

## Bulgaria Report NCPI

### NCPI Header

#### COUNTRY

**Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**

Ms. Tsvetana Yakimova

**Postal address:**

Directorate for Management of Specialized Donor-Funded Programmes Ministry of Health 26 Yanko Sakazov Blvd Sofia 1504 Bulgaria

**Telephone:**

+359(2)9461482

**Fax:**

+359(2)9461482

**E-mail:**

directorate.msdfp@mh.government.bg

**Describe the process used for NCPI data gathering and validation:**

A working group to prepare the Country Progress Report on the Global AIDS Reporting, the Dublin Declaration and Universal Access in the Health Sector was established with an Order of the Minister of Health. In order to ensure broad participation and transparency of the process, the working group also included representatives of civil society. Data gathering and validation for NCPI Part A included face-to-face interviews and a focus group with governmental representatives. The process for NCPI Part B data gathering included official letter to all NGOs, bilateral and international organizations known to be working in the field of HIV/AIDS to fill-in the questionnaire. Based on provided questionnaires, the working group prepared a database with the responses and drafted concordant answers to the questionnaire.

**Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:**

No disagreements occurred during data collection and validations.

**Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):**

No major concerns were identified.

**NCPI - PART A [to be administered to government officials]**

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Ministry of Health	Dr. Tonka Varleva - National AIDS Coordinator and Secretary of the National Committee for Prevention of AIDS and STIs at the Council of Ministers	Yes	Yes	Yes	Yes	Yes	Yes
Country Coordinating Mechanism to Fight AIDS and Tuberculosis	Prof. Hristo Taskov - Vice-Chair	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health	Ms. Tsvetana Yakimova - Chief Expert, Directorate for Management of Specialized Donor-Funded Programmes	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health	Ms. Bahtiyar Karaahmed - Junior Expert, Directorate for Management of Specialized Donor-Funded Programmes	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health	Ms. Tsvetelina Todorova - State Expert	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health	Dr. Mariya Zamfirova - State Expert	Yes	Yes	Yes	Yes	Yes	Yes

**NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]**

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
Fund "IGA", Pazarjik	Valentina Gesheva - Coordinator, Mariana Boyrikova - Coordinator	Yes	Yes	Yes	Yes	Yes
"PULS" Foundation,	Kristina Sergieva - Coordinator, Gabriela Boyanova - Outreach	Yes	Yes	Yes	Yes	Yes

Pernik	worker	Yes	Yes	Yes	Yes	Yes
„SOS-Families at Risk" Foundation, Varna	Cvetelina Stefanova - Chair, Christopher Zumbulski - Outreach worker	Yes	Yes	Yes	Yes	Yes
„Health and Prevention of people at risk", Ruse	Martin Rachev - Chair, Denitsa Yordanova - Outreach worker, Ralitsa Nedelcheva - Outreach worker	Yes	Yes	Yes	Yes	Yes
„Health and Social Development Foudation", Sofia	Raina Dimitrova - Coordinator	Yes	Yes	Yes	Yes	Yes
"Global Initiative on Psychiatry ", Sofia	Milena Simova - Coordinator	Yes	Yes	Yes	Yes	Yes
"The Centre for Social Practices " Foundation, Varna	Radka Traianova - Chair	Yes	Yes	Yes	Yes	Yes
"Adaptation", Blagoevgrad	Mariyana Stankova - Chair	Yes	Yes	Yes	Yes	Yes
"Avis Vita" Foundation, Plovdiv	Dobroslava Barzinska - Chair	Yes	Yes	Yes	Yes	Yes
"Bulgarian Red Cross", Ruse	Alexander Panayotov - Coordinator, Victoria Danailova - Outreach worker	Yes	Yes	Yes	Yes	Yes
"Bulgarian Red Cross", Shumen	Plamen Petrov - Coordinator, Stancho Stanchev - Outreach worker	Yes	Yes	Yes	Yes	Yes
"Bolni ot astma" Foundation, Yambol	Vanyo Penchev - Outreach worker, Kina Asenova - Chair	Yes	Yes	Yes	Yes	Yes
"Dose of love", Burgas	Antoaneta Radeva - Chair, Asena Mateeva - Coordinator	Yes	Yes	Yes	Yes	Yes
"Bulgarian gender research" Foudation, Haskovo	Plamen Yakimov - Coordinator	Yes	Yes	Yes	Yes	Yes
"Roma Union", Burgas	Mitko Dokov - Coordinator	Yes	Yes	Yes	Yes	Yes
„Health without borders", Sofia	Elena Birinjieva - Coordinator, Manol Antonov - Outreach worker	Yes	Yes	Yes	Yes	Yes
"Casper Hauser" Foundation; Sofia	Pavel Malinov - Chair, Ivaiko Kalchev - Assistant	Yes	Yes	Yes	Yes	Yes
"Better Mental Health" Foundation; Varna	Toni Mileva - Chair, Vera Ivanova - Outreach worker	Yes	Yes	Yes	Yes	Yes
"Equilibrium" Foundation, Burgas	Keranka Baicheva - Chair, Petia Chakarova - Trainer	Yes	Yes	Yes	Yes	Yes
"Social Dialogue", Gabrovo	Venelin Velchev - Chair, Svetla Peneva - Coordinator	Yes	Yes	Yes	Yes	Yes
"Free youth centre", Vidin	Teodora Kostova - Trainer	Yes	Yes	Yes	Yes	Yes
„Social and health alternatives" Foundation, Pleven	Chavdar Mirchev - Chair, Maria Todorova - Outreach worker	Yes	Yes	Yes	Yes	Yes
"Thurst for Life", Sliven	Stefan Stefanov - Chair, Veselin Cvetanov - Trainer	Yes	Yes	Yes	Yes	Yes
"Initiative for Health" Foundation, Sofia	Elena Yankova - Chair	Yes	Yes	Yes	Yes	Yes
"Panaceaia" Foundation, Plovdiv	Asia Stoianova - Chair	Yes	Yes	Yes	Yes	Yes

Fondation for regional development "ROMA", Plovdiv	Anton Karagiozov - Coordinator, Asen Karagiozov - Outreach worker	Yes	Yes	Yes	Yes	Yes
"Romany Health" Foundation, Sliven	Stefan Panayotov - Chair	Yes	Yes	Yes	Yes	Yes
"Positive choice" Foundation, Plovdiv	Todor Petrov - Chair	Yes	Yes	Yes	Yes	Yes
"Health care for everyone", Dobrich	Vasil Kojuharov - Chair	Yes	Yes	Yes	Yes	Yes
"The Knowledge", Lovech	Ivan Nikolov - Outreach worker, Eleonora Todorova - Outreach worker, Monika Doncheva - Outreach worker, Petio Hristov - Outreach worker, Daniela Simova - Coordinator, Ralica Popova - Executive Director	Yes	Yes	Yes	Yes	Yes
"Tolerance and mutual assistance" Foundation, Haskovo	Zina Yankova - Coordinator	Yes	Yes	Yes	Yes	Yes
"The future", Pazardjik	Dimitar Asenov - Chair	Yes	Yes	Yes	Yes	Yes
"Bulgarian Red Cross", Kustendil	Stoian Ivanov - Coordinator	Yes	Yes	Yes	Yes	Yes

## A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

**(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):**

Yes

**IF YES, what was the period covered:**

2008-2015

**IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.**

**IF NO or NOT APPLICABLE, briefly explain why.:**

The National Programme for Prevention and Control of HIV and STIs (2008-2015) has been developed to complement the activities and build on the achievements of the previous National Strategy and National Action Plan for Prevention and Control of HIV/AIDS and STIs (2001-2007) through: 1) identifying new priority groups for prevention to be reached with targeted interventions such as prisoners and migrants and mobile populations; 2) setting national targets to be reached till 2015 in line with the MDGs and the Universal Access initiative; 3) identifying steps to strengthen the national system for HIV and STIs surveillance, monitoring and evaluation and developing National HIV Monitoring and Evaluation Framework; 4) identifying steps to strengthen the health system relating to STI diagnosis and treatment.

1.1 Which government ministries or agencies

**Name of government ministries or agencies [write in]:**

Ministry of Health

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

SECTORS

**Included in Strategy**    **Earmarked Budget**

Yes	No
Yes	Yes
No	No
Yes	No
No	No
Yes	No
Yes	No

**Other [write in]:**

Justice

**IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:**

Generally, HIV-related activities of sectors other than the health sector are covered either through broader development action frameworks or through local budgets. For example, sexual and reproductive health activities and health education for young people in schools, including HIV and STIs prevention, is covered by the municipal budgets.

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

No

**People who inject drugs:**

Yes

**Sex workers:**

Yes

**Transgendered people:**

Yes

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations:**

Yes

**Prisons:**

Yes

**Schools:**

Yes

**Workplace:**

Yes

**Addressing stigma and discrimination:**

Yes

**Gender empowerment and/or gender equality:**

Yes

**HIV and poverty:**

Yes

**Human rights protection:**

Yes

**Involvement of people living with HIV:**

Yes

**IF NO, explain how key populations were identified?:**

**1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:**

The National Programme for Prevention and Control of HIV and STIs (2008-2015) identifies the following key most-at-risk populations for implementation of specific HIV and STIs prevention interventions: injecting drugs users; men who have sex with men; young people from Roma community; sex workers; prisoners; migrants and mobile populations; young people and people living with HIV.

**1.5. Does the multisectoral strategy include an operational plan?:** Yes

1.6. Does the multisectoral strategy or operational plan include

**a) Formal programme goals?:**

Yes

**b) Clear targets or milestones?:**

Yes

**c) Detailed costs for each programmatic area?:**

Yes

**d) An indication of funding sources to support programme implementation?:**

Yes

**e) A monitoring and evaluation framework?:**

Yes

1.7

**1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:**

Active involvement

**IF ACTIVE INVOLVEMENT, briefly explain how this was organised:**

Civil-society organizations were actively involved in a broad national consultative process in 2007 when 9 round tables were conducted at the national level in order to evaluate the strengths, weaknesses, opportunities and barriers to the interventions implemented within the framework of the National Action Plan for Prevention and Control of HIV/AIDS and STIs (2001-2007). Future policies and strategies 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, 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. Further, civil society actively participate with small proposals in the design of specific interventions, local strategic planning processes and actual implementation of activities among the target groups of the national HIV/AIDS policy.

**1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:**

Yes

1.9

**1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:**

Yes, all partners

**2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:**

Yes

**2.1. IF YES, is support for HIV integrated in the following specific development plans?**

**Common Country Assessment/UN Development Assistance Framework:**

N/A

**National Development Plan:**

N/A

**Poverty Reduction Strategy:**

N/A

**Sector-wide approach:**

Yes

**Other [write in]:**

National Health Strategy 2008-2013; the Government Program for the European Development of Bulgaria in the period 2009-2013; National Demographic Strategy of the Republic of Bulgaria 2006-2020; Bulgaria Millennium Development Goals to 2015; National Strategy for the Child 2008-2018

**2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?**

**HIV impact alleviation:**

Yes

**Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:**

N/A

**Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:**

N/A

**Reduction of stigma and discrimination:**

Yes

**Treatment, care, and support (including social security or other schemes):**

No

**Women's economic empowerment (e.g. access to credit, access to land, training):**

N/A

**Other[write in below]:**

-

**3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:**

N/A

**4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:**

Yes

**5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:**

Yes

**5.1. Have the national strategy and national HIV budget been revised accordingly?:**

No

**5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:**

Estimates of Current and Future Needs

**5.3. Is HIV programme coverage being monitored?:**

Yes

5.3

**(a) IF YES, is coverage monitored by sex (male, female)?:**

Yes

**(b) IF YES, is coverage monitored by population groups?:**

Yes

**IF YES, for which population groups?:**

Injecting drugs users; men who have sex with men; young people from Roma community; sex workers; prisoners; young people; people living with HIV; pregnant women and children born to HIV-positive mothers

**Briefly explain how this information is used:**

The information is regularly used for strategic and operational planning purposes, e.g. setting key priorities in terms of target groups, defining the comprehensive package of key services to be provided to each key population, forecasting financial and procurement needs.

**(c) Is coverage monitored by geographical area:**

Yes

**IF YES, at which geographical levels (provincial, district, other)?:**

The country has 28 administrative districts. HIV service coverage is monitored at the national and the district level.

**Briefly explain how this information is used:**

The information is regularly used for operational planning purposes, including geographical deployment of services according to the epidemiological patterns and risk assessment, budgeting for services provision at the local level and allocation of centrally procured health products.

**5.4. Has the country developed a plan to strengthen health systems?:**

Yes

**Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:**

In the period 2004-2011, HIV-related infrastructure, human resources and health system capacities were significantly strengthened through Program "Prevention and Control of HIV/AIDS in Bulgaria", implemented with a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria. Major achievements in this area include the establishment and support for the operation of: 1) several networks of over 50 NGOs actively involved in HIV prevention service provision to key most-at-risk groups; 2) seven low-threshold centres for injecting drug users; 3) three low-threshold opioid substitution programmes providing free-of-charge treatment for injecting drug users; 4) seven health and social centres based in Roma communities; 5) a total of 12 mobile medical units operated by NGOs; 6) decentralization of the provision of ARV treatment to five ARV treatment sectors in the country; 7) continuous training to ensure and sustain the quality provision of treatment, care and support services provided by medical staff in the health system, as well as prevention services provided mainly by civil society organizations; 8) establishment of 20 Regional Units for HIV/TB/STIs Prevention and Control at the Regional Public Health Inspectorates.

**6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:**

8

**Since 2009, what have been key achievements in this area:**

Key legal documents were updated in view of regulating the provision of HIV testing, ARV treatment, care and support for people living with HIV. Sustaining the political will and support for the implementation of the National Programme for Prevention and Control of HIV and STIs (2008-2015) and allocation of increased budget from the Ministry of Health. Active involvement of civil society organizations in the planning, implementation, monitoring and evaluation efforts, at the national and local level. 8 Local AIDS Committees were established at the municipalities of Varna, Plovdiv, Stara Zagora, Burgas, Vidin, Pazardzik, Pleven and Blagoevgrad. Major result of their functioning is the development and adoption of seven Municipal Strategies and Action Plans for Prevention of HIV and STIs. This is of paramount importance for the sustainability of the prevention activities among most at risk groups after the end of the GF grant and ensuring local ownership and increasing domestic funding for the HIV response. Developing capacities for surveillance and oversight of the HIV response at the local level through establishing the Regional Units for HIV/TB/STIs Prevention and Control at the Regional Public Health Inspectorates

**What challenges remain in this area:**

Major challenges include ensuring active involvement of municipal authorities through increased and predictable financial support for the implementation of municipal strategies and action plans for prevention and control of HIV and STIs, as well as ensuring sustainable domestic financing for HIV prevention services among most-at-risk groups.

## **A - II. POLITICAL SUPPORT AND LEADERSHIP**

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

**A. Government ministers:**

Yes

**B. Other high officials at sub-national level:**

Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Yes

**Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:**

The Minister of Health has pledged increased financial commitments for the implementation of the National Programme for Prevention and Control of HIV and STIs (2008-2015)

**2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:**

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

**Have terms of reference?:**

Yes

**Have active government leadership and participation?:**

Yes

**Have an official chair person?:**

Yes

**IF YES, what is his/her name and position title?:**

Mr. Simeon Djankov, Vice Prime Minister and Minister of Finance

**Have a defined membership?:**

Yes

**IF YES, how many members?:**

36

**Include civil society representatives?:**

Yes

**IF YES, how many?:**

12

**Include people living with HIV?:**

Yes

**IF YES, how many?:**

two representatives of PLHIV

**Include the private sector?:**

Yes

**Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:**

Yes

**3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:**

Yes

**IF YES, briefly describe the main achievements:**

Major achievements include the active participation of civil society in the processes of strategic planning, review, monitoring and oversight of the National Programme for Prevention and Control of HIV and STIs.

**What challenges remain in this area:**

-

**4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:**

16%

5.

**Capacity-building:**

Yes

**Coordination with other implementing partners:**

Yes

**Information on priority needs:**

Yes

**Procurement and distribution of medications or other supplies:**

No

**Technical guidance:**

Yes

**Other [write in below]:**

-

**6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:**

Yes

**6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:**

Yes

**IF YES, name and describe how the policies / laws were amended:**

Development and adoption by the Ministry of Health of national Methodological Guidelines for Provision of HIV Counseling and Testing in TB Health Facilities in 2009. In 2010, national Methodological Guidelines for Provision of Provider-Initiated HIV Testing and Counselling in health facilities were developed and adopted by the Ministry of Health. In the beginning of 2011, the Ministry of Health Ordinance №47 of 29 Dec 2009 on the Terms and Conditions for HIV Testing, Case Registration and Reporting was amended to ensure confidentiality of medical data in terms of protection and fulfillment of human rights of people living with HIV.

**Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:**

No major inconsistencies exist.

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:**

10

**Since 2009, what have been key achievements in this area:**

Since 2001, there has been sustainable and increased financing from the Ministry of Health budget 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 ARV therapy regardless of their social and health insurance status; free-of-charge antiretroviral prophylaxis to prevent mother-to-child transmission of the HIV infection.

**What challenges remain in this area:**

Major challenges remains to ensure increased coverage, sustainable financing and institutionalizing of HIV prevention services provided for most-at-risk groups by non-governmental organizations.

## A - III. HUMAN RIGHTS

1.1

**People living with HIV:**

Yes

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

Yes

**Prison inmates:**

Yes

**Sex workers:**

No

**Transgendered people:**

Yes

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations [write in]:**

Ethnic minorities

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**



Yes

**IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:**

The legal basis in Bulgaria that regulates human rights and protection against discrimination includes the Bulgarian Constitution and the Law for Protection against Discrimination. However, these documents do not specifically mention HIV. There are texts in other regulations which reflect specific rights of people living with HIV/AIDS such as the Ordinance on labour readjustment that lists the harmful and hard work that can not be performed by people living with HIV. The Penal Code criminalizes the illegal disclosure of a personal secret threatening the good name of someone else that is entrusted or has become known during business. Ordinance 34 regulates the terms and conditions for administering and receiving expensive drugs to treat diseases outside the scope of mandatory health insurance, which are purchased by the Ministry of Health with funds from the state budget, including antiretroviral drugs. The National Health Strategy 2008-2013 indicates that a special approach and care will be given to disadvantaged people and those from vulnerable groups to ensure equal access to health services.

**Briefly explain what mechanisms are in place to ensure these laws are implemented:**

The Commission for Protection against Discrimination is an independent specialized state body for prevention from discrimination, protection against discrimination and ensuring of equal opportunities. The Commission exerts control over the implementation and compliance with the Law for Protection against Discrimination and other laws regulating equality of treatment. Every individual person can file a complaint with the Commission for Protection against Discrimination. The Commission has the legal authority to proceed with investigation. The Commission has the powers to impose sanctions and administrative measures; issue obligatory prescriptions for compliance with laws, and issue recommendations to state and local government bodies to terminate discrimination practices and to revoke their acts. The Ombudsman of the Republic of Bulgaria has the task and duty of the to intervene, by the means envisaged in the law, in order to protect citizens' rights and freedoms when they have been violated by actions or omissions of the state and municipal authorities, administrations or by the person assigned with the provision of public services. Other institutions include: the Human Rights and Religious Affairs Committee at the National Assembly, with its sub-committee on Women's Rights and Gender Equality, responsible for gender issues; the National Council on Equality between Women and Men that acts as a consultative body to the Council of Ministers and develops and implements the national policy on gender equality in collaboration and coordination between the government authorities and the non-governmental sector; the National Commission for Combating Trafficking in Human Beings that organizes and co-ordinates the co-operation between the relevant agencies and organizations for implementation of the Law on Countering Trafficking in Human Beings; and the Consultative Commission on Equal Opportunities for Women and Men and Disadvantaged Groups on the Labour Market at the Ministry of Labour and Social Policy in order to consult the process of development of the annual Action Plan for Employment.

**Briefly comment on the degree to which they are currently implemented:**

The Law on Protection against Discrimination and other non-discrimination laws and regulations are fully implemented.

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:**

No

IF YES, for which subpopulations?

**People living with HIV:**

-

**Men who have sex with men:**

-

**Migrants/mobile populations:**

-

**Orphans and other vulnerable children:**

-

**People with disabilities:**

-

**People who inject drugs :**

-

**Prison inmates:**

-

**Sex workers:**

-

**Transgendered people:**

-

**Women and girls:**

-

**Young women/young men:**

-

**Other specific vulnerable subpopulations [write in below]:**

-

**Briefly describe the content of these laws, regulations or policies:**

-

**Briefly comment on how they pose barriers:**

-

## A - IV. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:

Yes

IF YES, what key messages are explicitly promoted?

**Abstain from injecting drugs:**

Yes

**Avoid commercial sex:**

Yes

**Avoid inter-generational sex:**

Yes

**Be faithful:**

Yes

**Be sexually abstinent:**

Yes

**Delay sexual debut:**

Yes

**Engage in safe(r) sex:**

Yes

**Fight against violence against women:**

Yes

**Greater acceptance and involvement of people living with HIV:**

Yes

**Greater involvement of men in reproductive health programmes:**

Yes

**Know your HIV status:**

Yes

**Males to get circumcised under medical supervision:**

No

**Prevent mother-to-child transmission of HIV:**

Yes

**Promote greater equality between men and women:**

Yes

**Reduce the number of sexual partners:**

Yes

**Use clean needles and syringes:**

Yes

**Use condoms consistently:**

Yes

**Other [write in below]:**

-

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:

Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:

Yes

2.1. Is HIV education part of the curriculum in

**Primary schools?:**

Yes

**Secondary schools?:**

Yes

**Teacher training?:**

No

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

Yes

2.3. Does the country have an HIV education strategy for out-of-school young people?:

Yes

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:

Yes

**Briefly describe the content of this policy or strategy:**

The National Programme for Prevention and Control of HIV and STIs (2008-2015) includes provision of a comprehensive

package of HIV prevention services for key most-at-risk population through specific approaches as outreach activities in the communities, fixed health centres, provision of HIV counselling and testing and STI diagnosis and treatment services through mobile medical units, health education sessions and specific peer-driven activities. Currently, life-skills based HIV education for young people is provided mainly as an optional subject. The new Law on Pre-School and School Education, which is currently under agreement procedure, will standardize the provision of health and sexuality education in the curriculum in primary, secondary and high school

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	Yes	Yes	Yes	Yes	Roma community; youth at risk; migrants and mobile populations
Yes	No	No	No	No	all of the most-at-risk and vulnerable populations who inject drugs
Yes	Yes	Yes	Yes	Yes	Romma cmomunities
Yes	No	No	No	No	all of the most-at-risk and vulnerable populations who inject drugs
Yes	Yes	Yes	Yes	Yes	Roma community
Yes	Yes	Yes	Yes	Yes	Roma community
Yes	Yes	Yes	Yes	Yes	Roma community
No	No	No	No	No	-

3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2011?:

10

Since 2009, what have been key achievements in this area:

Major success of HIV prevention activities in the Bulgaria, implemented mainly with a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria, include the increased geographical and service coverage of most-at-risk groups identified as priority for action in the National Programme for Prevention and Control of HIV and STIs.

What challenges remain in this area:

Major challenge remains to ensure institutionalizing and sustainable financing of HIV prevention services provided by civil society organizations.

4. Has the country identified specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

In 2007, a series of round table discussions were organized to analyze the implementation of the national HIV/AIDS policies in the period 2001-2007. The round tables were structured around the target groups of the national policies and one was specifically dedicated to HIV testing policy. Round tables gathered all relevant stakeholders, including representatives of governmental institutions, bilateral agencies and international organizations, non-governmental organizations, health service providers, and representatives of target groups where possible. Among major outcomes can be pointed out the identification of migrants as a new target group.

4.1. To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Agree

**Condom promotion:**

Strongly Agree

**Harm reduction for people who inject drugs:**

Strongly Agree

**HIV prevention for out-of-school young people:**

Agree

**HIV prevention in the workplace:**

Disagree

**HIV testing and counseling:**

Strongly Agree

**IEC on risk reduction:**

Agree

**IEC on stigma and discrimination reduction:**

Agree

**Prevention of mother-to-child transmission of HIV:**

Strongly Agree

**Prevention for people living with HIV:**

Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:**

Agree

**Risk reduction for intimate partners of key populations:**

Agree

**Risk reduction for men who have sex with men:**

Strongly Agree

**Risk reduction for sex workers:**

Strongly Agree

**School-based HIV education for young people:**

Agree

**Universal precautions in health care settings:**

Strongly Agree

**Other[write in]:**

-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

10

## A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

**If YES, Briefly identify the elements and what has been prioritized:**

The essential elements of the HIV treatment, care and support package for people living with HIV (PLHIV) include: universal and free-of-charge ARV treatment for all who need it covered by the Ministry of Health budget, including treatment for Tuberculosis and other opportunistic infections; universal and free-of-charge follow-up of PLHIV covered by the MoH budget, including follow-up of immunological and virological status; provision of psychological and social support provided by NGOs and psychologists hired at the ARV treatment sectors in infectious diseases hospitals; universal and free-of-charge HIV testing and ARV prophylaxis to prevent mother-to-child transmission; occupational post-exposure prophylaxis of medical specialists.

**Briefly identify how HIV treatment, care and support services are being scaled-up?:**

Since 2005, the provision of HIV follow-up treatment and medical care and support for PLHIV has been decentralized in five ARV treatment sectors around the country. The number of centres for provision of psychological and social support by NGOs working specifically with PLHIV has increased to four centres - two in Sofia, one in Varna and one in Plovdiv. A special individualized intervention for HIV prevention case management was introduced in 2009, as provided by NGOs working with most-at-risk groups, and in particular HIV-positive people. This intervention aims at ensuring the continuum of service provision through a referral network of different service providers from the health system and from the civil society.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

**Antiretroviral therapy:**

Strongly Agree

**ART for TB patients:**

Strongly Agree

**Cotrimoxazole prophylaxis in people living with HIV:**

Agree

**Early infant diagnosis:**

Strongly Agree

**HIV care and support in the workplace (including alternative working arrangements):**

Disagree

**HIV testing and counselling for people with TB:**

Strongly Agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:**

N/A

**Nutritional care:**

Neutral

**Paediatric AIDS treatment:**

Strongly Agree

**Post-delivery ART provision to women:**

Strongly Agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):**

Disagree

**Post-exposure prophylaxis for occupational exposures to HIV:**

Strongly Agree

**Psychosocial support for people living with HIV and their families:**

Agree

**Sexually transmitted infection management:**

Neutral

**TB infection control in HIV treatment and care facilities:**

Strongly Agree

**TB preventive therapy for people living with HIV:**

Strongly Agree

**TB screening for people living with HIV:**

Strongly Agree

**Treatment of common HIV-related infections:**

Agree

**Other [write in]:**

-

**2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:**

No

**Please clarify which social and economic support is provided:**

-

**3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:**

No

**4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:**

No

**5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:**

8

**Since 2009, what have been key achievements in this area:**

Since 1998 the Ministry of Health has been providing with its budget universal and up-to-date ARV treatment and monitoring of the therapy to all people living with HIV in Bulgaria, who need it, which is free-of-charge for the patients regardless of their health insurance status. Key achievements in the area of HIV treatment, care and support for PLHIV since 2009 include the geographical scale-up and increased coverage of quality services provided by the health system and civil society organizations. 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. This buffer stock is used in case irregularities in central procurement occur, and is refilled after use.

**What challenges remain in this area:**

-

**6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:**

Yes

**IF YES, is there an operational definition for orphans and vulnerable children in the country?:**

Yes

**IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:**

No

**IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:**

No

**IF YES, what percentage of orphans and vulnerable children is being reached? :**

-

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:**

7

**Since 2009, what have been key achievements in this area:**

Since 2009, major achievement in the area of HIV prevention activities for children and youth at risk is the establishment of a network of 18 municipal youth centres implementing the peer education approach. Currently, the operation of these centres is financially supported with funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

**What challenges remain in this area:**

-

## **A - VI. MONITORING AND EVALUATION**

**1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:**

In Progress

**Briefly describe any challenges in development or implementation:**

Currently, the country uses the Monitoring and Evaluation Plan of Program "Prevention and Control of HIV/AIDS", financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria, which has been developed to serve as the core for the development of the National HIV Monitoring and Evaluation Plan. It serves as the core document outlining the key elements of the National

HIV Monitoring and Evaluation System, including clear guidelines for data collection, processing and analysis of impact, outcome, output and process indicators; standard operating procedures for implementing monitoring and supervision of both GF Sub-recipients and implementers of the National Program for Prevention and Control of HIV and STIs; design and implementation of a national programmatic M&E database to track activities of NGOs/public health institutions implementing HIV prevention services among most-at-risk groups. The plan has been structured around the twelve-component framework of a functional M&E system recommended by UNAIDS and other international partners.

**Briefly describe what the issues are:**

2. Does the national Monitoring and Evaluation plan include?

**A data collection strategy:**  
Yes

**Behavioural surveys:**  
Yes

**Evaluation / research studies:**  
Yes

**HIV Drug resistance surveillance:**  
Yes

**HIV surveillance:**  
Yes

**Routine programme monitoring:**  
Yes

**A data analysis strategy:**  
Yes

**A data dissemination and use strategy:**  
Yes

**A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):**  
Yes

**Guidelines on tools for data collection:**  
Yes

**3. Is there a budget for implementation of the M&E plan?:**

Yes

**3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities? :**

2%

**4. Is there a functional national M&E Unit?:**

In Progress

**Briefly describe any obstacles:**

At present, the main roles and responsibilities related to the coordination, management, monitoring and evaluation of the National Programme for Prevention and Control of HIV and STIs are being carried out by the Directorate for Specialized Donor-Funded Programs at the Ministry of Health. By virtue of Ordinance №256 of 2009 of the Council of Ministers, last update State Gazette, issue 59 of 02 August 2011, the Directorate is responsible for collecting; summarizing and analyzing data obtained through the routine HIV surveillance as well as coordinates the national system for monitoring and evaluation of the HIV, TB and STIs response. However, most of the tasks and responsibilities related to Integrated Biological and Behavioural surveillance and programmatic monitoring activities pertaining to the national M&E unit, including organizing the HIV M&E capacity development of regional structures and different stakeholders, are implemented by the Monitoring and Evaluation Unit of the Programs funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

4.1. Where is the national M&E Unit based?

**In the Ministry of Health?:**  
Yes

**In the National HIV Commission (or equivalent)?:**  
No

**Elsewhere [write in]?:**  
-

Permanent Staff [Add as many as needed]

<b>POSITION [write in position titles in spaces below]</b>	<b>Fulltime</b>	<b>Part time</b>	<b>Since when?</b>
Monitoring and Evaluation Manager	-	1	2005
Monitoring and Evaluation Officer	1	-	2005
Monitoring and Evaluation Assistant	1	-	2007
Database Assistants	2	-	2008
Monitoring and Evaluation Assistant	1	-	2011
Sociologist	1	-	2006

Temporary Staff [Add as many as needed]

**POSITION [write in position titles in spaces below]**   **Fulltime**   **Part time**   **Since when?**

Data entry operators	-	5	2004
Consultants conducting supervisory visits	-	5	2004

**4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:**

Yes

**Briefly describe the data-sharing mechanisms:**

The obligatory notification of HIV, AIDS and STI cases is regulated by Ordinance №21 of the Ministry of Health of 18 July 2005 on the procedure for registration, notification and reporting of communicable diseases. Furthermore, the operation of the computerized HIV patient information system has been regulated with last update of Ordinance №21 promulgated in State Gazette, issue 52 of 08 July 2011. The regular data entry in the web-based data collection and reporting system for programmatic monitoring of voluntary HIV counselling and testing, and HIV prevention activities implemented by NGOs is currently regulated through the contracts with the Ministry of Health.

**What are the major challenges in this area:**

The major challenge in this area will be the continuous implementation of the national M&E database for online primary data collection on HIV prevention activities implemented by NGOs after the end of the Global Fund grant in the country.

**5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:**

Yes

**6. Is there a central national database with HIV- related data?:**

Yes

**IF YES, briefly describe the national database and who manages it:**

As described above, at present, the main roles and responsibilities related to the coordination, management, monitoring and evaluation of the National Programme for Prevention and Control of HIV and STIs are being carried out by the Directorate for Specialized Donor-Funded Programs at the Ministry of Health. By virtue of Ordinance №256 of 2009 of the Council of Ministers, last update State Gazette, issue 59 of 02 August 2011, the Directorate is responsible for collecting; summarizing and analyzing data obtained through the routine HIV surveillance as well as coordinates the national system for monitoring and evaluation of the HIV, TB and STIs response. Further, the Monitoring and Evaluation Unit of the Programs funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria is responsible for managing the web-based database for programmatic monitoring. The National Centre of Infectious and Parasitic Disease is currently managing the system for Integrated HIV Biological and Behavioural surveillance among the groups most-at-risk as a sub-recipient of the Global Fund grant.

**6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:**

Yes, all of the above

6.2. Is there a functional Health Information System?

**At national level:**

Yes

**At subnational level:**

Yes

**IF YES, at what level(s)?:**

District level

**7. Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?:**

Yes

8. How are M&E data used?

**For programme improvement?:**

Yes

**In developing / revising the national HIV response?:**

Yes

**For resource allocation?:**

Yes

**Other [write in]:**

-

**Briefly provide specific examples of how M&E data are used, and the main challenges, if any:**

Major use of M&E data include the allocation of resources to different geographical areas and implementers according to the needed coverage of the target population where there is epidemiological evidence for increased risks as well as according to the efficiency of the implemented HIV interventions. M&E data are used for planning purposes in the process of annual costing of the needed ARV drugs and HIV diagnostic tests and medical consumables which are centrally provided by the Ministry of Health.

9. In the last year, was training in M&E conducted

**At national level?:**

Yes

**IF YES, what was the number trained:**

4

**At subnational level?:**

Yes

**IF YES, what was the number trained:**

71

**At service delivery level including civil society?:**

Yes

**IF YES, how many?:**

194

**9.1. Were other M&E capacity-building activities conducted` other than training?:**

Yes

**IF YES, describe what types of activities:**

Update of guidelines for primary data collection and reporting of activities from the service delivery to the central level. On-site supervision and technical assistance from the national to the regional and service delivery level. Participation in M&E initiatives at European and international level and exchange of experience with other countries.

**10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:**

10

**Since 2009, what have been key achievements in this area:**

In 2010 and 2011, a total of 20 Regional Units for Prevention and Control of HIV/TB/STIs have been established at Regional Public Health Inspectorates which will gradually take responsibilities for HIV strategic planning, monitoring and evaluation at the district level. In 2010, an operational research and mapping of the size of the risk groups of HIV in Bulgaria was performed. Results were used by civil society organizations to increase geographical coverage of services and implementation of HIV prevention activities in new outreach sites which had not been previously identified. Data further provides evidence for strategic planning and management of the regional HIV/AIDS response, including for target setting, evaluation of effectiveness of program performance, and achieving better understanding of the migratory patterns and behaviors of risk groups.

**What challenges remain in this area:**

Challenges related to the strengthening of the national M&E system include improvement of STI surveillance at the national and the regional level, as well as ensuring sustainable financing of M&E activities till 2015.

## **B - I. CIVIL SOCIETY INVOLVEMENT**

**1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:**

4

**Comments and examples:**

Civil society organisations (CSOs) are actively involved in the implementation of programs for HIV prevention and control. They are also 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. CSOs also participate in policy development at the local level.

**2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:**

3

**Comments and examples:**

Civil society representatives were involved in the development of the National Programme for Prevention and Control of HIV through participation in working groups at the national level. The opinion of NGOs is sought in view of sector plans and budgets at the municipal level. Related to the implementation of the program, funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria, NGO Sub-recipients have the opportunity to discuss activity plans and budgets on an annual basis.

3.

**a. The national HIV strategy?:**

5

**b. The national HIV budget?:**

3

**c. The national HIV reports?:**

4

**Comments and examples:**

Services provided by civil society organisations are budgeted in the National Program for Prevention and Control of HIV and STIs (2008-2015). However, domestic resources are primarily used to provide HIV treatment and care by health care facilities. Currently, the implementation of specific HIV prevention interventions by NGOs to reach the goals of the National Programme are covered mainly with resources by the Global Fund to Fight AIDS, Tuberculosis and Malaria.



4.

**a. Developing the national M&E plan?:**  
3

**b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:**  
:

3

**c. Participate in using data for decision-making?:**  
4

**Comments and examples:**  
Civil society organisations (CSOs) are involved in the monitoring and evaluation of programs for HIV prevention and control at the national level through participation in the Country Coordinating Mechanism to Fight AIDS and Tuberculosis where data from the monitoring and evaluation system is regularly reported and discussed.

**5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:**

4

**Comments and examples:**  
Several networks of NGOs working with injecting drug users, sex workers, prisoners, Roma population, migrants, young people, people living with HIV, MSM, are actively involved in the implementation the HIV prevention programs.

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access

**a. Adequate financial support to implement its HIV activities?:**  
4

**b. Adequate technical support to implement its HIV activities?:**  
4

**Comments and examples:**  
Currently, adequate financial and technical support to NGOs providing HIV prevention services is accessible through the grant funds by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

**People living with HIV:**  
51-75%

**Men who have sex with men:**  
51-75%

**People who inject drugs:**  
51-75%

**Sex workers:**  
51-75%

**Transgendered people:**  
51-75%

**Testing and Counselling:**  
51-75%

**Reduction of Stigma and Discrimination:**  
51-75%

**Clinical services (ART/OI)\*:**  
-

**Home-based care:**  
25-50%

**Programmes for OVC\*\*:**  
51-75%

**8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2011?:**

7

**Since 2009, what have been key achievements in this area:**  
Service provision by NGOs has been strengthened. The coverage of HIV prevention programmes among most-at-risk groups has been increased, including successful involvement of new service providers from the NGO sector. The coordination of initiatives at the national level has been improved. Monitoring and evaluation activities have been well-organized and implemented.

**What challenges remain in this area:**  
Ensuring sustainable financing and implementation of services provided by civil society organisations in view of availability of limited financial resources.

## **B - II. POLITICAL SUPPORT AND LEADERSHIP**

**1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:**

Yes

**IF YES, describe some examples of when and how this has happened:**

Participation of organisations of people living with HIV or other patient organisations in the development of legislation and guidelines in sector policies, including the development and decision making in the area of national HIV policies. 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. Representatives of the most-at-risk groups have been directly involved in programme implementation through the peer education approach.

## **B - III. HUMAN RIGHTS**

1.1.

**People living with HIV:**

Yes

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

-

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

No

**Prison inmates:**

Yes

**Sex workers:**

No

**Transgendered people:**

Yes

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations [write in]:**

-

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**

Yes

**If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:**

The Constitution of the Republic of Bulgaria and the Law for Protection against Discrimination are the legal basis that regulates protection against any discrimination. The Law for Protection against Discrimination does not specifically mention HIV or any of the most-at-risk groups.

**Briefly explain what mechanisms are in place to ensure that these laws are implemented:**

The Commission for Protection Against Discrimination is an independent specialized state body for prevention from discrimination, protection against discrimination and ensuring of equal opportunities. The Commission has also regional branches in all 28 districts. Issues related to discrimination, including claims and public discussions, can be raised before the Ombudsman of the Republic of Bulgaria.

**Briefly comment on the degree to which they are currently implemented:**

The Commission for Protection against Discrimination poses sanctions and compulsory administrative measures which are generally implemented.

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:**

No

2.1. IF YES, for which sub-populations?

**People living with HIV:**

-

**Men who have sex with men:**

-

**Migrants/mobile populations:**

-

**Orphans and other vulnerable children:**

-

**People with disabilities:**

- **People who inject drugs:**
- **Prison inmates:**
- **Sex workers:**
- **Transgendered people:**
- **Women and girls:**
- **Young women/young men:**
- **Other specific vulnerable subpopulations [write in]:**
- 

**Briefly describe the content of these laws, regulations or policies:**

**Briefly comment on how they pose barriers:**

**3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:**

Yes  
**Briefly describe the content of the policy, law or regulation and the populations included:**  
 The legislation aimed at reducing violence against women includes the Law for Protection against Domestic Violence and the Law on Combating Trafficking in Human Beings.

**4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:**

Yes  
**IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:**  
 The Health Act and the National Programme for Prevention and Control of HIV and STIs provide for equal access to treatment for people living with HIV. The Law for Protection of Personal Data regulates the confidentiality of data, including the health status for people living with HIV. Additionally, Municipal Programmes for Prevention and Control of HIV and STIs are also developed and implemented based on the principle of human rights protection.

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:**

Yes  
**IF YES, briefly describe this mechanism:**  
 The main mechanism is to submit a complaint for human rights violations before the Commission for Protection against Discrimination and its regional branches, as well as to the Ombudsman of the Republic of Bulgaria.

**6. Does the country have a policy or strategy of free services for the following?:**

<b>Provided free-of-charge to all people in the country</b>	<b>Provided free-of-charge to some people in the country</b>	<b>Provided, but only at a cost</b>
Yes	-	-
Yes	-	-
Yes	-	-

**If applicable, which populations have been identified as priority, and for which services?:**  
 Injecting drug users, MSM, Roma people, sex workers, migrants, people living with HIV and young people at risk have been identified as priority groups for HIV prevention services.

**7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:**

Yes  
**7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:**

Yes  
**8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:**

Yes  
**IF YES, Briefly describe the content of this policy/strategy and the populations included:**  
 The National Health Strategy, the National Programme for Prevention and Control of HIV and STIs, as well as the Municipal Action Plans for Prevention and Control, as well as secondary legislation regulate the equal access to HIV prevention, treatment, care and support.

**8.1 IF YES, does this policy/strategy include different types of approaches to ensure equal access for different**

**key populations and/or other vulnerable sub-populations?:**

Yes

**IF YES, briefly explain the different types of approaches to ensure equal access for different populations:**

There is a specific approach for the provision of HIV prevention services to each most-at-risk population. The provision of free-of-charge services ensures equal access for most-at-risk populations.

**9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:**

No

10. Does the country have the following human rights monitoring and enforcement mechanisms?

**a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:**

Yes

**b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:**

Yes

**IF YES on any of the above questions, describe some examples:**

The Commission for Protection against Discrimination and the Ombudsman

11. In the last 2 years, have there been the following training and/or capacity-building activities?

**a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:**

Yes

**b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:**

No

12. Are the following legal support services available in the country?

**a. Legal aid systems for HIV casework:**

No

**b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:**

No

**13. Are there programmes in place to reduce HIV-related stigma and discrimination?:**

Yes

**IF YES, what types of programmes?**

**Programmes for health care workers:**

Yes

**Programmes for the media:**

No

**Programmes in the work place:**

No

**Other [write in]:**

-

**14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:**

6

**Since 2009, what have been key achievements in this area:**

Regular implementation of public campaigns to reduce and discrimination towards people living with HIV. Development and adoption of Municipal Action Plans for Prevention and Control of HIV and STIs.

**What challenges remain in this area:**

There is a need for development of specific legislation for protection of human rights of people living with HIV/AIDS.

**15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:**

5

**Since 2009, what have been key achievements in this area:**

Active involvement of NGOs in the organization and conducting of round tables on HIV-related stigma and discrimination at national and local level.

**What challenges remain in this area:**

There is still strong stigma related to HIV/AIDS and the most-at-risk groups.

## B - IV. PREVENTION

### 1. Has the country identified the specific needs for HIV prevention programmes?:

Yes

#### IF YES, how were these specific needs determined?:

Specific needs were determined in the process of development of the National Programme for Prevention and Control of HIV and STIs based on the long-term experience of NGOs working in the field.

#### 1.1 To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Agree

**Condom promotion:**

Strongly Agree

**Harm reduction for people who inject drugs:**

Strongly Agree

**HIV prevention for out-of-school young people:**

Agree

**HIV prevention in the workplace:**

Agree

**HIV testing and counseling:**

Strongly Agree

**IEC on risk reduction:**

Strongly Agree

**IEC on stigma and discrimination reduction:**

Agree

**Prevention of mother-to-child transmission of HIV:**

Agree

**Prevention for people living with HIV:**

Strongly Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:**

Agree

**Risk reduction for intimate partners of key populations:**

Strongly Agree

**Risk reduction for men who have sex with men:**

Strongly Agree

**Risk reduction for sex workers:**

Strongly Agree

**School-based HIV education for young people:**

Agree

**Universal precautions in health care settings:**

Agree

**Other [write in]:**

-

### 2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

8

#### Since 2009, what have been key achievements in this area:

Increased coverage and improved quality of HIV prevention services provided by NGOs. The impact of the implementation of Program "Prevention and Control of HIV/AIDS" is the low HIV prevalence in the country.

#### What challenges remain in this area:

To sustain the coverage and level of HIV prevention service provision in terms of limited financial resources. To decrease stigma and discrimination towards the most-at-risk groups. To improve the coordination at the local level.

## B - V. TREATMENT, CARE AND SUPPORT

### 1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

Yes

#### IF YES, Briefly identify the elements and what has been prioritized:

Priorities identified in the National Programme for Prevention and Control of HIV and STIs include the universal access to ARV treatment and monitoring of ARV patients, management of the HIV-TB coinfection through scaled-up HIV testing services for TB patients and TB diagnosis and treatment for HIV patients; HIV testing for pregnant women and ARV prophylaxis for HIV-positive women.

#### Briefly identify how HIV treatment, care and support services are being scaled-up?:

-

1.1. To what extent have the following HIV treatment, care and support services been implemented?

**Antiretroviral therapy:**

Strongly Agree

**ART for TB patients:**

Strongly Agree

**Cotrimoxazole prophylaxis in people living with HIV:**

Agree

**Early infant diagnosis:**

Strongly Agree

**HIV care and support in the workplace (including alternative working arrangements):**

Disagree

**HIV testing and counselling for people with TB:**

Strongly Agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:**

Strongly Disagree

**Nutritional care:**

N/A

**Paediatric AIDS treatment:**

Agree

**Post-delivery ART provision to women:**

Strongly Agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):**

Strongly Disagree

**Post-exposure prophylaxis for occupational exposures to HIV:**

Strongly Agree

**Psychosocial support for people living with HIV and their families:**

Strongly Agree

**Sexually transmitted infection management:**

Agree

**TB infection control in HIV treatment and care facilities:**

Strongly Agree

**TB preventive therapy for people living with HIV:**

Agree

**TB screening for people living with HIV:**

Strongly Agree

**Treatment of common HIV-related infections:**

Strongly Agree

**Other [write in]:**

HIV testing for pregnant women

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

8

**Since 2009, what have been key achievements in this area:**

Increased access for people living with HIV to services for psychological and social support through NGOs. Scaled-up access to management of the HIV-TB coinfection through HIV testing services for TB patients and TB diagnosis and treatment for HIV patients.

**What challenges remain in this area:**

Ensuring adequate financing to sustain and further increase the coverage of HIV treatment, care and support services.

**2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:**

No

**3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":**

-

**Since 2009, what have been key achievements in this area:**

There is a discrepancy between the question in the printed guidelines and the online version.

**What challenges remain in this area:**

-

Source URL: <http://aidsreportingtool.unaids.org/31/bulgaria-report-ncpi>