

# Bulgaria Country Report

**EU partnerships to reduce HIV & public health vulnerabilities  
associated with population mobility**



Prepared by: Tonka Tvarleva, MD  
Tsvetana Yakimova  
Ivan Tachev  
Ministry of Health

For International Organization for Migration

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***Disclaimer: The authors of this report are responsible for the choice of facts contained in the text and for the opinions expressed therein, which are not those of the International Organization for Migration or the Ministry of Health.***

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## **Background and Introduction**

The free movement of people, goods and services is perceived to be a pillar of the sustained development of the European Union. At the same time Europe is facing continuous ageing of the population, and increased immigration flows over the last decade, which have become driving forces for the demographic changes, especially in EU 25. Furthermore, population mobility naturally entails challenges from the common strategy and policy, legislation, human rights and public health. Migration increases vulnerability to infectious diseases, and in particular HIV and Tuberculosis. Therefore, HIV and migration should be brought to EU agendas as part of broader public health and social policies.

Bulgaria, as a new member state and external EU border, also faces these challenges as it is expected that mobility will increase in two directions – internal (within the EU, mainly by young people emigrating from Bulgaria) and external (people from third countries immigrating to Bulgaria).

## **Methodology of the Country Case Study**

### **Secondary Data Analysis**

Secondary data analysis was performed at two stages. First, a Working Group of experts was formed with an Order of the Minister of Health, who actively participated in a series of interdisciplinary consultations to outline the points where migration policies and programs in the country meet with policies and programs for access and provision of health with a focus on HIV/AIDS and Tuberculosis. The working group was chaired by the National AIDS Coordinator for Bulgaria and comprised of representatives of the following government institutions and non-governmental organizations:

#### **HIV/TB/Health care experts from:**

- The Department for Prevention and Control of AIDS, TB and STIs at the Ministry of Health;
- Program “Prevention and Control of HIV/AIDS”, financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria;
- Expert Board of HIV/AIDS and STIs at the Ministry of Health;
- The National Centre of Infectious and Parasitic Diseases;
- The Medical Institute at the Ministry of Interior;
- The Medical Sector, Execution of Judgment Chief Directorate at the Ministry of Justice;
- The Joint UN Program on HIV/AIDS (UNAIDS);

#### **Migration experts from:**

- The Reception and Integration of Refugees Directorate, State Agency for Refugees at the Council of Ministers;
- The Bulgarian Communities and Information Activity Directorate at the State Agency for Bulgarians Abroad;
- The UNHCR Branch Office in Bulgaria;

- The Refugee-Migrant Service at the Bulgarian Red Cross;
- CARITAS Bulgaria;
- The Association for Integration of Refugees and Migrants;
- The Agency for Socioeconomic Analyses

Furthermore, representatives of the Bulgarian Helsinki Committee were contacted during the expert consultation process.

Next stage consisted in desk review of existing data related to:

- HIV and TB epidemiology, national policies and programs implemented in the country;
- Public health legislation regarding provision of medical care to Bulgarian and other nationals;
- Migration profile and legal context.

### **Primary Data Collection and Analysis**

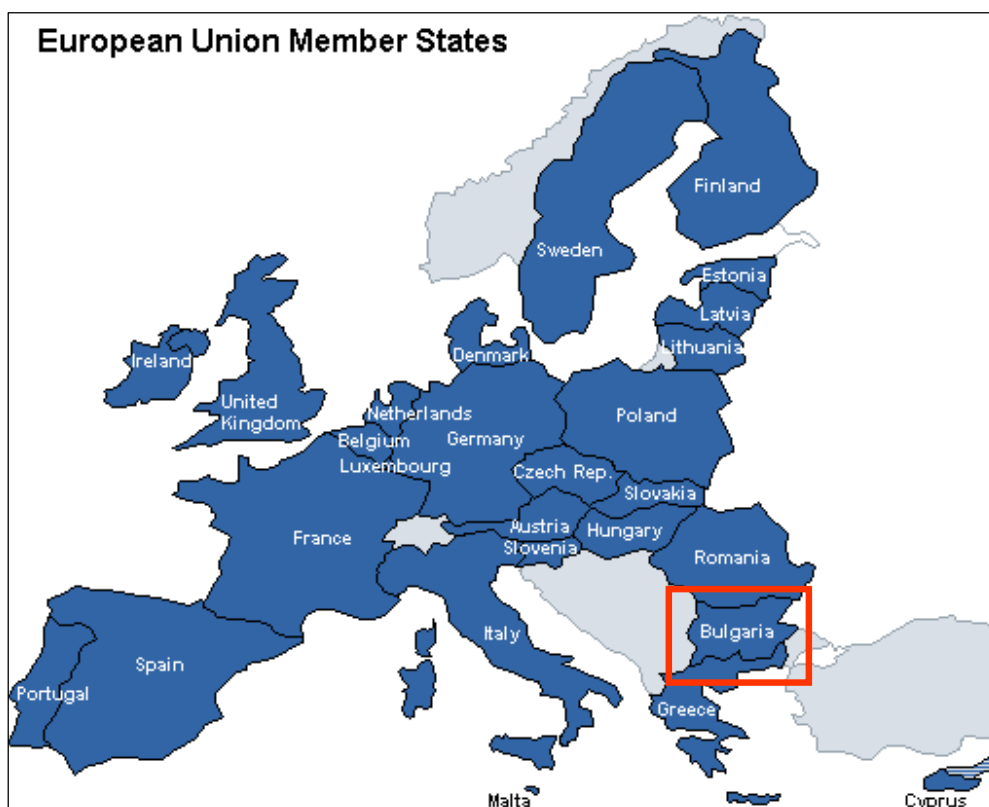
Primary data collection and analysis was aimed at rapid qualitative assessment of the availability of information and migrants' knowledge on the ways of transmission and prevention of HIV/TB, the provision and access to HIV/TB services in the framework of overall access to health services for migrants.

### **Highlights**

- Bulgaria ensures an integrated and balanced approach to fight HIV through (1) prevention; (2) treatment; and (3) care and support to people affected by the disease.
- Specific health and social services for HIV prevention among vulnerable groups are provided primarily by non-governmental organizations in priority 19 of the 28 country districts.
- Migrant populations are identified and will be included among the target groups of the new National Program for Prevention and Control of HIV/AIDS and STIs (2008-2015).
- Refugees and asylum seekers are identified and included as a vulnerable group in the National Program for Prevention and Control of Tuberculosis in Bulgaria (2007-2011).
- Since 1987 till 2006, a cumulative total of 689 HIV cases were registered in the Bulgaria, of which 180 developed AIDS. Experts estimate that the number of people living with HIV in the country can be three to five times more.
- Up to 30 June 2007, registered HIV cases are concentrated mainly in four of the 28 administrative districts - Sofia, Plovdiv, Bourgas and Varna.
- Most of the foreigners with permanent residence permit have settled mainly in the biggest cities and urban areas – Sofia, Plovdiv, Varna and Bourgas.
- The largest part of registered HIV cases among foreigners in Bulgaria come from countries with generalized epidemics.
- Three are the major channels used by migrants to and through Bulgaria: Turkey-Bulgaria-Greece; Turkey-Bulgaria-Romania; and Romania-Bulgaria-Greece.

- Emigration and the negative population growth are major factors behind the decrease of the total population from 8.6 million in 1990 to 7.6 million in 2006.
- Increase in the number of persons seeking asylum in Bulgaria can be expected in the following years with a view to EU membership of the country.

## HIV, TB and Migration: Country Context Review of Policy and Legal Framework



### Background Information, National Statistical Institute, 2006

**Area:** 111000 km<sup>2</sup>

**Population:** 7.6 millions

- Bulgarian 84.5%
- Turkish 9.6%
- Roma 4.1%
- other and unspecified 1.8%

**Administrative districts:** 28

**GDP:** 25 billions EUR

**GNI per capita:** 3270 EUR

**Life expectancy:** 72.6 years

**Population growth rate:** -5.1‰

## Overview of the National Health System

During the last 17 years numerous changes occurred in Bulgarian political, economical and social life. Following a severe economic crisis, the country today enjoys relative macro-economic stability. Nevertheless, a number of acute economic and social problems have not been overcome, and they have strong adverse impact on the national health system.

In comparison to EU countries, including new Member States, Bulgaria has a relatively high level of unemployment, lower income levels and lower Gross Domestic Product (GDP) per capita figures. In the years of transition, expenditures for health as a share of GDP have been gradually going up (Table 1.), but nevertheless the health system continues to be under-funded. A comparison with other European countries shows that the share of healthcare expenses in GDP is considerably higher there – Hungary 6.8%, Slovakia - 6,7 %, Czech Republic – 7,3 %, Portugal – 7,7% Greece – 8,7%, Belgium – 8,8%.

**Table 1. Total health expenditures in EUR million and as percent of GDP for the period 2000-2006**

<b>Consolidated State Budget</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
<b>Health expenditures as % of GDP</b>	<b>3,70%</b>	<b>4,00%</b>	<b>4,50%</b>	<b>4,80%</b>	<b>4,60%</b>	<b>4,80%</b>	<b>Plan</b>
<b>Total health expenditures</b>	<b>500</b>	<b>612</b>	<b>737</b>	<b>868</b>	<b>904</b>	<b>907</b>	<b>1 023</b>
National Health Insurance Fund	65	219	299	396	451	503	694
Ministry of Health	149	252	295	306	330	295	208
Municipalities	212	94	107	112	57	71	66
Other ministries and institutions	74	47	36	53	67	38	54

**Source: Ministry of Health, 2006**

The trend of a deteriorating demographic situation in the country, which emerged during the past two decades, is manifested in the deepening processes of depopulation and ageing of the population - declining birth rates; increased death rates; active emigration and negative natural growth rate.

In the mid-90s, a number of reforms were undertaken in the public sector. The following acts were adopted with the purpose of establishing adequate health-related legislation: Health Act; Health Insurance Act, Medical Facilities Act; Act on the Professional Organisations of Physicians and Dentists; Act on the Professional Organisations of Nurses, Midwives and Associated Health Professionals; Act on Medicines and Pharmacies in Human Medicine; Act on Narcotic Substances and Precursors; the Organs, Tissues and Cells Transplantation Act; the Act on Blood, Blood Donation and Blood

Transfusion, and others. This established the legislative base needed to carry on with healthcare reforms.

From a state-funded system under the Soviet "Semashko" model, in 2000 the healthcare system started operating under the principles of health insurance. The model of mandatory health insurance was introduced, and the National Health Insurance Fund (NHIF) was set up; healthcare is now jointly financed by the NHIF and the State Budget. The aims of the health reform include gradually reducing the share of budget funding, particularly starting from 2006, and transition to funding from health insurance.

The financial resources available to the system for the period 2000-2006 have been increasing, but this happened on the background of growing general morbidity, higher prices for medicines, increased spending to cover electricity, water and heating costs, i.e. the higher figures for expenditures did not translate into a larger volume of health services provided. The higher expenses for medicines create growing pressure for increasingly higher overheads. Over the past five years, the growth in expenditures for the supply of medicines is a phenomenon experienced by most European countries and it exceeds the growth of total health expenditure. Keeping the share of health expenditures low is expected to deepen the negative demographic and epidemiological trends in Bulgaria.

The Health Insurance Act (1998, SG, No.70) [13] provides the framework for the organisation of mandatory health insurance using the "public contract" concept. The NHIF was established which became functional in March 1999. Its main task is to run and administer mandatory health insurance in Bulgaria, in the field of managing the insurance contributions collected and paying for health activities and medicines within a set scope. At the beginning of its activity, the NHIF only managed primary healthcare, but since July of 2001 hospital healthcare activities have also been gradually added to its responsibilities. However, HIV and TB diagnosis and treatment are not included in the health services reimbursed by NHIF. Currently, these expenses are only covered by direct subsidies from the state budget. Moreover, people from the groups identified as most vulnerable to HIV and TB have no health insurance [1, p.52-54].

### **Overview of National HIV Policies and Programs**

Regarding HIV, Bulgaria is still a country with low prevalence among the general population. Given the fact that the country is situated in a region with a rapidly growing impact of the HIV epidemic, the need to prevent the outbreak of an HIV epidemic was recognized by the government as a national priority for action.

Steps in that direction were taken as early as 1996, when the National Committee on AIDS and STDs Prevention was formally established under a Decree of the Council of Ministers. Currently, the national policy is implemented through the implementation of two major programs: 1) the National Action Plan for Prevention and Control of HIV/AIDS and Sexually Transmitted Diseases (2001-2007), and 2) Program "Prevention and Control of HIV/AIDS", financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria (2004-2008).



The National Action Plan sets forth the overall policy of the country not to allow an outbreak of HIV/AIDS epidemic and incorporates a multisectoral and participatory approach to address all aspects of the problem while respecting human rights.

- Safety of each donor blood unit;
- Universal and free-of-charge HIV testing throughout the country;
- Free-of-charge and universal provision of antiretroviral therapy to those in need. Access to antiretroviral treatment in Bulgaria is universal, which means that all persons, who meet the criteria for initiation of antiretroviral treatment, are provided with most up-to-date HAART therapy regardless of their social and health insurance status;
- Free-of-charge antiretroviral prophylaxis to prevent mother-to-child transmission of the HIV infection.

An important advantage of the country in this respect is the well-established infrastructure which is in service to the network of health institutions responsible for HIV/AIDS prevention and control.

Since 2004, Program “Prevention and Control of HIV/AIDS” has been implemented with a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria. The main goal of this program is to sustain the low HIV prevalence in the country through:

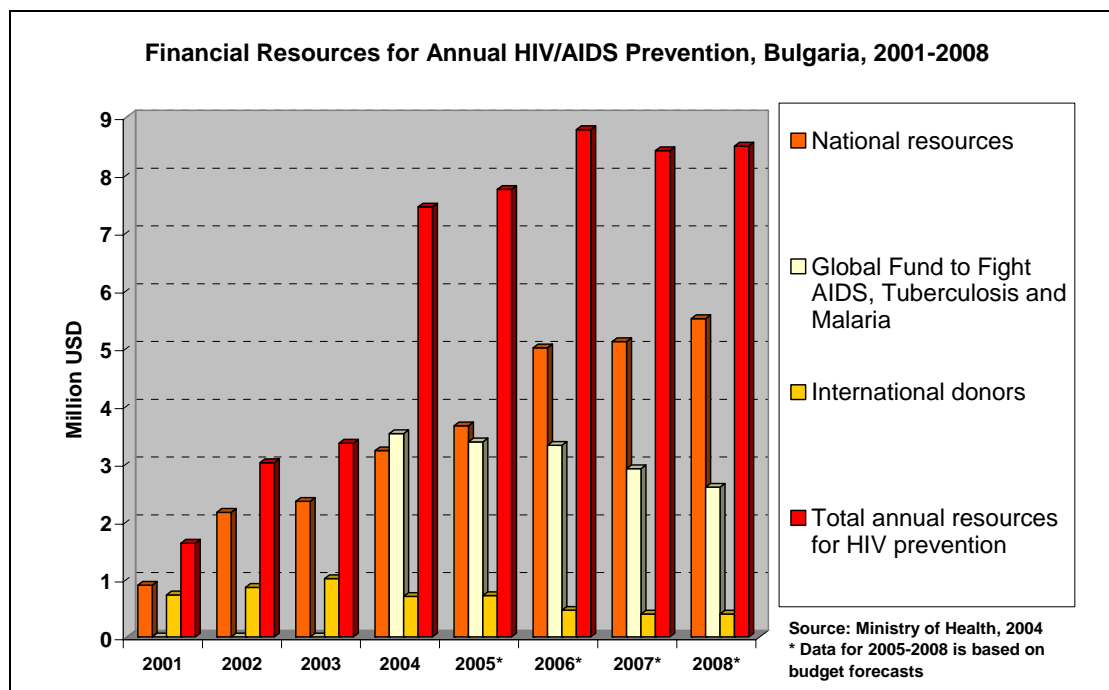
- HIV and STIs prevention among the most vulnerable groups
- Specific services, care and support for vulnerable groups and people living with HIV/AIDS
- Up-to-date health education for young people
- Development of human and institutional capacity [2, 3, 4, 5].

The award of the grant is based on the principle for additionally of the funding by the Global Fund to the national resources allocated to respond to the problem. Therefore, the main focus of Program “Prevention and Control of HIV/AIDS” is the preventive work among the groups most-at-risk (injecting drug users; sex workers; young Roma people with risk behaviour; men, who have sex with men; and prisoners), as well as care and support for people, affected by AIDS. Thus Bulgaria was successful in ensuring geographical equity and high coverage rate at the national level of HIV prevention services and activities (Annex 1).

Specific health and social services for HIV prevention are provided primarily by 52 non-governmental organizations in priority 19 of the 28 country districts and 138 pilot schools in 13 districts. All activities are coordinated at national and local level [4, 5, 6].

During all that time, important financial and technical support has been provided by international donor organizations, such as UNAIDS, WHO, UNICEF, UNDP, UNFPA, USAID, CIDA and others, which further contributed to the development of national policies, implementation of the activities and provision of accessible services in the national framework for action [2, 3, 4, 6].

Thus the country ensures financing for an integrated and balanced approach to fight HIV through (1) prevention; (2) treatment; and (3) care and support to people affected by the disease (Figure 1).



**Figure 1**

National HIV policies are designed so as to contribute to the implementation of:

- The Millennium Development Goals
- UNGASS Declaration of Commitment
- The global initiative on scaling-up towards universal access to HIV prevention, treatment, care and support to all who need it by 2010
- The Declarations of Dublin, Vilnius and Bremen.

Currently, a new National HIV/AIDS Strategy and Action Plan for Prevention and Control of HIV/AIDS and STIs for the period 2008-2015 is being developed, where migrant populations are identified and will be included among the target groups of specific HIV prevention interventions.

### **Overview of National TB Policies and Programs**

As early as 1994 Bulgaria developed its first National TB Programme, and in 1997 an Expert Council on TB was set up under the Ministry of Health. To ensure the continued implementation of specific activities and sustainability in the efforts of competent state institutions, in 2004 the Government adopted the Fourth National Programme on TB Control in the Republic of Bulgaria covering the period 2004-2006, which was developed in line with Resolution 53.2 of the Fifty-third session of the World Health Organization (WHO) of May 2002, The European Expansion Plan to Stop TB by Directly Observed

Therapy - Short Course (DOTS) adopted at the 52nd session of the WHO - European regional committee in September 2002, and the national context and the course of health-care reform in the country. The Programme is fully based on introducing and expanding DOTS in Bulgaria and aims to provide access to treatment for the entire population, including the representatives of vulnerable groups [1].

The following programme linkages with international initiatives should be noted:

- Bulgaria introduced DOTS as recommended by WHO and the International Union Against Tuberculosis and Lung Diseases;
- The WHO Regional office for Europe, EuroTB, provides assistance for efficient TB control in Bulgaria sending regular missions to the country;
- TB experts and microbiologists took part in training courses for the introduction of DOTS organised by WHO and the Swiss Agency for Development and Cooperation;
- Improving laboratory control in the country including the National Reference Laboratory for TB into the WHO network of “Supranational laboratories”;
- Improving the TB surveillance system with assistance from WHO and other international partners;
- The country is preparing to apply for second-line TB drugs supply through the mechanism of Green Light Committee (GLC) [1].

In 2007 the Government at their regular session (Council of Ministers Protocol No. 25 of 28th of June 2007) has approved and accepted the fifth National Program for Prevention and Control of Tuberculosis in the Republic of Bulgaria covering the period 2007-2011, which is the natural continuation of the preceding programs. The Program’s major goal is to reduce the burden of tuberculosis in the country. The Program and its Action Plan have been developed in line with the guidelines of the Stop TB Strategy, Global plan to Stop TB 2006-2015 and the UN Millennium Development Goals.

The specific objectives and activities, included in the Program have been developed with a view of eliminating the program and financial discrepancies, and securing an integrated and balanced approach to implementing the national response, which includes prevention, quality diagnosis and treatment, care and support to people affected with the disease and special focus on the poor and vulnerable groups.

The National Program for Prevention and Control of Tuberculosis in the Republic of Bulgaria covering the period 2007-2011 contains seven objectives:

- Objective 1. Strengthening the infrastructure, management and coordination
- Objective 2. Timely diagnosis and control of tuberculosis
- Objective 3. Successful treatment of tuberculosis in Bulgaria
- Objective 4. Reducing the transmission of tuberculosis in the prisons in Bulgaria
- Objective 5. Restricting the spread of tuberculosis among the Roma community and the vulnerable groups - injecting drug users and alcohol-addicted people; refugees and asylum seekers; children of the street and children living in social homes; people living with HIV/AIDS
- Objective 6. Specific immune prophylaxis and chemoprophylaxis

- Objective 7. Health promotion

The Bulgarian Government recognizes the need to mobilize all available resources and efforts in fighting tuberculosis. Despite the fact that the Ministry of Health has been allocating substantial funds from its annual budget, there still exist resource gaps in various areas of the fight against this disease. Therefore, in 2006 the Bulgarian Country Coordinating Mechanism to fight AIDS and Tuberculosis applied with proposal “Improve the Tuberculosis Control in Bulgaria” in the 6-th Round of proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria, and received approval. The Proposal’s major goal, i.e. to reduce the burden of tuberculosis in the Republic of Bulgaria, will be achieved through strengthening the infrastructure and developing capacity; establishment of national TB surveillance system; implementation of effective strategies for modern diagnosis and quality treatment; prevention, care and support among the high risk groups; establishment of national system of external quality evaluation of laboratory diagnosis; monitoring and evaluation of TB situation and response, as well as ensuring the multisectoral and participatory approach in the implementation of the National Programme for Prevention and Control of TB in the Republic of Bulgaria (2007-2011).

The National TB Program will receive funding of EUR 43.3 mln. for the period 2007-2011 including EUR 27.8 mln. from the national budget, and planned EUR 15.5 mln. for a five-year period from the Global Fund to fight AIDS, Tuberculosis and Malaria.

### **National Legal Framework Regulating Access to Health Care, including HIV and TB treatment**

Since costs for HIV and TB diagnosis and treatment are not included in the health services reimbursed by NHIF, these are covered by the state budget through the budget of the Ministry of Health. The rationale behind this arrangement is that direct financing from the state budget is allocated for diseases with social significance, including HIV/AIDS, Tuberculosis, oncological diseases and others, to ensure free and universal access to all who need it. Furthermore, there is specific legislation regulating the central procurement of medicines for such diseases by the Ministry of Health, as well as strict control over all procedures related to distribution to specialized treatment facilities, storage, prescription, usage, reporting and accounting for these medicines. Thus, all Bulgarian citizens, and foreigners entitled to the rights of Bulgarian citizens according to the Act for Foreigners in the Republic of Bulgaria [14] and the Act for Refugees and Asylum [15], have access to free-of-charge HIV and TB treatment, regardless of their and health and social insurance status. A joint Ordinance issued by the Minister of Health, the Minister of Foreign Affairs and the Minister of Justice, regulates the provision and costs arrangements of medical care for foreigners, who are not entitled to the rights of Bulgarian citizens, and people in need of treatment

### **Background Information on the System for Provision of HIV Testing and the Network for Provision of HIV Voluntary Counselling and Testing (VCT)**

As part of the implementation of the National Action Plan for Prevention and Control of AIDS and STIs (2001-2002), the Ministry of Health procures and distributes around 250 000 HIV tests annually to 5 Centres for Haematology and Transfusiology (blood banks); 28 Regional Inspectorates for Protection and Control of Public Health (RIPCPH); 12 Dermato-venereological Dispensaries; 5 Dermatology and Venereology Clinics at the Medical Universities; the National Centre of Infectious and Parasitic Diseases and the National Centre for Addictions. This system ensures national coverage of the provision of provider-initiated HIV testing (screening and diagnostic) to the general population [7].

Since 2003, the first stand-alone HIV VCT centres were established with the financial support of WHO. Since 2004, with the implementation of Program “Prevention and Control of HIV/AIDS”, financed by the Global Fund, their number increased from 9 to 18. Regular campaigns were used to promote anonymous and free-of-charge HIV counselling and testing. The provision of HIV VCT services is expanded through 12 mobile medical units, 5 low-threshold centres for IDUs and 8 Roma health and social centres operated by NGOs working with target groups. Additionally, counsellors from stand-alone VCT centres entered all 13 prisons in the country and started outreach activities in small towns and vacation resorts to further expand the provision of VCT services (Annex 2). Thus, the provision of HIV counselling and testing to the most vulnerable groups was significantly intensified, which is essential to monitor and evaluate trends in incident HIV infections in low HIV prevalence country [5, 7].

With the increase of summer tourism to the Black Sea coast, it might be expected that it become a hotspot. Therefore, in 2007, Program “Prevention and Control of HIV/AIDS” organized 1-month campaign (from mid-July to mid-August) for provision of HIV VCT services through mobile medical units. A total of 4 165 people (among which 165 men who have sex with men, and 76 foreign tourists) received VCT services in 17 big and small sea resorts. No HIV cases were found.

### **Background Information on the System for Provision of HIV treatment and care**

Provision of HAART (Highly Active Antiretroviral Therapy) in Bulgaria as a combination of three or more antiretroviral drugs started in 1999. Since then to 2004, ARV treatment for people living with HIV/AIDS was provided only in the Infectious Diseases Hospital in the capital of Sofia. In 2004, a process of decentralization of the system for provision of HAART was initiated. Currently, there are 3 functioning departments at the Infectious Diseases Hospitals in the biggest cities Sofia, Plovdiv and Varna, and a fourth one will start operating by the end of 2007 (Annex 3). According to the principles of universal access, people living with HIV have the right to treatment, care and support. They play a major role in scaling-up HIV prevention. Following these principles, people living with HIV in Bulgaria:

- Receive free-of-charge antiretroviral therapy and up-to-date monitoring of the therapy, the costs of which are covered by the budget of the Ministry of Health;
- Receive free-of-charge treatment of opportunistic infections, the costs of which are covered with Global Fund resources;
- Participate in planning, implementation and oversight of HIV-related activities. They have 2 representatives in the Country Coordinating Mechanism to Fight

- AIDS and Tuberculosis and 1 representative in the Expert Board on HIV and STIs at the Ministry of Health;
- They have organized themselves in 3 NGOs which provide additional care and support services, including for relatives and sexual partners. They provide counselling to help coping with the disease and social integration, support the adherence to ARV treatment, prevention of HIV transmission to sexual partners, and provision of free social and legal services (Annex 3).

### **Background Information on the System for Provision of TB diagnosis, treatment and care**

At present, the structure of the TB in-patient network in the country is comprised of: 13 Regional TB Dispensaries for In-Patient Care; 7 Specialised Hospitals for Active Treatment of Lung Diseases and TB, of which 5 are state-owned, and 2 are municipal; 5 hospitals for prolonged treatment. 10 regional multiprofile hospitals for active treatment with TB departments in regions where there are no established TB dispensaries (Annex 4).

### **Migration Policy and Legal Context**

The Report on the Migration Situation in the Republic of Bulgaria in 2004, approved by the Council of Ministers, presents the migration policy of the Republic of Bulgaria as aimed at ensuring respect for human rights and liberties in compliance with international and European standards, while keeping the balance between the measures to control illegal migration and to provide for free movement of people.

The strategic goals of this policy include:

- Development of regulated forms of migration;
- Increase of internal and border security, including taking responsibilities for protection of external borders of the European Union;
- Respect for rights of legal migrants in the country and their integration;
- International cooperation and implementation of international agreements relating to migration [8, p.2-3].

On the other hand, the National Demographic Strategy of the Republic of Bulgaria (2006-2020) outlines the national policies in response to the demographic changes faced also by other countries in Europe as lower birth rates, aging of the population and increased migration flows. This strategic document sets forth among its priorities for action significant decrease in the number of emigrating young people at reproductive age and the development of an adequate immigration policy since immigration might have a positive effect on the labour market and on economic growth [9, p. 35].

The history of the development and changes of the Bulgarian legislation concerning migrants can be found in different publications. A detailed and updated description of the legal framework regulating the stay and economic activity of foreign nationals in the Republic of Bulgaria can be found in the report of Bulgarian Helsinki Committee Report titled “Research of the rights of migrants in Bulgaria from a human rights perspective” [10]. This report contains a full list of main legislative documents concerning the migrants [10, p. 10]. The analysis points first at the role of the Constitution of the

Republic of Bulgaria. It guarantees “the equal treatment of foreigners with respect to all rights and obligations” [10, p. 11]. Foreigners in the Republic of Bulgaria Act [14] is the main legal document which “shall set forth the terms and procedures whereunder “foreigners shall be allowed to enter, reside in and leave the Republic of Bulgaria, as well as their rights and obligations” (Foreigners in the Republic of Bulgaria Act, Article 1). The act defines two types of foreigners according to their period of stay (Art. 23):

- short-term stay - up to ninety days
- long-term stay – this is divided into two categories: continuous (up to 1 year) and permanent (for an indefinite period of stay).

A foreigner entered on the national territory is obligated 5 days after his entry in the country to declare in writing the address of his residence before the authorities for administrative control over foreigners or before the police station in the place of residence.

Article 10 of the Act states that a foreigner shall be denied a visa and entry into this country in the event that he might be presumed to spread an acute communicable disease; or is afflicted with a disease which according to the criteria of the Ministry of Health or of the WHO poses a threat to public health; or is not in possession of a vaccination certificate; or is coming from an area with a complicated epidemic or epizootic situation. This article does not affect persons with HIV/AIDS or TB.

Another significant legal document in the Bulgarian legislation in the field of migration is the Act on Asylum and Refugees [15]. This is the document that lays down the conditions and the procedures for granting special protection to aliens in the territory of the Republic of Bulgaria, as well as their rights and obligations (Art. 1). The types of special protection that the Republic of Bulgaria provides for are:

- asylum;
- refugee status;
- humanitarian status;
- temporary protection.

Refugee status shall be recognized to foreigners who owing to a well-founded fear of persecution on the grounds of their race, religion, nationality, political beliefs, or belonging to a particular social group are unwilling to return to the country of their nationality (or origin) and avail themselves of its protection. The same applies to the spouses or under-age and minor children of foreigners with a refugee status. Refugees have equal rights and obligations with Bulgarian citizens [10, p. 13]. Hence persons with refugee status have rights to access and use of health care services including free-of-charge HIV and TB treatment.

Humanitarian status is granted to persons who have been compelled to leave or persons who are unable to return to their country of origin owing to circumstances endangering their life, liberty or security of person due to an armed conflict. Such status is also granted to persons who are at risk of being subjected to torture, or other forms of inhuman or degrading treatment or punishment in their home country. Persons with

humanitarian status enjoy all the rights granted to recognized refugees in the country [10, p. 13-14].

Temporary protection is granted for a definite period of time in the event of mass entry of foreigners who have been compelled to leave and unable to return to their country of origin on account of an armed conflict, civil war, foreign invasion, human rights violations or outbursts of violence on a large scale. Aliens with respect to whom a temporary protection has been granted shall have the right to food, shelter and clothing, work, medical care and services under the procedure and conditions set in the act whereby temporary protection is granted (Art. 39).

Further, Article 29 of the above document states that the alien seeking protection shall have the right to social assistance, psychological assistance, health insurance, accessible medical care and free use of medical services under the procedure and within the extent applicable to Bulgarian nationals.

This Act regulates also the structure and the work of the State Agency for Refugees and the cooperation with non-governmental sector: The territorial units of the State Agency for Refugees shall be:

1. Transit centres: for registration, accommodation, medical examination, and conduct of accelerated procedures in respect of aliens seeking protection;
2. Registration-and-reception centres: for registration, accommodation, medical examination, social and medical support conduct of status determination procedures in respect of aliens seeking protection, pending the entrance into force of the decision on the application for protection (Art. 47).

The State Agency for Refugees shall: organise, interacting with the central bodies of the executive power, the Bulgarian Red Cross and other non-governmental organisations, the activities relating to the provision of social, medical and psychological assistance for aliens seeking or who have been granted protection; assist for the integration of aliens who have been granted protection (Art. 53).

The article indicating the mandatory medical procedures for irregular migrants is Article 69. It states that any alien seeking protection shall undergo a medical check and examinations and shall remain under quarantine until the results become known. Where necessary, they may be accommodated at a hospital.

This short review of the above legislative acts reveals a well established legal framework regulating the entry, stay and leave of migrants. Regarding health care, the legal framework regulates the access to medical care, depending of the migrant's status, and free-of-charge HIV and TB treatment for all migrants on the Bulgarian territory.



## HIV/AIDS Epidemiological Context

HIV/AIDS case registration in Bulgaria started in 1986. Since then to the end of 2006, 689 HIV cases have been reported to the national registry of which 180 developed AIDS [7] (Figure 2).

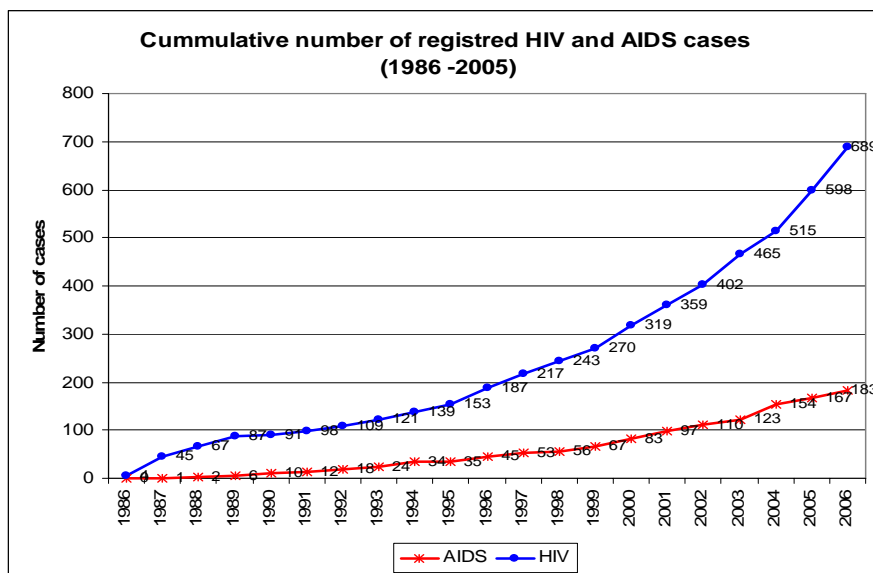


Figure 2

In the period 2000-2006 the largest share of registered HIV cases were in the age range 20-29 (42% of all cases). The general tendency observed with women is the earlier age of HIV infection (56% of female HIV infections fall in the age groups below 29 years) compared to men (33% of male HIV infections below 29 years). These tendencies in distribution of cases by age groups are observed during the whole reported period 2000-2006 with a clear increase for the age groups 20-29 and 30-39 years [7].

Since 1986 to 2006, a cumulative number of 475 HIV male cases and 214 HIV female cases were registered. The predominant share is that of male HIV infections which represent 70%. In the last 10 years (1997-2006) the average share of men is 67% (range 56%-78%), and the average share of women is 33% (range 22%-44%) [7].

Main transmission categories, into which fall 96% of the HIV cases registered in the period 1986-2006, are heterosexual (79%), injecting drug use (10%), and homo-/bisexual (7%). Blood and blood products transfusion recipients represent 17 cases (2%) as the last such cases were registered in 1996. 6 children (1% of all case) are in the mother-to-child transmission category. However, detailed analysis of data from the HIV registry for the period 2000-2006, the beginning of which is marked by the start of the implementation of the National Action Plan for Prevention and Control of HIV/AIDS and STIs, helps explain these distributions of the cumulative number as tendencies over time. This period can be further divided into two: 2000-2003 prior to the start of Program "Prevention and Control of HIV/AIDS, financed by the Global Fund to Fight AIDS, Tuberculosis and

Malaria, and 2004-2006 when HIV prevention intervention was largely scaled-up among the groups identified as most-at-risk. Activities included outreach work and active motivation, referral and provision of HIV counselling and testing, which progressively resulted in finding new HIV cases among the most-at-risk groups. Figure 3 represents the distribution of HIV cases by transmission categories by semesters. It is clearly observed that since 2004, the share of HIV infection in injecting drug use and homo-/bisexual categories has increased to 48.4% in 2006, while the heterosexual transmission follows relatively flat trend. This tendency is even more intense with men, where the share of injecting drug use and homo-/bisexual categories reaches 61% of all male cases [7] (Figure 4).

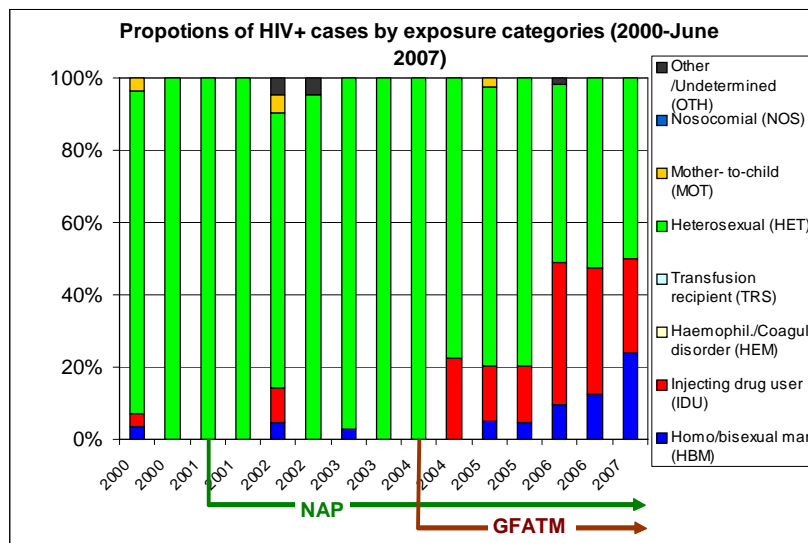


Figure 3

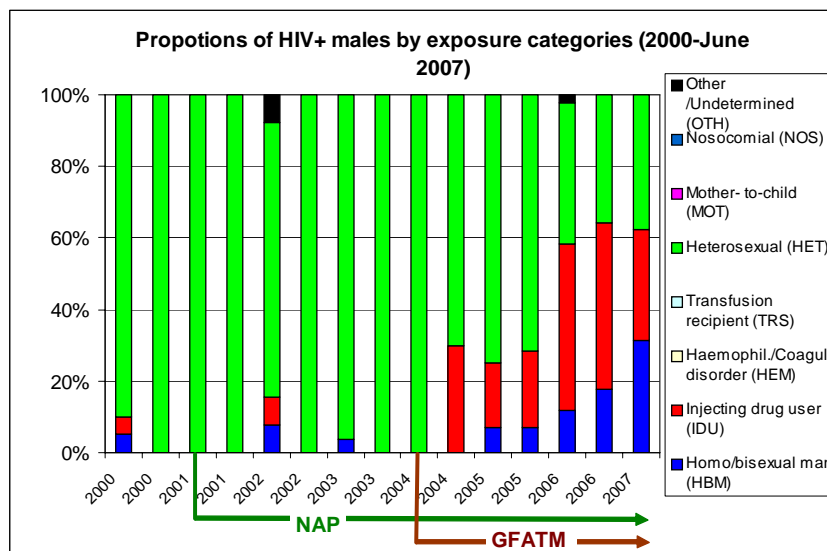


Figure 4

For the period 1986-2006, a total of 66 HIV cases (55 men and 11 women) in the injecting drug use category have been registered in the country, of which 54 (50 men and 4 women) only in the period 2004-2006 (Figure 5). It is evident that the activities of Program “Prevention and Control of HIV/AIDS”, the NGOs working with IDUs in 10 country regions and 18 HIV VCT centres have contributed to finding of a significant number of IDUs living with HIV [7].

In the second semester of 2006 and the first semester of 2007, there is a tendency in decrease in the number of new HIV cases among IDUs (Figure 6).

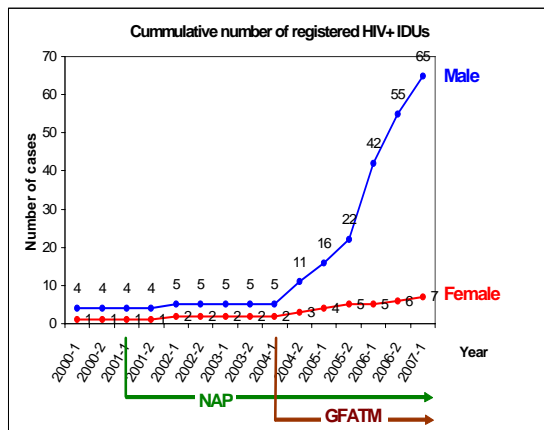


Figure 6

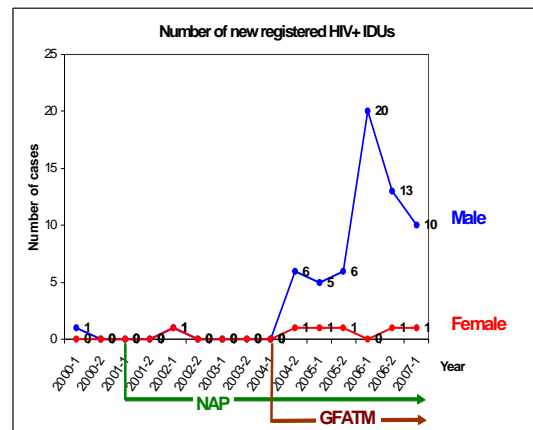


Figure 5

For the period 1986-2006, a total of 45 HIV cases of the homo-/bisexual category have been registered in the country, of which 14 only in the period 2004-2006 (Figure 7). Practically, Program “Prevention and Control of HIV/AIDS” started implementing activities in this group only in 2006, when 10 HIV cases were found, and another 10 were found in the first semester of 2007 (Figure 8). There were long years of strong stigma and discrimination towards the group of men who have sex with men (MSM), which prevented many of them from disclosing their sexual orientation until the recent several years. The large share of male HIV infections and the trend towards increase in the number of cases in the homo-/bisexual category in 2006 and 2007 implies that there is certain underreporting of HIV cases among men in the homo-/bisexual category [7].

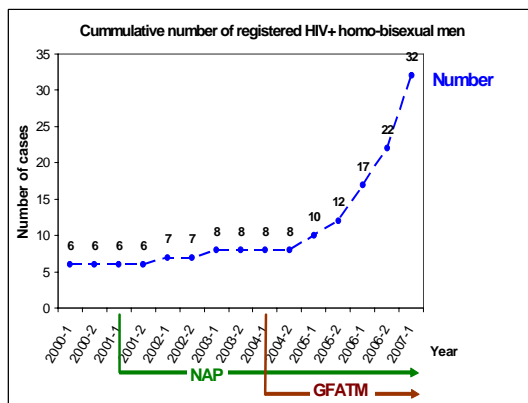


Figure 7

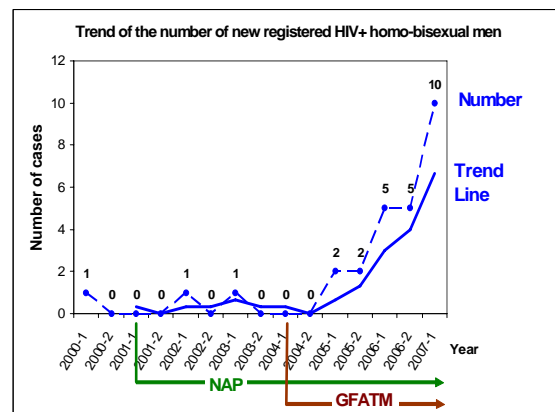
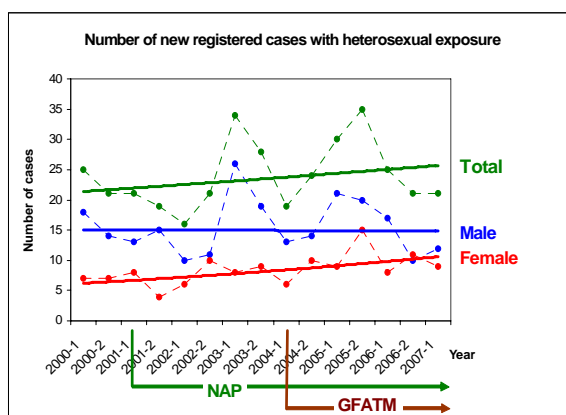
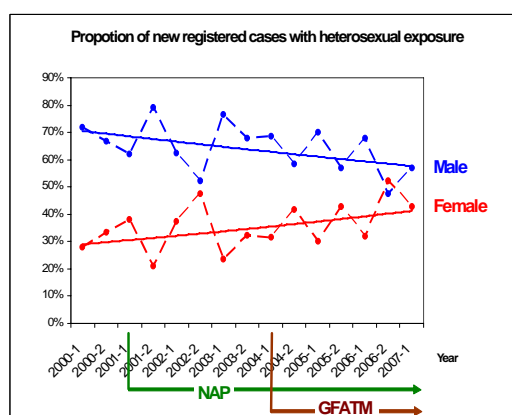


Figure 8

The heterosexual category represents the predominant transmission mode in Bulgaria since the beginning of the epidemic. Generally, the trend of increase in the total number of cases in the heterosexual category stays relatively flat (Figure 9). However, the trends by sex indicate that the number of newly registered male cases decreases while the number of newly registered female HIV cases increases (Figure 10).



**Figure 10**



**Figure 9**

Up to 30 June 2007, registered HIV cases are concentrated mainly in four country districts (the country is divided in 28 administrative districts): Sofia (n=248), Plovdiv (n=98), Bourgas (n=82) and Varna (n=57) (Annex 5). Since 2004, a tendency of rapid increase in the number of newly registered HIV cases is observed in Plovdiv. In 2006, for the first time the annual number of cases registered in Plovdiv is the largest: 31 compared to 19 in Sofia and 7 in Varna [7]. The majority of HIV cases registered in Plovdiv are the injecting drug use category, which is related to the overall situation of heroin users, illegal distribution of drugs, and the 2004 criminalization of the 'possession of a single dose' by the Penal Code.

Detailed analysis of the data from the HIV Registry in the country indicates also that from all 29 cases, registered in 1987, are from Bourgas. Of them 25 were Bulgarian men, continuously residing abroad for more than 1 month, and 3 were Bulgarian women (1 found as pregnant and 2 found through contact tracing). It is known that most of the men worked as sailors.

Furthermore, for the period 2002-June 2007, 17 HIV cases (4.7 % of all cases during the period) were registered as foreigners, most of whom referred by the State Agency for Refugees. Distribution by country of origin shows that a major part of them are from Nigeria (5), Ethiopia (2), Liberia (2), followed by single cases coming from Congo, Côte d'Ivoire, Russia, Ukraine, Romania, Greece, and two not known. Distribution by sex shows that the major part are men (14) coming from African countries, except for 1 from Romania, 1 from Greece and the two that are not known. Respectively, the 3 women are from Russia, Ukraine and Ethiopia. Distribution by age falls into the following groups:

20-29 years (4); 30-39 years (9), and 40-49 (4). It is evident that the largest part of registered HIV cases among foreigners in Bulgaria comes from countries with generalized epidemics.

## **TB Epidemiological Context**

Due to a number of different reasons, mostly associated with major changes in the country, at the end of last century the number of registered TB cases doubled, reaching 49.9/100 000 in 1998. This trend later levelled and a slow reverse trend followed – 45.0/100 000 in 1999 to 42.4/100 000 in 2004. Estimates provided by the National Centre on Health Informatics (NCHI) TB incidence in 2005 was 40.1/100 000

According to latest official data, included in the Country TB Surveillance report to WHO-EuroTB for 2004, a total of 3,232 TB cases were registered, of which 2,887 (89%) are pulmonary TB and 345 (12%) extrapulmonary TB. 2,154 of all TB patients were male (67%). Smear-positive cases were 1,315 (41%). Relapse cases were 102. WHO estimates that the mortality rate for 2004 was 3.9/ 100,000.

The breakdown of TB patients by age groups (Country Report to WHO EuroTB for 2004) shows that that the disease affects the most active age group, from 25 to 54 years (58%). Over the past years there has been an upward trend in TB incidence among the elderly - 19% of all registered TB patients.

The geographical distribution of registered TB cases shows that in almost half the regions incidence is above the country average (Annex 6). It is important to note late discovery of patients due to delays in seeking medical care, insufficient coverage of TB contacts and inadequate response to this problem within the primary health network are one of the particular problems for people with no health insurance who are left outside the coverage of the primary health network, and also for people from risk populations, like prisoners, Roma, IDUs, refugees and migrant populations [1].

## **Country Migration Profile**

According to the latest official data in the Report on the Migration Situation in the Republic of Bulgaria in 2006, main characteristics include increased cross-border flow of travellers, decrease of the number of issued of long-term residence permits, increase in the number of EU citizens residing for a long term in the country and decrease in the number of such people from other countries, and strengthening of the administrative measures for migration control [11, p.3].

### **Immigration Profile**

As end of 2006, 55 684 foreigners have been registered as received a permanent residence permit. Most of them have settled mainly in the biggest cities and urban areas – 35% of all in Sofia; 9% - in the Plovdiv region; 8% in the Varna region; and 5% in the Bourgas region (Annex 5). In 2006 only, 3 149 were granted this status, which is 1.5% more than 2005. The largest number of immigrants who received permanent residence

permits are citizens of Turkey (903), Russia (455), Ukraine (228), Macedonia (213) and China (165). Compared to data for 2005, there is a twofold decrease in the number of Chinese citizens receiving permanent residence. In 2006, main reasons for granting permanent residence permits, as specified in the Act for Foreigners in the Republic of Bulgaria [14], range among: marriage to a Bulgarian citizen (1 180), married to a person of Bulgarian nationality or foreigner permanently residing in the country (699), born on the territory of Bulgaria and lost Bulgarian citizenship (570), minor children (under 18 years old) of Bulgarian citizens or of foreigners permanently residing in the country (387), permanently residing in the country during the last five years (316) [11].

Analysis of statistical data for 2006 indicates that 14 694 foreigners have received a fixed-term residence permit of a stay up to 1 year, which is 20% more compared to data from the previous year. Main countries of origin for the latter are Macedonia (2 252), Turkey (2 051), Great Britain (1 840), the Russian Federation (1 075), Greece (697), USA (695), Ukraine (571), Germany (452), Cyprus (422), and Italy (305). There is a tendency towards increased interest to receive a permanent residence permit from citizens of Great Britain, which 50% more than the previous year, taking into account that the tendency has been stable over the last three years. According to the provisions in the Act for Foreigners of the Republic of Bulgaria [14], main reasons for granting long-term residence permit include: university students (5650); persons exercising economic activities in the country (3 428); person entitled to the right of long-term residence or married to a Bulgarian citizen of a foreigner permanently residing in the country (2 224); members of the family of a foreigner granted with long-term residence permit (1 506); foreign specialists residing in the country according to international agreements, where Bulgaria a party (739) [11].

In 2006, 14 468 applications and proposals concerning Bulgarian citizenship were deposited in the Bulgarian Citizenship Directorate at the Ministry of Justice. 6 628 persons have acquired Bulgarian citizenship with a Decree issued by the Vice-President, which is with 781 more than the previous year. 6 511 of these were on the grounds of Bulgarian origin [11].

With regard to illegal migrants, in 2006 there is an increase in the number of foreigners who were subject to administrative measures according to the Act for Foreigners in the Republic of Bulgaria [14]. 220 people were subject to expulsion, which is a 2% increase. These were mainly citizens of Moldova (55), Turkey (44), Macedonia (114), and Afghanistan (9). Foreigners subject to escort to the country border were 996 with the majority from Turkey (128), Moldova (117), Afghanistan (107), China (67), and Georgia (53) [11]. Since the beginning of 2006, one Specialized Facility for Interim Accommodation of Foreign nationals, who are subject to escort out of the country or expulsion, has been operating in Sofia under the control of the Migration Directorate at the Ministry of Interior. As end of 2006, there were 137 (8 women and 129 men), as well as 2 accompanied minors detained in the centre. As end of July 2007, their number was 117 (13 women and 104 men) from 29 countries. Foreigners accommodated in the centre receive mandatory medical examination by a doctor working for the respective Regional Directorate of Interior. Screening for HIV and TB are not part of this examination. While

in the centres, foreigners are entitled to bed, clothing, free-of-charge food and medical care and other.

On 11th November 2003 the National Assembly of Republic of Bulgaria adopted the Amending and Supplementing Act to the Ministry of the Interior Act (promulgated in the State Gazette, Volume 103/25.11.2003) [16]. According to the Act has provided for the establishment of the Migration Directorate within the Ministry of the Interior as a specialized unit responsible for the administrative control of residence of foreign nationals in the Republic of Bulgaria on a national level. Migration Directorate is in charge of the control of observing the order and conditions of residence of foreign nationals in the country, as well as in the issuance, rejection/denial and deprivation of long term residence permits, and also in charge of the interaction and information in the area of migration processes with other state authorities, NGO-s, etc, and for the exchange of information with all the latter. In each 28 districts where are Regional Directorates of Interior were set up the Migration Regional Units on a local level. In some of major towns, which are tourist or cultural centers or have a strategic importance there are responsible migration officers.

Official data on foreigners detained in Bulgarian prisons was provided by the Execution of Judgment Chief Directorate at the Ministry of Justice. As end of 2006, in all 13 prisons in the country, there were a total number of 222 foreigners, which is around 2% of all prison population. The majority of them are detained in the Sofia Central Prison (186), followed by prisons in the biggest cities - Varna (7), Plovdiv (6), Sliven, which a prison for women only, (5). Bourgas, Pleven, and Bobob Dol (4 people each). Distribution by country of origin is comparable to that of the general country immigration profile: Turkey (74), Serbia and Montenegro (29), Russia (18), Macedonia (17), Romania (10), followed by Armenia, Ukraine, Syria, Albania, Lebanon. Distribution by age indicates the largest number of foreigners detained in prisons falls into the following groups: 31-40 years (87), 41-50 years (54), 21-30 years and over 50 years (40 people each) and only 1 person up to 20 years old.

All prisoners, including foreigners receive medical examination on entering the prison, where HIV, hepatitis B and C, and syphilis testing are offered as part of the routine examination. Screening for Tuberculosis is not currently performed as part of this initial procedure but such activities are envisaged. HIV testing is provided on a voluntary, informed-consent and confidentiality basis. All prisoners have access to anonymous HIV counselling and testing provided by counsellors working in VCT centres. People living with HIV in prisons have the right to confidentiality of their HIV status, as well as to free-of-charge medical observation, laboratory services and ARV therapy provided in collaboration with the Infectious Diseases Hospitals with departments for patients with HIV. A joint Ordinance of the Minister of Health and the Minister of Justice regulating the provision of medical care and treatment for confined persons in effect from January 2007. This Ordinance has special provisions regarding HIV and TB diagnosis, treatment and care.

Additionally, there are 27 pre-trial detention centres in the country, where the total number of foreigners detained in 2006 was 356. Due to their short stay in these centres,

only foreigners identified as at higher risk of HIV infection (men who have sex with men, injecting drug users and recently tattooed) are offered HIV, hepatitis B and C, and syphilis testing. TB screening tests are performed in case of TB suspects during the initial medical examination. Infectious disease suspects are isolated in prison medical centres.

Since 1993 to 31 December 2006, the State Agency for Refugees at the Council of Minister (SAR) has registered 15 391 foreigners seeking asylum in Bulgaria, coming from 81 countries (including 2 688 children). Refugee status has been granted to 1 412 and humanitarian status to 3 497 foreigners. In 2006 only, SAR has registered 639 persons seeking asylum in Bulgaria, which is 22% less than in 2005. However, increase in that direction can be expected in the following years with a view to EU membership of the country. In 2006, the main countries sources of refugee flow are Afghanistan, Iraq, Iran, Armenia, and countries from Northern and Central Africa [12].

Data obtained by SAR also shows that for the period 1993-2006 the total number of people, who were granted refugee status, is 1 412. The largest part of them come from Afghanistan (581), Iraq (254), Iran (81), Syria (55), Ethiopia (55), Turkey (44), Sudan (32), and Congo (28). Distribution by sending countries of the number of those who were granted humanitarian status is almost proportional, except for the large number of people from the former Yugoslavia (371) and Somalia (106).

As end of 2006, there were 3 functioning territorial units of SAR as follows:

- The Registration-and-reception Center in the village of Banya, Nova Zagora Municipality;
- The Registration-and-reception Center in the capital of Sofia; and
- The Integration Center in the capital of Sofia,

And a transit centre in the village of Pastrogor, Haskovo region, will be opened under PHARE project BG2003/004-937.08.05 at the total amount of 2.6 mln EURO (1.96 mln – PHARE budget, and 0.64 mln national cofinancing).

All foreigners seeking asylum are health insured by SAR, while those with granted refugee status are self-insured. All are entitled to the right to have a personal General Practitioner. All people registered by SAR receive initial medical examination, part of which is screening testing for HIV and syphilis. However, hepatitis B and C testing is not performed by the medical services operating under SAR. For the period 2000-June 2007, a total number of 6 073 foreigners seeking asylum have received HIV and syphilis testing, of which there were 14 HIV cases and 25 syphilis cases. HIV positive cases, as for Bulgarian citizens, are confirmed by the National HIV Confirmatory Laboratory. People living with HIV have the right to receive free-of-charge ARV treatment in the Infectious Diseases Hospitals on being granted a refugee status. It is important to note that legislation does not provide for the HIV-positive status as grounds for refusal of refugee status.

The Report on the Migration Situation in the Republic of Bulgaria in 2006 presents the actual trends of migrant flows. Three are the major channels used by migrants to and through Bulgaria:

- Turkey-Bulgaria-Greece;
- Turkey-Bulgaria-Romania;



- Romania-Bulgaria-Greece [11].

This means that the major entry points are the borders with Turkey and Romania. The major exit points are borders with Greece and Romania. Statistics from the report show that irregular attempts to exit Bulgaria through the Greek border are three times more than those to enter Bulgaria through the Turkish border. The migrant flows are shown in (Annex 5). Turkey is the main road for migrants from Middle East countries and Caucasian countries to Western European countries. This fact is evidenced in the in-depth interviews with migrants, presented in the Rapid Participatory Assessment section of this report. Given that Bulgaria is an EU member and has become external border of the Union, it faces new responsibilities. Therefore, cooperation with neighbouring countries in the field of HIV and migration should be considered closer.

### **Emigration Profile**

The end of the communist period in Bulgaria in 1989 year and the following years of democratization processes are marked with large emigrant waves. Main destinations are Western European countries, Greece, USA. Emigration and the negative population growth are major factors behind the decrease of the total population from 8.6 million in 1990 to 7.6 million in 2006. According to the estimated obtained from the State Agency for Bulgarians Abroad, the European countries having received the largest number of Bulgarian nationals are Turkey and Greece. One possible explanation is that the latter are Bulgaria's neighbouring countries. Another is that Greece offered better economic and working conditions during the years of transition. On the other hand, almost 10% of the Bulgarian population are ethnic Turks. More detailed overview of countries hosting the largest numbers of Bulgarian nationals is presented in Annex 7. Observations during the discussion process with the State Agency for Bulgarians Abroad show that the exact number of Bulgarians living abroad is not available. The transformation of the Bulgarian society was accompanied with reforms in the national legislation and governmental institutions. After these reforms, Bulgarian citizens are no more obliged to register in the Bulgarian embassies abroad as it was before.

From the mobility point of view, neighbouring countries remains main destinations for the Bulgarians. Turkey, Greece and Serbia are the most visited countries by the Bulgarian citizens. Spain, UK and Germany are the Western countries with largest Bulgarian communities. Germany is main destination also for one of the most-at-risk groups identified by the National Strategy for Prevention and Control of HIV/AIDS and STIs – sex workers. Results from the Second Generation HIV Sentinel Surveillance surveys conducted in 2005 show that almost 48% of the sex workers, who worked abroad, had worked in Germany. This fact and the overall emigration trend from Bulgaria to Germany, as well as to other EU countries, should be explored closer in terms of future cooperation in this field. The map on Bulgarian emigration presents also the number of visits Bulgarians made to European countries and other important destinations (Annex 7).

## **Rapid Participatory Assessment**

### **Background**

The existing information regarding migrants and HIV/TB related issues, including access to specific services, was insufficient to describe the situation. This was the main reason for the decision of the research team to undertake a rapid assessment of the situation regarding migrants and vulnerability to HIV. The team chose qualitative methods and especially the form of in-depth interview for the purpose of the survey. A detailed overview of the method will be presented in the methodological section below. We should underline once again that a survey on survey on information on HIV/TB and access to related services for migrant populations has been done before neither in the group of health care providers, nor among migrants and diaspora. This fact should be kept in mind when analysing the results of the survey. Another important point is the fact that the team had very short time for data collection. On the one hand, medical professionals were hard to reach for interviewing because of their full schedule and because of the holiday period during the months of July and August. On the other hand, migrants and diaspora representatives are hard-to-reach populations for people outside their communities. This being a great challenge, the research team undertook the rapid assessment of the situation in order to collect additional data for the case study.

### **Methodology**

The main instrument for data collection was the in-depth interview. This choice was taken after consultations and meetings with experts in the field of research methods. The in-depth interview was considered to be more convenient than the focus group discussion. The specifics of the sub-groups surveyed and the sample size were main dominants for the method we used. During the preparation period the research team developed two different types of in-depth interview questionnaires. One for medical professionals providing HIV/TB related services and another one for migrants. The questionnaires were finalized in consultation with our research partners.

### **Sampling**

We identified the following sub-groups from the two main groups and conducted the indicated number of in-depth interviews:

#### **Medical professionals providing HIV/TB related services**

- HIV voluntary and counselling staff – the research team selected the potential locations from the VCT network established by the GF-funded Program “Prevention and control of HIV/AIDS”. Staff from ten different places (covering the biggest cities, the Black sea region and provinces on the state border) were interviewed including one counsellor working in a mobile medical unit (MMU),

providing VCT-services along the Black sea coast during the summer period and one from the National HIV Confirmative Laboratory.

- Medical doctors providing treatment and care for people living with HIV/AIDS – the decentralized system of treatment and care for people living with HIV/AIDS (ART) made it easy for the team to select the participants from this group.
- Medical doctors from TB clinics and other health care providers – interviews with TB specialists from urban area (big cities), rural area (small towns) and specialists from clinics used by the NGOs working with migrants were conducted.
- Representatives from NGOs providing HIV prevention services among vulnerable groups (needle and syringe exchange programmes, outreach work, condom distribution, etc, counselling on HIV/STIs, safe sex and injecting practices) - representatives from two NGOs from the three cities with biggest migrant populations and biggest most-at-risk groups (intravenous drug users, sex workers, men who have sex with men) were interviewed.

**Migrants** – for the fulfilment of this task we used the experience of some NGOs working with migrants. We used their experts for data collection after a short training. A total number of ten interviews were conducted with representatives of the following sub-groups:

- Legal migrants
- Irregular migrants
- Representatives of diaspora in Bulgaria

## **Key Findings**

### **Health Service Providers**

- **Medical doctors providing treatment and care for people living with HIV/AIDS, medical doctors from TB clinics and other health care providers**

This analysis presents the information collected from interviews with health care providers of specialized services (HIV and TB diagnosis and treatment facilities). The persons interviewed report only single cases of migrants living with HIV and more with TB. The most common ways for finding an HIV or TB case is after a reference from general practitioner. Most of the migrants with a legal status have their own GP. Some of the migrants were referred by another hospital in Sofia. This is mainly the result of the close cooperation between the reported health care facility, the State Agency for Refugees and the NGOs specialized in work with refugees and migrant populations. The main obstacle to provision of health services, including HIV and TB care and treatment remains the language of communication. An interpreter is used when the patient does not speak Bulgarian. Some of the interviewees report that migrants often refuse treatment because of fear and stigmatization. This is where the NGOs working with refugees and migrants play significant role in convincing the person in the necessity of treatment.

- **HIV VCT counsellors**

The VCT network was established in 2003 with the support of WHO and expanded under the GF-funded Program “Prevention and control of HIV/AIDS”. Currently, there are operational 18 VCT centres which cover almost all of the biggest cities in Bulgaria. Five of them operate in the capital Sofia, the biggest city in Bulgaria with more than 1.2 millions inhabitants and the largest share of immigrants, covering the entire territory of the city. In support, mobile medical units are also used to provide VCT services. We conducted in-depth interviews with the professional VCT counsellors in the following cities of Sofia, Plovdiv, Varna, Burgas, Dobrich, Blagoevgrad, Stara Zagora, one medical specialist working in a MMU and a professional from the National HIV Confirmative Laboratory. The interviewed identified migrants primarily as “foreigners who have stayed for some time in Bulgaria”. They differ from the tourists. If they speak Bulgarian well and do not have particular ethnical or racial physical features, they could not be distinguished from Bulgarians. Most of them have been identified as migrants during the process of counselling: “Some people share information about their sexual experience during the stay in their country of origin” (VCT centre in Bourgas). Another way for identification of migrants is when they are accompanied by someone else. The situation is common when the migrant does not speak Bulgarian language: “They came with someone of their community who speaks Bulgarian or with some friend who is Bulgarian” (VCT centre in Varna). During the interviews, the research team observed that staff in all VCT centres could speak a foreign language. It is important to note that this is not part of the job description of the counsellors. They share that it is easier to communicate with the client in language which the client can understand. “We are explaining in detail the situations and the rights of the client, when they cannot understand Bulgarian or another language that we speak and when they use a friend or someone else for translation...we ask for the client's informed consent when we communicate the result when someone else who is present...” (VCT centres in Stara Zagora). There were no other specific difficulties or cultural barriers reported in the interviews with VCT counsellors. The service is confidential, anonymous and free of charge for all VCT clients (these are above 18 years of age), regardless of their migrant status. There was no HIV positive case among migrants found by VCT counsellors who were interviewed.

Profile of the migrants visiting VCT centres could not be very detailed. Interviewed VCT counsellors report clients coming from several countries: Macedonia, ex-soviet republics (Russia, Ukraine, Moldova), Greece, and English-speaking countries. They are mostly young people within the age group 18-24 and up to 40 years. The share of men is reported to be greater than that of women.

Main reasons for migrants to visit a VCT centre in Bulgaria are: recommendation/ advice of a close friend or person from the community and local and national ANTIAIDS campaigns.

All of the interviewed VCT counsellors reported migrants visiting them during the last month. There are also specific regional differences regarding the annual trend of migrants VCT clients. The summer, for example, is the period with more visits than usual for the cities of Varna and Bourgas. This is because of the seasonal work in the tourist industry and the longer stay of foreigners with real property along the Bulgarian Black sea coast. In other places (the capital of Sofia and Stara Zagora) this period is the autumn and winter because of the foreign students in the universities. Generally, the total number of migrants who visited VCT centres remains a small proportion of the monthly visits. All of the interviewed counsellors shared unanimously that future language training and information materials in English, Russian or other languages will facilitate their work with migrants.

- **HIV Prevention Service Providers (NGOs working with the most vulnerable groups identified in the National HIV/AIDS Strategy)**

Interviews with NGO representatives indicated an increase in the number of migrants reached by their services. This is observed in Sofia for the group of sex workers and in Varna for the groups of sex workers and intravenous drug users. The organizations do not have actual information about the migrant status (legal or irregular migrants) of the people they reach. They collect information during regular outreach work. Someone as a migrant on the basis of language people speak and their country of origin. Additional information is usually not collected because HIV prevention services are provided on an anonymous basis according to established professional ethics. Another reason for the lack of additional information is that the share of migrants among these two most-at-risk groups remains relatively small. The migrants reached by the NGO outreach teams, who were interviewed, are from the ex-soviet countries, especially Ukraine and Moldova. Most of them can understand Bulgarian and read in Cyrillic because of their knowledge and skills in Russian. They receive free-of-charge services by the outreach workers. The interviewed shared that they do not meet difficulties when providing preventive services to this people. Nevertheless, the increasing number of migrants with HIV risk behaviour in Bulgaria calls for implementation of additional activities such as needs assessment among the group of migrants, appropriate language training of the outreach workers, development and distribution of information materials in foreign languages.

### **Migrant Communities**

A total number of ten in-depth interviews with migrants were conducted. Respondents came from the following sending countries: Iraq (4 people); Somalia (1), Afghanistan (1), Iran (1), Georgia (1), Palestine (1) and Uzbekistan (with Russian citizenship) (1). Distribution according to the self-reported migrant status of interviewed people is the following: status of refugee (1), irregular migrants (6 - all 4 persons from Iraq, 1 from Somalia and 1 from Georgia), three are with legal residence. No one from the migrants that entered the country illegally was reported to have irregular status at present. Thus, we achieved certain representativeness with regards to the groups most vulnerable to HIV and TB.

It is evident that almost all of the interviewed migrants have come from Asia and in particular from the Middle East. This fact makes Turkey their main country of transition. The main entry points at the border with Turkey are between the districts of Bourgas and Haskovo. Most of the respondents reported that Bulgaria was not a final destination for them (8 from 10) and that the main destination was a country in Western Europe (Austria, Italy, Sweden). The average period of stay in Bulgaria vary from 2 to 15 years.

The interviewed shared information about the largest migrant communities and diaspora in Bulgaria: "...most of them are from Iraq, Syria and Afghanistan. There are also a lot of people from Armenia and Lebanon ..." (male, Palestinian).

Migrants identify AIDS and TB with "sorrow", "infection", and "death". AIDS is mostly identified as a disease with fatal end. Knowledge of the modes of transmission of the HIV infection generally include through sexual intercourse and blood. On single occasions intravenous drug use, sex with sex workers and homosexual contacts were mentioned. Knowledge on HIV prevention methods includes condom use and seeking information from a medical specialist. Two of the interviewed have university background in medicine.

The description of TB is less specific. Two of the interviewed shared information about person with TB in their family, and one reported about a relative deceased from TB. Migrants with such life experience report to know a lot about the infection, but are hard to convince to talk about it. More detailed information about the modes of transmission is given by the migrants with medical education. Close contacts, dirty hands, breathing, and coughing together with an infected person are recognised as potential situations for TB infection.

Two are the main sources of information – television and school (except for the two people with medical education). Migrants find difficulties to identify other sexually transmitted diseases, though most have heard about syphilis: "I know that there are many, but I do not know them....I know syphilis" (male, Iraq).

Consultation with the GP is the most common step taken for any kind of health problem (including HIV/AIDS and TB). They believe a person can be tested for HIV in clinics and hospitals, but they do not have any additional information. The interviewed do not have knowledge about the HIV and TB testing procedures, treatment and care services provided in Bulgaria. They do not have adequate knowledge about the financial arrangements to cover the costs of such services. Only one of them reported having had an HIV test: "...eight years ago, in my country..." (male, Palestinian). The interviewed migrants do not share knowledge about ARV therapy. They do not report seeing information materials about VCT centres or HIV/AIDS. The information about HIV/AIDS and TB was acquired mainly in the country of origin (except those trained by the NGOs such as Bulgarian Red Cross). They do not know what to do, if they have been engaged in a HIV-risky situation. It is important to mention that this part of the interview is characterized with missing answers or refusals to answer. Possible explanations are on the one hand the stigma related to these people and on the other hand the lack of knowledge and information about HIV/AIDS and TB. The overall satisfaction level from

the health care services received in Bulgaria is neutral. Half of the interviewed are satisfied. They reported having received adequate and free-of-charge medical care when in need. Observations during discussions with our research partners indicate that this is the result of the joint efforts of the State Agency for Refugees, other government institutions and NGOs working in the field of migration and providing support through the implementation of different project activities. The other half of the respondents are not satisfied with the health care services. Major problems shared are the economic status (lack of money, expensive services and medicines) and lack of adequate attention from the medical staff.

No particular differences were noticed according to the migrant status of the respondents. Legally resident tend to speak freely about health problems, but this can be attributed more to their educational background than to their migrant status.

## **Conclusions and Recommendations**

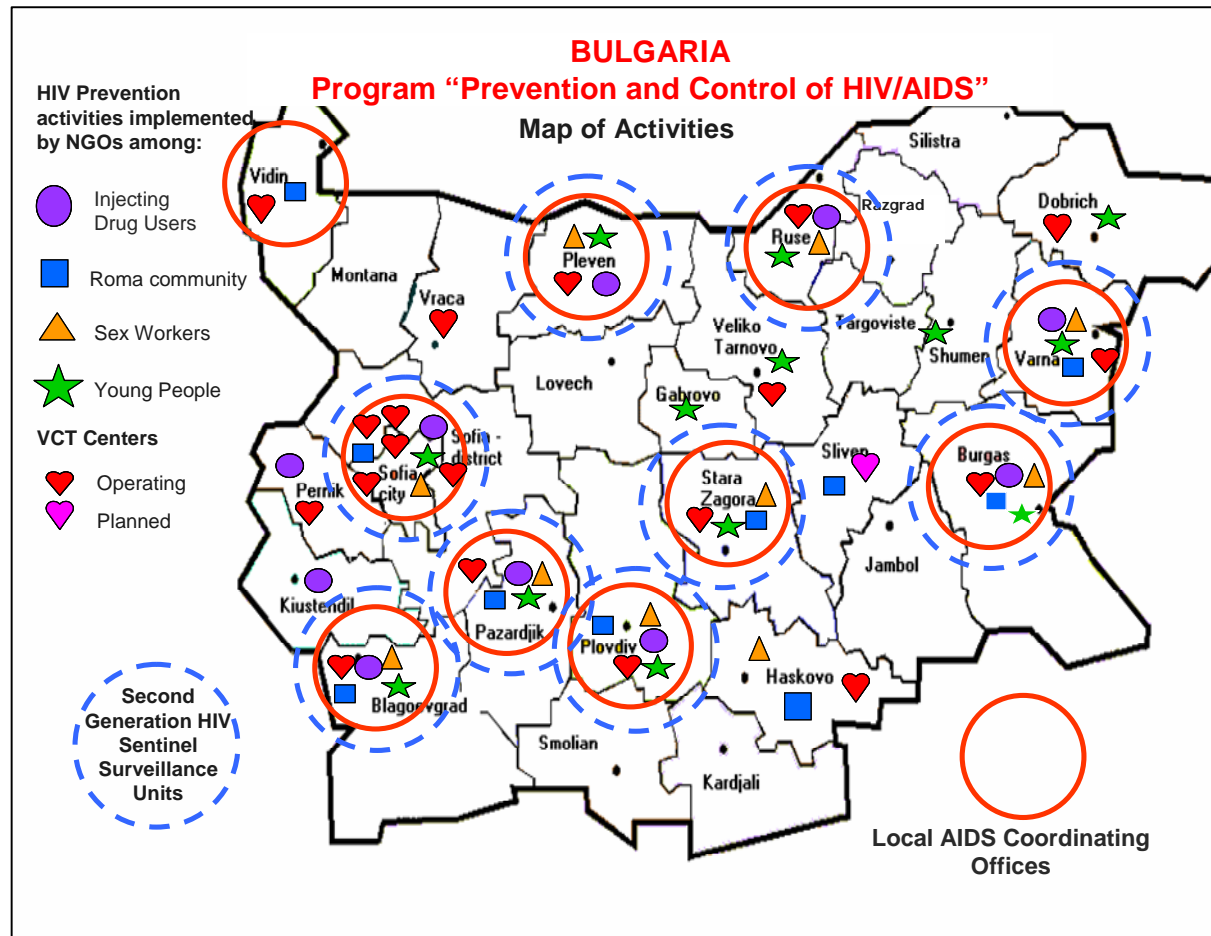
- Large part of the foreigners who received continuous and permanent residence permit, as well as persons who were granted refugee and humanitarian status, come from countries with generalized HIV epidemics and there is already epidemiological evidence that they are more likely to be infected.
- Turkey is the main road for migrants from Middle East countries and Caucasian countries to Western European countries.
- Given that Bulgaria is an EU member and has become external border of the Union, cooperation with EU members and neighbouring countries in the field of HIV and migration should be strengthened and opportunities for joint projects should be explored.
- Main entry points to health care for foreigners legally residing in Bulgaria are General Practitioners, and for asylum seekers and detained in prisons – the medical services and staff at the respective reception, integration or detention centre.
- Analysis of epidemiological data and investigation of the first HIV cases since registration began in 1986, and behavioural data from the Second Generation HIV Surveillance surveys among most-at-risk groups on the one hand, and analysis of data on the large number of emigrating Bulgarians, including short-term and long-term labour mobility on the other hand, support the conclusion that increased mobility is related to an increasing number of HIV vulnerabilities. This can further contribute to rapid increase in the number of HIV cases registered in the country.
- There is a need to conduct situation analysis, including needs and resource assessment, regarding HIV/TB and migrants in order to ensure evidence-based design of specific interventions and planning of activities.
- There is a need to ensure sustainable financing for the implementation of the specific response to the HIV and migration issues in Bulgaria in the framework of one overall EU framework for action.
- There is actual close cooperation among the State Agency for Refugees, the UNHCR Branch Office in Bulgaria, NGOs working with refugees and migrant

populations and some community representatives for the implementation of activities related to the provision of social, medical and psychological assistance for asylum seekers; assist for the integration of refugees. Such NGOs, and especially community representatives, can bring a lot of expertise in the decision-making process, act as health mediators and implement activities to support early warning and response, convince representatives the target group in the need of HIV/TB prevention, treatment and care, and thus play significant role as policy development and implementation partners.

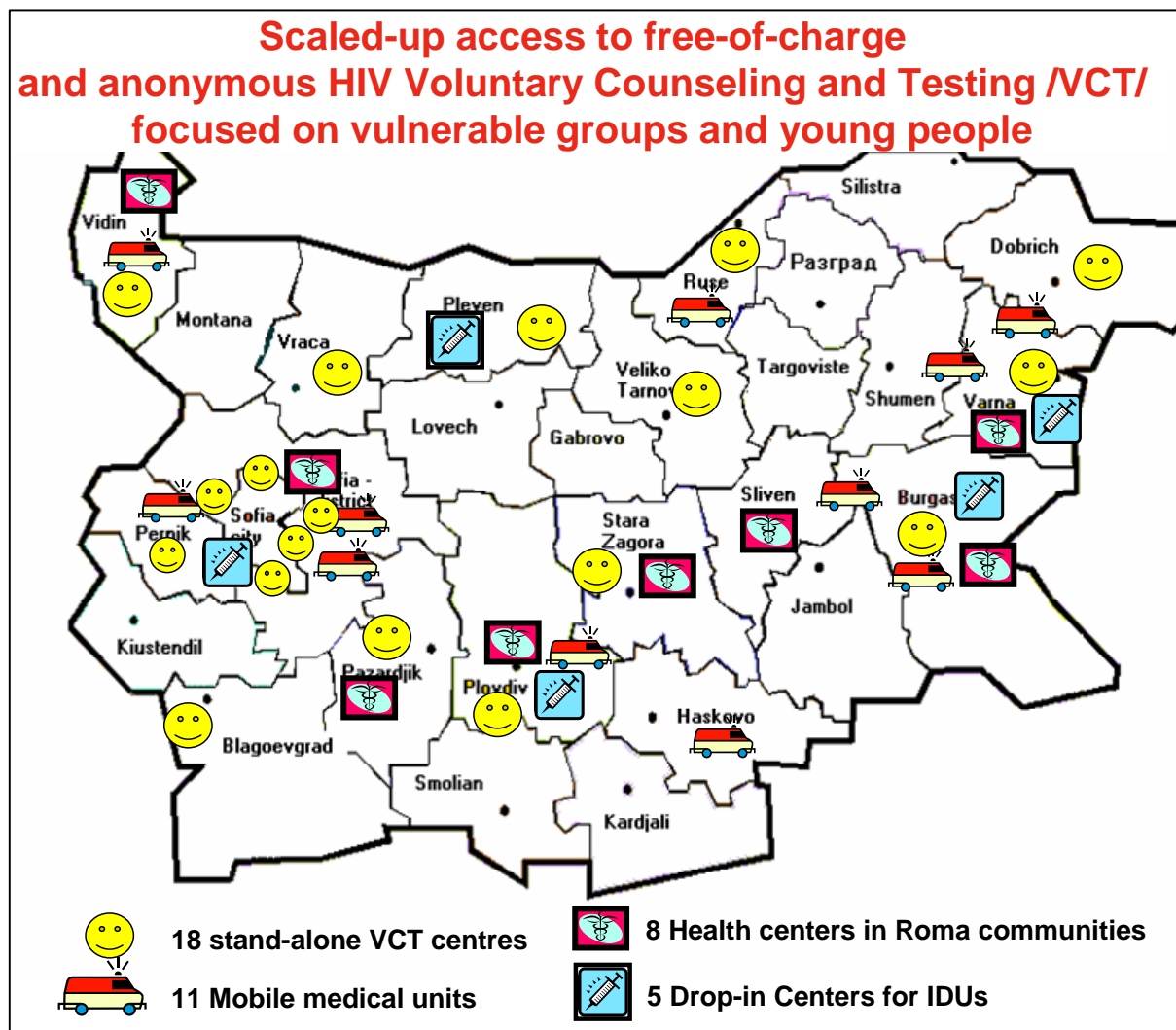


## Annexes

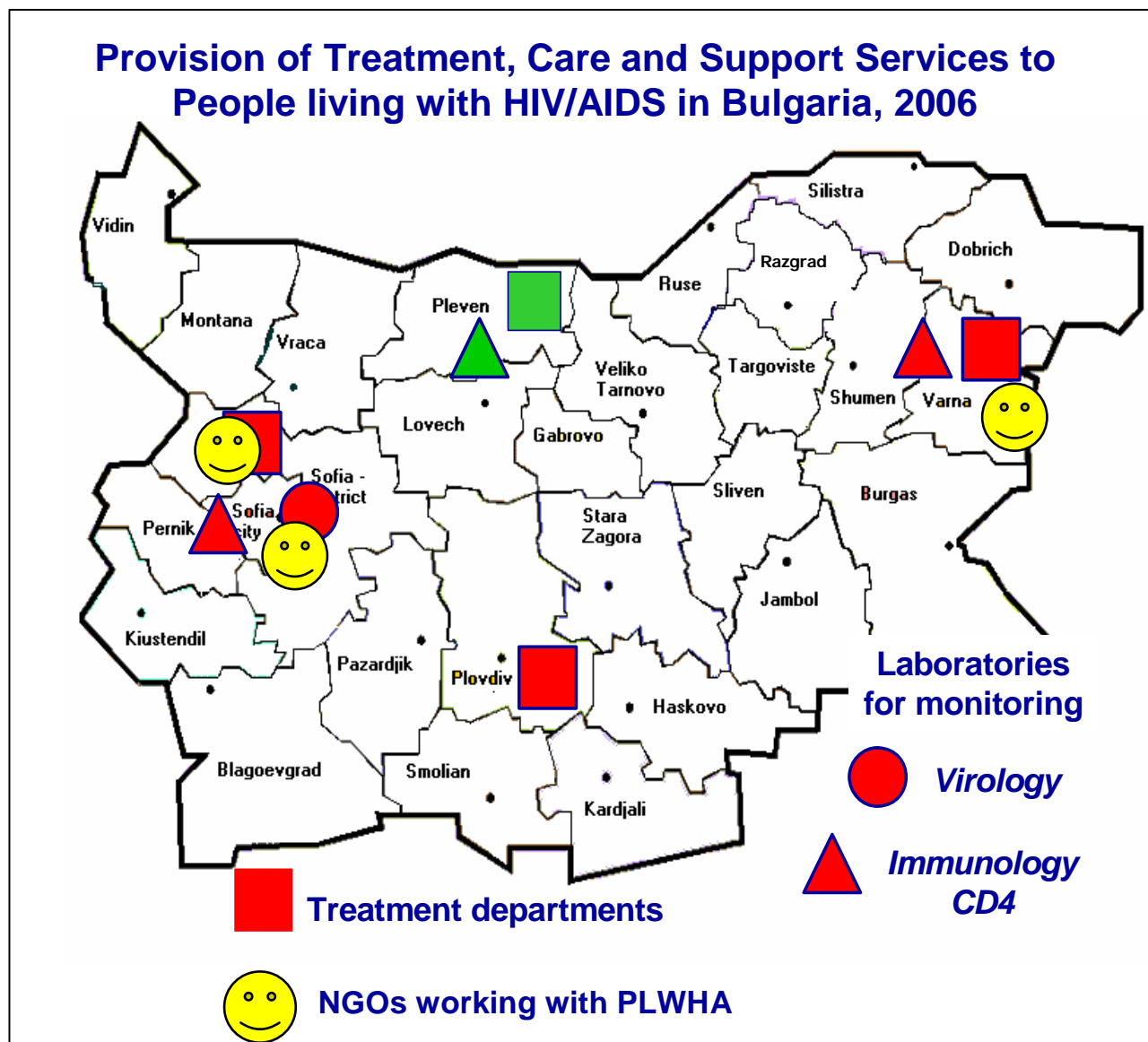
**Annex 1** - Map of activities of Program “Prevention and Control of HIV/AIDS”, financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria), 2007



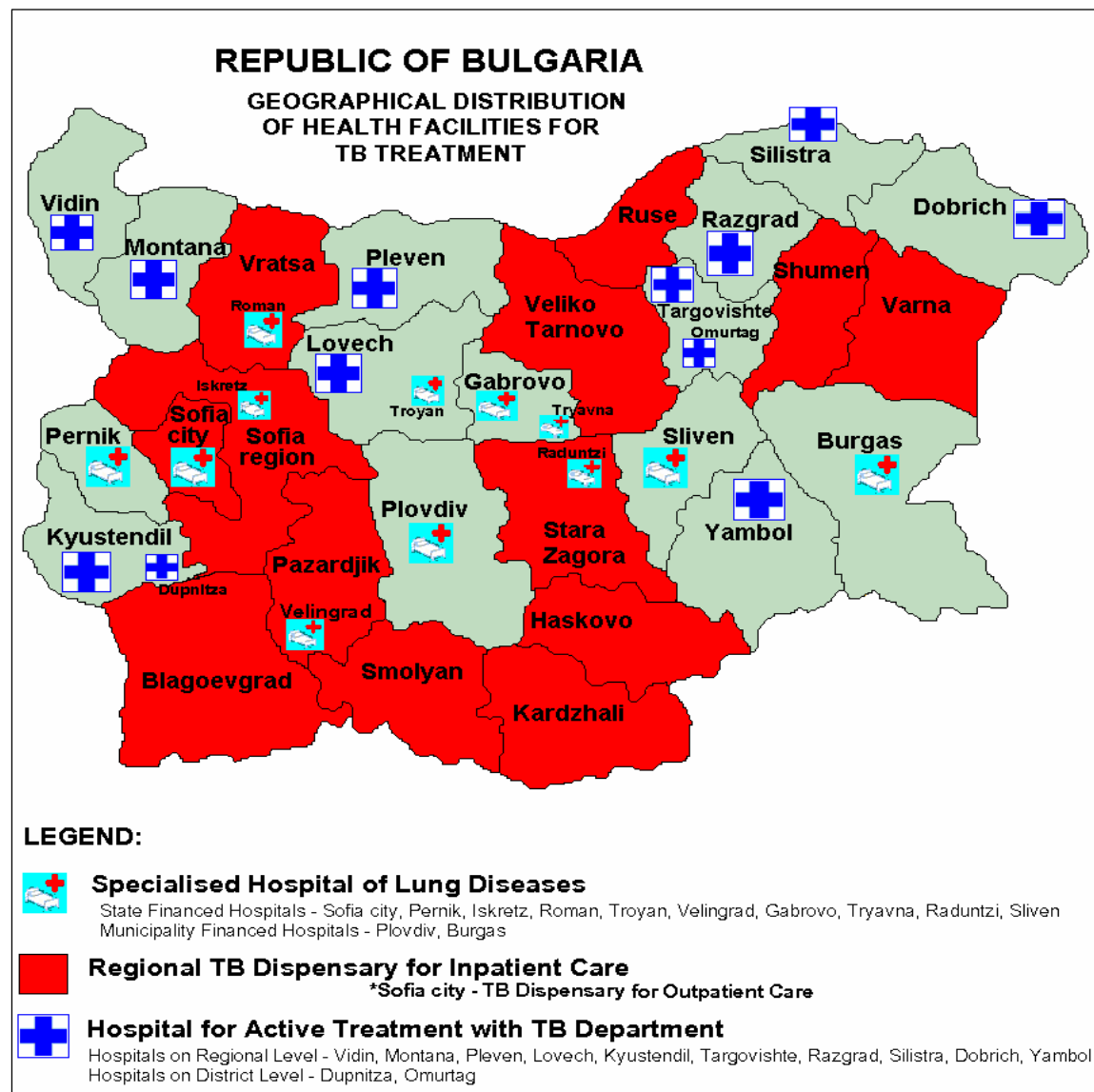
**Annex 2** – Map of the Network for Provision of HIV Voluntary Counselling and Testing services (VCT), 2006



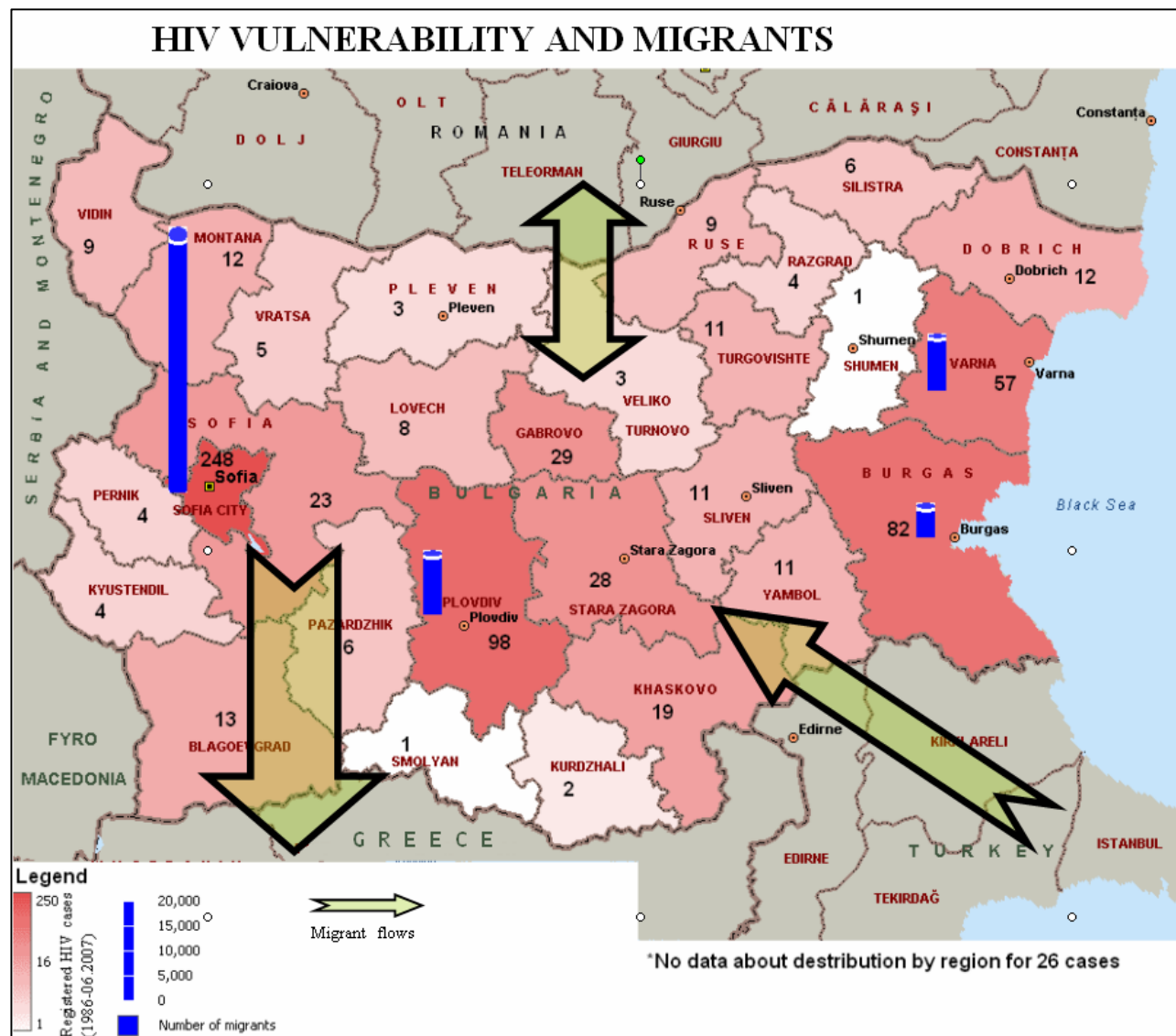
**Annex 3 – Map of the Treatment, Care and Support Services for People Living with HIV/AIDS (PLWHA), 2006**



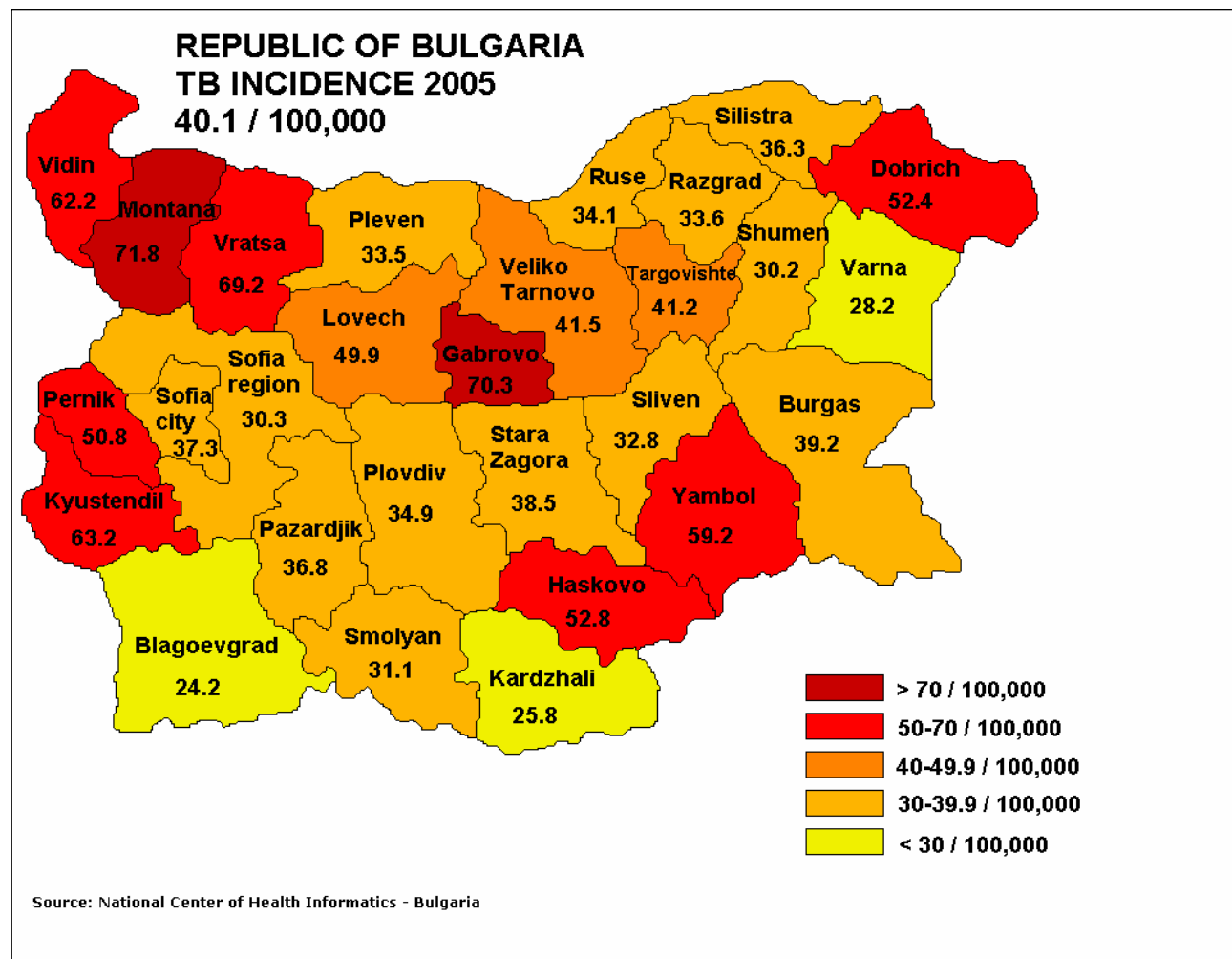
**Annex 4 - Mapping Geographical Distribution of Health Facilities Providing TB Diagnosis and Treatment**



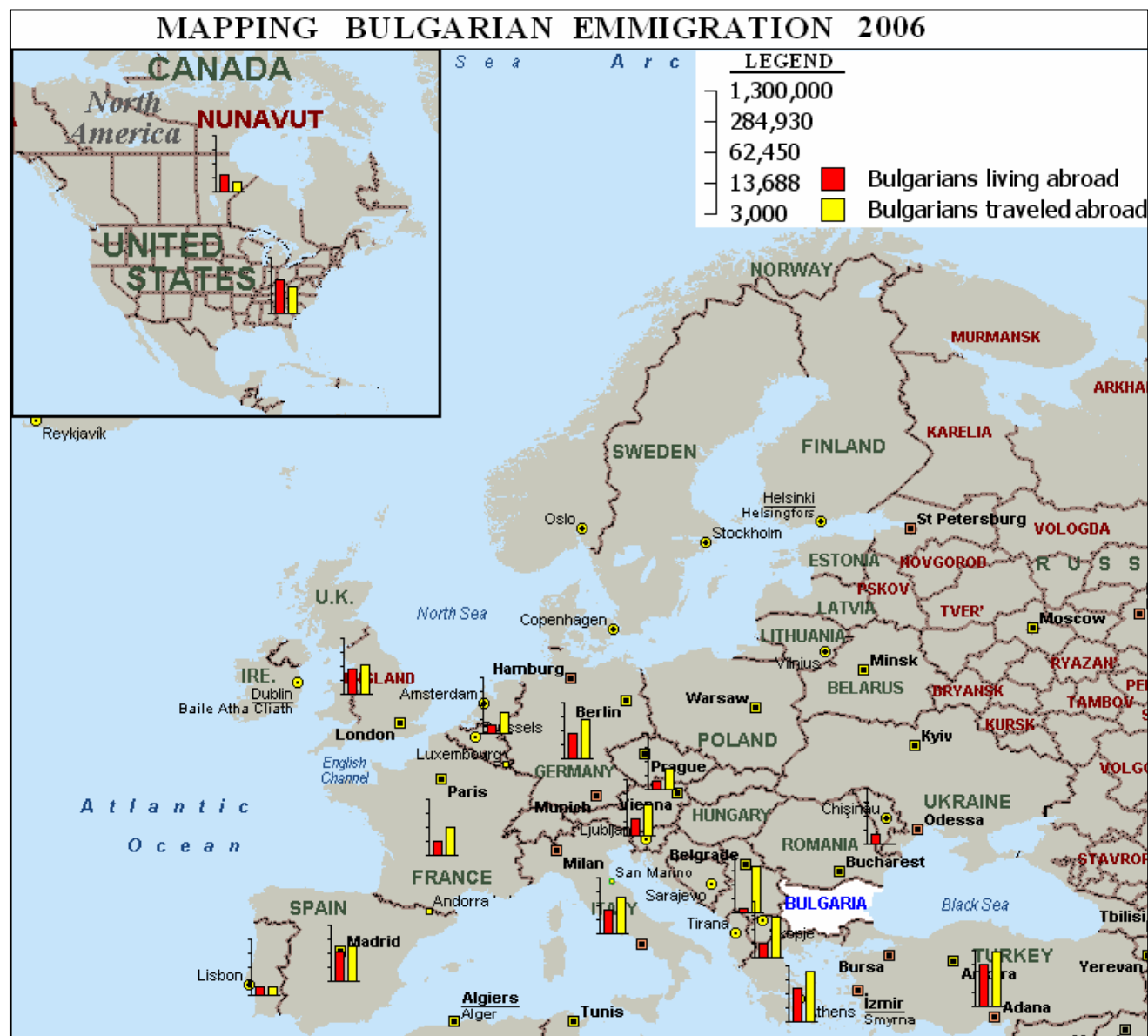
**Annex 5 – Mapping Geographical Distribution of registered HIV cases, Migrants and Migration Flows in Bulgaria, 2006**



**Annex 6 - Geographical Distribution of TB incidence in Bulgaria by Districts, 2005**



## Annex 7 – Mapping Geographical Distribution of Bulgarian Emigrants by Countries and Large Urban Areas, 2006



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