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Eastern Europe and Central Asia

Bulgaria

COUNTRY:

Bulgaria

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:	Name/Position	Prof. Hristo Taskov, 2nd Vice-Chair
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:	Organisation	Ministry of Health, Program "Prevention and Control of HIV/AIDS"

:	Name/Position	Ms. Tsvetana Yakimova, Monitoring and Evaluation Manager
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	National Centre of Infectious and Parasitic Diseases
:	Name/Position	Prof. Bogdan Petrunov, Director
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:	Organisation	Ministry of Health, Program "Prevention and Control of HIV/AIDS"
:	Name/Position	Ms. Tsvetelina Todorova, Financial Manager
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:	Organisation	UNAIDS
:	Name/Position	Ms. Manoela Grozdanova, UNAIDS Country Program Advisor
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:	Organisation	UNDP
:	Name/Position	Ms. Lene Jespersen, Deputy Resident Representative
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	UNICEF
:	Name/Position	Dr. Octavian Bivol, UNICEF Resident Representative
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	WHO
:	Name/Position	Ms. Emilia Tontcheva, Head of WHO Country Office
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	UNHCR
:	Name/Position	Ms. Catherine Hamon Sharpe, UNHCR Representative
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	International Organization for Migration
:	Name/Position	T•ÄQ a æÖ^!ä çæ Ö@-Á Á ä•ä }

:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	UNFPA
:	Name/Position	Ms. Marta Diavolova, Assistant Representative
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	ILO
:	Name/Position	Ms. Plamenka Markova, Head of ILO-Bulgaria
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	"Zdrave bez granici", Sofia
:	Name/Position	Dr. Anna Konstantinova, Medical coordinator
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	"Doza Obich" Association, Bourgas
:	Name/Position	Ms. Antoaneta Radeva, Director and coordinator
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	"Iniziativa za Zdrave" Foundation, Sofia
:	Name/Position	Ms. Ana Lubenova, Coordinator
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Regional Fund "IGA", Pazardzhik
:	Name/Position	Ms. Valentina Gesheva, Coordinator
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	"Zaedno" Association, Vidin
:	Name/Position	Mr. Dragomir Mihaylov, Coordinator
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	"PANATZEIA 97" Foundation, Plovdiv
:	Name/Position	Ms. Vili Martinova, outreach worker
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	"Roma" Foundation, Plovdiv

:	Name/Position	Mr. Angel Mihaylov, Outreach worker
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
Position:		Monitoring and Evaluation Manager
Position:	Full time/Part time	Full time
Position:	Since when?	2005
Position:		Monitoring and Evaluation Assistant
Position:	Full time/Part time	Full time
Position:	Since when?	2005
Position:		Sociologist
Position:	Full time/Part time	Full time
Position:	Since when?	2005
Position:	Full time/Part time	Full time
Position:	Full time/Part time	Full time

1. Has the country developed a national multisectoral strategy/action framework to combat AIDS?

Yes

IF YES, period covered:

2001-2007

1.1 How long has the country had a multisectoral strategy/action framework?

7

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

Health:	Strategy/Action framework	Yes
Health:	Earmarked budget	Yes
Education:	Strategy/Action framework	Yes
Education:	Earmarked budget	Yes
Labour:	Strategy/Action framework	No
Labour:	Earmarked budget	No
Transportation:	Strategy/Action framework	No
Transportation:	Earmarked budget	No
Military/Police:	Strategy/Action framework	Yes
Military/Police:	Earmarked budget	Yes
Women:	Strategy/Action framework	No
Women:	Earmarked budget	No
Young people:	Strategy/Action framework	Yes
Young people:	Earmarked budget	Yes
Agriculture:	Strategy/Action framework	No
Agriculture:	Earmarked budget	No
Finance:	Strategy/Action framework	Yes
Finance:	Earmarked budget	Yes
Human Resources:	Strategy/Action framework	Yes
Human Resources:	Earmarked budget	Yes
Justice:	Strategy/Action framework	Yes
Justice:	Earmarked budget	Yes
Minerals and Energy:	Strategy/Action framework	No
Minerals and Energy:	Earmarked budget	No
Planning:	Strategy/Action framework	Yes
Planning:	Earmarked budget	Yes
Public Works:	Strategy/Action framework	No
Public Works:	Earmarked budget	No
Tourism:	Strategy/Action framework	No
Tourism:	Earmarked budget	No
Trade and Industry:	Strategy/Action framework	No
Trade and Industry:	Earmarked budget	No

1.3 Does the multisectoral strategy/action framework address the following target populations, settings and cross-cutting issues?

a. Women and girls:	Yes
b. Young women/young men:	Yes
c. Specific vulnerable sub-populations:	Yes
d. Orphans and other vulnerable children:	No
e. Workplace:	No
f. Schools:	Yes
g. Prisons:	Yes
h. HIV, AIDS and poverty:	Yes
i. Human rights protection:	Yes
j. Involvement of people living with HIV:	Yes
k. Addressing stigma and discrimination:	Yes
l. Gender empowerment and/or gender equality:	Yes

1.4 Were target populations identified through a process of a needs assessment or needs analysis?

Yes

IF YES, when was this needs assessment /analysis conducted? Year:

2000

1.5 What are the target populations in the country?

Injecting drug users; sex workers; men who have sex with men; prisoners; Roma community; young people; people living with HIV/AIDS

1.6 Does the multisectoral strategy/action framework include an operational plan?

Yes

1.7 Does the multisectoral strategy/action framework or operational plan include:

a. Formal programme goals? :	Yes
b. Clear targets and/or milestones? :	Yes
c. Detailed budget of costs per programmatic area? :	Yes
d. Indications of funding sources?:	Yes
e. Monitoring and Evaluation framework? :	Yes

1.8 Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy/action framework?

Active involvement

IF active involvement, briefly explain how this was done:

Civil society representatives have actively participated in the Situation and Response Analysis, conducted in 1998-2000, which was the evidence base for development of the National Strategy and National Action Plan for Prevention and Control of HIV/AIDS and STIs (2001-2007). They further took part in the local needs and resources analysis, design of specific interventions, local strategic planning process and actual implementation of activities among the target groups of the national HIV/AIDS policy.

1.9 Has the multisectoral strategy/action framework been endorsed by most external Development Partners (bi-laterals; multi-laterals)?

Yes

1.10 Have external Development Partners (bi-laterals; multi-laterals) aligned and harmonized their HIV and AIDS programmes to the national multisectoral strategy/action framework?

Yes, all partners

2. Has the country integrated HIV and AIDS into its general development plans such as:
a) National Development Plans,
b) Common Country Assessments/United Nations Development Assistance Framework,
c) Poverty Reduction Strategy Papers,
d) Sector Wide Approach?

Yes

2.1 IF YES, in which development plans is policy support for HIV and AIDS integrated?

- a) National Development Plans:
- c) Poverty Reduction Strategy Papers:
- d) Sector Wide Approach:

2.2 IF YES, which policy areas below are included in these development plans?

HIV Prevention:	Development Plans	a) / d)
Treatment for opportunistic infections:	Development Plans	a) / d)
Antiretroviral therapy:	Development Plans	a) / c) / d)
Care and support (including social security or other schemes):	Development Plans	a) / d)
Reduction of stigma and discrimination:	Development Plans	a) / d)

3. Has the country evaluated the impact of HIV and AIDS on its socio-economic development for planning purposes?

No

4. Does the country have a strategy/action framework for addressing HIV and AIDS issues among its national uniformed services such as military, police, peacekeepers, prison staff, etc?

Yes

4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of one or more uniformed services?

Behavioural change communication:	Yes
Condom provision :	Yes
HIV testing and counselling(*):	Yes
STI services :	No
Treatment:	Yes

**(*If HIV testing and counselling has been implemented for uniformed services beyond the pilot stage, what is the approach taken?
**

Is it voluntary or mandatory (e.g. at enrolment)? Briefly explain:

Uniformed services receive voluntary HIV counselling and testing. In 2007, a regular practice was introduced where counsellors from the stand-alone VCT centres provide anonymous HIV counselling and testing services to military conscripts.

5. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes

5.1 Has the National Strategic Plan/operational plan and national AIDS budget been revised accordingly?

Yes

5.2 Have the estimates of the size of the main target population sub-groups been updated?

Yes

5.3 Are there reliable estimates and projected future needs of the number of adults and children requiring antiretroviral therapy?

No

5.4 Is HIV and AIDS programme coverage being monitored?

Yes

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

Yes

(b) IF YES, is coverage monitored by population sub-groups?

Yes

IF YES, which population sub-groups?

injecting drug users; sex workers; Roma people;

(c) IF YES, is coverage monitored by geographical area?

Yes

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

at district level

5.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes

Overall, how would you rate strategy planning efforts in the HIV and AIDS programmes in 2007 and in 2005?

2007:	9
2005:	8

Comments on progress made in strategy planning efforts since 2005:

Since 2005, a major success is seen in including HIV/AIDS as a priority for action in the draft National Health Strategy 2007-2013, the Plan for Implementation of the National Action Plan for Social Inclusion, the draft National Strategy for Sustainable Development, the National Demographic Strategy 2006-2020. In 2007, a series of round table discussions were organized to analyse 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 and the need to scale-up HIV prevention activities among men who have sex with men.

1. Do high officials speak publicly and favourably about AIDS efforts in major domestic fora at least twice a year?

President/Head of government :	Yes
Other high officials :	Yes
Other officials in regions and/or districts :	Yes

2. Does the country have an officially recognized national multisectoral AIDS management/coordination body? (National AIDS Council or equivalent)?

Yes

2.1 IF YES, when was it created? Year:

1996

2.2 IF YES, who is the Chair?

Name:	Mrs. Emel Etem
Title/Function:	Deputy Prime Minister and Minister of State Policy for Disaster and Accidents

2.3 IF YES, does it:

have terms of reference? :	Yes
have active Government leadership and participation? :	Yes
have a defined membership?:	Yes
include civil society representatives? (*):	Yes
include people living with HIV?:	Yes
include the private sector?:	No
have an action plan?:	No
have a functional Secretariat? :	Yes
meet at least quarterly?:	Yes
review actions on policy decisions regularly?:	Yes
actively promote policy decisions?:	Yes
provide opportunity for civil society to influence decision-making?:	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:	Yes

(*) If it does include civil society representatives, what percentage?

62

3. Does the country have a national AIDS body or other mechanism that promotes interaction between government, people living with HIV, civil society and the private sector for implementing HIV and AIDS strategies/ programmes?

Yes

3.1 IF YES, does it include?

Terms of reference :	Yes
Defined membership :	Yes
Functional Secretariat :	Yes
Regular meetings (*):	Yes

(*If it does include regular meetings, what is the frequency of the meetings:

quarterly

IF YES, What are the main achievements?

The inclusion of broad and multisectoral membership of the Bulgaria Country Coordinating Mechanism to Fight AIDS and Tuberculosis, which is an expanded National AIDS Committee. It meets regularly at least on a quarterly basis and if work requires even more frequently. The chair of the CCM is the deputy prime minister who is always personally attending each meeting of the CCC. All representatives from the nongovernmental sector were selected by their own sector representatives in transparent manner. It includes representatives from the affected communities– IDUs patients’ organizations, PLH, Roma community. CCM has developed strong procedures and guarantees that all members can share decisions and provide oversight on the national AIDS policy and programs implementation. The clear procedures for avoiding of potential conflict of interest is a key achievement in the work of the CCM Bulgaria.

IF YES, What are the main challenges for the work of this body?

The deputy ministers from other line ministries than MoH are not attending the CCM meetings, but are rather authorizing their subordinates to participate
To provide a forum for stakeholders from different constituencies to be presented in designing and reviewing the national response to HIV/AIDS (the private sector and employer associations or trade unions are still not included in the CCM). Members other than those directly involved in the implementation of the National program for prevention and control of HIV are not very active during meetings.
To apply all successful principle of CCM for the national policy on tuberculosis.

5. What kind of support does the NAC (or equivalent) provide to implementing partners of the national programme, particularly to civil society organizations?

Information on priority needs and services :	Yes
Technical guidance/materials:	Yes
Drugs/supplies procurement and distribution :	No
Coordination with other implementing partners :	Yes
Capacity-building :	No

6. Has the country reviewed national policies and legislation to determine which, if any, are inconsistent with the National AIDS Control policies?

Yes

6.1 IF YES, were policies and legislation amended to be consistent with the National AIDS Control policies?

Yes

6.2 IF YES, which policies and legislation were amended and when?

:	Policy/Law	Health Act
:	Year	2005
:	Policy/Law	Ordinance of the Ministry of Health and the Ministry of Justice on Medical Care in Prisons and Detention Centre
:	Year	2006
:	Policy/Law	Regulation of the Minister of Health on Cost of Treatment Covered by the State Budget
:	Year	2007

Overall, how would you rate the political support for the HIV and AIDS programmes in 2007 and in 2005?

2007: 9

2005: 9

Comments on progress made in political support since 2005:

In 2007, Mrs. Zorka Parvanova, the First Lady of the Republic of Bulgaria, became the patron of the National AIDS Campaign.

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

Yes

1.1 IF YES, what key messages are explicitly promoted?

Be faithful:

Use condoms consistently:

Engage in safe(r) sex:

Use clean needles and syringes:

Greater acceptance and involvement of people living with HIV:

Other::

Other::

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 promoting HIV-related reproductive and sexual health education for young people?

Yes

2.1 Is HIV education part of the curriculum in

primary schools? : No

secondary schools? : No

teacher training? : No

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes

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

No

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

Yes

3.1 IF YES, which sub-populations and what elements of HIV prevention do the policy/strategy address?

Targeted information on risk reduction and HIV education:	IDU
Targeted information on risk reduction and HIV education:	MSM
Targeted information on risk reduction and HIV education:	Sex workers
Targeted information on risk reduction and HIV education:	Prison inmates
Targeted information on risk reduction and HIV education:	Other sub-populations (*)
Stigma & discrimination reduction:	IDU
Stigma & discrimination reduction:	MSM
Stigma & discrimination reduction:	Sex workers
Stigma & discrimination reduction:	Prison inmates
Stigma & discrimination reduction:	Other sub-populations (*)
Condom promotion:	IDU
Condom promotion:	MSM
Condom promotion:	Sex workers
Condom promotion:	Prison inmates
Condom promotion:	Other sub-populations (*)
HIV testing & counselling:	IDU
HIV testing & counselling:	MSM
HIV testing & counselling:	Sex workers
HIV testing & counselling:	Prison inmates
HIV testing & counselling:	Other sub-populations (*)
Reproductive health, including STI prevention & treatment:	Sex workers
Reproductive health, including STI prevention & treatment:	Other sub-populations (*)
Drug substitution therapy:	IDU
Needle & syringe exchange:	IDU
Needle & syringe exchange:	Sex workers

(*)If Other sub-populations, indicate which sub-populations

Roma people

Overall, how would you rate policy efforts in support of HIV prevention in 2007 and in 2005?

2007:	8
2005:	7

Comments on progress made in policy efforts in support of HIV prevention since 2005:

A special Ordinance of the Minister of Health and the Minister of Justice regulates the regular provision of anonymous HIV counselling and testing in all 12 prisons and 4 detention centres. Services are provided by counsellors of the stand-alone VCT centres and include also condom promotion and distribution, and provision of informational materials. Additionally, NGOs working with injecting drug users are allowed to provide individual and group counselling in 3 prisons in the country. However, efforts fail in introducing sexual and HIV education in regular school curricula and only 1% of the school children receive health education as free elective subject.

4. Has the country identified the districts (or equivalent geographical/ decentralized level) in need of HIV prevention programmes?

Yes

IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts* in need?

Blood safety:	The activity is available in	all districts* in need
Universal precautions in health care settings:	The activity is available in	all districts* in need
Prevention of mother-to-child transmission of HIV:	The activity is available in	all districts* in need
IEC on risk reduction:	The activity is available in	most districts* in need
IEC on stigma and discrimination reduction:	The activity is available in	most districts* in need
Condom promotion:	The activity is available in	most districts* in need
HIV testing & counselling:	The activity is available in	all districts* in need
Harm reduction for injecting drug users:	The activity is available in	most districts* in need
Risk reduction for men who have sex with men:	The activity is available in	some districts* in need
Risk reduction for sex workers:	The activity is available in	most districts* in need
Programmes for other vulnerable subpopulations:	The activity is available in	most districts* in need
Reproductive health services including STI prevention & treatment:	The activity is available in	some districts* in need
School-based AIDS education for young people:	The activity is available in	some districts* in need
Programmes for out-of-school young people:	The activity is available in	some districts* in need
HIV prevention in the workplace:	The activity is available in	some districts* in need

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2007 and in 2005?

2007:	9
2005:	8
2007:	8
2005:	7

Comments on progress made in the implementation of HIV prevention programmes since 2005:

Major success is the expansion of HIV prevention services in terms of geographical and population coverage for all target groups of the national HIV/AIDS policies.

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes

1.1 IF YES, does it give sufficient attention to barriers for women, children and most-at-risk populations?

Yes

2. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

IF YES, to what extent have the following HIV and AIDS treatment, care and support services been implemented in the identified districts* in need?

Antiretroviral therapy:	The service is available in	all districts* in need
Paediatric AIDS treatment:	The service is available in	all districts* in need
Sexually transmitted infection management:	The service is available in	most districts* in need
Psychosocial support for people living with HIV and their families:	The service is available in	some districts* in need
HIV testing and counselling for TB patients:	The service is available in	some districts* in need
TB screening for HIV-infected people:	The service is available in	all districts* in need
TB preventive therapy for HIV-infected people:	The service is available in	all districts* in need
TB infection control in HIV treatment and care facilities:	The service is available in	all districts* in need
Cotrimoxazole prophylaxis in HIV-infected people:	The service is available in	all districts* in need
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):	The service is available in	most districts* in need
Antiretroviral therapy:	The service is available in	most districts* in need
Nutritional care:	The service is available in	some districts* in need
Paediatric AIDS treatment:	The service is available in	most districts* in need
Sexually transmitted infection management:	The service is available in	most districts* in need
Psychosocial support for people living with HIV and their families:	The service is available in	some districts* in need
Home-based care:	The service is available in	N/A
Palliative care and treatment of common HIV-related infections:	The service is available in	most districts* in need
HIV testing and counselling for TB patients:	The service is available in	most districts* in need
TB screening for HIV-infected people:	The service is available in	most districts* in need
TB preventive therapy for HIV-infected people:	The service is available in	most districts* in need
TB infection control in HIV treatment and care facilities:	The service is available in	all districts* in need
Cotrimoxazole prophylaxis in HIV-infected people:	The service is available in	some districts* in need
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):	The service is available in	most districts* in need
HIV treatment services in the workplace or treatment referral systems through the workplace:	The service is available in	some districts* in need
HIV care and support in the workplace (including alternative working arrangements):	The service is available in	some districts* in need

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

No

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

No

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?

2007: 9

2005: 8

Comments on progress made since 2005:

Major progress is seen in further decentralization of the provision of ARV treatment in the country. By 2005, only the Infectious Diseases Hospital in the capital of Sofia had provided ARV treatment. In 2005, two new sectors for treatment of people living with HIV were established in Varna and Plovdiv, and in 2007 one more was established in Pleven.

5. Does the country have a policy or strategy to address the additional HIV- or AIDS-related needs of orphans and other vulnerable children (OVC)?

N/A

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

In Progress

2. Does the Monitoring and Evaluation plan include?

a data collection and analysis strategy : Yes

behavioural surveillance : Yes

HIV surveillance : Yes

a well-defined standardized set of indicators : Yes

guidelines on tools for data collection : Yes

a strategy for assessing quality and accuracy of data : Yes

a data dissemination and use strategy : Yes

3. Is there a budget for the M&E plan?

In progress

4. Is there a functional M&E Unit or Department?

Yes

4.1 IF YES, is the M&E Unit/Department based

in the Ministry of Health? : Yes

**4.2 IF YES, how many and what type of permanent and temporary professional staff are working in the M&E Unit/Department?

**

Number of permanent staff:

3

4.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit/Department for review and consideration in the country's national reports?

Yes

IF YES, does this mechanism work? What are the major challenges?

This mechanism works. Major challenges include timeliness of data submission, unification of reporting formats between sub-recipients of national or GF grant funds and recipients of other resources, and the introduction of one national computer-based database.

4.4 IF YES, to what degree do UN, bi-laterals, and other institutions share their M&E results?

3

5. Is there an M&E Committee or Working Group that meets regularly to coordinate M&E activities?

No

6. Does the M&E Unit/Department manage a central national database?

Yes

6.1 IF YES, what type is it?

MS Excel-based tracking systems with aggregate data in transition to web-based database with individual data.

6.2 IF YES, does it include information about the content, target populations and geographical coverage of programmatic activities, as well as their implementing organizations?

Yes

6.3 Is there a functional Health Information System (HIS)?

National level :

Yes

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

Yes

7. To what extent are M&E data used in planning and implementation?

4

What are examples of data use?

Monitoring and evaluation data was used to identify an emerging situation related to the increase of HIV-positive injecting drug use in one city, and respectively to identify the need for development of additional Local Action Plan. Data from routine HIV surveillance, second generation HIV sentinel surveillance, and programmatic data from implementers of activities were used to develop the plan.

What are the main challenges to data use?

Major challenges include again the timeliness of data collection, extensive data validation exercises with limited human resources, and consequently delay in data analysis so that it can be adequately used in planning and implementation.

Overall, how would you rate the M&E efforts of the AIDS programme in 2007 and in 2005?

2007:	7
2005:	5

Comments on progress made in M&E since 2005:

Main achievements include the piloting of one central web-based database on quantitative results in the provision of HIV prevention services to target groups, the introduction of computerized database with patient records in the sectors for treatment of patients with HIV/AIDS, and the organization and successful completion of second generation HIV surveillance surveys among men who have sex with men and prisoners.

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (such as general non-discrimination provisions or provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

Yes

1.1 IF YES, specify:

Law for protection against discrimination; Constitution of Republic of Bulgaria; Law on Health; Law for the Asylum and Refugees; Ordinance N 4 on HIV testing of the Ministry of Health; Universal Declaration of Human Rights; Convention for the Protection of Human Rights and Fundamental Freedoms.

2. Does the country have non-discrimination laws or regulations which specify protections for vulnerable sub-populations?

Yes

2.1 IF YES, for which sub-populations?

Women:	Yes
Young people :	Yes
MSM:	Yes
Sex Workers :	No
Prison inmates :	Yes
Migrants/mobile populations :	Yes
Other::	Yes
Other::	Yes
Other::	Yes

IF YES, Briefly explain what mechanisms are in place to ensure these laws are implemented:

Commission for protection against discrimination; Ombudsman of the Republic of Bulgaria.

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for vulnerable sub-populations?

Yes

3.1 IF YES, for which sub-populations?

Women :	No
Young people :	No
IDU:	Yes
MSM:	No
Sex Workers:	No
Prison inmates :	Yes
Migrants/mobile populations :	No

IF YES, briefly describe the content of these laws, regulations or policies and how they pose barriers:

For injecting drug users: the Penal Code criminalizes the single dose drug possession;
For Inmates: Prohibition of clean needles and syringes distribution.
Penalty code, article 354a criminalizing the single dose drug possession. Regulations of the Ministry of Justice prohibiting distribution of needles and syringes in prisons that deprive access of prison inmates to harm reduction programs Asylum seekers and Refugees – according to Ministry of Health requires that the State Agency for Refugees perform screening for HIV among aliens applying for protection. There is no adequate information from the SAR provided to the asylum seekers that this is done in public health interest and not as procedure for determining the refugee status.

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

Yes

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV and/or most-at-risk populations?

Yes

IF YES, briefly describe this mechanism

The Commission for protection against discrimination and the Ombudsman can be approached in any cases of discrimination.
Although these mechanisms exist and they are in place but still very limited number of PLH pursue their rights. If they want to pursue their rights they have to go out of anonymity but they are still not willing and ready to do this due to existing social stigma.

6. Has the Government, through political and financial support, involved most-at-risk populations in governmental HIV-policy design and programme implementation?

Yes

IF YES, describe some examples

PLH participate in the Expert committee on HIV/AIDS at the Ministry of Health. Representatives of PHL and most-at-risk populations are represented in CCM for the GFATM-funded program. Civil society representatives (NGOs) are involved in the implementation of GFATM-funded program "Prevention and Control of HIV/AIDS" and the National AIDS Strategic Plan (2001-2007). Civil society organizations also took part in the preliminary process of development of the new strategy for the period 2008-2015.

7. Does the country have a policy of free services for the following:

HIV prevention services :	Yes
Anti-retroviral treatment :	Yes
HIV-related care and support interventions :	Yes

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies:

The HIV testing and ARV treatment in Bulgaria are free of charge regardless one's health insurance status. Prevention and support are currently financed only through donor funding.

8. Does the country have a policy to ensure equal access for women and men, to prevention, treatment, care and support? In particular, to ensure access for women outside the context of pregnancy and childbirth?

Yes

9. Does the country have a policy to ensure equal access for most-at-risk populations to prevention, treatment, care and support?

Yes

9.1 Are there differences in approaches for different most-at-risk populations?

Yes

IF YES, briefly explain the differences:

People with Roma origin are used when working with most-at-risk representatives from the community. Mobile medical units are providing VCT services in special locations (prisons, motels used from SW etc.). Mobile medical units are available for outreach work in Roma community, IDUs, SW, MSM, prison inmates. The programs and approaches are tailored to the specific needs of those groups and are designed and implemented with the participation of their representatives.

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

Yes

11. Does the country have a policy to ensure that AIDS research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

No

11.1 IF YES, does the ethical review committee include representatives of civil society and people living with HIV?

No

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

- 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

- Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment: No

- Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: Yes

- Performance indicators or benchmarks for reduction of HIV-related stigma and discrimination: Yes

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

Representatives of PLH are part of the CCM as equal members.
Media campaigns also play a major role in the fight against stigma and discrimination.

13. Have members of the judiciary (including labour courts/employment tribunals) been trained/sensitized to HIV and AIDS and human rights issues that may come up in the context of their work?

No

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

Legal aid systems for HIV and AIDS casework: No

Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: No

Programmes to educate, raise awareness among people living with HIV concerning their rights: Yes

15. Are there programmes designed to change societal attitudes of stigmatization associated with HIV and AIDS to understanding and acceptance?

Yes

IF YES, what types of programmes?

Media : Yes

School education : Yes

Personalities regularly speaking out : Yes

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV and AIDS in 2007 and in 2005?

2007: 6

2005: 4

Comments on progress made in promoting and protecting human rights in relation to HIV and AIDS since 2005:

Role of civil societies has increased. NGOs are more involved in the process of HIV prevention. People are more aware for the role of VCT-services. Media campaigns have had major impact on the society.

Overall, how would you rate the effort to enforce the existing policies, laws and regulations in relation to human rights and HIV and AIDS in 2007 and in 2005?

2007: 6

2005: 5

Comments on progress made in enforcing existing policies, laws and regulations in relation to human rights and HIV and AIDS since 2005:

Bulgaria has operational national and local strategies for prevention.

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national policy formulation?

4

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on AIDS or for the current activity plan (e.g. attending planning meetings and reviewing drafts)

3

3. To what extent are the services provided by civil society in areas of HIV prevention, treatment, care and support included

a. in both the National Strategic plans and national reports?: 4

b. in the national budget?: 2

4. Has the country included civil society in a National Review of the National Strategic Plan?

Yes

IF YES, when was the Review conducted? Year:

2007

5. To what extent is the civil society sector representation in HIV-related efforts inclusive of its diversity?

4

List the types of organizations representing civil society in HIV and AIDS efforts:

Representatives of people living with HIV; young people's organizations; Community-based organizations; Organizations of vulnerable sub-populations (MSM, SW, IDU); International organizations.

6. To what extent is civil society able to access

a. adequate financial support to implement its HIV activities?:	3
b. adequate technical support to implement its HIV activities?:	3

Overall, how would you rate the efforts to increase civil society participation in 2007 and in 2005?

2007:	7
2005:	5

Comments on progress made in increasing civil society participation since 2005:

The role of the civil society in 2005 was mainly in execution of different activities. In 2007 Civil society took part in the review of the implementation of the current National AIDS Strategic Plan (2001-2007) and development of the new strategy for the period 2008-2015.

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV prevention programmes?

Yes

IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts in need?

Blood safety:	The service is available in	all districts* in need
Universal precautions in health care settings:	The service is available in	all districts* in need
Prevention of mother-to-child transmission of HIV:	The service is available in	all districts* in need
IEC on risk reduction:	The service is available in	most districts* in need
IEC on stigma and discrimination reduction:	The service is available in	most districts* in need
Condom promotion:	The service is available in	all districts* in need
HIV testing & counselling:	The service is available in	most districts* in need
Harm reduction for injecting drug users:	The service is available in	most districts* in need
Risk reduction for men who have sex with men:	The service is available in	some districts* in need
Risk reduction for sex workers:	The service is available in	most districts* in need
Programmes for other vulnerable sub-populations:	The service is available in	most districts* in need
Reproductive health services including STI prevention & treatment:	The service is available in	most districts* in need
School-based AIDS education for young people:	The service is available in	most districts* in need
Programmes for out-of-school young people:	The service is available in	some districts* in need
HIV prevention in the workplace:	The service is available in	some districts* in need

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?

2007: 6

2005: 5

Comments on progress made in the implementation of HIV treatment, care and support services since 2005:

Enlargement of VCT-services coverage. New sections for HIV treatment were established in Infection Clinics outside the capital city.

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

Prevention for youth : 51-75%

Prevention for IDU : >75%

Prevention for MSM : >75%

Prevention for sex workers : >75%

Counselling and Testing : >75%

Clinical services (OI/ART)* : 25-50%

Home-based care : <25%

Programmes for OVC** : <25%

3. Does the country have a policy or strategy to address the additional HIV and AIDS-related needs of orphans and other vulnerable children (OVC)?

N/A

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