

REPUBLIC OF BULGARIA
**National Committee for Prevention of AIDS and STIs at the Council of
Ministers**

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SESSION ON HIV/AIDS**

COUNTRY PROGRESS REPORT



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Status at a glance

Inclusiveness of the stakeholders in the report writing process

Bulgaria's UNGASS Country Progress Report was prepared by a group of experts in the field of HIV/AIDS, who collected and reviewed all available data obtained from the Department for Prevention and Control of AIDS, Tuberculosis and STIs at the Ministry of Health, the National Unit for Second Generation HIV Sentinel Surveillance at the National Centre of Infectious and Parasitic Diseases, the National Centre of Hematology and Transfusiology, as well as all information on activities and performance results achieved by the non-governmental organizations working in the field of HIV/AIDS, which is regularly provided to 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 National Committee for Prevention of AIDS and STIs at the Council of Ministers avails its special gratitude to the representatives of governmental institutions, UN agencies in Bulgaria, international organizations and all national non-governmental organizations, working with the target groups of the national HIV/AIDS program, for their valuable contribution in data collection and preparation of the National Complex Policy Index, as well as their participation in the discussion to finalize the country report.

Specials thanks are also due to UNAIDS in Bulgaria for providing financial and technical assistance in the preparation of the UNGSS country progress report.

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.

The policy and programmatic response

Currently, the national policy is in place through the implementation of two major programmes: 1) the National Action Plan for Prevention and Control of HIV/AIDS and Sexually Transmitted Diseases (2001-2007), and 2) Program “Prevention and Control of HIV/AIDS”, financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria (2004-2008). Additionally, separate donor-funded projects further contributed to the development of national policies, implementation of the activities and provision of accessible services in the national framework for action.

The National Strategy and the National Action Plan incorporate a multisectoral approach and active cooperation at different levels to address all aspects of the problem. Activities and services are organized in four priority areas of action:

- Health Promotion aimed at Young People and Vulnerable groups;
- HIV/AIDS and STDs Epidemiological Surveillance and Testing Policy;
- Health Care and Social Services for People Living with HIV/AIDS and STDs;
- Treatment of HIV/AIDS and STDs.

Since its adoption in 2001, the National Action Plan has been implemented through the budget of the Ministry of Health. There is a marked upward trend in yearly budget allocations. The amount of national funds spent by the government for the period 2005-2007 totals 14,013,443 BGN.(Table 1).

Table 1. State budget spending for HIV/AIDS in the period 2005-2007

Year	Funds allocated /BGN/
2005	4,212,400
2006	4,965,376
2007	4,835,666
Total for the period 2005-2007	14,013,443

Source: Ministry of Health, Department for Prevention and Control of AIDS, Tuberculosis and STIs, 2007

These financial resources are used mainly to ensure:

- Safety of each donor blood unit regarding HIV and Hepatitis B and C, syphilis
- free-of-charge HIV testing in the country;
- free-of-charge and up-to-date antiretroviral treatment for all people living with HIV/AIDS;
- free-of-charge ARV prophylaxis for prevention of mother-to-child transmission;
- free-of-charge ARV prophylaxis for medical specialists after occupational exposure;
- supply of medical equipment for the needs of the National Centre of Infectious and Parasitic Diseases, National Reference Laboratories and laboratories performing HIV testing at the RIPCPH and DVD;
- regular supply for the needs of the National Reference Laboratories of diagnostic technologies for monitoring patients with HIV, viral hepatitis and syphilis.

Since 2001, the National Action Plan has also been implemented with the financial support of UNAIDS, UNICEF/CIDA and WHO (Joint project BUL/98/005 “Support to the implementation of National Strategic Plan on AIDS”), UNFPA (BUL1R205/BUL1R303 project “Improving Sexual and Reproductive Health of Young People in Bulgaria”), and other project, funded by donor organizations and foreign governments.

For the period 2005-2007 UN resources to support the national HIV/AIDS response come to (See Table 2).

Table 2. UN resources to support the national HIV/AIDS response in the period 2005-2007

Year	Funds allocated /BGN/
2005	820,267
2006	834,754
2007	558,415
Total for the period 2005-2007	2,213,436

Source: UNICEF, UNAIDS, UNFPA, WHO, UNDP, UNRC, 2007

Since the beginning of 2004, Bulgaria was successful in rapidly scaling-up prevention activities of the National HIV/AIDS Action Plan through Program “Prevention and Control of HIV/AIDS”, implemented with a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria. Funds which have been used for the implementation of the Program 2005-2007 come to 15,366,053 BGN. (Table 3).

The main goal of this program is to sustain the low HIV prevalence in the country through strengthening the infrastructure and capacity building in the national response to HIV/AIDS; to reduce risky behaviors within vulnerable groups; and to ensure access to care and quality treatment for target groups and people living with HIV and AIDS. The main focus of Program “Prevention and Control of HIV/AIDS” is the preventive work among the groups most-at-risk - injecting drug users; male and female sex workers; Roma people; people living with HIV/AIDS, young people, men, who have sex with men; and prisoners

Table 3. Resources from the Global Fund grant allocated for HIV prevention in the period 2005-2007

Year	Funds allocated /BGN/
2005	6,867,735
2006	4,369,791
2007	4,128,527
Total for the period 2005-2007	15,366,053

Source: Ministry of Health, Program “Prevention and Control of HIV/AIDS”, 2007

Program activities are structured around eight objectives:

1. Capacity Building for HIV Prevention in the Health and Social Sector

2. Establishment and Operation of a National Second Generation Sentinel Surveillance System

3. Strengthening and promoting Voluntary Counselling and Testing (VCT) services

4. HIV Prevention among Intravenous Drug Users (IDUs)

5. HIV Prevention in Roma Communities

6. HIV Prevention among Commercial Sex Workers (CSWs)

7. HIV Prevention among Young People in and out of School

8. Appropriate and Accessible Treatment and Care for People Living with HIV/AIDS (PLWHA)

Thus the country ensures the implementation of an integrated and balanced approach to fight HIV through prevention; diagnosis, treatment; care and support to people affected by the disease.

Under the leadership of the National AIDS Committee and the Ministry of Health with the active support and participation of UNAIDS broad participatory country consultations on the Universal access to HIV services in Bulgaria were conducted. Draft report was produced and distributed for review and comments to key stakeholders, including UNCT and to more than 40 NGOs working with vulnerable populations under the GF program.

The status of the national HIV response, the identified key obstacles to universal access and proposed solutions at national level were presented to a broad range of national stakeholders at the National HIV/AIDS Consensus Meeting held in February 2006 in Sofia. More than 130 representatives of national and local Government, NGOs, SCOs, CBOs, including PLH organizations and international partners took part in the meeting. Consensus was built regarding obstacles to universal access that still exist in several areas (advocacy, public policy and legal framework; strategic planning, synchronization and harmonization; sustainable funding; human resources; organizations and systems; infrastructure and partnership) though the national response in all of these areas was evaluated as adequate.

The country outcomes and targets for UA by 2010 as well as a country roadmap, highlighting major interventions will be finalized in 2008 in parallel with the review of

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the existing National AIDS Plan 2001-2007 implementation and the development of new National AIDS Strategy and Plan for the period 2008-2015.

UNGASS indicator data in an overview table

National Indicators				
№	Indicator	Data Entered	Value and short description	Method of data mesurment
Government HIV and AIDS Policies				
1	Domestic and international AIDS spending by categories and financing sources	YES	11,900,403 lv. (2005 г.) 10, 169,921 lv. (2006 г.) 9, 522,608 lv. (2007 г.)	Review of balance sheets
2	National Composite Policy Index (Areas covered: gender, workplace programmes, stigma and discrimination, prevention, care and support, human rights, civil society involvement, and monitoring and evaluation)	YES	There is a notable progress in all areas concerning development of national HIV/AIDS policies and execution of national programs.	Inquiry 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		100% (2006)	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	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.	Antiretroviral Therapy patient Registers

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National Indicators				
№	Indicator	Data Entered	Value and short description	Method of data mesurment
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)	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	NO	No DHS was conducted in Bulgaria to gather the information needed.	National representative for the population aged 15+ health survey
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)	Second generation Sentinel Surveillance (FHI Methodology)
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)	Second generation Sentinel Surveillance (FHI Methodology)
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)	Second generation Sentinel Surveillance (FHI Methodology)
9a	Percentage of most-at-risk populations reached with HIV prevention programmes	YES	Sex workers: 76.85% (2006 г.)	Second generation Sentinel Surveillance (FHI Methodology)
9b	Percentage of most-at-risk populations reached with HIV prevention programmes	YES	MSM: 29.65% (2006 г.)	Second generation Sentinel Surveillance (FHI Methodology)
9c	Percentage of most-at-risk populations reached with HIV prevention programmes	YES	IDUs: 46.93% (2006 г.)	Second generation Sentinel Surveillance (FHI Methodology)
10	Percentage of orphaned and vulnerable children aged 0–17 whose households received free basic external support in caring for the child	NOT RELEVANT		

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National Indicators				
№	Indicator	Data Entered	Value and short description	Method of data mesurment
11	Percentage of schools that provided life skills-based HIV education in the last academic year	YES	5.81% (school year 2006/2007)	Program monitoring
Knowledge and behavior				
12	Current school attendance among orphans and among non-orphans aged 10–14	NOT RELEVANT	The suggested method of measurement in the Guidelines is not appropriate for countries with low HIV prevalence or with concentrated epidemic. The method can be applied in countries with general epidemic.	
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)	National representative health survey among young people
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: 55.04% (2006)	Second generation Sentinel Surveillance (FHI Methodology)
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: 47.74% (2006)	Second generation Sentinel Surveillance (FHI Methodology)
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: 46.36% (2006)	Second generation Sentinel Surveillance (FHI Methodology)

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National Indicators				
№	Indicator	Data Entered	Value and short description	Method of data mesurment
15	Percentage of young women and men aged 15–24 who have had sexual intercourse before the age of 15	YES	9.9% (2006)	National representative health survey among young people
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).	National representative for the population aged 15+ 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).	National representative for the population aged 15+ 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)	Second generation Sentinel Surveillance (FHI Methodology)
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)	Second generation Sentinel Surveillance (FHI Methodology)
20	Percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse	YES	19.46% (2006)	Second generation Sentinel Surveillance (FHI Methodology)
21	Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected	YES	25.18% (2006)	Second generation Sentinel Surveillance (FHI Methodology)
Impact				
22	Percentage of young women and men aged 15–24 who are HIV infected	NOT RELEVANT		

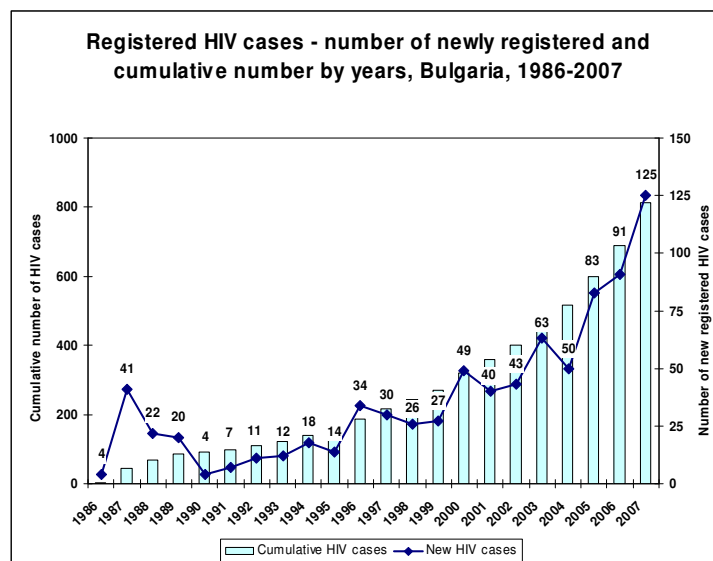
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National Indicators				
№	Indicator	Data Entered	Value and short description	Method of data mesurment
23a	Percentage of most-at-risk populations who are HIV infected	YES	Sex workers: 0.19% (2006)	Second generation Sentinel Surveillance
23b	Percentage of most-at-risk populations who are HIV infected	YES	MSM: 0% (2006)	Second generation Sentinel Surveillance
23c	Percentage of most-at-risk populations who are HIV infected	YES	IDUs: 3.43% (2006)	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)	Antiretroviral Therapy patient Registers
25	Percentage of infants born to HIV-infected mothers who are infected	Indicator calculated in UNAIDS Geneva		

Overview of the AIDS epidemic

In the period 1986-2007, the cumulative number of registered HIV cases in Bulgaria is 814, and new cases in 2007 are 125. In comparison to 2005, the annual number of newly registered cases grew with 50% (Figure 1).

Figure 1



Source: Ministry of Health, Department for Prevention and Control of AIDS, Tuberculosis and STIs

From the total number of registered cases in the period 1986-2007 with a known route of transmission, 76% are heterosexual, 13% are injecting drug users, and 8% are homo-/bisexual. 17 cases (2% of all cases) were infected through transfusion of blood and blood precuts as such last were registered in 1996. A total of 7 children (1% of all cases) were infected by their mothers (Figure 2).

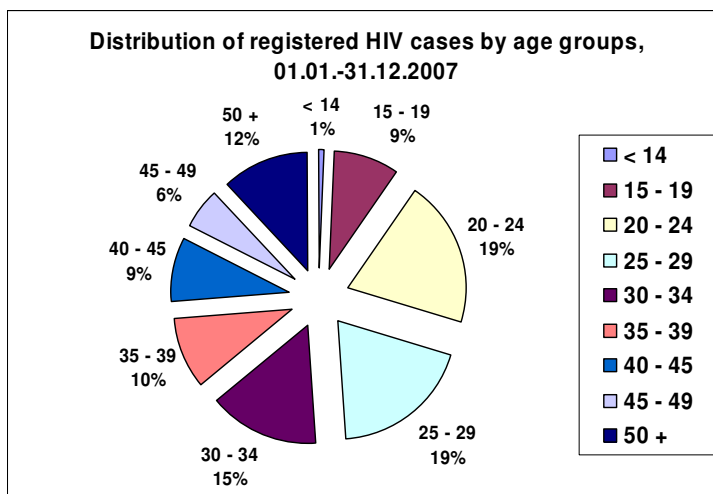


Figure 2.

Source: Ministry of Health, Department for Prevention and Control of AIDS, Tuberculosis and STIs

The increase in the number of registered cases after 2004 is to a great extent due to the active finding, provision of HIV prevention services among the groups most-at-risk, referral for testing, care and support within Program “Prevention and Control of HIV/AIDS”, financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria. The number of HIV cases found by the networks of VCT centres and NGOs implementing outreach activities, grew from 3 in 2003 to 40 in 2006 (Table 4).

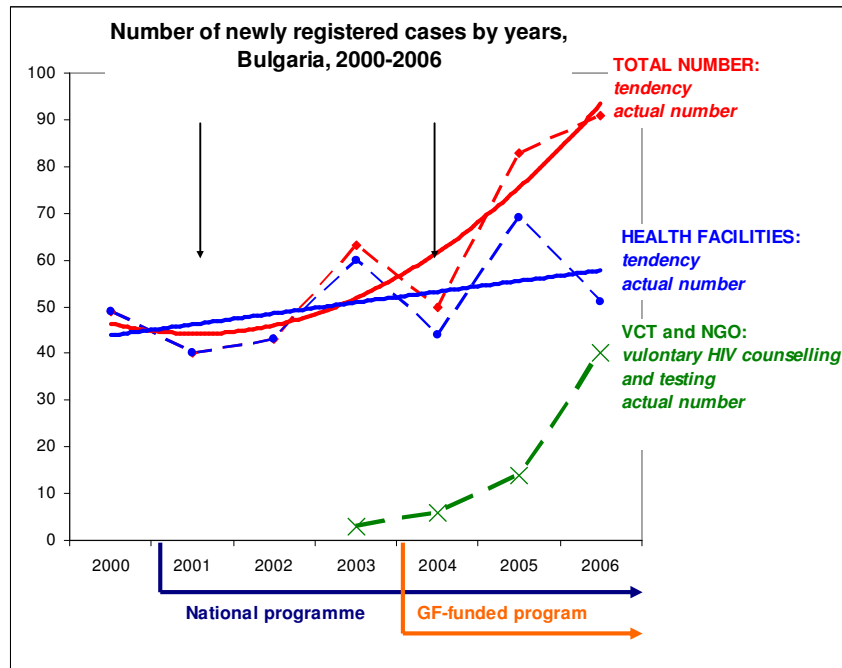
Table 4. Number of newly registered HIV cases, Bulgaria, 2000-2006

Year	All registeres cases	Referred by health facilities	Referred by VCT and NGO
2000	49	49	-
2001	40	40	-
2002	43	43	-
2003	63	60	3
2004	50	44	6
2005	83	69	14
2006	91	51	40
TOTAL	419	356	63

Source: Ministry of Health, Department for Prevention and Control of AIDS, Tuberculosis and STIs

Data analysis shows that the case detection rate with VCT and NGO services is 6 times higher than the case detection rate in health facilities performing diagnostic and screening testing (Figure 3).

Figure 3.

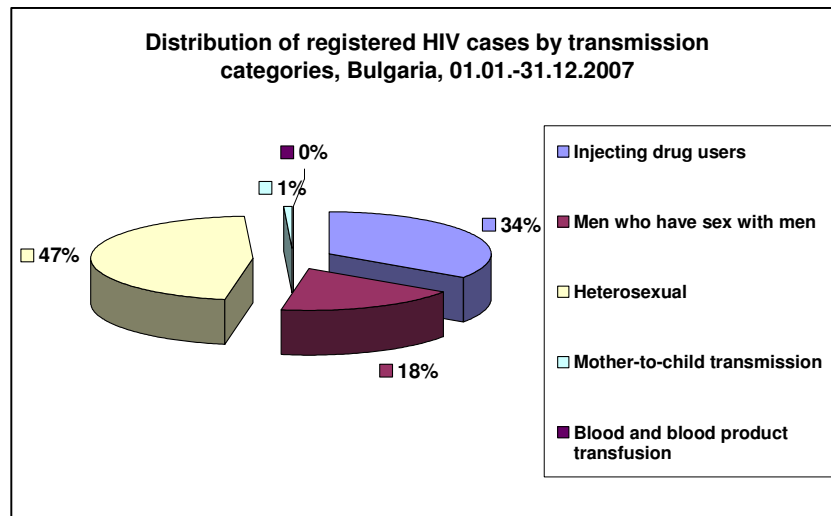


Source: Ministry of Health, Department for Prevention and Control of AIDS, Tuberculosis and STIs

Since 2004, there has been an increase in the number of HIV cases among injecting drug users. In 2007 only, their number is 43 which is 34% of all newly registered (Figure 4).

As for men who have sex with men, there was strong stigma and discrimination which prevented many of them from disclosing their sexual orientation. Practically, Program “Prevention and Control of HIV/AIDS” started implementing activities aimed at preventing new infections in this group in 2006. Changing this situation, it was possible to reach the group with active motivation, referral and HIV counseling and testing, as well second generation surveillance surveys. This explains the rate of male to female infections among the cases registered in the period 1986-2007, and the number of registered cases among men who have sex with men in 2007 – 23 (18% of all newly registered cases).

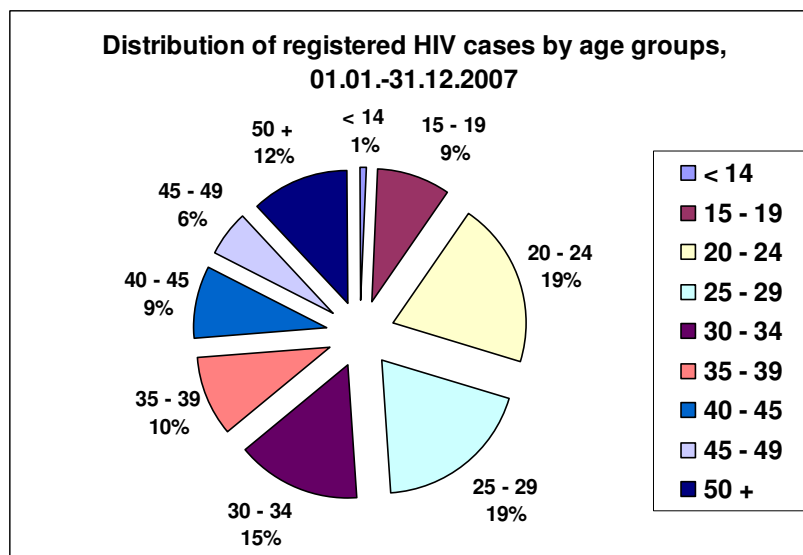
Figure 4.



Source: Ministry of Health, Department for Prevention and Control of AIDS, Tuberculosis and STIs

Distribution of newly registered cases in 2007 in age groups indicates high share of the 15024 age group (28%), and it is worrying that the youngest person infected is 16-year old. It is important to highlight that the cases in this age group are mainly among injecting drug users and men who have sex with men.

Figure 5.



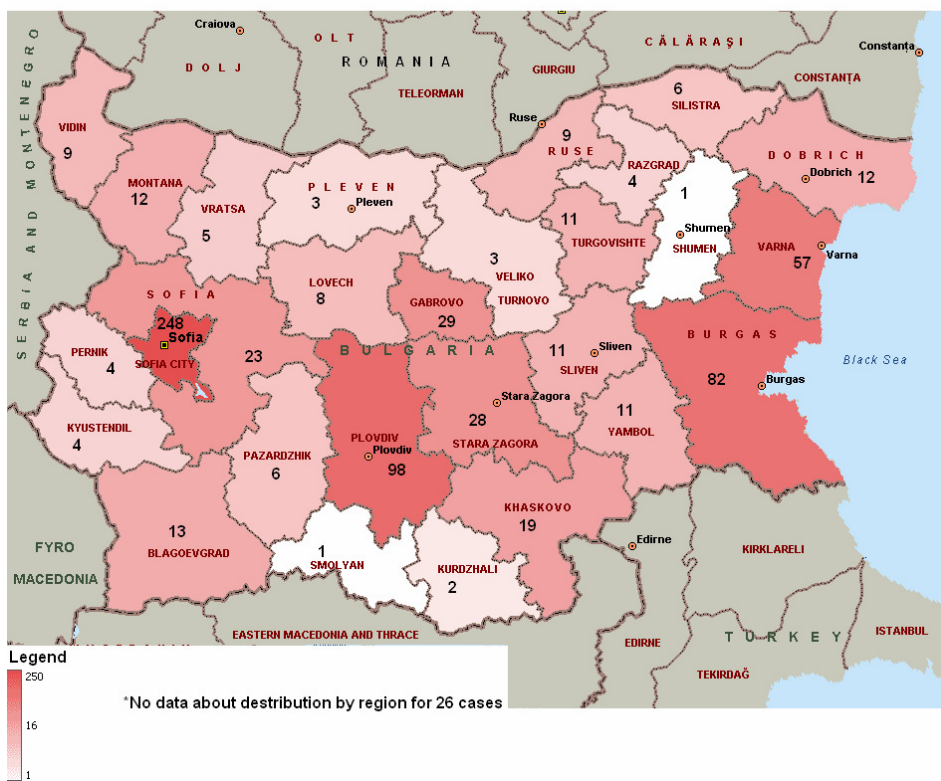
Source: Ministry of Health, Department for Prevention and Control of AIDS, Tuberculosis and STIs

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Registered HIV cases are concentrated in large urban areas - Sofia, Plovdiv, Bourgas and Varna. A worrying tendency was observed the last two years the annual number of cases registered in Plovdiv (31 in 2006) is greater than that in Sofia (19 in 2006) The majority of HIV cases registered in Plovdiv are the injecting drug use category, which is related to the overall situation of heroin users, illegal distribution of drugs, and the 2004 criminalization of the ‘possession of a single dose’ by the Penal Code.

Figure 6. Number of registered cases by regions, Bulgaria, 1986 – 06.2007

Registered HIV cases by Region (1986-06.2007)



Source: Ministry of Health, Department for Prevention and Control of AIDS, Tuberculosis and STIs

HIV prevalence in the groups most-at-risk

HIV prevalence in the groups most-at-risk in the country is measured through second generation HIV sentinel surveillance surveys, conducted in the framework of Program “Prevention and Control of HIV/AIDS”, financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria. Data are collected, processed and analyzed by the National Unit for Second Generation HIV Sentinel Surveillance at the National Centre of Infectious and Parasitic Diseases.

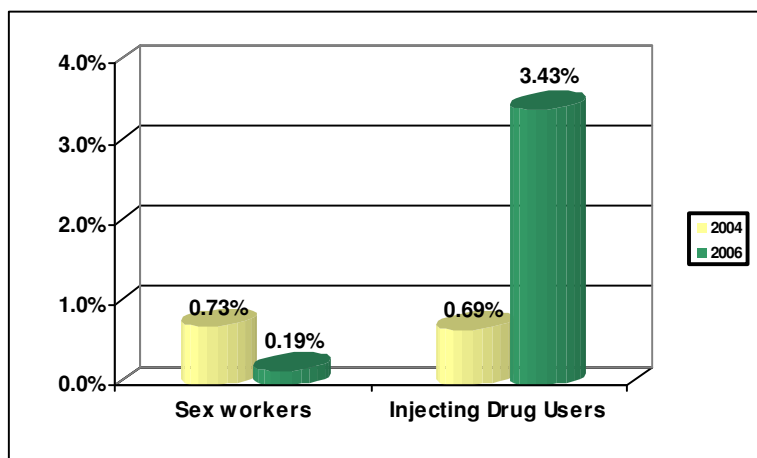
Data indicate that the mean HIV prevalence among female and male sex workers in 2006 is still low - 0.19% (Figure 7). This value is lower than the reporter prevalence in 2004 - 0.73%. The difference is not statistically significant and can be explained through the extremely low number of HIV cases that were found and the sample sizes used. In 2004, surveys detected 3 HIV positive sex workers out of a total of 413 tested in 4 country regions, and in 2006 – 2 HIV positive sex workers out of 1 042 tested in 8 country regions.

Pilot second generation sentinel surveillance surveys among men who have sex with men were conducted in the end of 2006 in two major cities – Sofia and Varna. Baseline data for this group also indicate low HIV prevalence, since no positive cases were found. Possible explanation is the extremely small sample size – 199 providing that the prevalence in this group for the country is estimated at around 1%. Survey results should be interpreted with caution considering that two thirds of all registered HIV-infected people are men. In 2007, there 23 HIV cases registered among men who have sex with men or 18% of all registered cases. It should be noted that survey results indicate high syphilis prevalence - 8.5%, which is a marker for the increased risk of infection.

Data on the percentage of HIV cases among injecting drug users are worrying and confirm the tendency of increase. During biological surveys for second generation sentinel surveillance, conducted in the end of 2006, a total of 1 223 injecting drug users were tested in 8 country regions identified as priority-for-action regions. 42 HIV positive cases were found, which is 3.43% of those tested (Figure 7), compared to 0.59% in 2004 (4 HIV cases out of 675 tested in 5 major country regions). 34 of the HIV cases found are men and 8 are women. 22 of the HIV-infected injecting drug users are of age under 25

years. Data should be interpreted with caution since respondents were recruited with the support of the NGO working with the most vulnerable and marginalized representative of the target group.

Figure 7. Percentage of most-at-risk populations who are HIV-infected



Source: Ministry of Health, Program “Prevention and Control of HIV/AIDS”, 2007

National response to the AIDS epidemic

HIV Prevention, Knowledge and Behaviour

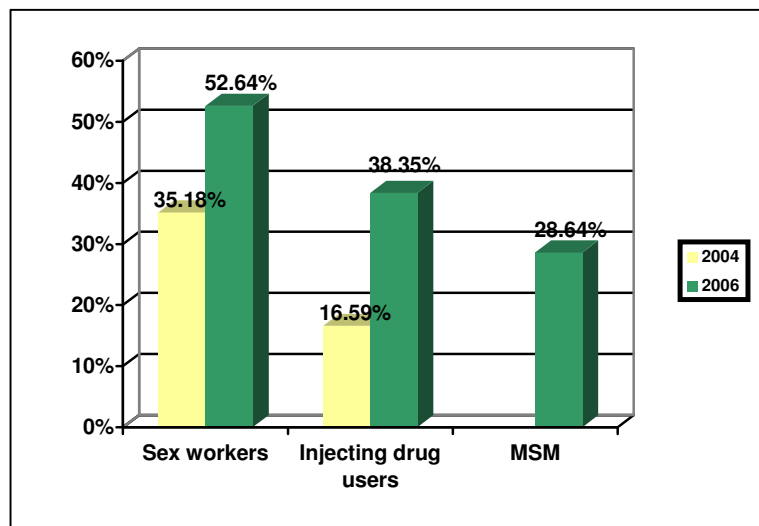
Groups most-at-risk

Program “Prevention and Control of HIV/AIDS”, implemented with a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria is the most extensive health program for prevention in Bulgaria. Activities and services to vulnerable groups under Program “Prevention and Control of HIV/AIDS” are implemented at the national as well as the local level in 19 municipalities in cooperation with 52 NGOs, 10 Regional Inspectorates for Protection and Control of Public Health, the National Center of Infectious and Parasitic Diseases, 138 schools from 13 municipalities. Thus, the program gives the opportunity for active and large-scale involvement of civil society in the national HIV/AIDS response. Supporting political environment is evidenced by the allocation of financial resources and encouragement of NGOs to implement interventions

directly reaching the groups most-at-risk. The effectiveness of program activities is also ensured through boosting national standards and best practices in the community-based approach. The results of National Composite Policy Index (NCPI) part A and part B point out as main progress in the implementation of preventive programs in the country the increase of geographical and population coverage of the target groups reached with specific services. Representatives of the civil society indicate as an important part for the success in the prevention of HIV the better cooperation between the governmental and non-governmental organizations.

The effectiveness of the activities is insured through confirmation of national standards and good practices in the work with people. The program approves also its effectiveness with the reached results in low level prevalence of HIV among the groups most at risk and the change in their knowledge and behavior regarding HIV/AIDS. There is significant increase in the interest of most at risk representatives, who were tested for HIV in the last 12 months and who know their results. The reported data is received through behavioral surveys from Second generation sentinel surveillance of HIV, conducted in the end of 2006 year.

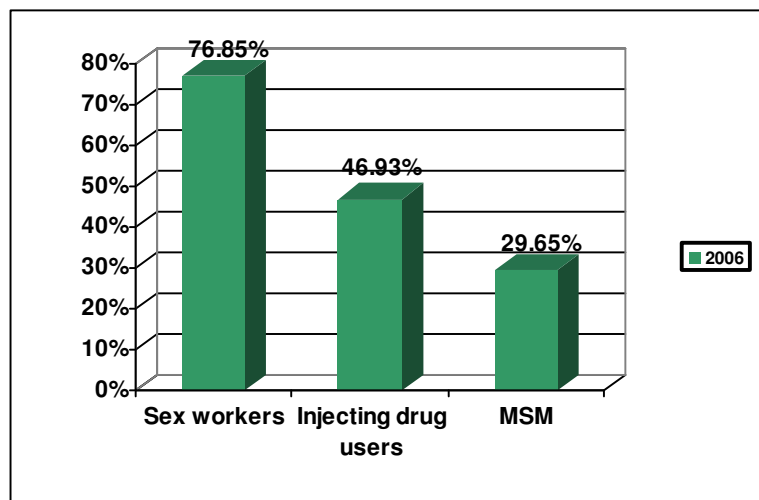
Figure 9. Percentage of most-at-risk populations that have received an HIV test in the last 12 months and who know their results



Source: Ministry of Health, Program “Prevention and Control of HIV/AIDS”, 2007

In 2006, the percentage of sex workers who report having an HIV test and knowing their results is 52.64% (548 out of 1 041 respondents), which indicates a tendency of significant increase compared to baseline data for this group in 2004 - 35.18%. The tendency of significant increase is explained through the active provision of preventive services with the support of NGO implementing outreach activities and stand-alone Voluntary HIV Counselling and Testing (VCT) Centres. This is evidenced by the high percentage of sex workers reached with HIV prevention programmes in the same year - 76.85%, although this group, and street sex workers in particular, remain hard-to-reach due to more frequent police actions. A positive tendency of increase is also observed in the knowledge indicator on ways of preventing HIV transmission and rejection of major misconceptions about HIV transmission. In 2006, the percentage of respondents who give correct answers to all five questions is 35.06% compared to baseline data in 2004 - 12.4%. The percentage of condom use with the most recent client remains significantly high - 94.62%.

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

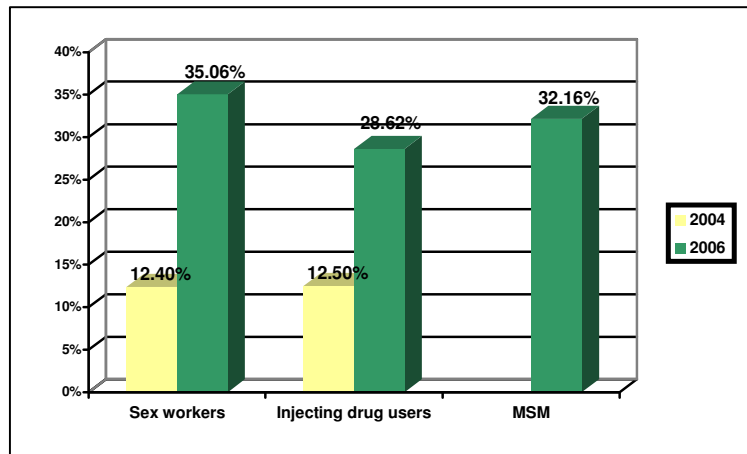


Source: Ministry of Health, Program “Prevention and Control of HIV/AIDS”, 2007

In 2006, the percentage of injecting drug users who report having an HIV test and knowing their results indicates a twofold increase (from 16.59% in 2004 г. to 38.35% in 2006, Figure 8). Prevention programme coverage of this group is 46.93% (Figure 9). There is 51% increase in the percentage of injecting drug users reporting the use of sterile

injecting equipment the last time they injected. At the same time condom use with the last sexual partners is relatively low 19.46% (Figure 11).

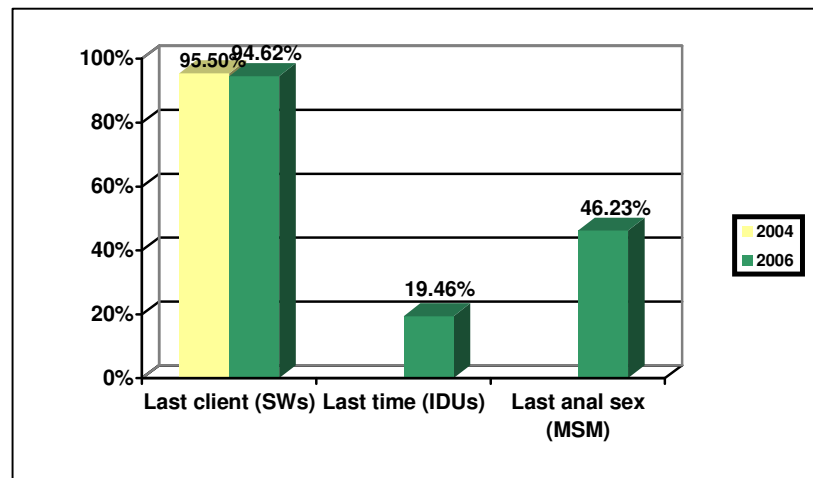
Figure 10. Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission



Source: Ministry of Health, Program “Prevention and Control of HIV/AIDS”, 2007

The percentage of men who have sex with men, who report having had an HIV test and knowing the result in 2006 is 28.64% (57 of 199 respondents) (Figure 8). HIV service coverage of the group is relatively high (29.65%, Figure 9) taking into consideration that in 2006-2007, HIV prevention activities among MSM in Sofia were funded by UNAIDS and the active work with this group under Program “Prevention and Control of HIV/AIDS” started in 2006. Condom use during last anal sex is at 46.23% (Figure 11). Since second generation surveillance surveys in this group were first conducted in 2006, results will be used as baseline data to measure tendencies in time.

Figure 11. Condom use among most-at-risk populations



Source: Ministry of Health, Program “Prevention and Control of HIV/AIDS”, 2007

Young people

The questions for constructing the complex indicator for knowledge on ways of HIV prevention and rejection of major misconceptions among young people were included in the national representative survey of UNFPA, conducted in May 2006. Data analysis reports of young people’s awareness with 18% (from 16.2% in 2004 to 19.17% in 2006). Again women are more informed than the men. 84.7% from all respondents answer correctly to the question “Can a man could decrease the risk of HIV infection if he or she always use condoms?” and 67% to the question “Can a man decrease the risk of HIV infection if he or she has sexual contacts only with one true partner?”. Although the knowledge about the ways of HIV prevention is high, the result for measuring the complex indicator is extremely low regarding the targets set in the Declaration of commitment – 90% of the young people to have access to information, education, services and life skills till 2005 and 95% till 2010.

9.9% of the young people in the age 15-24 shows that they have first had sex before the age of 15. The indicator sexual debut among young people, shows two tendencies, which have to be carefully interpreted. Young men report earlier beginning of sexual life than young women. This could be explained, on the one hand, with the bigger

social desirability of the young men answering the question, and, on the other hand, with the possibility of earlier sexual experience. It is alarming that the percentage of young people in the earlier age group (15-19), who have started their sexual life before 15 is two times more than in the group of 20-24 year-old.

The indicator for high-risk sexual behavior includes data only for 15-24 year-old. There are no data available for the age 25-49 years. The behavior here is more risky among men and among the representatives of the age group 20-24 years.

Data analysis for the indicator on condom use during the last sexual intercourse among people who have had more than one sexual partner through the last year shows that men and young people in the age 15-19 years use more often condoms.

ARV treatment, care and support for people living with HIV

Bulgaria insures free of charge ARV treatment for all people living with HIV. At the end of 2006 196 people, living with HIV were receiving ARV treatment, from them 127 men, 69 women and 3 of them before 15 years. The effectiveness of the given ARV treatment and medical care is approved by the percentage of the people, who are still on treatment - 12 months after its beginning (from 87.09% in 2004 to 93.75% in 2006). 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 counseling, training and support for treatment adherence. To the end of 2006 these organizations had worked with 228 PLHA, 158 of which on ARV therapy.

Analysis of the results of NCPI part A and part B points out as main achievement in this sector the decentralization of providing ARV therapy through opening new sectors for treatment of clients with HIV/AIDS out of the capital Sofia.

Best practices

Rapid scaling-up of specific HIV prevention among the most-at-risk groups

Since 2004 Bulgaria has succeed in rapid scaling-up of specific HIV prevention through the Program "Prevention and Control of HIV/AIDS", implemented with the grant

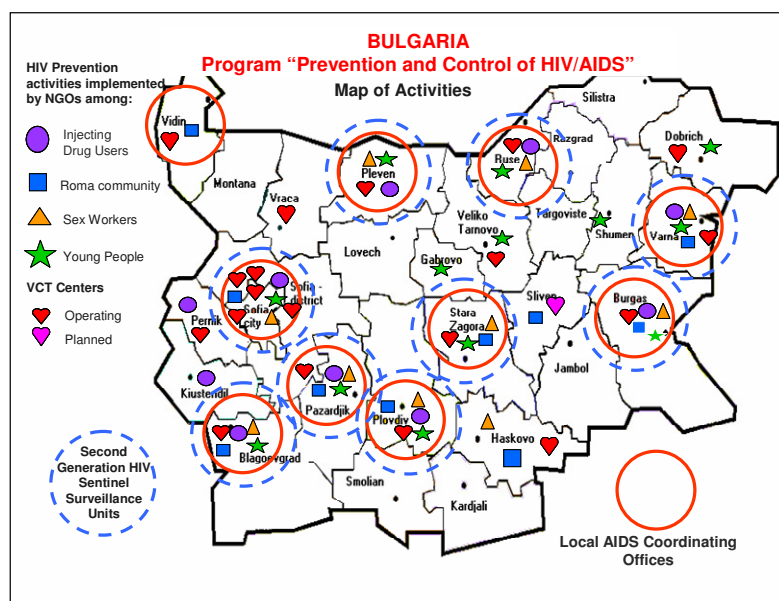
from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Its main focus is decreasing the prevalence of HIV among the groups most at risk the preventive work among the groups most-at-risk - injecting drug users; female and male sex workers; young Roma people; young people in and out of schools, and since 2006 - men, who have sex with men and prisoners.

Best practices, on which the work with most at risk groups is based, have the following principles:

- Situation analysis and assessment of local needs and resources to select districts from the perspective of potential rapid spread of HIV to implement program interventions.
- Selection of reliable non-governmental organizations to implement Program activities and provide HIV prevention services to the most-at-risk populations.
- Recruitment and continuous qualification of NGO outreach teams.
- Development of municipal networks for partnership and referral to existing health and social services.
- Development of professional networks for exchange of experience, guidance and support among NGOs while boosting national standards and best practices.
- Regular supervision, monitoring and evaluation of programmatic and financial performance.
- Provision of Health Education to young people in and out of school with a special focus on HIV and STIs prevention, reproductive and sexual health and rights, together with the development of youth-friendly services.

Services to target groups are provided mainly in 19 of the 28 districts in cooperation with 52 NGOs, 12 Regional Inspectorates for Protection and Control of Public Health, the National Center of Infectious and Parasitic Diseases, and 138 schools. Additional infrastructure has been established to ensure accessibility and coverage of specific services to hard-to-reach populations, including 19 Voluntary Counseling and Testing centres, 12 mobile medical units, 5 low threshold centers for injecting drug users and 8 community-based health and social centres for Roma people.

Figure 7.



Source: Ministry of Health, Program “Prevention and Control of HIV/AIDS”

Voluntary counseling and testing services

Another success of the program is strengthening and expansion of the network of VCT centers aiming to provide easily accessible, voluntary and non-discriminatory services. Initially in 2003, 9 VCT centers were established with WHO financial support. Currently, the operation of these together with 10 new VCT centers is financially supported by the GF. Bulgaria is the first country in the region to implement concerted policy to encourage voluntary and free-of-charge counseling and HIV testing. At present, 12 of the 19 Voluntary Counseling and Testing centers are coordinated by Regional Inspectorates for Protection and Control of Public Health; 1 by the National Centre of Infectious and Parasitic Diseases (at the National HIV Confirmatory Laboratory) and 6 by NGOs. There are several major points to highlight regarding the provision of VCT services in the country:

- data analysis shows that there are higher rates of visitors to the fixed VCT centres from the target groups due to the active referral on the side of the NGO Sub-recipients;
- VCT services for the target populations are provided through different approaches including 19 stand-alone VCT centers, 5 low-threshold centers for IDUs, 8 health and

social centers in Roma neighborhoods and 12 mobile medical units

- starting in 2004 and 2005, in collaboration with the Ministry of Justice, VCT centers started outreach work with inmates, for example in the prisons in Bourgas, Pleven, Sofia, and Stara Zagora. In December 2006, a joint Order of the Minister of Health and the Minister of Justice, regulating the regular provision of VCT services in all 12 prisons, and 4 detention centres;
- three of the stand-alone VCT centres provide expanded services, including not only free-of-charge counseling and testing for HIV, hepatitis B and C, and syphilis, but also free-of-charge STIs testing and treatment, mainly for the vulnerable groups;

Major challenges and remedial actions

Universal Access to treatment, care and support for people living with HIV

According to the principles of universal access, people living with HIV have the right to treatment, care and support. They play a major role in scaling-up HIV prevention.

Following these principles, people living with HIV in Bulgaria

- Receive free-of-charge antiretroviral therapy;
- Receive up-to-date monitoring of the therapy;
- Receive free-of-charge treatment of opportunistic infections;
- Participate in planning, implementation and oversight of HIV- related activities

People living with HIV have 2 representatives in the Country Coordinating Mechanism to Fight AIDS and Tuberculosis, and 1 in the Expert Board on HIV and STIs at the Ministry of Health.

They have organized themselves in 3 NGOs which provide additional care and support services, including for relatives and sexual partners.

Sexual and health education for young people

One of the main challenges for achieving the goals in Declaration of commitment on HIV/AIDS is the introducing and integrating of sexual and health education, based on the approach for life skills in the curriculum of the Bulgarian schools.

Currently HIV health education is provided as free elective subject in 183 schools from 17 municipalities in the frame of the GF-funded program and UNFPA- and UNICEF-funded project. The school coverage with health-educational programs is extremely low – less than 6% of all primary and secondary schools in the country. In the same time the number of students, reached by health-educational programs of 30 hours annually is only 1% in that age in the country. This fact is possible explanation for the low level of information among young people in the age 14-24.

Support from the country's development partners

With the support of UN agencies Bulgaria has been able to significantly mobilize an effective multisectoral response to AIDS and strengthen the existing HIV related bodies and systems in the country. Over the last 10 years the UN Country Team in Bulgaria supported the national response on HIV through providing technical and financial support for scaling up effective HIV prevention, treatment, care and support programs in Bulgaria in the following areas:

1. Strategic planning and policy formulation
2. Advocacy and lobbying
3. National and local capacity building for quality service provision for HIV prevention, treatment, care and support
4. Partnership and community participation in addressing specific target groups
5. Prevention activities among Most-at-risk populations
6. Monitoring and evaluation

Total UN funding in support of national response on AIDS for the period 2005-2007 amounted at 1,346,870 million USD and the planned financial support for 2008-2009 is 780,000 USD.

During 2006-2007 UN support was in the following main areas:

- Analysis on the major obstacles to, steps and interventions required to ensure *Universal Access (UA) to HIV prevention, treatment, care and support services*

for all who need it by 2010 completed and the process of target setting for 2010 initiated (UNAIDS).

- Comprehensive National Population Strategy (2006-2020) developed and adopted by the Government (UNFPA)
- Strategic partnership with media to ensure constant, appropriate and targeted messages on HIV/AIDS in the public domain established (UNAIDS, UNFPA, UNICEF)
- National integrated plan for the implementation of the rights of children 2006-2009 adopted by the Council of Ministers in 2006 (UNICEF)
- Capacity building and greater involvement of PLH (People living with HIV) in the design, implementation and evaluation of HIV/AIDS national policies and programs (UNAIDS)
- HIV/AIDS prevention in the community of men who have sex with men in Sofia (UNAIDS)
- Donation of 5 million condoms to Ministry of Health (UNFPA)
- National and local behaviour change communication campaigns implemented and advocacy and educational materials distributed (UNICEF, UNAIDS, UNFPA, WHO)
-
- Strategic partnership with media to ensure constant, appropriate and targeted messages on HIV/AIDS in the public domain established (UNAIDS, UNFPA, UNICEF)
- Development of new multi-sector National AIDS Strategy and National AIDS Strategic Plan (2008-2015) that will support the achievement of targets for UA (UN Joint Team on AIDS)

Actions that need to be taken by development partners to ensure achievement of the UNGASS targets.

Partners should further work with national partners to gain the political support and find the best way to integrate the interactive life skills based health education in the curriculum.

Monitoring and Evaluation

At present, the main roles and responsibilities related to the monitoring and evaluation of the situation and the national response to HIV/AIDS are being carried out by the Department for Prevention and Control of AIDS, Tuberculosis and STIs at the Ministry of Health. The Department is responsible for collecting, summarizing and analyzing of data from the routine HIV/AIDS surveillance that comes from the following major sources:

- 28 Regional Inspectorates for Protection and Control of Public Health (RIPCPH);
- 12 Dermato-venereological Dispensaries and 5 Dermatology and Venereology Clinics at the Medical Universities;
- 5 centres of hematology and transfusiology;
- the National Centre of Infectious and Parasitic Diseases
- the National Centre for Addictions.

The Department maintains a unified register on HIV cases, which includes data collection, summary and analysis based on sex, age, country region, ways of transmission and diagnosis for AIDS. Data is available through National reports for the epidemic situation related to HIV/AIDS, references prepared for the European Center for HIV Monitoring (EuroHIV), the World Health Organization and other national and international institutions and organizations. Department “Prevention and Control of HIV, tuberculosis and STIs” in Ministry of Health also summarizes and analyzes data for provision of ARV therapy to people living with HIV/AIDS in the country.

Another part of the key roles and functions is attributed to the Unit for Monitoring and Evaluation of the Program “Prevention and Control of HIV/AIDS”, financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria. The unit is in charge of collecting, summarizing and analyzing the data from the National System of Second Generation HIV Surveillance and the System for Programmatic Reporting and Monitoring of Organizations, which are sub-recipients of the grant of the Global Fund. For this purpose, a Plan for Monitoring and Evaluation was developed to provide the framework to follow-up more than 30 main indicators concerning: 1) the scope of services (number of persons

trained to provide specific services, number of maintained sites for provision of services and number of persons from the target groups reached through services); 2) the results concerning change in the behaviour; and 3) the impact of the implemented interventions.

Data is presented through regular and annual reports, prepared for the purposes of the Global Fund to Fight AIDS, tuberculosis and Malaria, Ministry of Health, the National Committee for prophylaxis of HIV and STIs at the Council of Ministers, the National progress reports on Declaration of Commitment and Report on Universal Access to prevention, treatment, care and support for all in need, references prepared for the European Center for HIV Monitoring (EuroHIV) with regard to vulnerable groups, WHO and other national and international institutions and organizations.

Establishment of National System for Second Generation Sentinel Surveillance started in 2004 within the framework of the Program, financed by the Global Fund. Major challenge and great success is in ensuring the high quality of the system of the Second Generation Sentinel Surveillance 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, interventions and assess the HIV/AIDS response. The system was developed to track in parallel biological and behavioural trends. It includes one national unit based at the National Centre of Infections and Parasitic Diseases (NCIPD), which is responsible for the organization, coordination and overall implementation of the activities in this field, analyzes of data, and the preparation of reports about the results. There are also nine regional second generation sentinel surveillance units operational respectively at and the Regional Inspectorates for Protection and Control of Public Health (RIPCPH) in nine from a total of 28 regions in the country. The regional units are responsible for the practical conduction of the research and for the collection of primary biological and behavioural data. The successful completion of surveillance surveys is the result of the close cooperation among the Ministry of Health, the Program Management Unit, the Objective Coordinators, the RIPCPH and the NGO Sub-recipients of the GF 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 NGO Sub-recipients that were responsible for recruiting respondents from the target groups.