

HIV AND TB PREVENTION IN SOFIA AND IN BULGARIA – ASSESSMENT OF THE SITUATION

Executive summary of the full text of the report

The “*HIV and TB Prevention in Sofia and in Bulgaria*” report has been drafted within the framework of the implementation of the Fast-Track HIV/TB responses for Key Populations in Eastern Europe and Central Asia Cities Project. Its key objective is to gather in one place all the available information regarding HIV and TB prevention in Sofia and in Bulgaria, and to present it to the decision-makers. The contents of the book represent the authors’ interpretation of the data collected with the help of the Project’s methodology.

The needs assessment has been carried out in accordance with the Project’s unified international methodology that has been devised by experts of the Dutch public health NGO AIDS Foundation East West (AFEW). The assessment took place June-September 2017 by means of: analysis of data provided by the Ministry of Health of the Republic of Bulgaria, and experts of the Municipality of Sofia and the National Centre for Addictions; analysis of documents and previous reports; qualitative methods (interviews and focus groups held with the vulnerable populations and with professionals); mapping of services. Unless otherwise stated, data is of 2016. The sources of all the data in this summary have been published within the full text of the report, which is available at www.initiativeforhealth.org.

Part I. HIV.

The current evaluation in the part dedicated to HIV has been directed toward three key groups at high risk of infection: injecting drug users (IDUs), men who have sex with men (MSM), and sex workers (SWs). The selection of these populations has been made in consideration of the mechanisms of transmission of the HIV infection, the Project’s priorities, and the epidemiological data on the spread of the HIV infection in Bulgaria.

The onset of the activities on HIV prevention among the key populations was in 2004, when the HIV/AIDS Prevention and Control Programme (HAPCP) with the Ministry of Health was launched with financial support from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Size of the target populations

As of 31 December 2016, Bulgaria's population numbers 7,101,859 people, and has decreased by 51,925 people compared on end-2015 (a 0.7% decrease). Officially, 1,323,637 people, or 18.6% of the entire population, live in the Greater Sofia area (the country's capital).

The number of IDUs has been estimated at around 20,000, 2,000 of whom (10%) are in Sofia (Table 1). The number of people addicted to opioids has been determined by the national focal point on drugs and drug addictions at 26,000, 9,700 of whom (33%) are in Sofia. SWs have been estimated at 13,500 on average in Bulgaria, and at around 1,750 (13%) in Sofia. The number of MSM has been agreed as 3% of the male population between the ages of 16 and 54, which accounts for almost 63,000 men in Bulgaria, and 11,000 (8.5%) in Sofia. According to field workers, the actual number of MSM in the capital city is half that number: approximately 5,000.

Table 1. Number of people per target population in Sofia and in Bulgaria.

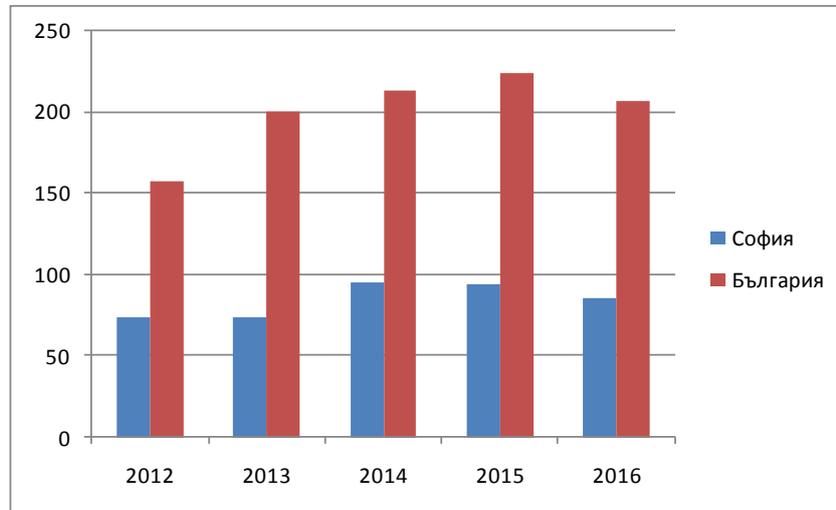
Group	In Bulgaria	In Sofia	Percentage in Sofia
IDUs	20,250	2,000	9.9%
People aged 16-54 with problematic opioid use	26,058	9,686	32.7%
SWs	13,500	1,750 ¹	13.0%
MSM	6,3268	10,993	17.4%

Newly registered HIV cases

1,001 new HIV cases have been registered in Bulgaria over the period 2012 – 2016, 422 (42.2%) of which in Sofia. Their number has been growing over the years, with the exception of 2016, when it marked a decrease both on 2015, and 2014 (Fig. 3), and this holds true of both Sofia and Bulgaria. The decrease could be attributed to the discontinuation of the activities carried out by NGOs, which in September 2016 were subrecipients under HAPCP, and whose active work had contributed to the identification and referral for a confirmation test of HIV-positive people from the target populations. According to HAPCP data, half of

¹ According to the expert estimate of people working on HIV prevention among SWs.

the new HIV cases in 2016 were found in the centres for anonymous and free testing and counselling.

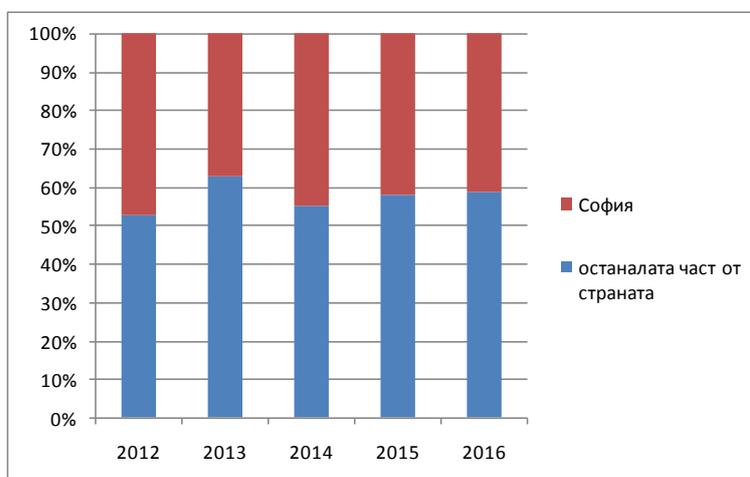


Blue: Sofia

Red: Bulgaria

Figure 3. Newly registered HIV cases in Sofia (the capital city) and in Bulgaria (in absolute numbers).

During the period 2012-2016, the share of newly found HIV cases in Sofia has been very high, and has remained relatively steady over the years, varying between 40% and 50% of all cases in Bulgaria (Fig. 4). This is down not only to the fact that Sofia is home to the greatest concentration of practices that hide the risk of HIV infection, but also to the truth that people in the smaller Bulgarian towns find it more convenient, from the point of view of confidentiality, to travel to the capital city to get tested for HIV.

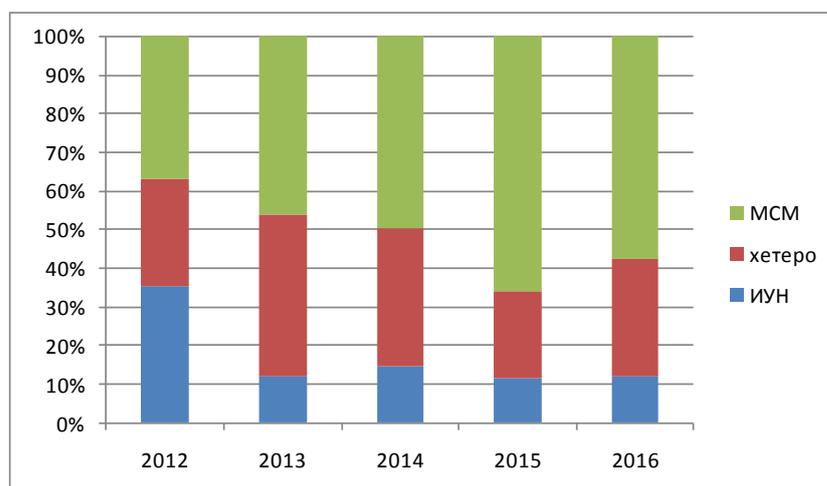


Red: Sofia

Blue: The rest of the country

Figure 4. Distribution of newly registered cases among Sofia (the capital city) and the rest of the country (in relative shares).

Recent years have seen a steady trend of an increase in the share of MSM among the newly registered HIV cases both in Sofia and in Bulgaria. However, the share of IDUs among newly registered HIV cases has steadily decreased, which is due to the decrease in the number of newly found HIV cases among IDUs, and the decrease in their relative share because of the overall rise in HIV cases. The percentage of people infected via heterosexual contacts has not revealed a steady trend, and has varied both toward decrease and increase over the examined period (Fig. 6).



Green: MSM

Red: Heterosexual

Blue: IDUs

Figure 6. Distribution of newly registered HIV cases in Sofia per transmission category (in relative shares).

The results of the integrated bio-behavioural surveillance (IBBS) carried out in 2016 presented convincing evidence of a concentrated epidemic in Sofia among MSM and IDUs. The share of HIV-positive MSM in Sofia was very high (12.7%) against the backdrop of a relatively moderate value (3.9%) for the country overall. 5.5% of IDUs in Sofia were HIV-positive, against 1.7% in Bulgaria. In SWs, HIV distribution was traditionally low – between 0% and

0.3%. The data showed a sharp increase in the number of HIV-positive MSM compared to the previous survey in 2012, when no positive test was found.

HIV prevention among IDUs

The National Programme for Prevention and Control of HIV and Sexually Transmitted Infections in the Republic of Bulgaria 2017-2020 (HIV NP 2017-2020) has envisaged an indicator named “Number of individual clients covered by services”, and its value has been set at 7,000 per year, given the baseline value of 7,145 in 2015; however, 4,785 (only 716 in Sofia) have been covered by services over the first 9 months of 2016.

According to IBBS data, the coverage with prevention activities of IDUs in Sofia is 29%, against 44% for the entire sample. For the sake of comparison, its value in 2012 was 70% for Bulgaria. Since the launch of HAPCP and the conducting of IBBS, the growth in the values of this indicator has been clearly discernible over the years: from 45.7% in 2004 to 60% and more over the 2008-2012 period. The reduction in the volume of activities under HAPCP due to the Programme’s discontinuation is probably the main reason for the decrease in the values of this indicator, both in Sofia, and in Bulgaria.

People on Opioid Substitution Therapy (OST) in Bulgaria as of end-2016 accounted for approximately 13% of all persons addicted to opioids, whereas the coverage with this kind of service in Sofia accounted for 19.4%. The evaluation included both state-run and privately-funded methadone programmes. Despite the better coverage with OST in Sofia, there is still a waiting list in the capital city, where people have to wait for 5.5 years on average.

HIV prevention among SWs

The number of individual clients covered by prevention services over the 2010-2013 period has dropped from 7,800 to 6,600, whereas the number of new cases (i.e. clients covered by prevention services for the first time) has fallen almost three times: from 3,800 to 1,300. In 2016, only 4,505 individual clients were covered, 673 in Sofia.

According to IBBS data, the coverage with prevention activities of SWs in Sofia in 2016 was 67%, against 74% for the entire sample, while their share on national level grew from 35% to 75% during the 2004-2012 period. The level of people covered by services within this group has maintained the 2012 value, but it is only a matter of time before a plummeting in their number has been

registered because prevention activities under the HIV NP 2017-2020 have not been launched yet.

HIV prevention among MSM

The number of individual clients from the largest and most vulnerable group for HIV infection, MSM, also decreased over the years: from 12,400 in 2010 to 8,600 in 2013, but 2016 saw an increase to 9,000. It is probably due to the inclusion of a new city (and a new NGO) among the providers of prevention activities within this group. 3,800 MSM were covered by prevention services in Sofia in 2016.

IBBS results for 2016 revealed that the coverage with prevention activities in Sofia was 74%, and in Bulgaria – 81%. It has increased from 29% in 2006 to 47% in 2009. The high coverage among MSM is a new component of HAPCP, which was launched as late as in 2009 with a young and ambitious team that includes representatives of the group in question who are able to ‘speak the same language’ as the target population. Despite the achieved good results, in the event of lacking of prevention activities, the situation will deteriorate very rapidly, and will put at risk not only the group in particular, but also the entire population.

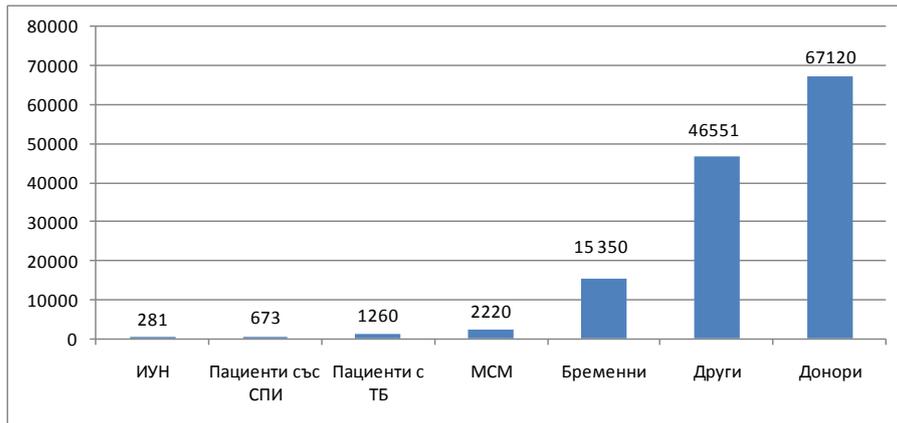
HIV testing

In 2016, the number of IDUs in Bulgaria granted the service ‘testing for HIV’, who had been given back the test result, was approximately 1,600, of whom only 68 in Sofia, reported through the activities of the NGO that was a subrecipient under HAPCP. Their number has been decreasing since 2010, when it was 6,000, and they were 3,200 in 2013.

In 2016, the number of SWs in Bulgaria tested for HIV and given back their result was 2,066, 327 of whom in Sofia. Over 2010-2013, the number of tested SWs has been relatively steady – at approximately 4,000.

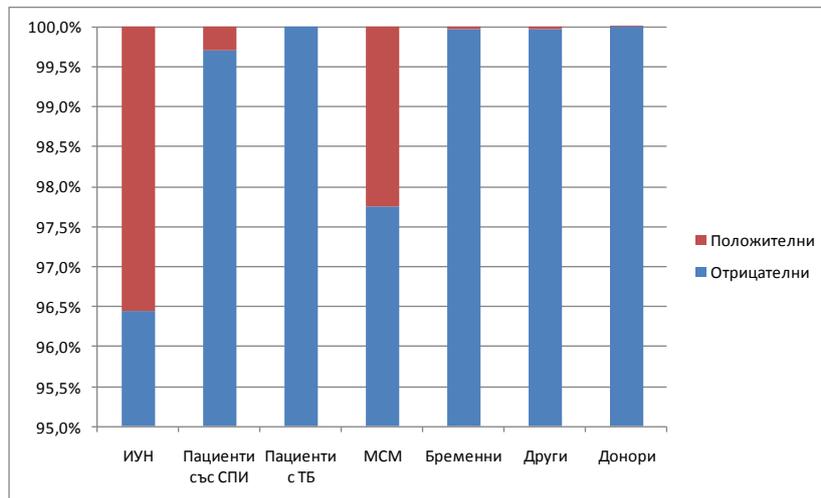
In 2016, the number of MSM in Bulgaria tested for HIV and given back their result was 5,300, 1,900 of whom in Sofia. Their number was higher than in previous years: 4,900 in 2010, and 4,500 in 2013.

The decrease in the number of tested persons is a prerequisite for a lower level of identification of new HIV cases, which is visible also through the reduced number of new HIV cases in 2016.



From left to right: IDUs; Patients with STIs; Patients with TB; MSM; Pregnant women; Other; Blood donors

Figure 9. Number of HIV tests per group carried out in Sofia in 2016 (in absolute numbers).



Red: Positive

Blue: Negative

From left to right: IDUs; Patients with STIs; Patients with TB; MSM; Pregnant women; Other; Blood donors

Figure 10. Distribution of the positive HIV tests in Sofia in 2016 per group (in relative shares).

Treatment, care, and support for PLWH

With the help of ECDC-developed software, the number of people living with HIV (PLWH) in Bulgaria has been estimated at 3,100 (no confidence interval has been provided). According to WHO estimates for 2011, their number was 3,900 (95% confidence interval, 2,700-5,700). Generally, PLWH estimates

exceed the actual number of registered persons. As of end-2016, the number of registered PLWH in Bulgaria was 2,474.

In Bulgaria, the 90-90-90 UNAIDS targets (by 2020, 90% of all people living with HIV will know their HIV status; by 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy (ART); by 2020, 90% of all people receiving antiretroviral therapy will have viral suppression) have been incorporated into the *Methodological guidelines for antiretroviral therapy and monitoring of HIV-infected adults* approved by the Minister of Health on 3 June 2016. Accordingly, the HIV NP 2017-2020 has set the goal to have over 90% of PLWH on ART. At the same time, another indicator named “Number of persons covered by the ‘case management’ service” has also been introduced. The values that have been envisaged are growing, which reveals forethought in determining targets. Baseline values for 2015 included 698 PLWH and 786 of their relatives and partners (a total of 1,484 persons), and their number has to reach 3,114 in 2020.

According to 2016 data, 801 people were referred to care, treatment and support in Sofia (out of 946 PLWH, or 84.7%), and 1,154 in Bulgaria (out of 2,474 PLWH, or 46.6%). This attests to a job well-done in Sofia regarding the ‘case management’ service, but implies at the same time possible difficulties in identifying and providing care to PLWH in smaller settlements, and their migration to larger cities in Bulgaria or abroad, etc. The population in Sofia is far more compactly settled, and this facilitates referral to care, treatment and support.

As of end-2016, 617 PLWH in Sofia were on ART (77% of all referred and 65.2% of all PLWH), and 951 PLWH in Bulgaria were on ART (82.4% of all referred and 38.4% of all PLWH). It has to be considered that part of the PLWH in the smaller settlements prefer, in view of their confidentiality, to be registered at the Department for HIV Treatment in Sofia, which explains also the high share of people on ART in the capital city.

Of all patients on ART in Bulgaria, 842 (88.5%) have undetectable viral load. The relative shares of the target populations in this respect could be discussed only in the presence of information on the relative share of these populations among all patients on ART.

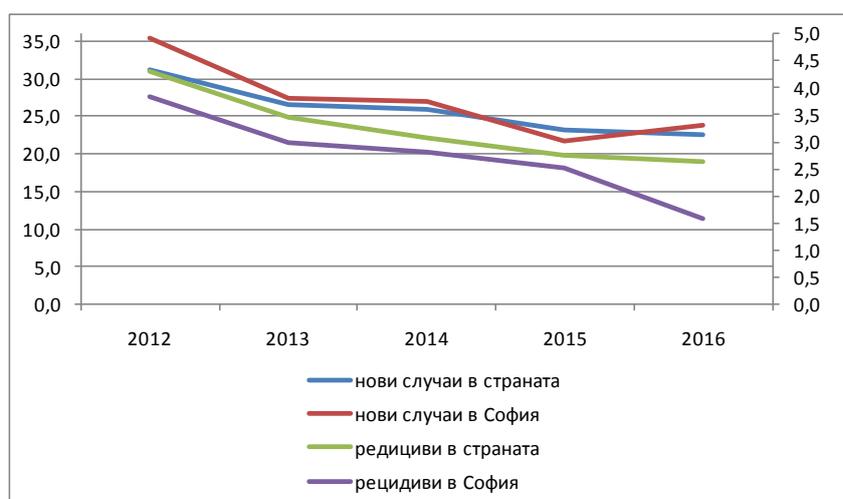
Part II. Tuberculosis.

The following groups have been stated as vulnerable to tuberculosis in the NP 2017-2020: people from the Roma community; people addicted to alcohol and drugs; refugees and asylum seekers; children on the street; migrants; people living with HIV/AIDS; people with chronic conditions such as type 1 diabetes; prison inmates; people living below the threshold of poverty; health workers.

Currently, the Programme named 'Improving the Sustainability of the National Programme on Tuberculosis' is being implemented with financing from the Global Fund to Fight AIDS, Tuberculosis and Malaria, within whose framework teams of various NGOs carry out field work among the vulnerable populations identifying the groups at the highest risk and assisting in diagnosing new cases and the successful outcome of the treatment.

TB cases reported over the past 5 years

Since 1990, the number of new TB cases in Bulgaria has been increasing, reaching its peak value in 1998 (49.9 cases per 100,000 people). During the period 2000-2016, tuberculosis incidence has decreased in Bulgaria and in Sofia, reaching levels of 23-24 cases per 100,000 people. In 2016, the share of new TB cases per 100,000 people in Sofia was slightly higher than in 2015, but the incidence reveals a steady downward trend. The number of cases of tuberculosis relapse has also decreased. In 2015, their number was within the confidence interval of the prognosis made by WHO (Fig. 13).



Blue: New cases in Bulgaria

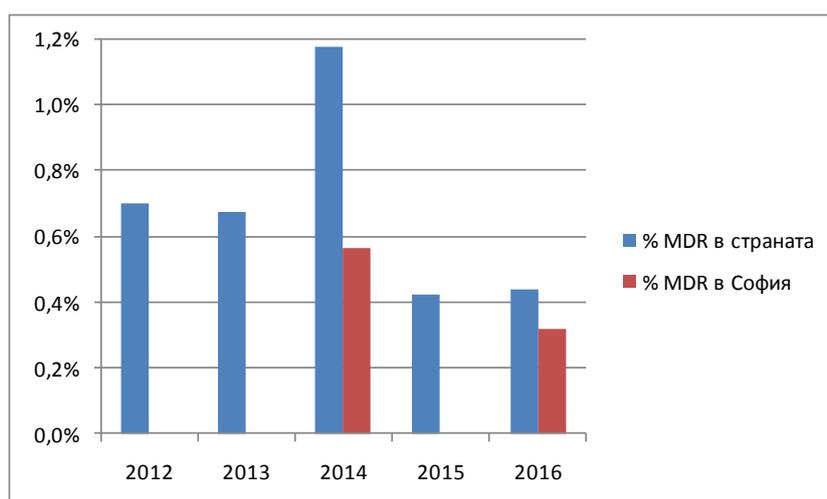
Red: New cases in Sofia

Green: Relapses in Bulgaria

Purple: Relapses in Sofia

Figure 13. New TB cases in Sofia and in Bulgaria (per 100,000 people) on the left number axis, and cases of TB relapse in Sofia and in Bulgaria (per 100,000 people) on the right number axis.

The number of MDR-TB cases over the period 2012-2016 has remained well below WHO estimates, and has been decreasing over the years, moving from 16 to 7 per 100,000 people in Bulgaria and from 0 to 1 per 100,000 people in Sofia. In Sofia, the share of MDR-TB cases among all new TB cases is lower (Fig. 14). The problem with MDR-TB in Sofia is relatively smaller, probably because of the better educated population and the smaller territory on which it dwells (therefore, allowing easier coverage).



Blue: Percentage of MDR-TB cases in Bulgaria

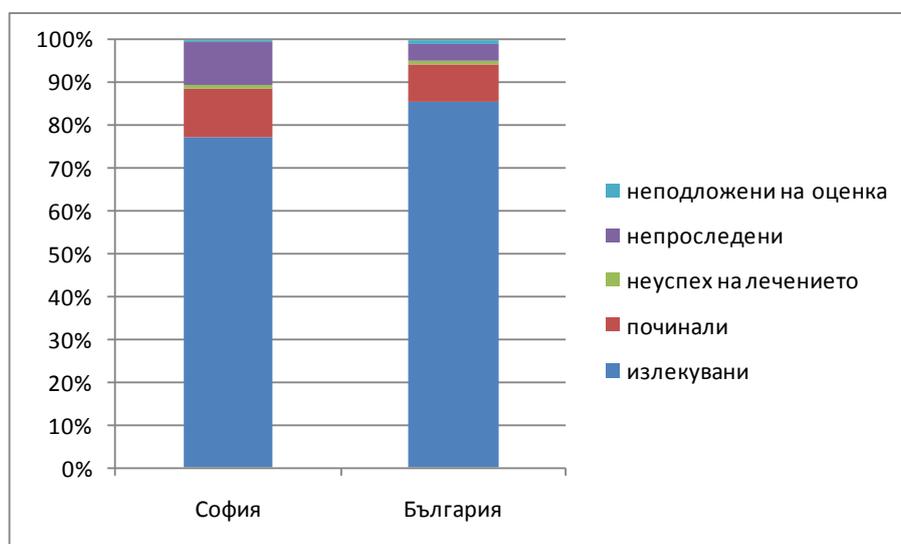
Red: Percentage of MDR-TB cases in Sofia

Figure 14. MDR-TB in Sofia and in Bulgaria (in percentage of all new TB cases).

Outcome of TB treatment by groups

In 2015, the share of the deceased TB patients in Sofia was higher than in Bulgaria (fig. 17). It is possible that it is due to the fact that the more severe cases are generally treated in Sofia. Also, the share of patients who have not been followed up is higher in Sofia. That could be explained with the fact that some of the patients come from distant parts of Bulgaria believing that they will

receive better treatment in the capital city, and that is why their follow-up may be more difficult.



Left: Sofia

Right: Bulgaria

Turquoise: Patients who have not been evaluated

Purple: Patients who have not been followed-up

Green: Patients with treatment failure

Brick Red: Deceased patients

Navy Blue: Cured patients

Figure 17. Relative share of the outcome of treatment among new TB cases in Sofia and in Bulgaria.

Part III. Qualitative survey on the need assessment of key communities and providers of services in Sofia.

In July-August 2017, a qualitative survey to assess the need of HIV prevention was carried out. Data was collected by means of discussions held in focus groups, as well as through in-depth interviews conducted with the help of a unified questionnaire provided by the Project. The areas covered by the survey included: HIV prevention and testing; ART commencement and access to ART; adherence to ART; participation of institutions; HIV-TB co-infection. The following participants took part in the survey: representatives of the studied target groups (IDUs, MSM, SWs); NGOs in the field of HIV prevention and

testing; providers of services in the sphere of HIV/AIDS treatment and support for PLWH.

All interviewed persons were of the opinion that the reduction and discontinuation of services had a serious impact on HIV prevention and testing.

IDUs shared that it was paramount to them that the ‘van kept working and distributing (*clean syringes and needles*)!’. They felt safe in it, and it ‘reminded’ them to get tested.

According to MSM, there were very few venues in Sofia, where people could get free and anonymous HIV testing and counselling, and there were no ‘gay friendly’ services.

SWs claimed that the free and anonymous services provided in the field until recently were ‘the best thing that had ever happened to us’.

In theory, there is access to prevention and testing, but in practice, NGOs channel the access to the groups which ought to benefit from these services, and with the discontinuation of NGOs’ work the most vulnerable groups have no access to services. All providers of services are steadfast that there is a great need to resume field work with vulnerable groups, which includes not only testing, but also comprehensive work on prevention.

As regards the key reasons for having difficulties in gaining access to commencement of antiretroviral therapy (ART), the providers of services are of the opinion that IDUs have the most difficult access to ART, especially the ones who actively use drugs. The group of MSM reveals a high level of awareness, and this is the group that actively seeks out and receives services that lead to commencement of ART. The ones that are particularly vulnerable are the people from distant regions, and people without IDs, homeless people and children on the street. Poverty, poor health culture, ethnic and other factors influence negatively the process of commencing ART. The discontinuation of the ‘case management’ service provided until now by NGOs is the main reason for the disruption of the whole process: from identification to commencement of ART for the most vulnerable populations.

The people who were interviewed listed the following measures necessary to the improvement of the conditions for adherence to ART, and proposed to establish:

- an integrated health and social service: a day-care centre offering support from various specialists, and an individual approach to every HIV-positive person;

- a strong social programme – supported financially on a national and municipal level;
- universal measures for all HIV-positive patients to improve adherence to ART;
- improvement of the conditions at the specialised departments for HIV treatment;
- provision of cutting-edge ART – intake of a minimum number of tablets daily;
- social assistance to patients outside larger cities.

Recognition of the services offered by NGOs by the Municipality of Sofia through provision of offices, recruitment of teams, and development of a strategy.

Conclusions

1. 67% of the funding of the activities on HIV/AIDS prevention and control on a national level came from the state budget. The external donor, the Global Fund, covered mostly prevention among target populations, but the agreement on the free grant expired in 2016. The funds allocated by the Municipality of Sofia in 2016 were highly insufficient.

2. It is likely that estimates of the size of the target populations in Sofia are lower than their actual number, and some of the data is outdated.

3. Given the clear steady trend of an increase in the number of newly registered HIV cases over the entire period of their registration, 2016 saw a decrease on previous years, which is probably due to the discontinuation of the services carried out by NGOs as subrecipients under HAPCP.

4. The number of newly registered HIV cases among MSM increases, and this group ought to be covered by interventions as a priority.

5. Female IDUs ought to be covered by interventions with greater care, probably because of the increasing number of HIV-positive persons among them.

6. Prevention activities should not ignore IDUs as a whole because of the possible resurgence of a concentrated epidemic among this group in Sofia.

7. SWs are characterised by a traditionally low spread of HIV among them. However, this group ought also not to be dropped from the package of prevention services, because just like the other target populations, it is closely

linked to the men and women at low risk, and could assist in the transmission of the infection to the general population.

8. HIV-related deaths are relatively small in number, but it is possible that fewer cases get reported because of failures of the reporting system, and the possibility of deaths among people with an undiagnosed HIV infection.

9. The indicators set in NP HIV 2017-2020 are more specific only for IDUs, whereas they remain generalised for the other target populations (MSM, SWs, etc.), which creates difficulties with the coverage and the reporting of services. It creates also prerequisites for the spread of the epidemic already concentrated among MSM, because of the greater difficulty to identify people from that population, and because they are being substituted with people from other groups (for example, migrants who are easy to reach at refugee centres; ethnic communities that live in greater concentration in certain neighbourhoods, etc.).

10. The reduction of the activities under HAPCP in 2016 resulted naturally in lower indicator values, such as a lower number of individual clients, and from there, lower coverage with prevention services. This hides a huge risk of an increase in the number of HIV-positive people, but it is likely that they not be identified, since currently there are no working NGOs to actively seek them out.

11. The number of people from the target populations tested for HIV in 2016 was dramatically lower on previous years, which is also visible through the lower number of people officially registered as HIV-positive that same year. This does not hold true of MSM, whose number increased.

12. The number of HIV testings in Sofia in 2016 exceeded 130,000, but the number of IDUs and MSM among them was highly insufficient. However, despite the lower number of people from these categories who got tested, there was a high share of positive results among them.

13. The estimates of PLWH in Bulgaria are probably lower than their actual number.

14. The share of the people referred to care, support and treatment in Sofia is considerably greater than the respective level for Bulgaria. Beside the well-conducted 'case management' service, this could be explained with the concentration of the population in Sofia, which facilitates referral to care, support and treatment.

15. The relative share of patients with undetectable viral load is relatively high (88.5%).

16. It is important to know, remember and repeat that each BGN invested in prevention gets a fivefold return in economy of financial resources.

17. The number of new TB cases in 2012-2016 decreased in Bulgaria on the whole, and in Sofia, in particular.

18. The number of MDR-TB cases has also been decreasing over the years, and it is below WHO estimates. In Sofia, their share among new TB cases is lower than in Bulgaria as a whole.

19. The number of TB-related deaths has been decreasing and is below WHO estimates.

20. In 2016, more than half of the TB patients in Sofia were tested for HIV. Their share has increased sharply since 2008, when the Improvement of Tuberculosis Control in Bulgaria Programme was launched.

21. The number of TB screenings among identified TB contacts is very high, and varied between 90% and 100%.

22. In 2015, the share of people in Sofia cured from TB was lower, and the percentage of the deceased and the patients who were not followed-up was higher.