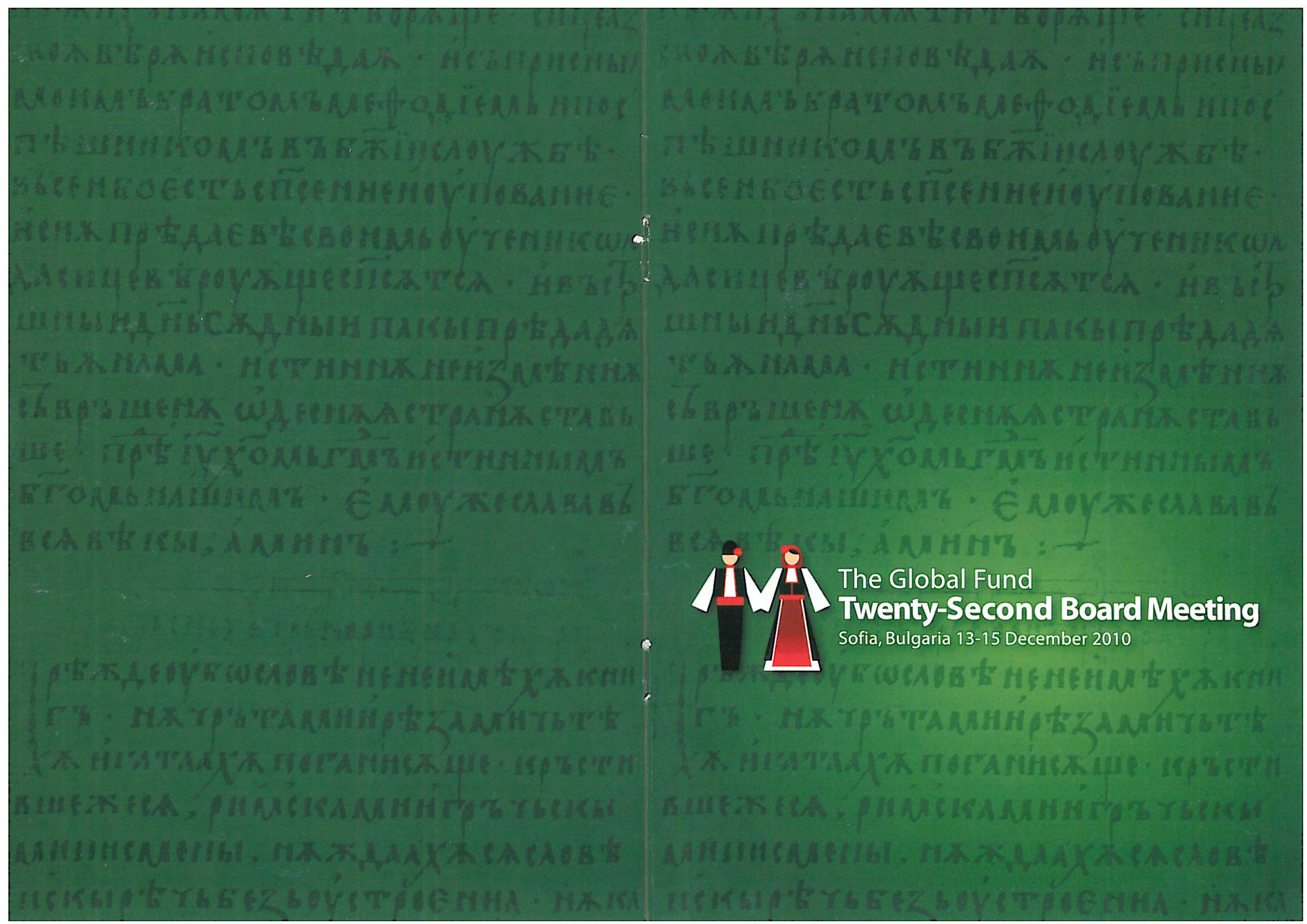


The Global Fund

Twenty-Second Board Meeting

Sofia, Bulgaria 13-15 December 2010

St Sofia Hospital
University Clinic for Children with Lung Diseases

The hospital provides diagnosis and treatment, including surgery, for children and adults with acute lung disease. It also carries out educational and scientific activities, and provides methodological support to other hospitals in the country.

The 30-bed clinic, which is a part of the Specialized Hospital for Active Treatment of Lung Diseases "St Sofia," provides inpatient treatment to children aged 0-18 with all forms of TB disease from all over the country. Global Fund resources will be used to renovate additional premises as isolation wards. Costs of treatment, including first-line drugs, medical consumables, hospital stay and medical staff, primary immunization with BCG of all newborns and re-immunization of children are covered by the state budget. Global Fund resources have supported continuous training in child TB diagnostics; improved nutrition of children with TB in the clinic with provision of food vouchers; and the development of improved diagnostic algorithms for children who are TB suspects and for medical follow-up and treatment of children with TB.

Casper Hauser Foundation

The foundation, which is a sub-recipient of Bulgaria's Round 2 HIV grant, has been working in the field of HIV and AIDS since 1997. It is actively involved in the development of policies regarding HIV and AIDS legislation, prevention and treatment. The chair is a member of the Country Coordinating Mechanism representing people living with HIV. The mission of the foundation is to provide specialized social and psychological support, and legal counselling to people infected and affected by HIV and AIDS. It also provides referral for HIV testing of partners, and training and care for those in need in a manner that respects human dignity and rights. The counselling centre of the organization is situated at the Specialized Hospital for Active Treatment of Infectious and Parasitic Diseases "Prof. Ivan Kirov" – Sofia. Thus, people living with HIV can benefit both from the provision of ARV treatment at the HIV treatment sector and specific counselling to increase adherence to treatment.

Since the start of the program, 383 HIV-positive people have received support as well as 172 relatives and partners. In 2009 and 2010 only, the foundation has provided 792 consultations for psychological support and in 462 occasions patients have benefited from services in social mediation for occupational rehabilitation.

The Global Fund
Twenty-Second Board Meeting
Sofia, Bulgaria 13-15 December 2010

Background Information for Global Fund Board Member Site Visits in Bulgaria

10-11 December 2010

Route: Sofia

Saturday, 11 December 2010

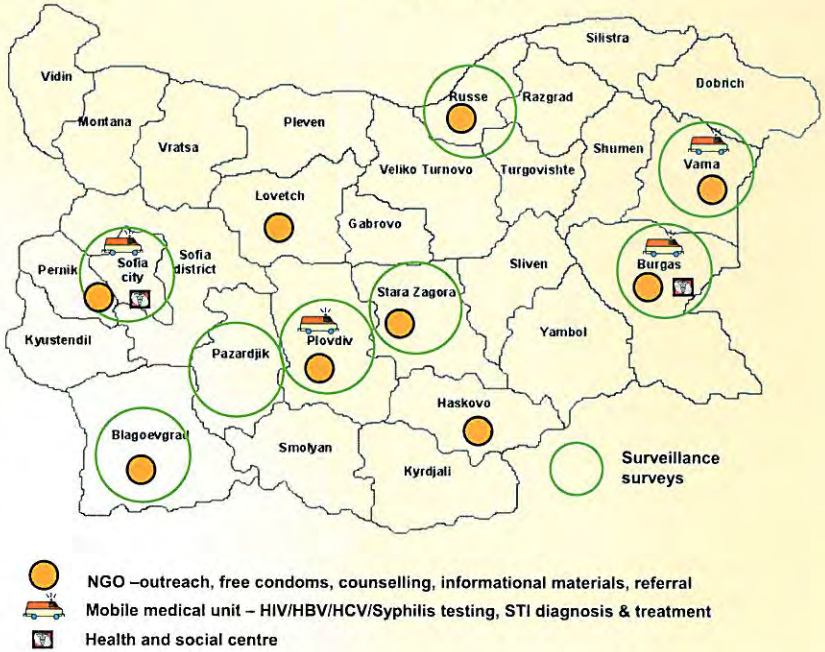
Prof. Ivan Kirov Hospital, HIV Treatment Ward

The largest medical facility in Bulgaria providing diagnostic tests and treatment to patients with infectious and parasitic diseases, the hospital is also the largest centre for monitoring and treatment of patients with HIV. The 25-bed HIV treatment ward was established in 1999 when the provision of ARV therapy started in the country, since when four additional treatment sectors for AV provision have been established at medical university hospitals across Bulgaria. The Sofia infectious disease hospital comprises three clinics, a diagnostic and advisory unit, three laboratories and a pharmacy.

ARV treatment is universal in Bulgaria and is provided free of charge to all who meet the criteria for initiating treatment. ARVs are procured centrally with the Ministry of Health budget. Global Fund resources support the provision of drugs for treatment of opportunistic infections, and medical equipment and consumables. In 2009, a psychologist was hired with Global Fund support to provide counselling to people living with HIV as well as to their social support network of relatives and friends. Since 2010, a social worker has provided home-based care to people living with HIV most in need.

As of 30 September 2010, a total of 391 patients had been registered for medical follow-up and care in Sofia, of whom 360 were on ARV therapy. The Ministry of Health makes significant annual budget allocations to ensure monitoring of all HIV patients for treatment adherence and the National HIV Confirmatory Laboratory participates in the system for external quality assurance of the European Drug Resistance Network.

Network of NGO's providing HIV prevention services among sex workers



In 2009 and 2010, the foundation has provided regular outreach services to over 950 people; nearly 800 persons were tested for HIV and another 769 received testing for hepatitis B, hepatitis C and syphilis. In addition, the program's medical mobile unit provided 523 medical examinations and 92,600 condoms were distributed.

Welcome to Bulgaria

Скъпи приятели,
Dear friends,
Chers amis,
Estimados amigos,
Дорогие друзья!

We are honoured to welcome you to Bulgaria on the occasion of the Twenty-Second Board Meeting of the Global Fund to Fight AIDS, Tuberculosis and Malaria. We are delighted to be the hosting country of this important meeting, and glad to share with you the Bulgarian experience in HIV and TB prevention.

We would like to thank the Global Fund for its ongoing support to our country during the past seven years, which has strengthened our national response to the fight against HIV and tuberculosis.

From the public health perspective, we are fully aware of the needs, the achievements and challenges, the strengths and weaknesses of our region, in the areas of HIV, tuberculosis and malaria prevention and control. The many initiatives, supported by the Global Fund, make a difference in people's lives and it is essential for people, especially for those most-at-risk, to continue to receive the prevention and treatment services; services that are no less needed than they were last week or last month or last year.

The fight against HIV/AIDS, tuberculosis and malaria has overgrown the health aspect and acquired demographic, economic, social and ethic dimensions. Global Fund financing has made an impact on all of these areas. It has granted live opportunities to young people, injecting drug users, sex workers, vulnerable populations, and people living with the diseases; strengthened the public health systems with up-to-date medical equipment and laboratory technologies; enhanced public policies and best practices; invested in the capacity of medical professionals, social workers, community members, peers and dedicated administrators that manage national programs and Global Fund grants.

We would like to invite you to visit different kind of services in the area of HIV and TB prevention in Sofia and Plovdiv, and see firsthand the contrasts of the past and present. I am confident that your interactions with community members, medical professionals and beneficiaries of Global Fund grants will enrich you and contribute to the common vision for fighting HIV, tuberculosis and malaria.

In Bulgaria, we are proud of our successes and mindful of the challenges that lay ahead. We know that it is with political and societal will that results are achieved and change comes. Much has been done, more is to come. The real challenge is following through. We extent our hopes that with joint efforts at national, regional and global level we will implement efficient, focused and scaled-up programs with clear understanding of our shared responsibilities.

Openness, global solidarity and firm political leadership are a must if we want to accelerate results in the fight against the three diseases. In the end, we are all here led by our beliefs and commitment, wishing to make a significant and lasting difference in the health and lives of our people.

We wish you an effective meeting, passionate discussions and a pleasant stay in Bulgaria.

Sincerely,

Stefan Konstantinov, MD
Minister of Health
Republic of Bulgaria

Sincerely,

Tonka Varleva, MD
Director of Programmes
financed by the Global Fund
to Figh AIDS, TB and Malaria

Route: Sofia

Friday, 10 December 2010

Saturday, 11 December 2010

Health and Social Development Foundation

The foundation was established in 1998 to carry out health promotion activities, stimulate social development of underprivileged groups and communities, and prevent the spread of sexually transmitted infections. The foundation has been a sub-recipient of Bulgaria's Round 2 HIV grant since 2004, providing the 1,500-2,000 sex workers of varied ethnic origins in the city and district of Sofia with comprehensive prevention services for sexually transmitted infections. Outreach workers and medical specialists provide HIV counselling and testing on the streets, as well as in clubs, bars and apartments, covering some 90 outreach sites with a mobile medical unit procured with Global Fund financing. The team also works with sex workers' partners and clients, as well as with sex workers who inject drugs. Prevention activities include counselling on sexually transmitted infections, safer sexual and injecting practices, life skills and health education; distribution of free-of-charge condoms, lubricants and informational materials on risk reduction and promotion of healthy lifestyle; active motivation and provision of HIV, syphilis, hepatitis B and C testing, including pre- and post-test counselling.

DP Koudoglou Hospital- Plovdiv

The hospital, which is a sub-recipient of Bulgaria's Round 6 TB grant, has been responsible for TB control in the Plovdiv district since 2008. It has 115 beds of which 35 for smear-positive pulmonary TB and 55 for chronic cases, including smear-negative TB cases. First-line anti-TB drugs as well as Izoniasid for TB preventive treatment are procured centrally with the budget of the Ministry of Health. Global Fund resources have enabled the purchase of second-line drugs through the GLC. Hospital treatment is universal and free-of-charge, regardless of health insurance status. The hospital hosts a diagnostic department, a clinical and a microbiological laboratory. A regional DOTS manager coordinates and supervises TB control activities at the district level and four patronage nurses were appointed to increase the coverage of active screening, directly observed treatment in the continuation phase, contact tracing and medical examination of TB suspects – especially from the at-risk groups. The hospital collaborates closely with the nongovernmental organizations that work with these groups and with the Stolipinovo methadone program. Increased geographical coverage is achieved with the use of a car procured with Global Fund resources.

The program at the hospital has enrolled over 500 patients in first-line TB treatment in 2008-2009, but in addition it has also been able to double the number of persons who were traced and evaluated for being in close contact with the TB patients.

Overview of Eastern Europe and Central Asia

Eastern Europe and Central Asia stretches from Bosnia and Herzegovina in the west to the Russian Federation's Pacific coast in the east and from the Arctic Ocean in the north to Turkmenistan's Kara Kum Desert in the south.

All the countries in the region (except for Turkey) were part of the socialist bloc and have undergone a period of political, economic, and social transition. The transition away from socialism produced system restructuring and budget shortfalls that led to the partial collapse of the region's public health infrastructure in the 1990s. Malaria reappeared along the southern rim of the former Soviet Union and TB multiplied among the poor and newly poor. Considerable cross-border and internal migration contributed to the spread of disease and the deterioration of public health in general. In a particularly grave development, HIV and TB began to spread rapidly among a burgeoning number of injecting drug users, also affecting other vulnerable and marginalized populations.

Epidemiological Overview

EECA is the region in the world with the fastest growing HIV epidemic. In five countries of Eastern Europe and Central Asia, HIV incidence increased by more than 25 percent between 2001 and 2009, according to the UNAIDS Report on the Global AIDS Epidemic 2010. An estimated 130,000 people were newly infected with HIV in Eastern Europe and Central Asia in 2009, bringing the number of people living with HIV in the region to 1.4 million. Likewise, globally AIDS-related mortality has begun to decline but deaths continue to increase in Eastern Europe.

A rapid rise in HIV infections among people who inject drugs at the turn of the century caused the epidemic in this region to surge. As the epidemic spreads from (predominantly male) people who inject drugs to their sexual partners, the proportion of women living with HIV is also growing.

Tuberculosis constitutes a large burden and MDR-TB is quickly becoming a major public health concern. Globally, in 2008 there were estimated 140 TB new cases per 100,000 population, according to the World Health Organization (WHO). The average incidence for countries from Eastern Europe and Central Asia is 150 per 100,000 population. Incidence rates are falling in all of the WHO regions – except this one.

TB is curable, but its current detection, prevention, and treatment options still present significant challenges. Fifteen of the 18 countries in the European region targeted by WHO for high-priority action 2007 – 2015, as well as 13 of the 27 countries defined by WHO as having high-burden MDR-TB are in EECA1. Two major issues need to be addressed: 1) TB is the leading cause of death among people living with HIV/AIDS, 2) The number of MDR-TB cases in on the rise.

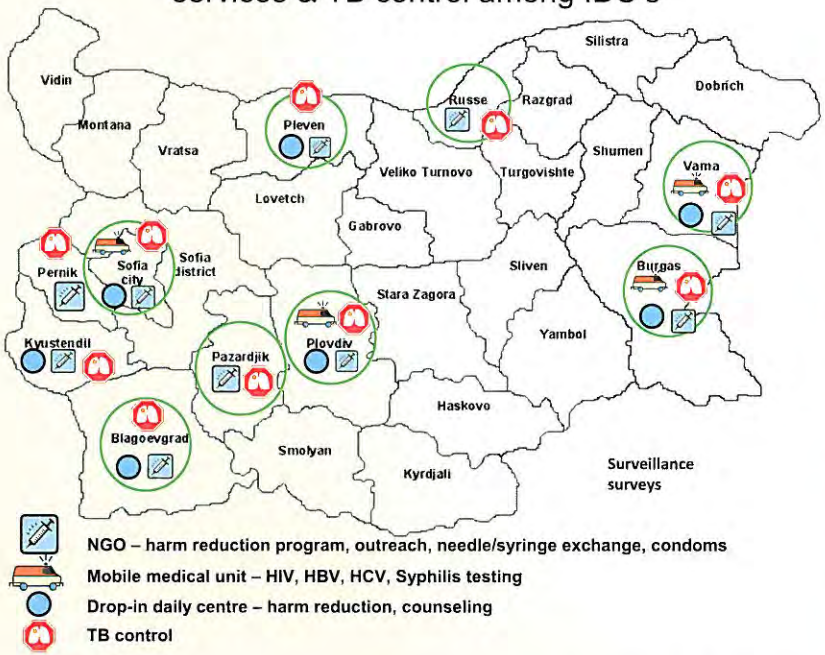
HIV and TB are associated with a high degree of stigma and discrimination in the EECA region (especially for some of the most-at-risk groups), which further interferes with effective TB control and treatment interventions.

Malaria seems to be under control, due to geographical and climatic constraints, and seems to be the only disease of the three that is on the verge of elimination in the region.

1. Armenia, Azerbaijan, Belarus, Bulgaria, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russian Federation, Tajikistan, Ukraine, Uzbekistan

informational materials on risk reduction and promotion of healthy lifestyle; provision of client-oriented HIV prevention case management services, in particular for HIV-infected injecting drug users

Network of NGO's providing HIV prevention services & TB control among IDU's



Since end 2008, the foundation has also been a sub-recipient of the Global Fund-financed program to improve TB control, working with alcohol-dependent people as well as people who inject drugs. TB control activities include screening for TB; referral and accompanying TB suspects to the TB health facilities for medical examination and treatment; providing support to TB patients in the continuation phase of treatment; tracing contact persons of TB patients and people with latent TB infection and motivating them to undergo chemotherapy. The team from the foundation, which is a nongovernmental organization, works together with the medical staff from the TB hospital. They meet on a weekly basis and discuss with the DOTS manager all of the activities implemented within the community.

In 2009 and 2010, the foundation invested a number of significant efforts, including the distribution of approximately 320,000 safe injecting packages, 85,000 condoms and over 6,000 information materials on AIDS and/or TB.

Centre for Mental Health – Plovdiv Opioid Substitution Treatment Program

The opioid substitution program financed by the Global Fund is a subsidiary of the program providing treatment with methadone at the Centre for Mental Health in Plovdiv. The subsidiary program is situated in the Municipal Health Centre of the Stolipinovo neighbourhood and has 100 seats. Together with methadone treatment, it also provides social and psychological care and support. It primarily targets people who inject drugs from the Roma community – in particular, those who are living with HIV. Key objectives include decreasing the risk of transmission of blood-borne and sexually transmitted infections, as well as working toward resocialization and reintegration of the centre's clients who visit the program on a daily basis. The subsidiary program works with partners at both national and local level, such as the National Centre of Addictions, the prison in Plovdiv and others.

Foundation "Panacea 97"

Foundation "Panacea 97" was established in 1997 to implement harm reduction activities among people who inject drugs. The foundation estimates this population in Plovdiv to be one of the largest in the country at 3,500-5,000, more than half of whom are of Roma origin. The majority are poor with low educational and social status, lack access to health and social services, and are inclined to criminal behaviour. The outreach team works regularly on five service delivery points in the Plovdiv district. A low-threshold centre is located in Stolipinovo where clients can receive the comprehensive package of HIV prevention services, including psychological support. Open outreach sites are visited on working days with a mobile medical unit procured with Global Fund resources. Harm reduction activities include needle and syringe exchange; outreach work to provide health education, social and psychological support through consultations, strengthening of positive attitudes, skills and practices toward reduction of risky sexual and injecting behaviours; distribution of free condoms and

Overview of Global Fund Portfolio in the Region

Over the past few years, national responses to HIV/AIDS, TB, and malaria have improved significantly. The key in disease prevention and control is not only evidence-based public health interventions that work, but also political commitment and funding sufficient to achieve sustainability.

The Global Fund remains the largest multilateral donor for the three diseases in Eastern Europe and Central Asia. As of November 2010, the Eastern Europe and Central Asia Regional Portfolio represented 7% of the overall resources provided worldwide by the Global Fund. US $1,477,308,289 has been approved for 23 countries over the first 9 rounds of funding. The Global Fund committed 66% of these funds to fight HIV/AIDS, 32% to control tuberculosis and 2% to defeat malaria. Global Fund-supported programs have focused on strengthening national control programs for HIV/AIDS, tuberculosis and malaria and on building effective and reliable systems for early diagnosis and prompt treatment of cases.

HIV infection is still concentrated in key populations at higher risk of HIV exposure. As well as injecting drug users, who account for around two-thirds of infections, these include sex workers, men who have sex with men, prisoners, migrants and vulnerable youth. Data is scarce for men who have sex with men, but health experts consider that the official figures available markedly underestimate numbers infected. As of November 2010 US$ 975 million were approved for the Global Fund-supported HIV programs in the Eastern Europe and Central Asia region. However, prevention coverage in the region remains low. The goal of universal access to HIV treatment is accepted in principle by all of the region's countries. An additional 1.2 million people received antiretroviral (ARV) therapy in 2009, bringing the total number of people receiving treatment in low- and middle-income countries to 5.2 million, a 30 percent increase over 2008, but still only 36 percent of the 15 million people in need of treatment. In the Eastern Europe region only 19 percent of people eligible for treatment were accessing it.

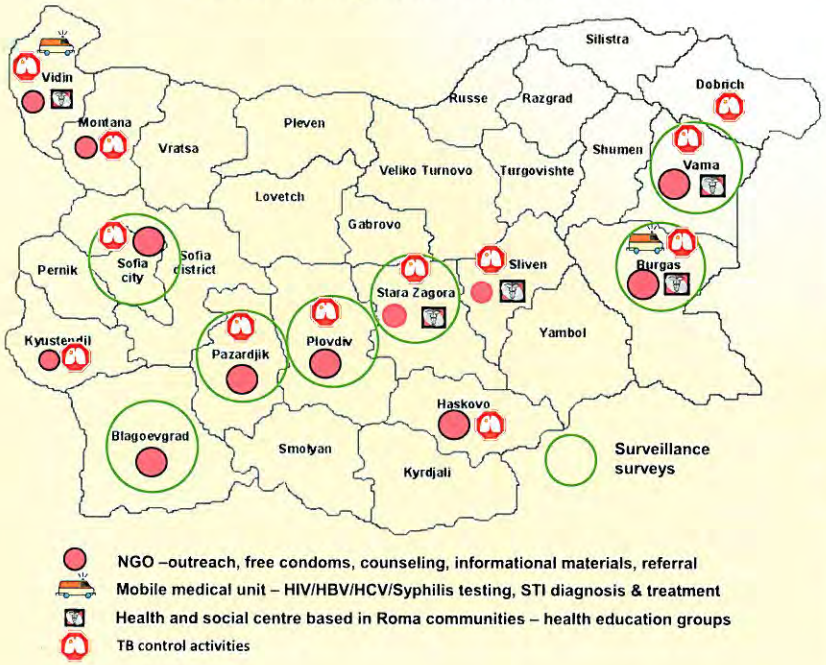
If single and multidrug-resistant TB is not treated correctly it can give rise to extensively drug-resistant TB, which has been registered in the countries of the region. The situation in many countries is further complicated by poor infection control in TB units, weaknesses in laboratory diagnostics and shortages of qualified staff. More investment is urgently needed to strengthen capacities for rapid drug-resistance testing, improve patient outreach, referral and management, as well as facility infection control, and provide treatment adherence incentives. However, response in the region is still insufficient.

Malaria elimination is a realistic and attainable goal. Thanks to large-scale epidemic control interventions the number of reported cases in the region has dropped dramatically (from 90,712 in 1995 to only 285 in 2009). There are six countries in the region that remain affected by malaria - Azerbaijan, Georgia, Kyrgyzstan, Tajikistan, Turkey, and Uzbekistan. Tajikistan is the only one of these states that ranks on the WHO list of the 30 most affected countries and the only one in which the Plasmodium falciparum parasite is widespread. There is a need for close monitoring of epidemiological and entomological situations owing to the existence of favourable conditions for malaria transmission, despite the interruption of transmission in some countries.

with men who have sex with men, and almost 2,500 people received voluntary counselling and testing.

Tuberculosis control activities. As of October 2009 the foundation is also a sub-recipient of the Round 6 TB grant and works to reduce the transmission of TB among street children, as well as to improve TB case detection and treatment success among the Roma and Turkish populations. The team covers a total population of around 57,000 through 15 outreach sites in four Plovdiv neighbourhoods identified as being at increased risk of TB due to multiple vulnerabilities, including poverty, unemployment, poor sanitary and living conditions, and poor health awareness. TB control activities include screening for the risk of TB; referral and accompanying TB suspects to the regional TB health facility for medical examination and treatment; providing support to TB patients in the continuation phase of treatment; tracing contact persons of TB patients and people with latent TB infection and motivating them to undergo chemotherapy. Over 2,700 consultations for TB were provided since October 2009.

Network of NGO's providing HIV prevention services & TB control among Roma communities



SITE VISITS

Route: Plovdiv

Saturday, 11 December 2010

Plovdiv is the second largest city in Bulgaria and is the administrative centre of the Plovdiv district with a territory of 5,928 sq. km and a population of 750,000 people. Newly registered HIV cases in the Plovdiv district accounted for 18 percent of all HIV cases in the country in 2009 and 30 percent in 2010.

Foundation for Regional Development "Roma-Plovdiv"

The foundation is a Roma nongovernmental organization established in 1992 for social assistance. Its scope later increased to provide opportunities for health education, health promotion and development of economic initiatives. The organization is based in the Plovdiv neighbourhood of Stolipinovo, which is densely populated with Roma and Turkish ethnic minorities. Unofficial estimates indicate a total population of 40,000 people. The foundation office has turned into a community social centre.

HIV prevention activities. The foundation is a sub-recipient of the Round 2 Global Fund grant and works to reduce HIV vulnerabilities of most-at-risk Roma people (aged 15-25 years) by scaling up population coverage of community-based prevention and referral services. The team of 14 provides services at 14 outreach sites in Stolipinovo and (since March 2010) to three more towns in the Plovdiv district, covering an estimated 7,000 Roma youth with multiple risk behaviours exacerbated by social exclusion. Prevention activities include outreach community work to provide counselling on HIV and sexually transmitted infections, safe sexual and injecting practices, life skills and health education; distribution of free-of-charge condoms, lubricants and informational materials on risk reduction and promotion of healthy lifestyle; active motivation and provision of HIV, hepatitis B and C testing, including pre- and post-test counselling.

As a result of these activities, in 2009 and 2010 over 3,500 people were reached with prevention services, 86 peer educators were trained to work

Bulgaria Country Profile

Founded in 681, Bulgaria is one of the oldest states in Europe. Bulgaria was born on the crossroad of ancient cultures uniting the Bulgarians, the Slavs, and the Thracians which created the wealth of colours, songs and rhythms as a distinguished part of human civilisation.

Bulgaria covers a geographical area of 111,000 square kilometres and has a population of approximately 7.6 million people. According to the 2001 census, the population consists mainly of ethnic Bulgarians (85 percent), followed by Turks (10 percent), Roma (4 percent) and other (2 percent).

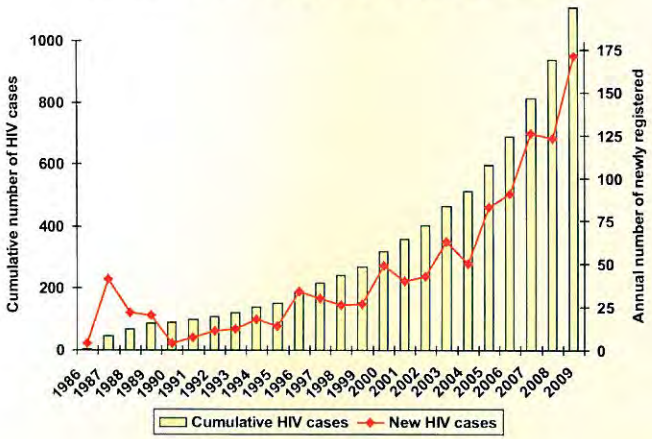
Located in the heart of the Balkans, Bulgaria offers a highly diverse landscape: from picturesque mountains to the shores of the Black Sea. Bulgaria borders Romania to the north, Serbia and Macedonia (Former Yugoslav Republic) to the west, and Greece and Turkey to the south. The Black Sea defines the extent of the country to the east. Bulgaria has a multiparty parliamentary system and free elections. Its constitution separates the legislative, the executive and the judiciary. Bulgaria is divided into 28 administrative districts and 264 municipalities which form the basis for administrative and territorial self-government.

Overview of the HIV epidemic

Bulgaria is at the crossroad of two epidemics with different dynamics and different driving forces. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), the epidemic in the region of Eastern Europe and Central Asia is the most rapidly growing one, with more than 60 percent of new infections among injecting drug users. At the same time, the epidemic in Central and Western Europe continues to grow mainly among men who have sex with men. The country faces a great challenge related to the development of concentrated epidemics in most-at-risk and vulnerable groups, such as people who inject drugs and men who have sex with men, with the attendant risk of transmission of the infection to the general population.

Between 1986 and end 2009 a cumulative total of 1,109 HIV cases were registered in Bulgaria. The annual number of newly registered HIV cases has more than tripled, from 50 in 2004 to 171 in 2009. In 2009, approximately 78 percent of the newly registered cases were men and 52 percent were young people in the age range 15-29 years. Since 2004 there has been an increase in the number and share of HIV cases among people who inject drugs. In 2009, they numbered 74, or 43 percent of the annual number of cases. At 16 percent of the total for 2009, the annual share of newly registered HIV cases among men who have sex with men has also risen.

Registered HIV cases - number of newly registered and cumulative number by years, Bulgaria, 1986-2009



2007-2008: situation and response analysis to draft the continuation of the National HIV/AIDS Programme, including broad national consultation through nine round tables with over 240 participants

2008: official endorsement by the Council of Ministers of the National Programme for Prevention and Control of HIV and STIs in the Republic of Bulgaria (2008–2015), including significant annual allocations from the budget of the Ministry of Health

Overview of Global Fund Grants in Bulgaria

Resources from the Global Fund are used as additional to national resources to cover HIV prevention and TB control activities which are included as an integral part of the Natinoal Programmes for Prevention and Control of HIV and TB and which contribute to the achievement of the national goals and targets. The Global Fund grants in Bulgaria include:

Round	Period covered	Principal Recipient	Amount Committed to Date	Total Lifetime Budget	Amount Disbursed to Date
HIV/AIDS					
Round 2 and Rolling Continuation Channel	2004-2008; 2009-2011 (RCC-I) and 2012-2014 (RCC-II proposal)	Bulgaria Ministry of Health	US$ 38,934,407	US$ 58,650,365	US$ 28,490,279
Tuberculosis					
Round 6	2008-2012	Bulgaria Ministry of Health	US$ 18,996,566	US$ 18,996,566	US$ 13,174,286
Round 8	2010-2011 (Phase 1) and 2012-2014 (Phase 2 proposal)	Bulgaria Ministry of Health	US$ 4,428,666	US$ 12,492,373	US$ 2,855,377

Scaling-up the National HIV and TB Response in Bulgaria

Political Commitment of the Government and National Strategic Documents

The Bulgarian government has recognized that HIV and Tuberculosis are public health priorities for action and that an effective national HIV and TB response becomes a reality when strong political will and leadership are doubled with joint actions and significant financial resources. Key benchmarks of the national policy development and implementation include:

1996: establishment of the National Committee on Prevention of AIDS and STIs at the Council of Ministers – policy-making and coordinating governmental institutions

1998-2001: national situation and response analysis and development of the National HIV Strategy conducted by the Ministry of Health with the financial and technical support of UNAIDS

2001: official endorsement by the Council of Ministers of the National Strategy and National Action Plan for Prevention and Control of HIV/AIDS and Sexually Transmitted Infections (2001-2007), including significant annual allocations from the budget of the Ministry of Health

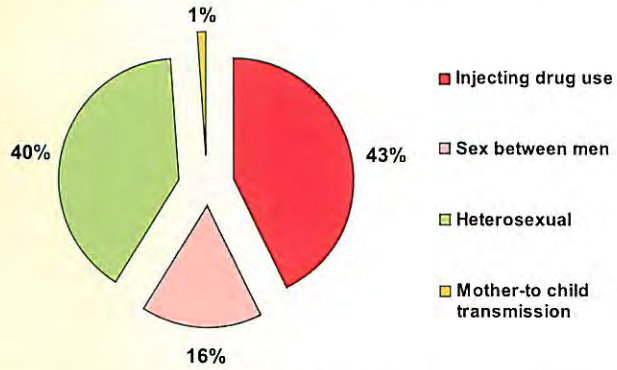
2002: establishment of the Country Coordinating Mechanism to Fight AIDS (CCM) – expanded Natinoal Committee on Prevention of AIDS and STIs to include representatives of the academic sector, nongovernmental organizations, people living with HIV

2003: achieving 100% DOTS coverage of the country to improve tuberculosis control

2006: expansion of the Country Coordinating Mechanism (CCM) to Fight AIDS and Tuberculosis to be responsible for both diseases

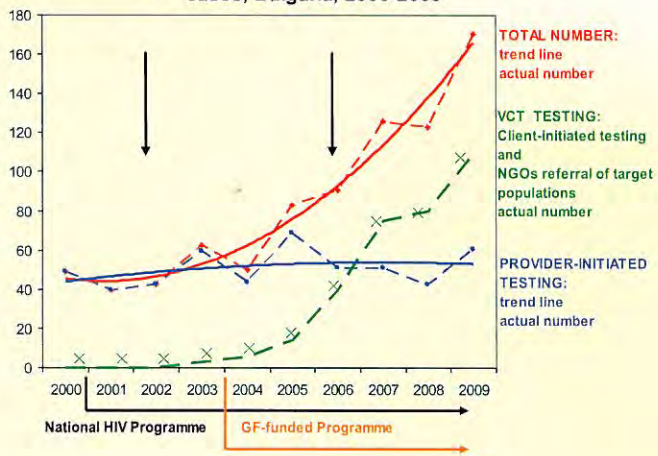
2007: official endorsement by the Council of Ministers of the National Program for Prevention and Control of Tuberculosis in the Republic of Bulgaria (2007-2011), including significant annual allocations from the budget of the Ministry of Health

Distribution of HIV cases by transmission categories, Bulgaria, 2009



The post-2004 increase in the number of registered cases is to a great extent due to the active case finding, provision of HIV prevention services among the groups most at risk and referral for testing, care and support under the program Prevention and Control of HIV/AIDS, which is financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). The number of HIV cases found by the networks of voluntary counselling and testing centres and nongovernmental organizations implementing outreach activities grew from 3 in 2003 to 110 in 2009. Data analysis shows that such networks have a case detection rate (per 10,000 tested) up to six times higher than the rate in health facilities performing diagnostic and screening testing.

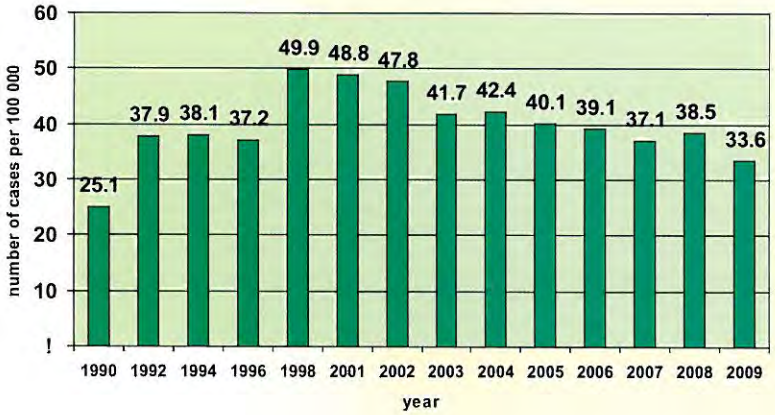
Trends in the annual number of newly registered HIV cases, Bulgaria, 2000-2009



Overview of Tuberculosis Epidemic

In 2009 a total of 2,911 tuberculosis (TB) cases were notified to the National Program for Prevention and Control of Tuberculosis. Analysis of surveillance data indicates an 8 percent decrease in the number of cases in comparison to 2008. Of the total number of cases notified in 2009, pulmonary disease was diagnosed in 2,115 (73 percent), and the rest were extrapulmonary TB cases. The proportion of pulmonary TB cases has remained high during the last few years. The number of notified TB cases, as well as TB incidence, varies significantly by region, with much higher incidence rates than the country average observed in some parts of north-western and central Bulgaria.

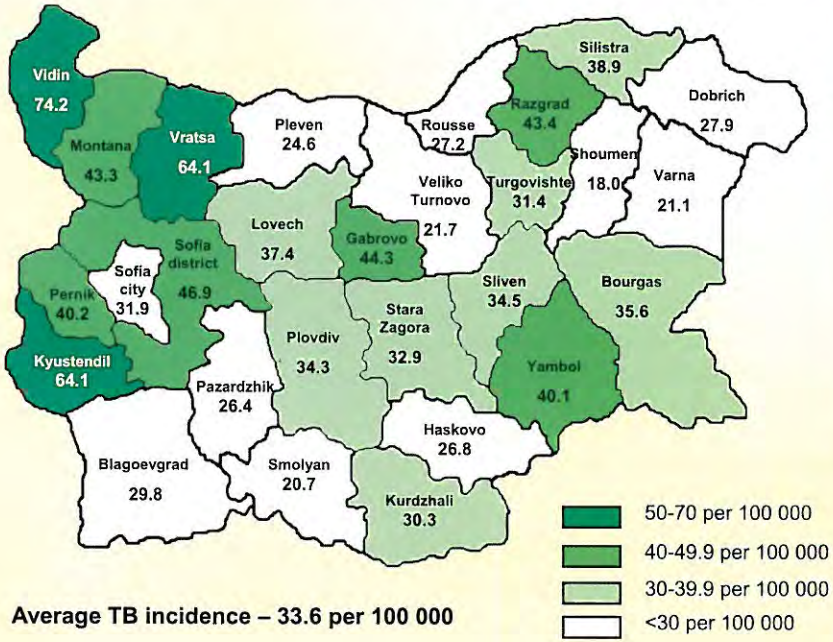
TB incidence in Bulgaria, 1990-2009



The World Health Organization (WHO) estimated that TB was the single largest contributor (25 percent) to the disability-adjusted life years (DALYs) lost to infectious and parasitic diseases in the country in 2002. Within the 27 countries of the European Union, Bulgaria had the highest rate of age-standardized DALYs lost to TB after the Baltic States and Romania. In 2007 Bulgaria was included in the "Plan to Stop TB in 18 High-priority Countries in the WHO European Region, 2007–2015."

Multidrug-resistant TB was first recorded in Bulgaria in 1995. In 2009 it accounted for 1.7 percent of new cases detected and 24 percent of previously treated patients. In 2008 WHO estimated that the overall proportion of multidrug-resistant TB cases was 13 percent and included Bulgaria among the 27 countries with a high-burden of multidrug-resistant TB. Since 2009, after a successful application to the Green Light Committee (GLC), Bulgaria has been able to purchase second-line anti-TB drugs for the treatment of these patients with financial resources from the Global Fund. As of 30 June 2010 all 50 patients from the first approved cohort have been enrolled in treatment with second-line drugs in the Specialized Hospital for Active Treatment of Lung Diseases in Gabrovo.

Tuberculosis Incidence by regions, Bulgaria, 2009



Average TB incidence – 33.6 per 100 000