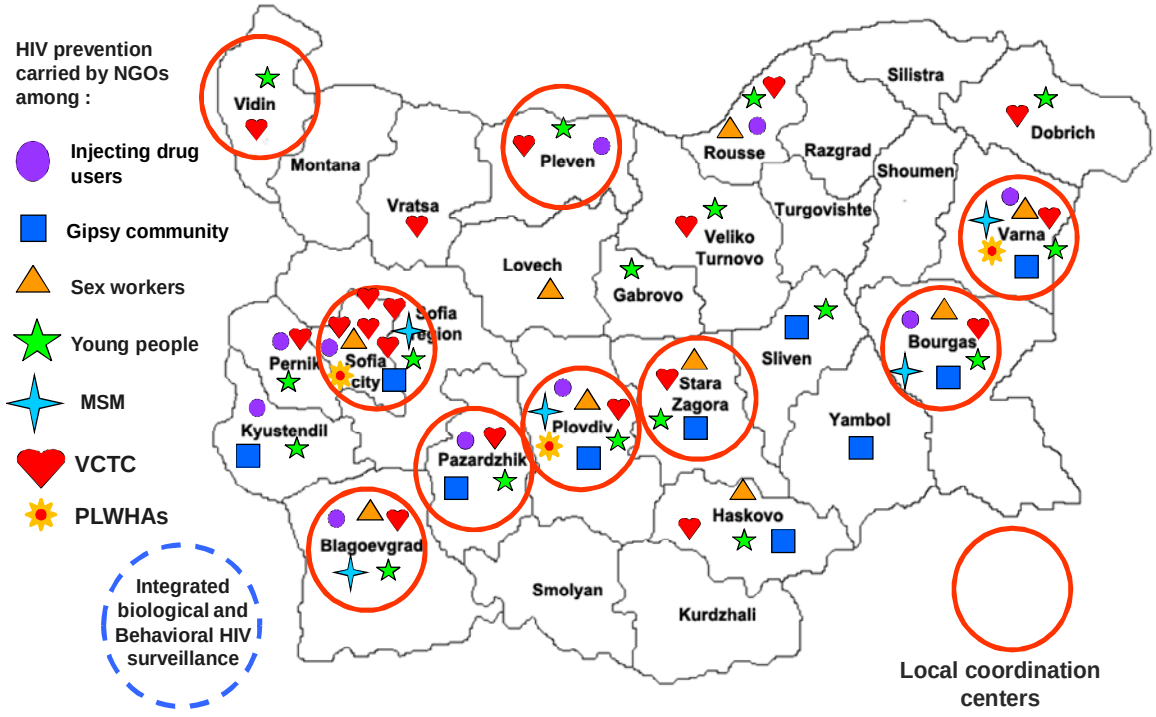
REPUBLIC OF BULGARIA

COUNTRY PROGRESS REPORT ON MONITORING THE 2013 POLITICAL DECLARATION ON HIV/AIDS, THE DUBLIN DECLARATION AND THE UNIVERSAL ACCESS IN THE HEALTH SECTOR RESPONSE

Program "Prevention and control of HIV/AIDS"

Activities map, 2014



Reporting period: January 2012 – December 2013

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Status at a glance

Inclusiveness of the stakeholders in the report writing process

The first, second, and third UNGASS Country Progress Reports of the Republic of Bulgaria on the implementation of the Declaration of Commitment on HIV/AIDS were submitted respectively in 2006, 2008 and 2010.

A working group was established at the Ministry of Health for the preparation of this fourth Bulgarian Country Progress Report on monitoring the 2013 Political Declaration on HIV/AIDS, the Dublin Declaration and the Universal Access in the Health Sector Response. The processes for report preparation have followed the recommendations of the United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organisation (WHO) and the European Centre for Disease Prevention and Control (ECDC), 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 international organisations who support the implementation of the national HIV response.

The working group collected, processed and reviewed all available data obtained from the Unit 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 National Centre for Protection of Public Health, the National Centre of Addictions, 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.

Data included in the report have been presented at meetings of the working group 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 UNAIDS, the epidemic in the region of Eastern Europe and Central Asia is the most rapidly growing one, where the largest share of the new infections are among people who inject drugs. At the same time, the epidemic in Central and West Europe continues to grow mainly among men who have sex with men.

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

people who inject drugs, 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, it is the essential to continue and scale-up the implementation of effective national policies aimed at reducing the number of new HIV infections and preventing a generalized epidemic in the country.

Policy and programmatic response

In 2008, the Bulgarian Government adopted the 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 Programme "Prevention and Control of HIV/AIDS" (2004-2008), implemented with a grant from the Global Fund to AIDS, Tuberculosis and Malaria. Programme "Prevention and Control of HIV/AIDS" continues to be an integral part of and contributes 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. Priorities for action were identified through a broad national consultative process conducted in October-November 2007 with the participation of all relevant stakeholders.

A series of nine round tables were conducted at the national level to assess the effectiveness of interventions implemented within the framework of the National Action Plan for Prevention and Control of HIV/AIDS and STIs (2001-2007), including evaluation of the strengths, weaknesses, opportunities and barriers to the interventions. Policies, strategies and priorities for action in the areas of HIV prevention, testing, treatment, care and support to ensure impact and sustainability of the national response were a major subject of the round tables. More than 240 people participated actively in the consultative process representing key stakeholders in the country: governmental institutions (ministries, state agencies, and commissions), health and social care providers, representatives of the academic sector, representatives of most-at-risk groups and PLHIV, representatives of civil society organizations working primarily with the hard-to-reach groups.

The goals of the National Programme for Prevention and Control of HIV/AIDS and STIs (2008-2015) are to scale-up the coverage of HIV prevention in order to avert new HIV infections and to improve the quality of life for PLHIV. The main strategic areas under the programme are 1) health system strengthening through capacity development for HIV prevention in the health and social sector and strengthening the national system for HIV/STIs surveillance, monitoring and evaluation; 2) significant expansion of client- and provider-initiated HIV testing services; 3) 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 antiretroviral (ARV) therapy regardless of their social and health insurance status;
- Free-of-charge ARV prophylaxis to prevent mother-to-child transmission of the HIV infection;
- Free-of-charge ARV prophylaxis for medical specialists after occupational exposure.

The amount of national funds spent by the Bulgarian Government for the period 2011-2013 is 22 210 825 USD (Table 1).

Table 1. State budget spending for HIV/AIDS in the period 2011-2013

Year	Funds allocated (USD)
2011	6 912 144
2012	6 678 473
2013	8 620 208
Total for the period 2011-2013	**22 210 825**

Source: Ministry of Health, Directorate "International Projects and Specialized Donor-Funded Programmes", 2014

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 (people who inject drugs; 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 of Eastern Europe 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 26 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 counselling 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, 28 Regional Public Health Inspectorates, the National Centre of Infectious and Parasitic Diseases in 28 out of the 28 country districts. 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 2011-2013 come to 13 654 011 USD (Table 2).

Table 2. Resources from the Global Fund grant allocated for HIV prevention in the period 2011-2013

Year	Funds allocated (USD)
2011	6 659 982
2012	3 921 623
2013	3 072 407
Total for the period 2011-2013	**13 654 011**

Source: Ministry of Health, Directorate "International Projects and Specialized Donor-Funded Programmes", 2014

The national HIV response has also been technically and financially supported by municipal budgets to implement Municipal Strategies and Action Plans for Prevention and Control of HIV and STIs, as well as international organizations represented in Bulgaria.

For the period 2011-2013 financial resources received by local budgets and international organisations to support the national HIV/AIDS response amount to 339 340 USD (Table 3).

Table 3. Resources from municipal budgets and international organisations allocated for HIV-related activities in Bulgaria for the period 2011-2013

Year	Funds allocated (USD)
2011	**144 767**
2012	**80 736**
2013	**113 836**
Total for the period 2011-2013	**339 340**

Source: Ministry of Health, Directorate "International Projects and Specialized Donor-Funded Programmes", 2014

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.

Indicator data in an overview table

Indicators to monitor the 2012 Political Declaration (GARP), the Dublin Declaration (DD) and the Universal Access in the Health Sector Response (UA)

Table 4.

№	Report	Indicator	Data entered for 2013 report	Value and short description from 2013 report	Method of data measurment
Target 1. Reduce sexual transmission of HIV by 50 per cent by 2015					
Indicators for the general population					
1.1.	GARP DD	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	22.82% (2009) There is no survey conducted during the current reporting period. Reported data are the same as in the previous report.	National representative sexual and reproductive health survey among young people aged 15-24, 2009.
1.2.	GARP	Percentage of young women and men aged 15–24 who have had sexual intercourse before the age of 15	YES	8.28% (2009) There is no survey conducted during the current reporting period. Reported data are the same as in the previous report.	National representative sexual and reproductive health survey among young people aged 15-24, 2009.
1.3.	GARP	Percentage of women and men aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months	PARTIALLY	20.88% (2009). There is no survey conducted during the reporting period. Reported data are the same as in the previous report.	National representative sexual and reproductive health survey among young people aged 15-24, 2009.
1.4.	GARP	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	PARTIALLY	68.83% (2009)There is no survey conducted during the reporting period. Reported data are the same as in the previous report.	National representative sexual and reproductive health survey among young people aged 15-24, 2009.

№	Report	Indicator	Data entered for 2013 report	Value and short description from 2013 report	Method of data measurment
1.5.	GARP	Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know their results	PARTIALLY	The indicator value calculated from a national representative survey among young people aged 15-24 is 7.68% (2009). There is no survey conducted during the reporting period.	National representative sexual and reproductive health survey among young people aged 15-24, 2009. Reported data are the same as in the previous report.
1.6.	GARP	Percentage of young women and men aged 15–24 who are HIV infected	PARTIALLY	<0.1% (2009) Estimations reported in UNAIDS Report on the Global AIDS Epidemic 2010.	Methodology for measuring the indicator not relevant
Indicators for sex workers					
1.7.	GARP DD	Percentage of sex workers reached with HIV prevention programmes	YES	77.65% (2012)	Integrated Biological and Behavioural Surveillance, 2012
1.8.	GARP DD UA	Percentage of female and male sex workers reporting the use of a condom with their most recent client	YES	99.4% (2012)	Integrated Biological and Behavioural Surveillance, 2012
1.9.	GARP DD UA	Percentage of sex workers who received an HIV test in the last 12 months and who know their results	YES	74.71% (2012)	Integrated Biological and Behavioural Surveillance, 2012
1.10.	GARP DD UA	Percentage of sex workers who are HIV infected	YES	1.76% (2012)	Integrated Biological and Behavioural Surveillance, 2012
Indicators for men who have sex with men					
1.11.	GARP	Percentage of men who have sex with men reached with HIV prevention programmes	YES	78.79% (2012)	Integrated Biological and Behavioural Surveillance, 2012
1.12.	GARP DD UA	Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	YES	66.16% (2012) Data related to condom use last time they have had sex with a male partner	Integrated Biological and Behavioural Surveillance, 2012
1.13.	GARP DD UA	Percentage of men who have sex with men who received an HIV test in the last 12 months and who know their results	YES	54.04% (2012)	Integrated Biological and Behavioural Surveillance, 2012

№	Report	Indicator	Data entered for 2013 report	Value and short description from 2013 report	Method of data measurment
1.14.	GARP DD UA	Percentage of men who have sex with men who are HIV infected	YES	0.00% (2012)	Integrated Biological and Behavioural Surveillance, 2012
Testing and counselling					
1.15.	UA	Percentage of health facilities that provide HIV testing and counselling services	PARTIALLY	291 (2012)	Ministry of Health
Sexually Transmitted Infections					
1.17.	UA	Percentage of sex workers with active syphilis	YES	15.29% (2012) Note: Data referes to reactive ELISA test results rather than active syphilis	Integrated Biological and Behavioural Surveillance, 2012
1.17.	UA	Percentage of men who have sex with men with active syphilis	YES	3.03% (2012)	Integrated Biological and Behavioural Surveillance, 2012
Migrants					
1.18.	DD	Percentage of migrants from countries with generalized HIV epidemics who had sex with more than one partner in the past 12 months who used a condom during their last sexual intercourse	NO	Topic relevant, Indicator not relevant	
1.19.	DD	Percentage of migrants from countries with generalized HIV epidemics who received an HIV test in the last 12 months and who know their results	NO	Topic relevant, Indicator not relevant	
1.20.	DD	Percentage of migrants who are HIV infected	NO	Topic relevant, Indicator not relevant	
Prisoners					
1.21.	DD	Percentage of prisoners who are HIV infected	YES	1.56% (2009)	Integrated Biological and Behavioural Surveillance, 2009
Target 2. Reduce transmission of HIV among people who inject drugs by 50 per cent by 2015					

№	Report	Indicator	Data entered for 2013 report	Value and short description from 2013 report	Method of data measurment
Indicators for people who inject drugs					
2.1.	GARP DD UA	Number of syringes distributed per IDU per year by Needle and Syringe Programmes	YES	60 (2012) 59 (2013)	Programme "Prevention and control of HIV" Monitoring System of Programs funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria
2.2.	GARP DD UA	Percentage of injecting drug users reporting the use of a condom the last time they had sex	YES	57.97% (2012) at last sex	Integrated Biological and Behavioural Surveillance, 2012
2.3.	GARPD DUA	Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected	YES	75.74% (2012) (UNGASS recommended methodology)	Integrated Biological and Behavioural Surveillance, 2012
2.4.	GARP DD UA	Percentage of injecting drug users who received an HIV test in the last 12 months and who know their results	YES	62.48% (2012)	Integrated Biological and Behavioural Surveillance, 2012
2.5.	GARP DD UA	Percentage of injecting drug users who are HIV infected	YES	10.65% (2012)	Integrated Biological and Behavioural Surveillance, 2012
2.6.	UA	Number of people on opioid substitution treatment (OST) in all OST sites	YES	3,275 (2012) 3,563 (2013)	National Centre of Addictions
2.7.	UA	Number of needle and syringe programme (NSP) sites (including pharmacy sites providing no cost needles and syringes)	YES	10 HIV prevention programmes, including outreach needle and syringe exchange services, operated by NGOs in the ten largest country districts (out of 28), and include approximately 100 outreach sites.	Programme Monitoring System of Programme "Prevention and Control of HIV/AIDS", implemented by the Ministry of Health with a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria
Target 3. Eliminate mother-to-child transmission of HIV by 2015 and substantially reduce AIDS-related maternal deaths					

№	Report	Indicator	Data entered for 2013 report	Value and short description from 2013 report	Method of data measurment
3.1.	GARP DD UA	Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	PARTIALLY	Nine (9) pregnant women were registered HIV-positive in 2012. Five (5) of them received antiretrovirals to reduce the risk of mother to child transmission. 7 pregnant women were registered HIV-positive in 2013. All of them received antiretrovirals to reduce the risk of mother-to-child .	Antiretroviral Therapy patient Registers
3.2.	GARP UA	Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	YES	78% (2012) Nine (9) children were born to positives mothers in 2012. Seven (7) of them received virological test for HIV in 2 months after birth. 85.7% (2013) Seven (7) children were born to HIV-positive mothers in 2013, six of them received virological test for HIV in 2 months of birth	National HIV Reference Laboratory
3.3.	GARP	Percentage of child infections from HIV-infected women delivering in the past 12 months (modelled)	YES	22%(2012) Nine (9) children were born to HIV-positive mothers in 2012. 2 of them were defined as HIV positive. 0% (2013) Seven (7) children were born to HIV-positive mothers in 2013. None of them was reported as HIV positive result.	National HIV Reference Laboratory
3.4.	UA	Percentage of pregnant women who were tested for HIV and received their results, including those with previously known HIV status	PARTIALLY	48.7% (2012) 58.2% (2013)	Ministry of Health

№	Report	Indicator	Data entered for 2013 report	Value and short description from 2013 report	Method of data measurment
3.7.	UA	Percentage of infants born to HIV-infected women (HIV-exposed infants) who received antiretroviral prophylaxis to reduce the risk of early mother-to-child- transmission in the first 6 weeks	PARTIALLY	Eight (8) children born to HIV–positive mothers in 2012 received ARV prophylaxis to reduce the risk of early mother to child transmission. Six (6) children born to HIV-positive mothers in 2013 received ARV prophylaxis to reduce the risk of early mother-to-child transmission	Antiretroviral Therapy patient Registers
3.10.	UA	Number of infants born to HIV-infected women assessed for and whose infant feeding practices were recorded at DTP3 visit	YES	Eight (8) children born to HIV–positive mothers in 2012 received replacement breast feeding Six children born to HIV-positive mothers received replacement breast feeding	Antiretroviral Therapy patient Registers
3.13.	UA	Percentage of HIV-positive pregnant women who were injecting drug users (IDUs)	YES	55.5% (2012) Five (5) of the registered nine (9) pregnant women in 2012 were injecting drug users 43% (2013) Three of the registered 7 pregnant women in 2013 was injecting drug user.	Antiretroviral Therapy patient Registers
Target 4. Have 15 million people living with HIV on antiretroviral treatment by 2015					
4.1b.	GARPDD UA	Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	YES	626 as of 31 December 2013	Antiretroviral Therapy patient Registers
4.2.	GARPUA	Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	YES	81.6% (2013)	Antiretroviral Therapy patient Registers
4.2a.	UA	Percentage of injecting drug users with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	YES	90.91% (2010)	Antiretroviral Therapy patient Registers

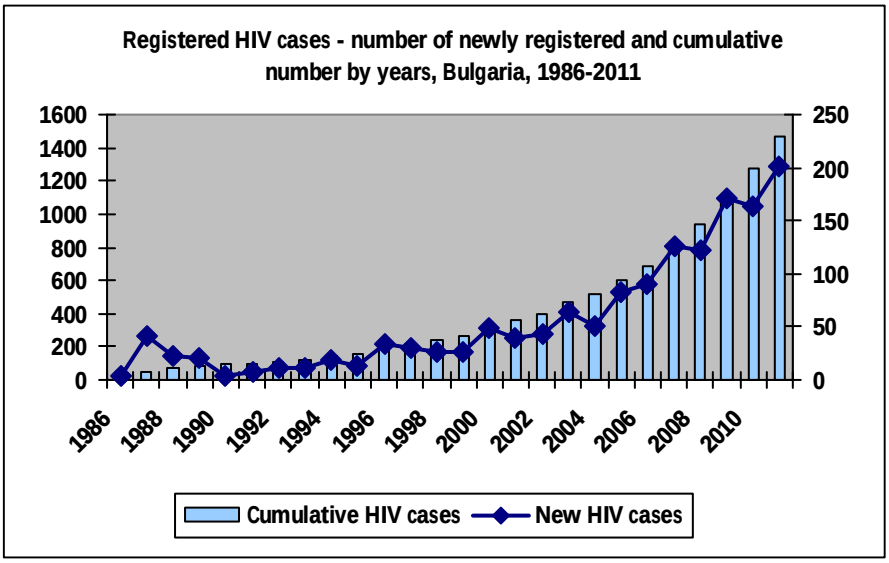
№	Report	Indicator	Data entered for 2013 report	Value and short description from 2013 report	Method of data measurment
4.2c.	UA	Percentage of adults and children with HIV known to be on treatment 60 months after initiation of antiretroviral therapy	YES	90.9% (2013)	Antiretroviral Therapy patient Registers
4.2d.	UA	Percentage of injecting drug users with HIV known to be on treatment 60 months after initiation of antiretroviral therapy	YES	100% (2010)	Antiretroviral Therapy patient Registers
4.4.	UA	Percentage of health facilities dispensing antiretrovirals (ARVs) for antiretroviral therapy that have experienced a stock-out of at least one required ARV in the last 12 months	YES	0% (2013) No one ARV treatment sector out of the operating a stockout of one drug for one month in the beginning of the year. In 2011, a significant contribution to prevent treatment interruption was made by the Operational Reserve (buffer stock) of ARV Drugs, established with funds by the Global Fund to Fight AIDS, Tuberculosis and Malaria.	National Information System for Monitoring of HIV Patients
Target 5. Reduce tuberculosis deaths in people living with HIV by 50 per cent by 2015					
5.1.	GARP DD UA	Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV	PARTIALLY	A total number of 12 HIV-positive people on ART received treatment for TB (10 men and 2 women) in 2010	Antiretroviral Therapy patient Registers
5.3.	UA	Percentage of adults and children newly enrolled in HIV care starting isoniazid preventive therapy (IPT)	YES	36% (2010) According to national guidelines for treatment of people living with HIV, Isoniasid preventive treatment is provided to all HIV patients with CD4 count less than 200	Antiretroviral Therapy patient Registers
5.4.	UA	Percentage of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit	YES	100% (2010)	National Information System for Monitoring of HIV Patients
Target 6. Reach a significant level of annual global expenditure (US$22-24 billion) in low and middle-income countries					

№	Report	Indicator	Data entered for 2013 report	Value and short description from 2013 report	Method of data measurment
6.1.	GARP DD	Domestic and international AIDS spending by categories and financing sources	YES	Attached completed AIDS spending matrix	
Target 7. Critical enablers and synergies with development sectors					
7.1.	GARP DD	National Commitments and Policy Instrument (NCPI) 2012	YES	Attached completed NCPI questionnaire	Consultation among state officials, experts, international and nongovernmental organizations engaged with the problem of HIV/AIDS
7.1c.	DD	European Supplement to the NCPI	YES	Attached completed European Supplement to the NCPI	Consultation among state officials, experts, international and nongovernmental organizations engaged with the problem of HIV/AIDS
7.2.	GARP	Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months	NO	Topic not relevant	
7.6.	UA	Number of adults and children with HIV enrolled in HIV care	YES	640 (2010)	National Information System for Monitoring of HIV Patients

Overview of the AIDS epidemic

Since 1986, when HIV case registration started in the country, to the end of 2013, a cumulative total of 1830 HIV cases have been registered in Bulgaria. The annual number of newly registered HIV cases increased from 157 in 2012 to 200 in 2013 (Figure 1.)

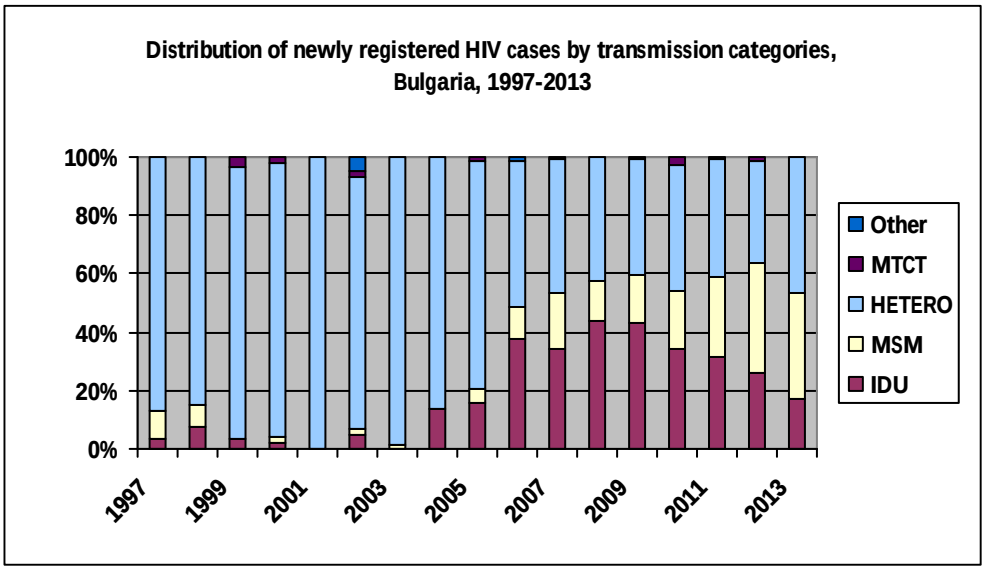
Figure 1



Source: Ministry of Health, Directorate for Management of Specialized Donor-Funded Programmes, 2014

In period 2004 to 2011 we observed a tendency of increase in the number of HIV cases among injecting drug users (Figure 2). The trend turns during the next years. In 2012, number of IDUs infected by HIV decreased to 42 (27%). In the last year (2013) the proportion of newly infected IDUs continued to decline to 35 (18%) While the proportion of IDUs continued to diminished the newly diagnosed HIV cases among MSM group grow. The annual share of newly registered HIV cases among men who have sex with men has risen to 39% of the annual number of newly registered cases in 2012 and remained at the same level 39% in 2013.

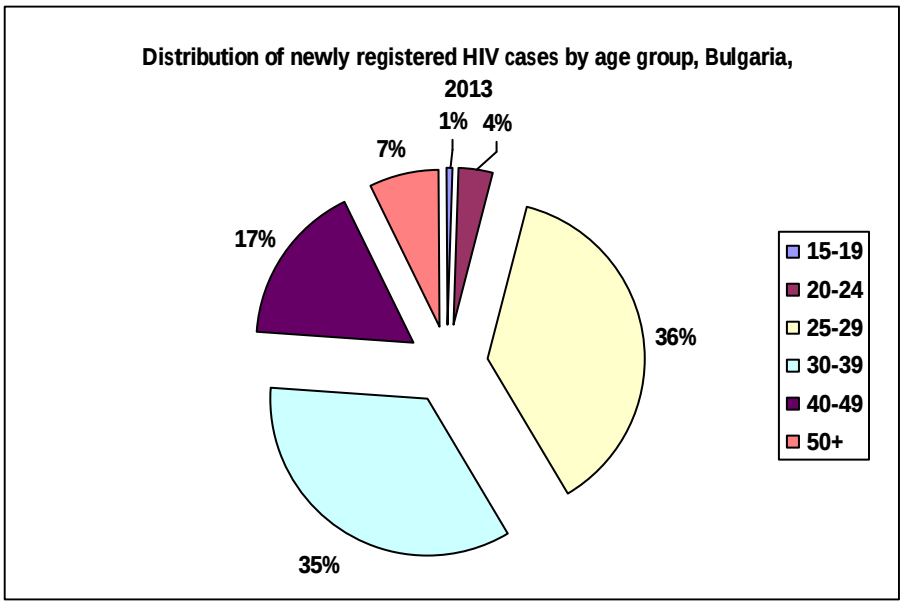
Figure 2.



Source: Ministry of Health, Directorate for Management of Specialized Donor-Funded Programmes, 2014

Compared to previous years in 2012 and 2013 we observed slightly reduction of the newly registered HIV cases in age group 15-29. In 2012 newly registered HIV cases in age group 15 – 29 are 43% of the total HIV cases a year. The same trend continues in 2013. The distribution of the newly registered HIV cases in 2013 by age groups indicates that 43% were registered among young people aged 15-29. In both 2012 and 2013 the largest share of cases 48% (2012) and 51% (2013) were in the age group 30 – 49. Geographical distribution of registered HIV cases indicates that the majority of them are concentrated mainly in large urban areas as Sofia, Plovdiv, Pazardzhik, Varna, Blagoevgrad and Bourgas.

Figure 3.



Source: Ministry of Health, Directorate for Management of Specialized Donor-Funded Programmes, 2014

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 (VCT); 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.

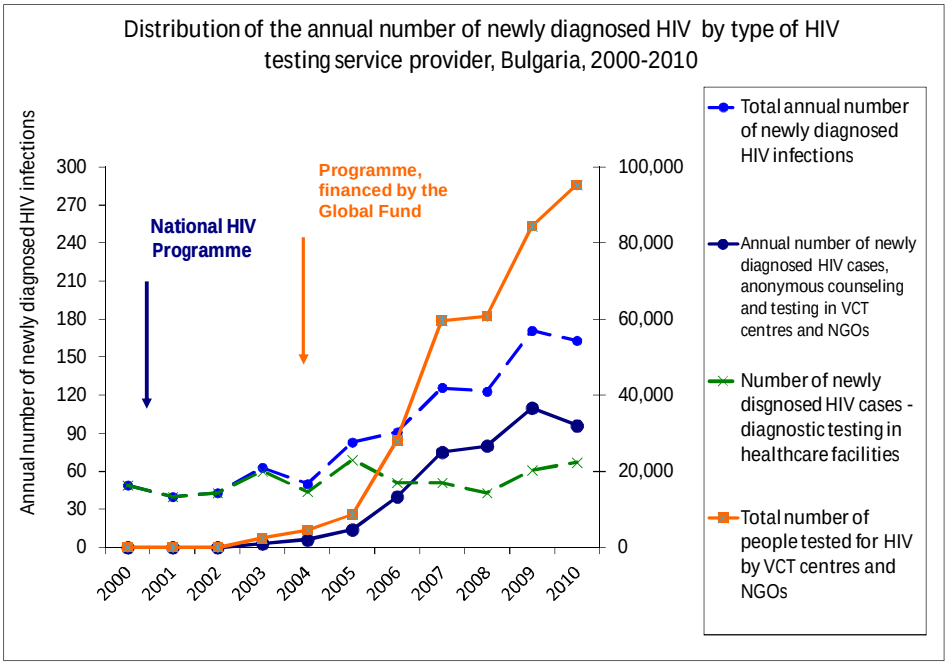
Furthermore, focused efforts to collect epidemiological evidence on HIV prevalence and behavioural evidence on the drivers of the epidemic, were successful in better understanding epidemiological patterns of the spread of HIV in different sub-groups of the population and geographical distribution by country regions. Key changes in the type and dynamics of the epidemiological situation since 2004, relevant for the period reporting 2010-2011, in Bulgaria include:

1. Rising in HIV prevalence among men who have sex with men (MSM) in the last two years
2. Fairly quickly decrease in prevalence among IDUs due to a reduction in the number of injecting drug users. The new drug users prefer turning to per oral using drugs like amphetamine, ecstasy etr.
3. Delineation of groups with multiple risk exposure:
    - Young Roma people – IDU, MSM, SW
    - Prisons – IDU, MSM
    - Vulnerable children and youth
4. Delineation of country regions as priority for action 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 areas, border entry points, etc.

These efforts made it possible to intensify HIV case finding and resulted in increased case detection rates, particularly through VCT services. Epidemiological evidence proved that since 2004 the increased annual number of newly detected cases is due to the active provision of specific services to the most-at-risk groups (including HIV counselling and testing) through the implementation of Program "Prevention and Control of HIV/AIDS", financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). In the period 2012 (36%) -2013 (40%), average 38% of the newly diagnosed HIV cases were found through VCT centres, mobile medical units and NGO providing services to the most-at-risk group as compared to average

27% for the period 2004-2007 (Figure 4.). The annual number of HIV tests performed among most-at-risk groups has increased from 59 626 in 2007 to 98 821 in 2013 (60% increase).

Figure 4.



Source: Ministry of Health, Programme "Prevention and Control of HIV/AIDS", 2011

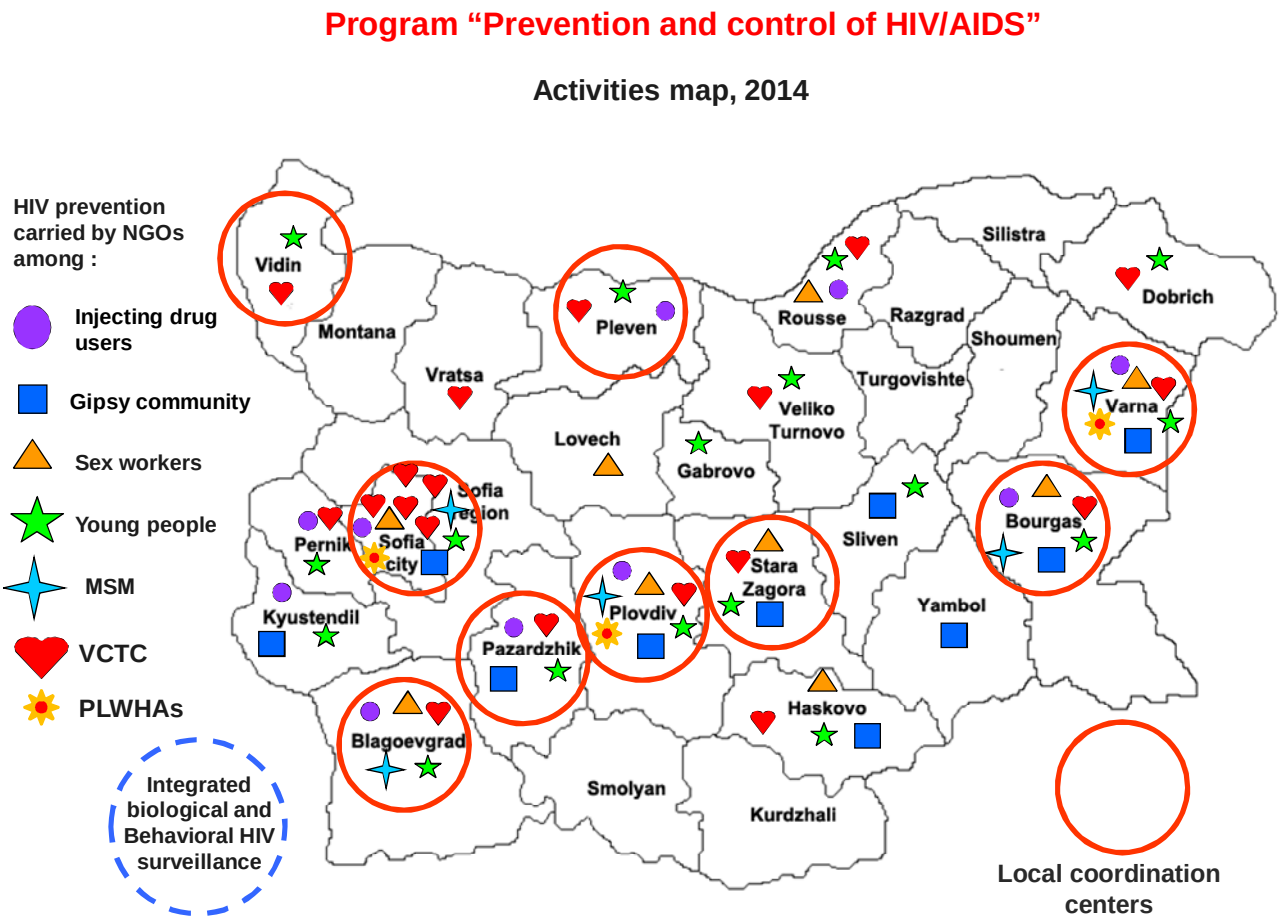
All these developments provided strong reliable data for the purposes of designing, planning and assessing interventions as part of the national HIV response aimed at ensuring universal access to HIV prevention, treatment, care and support for those who need it.

National response to the AIDS epidemic

HIV prevention programmes and behaviour change among key most-at-risk populations

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 Programme "Prevention and Control of HIV/AIDS", financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria



Source: Ministry of Health, Programme "Prevention and Control of HIV/AIDS", 2014

The Programme is structured around nine objectives the Ministry of Health has signed agreements for cooperation with 20 municipalities. The main goal of the programme is to contribute to the decrease of HIV incidence rate and to improve the quality of life of people living with HIV. In 2012 and 2013, activities and services to most-at-risk groups were implemented at the national as well as the local level in cooperation mainly with:

- more than 50 NGOs providing services for HIV prevention, care and support among the groups most-at-risk (networks of 10 NGOs for people who inject drugs; 9 NGOs for sex workers; 10 NGOs for young Roma people with risk behaviour; 5 NGOs for men, who have sex with men; 18 NGOs for youth-at risk; 4 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 17 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;

- The nine Local AIDS Committees in the municipalities of Varna, Plovdiv, Stara Zagora, Burgas, Vidin, Pazardzik, Pleven, Blagoevgrad, and Sofia – City and the established 10 Local HIV/AIDS Coordinating Offices that serve as local hubs for regional HIV activities, coordinating efforts of local partners;

- The established 28 Regional Units for Prevention and Control of HIV/STIs/TB at the Regional Public Health Inspectorates (2010 – 12 units; 2011 – 8 units and 2012 – 8 units);

- Nine daily drop-in centers are operating to provide services to IDUs in the towns of Blagoevgrad, Bourgas, Varna, Plovdiv, Sofia, Pleven and Kyustendil, Ruse, Pernik;

- Eight health and social services centers are functioning in Roma community, offering HIV/STIs and tuberculosis prevention services;

-Nine health and social services centers are providing services for sex workers;

- PLHIV and their relatives and friends are receiving a competent psycho-social support in four centers in the country - two in Sofia, one in Varna and one in Plovdiv;

- Five health and social services centers are providing services for men who have sex with men; three of the centers were renovated with the financial support of the GF grants;

- 18 youth-supported clubs supported peer education in HIV and STI prevention and control and sexual and reproductive health;

- the National Centre 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 Healthë

- 19 Voluntary Counselling and Testing Centres 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 have opened sector for provision free-of-charge ARV treatment for people living with HIV, medical follow-up and free-of-charge treatment for opportunistic infections.

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 indicators:

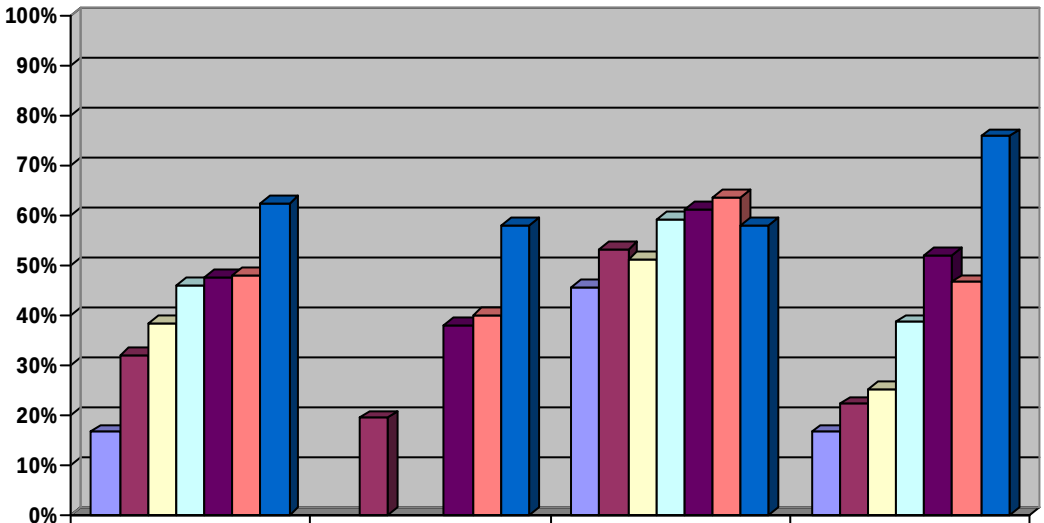
- HIV-related risk behaviours of groups most-at-risk and young people aged 15-24 years;
- HIV testing among groups most-at-risk;
- Coverage of HIV prevention programmes;
- HIV-related knowledge among groups most-at-risk and young people aged 15-24 years.
- HIV prevalence among groups most-at-risk and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

People who inject drugs

In the end of 2012, the percentage of people who inject drugs who report having an HIV test and knowing their results indicates more four times increase (from the baseline 16.59% in 2004 to 62.48% in 2012). The behaviour indicator on safe injecting practices scores also shows a threefold increase from the baseline 16.7%

in 2004 to 62.48% in 2012. At the same time condom use during last sexual intercourse also increased to 39.98% with any type of sexual partners and 57.97% with a casual partner (Figure 6.).

Figure 6. Behaviour indicators for people who inject drug 2004-2012



	Percentage of IDUs who received an HIV test in the last 12 months and know their result	Percentage of IDUs who used a condom with last sexual partner	Percentage of IDUs who used a condom with last casual sexual partner	Percentage of IDUs who avoided sharing injecting equipment during the last month
2004	16,59%		45,70%	16,70%
2005	31,90%	19,46%	53,10%	22,30%
2006	38,35%		51,25%	25,18%
2007	45,88%		59,17%	38,63%
2008	47,58%	38,15%	61,08%	52,13%
2009	47,88%	39,98%	63,56%	46,56%
2012	62,48%	58%	58,00%	75,74%

Source: Ministry of Health, Programme "Prevention and Control of HIV/AIDS", 2014

Major positive trends in the national programme 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.

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 counselling;
- provision of HIV prevention case management for those in extreme need or people who inject drugs living with HIV;
- in 7 cities (Sofia, Plovdiv, Varna, Bourgas, Pleven, Blagoevgrad and Kyustendil), 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.

However, the coverage of HIV prevention programmes as measured through the number of needle and syringes distributed remains low (Table 5.).

Table 5. Programmatic results of HIV prevention programmes for people who inject drugs

Indicator	2010	2011	2012	2013
Annual number of individual IDUs reached with HIV prevention programmes, implemented by NGOs	8,090	7,983	7,734	7,326
of them, number of new people reached for the first time	1,918	2,018	1,580	1,053
Annual number of person contacts for service provision	80,106	86,060	71, 080	69, 805
Annual number of IDUs who received voluntary HIV testing and counselling (through NGOs, VCT centres and the National Centre of Addictions)	6,117	6,895	4, 475	3, 276
Annual number of safe injecting packages (one syringe, two needles and other injecting paraphernalia) distributed by HIV prevention programmes, implemented by NGOs	676,898	643,377	406, 603	431, 568
Annual number of condoms distributed by HIV prevention programmes, implemented by NGOs	180,847	179,379	144, 743	142, 810
Number of IDUs reached with HIV prevention case management services provided by NGOs	183	251	270	223

Source: Ministry of Health, Program "Prevention and Control of HIV/AIDS", 2014

HIV and Hepatitis C prevalence among people who inject drugs

IBBS survey results for the period 2004-2012 indicate an increase in HIV prevalence among IDUs – from the baseline 0.59% in 2004 to 10.65% in 2012. 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 Hepatitis C prevalence in the group of IDUs remains as high as 4.72% in 2009.

It is important to note that the Global Fund-funded Programme "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 significant difference with regard to HIV prevention among people who inject drugs 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 for quality service provision
- 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 and effective referral networks
- Preparedness to intervene in case of local HIV epidemics among IDUs.

Sex Workers

In the end of 2012, the percentage of sex workers who report having an HIV test and knowing their results is 74.71%, which indicates a tendency of significant increase compared to baseline data for this group in 2004 - 35.18% (Figure 8.). 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. A total of 77.65% of the sex workers were reached with HIV prevention programmes in the same year, although the street sex workers remain hard-to-reach. In 2012, the percentage of condom use with the most recent client continues to score high - 99.4%.

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

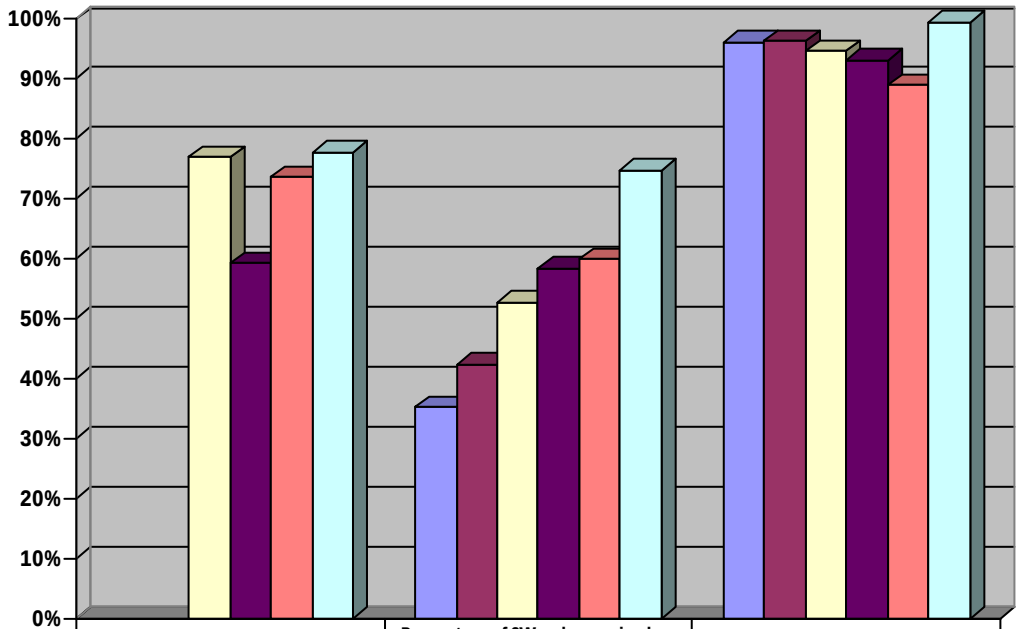
and care. Currently, the Program "Prevention and Control of HIV/AIDS" allocates the largest amount of the funding for HIV prevention among sex workers, which are aimed to contribute to the national HIV response.

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

Figure 8. Behaviour indicators for sex workers 2004-2012



	Percentage of SWs reached with HIV prevention programmes	Percentage of SWs who received an HIV test in the last 12 months and know their result	Percentage of SWs who used condoms with last client
2004		35,18%	96,00%
2005		42,30%	96,20%
2006	76,85%	52,64%	94,62%
2008	59,20%	58,34%	93,09%
2011	73,44%	59,88%	88,82%
2012	77,65%	74,71%	99,40%

Source: Ministry of Health, Program "Prevention and Control of HIV/AIDS", 2014

2. **Client-centred services**

- Provision of HIV prevention case management for those in increased risk or sex workers living with HIV.

3. **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 WHO Guidelines for the Management of Sexually Transmitted Infections
- Referral and accompanying (if necessary) to relevant health services

4. **Networking and advocacy for HIV/AIDS/STI prevention activities and reduction of stigma and discrimination among SWs at local and national level**
5. **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

The coverage of HIV prevention programmes implemented by NGOs with the grant funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria remains high in the period 2010-2013 (Table 6.).

Table 6. Programmatic results of HIV prevention programmes for sex workers

Indicator	2010	2011	2012	2013
Annual number of individual sex workers reached with HIV prevention programmes, implemented by NGOs	7,834	7,975	7 007	6 625
of them, number of new people reached for the first time	3,870	2,496	1, 503	1, 361
Annual number of person contacts for service provision, including with clients of sex workers	87,959	98,590	73, 802	72, 733
Annual number of sex workers who received voluntary HIV testing and counselling (through NGOs and VCT centres)	3,999	4,763	3, 967	3, 962
Annual number of condoms distributed by HIV prevention programmes, implemented by NGOs	633,632	594,483	516, 308	466, 654
Number of sex workers reached with HIV prevention case management services provided by NGOs	163	209	179	174

Source: Ministry of Health, Program "Prevention and Control of HIV/AIDS", 2014

HIV and Syphilis prevalence among sex workers

IBBS survey results for the period 2004-2012 indicate that the low HIV prevalence among SWs has been preserved significantly below the point of concentrated epidemic - 1.76% in 2012. At the same time Syphilis prevalence in the group of sex workers is growing, and was 15.29% in 2012.

It is important to note that:

- The group of the sex workers is very dynamic but also significantly smaller than the groups of people who inject drugs and men who have sex with men. The Bulgarian social situation allows for easier access to the group of SWs. This allows relatively quick change in the group norms and behaviour, which will contribute to prevent a concentrated HIV epidemic.
- The professional and trained teams implement evidence-based interventions and achieve very good results. The nation-wide scope of coherent activities and the support of a network of institutions and the activities at national level play a crucial role for the success of the outreach work.

Men who Have Sex with Men (MSM)

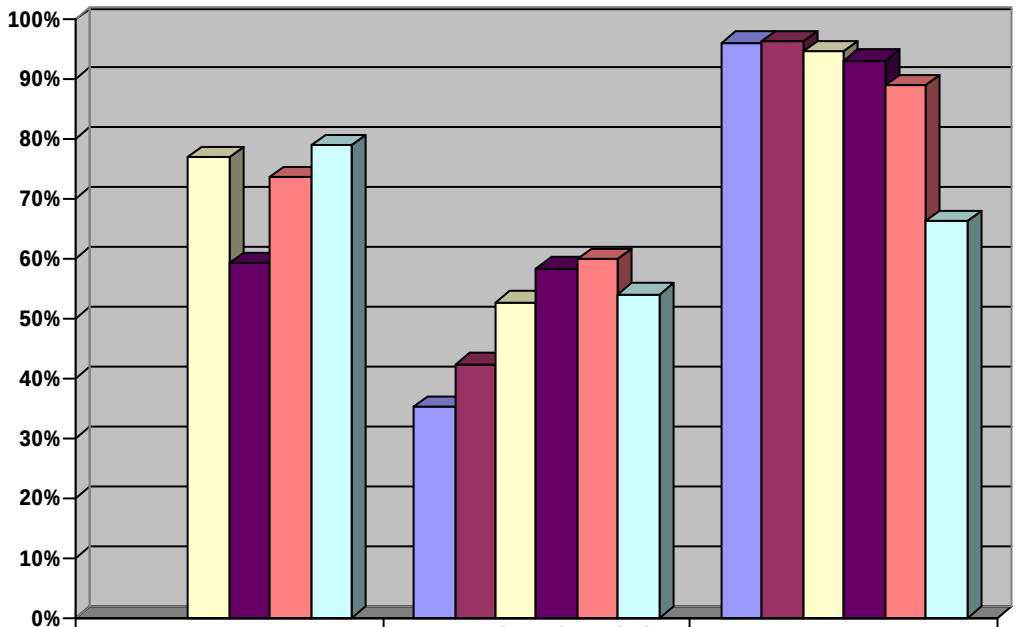
Epidemiological and behaviour data collected through the baseline IBBS survey in 2006 identified MSM as a high-priority group for targeted research and intervention. Available data on programmatic response to HIV among MSM prior to 2004, shows that the prevention needs of group have been partially addressed 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 was 54.04% in 2012 which is more than one and a half time increase as compared to baseline data in 2006. This is the result of the active provision of free-of-charge anonymous HIV counselling and testing for most-at-risk groups through the network of NGOs, mobile medical units and VCT centres. The reported coverage with HIV prevention services among MSM has also significantly increased from 28.64% in 2006 to 78.79% in 2012. At the same time condom use with the last sexual partner in 2012 is relatively high at 66.16% (Figure 9.).

HIV and Syphilis prevalence among MSM

IBBS survey results for the period 2006-2012 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 to 0% in 2012.

Figure 9. Behavioural indicators for men who have sex with men



	Percentage of SWs reached with HIV prevention programmes	Percentage of SWs who received an HIV test in the last 12 months and know their result	Percentage of SWs who used condoms with last client
2004		35,18%	96,00%
2005		42,30%	96,20%
2006	76,85%	52,64%	94,62%
2008	59,20%	58,34%	93,09%
2011	73,44%	59,88%	88,82%
2012	78,79%	54,04%	66,16%

Source: Ministry of Health, Program "Prevention and Control of HIV/AIDS", 2014

The existence and involvement of NGO network implementing outreach activities among MSM is an important prerequisite for the national HIV response. In 2012, there were several active organizations implementing activities in the five large country districts - Sofia, Varna, Plovdiv, Bourgas and Blagoevgrad, 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.

The coverage of HIV prevention programmes implemented by NGOs with the grant funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria has been significantly increased in the period 2010-2014 (Table 7.).

Table 7. Programmatic results of HIV prevention programmes for men who have sex with men

Indicator	2010	2011	2012	2013
Annual number of individual MSM reached with HIV prevention programmes, implemented by NGOs	12,453	12,670	10,810	8,662
of them, number of new people reached for the first time	4,457	8,419	4,467	2,360
Annual number of person contacts for service provision	56,458	50,158	39,444	40,292
Annual number of MSM who received voluntary HIV testing and counselling (through NGOs and VCT centres)	4,919	6,853	5,375	4,510
Annual number of condoms distributed by HIV prevention programmes, implemented by NGOs	275,099	638,851	517,013	514,703
Number of MSM reached with HIV prevention case management services provided by NGOs	24	113	198	190

Source: Ministry of Health, Program "Prevention and Control of HIV/AIDS", 2014

ARV treatment, care and support for people living with HIV

According to the principles of universal access to HIV prevention, testing, treatment, care and support, Bulgaria ensures free of charge ARV treatment and monitoring of the treatment for all people living with HIV through significant annual allocations from the Ministry of Health budget. At the end of 2013, a total 861 people living with HIV were registered for follow-up in the ARV treatment sectors at the Infectious Diseases Hospitals. Of them 626 were receiving ARV treatment. 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 – 81.6% for the cohort of patients newly initiating ARV treatment in 2012. It is important to point out the role of the four 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.

In order to maintain and improve the quality of service provision for people living with HIV, the National Guidelines on ARV Treatment and Monitoring of Patients with HIV Infection were updated in line with new WHO guidelines and approved with Ministerial Order in 2010. In 2011, draft National Guidelines for

Management of Patients with HIV/Hepatitis coinfections were developed and will be finalized and approved in 2012. Further, preparation work was initiated for the development of Methodological Guidelines for Management and Monitoring of HIV Patients in the Penitentiary System.

Good practices

Strengthening and implementing the HIV response at the local level

In the period 2010-2011, the established 10 Local AIDS Coordinating Offices continued to function successfully and coordinate regional HIV activities and efforts of local partners. The nine Local AIDS Committees in the municipalities of Varna, Plovdiv, Stara Zagora, Burgas, Vidin, Pazardzik, Pleven, Blagoevgrad, and Sofia – City and the established 10 Local HIV/AIDS Coordinating Offices that serve as local hubs for regional HIV activities, coordinating efforts of local partners. Major result of their functioning is the development and adoption of Municipal Strategies and Action Plans for Prevention of HIV and STIs in Varna, Vidin, Plovdiv, Rousse, Blagoevgrad, Bourgas and Stara Zagora. This is of paramount importance for the sustainability of the prevention activities among most at risk groups after the end of the Global Fund grant as well as for ensuring local ownership and increasing domestic funding for the HIV response. For the period 2009-2013, municipalities have allocated financial resources for the implementation of HIV prevention activities at the local level, including printing of informational materials, implementation of local ANTIAIDS campaigns among young people, training, financing of school programmes for health and sexuality education, as well as granting premises for the operation of low-threshold centres run by NGOs and covering costs of operation of local AIDS coordinating offices.

Scale-up of the provision of VCT services for most-at-risk groups

Since 2003, a network of Voluntary HIV Counselling and Testing (VCT) Centres has been supported and enlarged in Bulgaria. In the period 2010-2013, a total of 19 VCT centres were operating throughout the country.

There is a functioning network of 19 centres for voluntary HIV/AIDS counselling 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 counselling and testing (VCT) are provided by medical professionals as doctors, laboratory assistants, nurses as well as psychologists and trained outreach workers.

VCT service provision has been further expanded geographically through the operation of 17 mobile medical units. 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 STIs and to be adequately referred to other services for their specific health problems. The use of MMUs 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.

HIV prevention programmes in prisons

Prisoners have been identified as one of the priority groups for targeted HIV prevention interventions in Bulgaria. The cooperation between Ministry of Health and Ministry of Justice in that area has been defined as a good practice. In 2005, voluntary HIV testing and counselling was provided for the first time to prisoners by the teams of VCT centres in Sofia and Stara Zagora, and in 2006 activities were scaled-up in five prisons. Since 2007, by virtue of a joint order of the Minister of Health and Minister of Justice and through the implementation of Programme "Prevention and Control of HIV/AIDS", financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria, the teams of VCT centres provide voluntary and anonymous HIV counselling and testing, including individual counselling on safe sex and injecting practices, distribution of condoms and informational materials on a regular basis in all 13 prisons in Bulgaria and in four pre-trial detention centres. In 2009, the package of HIV prevention services was complemented with the provision of group health education sessions to prisoners. In 2011, a pilot project was implemented in the Sofia Central Prison and 10 peer educators were trained to provide basic HIV prevention services to their peers.

Table 8. Programmatic results of HIV prevention programmes in prisons

Indicator	2010	2011	2012	2013
Annual number of prisoners who received voluntary HIV testing and counselling (through VCT centres)	3,911	3,905	3,672	3,177
Percentage of prisoners who received VCT (of the average annual number of all prisoners)	42%	40%	39%	34%
Annual number of prisoners reached with health education sessions provided by VCT counsellors	5,987	5,855	4,943	4,781
Percentage of prisoners who received VCT (of the average annual number of all prisoners)	64%	60%	52%	51%

Source: Ministry of Health, Program "Prevention and Control of HIV/AIDS", 2014

HIV prevention programmes for young people at risk

In the period 2010-2013, a network of 18 NGOs and more than 1 000 peer educators were working for HIV prevention among young people. Main interventions include:

- advocacy for integrating life skills based health education focused at HIV prevention, sexual and reproductive health
- annual nation-wide condom promotion and condom distribution campaigns
- establishment and functioning of municipal youth clubs
- outreach work provided preventive services among most-at-risk young people
- peer education on life skills for HIV prevention and sexual health
- education on life skills for HIV prevention and sexual health for children in institution

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 under the Global Fund-funded program. In 2012 and 2013, Programme "Prevention and Control of HIV/AIDS" continued to provide training for professionals working with children in institutions, including medical specialists, teachers and social workers. Additionally, the network of 18 municipal youth clubs run by NGOs throughout the country, reached children and young people in specialized institutions with peer education in sexual and health life skills provided by young people working as volunteers in the NGO outreach teams .

PETRI (Peer Education Training and Research International Institute) is a joint project based on a strong partnership between the Y-PEER International Network, the National Center of Public Health and Analyses, the Ministry of Health of Republic of Bulgaria and UNFPA. Its mission is to strengthen and spread internationally high quality peer education in the field of adolescence sexual and reproductive health. The PETRI empowers Y-PEER to work and contribute in the field of standardization of the peer education, including peer education programming, peer education recruitment and retention, training and supervision, management and oversight, monitoring and evaluation as well as in the field of peer education research and information sharing. All these responsibilities, delegated to PETRI Sofia, Bulgaria make it a crucial support and resource center for the whole Y-PEER network.

Active involvement of civil society in the planning and implementation of the national HIV response

Analysis of completed Part A and Part B of the National Commitments and Policy Instruments (NCPI) and the its European Supplement indicates that civil society is actively involved and influences the national HIV response. Non-governmental organisations (NGOs) are the primary service providers and implementers of HIV prevention programmes among the groups most-at-risk (people who inject drugs, sex workers, men who have sex with men, Roma people, prisoners, youth at risk, PLHIV). Programme "Prevention and Control of HIV/AIDS", financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria, has supported the development of human capacities and infrastructure for provision of HIV these prevention services. This made it possible for NGOs to facilitate the access to services and to ensure increased coverage of with outreach activities, voluntary HIV testing and counselling, psychological and social support to those in extreme need and

PLHIV, implementation of specific interventions at the individual level and effective referral through networking with public health institutions for provision of low-threshold services. Civil society organisations have an essential contribution to the positive behaviour change among most-at-risk groups towards increased health awareness and safe sex and injecting practices as well as to the increased awareness and sensitivity of the general population towards problems of the groups most-at-risk and their needs of HIV prevention services.

Civil society organisations and in particular people living with HIV are represented in the Country Coordinating Mechanism to Fight AIDS and Tuberculosis and the Expert Board on HIV and STIs at the Ministry of Health where they participate in decision making at the national level. They also participate in policy formulation and programme development at the local level through their membership in the Local AIDS Committees.

Major challenges and remedial actions

The major challenges to implement the national policy and programme on HIV and STI prevention and control is ensuring the sustainability of effort through predictable financing and scale-up of the prevention services among the groups most at risk. The actions taken are focused on ensuring active involvement of all stakeholders in the field of financing and implementing the activities under the National programme as well as decentralization of the coordination at regional level through establishing Regional Units for HIV/TB/STIs Prevention and Control at Regional Public Health Institutions.

Monitoring and evaluation environment

In the period 2010-2013, there were no major changes in the HIV monitoring and evaluation environment. Currently, by virtue of the Statutory Rules of the Ministry of Health, the Department for Management of Specialized Donor-Funded Programmes at the Ministry of Health is responsible for the operation of the National HIV Monitoring and Evaluation System. Roles and functions related to situation and response analysis are closely supported by the Monitoring and Evaluation (M&E) Unit of Programme “Prevention and Control of HIV/AIDS”, financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

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.

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.

In the end of 2012 was developed a National Monitoring and Evaluation Plan.

Impact and outcome indicators for the National Programme for Prevention and Control of HIV and STIs 2008-2015, 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 A);
- 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).

The existing M&E system allows also generation of strategic information in the area of behavioural surveillance and reporting against international and European initiatives as the 2011 Political Declaration, Millennium Development Goals, the Dublin Declaration and the initiative for Universal Access to HIV Prevention, Treatment, Care and Support.

Appendix A. 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 2004-2009 and 2011, 2012);
- Sex Workers (SWs) (annually 2004-2008 and 2011, 2012);
- Roma people (2004)/ Young Roma Men (YRM) (annually 2005-2009 and 2011, 2012);
- Men who have sex with Men (MSM) (annually 2006-2009 and 2011, 2012);
- Prisoners (annually 2006-2009 and 2011, 2012).

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).

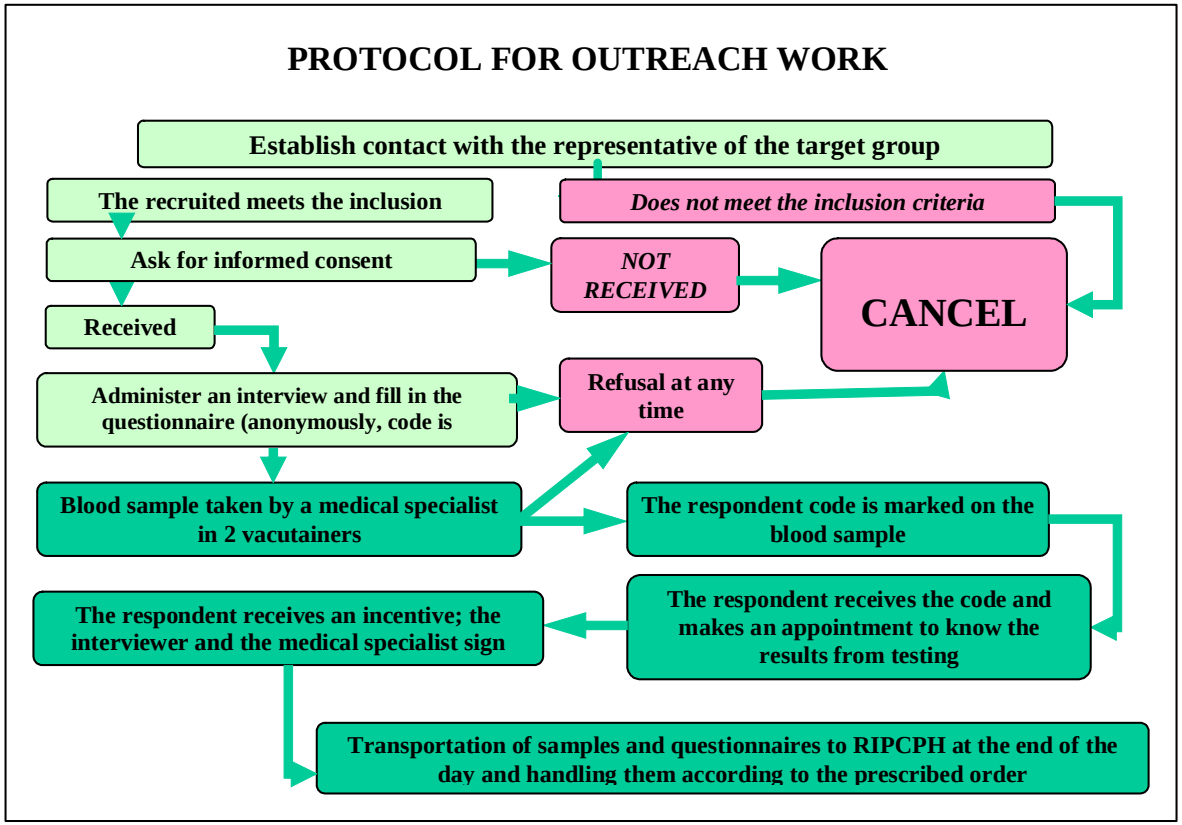
Methodological Notes

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

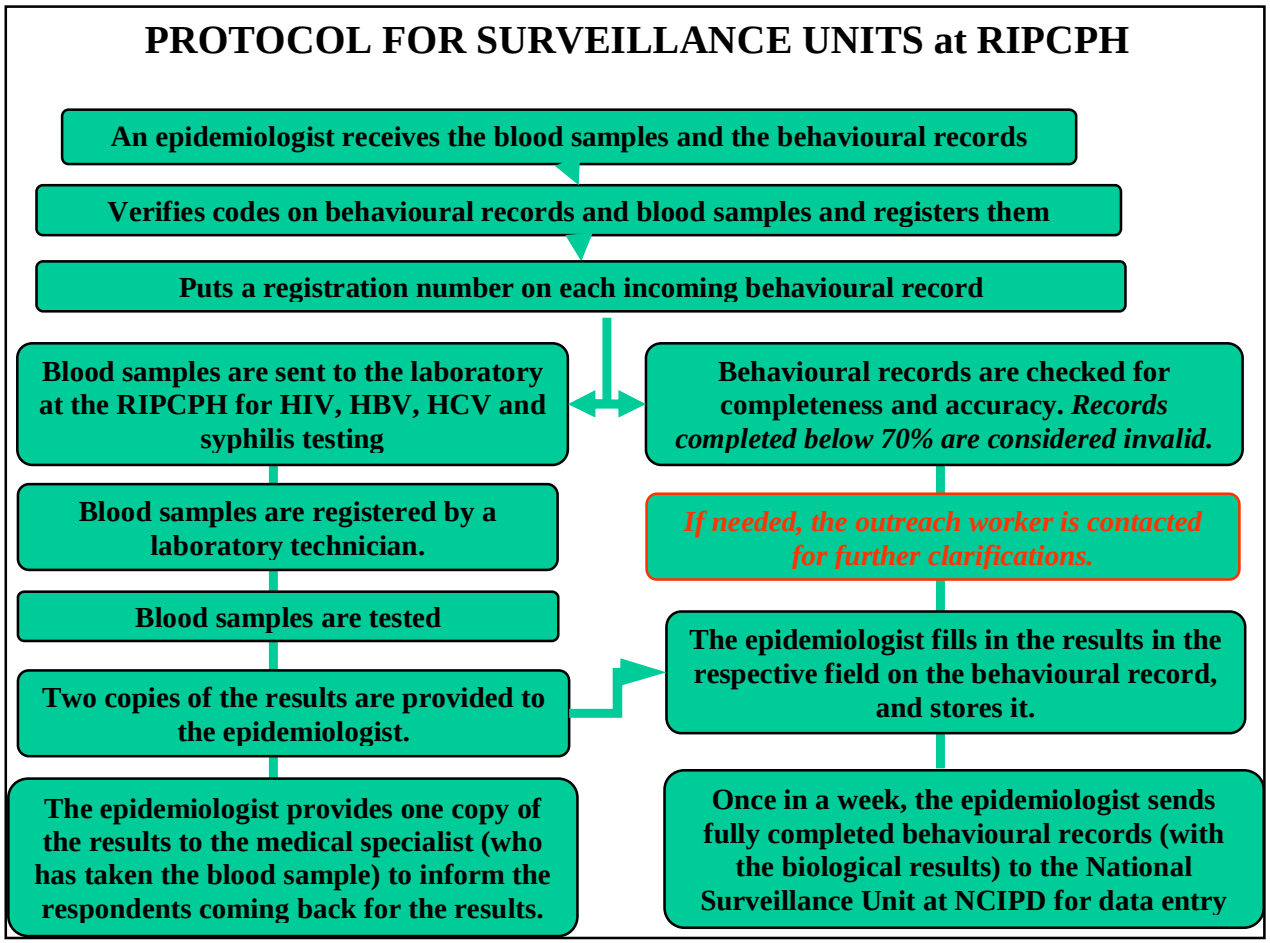
Behavioral data collection

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 behavioural 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". An innovation since 2008 has been the development 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.