

UNGASS Indicators
Country Report



Republic of Bulgaria

National Committee on Prevention of
AIDS and STDs at the Council of
Ministers

Reporting period: January 2003 – December 2005

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Acronyms

AIDS	Acquired immune deficiency syndrome
ARV	Antiretroviral
CBO	Community-based organization
CCM	Country Coordinating Mechanism
CSW	Commercial sex worker
EU	European Union
GF	Global Fund to Fight AIDS, Tuberculosis and Malaria
HAART	Highly active antiretroviral therapy
HIV	Human immunodeficiency virus
IDU	Injecting drug user
M&E	Monitoring and Evaluation
MMU	Mobile medical unit
MoH	Ministry of Health
MSM	Men who have sex with men
NCIPD	National Centre of Infections and Parasitic Diseases
NGO	Non-governmental organization
PLHWA	People living with HIV/AIDS
RIPCPH	Regional Inspectorate for Protection and Control of Public Health
STD	Sexually transmitted disease
STI	Sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary counselling and testing
WHO	World Health Organization

Status at a glance

Data from the National Statistical Institute indicate that at the end of 2004 the country's permanent population was 7,761.0 thousand. Over the last 15 years, Bulgaria has been undergoing socio-economic and political changes, which had their impact on the demographic behaviour and living conditions. There is a marked tendency towards a decrease in the total number of population due to a relatively low natality, a continuing high level of general and infant mortality, an unfavourable situation in terms of the future reproduction of the population, as well as processes related to emigration. Given the above and the fact that the country is situated in a region with a rapidly growing impact of the HIV epidemic, urgent effective measures should be undertaken to prevent the outbreak of an HIV epidemic in Bulgaria.

Steps in that direction were taken as early as 1996, when the National Committee on AIDS and STDs Prevention was formally established under a Decree of the Council of Ministers. Later, in 2001, the Bulgarian Government endorsed the National Strategy and the National Action Plan for Prevention and Control of AIDS and Sexually Transmitted Diseases which cover the period 2001-2007.

The National Strategy and the National Action Plan incorporate a multisectoral approach and active cooperation at different levels to address all aspects of the problem. The National Action Plan represents the overall policy of the country not to allow an outbreak of HIV/AIDS epidemic. The four major components of the National Action Plan are as follows:

1. Health promotion aimed at young people and most-at-risk groups;
2. HIV/AIDS and STDs epidemiological surveillance and testing policy;
3. Health care and social services for people living with HIV/AIDS and STDs;
4. Medical care and treatment of HIV/AIDS and STDs.

Since 2001 and the adoption of the National Action Plan for Prevention and Control of HIV/AIDS, the Ministry of Health has been making considerable annual budget allocations that cover the country needs for ensuring blood safety with regard to HIV,

hepatitis B and C and syphilis; universal and free-of-charge HIV testing; universal and free-of-charge HAART.

In 2002, on behalf of the Country Coordination Mechanism (CCM) the country applied for a grant by the Global Fund to Fight AIDS, Tuberculosis and Malaria. CCM was established and is functioning based on the existing National Committee for Prevention of AIDS and STDs. In its membership the Country Coordinating Mechanism is a unique body. It functions as a forum to promote true partnership development and participation of multiple constituencies, including governmental agencies, donors, non-governmental organizations, PLWHA. The country proposal was approved and a Grant Agreement for approximately 6,9 million US dollars was signed on 6 June 2003, and the implementation of Program “Prevention and Control of HIV/AIDS” started in 2004. The major focus of the GF-funded Program, in addition to the government-funded activities and services, is HIV prevention among the groups most-at-risk, young people and PLWHA.

Thus the country ensured an integrated and balanced approach to fight AIDS through (1) prevention; (2) treatment; and (3) care and support to people affected by the disease. Later in 2004, through the implementation of Program “Prevention and Control of HIV/AIDS” and in collaboration with UNAIDS the process establishment of a national HIV/AIDS monitoring and evaluation system was initiated.

During all that time, important financial and technical support has been provided by international donor organizations, such as UNAIDS, WHO, UNICEF, UNDP, UNFPA, USAID and others, which further contributed to the implementation of the activities and provision of accessible services in the national framework for action.

With a view to ensuring not only an effective national response to HIV/AIDS but also joining the mobilization of efforts at regional and global level, the Government of the Republic of Bulgaria undertook several important steps to state its commitment.

In June 2001, the country joined and signed the Declaration of Commitment on HIV/AIDS adopted on the 26th Special Session of the UN General Assembly.

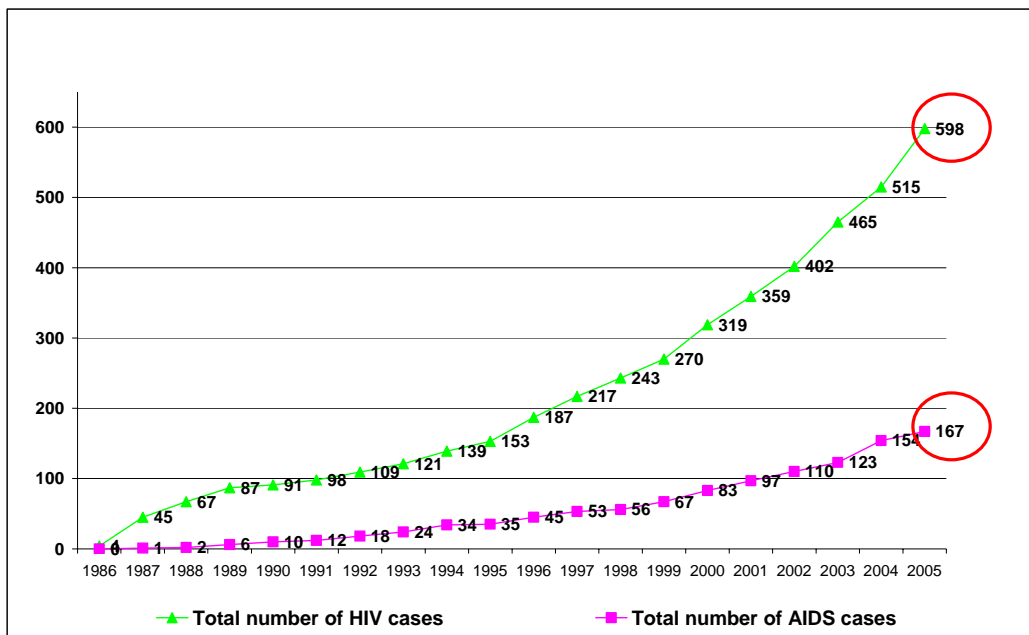
In 2003, the first national report “Millennium Development Goals – Bulgaria 2003” was released and presented. It adapts the Millennium Goals to the Bulgarian context and sets forth concrete targets till 2015 as well as the indicators for measuring the results.

On April 25, 2005, Bulgaria’s accession treaty to the EU was signed with membership set to begin on January 1, 2007. In the light of joining the European Union, Bulgaria has been included much earlier and is participating in all major European networks and initiatives related to HIV prevention and control and testing policies and practices in Europe. The country has taken part in the development of the Communication from the Commission to the Council and the European Parliament on Combating HIV/AIDS within the European Union and in the neighbouring countries, 2006-2009.

Overview of the AIDS epidemic

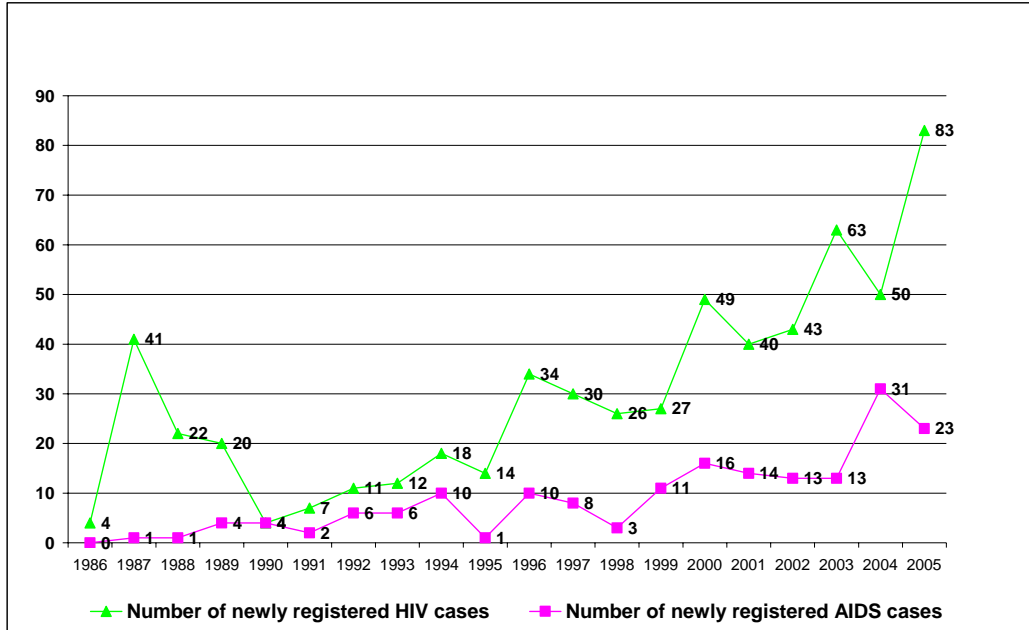
For the period 1986 – 2005 the cumulative number of officially registered HIV cases in Bulgaria is 598, of which 167 were diagnosed with AIDS (Figure 1).

Figure 1. Total number of registered HIV and AIDS cases by year



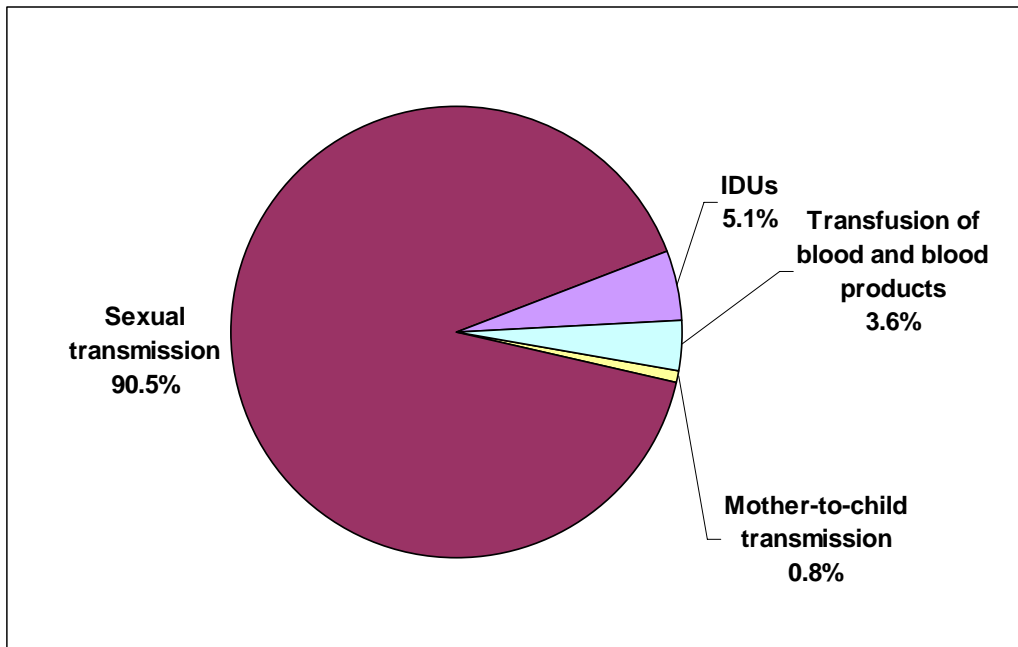
The annual incidence of reported HIV infections grew from 15–20 in the early 1990s to 40-60 in the past five years (Figure 2).

Figure 2. Number of newly registered HIV and AIDS cases by year



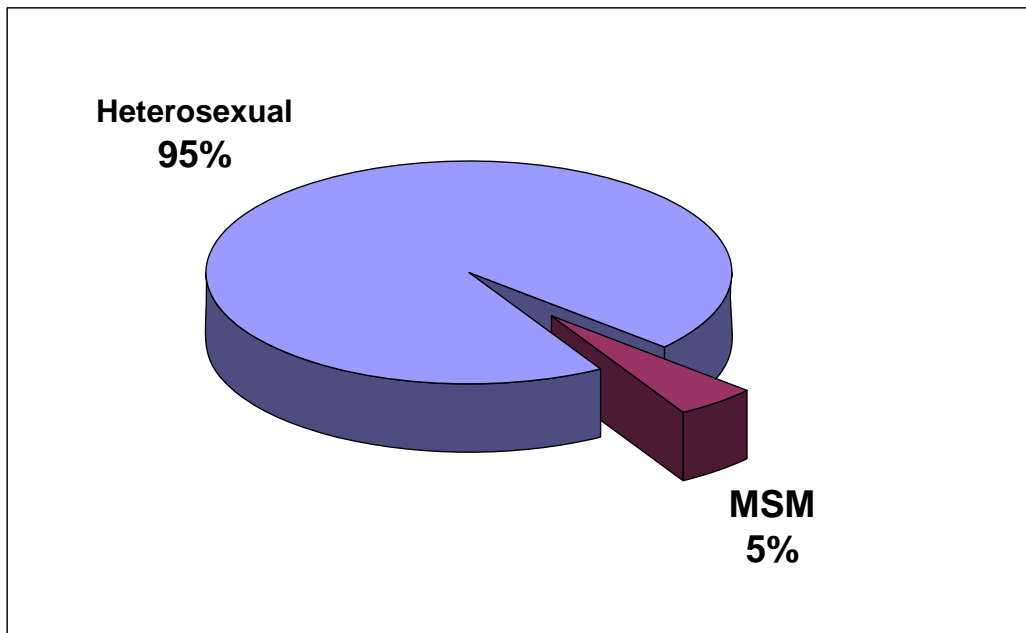
Among the cumulative HIV cases reported as of end 2005 (starting registration from 1986) with a known route of transmission, 90.5% are infected through sexual intercourse; 5.1% through injecting drug use; 3.6% through transfusion of blood and blood products (last cases registered in 1996); and 0.8% are children born to HIV-positive mothers (Figure 3). It should be highlighted that only in 2005 there were 13 new cases of infected injecting drug users who represent 41% of all cases of IDUs registered in the period 1986-2005.

Figure 3. Modes of transmission



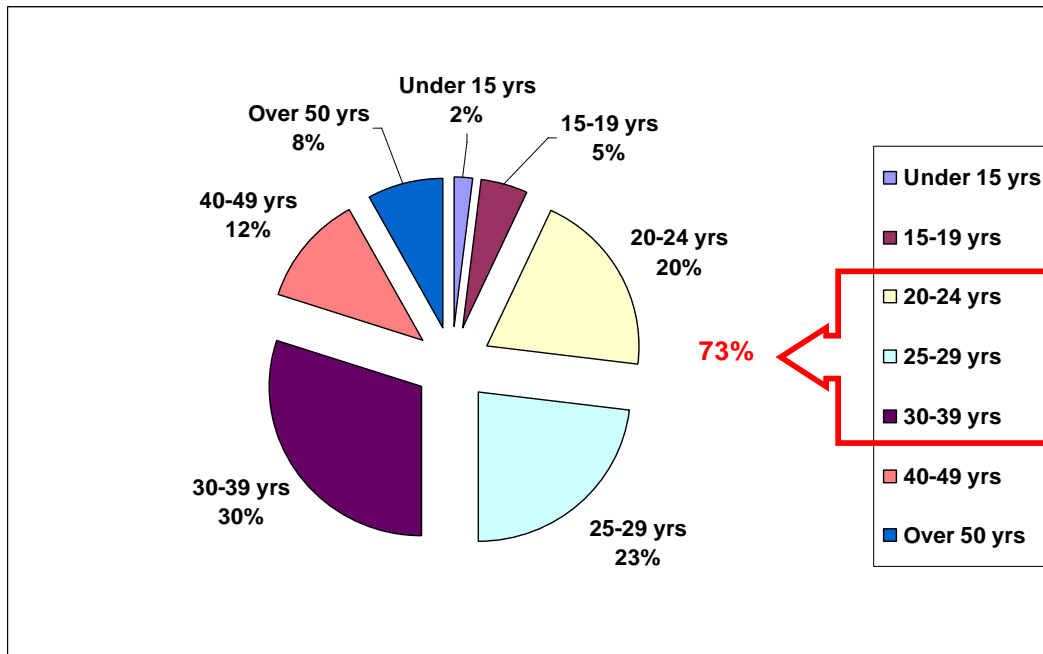
With those infected through sexual intercourse, the dominant way is heterosexual at 95% compared to homo/bisexual at 5% (Figure 4). It is estimated that the low share of cases of HIV infected homo/bisexual men is due to underreporting of actual sexual orientation.

Figure 4. Sexual transmission



Distribution by sex shows that 67,3% of the infected people are male. The most affected age group is 20-39 years, representing 73% of all registered cases (Figure 5).

Figure 5. Distribution of total number of HIV cases by age



The largest share of the cases were registered in four major cities, the capital Sofia (203), Varna (47), Burgas (76), and Plovdiv (49), and constitute 64% of all registered cases by the end of 2005 (Figure 6).

Figure 6. Geographical map of most affected regions



Impact indicators

- ***Most-at-risk populations: reduction in HIV prevalence***

The National Strategy and National Action Plan for Prevention and Control of HIV/AIDS and STIs identify several groups as most at risk with regard to HIV/AIDS and STIs. In particular, these are injecting drug users (IDUs), commercial sex workers (CSWs), Roma people, adolescents and young people, men who have sex with men (MSM), and closed groups and prisoners. So far, large-scale preventive interventions at national level have been implemented among IDUs, CSWs, Roma and young people in the framework of the GF-funded Program (2004-2005). However, plans for Phase 2 of the GF-funded Program (2006-2008) include scaling-up the access and the provision of specific services to cover MSM and prisoners as well.

Currently, Bulgaria is reporting on three impact indicators using data collected for three most-at-risk populations through the Second Generation Sentinel Surveillance System established under the GF-funded Program in 2004. The impact indicators are as follows:

- **Reduction in HIV prevalence among IDUs;**
- **Reduction in HIV prevalence among CSWs;**
- **Reduction in HIV prevalence among Roma people;**

Injecting Drug Users

There has been a marked increase in the number of IDUs over the past several years. The most commonly injected drug is heroin. Although until recently the number of reported positive HIV tests, attributable to injecting drug use is still low, experts believe that there is potential for spread of HIV among these populations due to high level of risk behaviors in sharing needles and other injecting equipment and sexual practices. The data on the social mixing patterns among these IDUs is not available and a likelihood of transmission of infection to general populations can not be ruled out.

Commercial Sex Workers

The social and economic transformation after 1989, opening of borders, poverty, and unemployment led to sudden increase in the number of commercial sex workers in Bulgaria. The effective response to this problem should be based on understanding its origins and respect for the human rights and needs of women involved in commercial sex work. Those engaged in prostitution do not form a homogeneous group. They can be divided in several sub-groups depending on their work environment (e.g. street and highway prostitution, club and apartment prostitution, hotel prostitution, escort service). Apart from Bulgarian nationals, this group includes CSW from Ukraine and Russia; most of them are living illegally in Bulgaria. They have low-education levels and limited access to health services. Main risk factors related to the spread of HIV and STIs include the criminal character of the commercial sex business, violence and trafficking, risk sexual behaviors, social stigma and low economic and marginalized social status of CSWs.

Roma people

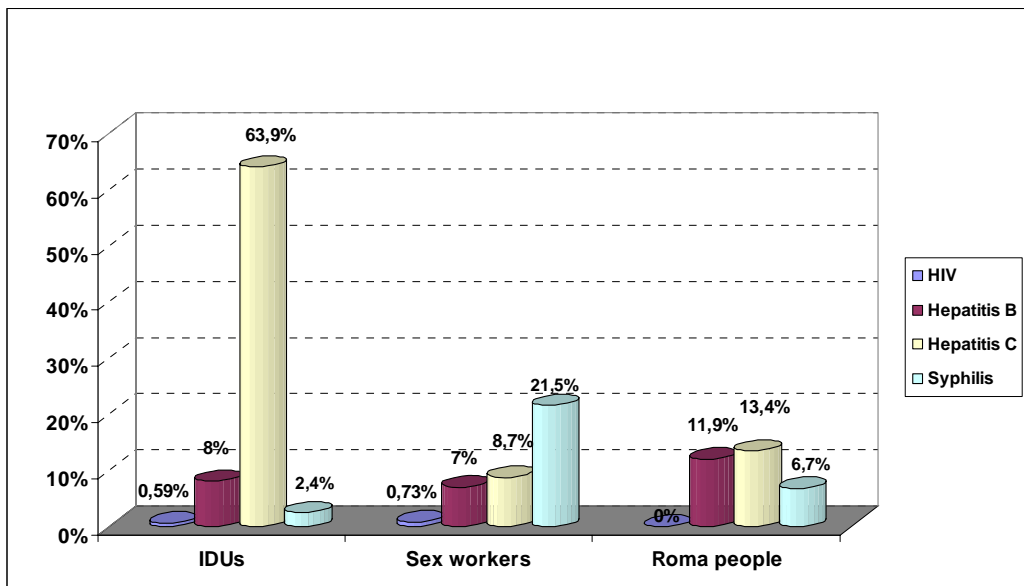
There are a number of inter-related factors that have direct or indirect effect on the spread of HIV/AIDS and STIs in this population: existing social isolation emphasized by the economic status of the Roma people – high rates of unemployment in the group; low general and health knowledge and education; lack of vital social skills and motivation for socialization. Individuals and families in this “marginalized” position are particularly vulnerable to all kinds of social and health problems. There is an increasing injecting drug use in this community and a large proportion of men and women report practice street-based commercial sex. At the background of their plight with their everyday problems and psychological stress, Roma people do not perceive health as a priority although their health problems are the greatest.

The pilot phase of second generation sentinel surveillance surveys among three most-at-risk groups - injecting drug users, commercial sex workers, and Roma people was conducted in five major cities (Sofia, Varna, Bourgas, Plovdiv, and Pleven) in the end of 2004. Data from the pilot phase was used to establish baselines for some of the core indicators measured at national level. Preliminary biological results from 2004 indicated that the HIV prevalence in the three groups was respectively: 0.59% among IDUs, 0.73% among sex workers, and 0% among Roma population in the age group

16-45. It should be noted that a large part of the HIV infected IDUs and CSWs are of Roma origin. However, the figures from the pilot phase of second generation surveillance in Bulgaria need to be interpreted with great caution since these are the average of five cities.

Although data indicate that HIV prevalence among IDUs, sex workers and Roma community is still low, there is a potential for spread of HIV in these populations through high risk injecting practices and unprotected and paid sex. Surveillance data indicate an alarming rate of Hepatitis C among IDUs - 63.9%, and Syphilis prevalence among sex workers at 21.5%. Risk among Roma people is associated with either risk injecting marked by the 13.4% Hepatitis C prevalence, or unsafe sex marked by the 11.9% Hepatitis B and 6.7% Syphilis prevalence (Figure 7).

Figure 7. Prevalence of HIV, Hepatitis B, Hepatitis C and Syphilis in Most-at-risk Populations



The implementation phase of the second generation surveillance system was initiated in eight major cities (Sofia, Varna, Bourgas, Plovdiv, Pleven, Blagoevgrad, Pazardzhik and Rouse) in October 2005. Results will become available in 2006.

- ***HIV treatment: people still on antiretroviral therapy after 12 months***

The provision of HARRT started in Bulgaria in 1998 and is available free-of-charge to all who need it. In the beginning of 2004, 31 new HIV-infected patients started HAART treatment. After 12 months, 27 (87%) of them were still on treatment.

National Response to the AIDS epidemic

The Government of the Republic of Bulgaria has clearly shown that there is a strong political will and readiness to undertake the necessary actions to maintain the low HIV/AIDS prevalence in the country. Currently, national policies are in place through the implementation of two major programmes: 1) the National Action Plan for Prevention and Control of HIV/AIDS and Sexually Transmitted Diseases (2001-2007), and 2) Program “Prevention and Control of HIV/AIDS”, financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

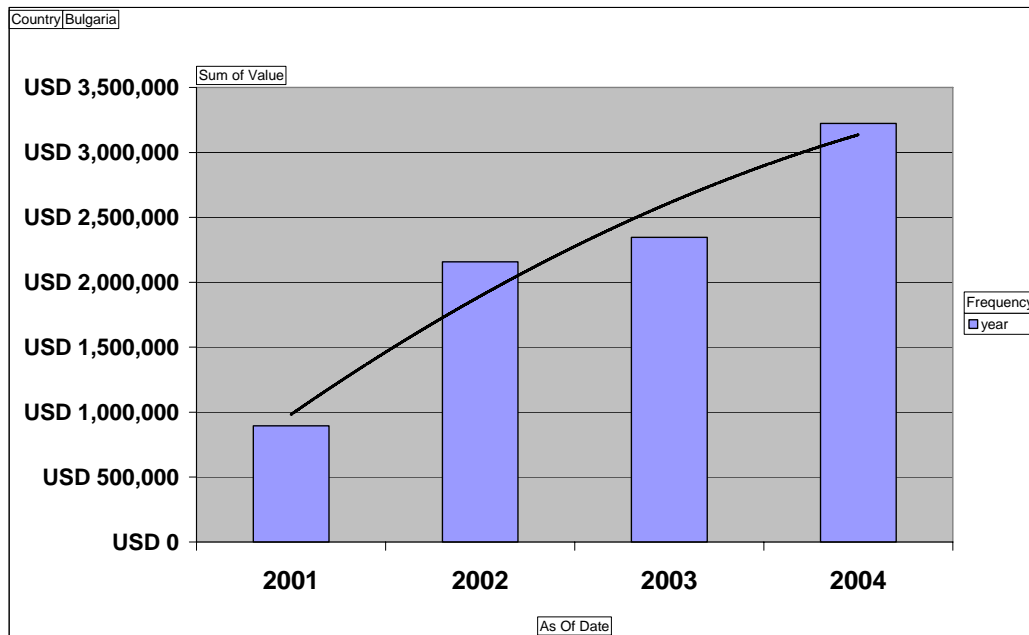
Since its endorsement by the Council of Ministers in 2001, the National Action Plan has been actively implemented through the budget of the Ministry of Health. The amount of national funds spent by the government for the period 2001-2004 totals 8,622,611 USD (Table 1).

Table 1. Amount of national funds disbursed by Bulgarian government

Period	USD
2001	894,647
2002	2,157,684
2003	2,346,432
2004	3,223,848
Total	8,622,611

There is a marked upward trend in yearly budget allocations (Figure 8) with more than three and a half times increase comparing 2001 and 2004.

Figure 8. Amount of national funds disbursed by Bulgarian government



These financial resources are used mainly to ensure the control over each donor blood unit regarding HIV and other blood transmitted infections, free-of-charge HIV testing and free-of-charge treatment for all people living with HIV/AIDS. An important advantage of the country in this respect is the well-established infrastructure which is in service to the network of health institutions responsible for HIV/AIDS prevention and control.

Since 2004, Program “Prevention and Control of HIV/AIDS” has been implemented with a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria. The main goal of this program is to sustain the low HIV prevalence in the country through strengthening the infrastructure and capacity building in the national response to HIV/AIDS; to reduce risky behaviors within vulnerable groups; and to ensure access to care and quality treatment for target groups and people living with HIV and AIDS. The award of the grant is based on the principle for additionality of the funding by the Global Fund to the national resources allocated to respond to the problem. Therefore, the main focus of Program “Prevention and Control of HIV/AIDS” is the preventive work among the target populations – injecting drug users (IDUs), commercial sex

workers (CSWs), Roma communities, people living with HIV/AIDS and young people.

Thus, the additional funds from the Global Fund grant at the amount of 6,894,270 USD made it possible to rapidly scale-up prevention, care and support activities among the most-at-risk populations in 2004-2005. Bulgaria is the first country in the region to receive approval from the Global Fund for continued funding during Phase 2 of Program implementation. Phase 2 duration is from the beginning of 2006 till the end of 2008, and the approved amount of funds to be disbursed in these three years is up to 8,817,612 USD.

Most-at-risk populations: HIV testing

Data for measuring the rate of HIV testing among the most-at-risk populations has been collected through the behavioural records when implementing the pilot phase of the Second Generation Sentinel Surveillance System. However, data collection plans under the GF-funded Program include modifying the reporting systems so that data for monitoring the provision of VCT services under the program can be disaggregated by most-at-risk populations and compared with surveillance results.

Results from the behavioural records are available for two of the three surveyed populations since Roma people were not asked whether they had had an HIV test. The average proportion of IDU respondents, who reported having been tested for HIV in the last 12 months and who knew the results, was 16.59% for the five cities. Respectively 35.18% from the CSWs reported that they have had an HIV test in the last 12 months and know their serostatus (Table 2).

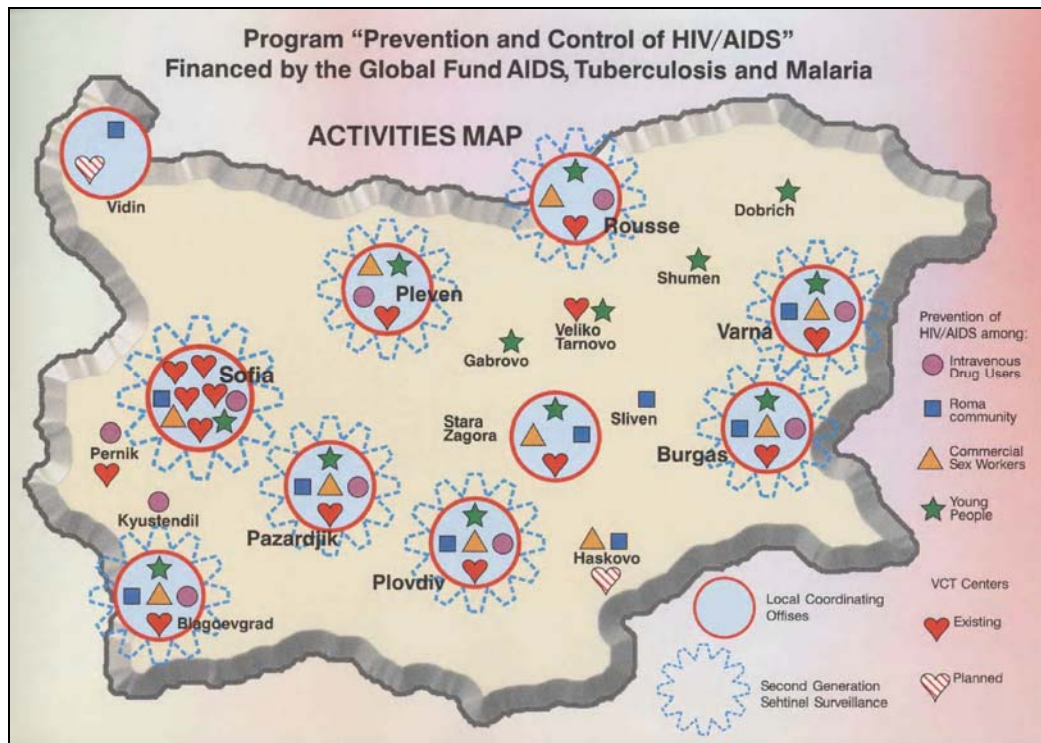
Table 2. Most-at-risk populations: Percentage of people who received HIV testing in the last 12 months and who know the results

Indicator	Period	Value
Percentage of Sex Workers who received HIV testing in the last 12 months and who know the results	2004	35.18%
Percentage of IDU (IV Drug users) who received HIV testing in the last 12 months and who know the results	2004	16.59%

Most-at-risk populations: prevention programmes

Data for measuring the coverage of prevention programmes and services provided to the most-at-risk populations has been collected through the programmatic reporting and monitoring system established for the purposes of the GF-funded Program in Bulgaria implemented by the Ministry of Health. Generally, these data are gathered through the NGOs and other organizations that are sub-contracted to implement program activities and actually reach the target populations. Data reported need to be interpreted with caution since they are representative of the ten major municipalities in which each of the target populations have been reached by the Program. Though their coverage is not fully nationwide, services and activities under Program “Prevention and Control of HIV/AIDS” ensure geographical equity and high coverage rate at the subnational level (Figure 9).

Figure 9. Activities implemented under Program ‘Prevention and Control of HIV/AIDS’



Actual results for the two years of Program implementation are presented in Table 3 below:

Table 3. Most-at-risk populations: Number of people reached with prevention services under Program “Prevention and Control of HIV/AIDS”

Indicator /Most-at-risk population/	2004	2005	Total number of people
Number of individual IDUs reached with services through outreach work, low threshold centres and MMUs	2,399	1,881	4,280
Number of individual sex workers reached with prevention services through outreach work and mobile medical units	1,413	1,751	3,164
Number of individual Roma people reached through substantive services as life-skills training, safe sex and injecting counselling, referral to medical services	6,338	5,187	11,525

Knowledge and Behaviour indicators

- ***Most-at-risk populations: knowledge about HIV prevention***

The knowledge about HIV prevention among most-at-risk population is measured through the Second Generation Sentinel Surveillance System. Using the data collected through the pilot surveys among the three groups, Bulgaria is reporting on the following three indicators:

- **Percentage of IDUs who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission**
- **Percentage of CSWs who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission**
- **Percentage of Roma communities who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission**

Indicator scores by individual questions reveal relatively high rates of correct answers except for the question: ‘Can a person get HIV from mosquito bite?’. One possible reason is that the question is not country specific for Bulgaria. Table 4 also shows that the question “Can a health looking person have HIV” was not asked for IDU, so the indicator could not be calculated for all five questions together, and it has been calculated for 4 questions. It is also important to note that the percentages on knowledge indicators have been based on average of five cities. The combined scores for the five questions (four questions with IDUs) to calculate the UNGASS indicator, however, are markedly low: 12.5% for IDUs, 7.3% for Roma people and 12.4% for CSWs.

Table 4. Percentage of (most-at-risk population) who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission

INDICATOR	POPULATION	IDUs	Roma	CSWs
		N= 661	N=995	N=411
		%	%	%
	Answer			
1. Knowledge Indicator 1: Knowledge of HIV prevention methods				
Question 1A. A person can reduce the risk of contracting HIV by using condoms correctly.	Yes	68.7	62.6	71.8
	No/DNK*	31.3	37.4	28.2
Question 1B. A person can reduce the risk of contracting HIV by having sex with only one faithful uninfected partner	Yes	53.3	55.4	54.9
	No/DNK	46.7	44.6	45.1
2. Knowledge Indicator 2: No incorrect beliefs about AIDS				
Question 2A. Can a person get HIV from mosquito bite?	Yes/DNK	64.6	75.2	61.3
	No	35.4	24.8	38.7
Question 2B. Can a person get HIV by sharing a meal with someone who is infected?	Yes/DNK	37.0	64.0	55.1
	No	63.0	36.0	44.9
Question 2C. Can a health looking person have HIV?	Yes	NA	62.6	76.3
	No/DNK		37.4	23.7
Combined 1A 1B 2A and 2B (Correct answers to all four questions)		12.5	8.6	13.6
Combined 1A 1B 2A 2B and 2C (Correct answers to all five questions)		N/A	7.3	12.4

* DNK – Do Not Know

- ***Sex workers: condom use***

Data collected through the Second Generation Sentinel Surveillance System is used to measure the indicator:

- **Percentage of sex workers who report using a condom with their most recent client, of those surveyed having sex with any clients in the last 12 months**

Safe sex is an important way of HIV prevention. Condoms are effective in preventing the majority of STIs, including HIV. Hence practices of condom use are very important for the sex workers because of their high frequency of sexual contacts with a variety of clients. Results of the pilot phase from the Second Generation Sentinel Surveillance show high rate of condom use with most recent client - 95.5% (Figure 10 where data are based on average of five cities).

- ***IDUs: safe injecting and sexual practices***

Data collected through the Second Generation Sentinel Surveillance System is used to measure the indicator:

- **Percentage of IDUs who have adopted behaviours that reduce transmission of HIV, i.e. who both avoid sharing injecting equipment and use condoms**

At a national level, Bulgaria has used more restrictive method of measuring this indicator than recommended in the *UNGASS Guidelines on Construction of Core Indicators*, i.e. through a series of several questions discriminating to the greatest detail types of injecting behaviour. The combination of two risk behaviours is considered as one of the reasons for the low percentage of the indicator (8.7%). It is evident that sharing injecting equipment (needles, syringes, cookers, water, cotton, filter etc.) is a frequent practice among IDUs in the country. Only 16.7% of them did not share injecting equipment during the last month, while a much larger part of the population reported the use of condom during their last sexual intercourse with a non-regular partner - 45.7% (Figure 10 where data are based on average of five cities).

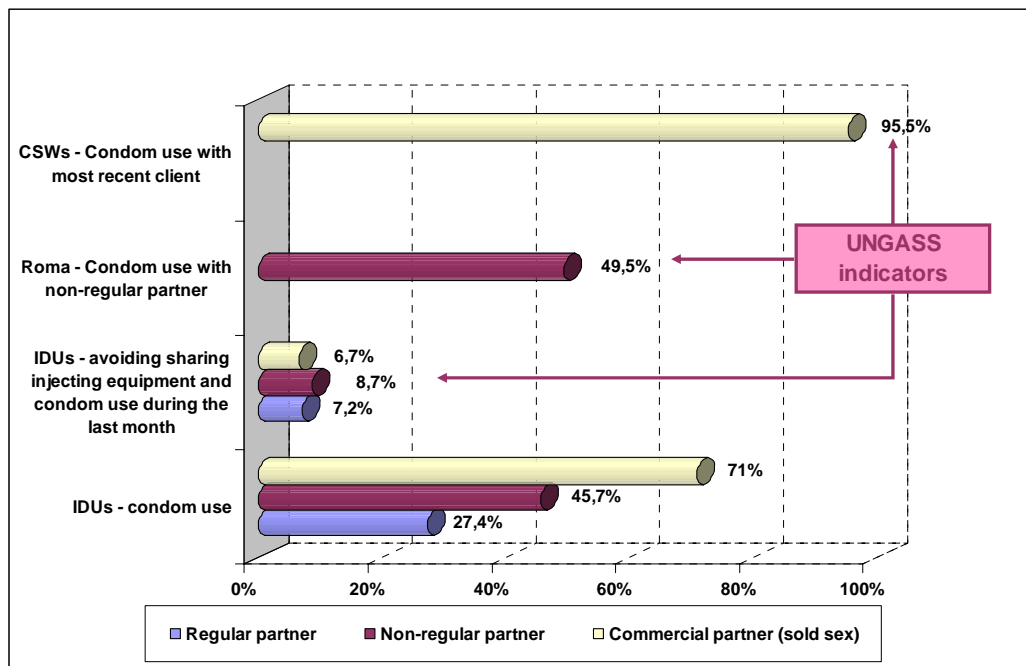
- ***Roma people: condom use with non-regular partner***

Data collected through the Second Generation Sentinel Surveillance System is used to measure the indicator:

- **Percentage of members of Roma people who report using a condom with their most recent non-regular sex partner in the last 12 months**

This UNGASS related indicator was created in order to estimate the rate of safe sexual practices among Roma population. 49.5% of the surveyed report using condom with most recent non-regular partner (Figure 10 where data are based on average of five cities). Since high risk behaviour is observed mainly among young Roma people, the indicator score for the age group 15-24 has also been measured. The latter appears to be relatively higher – 53.8%.

Figure 10. Most-at-risk populations: Behaviour indicators



- ***Young people: knowledge about HIV prevention***

The UNGASS indicators related to knowledge and behaviour of young people are calculated using the data available from the National Representative Survey on Knowledge, Attitudes and Behaviour: Sexual and Reproductive Health of Young People in Bulgaria, conducted by UNFPA in joint effort with the Ministry of Health and Program “Prevention and Control of HIV/AIDS” in 2004.

The combined indicator scores should be interpreted with caution since the method of measurement did not fully correspond with the recommendations in the *UNGASS Guidelines on Construction of Core Indicators, July 2005*.

- **Percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission**

During a face-to-face interview each respondent was asked several questions which provide information on the five elements to the UNGASS indicator. However, there is a certain difference between the UNGASS recommendation and the design of the questions used by the survey. While UNGASS recommends to seek for the responses to a set of five prompted Yes/No questions, the national representative survey in Bulgaria uses multiple-answer questions to receive information on each element as in Tables 5-8, and four-point rating scale question (allowing ‘Don not know’ and ‘No answer’ options) as in Table 9.

These specific issues related to the design of the questions as in the conducted survey posed some difficulties to construct the indicator as recommended in the *Guidelines on Construction of Core Indicators, July 2005*.

Below are the indicator scores for each individual element (Tables 5-9) and for the composite indicator (Table 10) disaggregated by age groups 15-16; 17-19; 20-24; the capital city/ city-district centre/ other urban residence/ rural residence; males/ females.

QUESTIONS:

A person can get HIV from an HIV-infected person:

- by sharing food /a meal/

Table 5. Indicator scores

	YES		NO	
	Count	%	Count	%
15-16 yrs	28	6.0%	435	94.0%
17-19 yrs	19	4.1%	439	95.9%
20-24 yrs	21	4.0%	505	96.0%
Capital	5	2.5%	195	97.5%
City-district center	34	6.8%	467	93.2%
Other urban residence	20	5.7%	333	94.3%
Rural residence	9	2.3%	384	97.7%
Males	38	5.2%	694	94.8%
Females	30	4.2%	685	95.8%
Total	68	4.7%	1379	95.3%

- **A person can get HIV from an HIV-infected person:**

- from mosquito bites

Table 6

	YES		NO	
	Count	%	Count	%
15-16 yrs	70	15.1%	393	84.9%
17-19 yrs	67	14.6%	391	85.4%
20-24 yrs	85	16.2%	441	83.8%
Capital	28	14.0%	172	86.0%
City-district center	83	16.6%	418	83.4%
Other urban residence	63	17.8%	290	82.2%
Rural residence	48	12.2%	345	87.8%
Males	121	16.5%	611	83.5%
Females	101	14.1%	614	85.9%
Total	222	15.3%	1225	84.7%

- A person cannot get HIV when having sex in the following cases:

- uninfected with HIV sexual partners have sex only with each other

Table 7

	YES		NO	
	Count	%	Count	%
15-16 yrs	295	63.7%	168	36.3%
17-19 yrs	264	57.6%	194	42.4%
20-24 yrs	294	55.9%	232	44.1%
Capital	90	45.0%	110	55.0%
City-district center	274	54.7%	227	45.3%
Other urban residence	209	59.2%	144	40.8%
Rural residence	280	71.2%	113	28.8%
Males	435	59.4%	297	40.6%
Females	418	58.5%	297	41.5%
Total	853	58.9%	495	41.1%

- A person cannot get HIV when having sex in the following cases:

- sexual intercourse but always using a condom

Table 8

	YES		NO	
	Count	%	Count	%
15-16 yrs	228	49.2%	235	50.8%
17-19 yrs	171	39.3%	287	62.7%
20-24 yrs	160	30.4%	366	69.6%
Capital	53	26.5%	147	73.5%
City-district center	197	39.3%	304	60.7%
Other urban residence	138	39.1%	215	60.9%
Rural residence	171	43.5%	222	56.5%
Males	276	37.7%	456	62.3%
Females	283	39.6%	432	60.4%
Total	559	38.6%	888	61.4%

- A person infected with HIV always has typical ‘visible’ symptoms:

Table 9

	Strongly agree		Agree		Disagree		Strongly disagree		Do not know	
	Count	%	Count	%	Count	%	Count	%	Count	%
15-16 yrs	38	8.2%	87	18.8%	122	26.3%	102	22.0%	114	24.6%
17-19 yrs	17	3.7%	82	17.9%	137	29.9%	130	28.4%	92	20.1%
20-24 yrs	34	6.5%	74	14.1%	129	24.5%	190	36.1%	99	18.8%
Capital	10	5.0%	18	9.0%	67	33.5%	84	42.0%	21	10.5%
City-district center	22	4.4%	84	16.8%	146	29.1%	157	31.3%	92	18.4%
Other urban residence	24	6.8%	76	21.5%	90	25.5%	99	28.0%	64	18.1%
Rural residence	33	8.4%	65	16.5%	85	21.6%	82	20.9%	128	32.6%
Males	43	5.9%	127	17.3%	204	27.9%	214	29.2%	144	19.7%
Females	46	6.4%	116	16.2%	184	25.7%	208	29.1%	161	22.5%
Total	89	6.2%	243	16.8%	388	26.8%	422	29.2%	305	21.1%

Table 10 below represents the composite indicator combining the available data.

Young people who gave correct answer to all five questions

Table 10

	Five correct answers	
	Count	%
15-16 yrs	52	11.2%
17-19 yrs	74	16.2%
20-24 yrs	109	20.7%
Capital	62	31.0%
City-district center	81	16.2%
Other urban residence	55	15.6%
Rural residence	37	9.4%
Males	112	15.3%
Females	123	17.2%
Total	235	16.2%

- ***Young people: condom use with non-regular partners***

In a self-administered questionnaire, the respondents, who report having sexual intercourse in the last 12 months, are asked:

1. How can you describe your last sexual partner?
2. If the answer to question 1 is ‘as a non-regular’ partner: The last time you had sexual intercourse, did you and your partner use any means of contraception and/or STI/HIV prevention?
3. If the answer to question 1 is ‘as a regular’ partner: In the last 12 months have you had sex with a non-regular partner who is different from your last partner?
4. If the answer to question 3 ‘yes’: The last time you had sexual intercourse, did you and your non-regular partner use any means of contraception and/or STI/HIV prevention?
5. If the answer to questions 2 and 4 is ‘yes’: What means of contraception/prevention did you use? (multiple-answer question including ‘using a condom during throughout the sexual intercourse’ as an option)

A regular partner is a sexual partner with whom you have multiple sexual contacts in a specific time period.

A non-regular partner is a sexual partner with whom you have sex by chance, often once.

These specific issues related to the design of the questions and the country specific operational definitions of ‘regular’ and ‘non-regular’ partner as in the conducted survey posed some difficulties to construct the indicator as recommended in the Guidelines for Construction of Core Indicators, May 2005.

Table 11 below represents combined data on condom use the last time when having sex with non-regular partner in the last 12 months. Indicator scores are provided by age groups 15-16; 17-19; 20-24; the capital city/ city-district centre/ other urban residence/ rural residence; males/ females.

Condom use last time with non-regular partner

Table 11

	YES		NO	
	Count	%	Count	%
15-16 yrs	41	59.4	28	40.6
17-19 yrs	75	67.6	36	32.4
20-24 yrs	83	70.3	35	29.7
Capital	43	69.4	19	30.6
City-district center	86	75.4	28	24.6
Other urban residence	40	64.5	22	35.5
Rural residence	30	50.0	30	50.0
Males	154	70.3	65	29.7
Females	45	57.0	34	43.0
Total	199	66.8	99	33.2

Major challenges faced and actions needed to achieve the goals/targets

One of the major challenges in the period were related to the initial approval of the country proposal for grant by the Global Fund to Fight AIDS, Tuberculosis and Malaria in June 2003 and later the approval of the request for continued funding by GF in June 2005. Though the Ministry of Health budget allocations are substantive, these are primarily used for ensuring blood safety, free-of-charge testing and free-of-charge ARV treatment for PLWHA. Thus the GF grant funds, in their additionality to the national resources, made it possible to rapidly scale-up prevention activities among the groups identified to be most at risk together with gaining geographical equity. To the beginning of 2004 when started the implementation of the GF-funded program, efforts and funds were scarce and only different short-term local projects had been implemented.

Secondly, the GF grant helped further and boost the partnerships between different sectors and different levels, especially with regard to establishing disbursement

schemes for transferring government budget resources to NGOs and CBOs implementing activities for the GF-funded program. The NGOs, from their side, established horizontal networks with other organizations and institutions on the territory of the municipality through joint outreach initiatives and/or referral to health and social care and services. Organizations working with a specific most-at-risk population on the territory of different municipalities established another type of networks for mutual technical support and exchange of experience. Another step forward in that direction is the establishment of 10 Local AIDS Coordinating Offices which act at municipal level and help the communication between implementing organizations and the local administrations.

Another major challenge was the establishment of a network of VCT centres to provide easily accessible, voluntary and non-discriminatory counselling and HIV testing as an effective strategy for prevention and control of the disease. Initially in 2003, 9 VCT centres were established with WHO financial support. Currently, the operation of these together with 6 new VCT centers is financially supported by the GF-funded. Bulgaria is the first country in the region to implement concerted policy to encourage voluntary and free-of-charge counselling and HIV testing. What helped sustain these services in the period without donor funds in country was their integration into the network of health institutions responsible for HIV/AIDS prevention and control and the use of their well-established infrastructure. At present, 10 of the 15 Voluntary Counselling and Testing centres are coordinated by Regional Inspectorates for Protection and Control of Public Health; 1 by the National Centre of Infectious and Parasitic Diseases (National HIV Confirmatory Laboratory) and 4 by NGOs.

Establishing the Second Generation Sentinel Surveillance system was also challenging in ensuring the high quality of the system so that it can be used for monitoring the spread of HIV and high risk behavioural trends over time and collecting essential data to guide planning, interventions and assess the HIV/AIDS response. The system was developed to track in parallel biological and behavioural data. It includes one national and eight regional second generation sentinel surveillance units operational respectively at the National Centre of Infections and

Parasitic Diseases (NCIPD) and the Regional Inspectorates for Protection and Control of Public Health (RIPCPH) in eight regions in the country.

Last but not least was the initiation of the process of decentralization of the provision of HAART in the country. Though free-of-charge, it was provided only in the capital city of Sofia. The GF grant made it possible to provide up-to-date medical equipment in 2004 the Sofia department and establish in 2005 two new departments for medical care and treatment of patients with HIV/AIDS in Varna and Plovdiv. Moreover, the GF funds are used to provide free-of-charge medicines for opportunistic infections to people living with HIV/AIDS as well as creating a two-month reserve of antiretroviral in order to prevent interruption of treatment for people living with HIV/AIDS and provide post-exposure prophylaxis to medical specialists. Thus, access to antiretroviral treatment in Bulgaria is universal, which means that all persons who meet the criteria for initiation of antiretroviral treatment and are willing to do so, are provided with most up-to-date HAART therapy.

Support required from country's development partners

In 2006, UNAIDS and the UN Theme Group in Bulgaria will continue to support the implementation of “The Three Ones”, work towards operationalization and implementation the Global Task Team (GTT) recommendations on improving coordination among multilateral institutions and international donors in Bulgaria and support the launch and follow-up on the Universal Access initiative – universal access to HIV prevention, treatment, care and support services for all those who need it by 2010.

UN agencies will continue to support the introduction of quality youth-friendly health services, provision of life-skills based health education in and out of schools and capacity development of service providers. UN will continue to support capacity building and greater involvement of PLWHA, partnership development with the

media as well as support to the national response in areas such as HIV prevention among army and police forces and MSM community.

Other identified areas of support required from the country's development partners include in particular:

- Strengthening routine and second generation surveillance;
- Mechanisms to reduce prices of ARV drugs and diagnostic technologies for monitoring ARV treatment and drug resistance;
- Further empowerment of the district level initiatives and the civil sector implementing HIV related activities through direct access to international financing and especially European funds;
- Follow-up to the National Representative survey among young people.

Monitoring and evaluation environment

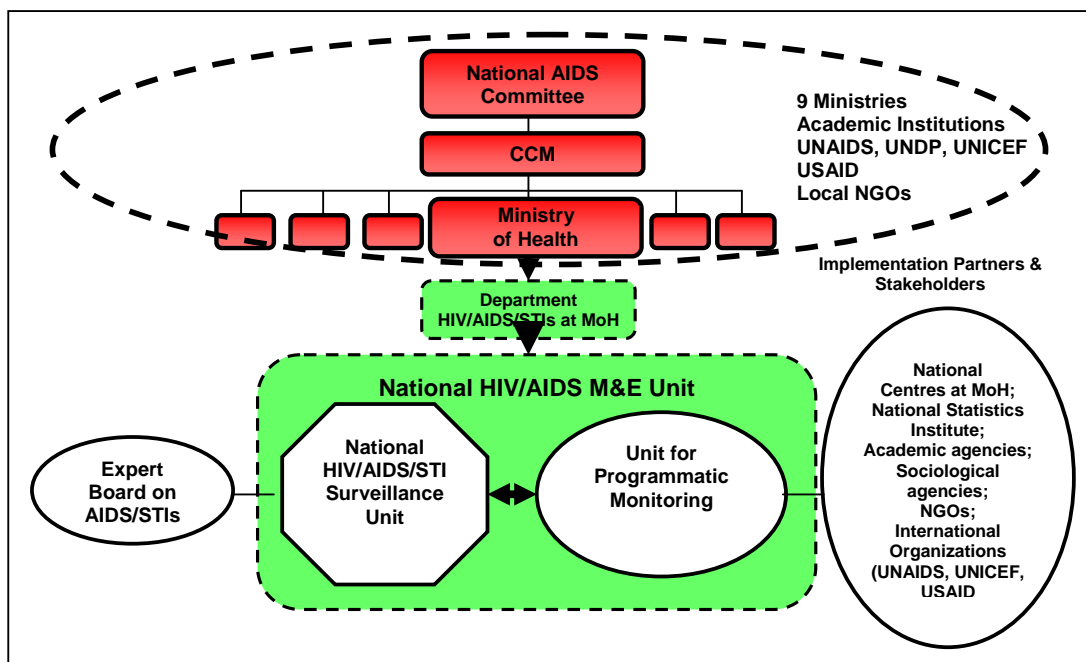
Following UNAIDS recommendations, Bulgaria is strongly committed to have in place and fully operational the Three Ones to ensure concerted actions and effective national response to HIV/AIDS by 2007. The first two are already in place: 1) one national framework for action – the National Action Plan for Prevention and Control of HIV/AIDS and STDs 2001 – 2007; and 2) one coordinating body for all initiatives at national level in the face of the National Committee for Prevention of AIDS and STDs at the Council of Ministers, which later expanded as the Country Coordinating Mechanism to ensure broad representation of all sectors and active partnership at all levels.

Currently, key roles and functions related to monitoring and evaluation of the country's situation and response are primarily taken by the Department of HIV/AIDS and STIs Prevention and Control Monitoring and Evaluation Unit at the GF-funded Program. This unit, however, is collecting and combining data coming from the second generation sentinel surveillance system and the system for programmatic reporting and monitoring of organizations contracted as sub-recipients of the Global

Fund grant. As previously described, services and activities under Program “Prevention and Control of HIV/AIDS” ensure to a great extent geographical equity and high coverage rates at the subnational level, but still not fully nationwide.

A challenge is still the establishment of a National HIV/AIDS Monitoring and Evaluation system, which includes as steps: establishing a Monitoring and Evaluation Task Force; development of a National Monitoring and Evaluation Plan in parallel with update of the National Strategy and National Action Plan; establishment of an operational Monitoring and Evaluation Unit at the Ministry of Health as part of ensuring necessary monitoring and evaluation mechanisms and structures in place (Figure 11); development of a central national database.

Figure 11



Annex 1: Consultation/preparation process for this national report

The steps taken for UNGASS reporting in 2005 include the following:

- Data collection and processing;
- Preparation of the report by a working group of experts in the field of HIV/AIDS;
- Involvement of the civil sector and international organization in preparation of Part B of the National Composite Policy Index;
- Presentation and discussion of the draft report on a National Consensus Meeting on HIV/AIDS in February;
- Submission of the report to UNAIDS.

Annex 2: National Composite Policy Index Questionnaire

Government HIV/AIDS policies

Part A of the National Composite Policy Index was filled in by the national government experts in the field of HIV/AIDS. Major topics of the questionnaire were discussed on a consensus meeting with the most adequate answers to all questions checked. Around 82% of all the applicable questions for Bulgaria showed positive results. The results showed that national efforts are high in the areas of political support, policies, and planning with average scores above 80 percent of the maximum possible score. The weakest part remained the field of Monitoring and Evaluation (M&E) because of the early stage in which is the preparation of the M&E components (plan, department, etc.). The finalization of a well-designed and relevant M&E structure remains a moderate challenge to be valued in future reports. Another notable result was the affirmative evaluation of the time period 2003-2005. The comparison between year 2003 and year 2005 showed positive tendencies. Some

important steps were made during the observed period. The results show an overall increase in the assessment rates from the proposed 10-point scale as a confirmation of the effectiveness of the national response.

Part B of the National Composite Policy Index was filled in by representatives of organizations working in the field of HIV/AIDS. 46 national non-governmental and 10 international organizations were contacted to participate in this research. The valid questionnaires of those who responded were processed to calculate consensus answers. The questionnaire was filled in almost at length. 14% of all questions remained with no answer. Some reasons mentioned by the NGOs representatives were little understanding of the questions asked. The non-governmental assessment of the National Composite Policy Index was positive as a whole. 91% of the all answered questions received affirmative responses. The evaluation of implementation of different activities for 2005 showed enhancement in comparison with 2003. Positive was also the evaluation of the participation of the non-governmental sector in different policies and strategies regarding HIV/AIDS.