

**NATIONAL STRATEGY FOR  
PREVENTION AND CONTROL OF HIV/AIDS AND  
SEXUALLY TRANSMITTED INFECTIONS  
IN BULGARIA (2001-2007)**

REPUBLIC OF BULGARIA

COUNCIL OF MINISTERS

COPY

ORDINANCE No.58

February 9, 2001

FOR approval of the National Strategy for Prevention and Control of AIDS and Sexually Transmitted Infections and the National Action Plan for Prevention and Control of AIDS and Sexually Transmitted Infections

On the grounds of article 3.1 of the Public Health Act and in relation to article 11.3 of the Statutory Rules and Procedures of the Council of Ministers and its administration, adopted by Government Decree No. 209 from 1999

THE COUNCIL OF MINISTERS

DECIDED:

1. Approves the National Strategy for Prevention and Control of AIDS and Sexually Transmitted Infections and the National Action Plan for Prevention and Control of AIDS and Sexually Transmitted Infections 2001-2007
2. Recommends allocations to be provided from the State Budget of the Republic of Bulgaria and the budget of the National Health Insurance Fund and the consolidated budget to the budgets of the Ministry of Health, Ministry of Education and Science, Ministry of Labor and Social Policy, Ministry of Justice, Ministry of the Interior, Ministry of Defense, Ministry of Culture, Ministry of Foreign Affairs, Ministry of Finance, Ministry of Transport and Communications, State Agency for Young People and Sport, municipalities, and respectively of the National Health Insurance Fund for the execution of the program in compliance with paragraph 1.

DIRECTOR DIRECTORATE

`GOVERNMENT CHANCELLORY':

Zlatina Nikolova

PRIME MINISTER:

Ivan Kostov

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### Abbreviations

CBH - Correctional Boarding House

CIs - Correctional Institutions

CDC - Center for Disease Control and Prevention, USA

DDD Department of Disinfection, Disinfestation and Deratisation –  
EC European Community/European Commission  
GP -General Practitioner  
HBV/HCV - Hepatitis B Virus/Hepatitis C Virus  
HEI - Hygiene Epidemiological Inspectorate  
HIV/AIDS - Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome  
IE Inspectorate of Education at the MES  
IIs Incarcerated Individuals (i.e. people in correctional institutions) –  
IVDUs Intravenous Drug Users  
MES -Ministry of Education and Science  
MH –Ministry of Health  
MSM Men who have Sex with Men  
NCDA - National Center of Drug Addictions  
NCIPD - National Center of Infectious and Parasitic Diseases  
NCPH - National Center of Public Health  
NGOs - Non-Governmental Organizations  
PLWHA - People Living with HIV/AIDS  
STIs - Sexually Transmitted Infections  
SAYPS - State Agency for Young People and Sports  
WB - World Bank  
WHO- World Health Organization

## I. NATIONAL STRATEGY OBJECTIVES

The present document constitutes a comprehensive national strategic plan that gives directions and guidelines for developing an adequate response aimed at reducing the impact of the problems related to the HIV/AIDS epidemic. It focuses on two objectives: developing a rapid response to help the most vulnerable social groups and laying the foundations of a sustainable process of reducing the number of risk factors that contribute to the vulnerability to HIV/AIDS and other STIs in Bulgaria. This plan does not only address the health care sector, it is the coordinated response of a number of institutions and agencies as well as of the society and NGOs. It is envisaged that national, regional and local authorities, as well as separate ministries and organizations, will develop their own action plans based on this document in order to achieve a united national response of maximum efficacy to address the present situation.

## II. RATIONALE

At present Bulgaria is a country with low HIV/AIDS prevalence. It is the most propitious time to successfully implement a policy to limit and control the spread of the epidemic at a relatively low

cost. There are, however, a number of extremely alarming factors that contribute to the spread of the infection. It is not a coincidence that WHO puts Bulgaria in the 7th out of 10 regions according to an upward scale of vulnerability to the infection over the next decade.

AIDS causes enormous damage to the individual and to society and all efforts to avoid this damage are morally and socially justified. At the same time these efforts will inevitably contribute to solve a number of other health and social problems such as sexually transmitted infections, Hepatitis B and C, unwanted pregnancy, abortions, and drug abuse. Modern health education focuses on acquiring social skills like taking decisions, communication skills, safe and responsible behavior, risk management, assuming responsibility and initiatives, thinking in perspective. These skills are necessary for all citizens to promote not only personal development but also community participation in the social and economic life of the country. Moreover, a successful strategy incorporates the introduction of the efficient up-to-date practices in the work of experts from various institutions, agencies and organizations and the establishment of effective networks between the sectors that address the problem.

Prevention requires enormous social and economic resources. The treatment of a single AIDS patient costs 12 000 USD per annum and 5 000 000 BGN have to be allocated annually for the treatment of Hepatitis B and C. The high incidence rate of Hepatitis B, syphilis and other STIs, which is several times higher than that in other European countries, accounts for enormous and avoidable expenses. In addition, it is hard to estimate the overall damage caused by risk behavior (and even self-destructive behaviors), which already assumes alarming proportions in the country. The implementation of this strategy will prove its social and economic effectiveness in the near future. It must be recognized, however, that the expanding globalization creates a new status quo that requires an adequate response based on a new type of management, institutional and civil culture.

There are experts in the country who have the capacity to develop effective interventions in this area and if there is political will, mobilization of financial resources and international support, Bulgaria will take the opportunity to successfully limit the spread of the HIV/AIDS epidemic.

### III. STRATEGIC PLANNING PROCESS OVERVIEW

The National Strategy on HIV/AIDS and Sexually Transmitted Infections is based on an extensive process which incorporates research, discussions and consensus building. The National Strategy model was used at a regional level for the development of the Regional HIV/AIDS and STIs Strategy in the Varna region.

#### Highlights:

The Government of Bulgaria and the United Nations Development Program reached an

agreement on the implementation of Project BUL/98/005/H/O1, "Development of a National HIV/AIDS Strategy". The project also envisages the development of a Regional HIV/AIDS Strategy for the Varna region. (May, 1998)

A Steering Committee was appointed. It is comprised of representatives of MH, UN Theme Group, and an NGO observer. The Committee is chaired by the Director of "Health Policy, International Relations and European Integration" Directorate at the MH. The National AIDS Coordinator at the MH was appointed Project Coordinator. The main donor organization is UNDP, Bulgaria. (October - December, 1998)

Workgroups were formed to elaborate the Situation Analysis and the Response Analysis at national and regional levels. A training session on the methods of rapid assessment was held. (January - March, 1999)

Preparatory work and research necessary for the Situation and Response Analyses were carried out using available papers and qualitative surveys based on a rapid assessment method which focused on three of the vulnerable groups: commercial sex workers, men who have sex with men, and mobile construction workers (living in Sofia and Varna). (April - July, 1999)

National and regional round-table discussions were organized to review the drafts of the Situation and Response Analyses. The discussions focused on different priority areas of the Strategy. Experts from various agencies, departments, NGOs, and representatives from the target groups attended the discussions. (August, 1999).

Based on the recommendations drawn from the round-table discussions and made by the Steering Committee, a decision was taken to launch the second stage of the survey.

Two surveys were made: a National representative survey on knowledge, attitudes, and practices regarding HIV/AIDS among young people and a Qualitative survey among students and in the army. (March - May, 2000)

A round table was organized to discuss the analyses from the second stage. (May, 2000)

A National Expert Group and a Regional Expert Group were convened and assigned to develop the draft of the National and Regional Strategy on HIV/AIDS and STIs respectively. (June, 2000)

#### IV. MAIN DETERMINANTS BASED ON THE SITUATION ANALYSIS

##### Determinants with direct impact

Risk sexual behaviors (unprotected sex practices)

High rate of STIs

Risk injection practices (sharing injection equipment)

##### Determinants with indirect impact

Poverty/economic insolvency

Prostitution

Drug and alcohol abuse  
Poor health awareness  
Low level of general education (especially in some vulnerable groups) High (labor) mobility  
Stigma and discrimination  
Insufficient institutional capacity of agencies and services  
Ineffective policy on limiting the spread of risk behaviors and HIV/AIDS/STIs Socialization crisis

## V. RESPONSE ANALYSIS RECOMMENDATIONS

1. The response strategy should be based on broad inter-sector and inter-disciplinary participation with clearly defined public responsibilities assumed by each party involved. AIDS prevention should be in the priority list of national, regional and local authorities.
2. Interventions must be based on reliable situation analyses and response effectiveness evaluation.
3. Sufficient funding and human resources should be made available to support the strategic plan.
4. Planning should be based on a pragmatic approach -the most vulnerable social groups and the most cost-effective strategies should be given priority.
5. The strategy should integrate various levels of intervention: individual, group and community, departments and services, supportive environment and adequate policy.
6. Interventions should reach beyond mere information and skills for safe sex practices, they should aim at risk awareness, change of beliefs, group norms and, most of all, at developing social and life skills.
7. Community participation in the planning, implementation and evaluation of the interventions involves identification of and support to the agents of change that already work efficiently in the community - NGOs, religious organizations, non- formal leaders.
8. It is necessary to reorient agencies and services and to update services in order to increase their need- and user-orientation and their effectiveness. At the same time, it is necessary to strengthen the interrelation between agencies and services and to establish networks of agencies and services at different institutions and sectors.
9. The effective response is community-based and it is necessary to establish contacts with 'hidden' communities in order to carry out outreach work and to develop networks of local organizations and services.

10. It is necessary to develop a supportive environment to promote positive behavior changes to avoid health risks.
11. The Strategy should contribute to the introduction of changes in legislation that will ensure the application of effective interventions.
12. A positive change in risk behaviors can be achieved through a policy that promotes positive changes in the relations between different groups and communities in Bulgarian society and through improving health education.
13. It is necessary to identify the role of NGOs as motivated agents of change, flexible structures and intermediaries between institutions and communities and to utilize their capacity for the purposes of their specific mission.
14. It is essential that schools assume their responsibilities for the health and social education of adolescents (who are future parents). Other institutions such as the army, the media and correctional institutions should provide the necessary support and assist the process.
15. It is necessary to develop methods of staff training at national, regional, local and political level for the successful introduction of efficient up-to-date practices.
16. The strategy will produce successful results provided that effective decentralization mechanisms are introduced and responsibility is assumed at local level.

## VI. GUIDING PRINCIPLES

It is clear that a broad array of public sectors, both governmental and non-governmental, should be involved in the implementation of the National Strategy. Limiting the AIDS epidemic requires a change in education, personal behavior, public norms, and the social and political situation. The consequences of the disease also require that all stakeholders integrate and cooperate in order to reduce the health and social burden. Active work and partnership between sectors, institutions, organizations, individuals, and people living with and affected by HIV/AIDS are of vital importance to the success of the efforts to curb the epidemic.

The strategy is based on the following principles:

The response to the HIV/AIDS epidemic requires a multi-sector, inter-disciplinary and holistic approach.

It focuses primarily on prevention.

Resources should be allocated on the bases of the degree of vulnerability of each group and community.

Individuals and groups should possess knowledge and skills and should be aware of their own importance and responsibility for HIV/AIDS prevention.

All citizens and communities, including people living with or affected by HIV/AIDS, should be guaranteed equal access to basic health care and other services.

The rights and responsibilities of people living with or affected by HIV/AIDS, and especially the right to confidentiality, should be guaranteed.

The use of universally acknowledged measures for prevention and protection should be well-known and obligatory in all health care establishments in order to avoid infection or violation of confidentiality.

HIV testing should be voluntary and confidentiality should be guaranteed.

Education, counseling and health care programs should be consistent with the culture, the mother tongue and the living conditions of each individual and community.

The Government is primarily responsible for providing education, basic health and social care for Bulgarian citizens in respect to HIV/AIDS.

The participation of target groups and communities in the development and implementation of programs and the tailoring of services to their specific needs is of vital importance to the success of the interventions.

All interventions among the population and all services should be based on profound situation, needs and response analyses, and assessment of their effectiveness.

## VII. PRIORITY AREAS

### 1. ADOLESCENTS AND YOUNG PEOPLE

Based on a number of direct and indirect determinants that contribute to the spread of STIs and HIV, adolescents and young people are considered to be one of the vulnerable groups in our society. Objective analyses show that young people have inadequate social and life skills in making choices and taking responsible decisions about their life and, especially, their sexual behavior. This 'social immaturity' results not only from the lack of systematic health and life skills education in schools but also from the absence of such educational traditions in the family. The current economic and social crisis in the country, the lack of opportunities and of risk management skills further contributes to the irresponsible risk behaviors of young people that endanger their social development and health. Statistics show a marked increase in the number of ever-younger individuals engaged in risk behaviors - truancy or dropping out of school, unemployment, juvenile delinquency, prostitution (predominantly in the 16-24 age group), trafficking, drug abuse (especially injecting drugs), alcohol abuse and smoking, risk sexual behaviors. The early average age of first pregnancy (in most cases unwanted and/or unplanned) and the abortion rate in Bulgaria are significantly higher than those in most European countries. The number of registered STI cases, including syphilis, is growing steadily. In fact, most of the

HIV positive people were infected before the age of 24. Despite the obvious changes in the attitudes and behaviors in regard to condom use, regular use of condoms has not yet become a widespread practice. More than one third of the sexually active students in Sofia use condoms seldom or never.

Surveys indicate that students and parents think that the school system is an appropriate venue for health and sexual education, of course, provided that teachers receive adequate training. A number of NGOs have acquired the necessary capacity and expertise in modern training methods to help address the issue of sexual education in schools.

In the context of risk sexual behaviors, the group of young people aged 10 - 24 can be described as heterogeneous and comprised of several sub-groups depending on their age, social status, ethnicity, lifestyle, and sexual and other risk behaviors. Special programs have to be developed for the most vulnerable groups.

#### Goals:

To limit the spread of HIV/AIDS/STIs and unwanted pregnancy among adolescents and young people;

To help young people (who are future parents) acquire social competence through developing social and life skills.

#### Levels of Intervention

##### Changes of Behaviors at Individual and Group Level

#### Objectives:

To raise the awareness and to provide information about specific risk behaviors related to HIV infection. To encourage a change in the attitude towards risk behaviors by disseminating information to each member of the group;

To promote responsible and safe sexual behaviors by developing social and communication skills to take decisions and responsibilities;

To encourage attitudes and skills at consistent and appropriate condom use as an efficient way of preventing STIs and HIV infections and unwanted pregnancy;

To reduce the number of cases of blood transmitted infection among young people by reducing HIV-infection risk factors related to intravenous drug use.

#### Strategies:

To organize group and individual health education initiatives using modern education programs based on the active participation of young people;

- To build social capacity by developing social and life skills;
- To develop modern information and education aids;
- To distribute condoms, lubricants and other contraceptives among sexually active young people.

### Program Highlight

In 1994 the Bulgarian Association "School and Health" distributed an education package on "Health Education in School Settings for Prevention of AIDS and STIs" developed by WHO and UNESCO for curriculum planning. The package contains three books - Planning Guidebook, Teacher's Book and Student's Book (the latter two translated in Bulgarian). The program aims at developing skills and attitudes necessary for prevention of HIV/STIs. The end aim is to teach responsible attitude towards beginning sexual life at a later age and practicing safe sex. The program is based on active, participatory methods of learning and presupposes the involvement of youth leaders and parents.

"The World of Intimacy" - a booklet designed for 12-14 year olds. It contains 15 units, organized in 3 parts - The Changes in Me, The Change of Relationships, and Choosing a Style of Sexual Behavior. This study aid is available for use in schools and is designed for group discussions.

## 2. Changes in the Community

### Objectives:

- To support young people in establishing group norms and patterns of behavior aimed at reduction and management of risk and prevention of HIV/STIs infections;
- To facilitate access to the most vulnerable groups among adolescents and young people.

### Strategies:

- To encourage reduction of risk sexual behaviors and change of group norms by comprehensive utilization of peer education on sexual health, prevention of HIV/AIDS/STIs and drug abuse;
- To promote the development of a network of organizations, experts and para-professionals who use peer education;
- To develop teaching materials for peer education programs;
- To encourage the participation of students/young people and their parents in planning and implementing health promotion programs at school, institutional and municipal level;
- To raise awareness towards the most vulnerable individuals and groups among young people and to help them by targeting suitable programs, organizations, agencies and services;
- To promote various social, cultural, sport and employment activities for adolescents

### Program Highlight

Peer education is relatively well known and popular in Bulgaria. This method of education is

utilized mainly in NGO activities in schools. The NGOs use the school settings because they are well-organized and there is a lack of health education courses in the curriculum. These are usually campaign-related (e.g. on December 1, the World AIDS Day) or short-term initiatives (training courses) for dissemination of information about HIV/AIDS (rarely about STIs) and prevention (use of condoms). Teachers and pedagogic advisers also take part in peer education training sessions and then on their turn participate in the implementation of peer education activities. Peer education is used both in and out of school settings - during home teacher's class or in discos, student camps, etc.

### 3. Changes in the Provided Services

#### Objectives:

To offer adequate, easily accessible and user-oriented services, relevant to the specific needs of adolescents;

To enhance the efficiency of these services by developing integrated multi-sectoral networks of agencies and services.

#### Strategies:

To study the possible as well as the actual offering of a wide range of health, social, and educational services tailored to the specific needs of young people and to encourage them to participate actively in the planning and implementation of the activities;

To introduce counseling and a psycho-social method of work for treatment of STIs, interruption of pregnancy and HIV testing;

To train experts (social workers, health care providers, teachers, police officers) in developing the skills necessary for delivering easy-to-understand messages on HIV/STIs prevention to adolescents;

To promote anonymous, voluntary, free-of-charge HIV testing with obligatory pre -and post-test counseling;

To introduce quick and efficient methods of treatment of STIs such as the syndrome approach in treatment of STIs;

To open Family Planning Offices which provide information, counseling, medical examinations and contraceptives and offer youth-friendly services free of charge or at reduced prices;

To open national and local hotlines offering confidential information and counseling and to ensure adequately broad publicity of the offered services;

To establish integrated, multi-sectoral networks of agencies and services related to the development of adolescents.

## Program Highlight

The Bulgarian Family Planning Association established modern family planning offices in nine large towns across Bulgaria. These offices offer medical examinations, counseling, health education materials and various contraceptives.

### 4. Supportive Environment

#### Objectives:

To enhance the efficiency of the information and education strategy to address young people by involving relevant stakeholders;

To promote the use of condoms through making them more accessible and affordable and through overcoming the existing financial, social and cultural barriers;

To create an environment favorable to the development of young people.

#### Strategies:

To improve the organizational efficiency of health and sexual education programs in schools and other educational institutions through building up a supportive environment and encouraging individual behavior changes within the social framework of these programs;

To implement national and regional education campaigns targeting specific groups of young people by means of appropriate media channels (internet, magazines, newspapers, TV and radio stations popular among young people) or media products specifically designed for the purpose - printed materials and visual aids on health education;

To implement condom promotion and social marketing;

To ensure easy access to safe sex products through increasing the working hours and the number of places where they are sold;

To plan and implement economic strategies aimed at reducing condom prices;

To provide resources and staff for various extra-curricular activities for children and young people.

## Program Highlights

AIDS Awareness Campaigns such as World AIDS Day (on December 1); "Risk-free Holiday" (in the summer); "Love - Safe for All" (St. Valentine's Day, February 14), organized jointly by a number of governmental and non-governmental organizations.

The Bulgarian Family Planning and Sexual Health Association implements a project on Social Marketing of Contraceptives.

### 5. Political Environment

## Objectives:

To develop and strengthen a comprehensive health education policy aimed at prevention of HIV/AIDS/STIs, unwanted pregnancy and drug addictions by developing capacity of social and life skills among adolescents and young people;  
To develop a strategy for changes in legislation which will ensure the gradual introduction of comprehensive sexual health education and life skills programs in schools and the right of each student to have access to quality health education.

## Strategies:

To introduce and implement an efficient comprehensive sexual health education program in the secondary-school curriculum which:

- Covers all children and students from kindergarten (aged 4) to secondary school graduation (aged 18/19);
- Aims not only at preventing HIV/AIDS/STIs, unwanted pregnancy and drug abuse, but also at promoting of health and safe-sex practices;
- Addresses all aspects of sexuality - sexual development, reproductive health, interpersonal relations, emotions and feelings, sexual roles, etc.;
- Age-appropriate and consistent with the characteristics and stages of development of children and students;
- Based on the needs of children and students and consistent with the cultural values of their communities;
- Uses modern theories on sexuality and health;
- Aims at developing social and life skills (e.g. decision making skills) and a sense of personal responsibility for one's own health;
- Utilizes work methods that give children an opportunity to develop and demonstrate their knowledge, attitudes and behaviors related to sexual health;
- Uses well-trained and certified experts in planning and methodology of sexual health education;
- Is an independent school program, which is at the same time integrated into the general curriculum;
- Provides enough time for teaching not only for enriching knowledge, but also for promoting changes in attitudes and behavior.

To develop a strategy for introducing comprehensive health education with the participation of MES, MH, NGOs and other stakeholder organizations;

To introduce a new subject into the secondary school curriculum - health education (including sexual health education and HIV prevention); and to ensure that there is sufficient time provided to achieve good results - a minimum of 30 hours for each stage (primary, secondary, and high school) should be planned for sexual health education;

The government should introduce new requirements for health education and health promotion, including sexual health education;

Education programs to be implemented by trained teachers who have successfully completed basic and/or supplementary training and have an official certificate for health education teaching;

To open a new teaching position in school - health education expert or to assign specific responsibilities related to health education to current teaching positions like teacher, pedagogical adviser;

To establish standards or requirements according to which each school, together with the School Board of Trustees, should adopt an official policy on HIV/AIDS within the framework of a general policy on health and sexual health promotion; to provide the financial resources necessary to develop and implement the school policy on health promotion; to identify the mechanisms for developing the school policy in collaboration with the School Board of Trustees, the municipal authorities, the Education Inspectorate at the MES, the Hygiene Epidemiological Inspectorate;

To establish and adopt requirements for psychological services offered at schools that will assist students in developing positive behaviors, lifestyles and attitudes toward health and sexuality;

To establish and adopt requirements for sexual health education among army conscripts for the purposes of HIV/AIDS/STIs and unwanted pregnancy prevention;

To establish favorable conditions for developing a comprehensive strategy for young people.

## Program Highlight

In 1993 - 1998, the "School Promoting Health" model was used in a number of schools implementing the project "National Network of Schools and Kindergartens Promoting Health". The project was first coordinated by the National Center of Health Prevention and the Bulgarian School and Health Association (1993 - 1995) and later by the Bulgarian School and Health Association (1996 - 1998). This model is based on: sexual health promotion programs implemented within the context of long-term planning and management of school projects on health promotion; community approach (involvement of all members of the school community - students, teachers, parents); networking; school team coordinators and partnerships with local organizations and institutions.

## 2. VULNERABLE GROUPS

### A/ ROMA COMMUNITY

Available data indicates that the Roma (gypsy) community is the most vulnerable among all ethnic minority groups. This results from a number of inter-related factors: a rapidly disintegrating patriarchal system which is not replaced by a new sustainable social structure; ever-increasing social isolation emphasized by a 90% unemployment rate among Roma people; low

level of economic education; lack of social skills and motivation for social inclusion; a marked increase in the rates of prostitution, drug abuse, crime, mobility and other practices promoting the risk of HIV/AIDS/STIs. In addition, there are a number of health problems: the poor health education of the Roma population, which is generally not covered by the health care network, limits the success of prevention programs; condom use is still culturally unacceptable; there are rigid taboos on sex and sexuality; there is a double moral standard - repressive of women who are expected to adhere to strict moral rules regarding sex, and permissive of men who are allowed to engage more actively in sexual relations. This furthers the vulnerability of Roma women. According to health experts, most Roma women have trivial STIs, which increases the risk of more serious infections such as HIV and Hepatitis B.

Research results suggest that there is a growing gap in the communication between the main social institutions - school, police, health and social services, and Roma communities. Roma people still regard these institutions as alien and not concerned about their problems. No systematic research on the need of care and services has been carried out. The majority of Roma people view the media as prejudiced and hostile. Media have created a negative attitude which is the reason for the feeling of suspicion towards the campaign messages addressing the community. Leading political parties marginalize the problems of the Roma in their agendas and the community is underrepresented in the political, administrative, professional and academic elite. All this influences the development of education, health and social policies.

The main problem in the work with the Roma community is that they are pushed in the margins both of social and cultural life and this makes it difficult for messages and external agency intervention activities to reach the community. This involves the development of good practices consistent with Roma cultural characteristics and the integration of these practices in a comprehensive package of strategic measures, as well as additional specific activities and events directly targeting Roma communities. The experience of many European countries shows that sporadic measures against the plight of the Roma community are doomed to failure. A sustainable change in the health of Roma people can be achieved only when they are moved out of ghettos and are able to actively participate in social life.

Goal: To limit the spread of HIV/AIDS and STIs and to reduce the vulnerability of Roma communities by promoting change in individual and group behaviors and strengthening community resources to improve their quality of life.

Levels of Intervention:

### 1. Changes of Behavior at Individual and Group Level

Objectives:

To raise awareness of the risk of HIV/STIs infection by increasing the consciousness of various health risks and the knowledge about health protection;  
To acquire comprehensive social and life skills to help master skills for prevention of health risks;  
To promote and integrate in Roma communities values and rules which reduce the risk of HIV/STIs infection and promote reproductive health;  
To encourage individuals to seek medical aid when they have health problems;  
To decrease the social inequality and vulnerability of Roma women.

#### Strategies:

To develop outreach projects that promote health education and social and psychological work within Roma communities;  
To develop specific health education materials consistent with the cultural differences and tailored to the needs of the community;  
To help men and women from different age groups acquire social and life skills, good health protection, and personal resource management skills;  
To distribute condoms, lubricants, and other safe sex products; to introduce needle and syringe exchange programs among intravenous drug users in the Roma community

#### Program Highlight

The Health and Social Development Foundation is implementing a project for health promotion and prevention of HIV/AIDS and STIs within Roma communities (in Sofia and Kyustendil) by means of outreach activities such as health education, social work and counseling. Individual counseling work is complemented with training seminars on safe sex practices, life skills and peer education. The Foundation also offers health education materials, safe sex products, information and referral to other medical examination, counseling and testing services. The Initiative for Health Foundation is implementing an outreach program for needle and syringe exchange among IVDUs in the Roma community.

## 2. Changes in the Community

#### Objectives:

To assist communities in the development of effective mechanisms for management of social and cultural change; to develop a selective attitude towards new trends and to take control over the developments in the community;  
To facilitate access to the most vulnerable members of the community.

#### Strategies:

To ensure the participation of official community representatives in all stages of the

process of planning, implementation and evaluation of the relevant programs;  
To identify and support (through training and counseling) the agents of positive change in the community - NGOs, religious organizations, community leaders, in regard to better health practices and risk-free behavior;  
To promote efficient up-to-date practices through the participation of experts and community representatives in the implementation of projects and to organize "on- location training" sessions for local health care workers;  
To introduce educational programs for peer education trainers from Roma communities to strengthen the available local resources;  
To implement programs specially designed for marginalized groups by promoting activities which involve pimps and youth leaders of sub-cultures among which drug abuse is common;  
To establish community centers which promote social development by comprehensive health, education, social and employment programs; to pool local resources and to secure premises for the activities.

### 3. Changes in the Provided Services

#### Objectives:

To provide low-threshold, user-oriented services tailored to the specific needs of Roma communities;  
To enhance the effectiveness of these services by building multi-sector service networks.

#### Strategies:

To study the possibilities for and to provide a wide range of social, health and education services tailored to the specific needs of the Roma community and involving an active participation on their part;  
To train professionals (social and health care workers, teachers, police officers) in developing the skills necessary for delivering easy-to-understand messages on HIV/STIs prevention to the community;  
To train professionals and paraprofessionals from the community to participate in the work of the services;  
To introduce counseling and a psycho-social model of work in medical practice;  
To promote anonymous, voluntary, and free-of-charge HIV testing with obligatory pre- and post-test counseling;  
To introduce quick and efficient methods of treatment of STIs like the syndrome approach in treatment of STIs;  
To build up multi-sector service networks whose activities are related to Roma community issues.

#### Program Highlights

The Bulgarian Family Planning Association opened modern family planning offices in residential quarters inhabited by Roma communities in Sofia, Plovdiv, and Pleven. The offices offer medical examination, counseling, specially designed health education materials and contraceptives.

Medecins Sans Frontieres, Switzerland opened the first Sexual Health Center in the country. The Center offers free-of-charge, anonymous, confidential HIV and STIs testing, medical examination, counseling, and syndrome approach in treatment of STIs. Most of its services target the most vulnerable and underprivileged social groups.

#### 4. Supportive Environment

##### Objectives:

To encourage tolerance for Roma community and culture;

To facilitate access to contraceptives.

##### Strategies:

To collaborate with the police, social, health care and municipal services and experts on the introduction of non-discriminatory approach to work with Roma communities with respect to their human rights and to stand up for tackling their problems;

To ensure easy access to safe sex products and to organize promotional campaigns in Roma communities;

To ensure the active participation of the mass media in teaching an attitude of tolerance for Roma people; to educate the mass media to use easy-to-understand language when addressing the Roma community; to promote health education programs and messages specially oriented to the Roma community.

#### 5. Political Environment

##### Objectives:

To overcome the isolation of Roma people in ghettos by involving Roma communities in the social and political life in the country; to promote the inclusion and participation of the Roma population in professional, media, political and academic spheres of social life;

To ensure adequate government response to the health care, education and social policy towards Roma communities.

##### Strategies:

To promote access to and participation of Roma people in the decision-making and policy-making process on health, education and social problems in their communities;

To develop policies sensitive to the cultural characteristics of Roma communities and to integrate efficient up-to-date practices developed by NGOs in the process of policy-making;

To give priority to health and social problems of the Roma population in national and local political and development programs;

To integrate activities for changing individual and group self-destructive behaviors into Roma community development programs;

To strengthen the role and to build the capacity of institutions (schools, army, correctional institutions, hospitals), which Roma people get involved with, in order to encourage their socialization and responsible health and risk-free behavior;

To study the mechanisms of exclusion, marginalization and self-segregation of Roma people;

To support public administration and experts engaged in implementing health, social, and education policy in Roma communities through training and counseling;

To provide systematic comprehensive information about Roma culture for social and health care workers, teachers, public administrators and police officers in the process of their professional training.

## B/ INTRAVENOUS DRUG USERS (IVDUs)

There has been a marked increase in the number of intravenous drug users (mainly heroin addicts) in Bulgaria over the past several years. Intravenous drug abuse is a major factor in the spread of HIV in Bulgaria. Although until recently the number of HIV-infected intravenous drug users in the country has been relatively low, experts believe that there is a significant risk of a rapid spread of the HIV infection among IVDUs. There is a direct relation between intravenous drug use and AIDS incidence, especially in respect to certain risk injection practices. Moreover, many IVDUs engage in risk sexual behaviors and the main mode of transmitting the HIV infection in Bulgaria is through heterosexual intercourses. At the same time it is very important to make every effort for early diagnostics of HIV infected members of the population in order to limit the possibility of a rapid spread of the infection through injection practices. In addition, there are many other factors increasing the risk of HIV transmission in this community such as the high incidence of blood-transmitted diseases like Hepatitis B and C and STIs.

Existing programs for HIV prevention, treatment and harm reduction in this closed and socially ostracized community are insufficient both in terms of their number and their focus on the needs of the community. There are no clear criteria for assessing the efficiency of the implemented interventions.

Furthermore, there is insufficient coordination between programs and interventions among IVDUs and those among other vulnerable groups overlapping with the first (CSWs, ethnic minorities, MSM, prisoners).

Goal: To maintain low level of HIV incidence among IVDUs in Bulgaria.

## Objectives:

- To limit the spread of intravenous drug use in Bulgaria;
- To limit the spread of risk injection practices among IVDUs in Bulgaria;
- To reduce the frequency of high-risk sexual behaviors among IVDUs in Bulgaria;
- To reduce the risk of rapid spread of HIV among IVDUs through early diagnostics of seropositive members of this group;
- To reduce the risk of HIV infection among IVDUs through early diagnostics and treatment of other blood and sexually transmitted diseases like Hepatitis B and C, syphilis, etc.

## Levels of Intervention:

### 1. Changes of Behavior at Individual and Group Level

#### Objectives:

- To reduce and eliminate individual and group risk behaviors such as intravenous drug use, risk injection practices, risk sexual behaviors;
- To encourage IVDUs to seek treatment and support.

#### Strategies:

- To provide health education for IVDUs aimed at increasing their knowledge and awareness of the risk of infection;
- To implement psycho-social support activities encouraging changes towards risk-reducing behavior and the promotion of low-risk behaviors among IVDUs as a norm;
- To support active outreach work to identify IVDUs communities;
- To develop treatment programs that focus on easy access to treatment and are tailored to the needs of IVDUs;
- To provide easily accessible HIV and STIs testing and pre- and post-test counseling;
- To provide quick, easily accessible and efficient referral to special treatment.

## Program Highlight

The National Center of Drug Addictions, together with Caritas - Bulgaria, implements an outreach program for HIV/STIs testing, pre- and post-test counseling and referral to special treatment.

### 2. Changes in the Community

#### Objectives:

- To establish contact with 'hidden' communities and/or the most vulnerable groups within them: young people who have just started injecting drugs; IVDUs from ethnic minorities; IVDUs

engaged in commercial sex; and IVDUs unwilling to refer to medical or other type of services;  
To involve local and religious organizations, leaders and community members in prevention and harm reduction programs;  
To warrant a comprehensive integrated network of services in the community.

#### Strategies:

To use outreach work in the community to promote risk-free behaviors and to provide information, HIV/STIs testing and pre- and post-test counseling, quick, easily accessible and efficient referral to special treatment, needle and syringe exchange and sterile injection equipment programs;

To involve former and current IVDUs in the outreach programs;

To broaden the contacts between governmental and non-governmental institutions and organizations working on HIV/STIs prevention;

To provide technical and management assistance to local coalitions working on HIV/STIs prevention;

To develop systematically a network of community-based services;

To ensure organizational and methodical support to the development of integrated networks of services for HIV/STIs prevention at local community level.

#### Program Highlight

The Health Initiative Foundation implements an outreach program for needle and syringe exchange and use of sterile injection equipment.

### 3. Changes in Institutions and Services

#### Objectives:

To improve the efficiency of HIV/STIs prevention programs;

To introduce efficient up-to-date practice standards in the work of relevant institutions and in the implementation of the programs.

#### Strategies:

To plan, develop and implement the programs on the basis of preliminary evaluation of needs;

To introduce methods for the successful evaluation of efficiency including economic efficiency;

To introduce a harm reduction approach in the process of planning and implementing the programs;

To give priority to the development of harm reduction programs that have proven their efficacy in preventing the spread of HIV among IVDUs;

- Programs for outreach work with difficult to access IVDUs groups - Needle and syringe exchange programs
  - Programs for substitution and maintenance treatment of IVDUs
- To develop and distribute efficient up-to-date practice guidelines;  
To provide comprehensive services and sustainable development of the programs.

#### 4. Supportive Environment

##### Objectives:

- To relieve the social stigma of drug abuse and drug addicts;
- To promote the use of and to facilitate the access to safe injection equipment and safe sex products among IVDUs.

##### Strategies:

- To change public opinion and attitudes through mass-media and educational activities;
- To popularize efficient up-to-date practices and positive program impact;
- To develop a supportive mass media environment and a media lobby:
  - To inform journalists on the problems of intravenous drug use and its relation to the spread of HIV
  - To train and support journalists who specialize in this area (media lobby)
- To promote condom availability and to provide easy access to condoms for the public;
- To promote condom availability and to provide easy access to condoms for IVDUs;
- To promote sterile injection equipment programs as an adequate form of HIV prevention;
- To promote and develop needle and syringe exchange programs.

#### 5. Political Environment

##### Objectives:

- To develop Government Policy and Strategy on the issues related to the spread of HIV among IVDUs;
- To ensure comprehensive and sustainable development of programs for reducing the risk of HIV infection among IVDUs.

##### Strategies:

- To adopt a National Strategy on Psychotropic Substance Abuse Prevention, Treatment and Rehabilitation;
- To ensure the coordination between the National Strategy on HIV and the National Strategy on Psychotropic Substance Abuse Prevention, Treatment and Rehabilitation, the National Program on Psychiatric Reform, the National Framework Contract, and the Policy of the National Health Insurance Fund;

To adopt systematic and comprehensive approaches in developing the programs for reducing the risk of HIV infection among IVDUs ;  
To ensure the coordination and collaboration between sectors and institutions in the implementation of the programs for reducing the risk for HIV infection among IVDUs;

## C\ COMMERCIAL SEX WORKERS (CSWs)

Commercial sex in Bulgaria is turning into a problem of considerable dimensions. The effective response to this problem should be based on the respect for human rights in understanding prostitution and the needs of women involved in commercial sex. Health promotion activities should focus on HIV/AIDS/STIs prevention, reproductive health and the overall psychological and social development of CSWs.

People engaged in prostitution do not form a homogeneous group. They can be divided into several subgroups depending on their working environment (e.g. street and highway prostitution, hotel prostitution, escort service). CSWs are extremely vulnerable to the risk of HIV and STIs infection. Main risk factors include the criminal character of commercial sex, violence and trafficking, risk sexual behaviors, social stigma and the marginalized social status of CSWs.

A number of projects following international efficient up-to-date practices and focusing on various sexual and mental health problems of CSWs have been implemented over the last few years. At the same time, however, there has been little cooperation between different institutions and programs that offer services to other vulnerable groups and communities that overlap with the group of CSWs.

### Goal of the Strategy:

To reduce the vulnerability to and to limit the spread of HIV/AIDS and STIs among women and men engaged in commercial sex, especially among the most marginalized representatives of this group - girls and boys from ethnic minorities engaged in street and highway prostitution.

### Levels of Intervention

#### 1. Changes of Behavior at Individual and Group Level

##### Objectives:

To raise the awareness of the risk of HIV/STIs infection and to increase the dissemination of information and knowledge about prevention;

To establish safe sex practices and to reduce the harm of some risk sexual and psychotropic substance abuse behaviors;

To provide support and care for the emotional and mental health of prostituting women and men who have suffered personal trauma, violence, traffic, and other forms of abuse.

Strategies:

To implement outreach work projects for health education and social and psychological work among CSWs;

To support and train CSWs in developing life skills such as self-assertion, negotiation, and affirmation of their safety;

To render support and individual counseling in specially established care centers offering shelter and low-threshold services;

To develop special health education materials tailored to the needs of the group;

To distribute condoms, lubricants and other safe sex products; to implement needle and syringe exchange programs among CSWs injecting drugs;

To set up a hotline for immediate contact and counseling on sexual and mental health problems, crisis intervention, providing shelter and covering the immediate physical and psychological needs of women and men victims of maltreatment and violence; to develop long-term programs for support and recovery of women and men who have decided to leave commercial sex.

Program Highlight

The Health and Social Development Foundation is implementing several projects on HIV/AIDS/STIs prevention among street and highway CSWs in five near-border regions (Sofia, Rousse, Vidin, Kyustendil and Sandanski). The outreach programs focus on health education and psychological support. Individual counseling sessions are supplemented with educational seminars in safe sex practices, life skills and peer education. Clients are offered special health education materials, safe sex products, information and referral to health care services offering medical examination, testing and counseling.

2. Changes in the Community

Objectives:

To increase the access to the 'hidden' and the most vulnerable members of the CSWs community;

To develop the organizational capacity and resources of the group with regard to the problems related to the professional and personal health, safety and rights.

Strategies:

To train and involve community members in the process of planning and implementation of outreach programs; to use peer education to strengthen the capacity and the resources of the

group;

To work with the pimps and other people directly involved in the commercial sex business;

To support the establishment of organizations protecting the rights and needs of women and men engaged in commercial sex.

### 3. Changes in Institutions and Services

Objectives:

To offer easily accessible, adequate, user-oriented services tailored to the specific needs of CSWs.

Strategies:

To introduce low-threshold, free-of-charge confidential medical services and counseling (e.g. mobile medical units to reach CSWs working far from residential areas or in places difficult to access);

To raise the awareness of health care workers about the specific aspects of the work with CSWs; to introduce counseling and social work methods into medical practice;

To provide access to anonymous, voluntary and free-of-charge HIV testing with mandatory pre- and post-test counseling and to support the use of rapid screening tests (salivary sample tests);

To introduce rapid, effective methods of treatment of STIs such as the syndrome approach to the treatment of STIs.

To establish networks between institutions and services from different sectors working on prostitution related issues;

To develop long-term programs offering social and psychological support for the reintegration of CSWs who want to quit commercial sex business and providing employment, education and housing opportunities.

#### Program Highlight

Medecins Sans Frontieres, Switzerland opened the first Sexual Health Center in the country. The Center offers free-of-charge, anonymous, confidential HIV and STIs testing, medical examination, counseling, and syndrome approach to the treatment of STIs. Most of its services target the most vulnerable and underprivileged social groups.

### 4. Supportive Environment

Objectives:

To help CSWs deal with violence by reducing the risk factors in their working environment;

To facilitate safe sexual practices;

To overcome social stigma and ostracism of CSWs.

Strategies:

To cooperate with the police, social and municipal services and relevant experts to introduce a non-discriminatory approach in working with CSWs respect for human rights; to publicize their problems and to defend their rights;

To provide easy access to safe sex products in places where condoms are usually not offered;  
To improve and facilitate the access to condoms and lubricants by lowering import duties, improving condom availability near places where sex services are offered, supporting projects for social marketing of condoms and lubricants, promoting lubricants as a means of safe sex;  
To promote the use of condoms and lubricants as a basic professional rule in commercial sex through promotion campaigns in places where sex services are offered;

## 5. Political Environment

### Objectives:

To introduce appropriate legislative mechanisms at government level;  
To provide adequate response to commercial sex workers in terms of health and social policy.

### Strategies:

To take responsibility and appropriate measures to deal with crime, violence, and corruption in the relations between government authorities and people involved in commercial sex business;  
To adopt measures in terms of criminal and social legislation for protection of men and women victims of forced prostitution and cross-border trafficking;  
To adopt changes in social and health legislation aimed at providing adequate health and social security services for CSWs and their use (to ensure that it is possible to work on an individual social case regarding social benefit payments, enrollment in social programs, and access to health care;  
To build professional capacity for social outreach work, peer education and counseling in university education; to train skilled health and social workers (professionals and paraprofessionals).

## D\ MEN WHO HAVE SEX WITH MEN (MSM)

Existing data does not provide information about the size of the MSM group and the HIV/AIDS epidemiological situation in it. Research shows that the gay community is divided into three subgroups: elite subgroup - restricted and difficult to access; middle subgroup - mobile, diverse, with high rate of `mixing`; subgroup of the `outsiders` - the lowest in social and economic terms, composed mainly of Roma men.

The subgroup of the `outsiders' is extremely vulnerable. Its members are mobile and difficult to access through interventions; they are not educated and they have high-risk sexual behaviors;

they rarely use condoms and engage in commercial sex. This subgroup may contribute to the vulnerability of the whole community because of the high rate of 'mixing' of the separate subgroups.

The MSM community as a whole is vulnerable to HIV/AIDS and STIs due to several risk factors: inconsistent condom use, promiscuity, relatively few permanent relationships, and group sex practices.

Several non-governmental and business organizations have been working in the gay community since 1990. These are Gemini, BULGA, GD-Information Center Flamingo, which have developed a number of projects for HIV/AIDS prevention in the MSM community separately or in collaboration with other non-governmental and governmental organizations and institutions. NGOs working with the gay community use popular gay

clubs to distribute information and to implement educational initiatives.

The gay community, however, is divided and NGOs, which work in it, have limited resources and can cover only small MSM groups. It is mainly the MSM living in large cities who have access to these organizations and gay clubs. MSM living in small towns and villages face stigma and ostracism.

Goal:

To limit the spread of HIV/AIDS/STIs and Hepatitis B among MSM and to reduce their vulnerability to these diseases by focusing on the most vulnerable subgroup - the outsiders and Roma men.

Objectives:

To raise the awareness of MSM of the risk of HIV/STIs infection and to increase their knowledge about prevention placing an emphasis on outsiders and Roma men;

To establish safe sex practices in the MSM community;

To increase the access to and the availability and use of condoms and lubricants;

To address and limit the stigma and prejudice towards people with different sexual behaviors.

Levels of Intervention:

1. Changes of Behavior at Individual and Group level

Strategies:

Information, Education and Communication (IEC)

To develop IEC materials for MSM

- hand-outs, brochures, posters
- special audio and video materials
- magazine(s)
- TV/radio programs/parts of programs

To engage gay community leaders in disseminating messages aimed at raising the awareness of safe sexual behavior

### Training in Personal Skills Development

To develop and introduce appropriate school educational programs designed for the purposes of sexual health and HIV/AIDS/STIs prevention education, promotion of tolerant attitude towards HIV infected people and people with different sexual behaviors;

To promote peer education among MSM on safe sex behaviors.

## 2. Strengthening MSM Community Activities for HIV/AIDS Prevention

### Strategies

To strengthen the institutional capacity of NGOs working on MSM problems and in the gay community;

To gain wide publicity for NGOs and to make them popular in the gay community;

To develop projects and outreach programs aimed at the lowest and most vulnerable group of the community - the outsiders;

To develop social programs for marginalized groups, providing part-time employment for the lowest subgroup of MSM by involving them in sexual health education activities.

## 3. Changes in Institutions and Services

### Objectives:

To provide access to confidential counseling, testing, medical care and treatment for MSM.

### Strategies:

To improve voluntary HIV/AIDS testing procedures in order to guarantee strict observation of the requirements for anonymity and confidentiality and free-of-charge rapid screening tests;

To provide pre- and post-test counseling;

To provide self-administered HIV tests with additional information about institutions providing supporting therapy in case of positive test results;

To establish information and counseling centers with the help of gay NGOs;

To set up a hotline for psychological help on issues of sexuality, sexual identity, HIV/AIDS and STIs with special working hours for people with homosexual and bisexual orientation.

## 4. Supportive Environment

## Strategies

To relieve the negative attitude and to establish social tolerance for MSM through: - the mass-media

- events organized by the MSM community

To provide access to condoms and lubricants

- To provide access to various types of condoms (including ultra-thick) and lubricants in smaller packages;

- To implement social marketing projects with regard to condoms

- To launch campaigns to popularize lubricants as a means of safe sex

- To increase the access to condoms and especially to lubricants by making them available at any time in still more places such as small villages, bars, public bathrooms, train stations, parking lots, etc.

To support projects and services targeting MSM; to voice and defend their problems in public

## 5. Political Environment

### Strategies

To suggest changes in legislation to protect against sex discrimination

## E/ INDIVIDUALS IN CORRECTIONAL INSTITUTIONS

There are 13 prisons in Bulgaria. Some of them are provided with correctional boarding houses with restricted, semi-restricted and relaxed regime. The average annual number of Its varies between 8 500 and 11 000. All prisons and CIBH have health services and hospitals with 5 to 15 beds.

The main mode of transmission of the HIV infection in correctional institutions is through sexual intercourse. The natural sexual activity of individuals incarcerated for long periods of time is disturbed by the lack of heterosexual intercourses. It is an open secret that homosexual intercourses occur very often in correctional institutions. Jail administration penalizes mainly those that happen under compulsion. Vulnerability to HIV infection is determined by the following factors: altered moral values under extremely stressful conditions; absence of contacts with the family; limited finances; risk homosexual behavior and prostitution as a result of prior homosexual experience; poor health awareness; scarce opportunities for work and intellectual activities; limited prospects for change; absence of safe sex products; relatively poor hygiene and living conditions; congestion of jails.

Goal: To maintain the relatively low spread of HIV among incarcerated individuals. Levels of

Intervention:

## 1. Changes of Behavior at Individual and Group Level

Objectives:

To raise the awareness of the risk of HIV/STIs infection and to increase the dissemination of information and knowledge about prevention;

To establish safe sex practices and to reduce the harm psychotropic substance abuse;

To provide support and care for the emotional and mental health of incarcerated persons victims of violence and other forms of abuse of the individual.

Strategies

To involve professionals and incarcerated individuals in the development of effective HIV/STIs prevention programs;

To develop special health educational materials tailored to the needs of the group;

To educate and train incarcerated individuals in social and life skills; to establish health promotion as a group norm;

To broaden crisis intervention approaches and opportunities for individual work;

To implement programs to facilitate the re-socialization of incarcerated individuals and to prevent recidivism.

## 2. Changes in the Community

Objectives:

To promote the development of community capacity and resources;

To improve the access to people who secretly engage in risk sexual behaviors and to the most vulnerable community members/groups.

Strategies:

To work with community group leaders in CIs - Squad Council chairs and members, Body Councils and commissions on education, internal regulations, recreational activities, hygiene and living conditions;

To provide training for informal leaders and community members and to involve them in health education activities among other IIs;

To encourage self-support groups that will work on the problems of risk and self-destructive behaviors.

## 3. Changes in Institutions and Services

Objective:

To increase the effectiveness of the services offered in CIs.

Strategies:

To build the capacity of psychologists and social workers in CIs to incorporate health education in their everyday work with incarcerated individuals;

To promote voluntary confidential free-of-charge HIV testing with mandatory individual pre-and post-test counseling;

To train medical staff in counseling skills in regard to high-risk health behaviors;

To encourage voluntary confidential HIV testing;

To introduce rigid work regulations and protective measures to avoid exposure to HIV infection during medical interventions;

To ensure good conditions and to build capacity for active work and treatment of alcohol and drug addicted incarcerated individuals;

To develop programs for optimal health insurance in CIs.

#### 4. Supportive Environment

Objectives:

To raise the awareness of HIV related issues among decision-makers at CIs;

To improve security conditions in CIs;

To relieve negative attitudes and stigma of incarcerated individuals.

Strategies

To train CIs personnel following special educational programs for health promotion and HIV/STIs prevention among incarcerated individuals;

To improve social, living and sanitary conditions in CIs;

To restore secondary and vocational schools at CIs;

To create employment opportunities for incarcerated individuals;

To involve prison chaplains in health promotion and HIV/STIs prevention programs;

To involve NGOs in social and health education work programs in CIs;

To promote condom availability in CIs;

To establish mechanisms to guarantee the confidentiality of HIV/STIs testing results;

To develop social support programs for incarcerated individuals;

To relieve the stigma of IIs through mass media campaigns.

#### 5. Political Environment

Objective:

To promote a positive attitude towards incarcerated individuals and public commitment to their

specific problems.

Activities:

To develop programs for HIV/STIs prevention among Its in collaboration with other sectors;  
To open centers for early re-socialization of incarcerated individuals;  
To increase the legal opportunities for eligible individuals to take home leave;  
To give Its legal rights to have sexual intercourses with their permanent partners in the CIs -  
'intimate visits';  
To establish restricted access detention centers for individuals with mental and serious physical disabilities and diseases.

### 3. HEALTH SERVICES AND SOCIAL SUPPORT

Given the relatively low spread of HIV in Bulgaria, health care services meet to a great extent WHO recommendations and EC standards. It is expected, however, that the present centralized health care system might be inadequate to meet the anticipated increase in HIV infection cases. The issue of decentralization of the health care system should be addressed by means of a health care reform and introduction of a health insurance system. This requires immediate revision and adequate change of the existing regulations with respect to all medical services for HIV and STIs patients. More efficient relationships need to be established between GPs, counseling centers, dispensaries and hospitals providing services for PLWHA and other governmental and non-governmental social and health care services. It is necessary to establish clear regulations and to build capacity for prevention of in-patient infection and occupational exposure of medical staff. The principles of confidentiality and consent (based on information about the patient's condition) should be applied when providing medical services for PLWHA. The discrimination and stigma of PLWHA by public service providers and the public as a whole should be prevented.

A. Limiting the spread of HIV infection through medical and dental services and protecting medical staff

Goal: To prevent HIV infection through medical and dental procedures.

#### 1. Blood Donation and Blood Products.

Objective: To maintain and improve the system for blood donation and safe use of blood products in compliance with international standards.

Strategies

To provide modern blood testing methods for HIV and other blood transmitted infections such as

## HBV, HCV and syphilis

To draft and adopt a national standard for safe use of donated blood, tissues, organs and other biological material;

To establish a computerized information system for blood banks;

To establish an effective system for evaluation and control of the collection of blood and the use of blood products.

## Program Highlights

Since 1991, all donated blood and blood products have been tested for blood transmitted infections using the latest generation diagnostic tests.

We are in the process of implementing a program, financed with a loan by the World Bank, for restructuring blood transfusion centers in the country to meet international standards.

## 2. Limiting the risk of a spread of the HIV infection in health care establishments through medical procedures

**Objective:** To follow mandatory instructions for general safety measures during invasive procedures in all health care establishments.

### Strategies:

To develop and disseminate instructions for safety measures and to ensure their introduction into daily medical practices in health care establishments;

To establish modern mechanisms for efficient training of medical and dental staff on general safety measures in regards to personal knowledge, beliefs, skills and common concern;

To support the establishment of an efficient system for control and evaluation of the adherence to general safety measures during invasive procedures;

To provide medical personnel with protective kits and disposable medical instruments and to monitor their use;

To provide medical staff with timely free-of-charge post-exposure prevention;

## B. Quality of the Health Care Services

**Goal:** To provide adequate health care services to all people living with HIV/AIDS and STIs.

### 1. Decentralization of the primary health care system

**Objective:** To provide people living with HIV/AIDS and STIs with effective, adequate home, outpatient and hospital treatment and to lay an emphasis on outpatient treatment.

### Strategies:

- To ensure a non-discriminatory access to all forms of health care services for PLWHA;
- To allow GPs to provide general medical care and counseling for people living with HIV/AIDS and STIs;
- To establish regional centers for counseling and monitoring of people living with HIV and STIs;
- To train medical staff in early diagnostics of the HIV infection and efficient application of the syndrome approach in the treatment of STIs

### Program Highlights

Medical counseling and surveillance of people living with HIV/AIDS and STIs are carried out in Dermato-Venereological Dispensaries.

There are six fully equipped regional laboratories that can perform basic immunological monitoring of people living with HIV.

The Infectious and Parasitic Diseases Hospital "Prof. Ivan Kirov", Sofia has a ward for patients with HIV/AIDS.

## 2. Treatment of people living with HIV/AIDS and STIs

**Objective:** To provide high quality medical treatment for all PLWHA and prompt, accessible and efficient treatment of STIs.

### Strategies:

- To introduce effective medical practices in health care services for HIV/STIs patients by:
  - developing and adopting national standard treatment and monitoring protocols for HIV/STIs patients;
  - including indicators for the work with HIV patients in the process of accreditation of health care establishments;
  - maintaining an efficient system for quality control and evaluation of medical services with respect to HIV and STIs;
  - providing the opportunity for health care workers to continually enhance their knowledge and skills in treating and caring for people living with HIV/AIDS and STIs;
- To provide all people living with HIV/AIDS and STIs with equal access to treatment and health care services;
- To enhance the effectiveness and to broaden the use of STIs treatment in public and private health care centers by training staff in counseling and applying the syndrome approach in the treatment of STIs;
- To provide easy-to-access services, especially for young people, promoting reproductive health and responsible sexual behavior;
- To establish a system for treatment and clinical surveillance of patients which fully guarantees

confidentiality and respect for patients' rights

### Program Highlight

At present all people living with HIV/AIDS, who meet CDC criteria, are offered free-of-charge triple antiretroviral therapy;

All PLWHA receive free-of-charge hospital treatment of opportunistic infections;

Medecins Sans Frontieres, Switzerland opened the first Sexual Health Center in Sofia. The Center offers anonymous, confidential HIV and STIs testing, medical examination, counseling, and STIs treatment through free-of-charge high-quality services. The Center uses the syndrome approach in diagnostics and treatment of STIs recommended by WHO protocols and outpatient treatment of syphilis for men and non-pregnant women. Such services are much more appropriate and cost-effective than the traditional ones when working with the most vulnerable and underprivileged social groups.

3. Prevention of Prenatal HIV Infection. Mother-to-Child Transmission. Objective: To reduce the number of cases of prenatal infection to a minimum.

### Strategies:

To provide all pregnant women with adequate counseling on the risk of HIV/AIDS and to convince them to test for HIV. To provide adequate information materials;

To provide all pregnant women with access to voluntary, free and confidential testing;

To adopt a standard protocol and to provide the necessary resources for anti-retroviral therapy of all HIV-infected pregnant women;

To provide monitoring for HIV-infected mothers and their children after delivery.

### Program Highlight

At present about 50 % of all pregnant women are tested for HIV.

Testing is free, voluntary and confidential.

Anti-retroviral medicines are provided to all pregnant women who test positive.

## C. Support from the Social Environment

### 1. Social Support

### Objectives:

To guarantee that every person living with HIV/AIDS has unlimited access to adequate and

confidential social support;

To provide supportive social environment through a network of offices and services in immediate proximity to the vulnerable groups.

Strategies:

To create an easily accessible social network for people living with or affected by HIV/AIDS based on confidentiality;

To guarantee that the criteria providing the right to access to social support services are based on a single announcement of sero-status at the time of registration;

The social services should provide employment and training for outreach work

among difficult-to-access vulnerable groups;

To create a multi-sector network of offices and services and to increase their efficiency and utilization. Representatives of the specific groups should take part in the planning, implementation and evaluation of their objectives.

## 2. Improving the Social Acceptance of People Living with HIV/AIDS

Objective: To integrate completely all people living with or affected by HIV/AIDS into the social and working environment.

Strategies:

To use mass media to reduce the discrimination and to increase the tolerance for PLWHA;

To assist PLWHA organize themselves and voice the issues concerning them;

To ensure the participation of PLWHA in the process of discussing and decision-making in regard to the policy on their problems.

## 4. TESTING POLICY AND EPIDEMIOLOGICAL SURVEILLANCE

Epidemiological surveillance is limited to statistics available from HIV testing centers. MH collects and analyses at regular intervals the test results from the laboratories in the country and prepares an annual report and epidemiological analysis. The epidemiological research is carried out by specialists from the Dermato-Venereological Dispensaries which do not cover all cases. Epidemiologists from HEIs do not take part in this epidemiological research and participate sporadically in research on nosocomial infections. All district and regional centers are staffed with well-trained specialists in epidemiology and dermatology but in the last eight years there have been no post-graduate training courses on HIV/AIDS. The annual epidemiological analyses of the National Center of Infectious and Parasitic Diseases do not include HIV/AIDS epidemic evaluation sections.

The existing laboratory facilities for HIV testing in the country are relatively good. However, only certain medical establishments can offer pre- and post-test counseling. GPs and specialists from the primary health care system do not have adequate professional training or motivation.

**Objective:** To acquire comprehensive knowledge of the incidence and characteristics of the HIV/AIDS epidemic in order to provide effective response. Increase the importance of testing as a prevention activity by providing wide access to testing facilities, guaranteed confidentiality and efficient counseling.

### 1. Voluntary, easily accessible and confidential HIV/AIDS testing

**Objective:** To establish a testing system which is easily accessible, non-discriminatory, voluntary and offers efficient pre- and post-test counseling.

**Strategies:**

To determine all possible forms and structures (state and private) for voluntary, confidential, anonymous HIV testing accompanied by pre- and post-test counseling with priority given to vulnerable groups;

MH should develop a uniform procedure for registration, forwarding test samples and receiving results by introducing a single form for testing;

To maintain and develop 'good laboratory practices' in state-owned and private laboratories;

To establish education mechanisms for personnel who will perform pre- and post-test counseling; GPs and obstetricians should give priority to voluntary HIV testing of pregnant women in order to provide early diagnostics, treatment, prevention of mother-to-child transmission as well as nosocomial infections during delivery;

To give priority to pre- and post-test counseling for people from vulnerable groups; the relevant services should develop programs for better access with the help of organizations and representatives of the target communities;

MH and the Health Insurance Fund should provide the necessary human and financial resources for the introduction of quality HIV testing with pre- and post-test counseling;

To include HIV testing with pre- and post-test counseling in the service package covered by the National Health Insurance Fund;

To inform the public, especially the vulnerable groups, about the importance of HIV testing, the places and methods for testing through all efficient communication channels;

To inform all health care providers about the legal and ethical aspects of HIV testing and pre- and post-test counseling.

## Program Highlight

Medecins Sans Frontieres, Switzerland, in cooperation with the polyclinic of the State University Hospital on Obstetrics and Gynaecology "Maternity Home" in Sofia, opened a Sexual Health Center. It provides free-of-charge medical STIs and HIV testing, and pre- and post-test counseling. The use of a personal code ensures anonymity and confidentiality. The Center disseminates education materials and distributes condoms.

## 2. Epidemiological Surveillance

**Objective:** To create a functioning system for epidemiological surveillance to research the characteristics and the dynamics of the epidemic and to collect and duly analyze information in order to assist decision making at all levels.

### Strategies

To improve the quality of registration by developing a base document (form) for registration of HIV-positive and AIDS patients containing basic epidemiological data;

To develop a mechanism to guarantee confidentiality and collection and dissemination of information without identifying the persons concerned;

To determine the scope of monitored epidemiological data and indices and to define the process and timeframes for reporting and registration of HIV-positive cases at regional and national level ensuring feedback for the purposes of the epidemiological analysis;

To plan and implement early 'warning' epidemiological surveys on different communities that use anonymous unlinked testing of-

- patients and contact people with positive Hepatitis B and C markers - STIs patients
- IVDUs participating in treatment and harm reduction programs

To increase professional competence and skills in HIV-infection data analyses and interpretation, including data on risk behaviors related to HIV-infection;

To prepare periodic epidemiological analyses to monitor the characteristics and the dynamics of the epidemic regarding HIV infection data as well as supportive analyses of other determinants of the epidemic situation.

## Program Highlight

The Epidemic and DDD Department at NCIPD releases an annual analysis of the basic epidemiological indices for acute infectious diseases in the country. It uses data provided by the National System for Epidemiological Information, the annual analyses of the HEI, the referential laboratories and expert groups. Upon approval by the Scientific Educational Council at the National Center for Infectious and Parasitic Diseases, the analysis is submitted to the MH which

uses it in taking decisions about epidemiological control and infectious diseases prevention.

## VIII. MANAGEMENT AND EVALUATION

The implementation of the National Strategy requires the mobilization of substantial human, financial, technical and communication resources and requires good coordination, monitoring and evaluation in order to achieve maximum results.

The National Committee on Prevention of AIDS and Sexually Transmitted Infections will ensure the participation and commitment of the Bulgarian Government.

The Committee will meet once every three months and will be responsible for:

Managing and monitoring the implementation of the activities within the framework of the National Strategic Plan;

Facilitating the coordination and cooperation of partners from different sectors and administrative regions;

Updating the National Strategy in accordance with the current situation and response evaluation;

Discussing the results and drafting proposals for the implementation of adequate policy.

Securing, coordinating and distributing resources in the country.

The work of the National Committee is assisted by expert and work groups.

The National Strategy provides the framework and structure through which specific institutional and local level activities will be used to implement the overall national response. It is complementary and comparable to other national strategies and should be included in all development strategies related to Bulgarian citizens. Each ministry is expected to develop and evaluate its response within the framework of the National Strategy on HIV/AIDS and STIs in close cooperation with the non-governmental sector, other partners and local structures. The role and the specific potential of the third sector organizations is of vital importance for the successful implementation of the Strategy. The results from this plan will depend mainly on the local conditions and capacity for the implementation of the necessary outreach interventions. This requires decentralized planning, implementation, evaluation and support.

## IX. RESOURCE DEVELOPMENT

One of the main objectives of this strategy is to promote the mobilization and development of resources to resolve the country's health and social problems.

## A. Human Resources:

### 1. Mobilization of professionals and paraprofessionals from:

Management and administrative personnel Universities

Post-graduates

Health care workers

Teaching personnel

Law-enforcement personnel Professional and branch organizations NGOs, informal community leaders

### 2. Supporting the role and functions of professionals and paraprofessionals by:

Development of educational programs

Development of guidelines and aid materials; Provision of counseling opportunities; Exchange of information and analyses;

Exchange of good practices from Bulgaria and other developed countries; Building capacity of organizations, services and institutions; Development of networks for coordination support.

## B. Financial Resources

Given the current economic situation in Bulgaria, it would be very difficult to provide sufficient financial resources for the effective implementation of the priority objectives of this Strategy.

The National HIV/AIDS and STIs Strategy will serve as a means of national and international fund raising and will guarantee the efficient utilization of these funds. The financial and political support of the Government of Bulgaria will be of vital importance for achieving these objectives.

## X. NEXT STEPS FOR THE INTRODUCTION OF THE NATIONAL PLAN

1. Approval of the National Strategy on HIV/AIDS and Sexually Transmitted Diseases by the Council of Ministers;

2. Establishing structures for management and monitoring the National Strategy;

3. Structures to assume duties and responsibilities related to the implementation of the National Strategy by the different sectors, offices and institutions established;

4. Funds for the implementation of the National Strategy secured.
5. Regional/municipal level structures for the implementation of the Strategy developed;
6. Local (regional/municipal) action plans, especially in the most vulnerable regions of the country, developed;
7. Standards on the utilization of financial resources, available professionally qualified implementing agents (human resources) developed;
8. Indices to monitor intervention effectiveness developed;
9. Functional links with relevant programs in the region (in Romania, Moldova, the Ukraine, Turkey, Greece, Macedonia, etc.) for monitoring the situation and exchanging good practices established.