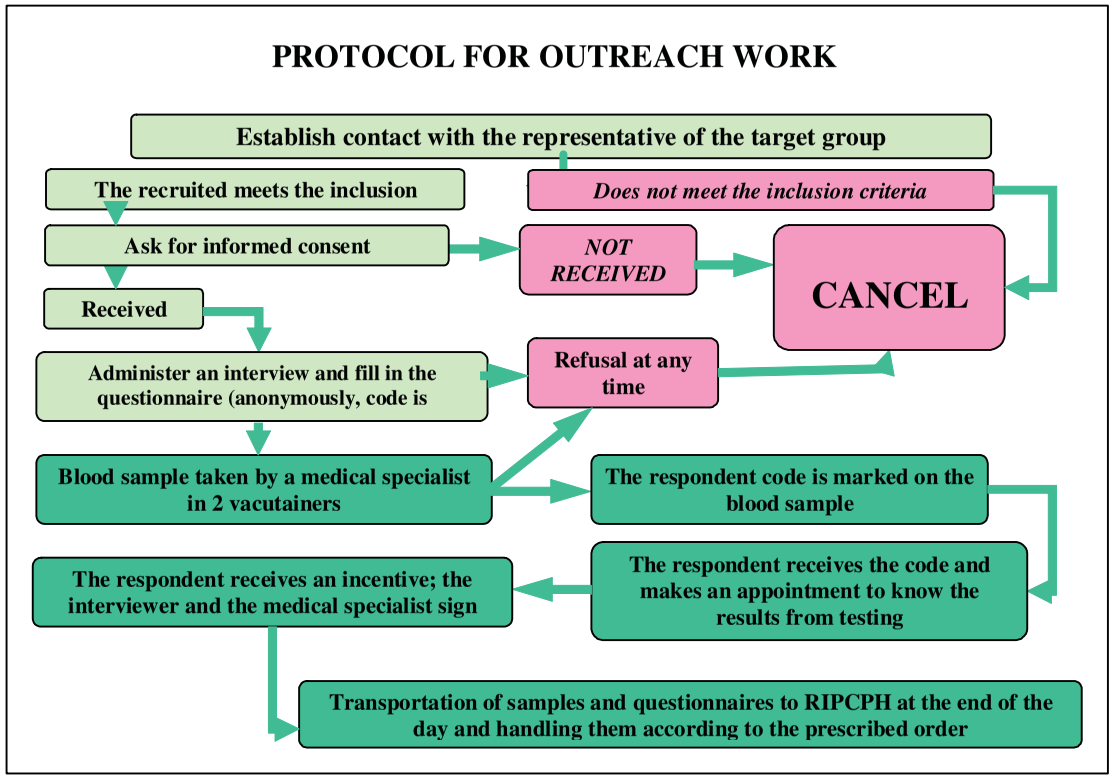
Methodological Notes

Methodological notes by most-at-risk groups are presented in the table below:

	IDUs	SWs	YRM	MSM	Prisoners
Design of the study	repeated annual cross-sectional venue-based survey	repeated annual cross-sectional venue-based survey	repeated annual cross-sectional venue-based survey	repeated annual cross-sectional venue-based survey	repeated annual cross-sectional venue-based survey
Sampling	convenience sampling approach	convenience sampling approach	convenience sampling approach	convenience sampling approach	convenience sampling approach
Venue selection	street sites, low-threshold centers and other hot spots where NGO partners in surveillance do regular outreach work aimed at HIV prevention	street sites, brothels and other hot spots where NGO partners in surveillance do regular outreach work aimed at HIV prevention	street sites, health and social centers based in Roma neighbourhoods and other hot spots where NGO partners in surveillance do regular outreach work aimed at HIV prevention	clubs and public places frequented by MSM as pointed out by key NGO partners experienced in the work with MSM	prisons in selected regions
Recruitment	respondents are recruited as first IDUs seen are invited to participate in the survey by NGO outreach teams. Some of the respondents also showed themselves for participation in the survey after learning from their peers	respondents are recruited as first SW seen are invited to participate in the survey by NGO outreach teams. Some of the respondents also showed themselves for participation in the survey after learning from their peers		trained NGO outreach workers and interviewers from the MSM community directly invite MSM to participate in the study	trained VCT counsellors directly invite prisoners to participate in the study through a take-all approach

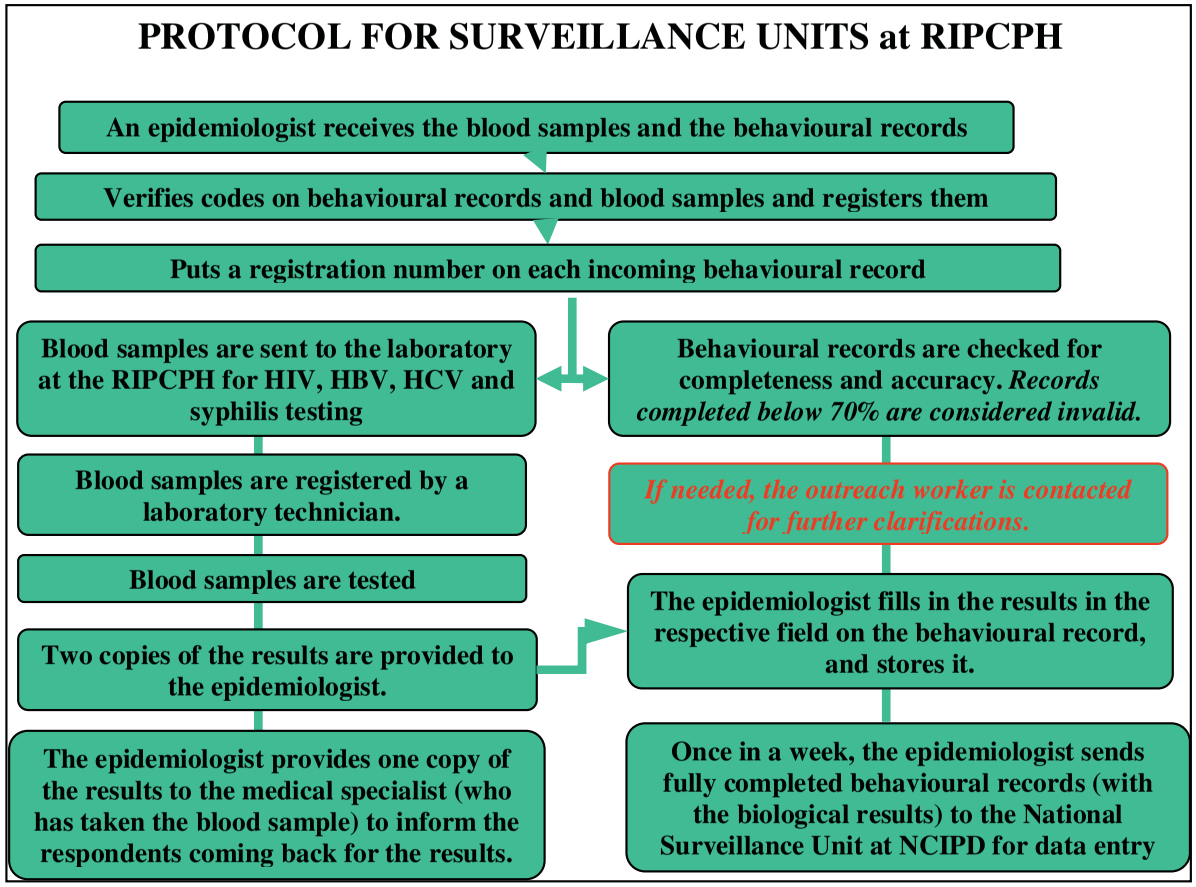
Behavioral data collection

Behavioral data were collected through FHI-structured questionnaire for face-to-face interview. Each questionnaire was adapted according to the selected target group. Data collection methodology aligned with *UNGASS Guidelines on Construction of Core Indicators, March 2007 and March 2009.* For the groups of IDUs, SWs and MSM interviews were administrated by trained interviewers. They were selected from the NGO outreach teams working with these groups. For the Roma group interviewers were recruited independently and trained additionally. For prisoners interviewers were selected from the VCT counsellors providing anonymous HIV testing and counselling in prisons. The duration of each interview was between 30 and 50 minutes.



Biological data collection

Venous blood samples were collected by medical specialists after the end of the behavioral interview. Samples were anonymously screened for HIV, HBV, HCV and Syphilis. Positive ELISA results for HIV in the laboratories at the RIPCPH were confirmed with Western blot by the National HIV Confirmatory Laboratory.



Data processing and analysis

Data entry, clearing and analysis are performed by the National Second Generation HIV Surveillance Unit at the National Centre of Infectious and Parasitic Diseases. Coded values from valid questionnaires, including biological results, are entered into specifically designed ACCESS-based database by trained and appointed data entry operators. Quantitative analysis performed with SPSS and Excel by the sociologist and/or statistician. Further analysis is performed by a team of competent experts, including staff from the Directorate for Management of Specialized Donor-Funded Programmes at the Ministry of Health and staff from the Monitoring and Evaluation Unit of Program "Prevention and Control of HIV/AIDS". New moment for 2008 was developing of new design for the questionnaires in order they to be electronically recognized through special and software which is designed to prevent data entry biases.

Data Interpretation

It is important to note several major issues that need to be taken into account in relation to data interpretation:

- Key results are calculated as the mean values of percentages for all persons from a given most-at-risk group, who surveyed in selected geographical regions and sentinel sites;
- In view of harmonization with recommendations UNGASS reporting, collected data for most indicators are reported separately for each most-at-risk population and disaggregated by sex and age (<25/25+), and indicator scores are calculated for individual questions in composite indicators;
- The approach used in IBBS surveys does not allow random sampling as usually surveys target respondents who are at greatest HIV-related risk;
- Sample sizes vary by years and by groups due to the gradual inclusion or exclusion of geographical regions and or number of sentinel sites.

Latest Key Results by Most-at-Risk Groups

Latest key results from IBBS among groups most-at-risk are available from the surveys conducted in the period October-November 2008. The table below presents the actual sample sizes as the number of valid questionnaires and blood samples collected after data clearing to reduce duplicates:

Region/City	IDUs	SWs	YRM	MSM	Prisoners	TOTAL by region/city
Sofia	322	100	250	152	200	**1024**
Plovdiv	300	100	233	150	200	**983**
Bourgas	149	100	200	150	150	**749**
Varna	150	100	200	-	100	**550**
Pleven	150		-	-	150	**300**
Rousse	100	100	-	-	-	**200**
Blagoevgrad	150	100	-	-	-	**250**
Pazardzhik	100	99	-	-	100	**299**
Stara Zagora	-	100	-	-	150	**250**
TOTAL by most-at-risk group	**1421**	**799**	**883**	**452**	**1050**	**4605**