This report is intended to express the appreciation to all governmental institutions, non-governmental organizations and numerous individual persons whose hard work and dedication to the national AIDS response make possible the marvellous achievements.
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### Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired immune deficiency syndrome</td>
</tr>
<tr>
<td>ARV</td>
<td>Antiretroviral</td>
</tr>
<tr>
<td>CCM</td>
<td>Country Coordinating Mechanism</td>
</tr>
<tr>
<td>CIDA</td>
<td>Canadian International Development Agency</td>
</tr>
<tr>
<td>CPHA</td>
<td>Canadian Public Health Agency</td>
</tr>
<tr>
<td>CSW</td>
<td>Commercial sex worker</td>
</tr>
<tr>
<td>DVD</td>
<td>Dermato-venereological dispensary</td>
</tr>
<tr>
<td>EU</td>
<td>European Union</td>
</tr>
<tr>
<td>GFATM/ GF</td>
<td>Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
</tr>
<tr>
<td>HAART</td>
<td>Highly active antiretroviral therapy</td>
</tr>
<tr>
<td>HIV</td>
<td>Human immunodeficiency virus</td>
</tr>
<tr>
<td>IDU</td>
<td>Injecting drug user</td>
</tr>
<tr>
<td>LSBHE</td>
<td>Life skills based health education</td>
</tr>
<tr>
<td>MARA</td>
<td>Most-at-risk adolescent</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MSM</td>
<td>Men who have sex with men</td>
</tr>
<tr>
<td>NCIPD</td>
<td>National Centre of Infectious and Parasitic Diseases</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental organization</td>
</tr>
<tr>
<td>PLH/PLWHA</td>
<td>People living with HIV/AIDS</td>
</tr>
<tr>
<td>RIPCPH</td>
<td>Regional Inspectorate for protection and control of public health</td>
</tr>
<tr>
<td>SHP</td>
<td>School health program</td>
</tr>
<tr>
<td>SRH</td>
<td>Sexual and reproductive health</td>
</tr>
<tr>
<td>STD</td>
<td>Sexual transmitted disease</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually transmitted infection</td>
</tr>
<tr>
<td>SW</td>
<td>Sex worker</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>UNRC</td>
<td>United Nations Resident Coordinator</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary counselling and testing</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>YFHS</td>
<td>Youth-friendly health services</td>
</tr>
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</table>
Introduction

At present the AIDS epidemic is a global challenge in terms of human development. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), 33.2 million people are estimated to be living with HIV in 2007, of which 15.4 million are women. 2.5 million people have been newly infected in 2007, and 420,000 of them are children below 15 years. In the same year, AIDS has taken the life of 2.1 million people, including 330,000 children.

Bulgaria is in the region with the most striking increases in the number of people living with HIV. UNAIDS epidemic update for 2007 shows that 1.6 million people are living with HIV in Eastern Europe and Central Asia, which is a twentyfold increase over less than ten years. In 2007, around 150,000 people were newly infected with HIV, and 55,000 have died of AIDS.

Bulgaria is still a country with low HIV prevalence in the general population. However, the country faces a great challenge related to the possibility of rapid development of concentrated epidemics in separate group identified as most-at-risk (mainly among injecting drug users, men who have sex with men and sex workers). There are already epidemiological and behavioural indications. The risk is also related to the possible increase of HIV cases among other social groups, where the main mode of transmission is the heterosexual one, and where a generalized epidemic can develop. Therefore, now is the time to implement effective national policies aimed at preventing such epidemics in the country.

This report was not prepared with the purpose to provide analysis or evaluation of the national HIV/AIDS policies in Bulgaria. The report is rather designed as an easy-reading narrative, which presents the overall picture of what has been set in place and in action in the period 2001-2007. The report describes the road that Bulgaria has chosen to fight HIV/AIDS and points out key achievements. The partnerships highlighted herein are one of the most valuable achievements. This report is neither intended to provide guidance on future developments in the field of HIV/AIDS. This will be the primary task of the new National Strategy for Prevention and Control of HIV/AIDS and STIs (2008-2015). The purpose of the report is to further the political and civil commitment in this important endeavour.
Overview of HIV/AIDS
Epidemiological Context

HIV/AIDS case registration in Bulgaria started in 1986. Since then to the end of 2006, 689 HIV cases have been reported to the national registry, of which 180 developed AIDS (Figure 1).

The largest share of registered HIV cases were in the age range 20-29 years, and women are infected at earlier age than men. (Figure 2).

Since 1986 to 2006, a cumulative number of 475 HIV male cases and 214 HIV female cases were registered. The predominant share of HIV cases is that of men which represent 70%.
Main modes of transmission for the period 1986-2006, are heterosexual (79%), injecting drug use (10%), and homo-/bisexual (7%). Blood and blood products transfusion recipients represent 17 cases (2%) as the last such cases were registered in 1996. 6 children (1% of all case) have been infected by their mothers.

However, data for the period 2000-2006, the beginning of which is marked by the start of the implementation of the National Action Plan for Prevention and Control of HIV/AIDS and STIs, helps explain tendencies over time. This period can be further divided into two: 2000-2003 prior to the start of Program “Prevention and Control of HIV/AIDS, financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria, and 2004-2006 when HIV prevention intervention was largely scaled-up among the groups identified as most-at-risk. Activities included outreach work and active motivation, referral and provision of HIV counselling and testing, which progressively resulted in finding new HIV cases among the most-at-risk groups. Figure 3 represents the distribution of HIV cases by transmission categories by semesters.

It is clearly observed that since 2004, the share of HIV infection in the injecting drug use and homo-/bisexual categories has increased to 48.4% in 2006.

![Figure 3. Distribution of the cumulative number of registered HIV cases by transmission categories and by semesters, Bulgaria, 2000- June 2007](image)

For the period 1986-2006, a total of 66 HIV cases have been registered among injecting drug users in the country, of which 54 only in the period 2004-2006 (Figure 4). It is evident that the activities of Program “Prevention and Control of HIV/AIDS”, the NGOs working with IDUs in 10 country regions and 18 HIV VCT centres have contributed to finding of a significant number of IDUs living with HIV.

![Figure 4. Distribution of the cumulative number of registered HIV cases in the IDU transmission category by gender and by semesters, Bulgaria, 2000 – June 2007](image)
For the period 1986-2006, a total of 45 HIV cases of the homo-/bisexual category have been registered in the country, of which 14 only in the period 2004-2006. Practically, Program “Prevention and Control of HIV/AIDS” started implementing activities in this group only in 2006, when 10 HIV cases were found, and another 10 were found in the first semester of 2007. There were long years of strong stigma and discrimination towards the group of men who have sex with men (MSM), which prevented many of them from disclosing their sexual orientation until the recent several years. The large share of male HIV infections and the trend towards increase in the number of cases in the homo-/bisexual category in 2006 and 2007 implies that there is certain underreporting of HIV cases among men in the homo-/bisexual category.

Up to 30 June 2007, registered HIV cases are concentrated mainly in four country districts (the country is divided in 28 administrative districts): Sofia (n=248), Plovdiv (n=98), Bourgas (n=82) and Varna (n=57).

### Organization of the National HIV/AIDS Response

#### Political Commitments

The brief outline of the coordinated national response to AIDS led by the government and supported by all major stakeholders in the country highlights that the multisectoral approach is a reality in Bulgaria. However, a lot of time, efforts and expertise have been invested to make it happen. It is also important to mention that the Bulgarian government fully recognizes that concreted actions need to be doubled with strong political will and significant finances.

This policy line has been appreciated and therefore supported by a number by-/multilateral and international organizations including through guidance, support to policy development, financial support to implement activities set for the in the National HIV/AIDS Action Plan, technical support to introduce international standards and best practices.

A major challenge and success related to national HIV/AIDS policies has always been the design of a country-specific response while being flexible in program adaptation to follow changing country realities and at the same time aiming to contribute to achievement of global goals in the fight against HIV/AIDS.

The World AIDS Day 2005 - National press-conference (from left to right - US Ambassador, H.E. John Beyrle; Minister of Health and Deputy Chair of National AIDS Committee, prof. Radoslav Gaydarski; Deputy Prime Minister of the Republic of Bulgaria and Chair of the National AIDS Committee, Mrs. Emel Etem; and UN Resident Representative for Bulgaria, H.E. Neil Buhne)
Country Context and National Commitments

1996 – establishment of the National committee on prevention of AIDS and STDs at the Council of Ministers – policy-making and coordinating governmental institutions

1998 – establishment of the UN Theme Group on HIV/AIDS – strengthening existing HIV/AIDS-related bodies and systems in the country and mobilizing the multisectoral approach

1998-2000 - the Ministry of Health, with the financial and technical support of UNAIDS, conducted a Situation and Response Analysis in relation to HIV/AIDS and STIs

2000 – establishment of ANITAIDS Coalition of 48 civil-society organizations


2001-2003 - local strategic planning in 10 municipalities conducted with the support of UNAIDS and UNICEF

2002 – Country Coordinating Mechanism to Fight AIDS and Tuberculosis (CCM) – active involvement of civil society and NGO sectors in policy development and control

2004 – beginning of the implementation of Program “Prevention and Control of HIV/AIDS” with Global Fund grant

International Commitments

2001 – the country joined the UNGASS Declaration of Commitment on HIV/AIDS

2003 - the national report “Millennium Development Goals – Bulgaria 2003” sets forth country indicators and targets till 2015

2004 - following UNAIDS recommendations, Bulgaria committed to have in place and fully operational the “Three Ones” to ensure effective national HIV/AIDS response - one national AIDS framework, one national AIDS coordination body and one national M&E system

2004 – the European Declarations of Dublin and Vilnius on HIV/AIDS prevention and control


2006 - national consultation on Universal Access to HIV Prevention, Treatment, Care and Support for all who need to 2010, supported by UNAIDS

2007 – EU membership and joining the Bremen Declaration
Partnerships and Coordination of the National HIV/AIDS Response

Steps in that direction were taken as early as 1996, when the National Committee on AIDS and STDs Prevention was formally established under Decree № 61 of the Council of Ministers of 24 March 1996. The National Committee is the executive body coordinating HIV/AIDS policy development and implementation. Chair of the National AIDS Committee at the Council of Ministers is the Vice Prime Minister and Minister of the State Policy for Disasters and Accidents. Deputy Chair is the Minister of Health. Members of the National AIDS Committee are the Deputy Ministers in eight ministries (Ministry of Labour and Social Policy, Ministry of Culture, Ministry of Education and Science, Ministry of Defense, Ministry of Interior, Ministry of Foreign Affairs, Ministry of Finance, Ministry of Transport, the Deputy Chair of the State Agency on Youth and Sport and a secretary.

Important challenge and success for the country was to ensure multisectoral partnership and active involvement of civil society in the national AIDS response. The coordination and implementation of activities is achieved at several levels:

The Country Coordinating Mechanism to Fight AIDS and Tuberculosis (CCM) is established on the basis of the existing National AIDS Committee at the Council of Ministers. CCM functions as a forum to promote true partnership development and participation of multiple constituencies, including governmental institutions, donors, non-governmental organizations, local authorities and people affected by the disease.

Figure 5. Organizational chart of the overall coordination of the national HIV/AIDS response
5 Country networks of 52 NGOs participate in the development of national standards and boosting best practices for effective outreach work among the most vulnerable groups and young people.

10 Local AIDS Coordinating Offices facilitate the active involvement of local authorities in financing and implementing the AIDS response.

Figure 6 (top). An outreach worker from Roma NGO explains safety precautions during work, Plovdiv, 2006

Figure 7 (left). Experts with an NGO background participate in the design of specific activities for HIV prevention among sex workers, Sofia, 2005

Figure 8 (right). Discussion on municipal policies for HIV prevention among young people, Pazardzhik, 2006

Local municipal networks,
Implementation of the National Response

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

In the period 1998-2000, the Ministry of Health, with the financial and technical support of UNAIDS, conducted Situation Analysis and Response Analysis in relation to HIV/AIDS and STIs, and developed the National Strategy and National Action Plan for Prevention and Control of HIV/AIDS and STDs 2001-2007. The two strategic documents were adopted by the Government with Decision No 58 of 09 February 2001 (Figures 10a and 10b).


The National Strategy and the National Action Plan incorporate a multisectoral approach and active cooperation at different levels to address all aspects of the response to the disease. Activities and services envisaged in the National Action Plan for Prevention and Control of HIV/AIDS and STDs are organized in four priority areas of action:

1. **Health Promotion aimed at Young People and Vulnerable 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. **Treatment of HIV/AIDS and STDs**
Since its adoption in 2001, the National Action Plan has been implemented through the budget of the Ministry of Health. There is a marked upward trend in yearly budget allocations. The amount of national funds spent by the government for the period 2001-2007 totals 19,193,956 USD (Table 1).

Table 1. National resources for HIV/AIDS in the period 2001-2007

<table>
<thead>
<tr>
<th>Year</th>
<th>Funds /USD/</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>902,855</td>
</tr>
<tr>
<td>2002</td>
<td>2,244,425</td>
</tr>
<tr>
<td>2003</td>
<td>2,258,778</td>
</tr>
<tr>
<td>2004</td>
<td>3,082,804</td>
</tr>
<tr>
<td>2005</td>
<td>2,803,769</td>
</tr>
<tr>
<td>2006</td>
<td>3,234,168</td>
</tr>
<tr>
<td>2007 – Expected implementation</td>
<td>4,667,157</td>
</tr>
<tr>
<td>Total for the period 2001-2007</td>
<td>19,193,956</td>
</tr>
</tbody>
</table>

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

These financial resources are used mainly to ensure:

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

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

Table 2. UN resources to support the national HIV/AIDS response

<table>
<thead>
<tr>
<th>Period</th>
<th>Funds /USD/</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001-2006</td>
<td>2,733,298</td>
</tr>
<tr>
<td>2007-2009</td>
<td>1,185,000</td>
</tr>
<tr>
<td>Total for the period 2001-2009</td>
<td>3,918,298</td>
</tr>
</tbody>
</table>


Since the beginning of 2004, Bulgaria was successful in rapidly scaling-up prevention activities through Program “Prevention and Control of HIV/AIDS”, implemented with a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria at the total amount of 15,711,882 USD over a five-year period (Table 3.).

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

Table 3. Global Fund resources for HIV prevention for the period 2004-2008

<table>
<thead>
<tr>
<th>Period</th>
<th>Funds /USD/</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1: 2004-2005</td>
<td>6,894,270</td>
</tr>
<tr>
<td>Phase 2: 2006-2008</td>
<td>8,817612</td>
</tr>
<tr>
<td>Total for the period 2004-2008</td>
<td>15,711,882</td>
</tr>
</tbody>
</table>

Activities to provide services to the groups most-at-risk are implemented at national and local level in 19 municipalities in partnership with 52 non-governmental organizations, 10 Regional Inspectorates for Protection and Control of Public Health, the National Center of Infectious and Parasitic Diseases, 138 schools from 13 municipalities (Figure 17). Thus, the program gives the opportunity for active and large-scale involvement of civil society in the national HIV/AIDS response. Supporting political environment is evidenced by the allocation of financial resources and encouragement of NGOs to implement interventions directly reaching the groups most-at-risk. The effectiveness of program activities is also ensured through boosting national standards and best practices in the community-based approach.

Program activities are structured around eight objectives:

1. **Capacity Building for HIV Prevention in the Health and Social Sector**
2. **Establishment and Operation of a National Second Generation Sentinel Surveillance System**
3. **Strengthening and promoting Voluntary Counselling and Testing (VCT) services**
4. **HIV Prevention among Intravenous Drug Users (IDUs)**
5. **HIV Prevention in Roma Communities**
6. **HIV Prevention among Commercial Sex Workers (CSWs)**
7. **HIV Prevention among Young People in and out of School**
8. **Appropriate and Accessible Treatment and Care for People Living with HIV/AIDS (PLWHA)**

![Figure 11. Mapping the activities of Program ‘Prevention and Control of HIV/AIDS’](image)

Thus the country ensures the implementation of an integrated and balanced approach to fight HIV through (1) prevention; (2) treatment; and (3) care and support to people affected by the disease (see Annex 1).
HIV/AIDS Surveillance and Testing Policy

Routine HIV/AIDS Surveillance

An effective HIV/AIDS response must be aiming to solve existing problems, meet actual needs and prevent future development of the epidemic situation. Strategies and interventions should be based on a solid knowledge of the characteristics and dynamics of the spread of HIV/AIDS, and this knowledge is dependent on the functioning of a disease surveillance system.

The system for routine HIV surveillance is organized around the following major public health institutions throughout the country that provide HIV testing for diagnostic and screening purposes:
- 5 Centers for Haematology and Blood Transfusion (blood banks);
- 28 Regional Inspectorates for Protection and Control of Public Health (RIPCPH);
- 12 Dermato-venereological Dispensaries and 5 Dermatology and Venereology Clinics at the Medical Universities;
- the National Centre of Infectious and Parasitic Diseases
- the National Centre for Addictions

The system for AIDS surveillance is based on data obtained from the Infectious Diseases Hospitals with sectors for treatment and monitoring of HIV/AIDS patients.

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

Second Generation HIV Sentinel Surveillance

The establishment and operation of a National Second Generation Sentinel Surveillance system is the main task of Objective 2 of Program “Prevention and Control of HIV/AIDS”, financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Major challenge and great success is seen 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 Second Generation Sentinel Surveillance system was developed to track in parallel biological and behavioural trends. 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 (Figure 12).
The successful completion of surveillance surveys is the result of the close cooperation among the Ministry of Health, the Program Management Unit, the Objective Coordinators, the RIPCPH and the NGO Sub-recipients of the GF grant, which made it possible to proliferate a pool of medical and non-medical professionals and thus complementing specific skills and competences.

The aim of the Second Generation Survey was to collect biological and behavioral data from groups most-at-risk regarding HIV as previously defined in the National Strategy and National Action Plan for Prevention and Control of HIV/AIDS and STIs (2001-2007) and analyze the results. In particular, the most-at-risk groups targeted by the surveys were:

- Injecting Drug Users (IDUs) (annually 2004-2007);
- Sex Workers (SWs) (annually 2004-2006);
- Roma people (2004)/ Young Roma Men (2005-2007);
- Men who have sex with Men (MSM) (annually 2006-2007);
- Prisoners (annually 2006-2007).

The surveys started in 2004 with during the pilot phase in 5 major cities – Sofia, Pleven, Plovdiv, Bourgas and Varna. The surveys were expanded geographically in 2005 to 8 cities (adding Blagoevgrad, Pazardzhik and Rousse), and in 2006 to 9 cities (adding Stara Zagora).

It is important to highlight the role of NGOs working under Program “Prevention and Control of HIV/AIDS” that were responsible for recruiting respondents from the target groups of IDUs, SWs and young Roma men. Surveys in the prisons in Sofia, Bourgas, Pleven and Stara Zagora were successful due to the experience of the counsellors from VCT centres. Furthermore, the previous experience of one NGO under an UNAIDS-funded project made it possible to survey the hard-to-reach group of MSM in Sofia and Plovdiv.
Voluntary HIV Counselling and Testing (VCT) Services

Another success of the program is strengthening and expansion of the network of VCT centres to provide easily accessible, voluntary and non-discriminatory counseling 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 counseling and HIV testing.

At present, 12 of the 19 VCT centers are coordinated by Regional Inspectorates for Protection and Control of Public Health; 1 by the National Centre of Infectious and Parasitic Diseases (at the National HIV Confirmatory Laboratory) and 6 by NGOs. There are several major points to highlight regarding the provision of VCT services in the country:

- data analysis shows that there are higher rates of visitors to the stand-alone VCT centres from the target groups due to the active referral on the side of the NGO Sub-recipients;

Figure 13. Counselling session with a representative from Roma community in the VCT centre in Stara Zagora, September 2006

- VCT services for the target populations are provided through different approaches including 19 stand-alone VCT centres, 5 low-threshold centres for IDUs, 8 health and social centres in Roma neighbourhoods and 12 mobile medical units (Figure 15);

- starting in 2004 and 2005, in collaboration with the Ministry of Justice, VCT centres started outreach work with inmates, for example in the prisons in Bourgas, Pleven, Sofia, and Stara Zagora. In December 2006, a joint Order of the Minister of Health and the Minister of Justice, regulating the regular provision of VCT services in all of the 13 prisons by the staff of the stand-alone VCT centres, entered in force. Thus, VCT counselors offer in prisons anonymous services as HIV, hepatitis B and C, and syphilis testing, informational materials on HIV prevention and condoms.

Figure 14. Provision of HIV VCT services among IDUs in a mobile medical unit, Varna, 2006
- four of the stand-alone VCT centres provide expanded services, including not only free-of-charge counseling and testing for HIV, hepatitis B and C, and syphilis, but also free-of-charge STIs testing and treatment, mainly for the vulnerable groups;
- since 2006, VCT services for the group of MSM were intensified through training VCT counselors and active involvement of NGOs from the community;

![Map of the Network for Provision of HIV Voluntary Counselling and Testing (VCT) in Bulgaria, 2006](image)

**Figure 15. Map of the Network for Provision of HIV Voluntary Counselling and Testing services (VCT) in Bulgaria, 2006**

- HIV case detection rate with VCT centres is 5 to 6 times more efficient than in other testing sites. Data for 2006 shows that 44% of all newly registered HIV cases were referred by the VCT centres.
HIV/AIDS Prevention and Health Promotion among the Groups Most-at-Risk and Young People

Vulnerabilities of the Most-at-Risk Groups

Injecting Drug Users (IDUs)

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 registered HIV cases, 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.

Sex Workers (SWs)

The social and economic transition after 1989, opening of the borders, unemployment, and poverty were followed by 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 CSWs 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/AIDS 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 SWs.

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. Besides their everyday health and living problems and psychological stress, Roma people do not perceive health as a priority although their health problems are the greatest.
Men who have Sex with Men (MSM)

According to UNAIDS estimates, sex between men accounts for 5 to 10% of all HIV cases in the world. Existing data does not provide information about the size of the MSM group in Bulgaria and the actual HIV/AIDS situation in it. Research shows that those with the lowest social and economic status are extremely vulnerable to HIV/AIDS because they are mobile and difficult to access through interventions, they are uneducated and with high-risk sexual behaviours, they rarely use condoms and some of them are engaged in commercial sex work.

Moreover, many men who have sex with men do not consider themselves as gay or bisexual. Mainly because of the stigma attached to this type of behaviour, women who are sexual partners of men who have sex with men very often do not know of this and the possibility to be infected.

Prisoners

Prison conditions can often contribute to the spread of HIV. Many of the inmates are detained because of history of drug trafficking, crimes and drug use, especially after the 2004 amendment of the Penal Code and the criminalization of the possession of the so-called “single dose”. Moreover, violence and homosexual activity is common in men-only settings. In such environment, people are not only deprived of the usual possibilities to protect themselves, but also are exposed to unhealthy living conditions, which further increase the risk of infectious diseases. According to UNAIDS data, HIV prevalence among prisoners in many countries is much higher than that among general population. Despite the contradiction of the illegal activities occurring in prisons and other detention centres, prisoners preserve their right to highest standards of health. Care for prisoners’ health should also be considered as a public health concern because the HIV infection acquired in the prison can be easily transmitted outside when finally they are released.

Specific Approach in the Work with Most-at-Risk Groups

Activities and services to vulnerable groups under Program “Prevention and Control of HIV/AIDS” are implemented at the national as well as the local level in 18 municipalities in cooperation with 52 NGOs, 12 Regional Inspectorates for Protection and Control of Public Health, the National Center of Infectious and Parasitic Diseases, 138 schools from 13 municipalities. The Ministry of Health allocates considerable financial resources form the Global Fund grant to the non-governmental organizations and a number of health and medical facilities to implement activities.

The Program reaches the marginalized populations, who are most vulnerable to HIV/AIDS: injecting drug users (IDUs), sex workers (SWs); Young Roma people with risk behaviour. The design of interventions and services provided is based on:

- situation analysis and assessment of local needs and resources to select districts from the perspective of potential rapid spread of HIV to implement program interventions;
- competitive selection of NGO sub-recipients to be contracted to implement the activities;
- use of methodology for competitive selection of experts and outreach workers, and continuous professional training to provide services;
- strengthening existing and developing additional infrastructure;
- development of specifically tailored informational and training materials;
- development of municipal networks of different services for partnership and referral;

When working with the most-at-risk groups, specialists and outreach workers aim at helping each individual to safeguard their life and take care of their health. In this way, program activities contribute to strengthening of community norms for healthy behaviour. The success in achieving these aims is a major prerequisite to prevent large-scale spread of HIV/AIDS in the general population.

Services provided by Program “Prevention and Control of HIV/AIDS” are:
- voluntary
- free-of-charge for the clients
- confidential
- anonymous
- provided with respectful and non-judging attitude
- in compliance with international quality standards
- addressing particular needs of the target groups.
The main way to reach people from vulnerable groups is through outreach work, where services are provided where people from the target groups live or work. Outreach teams usually provide:

- counseling on health issues, primarily HIV/AIDS and STIs;
- safe sex and injecting commodities, i.e. condoms, clean needles, etc.
- information and referral to existing health and social services for further medical care, social care and support.

Outreach activities are complemented through mobile medical units, which usually work on sites where outreach teams have already established contacts and trust within the respective group or community. Mobile medical units offer:

- counseling and testing for HIV, hepatitis B and C, and syphilis;
- medical examination by a dermatovenerologist;
- STIs treatment;
- counseling on adoption of safe behaviours.

Besides outreach activities, NGO also operate fixed centres, where the work with representatives of the most-at-risk groups at individual level can be deepened and expanded to cover other health and social topics.

The establishment of appropriate infrastructure in poor and not covered with services Roma neighbourhoods is a great success of Program “Prevention and Control of HIV/AIDS”, financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria. Main functions of the health and social centers based in Roma communities include:

- provision of health education;
- training young people to develop life skills;
- conducting group discussions on health topics;
- motivation to use existing health and social services;
- organization of campaigns and other activities.

In addition, the purpose of the health and social centres established with GF funds could be enlarged through integration of programs to reduce the negative factors in relation to health and social welfare of Roma people, e.g. child and maternal health programs, Tuberculosis prevention and control programs, labour market and professional qualification programs.
Low-threshold (drop-in) centres for injecting drug users proved to be highly effective to reach the target most-at-risk population, especially in municipalities where the drug use has significantly affected the Roma community as well. Based in the hotspots, these centres help create safe and trustful atmosphere, in which the representatives of this marginalized group can receive not only harm reduction services with regard to HIV, Hepatitis B and C and STIs, but also comprehensive and regular care and support. Thus, the effectiveness of the provided preventive services is further increased.

HIV Prevention and Sexual and Reproductive Health Education for Young People

In the period 2001-2007, a number of projects and programmes for HIV prevention and sexual and reproductive health education among adolescents and young people have been implemented. Major donors in this area are the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNFPA, UNICEF, UNAIDS, the State Agency for Youth and Sport and others.

Efforts are concentrated in several priority interventions:

1. Development of strategies for sexual and reproductive health and HIV prevention at national, municipal and school level. During the period, a row of political and legislation documents were adopted at national level, which give the frame of the national policy for HIV prevention and sexual health education among young people such as:
   - the Health Act,
   - the National Program for the Children of Bulgaria,
   - the National Anti-Drug Strategy and the National Program for Prevention, Treatment and Rehabilitation of Drug Addictions in Bulgaria 2001-2005,
   - the National Demographic Strategy,

The most large-scale interventions have been implemented from the Ministry of Health and the National Centre for Protection of Public Health in cooperation with the Ministry of Education and Science. A number of NGOs also participate in policy development and implementation of interventions among young people. Currently, young people are reached mainly through the activities of 1) Objective 7 “Prevention of HIV among young people in and out of school” of Program “Prevention and Control of HIV/AIDS”, financed by The Global Fund (2004-2008);

Figure 21. Joyful peer education activities, 2006
2) project BUL1R205/BUL1R303 “Improving Sexual and Reproductive Health of Young People in Bulgaria”, financed by UNFPA (2004-2009); and 3) project “Youth Friendly Services”, funded by UNICEF (2002-2007) (see Annex 1).

Activities are implemented in 21 pilot municipalities. 17 district teams are engaged with the implementation of middle-term strategies and one-year plans for sexual and reproductive health and prevention of HIV and STIs. 183 schools have introduced programs for sexual health education.

2. Life skills based health education. Activities under this intervention include:
- Training teachers to provide health education based on interactive methods and aimed at developing knowledge, attitudes, social and life skills;
- Conducting meetings to share experience at national and municipal level;
- Provision of health education as an optional subject in addition to the regular school curriculum;
- Development of school programmes for sexual health education;
- Printing and distribution of training manuals and informational materials on HIV prevention and health education.

3. Peer education in schools. A national network of 1,000 young peer educators is part of the international net Y-PEER. Training and work in “Peer education” approach follow the standards developed by UNFPA. Most of the pilot schools use this approach and have established their own youth clubs. It is also a great pleasure for young people to participate in the summer camps organized each year.

4. Health education and peer education out of school. These activities are aiming to reach young people out of school, who are extremely vulnerable. Experience shows that this group is fragmented and very hard-to-reach. A lot of efforts and innovative practices have been invested to implement programs for development of social and life skills, including HIV/AIDS prevention, among children in specialized institutions.

5. Youth-friendly services. Main activities in this priority area include:
- Training schools psychologists, various medical specialists, general practitioners and other as providers of youth-friendly services.
- Development of a network of institutions and organizations providing youth-friendly services.

Box 1. In August 2006, under a joint project of the Ministry of Health and UNICEF, a pilot Centre for Youth-Friendly Health Services (YFHS) was established in the municipality of Pernik. The YFHS Center is closely collaborating with the HIV Voluntary Counselling and Testing centre to help positively influence behaviour of adolescents and young people and implement HIV prevention activities.

Services provided in the YFHS Centre include:
- Counselling on mental health;
- Provision of specific psychological therapy;
- Counselling on contraception and pregnancy;
- Quality medical services for reproductive health and family planning;
- Prevention, diagnosis and treatment of sexually transmitted infection.
6. Annual nation-wide HIV prevention and condom promotion campaigns

Annual campaigns are jointly organized by the Ministry of Health, the National Committee for Prevention of AIDS and STIs at the Council of Ministers, United Nations agencies and the ANTIAIDS Coalition, comprised of 48 non-governmental organizations. 10 million condoms have been donated by UNFPA and distributed during campaign activities and regular outreach work among the target groups.

Treatment, Care and Support for People Living with HIV/AIDS

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

- receive free-of-charge antiretroviral therapy;
- receive free-of-charge treatment of opportunistic infections;
- receive up-to-date monitoring of the therapy;
- free-of-charge ARV prophylaxis to prevent mother-to-child transmission;
- participate in planning, implementation and oversight of HIV-related activities: they have 2 representatives in CCM, and 1 in the Expert Board on HIV and STIs at the Ministry of Health;
- exercise their right to organize themselves.

A major challenge and success is the decentralization of the provision of highly active antiretroviral therapy (HAART). Though free-of-charge regardless of the health insurance status of the patient, till 2005 it was provided only in the capital city of Sofia. The Global Fund grant made it possible to provide up-to-date medical equipment for the department in the Infectious Diseases Hospital “Prof. Ivan Kirov” – Sofia. Furthermore, in 2005 two new sectors for medical care and treatment of patients with HIV/AIDS were established at the University Hospitals “St. Marina” in Varna and “St. Georgi” in Plovdiv. In 2006, a fourth sector was established at the University Hospital “Dr. Georgi Stranski” in Pleven.

Global Fund resources were used to renovate the National Reference Laboratories of Immunology and Virology, which are responsible for monitoring patients with HIV/AIDS, as well as for monitoring the provision of ARV therapy.

Figure 22. National Reference Laboratory of Immunology, NCIPD, Sofia, 2004
Besides, the GF funds are used to provide free-of-charge medicines for opportunistic infections to people living with HIV/AIDS as well as creating the 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 ARV treatment are provided with most up-to-date HAART therapy and can opt for one of the three treatment facilities.

Program “Prevention and Control of HIV/AIDS” financially supports the activities of 3 NGOs representing and working with people living with HIV/AIDS. These organizations are responsible for the operation of 3 centres for psycho-social support – 2 in Sofia and 1 in Varna. Specific services include:

- counselling to help coping with the disease and social integration
- support the adherence to ARV treatment
- prevention of HIV transmission to sexual partners
- provision of free social and legal services.

In the period 2004-2006, a series of initiatives for greater involvement of PLWHA in the processes of development, planning and implementation of the national HIV/AIDS response and capacity building of PLWHA were supported by UNAIDS. The activities included PLHWA need assessment survey, training for PLHWA representatives in advocacy and project development and management, funding projects developed by PLHWA organizations, work meetings with media representatives on correct writing and talking about AIDS, as well as issuing of HIV/AIDS quarterly newsletter, developed by PLHWA and distributed among journalists in order to facilitate their access to diverse information regarding HIV/AIDS.

Figure 23. Map of the Treatment, Care and Support Services for People Living with HIV/AIDS (PLWHA) in Bulgaria, 2006
Future Challenges


- Development of a new proposal to the GFATM through the Rolling Continuation Channel mechanism for additional financing for up to six years (2009-2015)

- Target setting for 2010 for Universal Access - development of targets, costed and budgeted and their integration into the national AIDS strategic plan

- Ensuring sustainability of existing and future HIV prevention, treatment, care and support services through increased Government and municipal funding

- Introduction and use of evidence-based methodology for HIV estimates and projections and cost-effectiveness of interventions

- Prices of ARV medicines are extremely high compared to GDP per capita and are a barrier to the sustainability of the access to ARV treatment and the success of HIV prevention

- High population mobility increases public health vulnerabilities, including HIV, TB and other infectious diseases

- Need of more active involvement of other line ministries besides Ministry of Health in the national response

- Introduction of health education into national school curricula is a necessity because at present only 1% of the students aged 11-19 can benefit from programmes on HIV prevention and sexual and reproductive health education, provided as free elective subject

- Current public health legislation limits the access to HIV testing and medical services for young people under 18 years who need their parents’ consent to do that

- Need to review and amend the legislation and policies that create or enforce barriers to HIV prevention programs and access to services

- Need of greater involvement of the private sector in the national AIDS response

- Existing and growing social inequalities and disparities among regions and groups in the country

- Need to increase knowledge among young people and general population on how HIV can and cannot be transmitted, as well as further scaling up of interventions to reduce the high risk behaviours
- Further strengthening the National HIV/AIDS Monitoring & Evaluation System, including data collection from all stakeholders in the country.

- Need to design and implement comprehensive interventions for MSM, prisoners and mobile groups to complement existing services.

- Criminalization of high risk behaviours (especially the single dose drug possession) pose obstacles to implement effective HIV prevention among the groups most-at-risk.

- Need to strongly address stigma and discrimination to both groups at high risk of HIV infection and PLHWA.

- Need to establish monitoring and enforcement mechanisms to ensure the protection and fulfilment of human rights of most-at-risk groups and people living with HIV/AIDS.

- Need to introduce National AIDS Spending Assessment methodology to collect accurate and consistent data on how funds are spent at the national level and where those funds are sourced.

- Need to strengthen capacity of civil society organizations to access international funding for HIV/AIDS activities.
Annex 1 - Summary of Key Achievements of the National AIDS Response

Since its start in the beginning of 2004, Program ‘Prevention and Control of HIV/AIDS’, implemented with a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria, has been the most comprehensive health program in Bulgaria with a preventive focus on the groups most-at-risk. The program ensures geographical equity and high coverage levels not only in meeting the targets agreed with the GF but also the implementation of national-scale interventions. The effective implementation of the Program is seen by the results achieved since the start of the Program.

Key programmatic results of the program over for the period 01 January 2004 - 30 September 2007 include:

- The Department for Prevention and Control of AIDS, Tuberculosis and STIs has been established at the Ministry of Health.
- Local AIDS Coordinating Offices in 10 municipalities - Blagoevgrad, Bourgas, Varna, Vidin, Pazardzhik, Pleven, Plovdiv, Rousse, Sofia and Stara Zagora - have been supported in their functioning.
- The National System for Second Generation Sentinel Surveillance has been established. During the third round of the second generation surveillance surveys, which was held at the end of 2006, 4,168 behavioral records and blood samples were collected among IDUs, CSWs and young men from the Roma community, prisoners and men having sex with men.
- The number of Voluntary HIV Counselling and Testing Centers in the country was increased to 19. Since their start in 2003 to 30.09.2007, a total of 59,475 persons have gone through the complete process of counselling and testing. Additionally, more than 26,800 people were provided with VCT services through the mobile medical units operated by NGOs; and medical specialists, trained by the program, in Dermato-venereological dispensaries and other health facilities. More than 43,300 people were tested for syphilis.
- Since 2006, VCT counselors follow a weekly schedule for regular outreach activities in prisons. In the period 01.07.2006 – 30.09.2007, VCT services have been provided to 3,654 prisoners.
- In the period 01.01.-30.09.2007 the Program achieved the following results in delivering services to the vulnerable groups:
  7,335 new individual IDUs reached under Objective 4 of the Program; increasing the sustainability of interventions and intensity of work through a total of 123,157 contacts with IDUs to provide services;
19,613 new representatives of the Roma community reached under Objective 5 of the Program, mainly from three sub-groups with high risk behaviours regarding HIV;

7,030 new individual CSWs reached under Objective 6 of the Program;
a total of 92,629 contacts with this group established to provide HIV prevention services;

5 low-threshold centers for IDUs are functioning in Bourgas, Varna, Plovdiv, Sofia, and Pleven;

8 centers in Roma communities operate in Bourgas, Varna, Vidin, Pazardzhik, Plovdiv, Sliven, Sofia and Stara Zagora;

12 mobile medical units operated by NGOs have been supported financially to reach representatives of the vulnerable groups; 9 of them have been procured with Global Fund funds.

- By 30.06.2007, a total of 2,622 people have been trained for HIV/AIDS prevention and control, including Medical specialists, outreach workers, social workers, teachers, and others.
- The Ministry of Health provides free of charge modern antiretroviral therapy to people living with HIV/AIDS. As of 30.09.2007, 216 people were receiving HAART in country.
- 3 new sectors for treatment and monitoring of patients with HIV/AIDS have been established at Medical University Hospitals in Plovdiv, Varna and Pleven.

- During 2005 and 2006, a four-month reserve of medicines has been established Global Fund’s funds in order to prevent interruption of treatment for people living with HIV/AIDS.
- Treatment for opportunistic infections of PLWHA has been provided in more than 480 cases.
- The activities of 3 centres for psycho-social support to PLWHA, their partners and relatives have been financed - two in Sofia and one in Varna. In September 2007, these organizations have worked with 175 people living with HIV/AIDS and 97 partners and relatives of PLWHA.

Currently, activities among young people are implemented mainly through:

1) Objective 7 “Prevention of HIV among young people in and out of school” of Program “Prevention and Control of HIV/AIDS”, financed by The Global Fund;

2) project BUL1R205/BUL1R303 “Improving Sexual and Reproductive Health of Young People in Bulgaria”, financed by UNFPA and implemented jointly with the Ministry of Health and the Ministry of Education and Science; and

Key results include:

- A total of 21 pilot municipalities implement activities, financed by the GF and UNFPA – Blagoevgrad, Bourgas, Varna, Vratsa, Kozlodui, Veliko Turnovo, Gabrovo, Dobrich, Lovech, Troyan, Pazardzhik, Plovdiv, Pleven, Rousse, Sliven, Nova Zagora, Sofia, Stara Zagora, Turgovishte, Popovo and Shoumen.
- 183 pilot schools implement programs for sexual health education; 46 of them received GF funds to implement projects for development of school policy for sexual health.
- Methodological guidelines for school policy development were prepared under a joint project of the Ministry of Education and Science and UNICEF.
- More than 640 teachers trained to provide health education, based on social and life skills development.
- More than 15,500 students took part in Sexual and reproductive health groups taught as an optional subject in addition to the regular school curriculum during the last school years.
- School programme “Alphabet for me and you” for grades 5 to 8 has been developed and programmes for grades 1 to 4 and high school are in progress.
- 25 school projects for peer education are financed by UNFPA.
- Hundreds of young people, more than 200 adults peer supporters and 100 certified peer educators have taken part in annual summer schools. In 2004-2006, another 25 municipal projects were financed with GF funds to reach extremely vulnerable young people out of school.
- Over 360 specialists were trained to provide youth-friendly services.
- National campaigns for HIV prevention and condom promotion reaches more than 150,000 young people each year.

Figure 27. Summer camp, Kovachevtsi, 2005
Annex 2 – UN Support to the National AIDS Response in Bulgaria

With the support of UN agencies Bulgaria has been able to significantly mobilize an effective multisectoral response to AIDS and strengthen the existing HIV related bodies and systems in the country.

Over the last 10 years the UN Country Team in Bulgaria supported the national response on HIV through providing technical and financial support for scaling up effective HIV prevention, treatment, care and support programs in Bulgaria in the areas of:

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

Total UN funding in support of national response on AIDS for the period 2001-2006 amounted at 2.8 million USD and the planned financial support for 2007-2009 is 1.2 million USD.

1. Strategic planning and policy formulation
The National Situation and Response Analysis, the National HIV/AIDS and STIs Strategy and the National HIV/AIDS and STIs Action Plan (2001-2007) were developed and adopted by the Government in February 2001 (UNAIDS) and their subsequent implementation was supported (UNAIDS and UNICEF).


Development of country proposal for GFATM funding and subsequent implementation of the “Prevention and control program” funded by the GFATM at the amount of 15.7 million USD for 5 year period supported (UNAIDS).

National UNGASS, national MDG and youth MDG reports preparation supported jointly by UN family.

Blood safety policy development, haemo-vigilance unit establishment and standard operating procedures introduction and training of blood-transfusion staff supported (WHO).

Analysis on the major obstacles to, steps and interventions required to ensure Universal Access (UA) to HIV prevention, treatment, care and support services for all who need it by 2010 supported (UNAIDS).

Draft national strategy and plan of action on youth friendly health services developed by MoH (UNICEF).


Local community mobilized, local strategic planning on HIV prevention completed in 10 municipalities (UNAIDS, UNICEF, UNDP).

Civil society partnership and cooperation for HIV prevention strengthened through National Anti AIDS coalition establishment (UNAIDS, UNFPA and UNICEF). Coalition members became implementing partners.
of Program “Prevention and Control of HIV/AIDS” funded by the GFATM.

Strategic partnership with media to ensure constant, appropriate and targeted messages on HIV/AIDS was established in the public domain (UNAIDS, UNFPA, UNICEF).


Harm reduction guidelines developed (WHO).

2. Advocacy and lobbying

Powerful national and local communication campaigns implemented on:

- Young people safe behavior
- Stigma and discrimination
- General awareness
- Use of VCT services

(UNICEF, UNAIDS, UNFPA, WHO, UNRC, UNDP).

3. National and local capacity building in the field of service provision for HIV prevention, treatment, care and support

- Capacity of teachers on sexual and reproductive health education in schools in selected regions in Bulgaria strengthened (UNFPA and UNICEF)
- HIV/AIDS peer education programs implemented (UNFPA, UNICEF)
- School based Life-skills educational package on SRH “Alphabet for you and for me” developed (UNFPA)
- Introduction of LSBHE and School Health Policy (SHP) on HIV prevention in 8 municipalities in Bulgaria supported (UNICEF)
- Introduction of HIV voluntary counselling and testing and the establishment and operation of a network of ten VCT sites supported (WHO and UNAIDS).
- Assessment of quality of services on SRH for young people conducted (WHO and UNFPA)

- Capacity of general practitioners, obstetricians, gynaecologists, school health providers, local public health structures strengthened (UNFPA)
- Donation of 10 million condoms to Ministry of Health (UNFPA)
- Development, establishment, costing and scaling-up of a model of integrated health services on municipal level (UNICEF)
- Policy advocacy and educational materials distributed (UNICEF, UNAIDS, UNFPA, WHO)

4. Partnership and community participation in addressing specific target groups

- Capacity building and greater involvement of PLH (People living with HIV) in the design, implementation and evaluation of HIV/AIDS national policies and programs (UNAIDS).
- Youth-Adult partnership in youth programming strengthened (UNFPA)

5. Prevention activities among Most-at-risk populations

- HIV/AIDS prevention in the community of men who have sex with men in Sofia (UNAIDS).
- Qualitative study on the profile of most-at-risk adolescents (MARA) was conducted (UNICEF)
- HIV prevention among adolescents in specialized institutions (UNICEF)
- Assessment of HIV prevention programs in prisons and piloting of VCT services in prisons (UNICEF)

6. Monitoring and evaluation

Strengthening of the national HIV/AIDS Monitoring and Evaluation System (UN Country Team on AIDS)

Support to Second Generation Sentinel Surveillance (UNICEF)
AIDS CAMPAIGNS

National AIDS Information Campaign 2006
It’s Important to know!
It’s Human to share!

National Campaign for HIV Prevention 2005
Test for HIV – anonymously and for free!

National Campaign for HIV prevention among girls
and young women 2004
It’s up to you!

LOCAL AIDS CAMPAIGNS

BULGARIA