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## **EUROPEAN SOCIAL CHARTER**

11<sup>th</sup> National Report on the implementation of the  
European Social Charter

submitted by

**THE GOVERNMENT OF  
BULGARIA**

(Articles 3, 11, 12, 13 and 14)  
for the period 01/01/2008 – 31/12/2011)

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Report registered by the Secretariat on 9 August 2013

**CYCLE 2013**



# *ELEVENTH NATIONAL REPORT*

For the period January 1<sup>st</sup> 2008 — December 31<sup>st</sup> 2011

Submitted to the Council of Europe by the Government of the Republic of Bulgaria in accordance with article  
“C” of the European Social Charter (revised)

regarding the measures for the implementation of the adopted provisions thereof.

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**Introduction**

This Report was prepared after consultation and cooperation with the competent authorities.

In accordance with Article S of the ESC(r), the Report was agreed with the national representative organizations of employers, employees and workers.

The Report contains information on the implementation of the following ESC(r) provisions: Article 3, paragraphs 1—4, Article 11, paragraphs 1—3, Article 12, paragraphs 1 and 3, Article 13, paragraphs 1—3 and Article 14, paragraphs 1—2.

The Bulgarian national currency is lev and its exchange rate is fixed to the euro at 1,95583 lev per 1 euro (0,511292 euro per 1 lev).

The Bulgarian country remains available for any additional questions or clarifications that could arise in the process of review of this Report.

### **Article 3 – The right to safe and healthy working conditions**

With a view to ensuring the effective exercise of the right to safe and healthy working conditions, the Parties undertake, in consultation with employers' and workers' organisations:

1. to formulate, implement and periodically review a coherent national policy on occupational safety, occupational health and the working environment. The primary aim of this policy shall be to improve occupational safety and health and to prevent accidents and injury to health arising out of, linked with or occurring in the course of work, particularly by minimising the causes of hazards inherent in the working environment;

2. to issue safety and health regulations;

3. to provide for the enforcement of such regulations by measures of supervision;

4. to promote the progressive development of occupational health services for all workers with essentially preventive and advisory functions.

#### **Appendix to Article 3§4**

It is understood that for the purposes of this provision the functions, organisation and conditions of operation of these services shall be determined by national laws or regulations, collective agreements or other means appropriate to national conditions.

### **Information to be submitted**

#### **Article 3§1**

**1) Please describe the national policy on occupational health and safety and the consultation with employers' and workers' organisations in formulating this policy. Please specify the nature of, reasons for and extent of any reforms.**

Safety and health at work is one of the priorities of Bulgaria's social policy. It is focused on protection of health, work capacity and life of workers.

Safety and health at works policy complies with:

- The Lisbon Strategy on synergy between policies for achieving economic growth, creating quality jobs, modernizing social protection and promoting sustainable development, hence for reconsideration of working conditions, work organization and the possibilities for combining lifelong learning and work;

- The European Strategy on safety and health at work, which focuses on promoting the ensuring of "welfare at work"; and

- International Labour Organization's Global Strategy which equates decent work and safe work and calls for fair globalization.

Following the main guidelines and principles of the aforesaid strategic documents, the activities for providing safe and health at work are focused on:

- promoting the ensuring of "welfare at work";
- improving protection culture of workers and development of the prevention system with the means of: improvement of legislation, training and education, social

dialogue, common social responsibility, economic initiatives, partnering between all involved in the working process;

- exercising of comprehensive and effective integrated control on the compliance with the employment legislation;
- providing of quality training in the field of safety and health at work;
- expanding the infrastructure of services for consultations and support of employers and improving the quality of this activity;
- developing benefit systems and insurance and the effective incorporation of these in the efforts for provision and maintenance of safety and health at work in enterprises.

For the successful development of the activity on safety and health at work when working under the Safety and health at Work Act, fundamental rights, duties and responsibilities have been set for all participants in the working process: the State, the employers, the workers, the self-employed persons who work alone or in partnership with others, as well as other organizations and legal entities.

Employers bear all responsibility for providing safety and health for workers and employees. Workers and employees, on the other hand, are obligated to look after their own safety and health, as well as the safety and health of other people that may be affected by their activity, and to assist the employers and the relevant officials in the implementation of measures for ensuring safety and health at work.

As a result from the targeted policy of the government and the social partners, a significant progress has been made with regard to providing safety and health at work for workers:

1. A system of regulations, specific requirements and duties that creates a real base for implementation of the principles of single European market has been set for the providing of safety and health at work.

2. Norms which ensure that the products released on the market do not endanger the life and health of people, safety of domestic animals, interests of customers and environments were introduced.

3. Rules for the protection of customers from endangering good, as well as duties for anyone engaged in trade, advertising and mediation were stipulated.

4. A national mark — “CO” — for products conformity was established. The use of the European conformity mark “CE” as a guarantee for quality and safety is regularized by law.

5. Minimum requirements for the providing safety and health for workers were set for employers. A base was established for management and planning of activities for the providing of safety and health at work on the grounds of assessment of occupational hazards. The risk assessment also includes psycho-social risks.

6. The provision of medical supervision for workers and employees, as well as provision of necessary information and adequate training in line with the nature of the work conducted and workers' qualifications are obligatory.

7. A system for determining of differentiated social security contributions in cases of accidents at work and occupational diseases according to the risk levels in the different economic sectors is operating. It is aimed at fair distribution of social security burden among employers and motivation for safety and health at work.

8. All employers are obligated to insure for accidents at work risk their workers and employees performing any economic activity whose rate of frequency and severity of accidents at work equals or surpasses the average rates for the country.

9. The basic requirements of EU and the International Labour Organization for the establishing of single were put in place for the establishing of uniform state control. The overall control over the conformity with the labour legislation is carried out by Executive Agency “General Labour Inspectorate” (EA GLI) with the Minister of labour and social policy.

**2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the national policy in consultation with employers’ and workers’ organisations.**

On June 26<sup>th</sup> 2008 the Government of the Republic of Bulgaria adopted a Strategy on safety and health at work which sets the priority lines of action and activities in the area of safe and healthy working conditions for the period until 2012. The strategy follows the guidelines for development of EU safety and health at work policy, outlined in “Community Strategy on safety and health 2007—2012”. It engages the state authorities, the workers’ and employers’ organizations in the implementation of measures for continuous, sustainable and steady reduction of accidents at work and occupational diseases through the planning of legislative, organizational and technical, health-related and other preventive activities for the improvement of working and workplace conditions.

*The Vision* of the Strategy on safety and health at work 2008—2012 is for Bulgaria to become a country with high work quality and productivity, based on secure and safe working conditions.

*The main goal* of the Strategy on safety and health at work for Bulgaria is: reduction of accidents at work by 25 %.

For the purpose of the objectives set out in the Strategy on safety and health at work 2008—2012, *the Government of the Republic of Bulgaria approves on an annual basis a National programme for safety and health at work.*

*The priority intervention areas* of the National strategy on safety and health at work and of the National programme for safety and health at work are as follows:

- Ensuring proper implementation of safety and health at work legislation;
- Promoting development and implementation of sector strategies;
- Occupational risks management;
- Promoting changes in workers’ and employers’ behavior towards applying an approach, aimed at health protection.

In order to guarantee the proper implementation of safety and health at work legislation, measures are applied for the purpose of improving national legislation, including reflecting the changes in European Community law.

In the context of reaching a maximum level of protection for the workers, when exercising overall control over the conformity with labour legislation, EA “General Labour Inspectorate” is successful in combining an implementing the measures for control and prevention. Consulting employers on the proper compliance with legislation is of particular importance for the control, exercised by the labour inspectors. Non-compliance with regulations and requirements results in



issuing compliance notices with deadline for implementation, imposing compulsory administrative measures and penal orders, temporary decommissioning of machines, facilities and entire manufactures.

In order for the labour inspectors to effectively and efficiently exercise control, measures were undertaken for strengthening and development of the administrative capacity of Executive Agency "General Labour Inspectorate". In the recent years, there has been improvement in the area of resource provision, integrated inspections approach and the organization of the inspections carried out by the Labour Inspectorate. The control has been extended to include new subjects, and inspections are more efficient and have more impact.

Measures were undertaken for the modernizing of the functioning of the Labour Inspectorate through: enhancing administrative capacity; improving control methodology; improving activity organization and planning; improving the training and qualification system; increasing mobility and introducing information technologies in the working process; public transparency of the entire activity of the Labour inspection; cooperating with employers' and syndicates' organizations, as well as other control authorities.

In order to improve the information provision for the system for safety and health at work, an information subsystem, "Occupational diseases", is being set up as part of the information system at the National Insurance Institute and the information system for working conditions at EA "General Labour Inspectorate".

On the basis of thorough analysis and assessment of the sector (branch) development, and with the active participation of all stakeholders, measures were implemented aimed at risk economic measures, most common risks, as well as the most vulnerable groups of workers and employees.

Under the Social Insurance Code, Public Social Insurance Budget Act budgets on an annual basis funds for financing activities related to prevention and rehabilitation of insured persons.

The successful carrying out of new duties and overcoming of challenges resulting from the safety and health at work legislation are connected mostly with the recognition of the importance of that activity and the *introducing of a new protection culture*.

In order to promoting changes in workers' and employers' behaviour toward applying an approach aimed at strengthening health and working capacity, Working Conditions fund finances on an annual basis projects and programmes for the purpose of:

- supporting employers in solving problems related to improving working conditions in enterprises;
- training on safety and health at work;
- research and development, issuing and buying training and information materials, "good practices" codes, guides, manuals and instructions, providing alternative solutions for the implementation of the safety and health at work legislation in different economic sectors.

Part of the priorities of the policy on providing safety and health at work are also the initiatives for strengthening and expanding the role of social dialogue focused on increasing motivation for implementation of safety and health at work legislation. The National focal point on safety and health at work and the National council on working conditions are both working effectively for support of the policy and achieving safety and health objectives; their active participants include representatives of employers' and employees' organisations, recognised as nationally representative. During its meetings, the National council on working conditions

carries out discussions on draft regulations on safety and health at work, issues related to safety and health at work legislation implementation, reports on the activity of EA “General Labour Inspectorate”, reports and programmes on the activities of Working Conditions fund, etc.

**Additional question from the European Committee of Social Rights on paragraph 1:**

**The Committee notes that, on governmental level, in 2002 the Council of Ministers approved, in the Guidelines for 2002, the development of safety and health and occupational health activities until 2006, emphasizing at “welfare at work” and consideration of the changes in labour and new occupational risks. The Committee would like to know whether such guidelines are developed for the period 2007 onwards.**

The aforesaid Strategy on safety and health at work 2008—2012 is a continuation of the 2002 Guidelines and sets the priority areas and activities in the field of safety and health at work for the period until 2012.

3) Please provide pertinent figures, statistics or any other relevant information, if appropriate.

Between 2008 and 2011 Working conditions fund concluded 148 contracts for improving working conditions in different enterprises in machine building, light industry, food processing, woodworking, etc. sectors. Improvement of working conditions was provided for 10 150 workers. The fund financed 67 contracts for specialized safety and health at work training, with 32 470 persons trained. Contracts were concluded with 5 acute care hospitals for the financing of occupational diseases diagnostics and performing group medical examinations of workers and employees from risk economic activities. Diagnostics was performed on 6130 workers. Supported by the National focal point on safety and health at work at the European Agency for Safety and Health at Work (Bilbao, Spain), a National Conference within the European safety and health at work week is held on an annual basis. Information materials for employers and workers are being disseminated focused on occupational hazards management and control, including newly-emerged risks.

**Article 3§2**

**1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.**

**2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework in consultation with employers’ and workers’ organisations.**

The main legal framework is still based on the National safety and health at work system, which provides for the implementation of the national policy in this field.

With a view to reflecting the changes in European Community law, the following regulations were adopted in the period 2008—2011:

- **Regulation on the procedure for notifying, registration, verification, appeal and reporting of occupational diseases (SG, № 65 of 22.07.2008) and List of occupational diseases** — improvement of national practice on reporting, investigation, verification and registration of occupational diseases and adjusting to the European guidelines for development in this area. Introduction of certain criteria and requirements for notifying and verification of occupational diseases. In the process, the European list of occupational diseases (Commission Recommendation 2003/670/EC of 19 September 2003) and the classification “Pathogenic agents, responsible for occupational diseases” (Classification of the Causal Agents 3/2000/E/n°18) were taken into consideration. The new national list describes in details the cases of occupational diseases based on their etiology, clinical manifestations, typical at risk occupations and activities. The administrative proceedings for verification of occupational disease includes regulated participation of labour inspectors in the investigation of working conditions. The competent authority for statistics of occupational diseases is the National Insurance Institute.
- **Health and Safety at Work Act (SG, № 108 of 2008) (HSWA)** was amended and supplemented in order to introduce Directive 2007/30/EC of the European Parliament and of the Council amending Council Directive 89/391/EEC, its individual Directives and Council Directives 83/477/EEC, 91/383/EEC, 92/29/EEC and 94/33/EC with a view to simplifying and rationalising the reports on practical implementation. It is regulated that every five years the minister of labour and social policy submits a single report to the commission on the practical implementation of the aforesaid directives, after consultations with nationally representative organizations of employers and workers and employees. The first report should include the period between 2007 and 2012 through the introduction of single reports on all directives in that field within a specified period.
- **Ordinance № 3 of 25 January 2008 on the terms and procedure for conducting the activities of occupational health services**, issued by the Ministry of health and the Ministry of labour and social policy. The purpose of this Ordinance is to ensure that employers provide treatment to the workers from occupational health services, registered under Article 25c of HSWA. The functioning of occupational health services, their powers, skeleton staff, as well as the minimum requirements in terms of education and professional experience of the hired staff were defined. When performing their activities under Article 25, paragraph 2 of HSWA and conducting main activities under Article 25a of HSWA, the occupational health services provide consultations and support to the employers with regard to implementation of preventive approaches for providing safety and health at work and introducing of the principle for continuous improvement of safety and health activities.
- **Ordinance № RD-07-2 of 16.12.2009 on the terms and procedure for the conducting of regular training and briefing on the rules for providing safety and health at work** — The system for briefing at the workplace was improved. A legal framework has been set, as a base for the employer for the arranging and conducting safety and health at work trainings and briefings in accordance with the nature of the occupation/work performed, also at the work place, with consideration of possible hazards and risk assessment results.
- **Ordinance № 5 on the minimum requirements for providing safety and health at work for those who work at risk related to exposition to artificial optical radiation (SG, № 49 of 2010)** — This ordinance introduces the requirements of Directive 2006/25/EC of the European Parliament and of the Council of 5 April 2006 on the minimum health and safety requirements regarding the exposure of workers to risks arising from physical agents (artificial optical radiation)

- **Ordinance amending and supplementing Ordinance № 13 of 2003 on the protection of workers from risks, related to exposition to chemical agents at work** — For introducing the requirements of Directive 2009/161/EU establishing a third list of indicative occupational exposure limit values in implementation of Council Directive 98/24/EC and amending Commission Directive 2000/39/EC.
- **ORDINANCE ON THE FREE WORKING CLOTHES AND UNIFORMS, ADOPTED WITH REGULATION OF COUNCIL OF MINISTERS № 10 OF 21.01.2011, PROM., SG № 9 OF 28.01.2011**. THE ORDINANCE DEFINES THE TERMS AND PROCEDURE ON PROVIDING FREE WORKING CLOTHES AND UNIFORMS FOR WORKERS AND EMPLOYEES.
- **Law amending and supplementing Labour Code** (SG, № 33 of 2011) — Regulates the specific employment, including safety and health at work in cases of homeworking and teleworking.
- **Spatial Development Act:** The amending and supplementing of the Spatial Development Act (SDA) of October 2012. (SG, № 82 of 2012) extends the obligations of participants in the construction process related to providing safety and health at work. Article 162, paragraph 4 of SDA states that the designer shall be responsible for the design of the building project in accordance with the requirements for providing safety and health at work. Likewise, Article 163, paragraph 2(1) of SDA states that constructor shall bear responsibility for the execution of the construction in accordance with the measures for protecting the life and health of persons on the constructions site. Article 167, paragraph 2 of the SDA, related to the necessary document for entry into register for exercising the activity of consultants in the investment process, contains an amendment of item 3, with which a health and safety coordinator is included in the list of qualified individuals performing the activities on assessing projects compliance and/or construction supervision of building sites. Article 168, paragraph 1(4) of SDA imposes obligation to the construction supervising person of complying with the safety at health at work requirements in construction. These legislative requirements enhance the responsibilities of participants in the construction process with regard to safety and health and ensure the complete implementation of the requirements of Ordinance № 2 of 2004 for the Minimum Requirements for Healthy and Safe Labour Conditions at implementing Construction and Mounting Works (prom., SG, № 37 of 2004; am., № 98 of 2004; am. and suppl., № 102 of 2006), which introduces the requirements of Council Directive 92/57/EEC of 24 June 1992 on the implementation of minimum safety and health requirements at temporary or mobile construction sites (eighth individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC)“

**Additional questions from the European Committee on Social Rights on paragraph 2:**

1. The Committee considers that the main obligation for including most of the risks mentioned in the General introduction of Conclusions XIV-2 in the scope of the safety and health at work rules. However since with regard to the report the framework is still not changed, the Committee wishes to see in the next report an update to each legislation approved in the referent period.

The answer to this question is given above.

2. The Committee would like to know whether Commission Directive 1999/77/EC of 26 July 1999 for prohibiting the marketing and use of products containing asbestos was transposed in the national legislation, and also if there are any measures put in place to the same effect. The Committee also wants to know whether the authorities consider preparing a list with all buildings and materials containing asbestos. Given the importance of that issue in the light of the right to protection of health (Article 11), the Committee would like to receive a specific information on the steps undertaken for that purpose.

As of 1.01.2005 marketing and use of **asbestos and/or asbestos-containing products** is prohibited in Bulgaria. A complete compliance is ensured for the national legislation and practice with the Community legislation and practice in the field of **protection of workers from the risks related to exposure to asbestos at work**.

Directive 2003/18/EC of the European Parliament and of the Council of 27 March 2003 amending Council Directive 83/477/EEC on the protection of workers from the risks related to exposure to asbestos at work has been transposed with the Law amending and supplementing the Health Act (SG № 59 of 2006) and Ordinance № 9 of the Ministry of labour and social policy and the Ministry of health of 4 August 2006 on the protection of workers from the risks related to exposure to asbestos at work (prom. SG № 71 of 2006). Ordinance № 9 replaced Ordinance № 1 of 2003 on the protection of workers from the risks related to exposure to asbestos at work, which was used for transposing Council Directive 83/477/EEC on the protection of workers from the risks related to exposure to asbestos at work. The amendments of Council Directive 83/477/EEC from 19.09.1983 related to exposition levels, as well as minimum measures on safety and health at work set out in Directive 2003/18/EC of the European Parliament and of the Council of 27.03.2003 are all reflected in Ordinance № 9 on the protection of workers from the risks related to exposure to asbestos at work (prom. SG № 71 of 2006).

The basic legal instrument setting the safety and health at work requirements in construction, in particular with regard to demolition and renovation of buildings, is **Ordinance № 2 of 22 March 2004 for the Minimum Requirements for Healthy and Safe Labour Conditions at implementing Construction and Mounting Works**. This ordinance provides somewhat framework regulation of issues related to work where there is a risk of exposure to asbestos, and as regards the specific requirements it refers to another legal instrument where they are examined in greater detail – **Ordinance № 9 of 04.08.2006 on the protection of workers from the risks related to exposure to asbestos at work**.

The texts in the ordinances are, in particular, as follows:

#### **From Ordinance № 2**

**Article 9** (1) The client or the project supervisor shall assign the development of a safety and health plan to the planner or the coordinator for safety and health matters for the project preparation stage and shall submit such plan to the builder prior to the opening of a construction site.

(2) The plan under paragraph 1 shall be drawn in the following cases:

1. Where the construction works are related to specific risks to the safety and health of workers during execution of:

(b) work, by which the workers are exposed to chemical, physical or biological agents, representing a risk for the safety and health of the workers or involving a legal requirement for health monitoring;

## **Appendix 6 to Ordinance № 2**

### **1. Demolition of buildings and structures**

**1.1.** Prior to starting demolition of a building or structure, the builder shall check whether:

1.1.1. The products from which the building or structure is constructed contain harmful substances and hazardous radiation for the health and safety of the workers and the population;

1.1.2. No harmful substances and hazardous radiation for the workers and the population are contained therein.

1.1.3. Buildings, structures or systems from asbestos or asbestos-containing products shall be demolished or disassembled in accordance with the normative requirements for protection of workers from risks related to exposure to asbestos at work.

## **From Ordinance № 9**

**Article 3** The works related to the demolition or removal of asbestos and/or asbestos-containing materials shall be carried by legal or natural persons upon obtaining of permission under the Health Act (SG, № 70 of 2004).

**Article 7** (1) Prior the start of works related to the demolition or repair of construction sites under the Spatial Development Act (SG, № 1 of 2001) employer shall take all necessary measures for the obtaining of information on the buildings from the owner, the condominium or the person that exercises the right of ownership, in order to determine which materials allegedly contain asbestos.

(2) The ordinance requirements are followed in case of doubt for presence of asbestos in a material or construction.

**Article 11** (1) Employer is obligated to set measures for ensuring workers' protection during removal or repair of construction sites when exceeding of the concentration limit of asbestos fibers in the air under article 19 is expected, regardless of implemented preventive technical measures for limiting asbestos concentration in the air. These Measures include:

1. providing adequate respiratory and other personal protective equipment that should be used as intended;
2. putting up warning signs to show that exceeding of concentration limits set in the ordinance is possible;
3. avoidance of dissemination of dust resulting from asbestos or asbestos-containing outside the premises or site of activities.

(2) Employer informs workers and/or their representatives on the protective measures undertaken prior to starting works under paragraph 1.

**Clarification to Article 3 of Ordinance № 9: The procedure on preparing permission is regulated in Section VII “Protection of the Health of Citizens in the Performance of Works with Asbestos and Asbestos-containing Materials” of the Health Act.**

The application of asbestos by means of the spraying process and working procedures that involve using low-density insulating or soundproofing materials which contain asbestos shall be prohibited.

Activities which expose workers to asbestos fibres related to extraction of asbestos, manufacture and processing of asbestos products and the processing of products containing asbestos, with the exception of the treatment and disposal of products resulting from demolition and asbestos removal, following the legislative requirements for marketing and use of asbestos.

Works related to the demolition or removal of asbestos and/or asbestos-containing materials shall be carried by legal or natural persons upon obtaining of permission under the Health Act. Demolition work or work on removing asbestos and/or asbestos-containing products from buildings, structures, plant or installations or from ships start after the obtaining a permission from the director of the regional health inspectorate in whose region the work will be performed. The terms and procedure for issuing such permit include, in particular, the following requirements under Section VII “Protection of the Health of Citizens in the Performance of Works with Asbestos and Asbestos-containing Materials” of the Health Act:

In order to obtain a permit the stakeholder submits before the regional health inspectorate: application for issuing a permit; plan of work, containing the measures necessary to ensure the safety and health of workers and employees at the place of work; list of all participating workers and employees; certificate for training of workers and employees.

The plan for work includes the type and duration of work; the place of carrying out the work; the methods used while working with asbestos or asbestos containing materials; the personal protection equipment provided where necessary; the characteristics of the protection equipment used for the protection of workers and employees and for the removal of asbestos contamination, as well as for protection of other persons present on or near the working site; all envisaged initiatives for environment protection; the procedure and methods for demonstrating the lack of risk of exposure at the working site after completing demolition or asbestos or asbestos-containing materials removal.

The preparing of the plan for work complies with the requirement for asbestos or asbestos-containing materials removal prior to applying demolition techniques, with the exception of the cases where removal work poses a greater risk for workers and employees than the asbestos or asbestos-containing materials non-removal. No permission is required for emergency rescue work.

Within three days of application submission, the director of the regional health inspectorate sends through official channels the documents for an opinion from the regional environment and water inspectorate in whose region the demolition or for asbestos or asbestos-containing materials removal site is located. The regional environment and water inspectorate issues an opinion within 14 days since the date of receiving of the documents. In case there is no issued opinion within the prescribed period, it is considered that the regional environment and water inspectorate agrees with the submitted documents without any comments. The director of the regional health inspectorate notifies the applicant for the recommendations of the regional health inspectorate and/or the regional environment and water inspectorate of any changes in the plan for work. In accordance with the recommendations, no later than one month after the notifying the applicant is obligated to

present a corrected plan for work compliant to the recommendations. The permission for demolition or asbestos or asbestos-containing materials removal is issued by the director of the regional health inspectorate within 5 days of receiving positive opinion from the regional environment and water inspectorate or receiving of corrected plan for work. In case of failure to implement the recommendations, the director of the regional health inspectorate issues justified refusal of permission.

Article 7 of Ordinance № 9 obligates the employer, prior the start of works related to the demolition or repair of construction sites, to take all necessary measures under the Spatial Development Act for the obtaining of information on the buildings from the owner, the condominium or the person that exercises the right of ownership, in order to determine which materials allegedly contain asbestos. The ordinance requirements are followed in case of doubt for presence of asbestos in a material or construction.

In the case of any activity likely to involve a risk of exposure to dust arising from asbestos or asbestos containing materials, this risk is assessed by determining the nature and degree of the workers' exposure to dust arising from asbestos or materials containing asbestos. The employer is obligated to use all technological and technical possibilities for replacing the asbestos with safer or less dangerous substitutes with a view to ensuring better protection to workers.

Prior to starting work, the employer is obligated to notify the relevant territorial labour inspectorate and the regional health inspectorate on whose territory the enterprise is located, on the work during which workers are or may be exposed to dust arising from asbestos or asbestos containing materials.

Employer presents before the relevant Labour inspectorate directorate and the regional health inspectorate information on: place of work; type and quantity of the used asbestos; activities and processes involved, starting date and duration of the work, measures taken to limit the exposure of workers to asbestos. The employer is obligated to notify again the relevant territorial Labour Inspectorate directorate and the regional health inspection in any case of a change in working conditions is likely to result in a significant increase in exposure to dust from asbestos or materials containing asbestos.

Another ordinance, related to the use of asbestos containing construction materials, is the Ordinance for construction waste management and use of recycled construction materials (SG, № 89 of 2012). This ordinance applies to construction waste from construction works, as well as for waste resulting from constructions sites removal including after putting in operation. Appendix № 1 to Article 3(1) and 3(2) of the Ordinance includes a classification of dangerous and non-dangerous construction waste and the relevant codes. Insulating materials and construction materials containing asbestos are part of the dangerous construction waste classification. With a view to the construction waste management prior to the start of construction works and/or construction site removal, the contractor is responsible for the preparing a construction waste management plan. This management plan includes general data on the investment project, description of the site to be removed – in cases of projects, including removal works, as well as a forecast for the generated construction waste and the extent of its material utilization. The construction waste management plan supports identifying dangerous waste, including asbestos containing products, especially in cases of buildings removal and demolition. Since the contractor of the constructing site or the demolition is responsible for preparing the construction waste management plan and designates a responsible person for its implementation, he is informed about the type and level of construction waste hazard, which supports the performance of his obligations under Ordinance № 2 of 2004 for the Minimum Requirements for Healthy and Safe Labour Conditions at implementing Construction and Mounting Works.



**Concerning the preparation of inventory of all building and materials containing asbestos:**

The legal instruments do not contain a base for the preparation of inventory or register of buildings containing asbestos, as the **marketing and use of asbestos and/or asbestos-containing products are prohibited in Bulgaria.**

**3. The Committee determined that the Safety and Health Act of 1997 covers all workers and enterprises. He wishes to be presented with an update on that matter and to receive clarification whether home workers and domestic workers are also protected by the safety and health legislation.**

The supplement of the Labour code (SG № 33 of 2011) in sections VIIIa and VIIIb regulates **the specific employment relationships in cases of homeworking and teleworking.** The supplements of the Labour code were prepared with regard to the ratified by law Convention № 177 of the International Labour Organization regarding home based work. The arrangements in the National agreement regulating home work, as well as those in the National agreement on the organization and application of teleworking in the Republic of Bulgaria, signed on 24 November 2010 between the nationally representative organizations of workers and employees and employers were taken into account.

Pursuant to the provisions of the Labour code, an employment contract may regulate the performance of work with regard to manufacturing goods or providing services at worker's home or at another place outside the premises of the employer chosen by the worker, in exchange of remuneration, using their own or employer's equipment, materials and other aids.

It is foreseen that employees and workers can determine the beginning and the end of work days, the distribution of working hours within the limits set out by law, and the daily and weekly breaks on their own. Explicit prohibition for setting work under open-ended working hours and overtime work for workers and employees who work from home.

The employer is obligated to ensure remuneration and equal treatment for the worker, as he has provided those for the workers in his premises, as well as safe and healthy working conditions, qualification, re-qualification and training, social and health insurance, possibility for association, social and welfare services.

It is explicitly foreseen that the issues not regulated in the new Section shall be treated according to the common Labour code provisions.

Telework is defined in Article 107h of the Labour Code as a form of organizing work, exported from premises of the employer, employment carried on by the use of information technology, which outsourcing before it was or could be done in the premises of the employer. Home work consists of performance of work with regard to manufacturing goods or providing services at worker's home or at another place outside the premises of the employer chosen by the worker, in exchange of remuneration, using their own or employer's equipment, materials and other aids (Article 107b, paragraph 1 of LC).

Pursuant to the provisions of LC, Employees who work remotely, enjoy the same rights, the organization of work and health and safety conditions in the Bulgarian legislation in force in the enterprise collective agreements with any benefit employees working in the premises of the employer

(Article 107k, paragraph 1 and Article 107d, paragraph 3 of LC).

The employer shall ensure at the time of the event or change of employment jobs for work from a distance, which meet the minimum requirements for health and safety as defined in the Health and safety at work and in regulations for its implementation.

The employer is responsible for safety and health at the workplace of employees who work remotely, it is obliged to inform the requirements of the work and the safety and health of workers in accordance with the regulations applicable collective agreements, internal rules of the company, the company's policy on safety and health at work for all requirements and rules for the organization of work and working with video display.

An employee who performs work remotely, responsibility for compliance with the policy on work organization and health and safety at work, and its prescribed rules and regulations for health and safety at work.

Control for proper application and compliance with the requirements and standards for health and safety at work is carried out as follows:

- employees who work remotely, are free to request a visit to the workplace with relevant application to the "Labour Inspection";

- employer and/or his representative, representatives of trade unions, representatives of employees under Article 7, paragraph 2 and supervisory bodies of the labour inspectorate have access to work within stipulated in individual and / or collective agreement with mandatory prior notification of the employee who performs work at a distance, and with his consent.

Employees who work remotely, have the right to refuse access to the workplace without warrants, under the working time and / or agreed in individual and / or collective agreement.

### **Article 3§3**

**1) Please describe the enforcement of safety and health regulations. Please specify the nature of, reasons for and extent of any reforms.**

As we have pointed out in the previous report on this provision, pursuant to Article 399 of the Labour code, overall control over observance of labour legislation in all sectors and activities shall be exercised by the Executive Agency "General Labour Inspectorate" of the Minister of Labour and Social Policy. Through its structures, EA GLI carries out specialized control activities on the observance of Health and Safety at Work Act (HSWA) (Article 54, paragraph 2), as well as other legislative instruments. Through EA GLI the Minister of labour and social policy carries out integrated control on the compliance with the legislation and the fulfilment of obligations for provision of healthy and safe working conditions in all spheres and activities irrespective of the type of ownership (Article 36, paragraph 3 of HSWA). An important part of the launching of setting up a reformed system for labour inspection is project BUL/98/M03/FRG "Integrated Labour inspection Training". In August 1999, the Management Board of the project adopted a Concept of Integrated Labour Inspection. It is aimed at providing opportunities for the Inspection to apply proactive approach to the prevention in all fields of occupational hygiene and employment relations.

All requirements of labour legislation and HSWA are compulsory for private, municipal or state-owned enterprises regardless of the economic activity they are carrying out.

Besides the Labour Inspectorate, under Article 401 of the Labour Code, ministers, heads of other agencies and local government authorities may exercise control over the observance of labour legislation through their own special bodies. The control is carried out by a control body, set up in the same organizational system and covering only that system.

According to the provisions of Labour code on removal and prevention of violations of the regulatory requirements for provision of safety and health at work and their adverse impact, the Labour Inspectorate and the control bodies under Article 401 of LC are entitled to apply coercive administrative measures consisting of compulsory authoritative orders.

Moreover, the Labour Inspectorate may impose administrative penal liability for the identified violations by enforcing administrative pecuniary sanctions to persons committed or allowed the violations.

The activity of EA GLI is carried out in the conditions of national legislation, harmonized with the international and European safety and health regulations and standards. The provisions of Article 3 of ESC(r) — The right to safe and healthy working conditions, are part of the national labour legislation and as such are fully implemented in the Republic of Bulgaria.

EA “General Labour Inspectorate” carries out on an annual basis inspection and information campaigns on the implementation of safety and health at work regulations in the national economy.

Inspections are carried out scheduled and unscheduled, at daytime, nighttime and holydays, on the grounds of regularly updated established methodological guidelines. Whenever necessary, inspections are carried out jointly with representatives of other state control bodies (Ministry of Interior, National Insurance Institute, State Agency for Metrological and Technical Surveillance, National Construction Supervision Directorate, Technical Inspectorate at the Ministry of Agriculture and food, etc.), with which EA GLI is coordinated.

The unscheduled inspections are carried after order of the minister of labour and social policy, the executive director of EA GLI, the prosecution authorities, district governors and heads of Labour Inspectorates. They also include inspections as part of accidents at work investigations, inspections related to received claims and signals. Some of the inspections (such as inspection of building construction) are carried out under the management and with the participation of the minister of labour and social policy himself.

The frequency of visits in the controlled entities is determined by the size and the development dynamics of the enterprises, the status of work accidents and occupational morbidity, the number and nature of the committed regulatory violations related to providing safety and health at work, the employer’s commitment to fulfil their obligations regarding the safety and health at work.

During inspections, labour inspectors verify documents (including the professional risk assessment and the measures undertaken for its eliminating or limiting), the results form workplace parameters measuring, protocols verifying carrying out of examinations, maintenance, etc., proving machines functionality and safety, compliance of the work environment with the hygiene and fire regulations and requirements, timely performed prophylaxis medical examinations for the staff, conducting briefings and trainings of the staff working in the respective field, etc. The activities include also interviewing workers and officials, inspection of work sites, drawing conclusions on the level of implementation of regulations, requirements and obligations related to application of regulations, advising and consulting, and undertaking measures for remedying the identified violations. Labour inspectors are entitled to open a procedure for imposing administrative penal liability for the identified violations of the safe labour provision regulations.



( \* ) Preliminary information.

Folder „Accidents at work (ESAW) - 2008 onwards (hsw\_acc\_work)” on the below mentioned Eurostat web address are available detailed statistics on accidents at work, registered in Bulgaria for the period 2008—2010, meeting the requirements of Commission Regulation (EU) № 349/2011 of 11 April 2011. Data was officially sent by the National Insurance institute.

[http://epp.eurostat.ec.europa.eu/portal/page/portal/health/health\\_safety\\_work/data/database](http://epp.eurostat.ec.europa.eu/portal/page/portal/health/health_safety_work/data/database)

### **Additional questions of the European Social Rights Committee under paragraph 3:**

**In response to the question of the Committee on the reliability of the accidents at work statistics after the presentation of the statistic system based on the European statistic system “Accidents at work”, it was pointed out in the previous report that such data is particularly reliable since it’s regulated by the Social Insurance Code, the Ordinance for ascertaining, investigation, registration and reporting of accidents at work and the “Accidents at work” statistic system. This statistic system covers all sectors and all insured workers, and provides information on the payment of benefits, and pensions for accidents at work from government social security, as well as information from private insurance companies. Still, the report lists several possible reasons that may lead to unreported accidents (for example, agreement between the employer and the workers in case of minor accidents; insufficient compensations paid from the employer, thus discouraging the injured person to report of the accident). The Committee wants to know whether measures are undertaken for the elimination of such cases.**

The set-up, maintenance and development of the database for accidents at work is carried out under the rules of the “Accidents at work” Statistical system (AWSS).

OASS is developed on the base of the European Statistics of Accidents at Work (ESAW), Phase 3 Methodology and provides the implementation of Regulation (EC) № 1338/2008 of the European Parliament and of the Council on Community statistics on public health and health and safety at work, as regards statistics on accidents at work.

The Social Insurance Code provides for the legal possibilities, if the insurer does not report the accident, the reporting to be made by the injured person or his/her heirs (within one year of the date of accident).

- This leads to equality between the insurer and the worker and limits the possibility of accidents concealing by the insurer.

The Ordinance on medical expertise, adopted in May 2010, requires from the authorities for working capacity assessment, when there is data for occurrence of accident at work which resulted in temporary incapacity for work, the doctor who issues the first medical certificate of it to send a copy of that certificate (official document certifying the incapacity for work).

- The direct receiving of information by the doctor in the competent authority significantly limits the possibility for arrangements between the employer and the injured person for not officially reporting the accident. Upon receiving the first medical certificate directly from the doctor and non-reporting from the insurer or the injured person, the competent authority carries out an inspection of the insurer to clarify the case.

**2. The Committee notes that the number of staff removed from work due to insufficient knowledge of safety rules and inadequate training remains around 200 for the previous reference period (2005-2007). The Committee wants to know what is the rate of representatives of employers and workers removed from work.**

Removal from work of “employees who are not familiar with the regulations for healthy and safe work environment and do not have proper qualifications” is a compulsory measure which may be applied by the labour inspectors under Article 404(5) of the Labour Code.

With regard to the introduced general term “worker” (paragraph 2a of the Additional provisions of the Health and Safety at Work Act), the removed workers between 2008 and 2011 who are not introduced to the rules for safety and health at work or do not have the proper qualification amount to 496 in the reference period (2008 – 210; 2009 – 116; 2010 – 93; 2011 – 77)

#### **Article 3§4**

**1) Please describe the occupational health services. Please specify the nature of, reasons for and extent of any reforms.**

**2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.**

**1. Development of human resources for safety and health at work activities (multidisciplinary) by providing the necessary specialized training** (action № 116 of the National environment and health action plan 2008-2013)

In order to successfully implement the acting Health and Safety at Work Act, work has been done on the improvement of the staff potential in the field of safety and health at work (SHA) with the means of continuing training of post-graduate students studying occupational medicine and of SHA medical staff.

Between 2008 and 2011, on the base of National Centre of Public Health and Analysis, training was conducted three times, covering 7 of the modules from the programme for occupational medicine and organization of the activities for providing safety and health at work; Occupational health problems, related to labour process factors. Labour physiology and psychology; Occupational health problems related to physical factors of the working environment; Occupational health problems related to chemical and biological factors of the working environment; Health condition assessment and working capacity examination; Working place assessment; management of risk at work assessment; Change of health at workplace. Training was conducted under the aforesaid modules for 38—42 occupational medicine post-graduates, 29 of them were enlisted in NCPHA and the rest — in other training bases in the country. NCPHA specialists took participation as lecturers during the general course “Occupational medicine” in Medical University—Sofia, as well as Health psychology at Sofia University “St. Kliment Ohridski”.

Translation was made of topical courses and individual training on 12 topics, as follows: Fundamentals of occupational medicine — practical activity in occupational health service; Main functions and tasks of the occupational health service; Ergonomic assessment and organization of the workplace; Ergonomic and health problems due to work with video displays; Work stress assessment methods. Chronic stress; Stress and promotion of health at workplace; Communication skills – communication at workplace; Importance of physical and mental workload for health condition and safety at work; Persuasion and self-affirmation at the workplace skills; Physiological regimes of work and rest — development principles. Shift and night work organization, problems and recommendations in relation with shift work organization; Fundamentals of epidemiology and chronic non-communicable diseases and occupational injuries. Structure of Bulgarian population's incidence, morbidity and mortality Morbidity; Introduction in toxicological assessment and chemical risk assessment; Occupational dust exposure assessment methodology; Healthy living and chronic diseases prophylaxis. Over 150 persons have undergone training with duration from 2 days to 1 month.

**2. Carrying out safety and health at work information, training and good practices examples dissemination activities** (National Safety and Health at Work Programme — 2010, 2011, 2012)

The state safety and health at work policy includes as a main priority the training and qualification of all participants in the process and correct implementation of legislation in practice. Currently, for Bulgaria it is of great importance to improve awareness and competence of those working in the field of safety and health at work provision — medical and non-medical specialists, employers and managers, workers and their representatives, trade unions, Working Conditions Committee and Working Conditions Group. This include introducing to the safety and health at work hazards, assessment of the related risk, risk reduction methods and means, safe work technique training, etc.

For the period 2008—2011 activities were carried out in several aspects for the purpose of improving awareness and competence of those working in the field of safety and health at work provision — medical and non-medical specialists:

- Articles publication in science and popular science journals(19 publications)
- Free access electronic materials on the NCPHA website (14 pieces)
- Participation of NCPHA specialists with reports and opinions in 13 national forums
- Preparation and participation in campaigns

In general, the activities carried out cover the following topics: 1) Work time organization and safety and health at work risk; 2) Stress and psychosocial risk — assessment and management, work stress and long-term consequences of the social and economic transitions; 3) Healthy workplaces — World Health Organization healthy workplace model. Support of healthy workplaces in the field of maintenance. Ensuring safety and health at work in the green economy or green workplaces; 4) Workplace ergonomics and guidelines on the implementation of new ergonomics standards, workplace assessment methods, work posture assessment checklist, workplace organization and health risk; 5) Providing safety and health at work in risk production sectors and vulnerable working groups: Occupational risks for agricultural workers. Problems and measures related to providing safety and health at work for aging workers.

Materials are prepared on an annual basis for the NCPHA website with regard to the campaign World Day for Safety and Health at Work — 28 April, on the following topics:

- 2008: Management of risk at work
- 2009: Health and safety at work
- 2010: New and recurrent risks and prevention models in the changing labour world
- 2011: Safety and health at work management system

NCPHA experts provided their expert opinions on the fourth point “Implementation of nation-wide health campaign for occupational traumatism” of project “Informed and Healthy” (№ 1130/13.09.2011)

Selection and dissemination of good practice examples from established European and other sources was carried out in the reporting period on the following lines:

Promoting workplace health (2011): Training on the importance of risk factors for health, and diseases responsible for high morbidity and mortality among Bulgarian population, main healthy life and occupational health protection principles. Eight training courses of representatives of Working Conditions Committees (WCC) were conducted for more than 1000 participants from the field of energetic, education, public utility sector, etc., serviced by five occupational health services. The training efficiency was followed up at 320 persons with the means of survey for assessment of health knowledge before and after the training. The results showed 42 % improvement of awareness and improving of knowledge on healthy living, socially significant diseases prophylaxis and occupational health protection in a competitive working environment.

Training materials were prepared under the SOLVE methodology of the International Labour Organization as an instrument for solving psychosocial problems on corporative/national organization level.

7 materials were prepared on simulation exercises, instructions and manual for the trainers on the five SOLVE modules for gaining practical skills for managing psychosocial problems at the workplace an introduction of the acquired knowledge under the respective modules: stress at the workplace, violence, alcohol and drugs, smoking, HIV/AIDS.

Methodical and consultation activity was carried out on the implementation of the European system for classification, labelling and packaging in order to support the competent authorities and the industry in the implementation of the new European system for classification, labelling and packaging pursuant to Regulation (EC) № 1272/2008 of the European Parliament and of the Council of 16 December 2008. The following activities were carried during the reporting period:

1) Training of experts in the Regional Inspectorate for Protection and Control of Public Health and Ministry of Health system related to chemical control with regard to their duties during the introduction of the new European system for classification, labelling and packaging ;

2) Participation and initiatives, arranged by government bodies (MoEW and MH) in order to introduce the Bulgarian producers, importers, distributors and consumers of chemicals with their obligations under Regulation (EC) № 1272/2008.

**3) Please provide pertinent figures, statistics or any other relevant information, if appropriate.**



EA GLI controls the fulfilment of employer's obligation to provide servicing of workers from a registered occupational health service (OHS). Results from labour inspections in 2008, 2009, 2010 and 2011 show continuous growth of the rates of provided servicing from OHS, respectively 88 %, 87 %, 97 % и 96 %.

YEARS	2008	2009	2010	2011
Inspected enterprises with provided servicing from OHS	88 %	89 %	97 %	96 %

### **Additional questions of the European Social Rights Committee**

**The Committee notes in the conclusions on EA GLI's controlling activities that a significant part of small enterprises is still not fulfilling the legislative requirement for provision of servicing from occupational health service for workers and employees. The committee would like to receive more information on the number of workers and employees hired in such enterprises and thus have no such services at their disposal.**

All enterprises carrying out work activities in the Republic of Bulgaria, including small and medium type, whose hired staff is less than 250 workers and employees, are subject to EA GLI's overall control; therefore there is no specific data on small enterprises.

The results from control activities in the period 2008-2011 show that there is no clear trend for increasing the number of the inspected enterprises which provided servicing from occupational health services for their employees.

**The Committee would like to receive more detailed information on the measures undertaken for the improvement of the situation in that field (information, clarification, compulsory administrative and penal administrative measures).**

Besides the aforementioned training, the main functions of occupational health services set in Ordinance № 3 of 25.01.2008 of the minister of health and the minister of labour and social policy on the terms and procedure for carrying out the activity of occupational health services have also contributed for improving situation and raising awareness; namely, those are:

- Identifying and assessing risks that may harm workers' health;
- Advising in the field of safety, health and hygiene at work, as well as with regard to individual and collective protective equipment;

- Monitoring workers' health with regard to the work they carry out (preliminary and regular medical examinations, risk groups monitoring);
- Organizing first aid and emergency care provision in cases of unexpected illness, breakdown or accident occurred on enterprise premises (applies to medical specialists from independent occupational health services);
- Participating in the analysis of accidents at work and occupational diseases.

Occupational health services provide consultations and support to employers, working conditions committees and groups in the process of planning, organizing and fulfilling obligations related to safety and health at work provision and enhancing workers' health and working capacity with regard to the work they carry out. The advice and consult employers through:

- Participation in designing and developing safety and health at work programs in the overall management policy of the enterprise;
- Developing measures for eliminating and limiting safety and health at work risk;
- Monitoring of workers' health condition and analysis with regard to the carried out work;
- Training of workers, employees and officials on the rules for safety and health at work protection, first aid assistance.

#### **Article 11 – The right to protection of health**

With a view to ensuring the effective exercise of the right to protection of health, the Parties undertake, either directly or in co-operation with public or private organisations, to take appropriate measures designed *inter alia*:

1. to remove as far as possible the causes of ill-health;
2. to provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health;
3. to prevent as far as possible epidemic, endemic and other diseases, as well as accidents.

#### **Information to be submitted**

##### **Article 11§1**

**1) Please describe the general public health policy and legal framework. Please specify the nature of, reasons for and extent of any reforms.**

Protection of citizens' health as a condition of full physical, mental and social well-being is a national priority and it is guaranteed by the state through the application of the following principles: equality in the use of health services; ensuring accessible and high-quality healthcare, giving priority to children, pregnant women and mothers of children aged up to one year; priority of health promotion and the integrated disease prevention; prevention and reduction of the health risk to citizens as a result of adverse effects of environmental factors; special health protection of children, pregnant women, mothers of children aged up to one

year and people with physical and mental disabilities; participation of the government in the financing of activities aimed at protecting the health of citizens.

The government health policy shall be guided and implemented by the Council of Ministers. The Council of Ministers, at the proposal of the Minister of Health, shall approve the National Health Strategy to be adopted by the National Assembly. The Council of Ministers, at the proposal of the Minister of Health, shall adopt national health programmes. The National Health Strategy and the national health programmes shall build on an assessment of the health condition and health needs of the citizens, the health and demographic trends, as well as the resource capacities of the national healthcare system. National health programmes shall be financed from the central government budget as separate expenditures from the budget of the Ministry of Health and may be supported by other financial sources.

The social relations concerning the protection of the citizens' health are regulated by the Health Act. Pursuant to Articles 81 and 82 of the Health Act (HA), each Bulgarian citizen is entitled to accessible medical aid under the terms and conditions of this Act and the Health Insurance Act. The right to accessible medical aid shall be exercised, while applying the following principles: timeliness, sufficiency and quality of medical aid; equality in the provision of medical aid with priority given to children, pregnant women and mothers of children aged below one year; cooperation, consistency and coordination of the activities of medical establishments; respect for the patient's rights. Pursuant to Article 7 of the Medical Establishments Act, no medical establishment is entitled to refuse medical aid to persons, arrived in it in life-threatening condition, regardless of their place of residence.

Beyond the scope of the mandatory health insurance of Bulgarian citizens, medical services are provided in relation to: medical aid in emergency cases; obstetric aid for all women without health insurance, regardless of the manner of birth, within the scope and by a procedure determined by an ordinance of the Minister of Health; psychiatric hospital aid; the provision of blood and blood products; the transplantation of organs, tissues and cells; the mandatory treatment and/or mandatory isolation; expert opinions and reports on the degree of disability and long-term loss of the ability to work; the payment for the treatment of diseases under terms and conditions set out by the Minister of Health; medical transport under terms and conditions set out by the Minister of Health. Moreover, each Bulgarian citizen may use: vaccines for mandatory immunization and re-immunization, vaccines for specific indications and in emergency situations, specific serums, immunoglobulins and other bioproducts related to the prevention of infectious diseases, as well as the technical means for their application; the full range of anti-epidemic activities; access to healthcare activities within the framework of national, regional and municipal health programmes.

**2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the public health policy and the legal framework.**

The following measures were undertaken for the implementation of public health policy:

**1. National Health Strategy 2008—2013 and Action Plan to it (prom. SG, № 107 of 16.12.2008):**

*Strategic goal 1.* "Providing conditions for health promotion and illness prevention" is implemented through:

1. Implementing the "Health in All Policies" approach, which includes the impact of all

policies outside the healthcare sector on public health;

2. Raising citizens' awareness on healthy living and the threats to their health;

3. Optimizing public health protection activities by reducing the impact of risk factors related to environment and population behaviour.

The acting National Public Health Protection Programmes 2008—2011 are aimed at promotion of health and prevention of diseases. They are focused on limiting morbidity and mortality resulting from the most common socially significant diseases, which affect different age and socially vulnerable groups of the population.

**2. National Programme to Reduce Tobacco Smoking in the Republic of Bulgaria 2007—2010**, there are many planned, organized and implemented activities. In line with the program through the years were established and operate National Quitline — 0700 10 323, member of the European Network of Quitlines, and the website [www.aznepusha.bg](http://www.aznepusha.bg) for consulting citizens on the harmful effects of smoking, the quitting methods and where to get qualified help — free or paid.

Campaigns are carried out on an annual basis, marking World No Tobacco Day on 31 May and World No Smoking Day. In 2008, the Ministry of Health initiated the launch of National School Competition „Our class' project — for Life without Tobacco”, held every year. All projects are made by pupils and its aim is to show that human life is healthier and environmentally friendlier when living in tobacco smoke-free environment.

The Ministry of Health, the National Centre of Public Health and Analysis and the Italian Association for Fighting against Cancer arrange every year International Children's Drawing Competition for children aged 5—11 years. The competition is held with the support of MEYS and MPES.

All campaigns and activities under the programme are implemented with the active participation of the Regional Inspectorates for Protection and Control of Public Health (now Regional Health Inspectorate — NHI). Each NHI has Consultation offices for quitting smoking.

Smoking is one of the main risk factors for chronic non-communicable diseases.

It is stated in WHO's Global Status Report on Non-communicable Diseases that in 2008 1/3 of Bulgarian population smokes every day. Our country is tenth for men (41.9 %) and fourth for women (27.2 %) in WHO's European region. Smoking among children remains a serious problem — 26.4 % of the boys and 31.8 % of the girls aged 13—15 are smoking.

### **3. National Food and Nutrition Action Plan 2005—2010**

Between 2008 and 2011 experts from the National Centre for Public Health (now NCPHA) developed different approaches and practices for establishing healthy nutrition at home and at school. These were developed, issued and disseminated among population from different age groups through the 28 RHI in the country: “Guidelines for healthy nutrition of infants”, “Guidelines for healthy nutrition of children aged 3—6 years in Bulgaria”, “Guidelines for healthy nutrition of pupils aged 7—19 years in Bulgaria”, “Guidelines for healthy nutrition of Bulgarian population aged 18—65 years”, “Healthy Nutrition Pyramid and Physical Activity for Children Aged 7—19 years” poster .

Annual events are held for marking:

- World Breastfeeding Week (1—7 August), conferences under different slogans were held to support breastfeeding;

- National Obesity Week which engaged the attention of students, parents, teachers, institutions, non-government organizations, etc., on the role of the school in building a healthy nutrition and physical activity

model. In this regard a TV-spot with messages for healthy nutrition and physical activity was shot and broadcasted;

Bulgaria is a member of the WHO- and EU-initiated European Network for Reducing Food-Marketing Pressure on Children which unites 15 countries. The third meeting of the Network members was held in 2009. Preparations were completed for developing regulatory measures for reducing food-marketing pressure for foods with high content of fats, salt and sugar, contributing to unhealthy nutrition model for children.

As part of a project under VII Framework Programme of the European Commission “Promotion of Pupils’ Fruit and Vegetable Consumption”, interventional programme for increasing VI-th grade pupils’ fruit and vegetable consumption was developed and approved. Training materials for pupils, guidance for teachers and information materials for parents were also developed.

With regard to the Strategy for implementation of Scheme for fruits and vegetables provision in educational establishments (“School Fruit”), pursuant to Article 16, paragraph 1 of Commission Regulation (EC) No 288/2009 was launched the “School Fruit” Programme, implemented according to developed and adopted National Strategy and Ordinance for its implementation.

A project was prepared for action plan for the introduction of Nutrition friendly school initiative – NFSI in schools all over the country

Ordinance № 37 of 21.07.2009 on healthy nutrition of pupils (prom. SG, № 63 of 07.08.2009) и Ordinance № 6 of 10 August 2011 on healthy nutrition of children aged 3—7 years in childcare facilities (prom. SG, № 65 of 23.08.2011). RHI carried out topical inspections related to the compliance with the ordinances in all schools, kindergartens and childcare facilities for children aged 3—7 years.

#### **4. CINDI (Countrywide Integrated Non-communicable Disease Intervention 1999-2010).**

The programme was implemented in nine demonstration areas in the country. Its strategic objective is to improve the health status of the population by reducing premature deaths, morbidity and the other health effects of the most common chronic non-communicable diseases. CINDI’s main objective is to reduce the population levels of the main risk factors for occurrence of the most common chronic non-communicable diseases. Priority is given to cardiovascular diseases, malignant neoplasms, chronic lung diseases, traumas, etc. the target group of the programme includes children, pupils, working age population (25-64 years), including high-risk groups for certain diseases. A significant amount of activities were carried out during the reporting period for the purpose of promoting health and prevention of diseases, limitation of lifestyle-related risk factors, biological risk factors for chronic non-communicable diseases, environmental factors and reducing road traumatism.

**5. In 2008, as part of the National Programme for Prevention and Elimination of Iodine-Deficiency Disorders** (Council of Ministers Decree № 96/1994), with the participation of MH, NCPHA, RHIs and medical establishments was carried out a national survey among population groups at risk (pupils, pregnant women and non-pregnant women in reproductive age) in order to assess the efficiency of iodized salt prophylaxis. The study of urinary iodine excretion — a biomarker for iodine consumption — in eight endemic regions and two districts without iodine deficit, showed adequate iodine consumption and nutritive iodine status on the basis of implementation of international WHO criteria.

**6. National Program to Reduce Osteoporosis in the Republic of Bulgaria 2006—2010 r.** The main goal of the programme is to limit the risk of osteoporosis, the occurrence and progression of osteoporotic fractures risk with a view to reduce osteoporosis caused disablement and mortality. The main activities during the reporting period include: raising the level of osteoporosis awareness among

population and in particular among risk groups; disseminating of the One-minute-test of IOF for osteoporosis risk assessment; epidemiologic research on the osteoporosis dissemination in the Republic of Bulgaria; establishment of the first pilot osteoporosis register for women aged over 60 years; osteoporosis centers were created and screening research was conducted.

**7. National Environment and Health Action Plan 2008—2013.** This plan's strategic goal is establishing and implementing long-term policy on enhancing the nation's health and the sustainable development of the country. The main goal of the plan is reducing and preventing health risk for the population that results from the environmental factors' impact, as well as improving the quality of life for citizens.

**8.** For the purpose of protecting citizens' health, on the territory of the Republic of Bulgaria is carried out **state health control** for compliance with the regulatory set requirements for environmental factors.

**- air:**

The policy of the Ministry of Health regarding the quality of air (QA) and its role as a modulator for human health and biobalance in nature is consistent with the new European trends for minimizing the risk to public health, related to the environmental factors. In accordance with this policy, the regional inspectorates for protecting and control of public health (now RHIs) carry out regular monitoring on the quality of air in some regions of the country, where despite of the reduction of harmful atmospheric emissions, air purity still poses a problem due to restructuring of industrial production and undertaken specific environmental measures.

**- noise:**

Noise poses a significant risk for public health and its impact on population increases in comparison to other stress environment factors.

Directives 2002/49/EC (noise control and management in urbanized environment) and 2003/10/EC (protection of workers from the effects of noise) are harmonized with the acting Protection from Environmental Noise Act and ordinances regulating the acceptable noise levels in environment and at work. A new ordinance is set up for the noise monitoring: Ordinance № 54 of 13 December 2010 on the activity of the National system for noise monitoring in the environment and for carrying out own monitoring and providing information by the industrial sources of environmental noise (prom SG № 3/2011).

The main reasons for the clear trend of deterioration of the *acoustic environment in cities* is: continuously growing number of motor vehicles and not properly maintained road infrastructure, insufficient control, poor traffic organizations, inadequate urban development decisions, including insufficient landscaping, etc.

**- drinking waters:**

Pursuant to the currently active legislation, water supply companies bear full responsibility for the quality and quantity of the water supplied to the population and for carrying out monitoring under Ordinance № 9/2001 on the quality of water intended for domestic and drinking purposes. The bodies of the state health control examine the conformity of the quality of the drinking water supplied to the population with the benchmarks set in the ordinance. Regional health inspectorates and water supplying organizations develop and implement drinking water monitoring programmes.

In the majority of water supply areas in the country, water is supplied with no lasting quality deviations. It is necessary to develop and extend the laboratory capacity of the WSS operators and

partly of the Ministry of Health bodies which carry out drinking water monitoring with a view to fully comply with the requirements for volume and frequency of the carried out monitoring in all water supply areas; it is necessary to foresee measures and identify the financial sources for **priority solving** of the drinking water quality issues in the country in all national documents concerning national water sector development strategies and plans; it is necessary to improve the coordination between the state institutions, the water supply companies and all stakeholders in order to meet the requirements for supplying the population with safe and pure drinking water that is in conformity with the requirements of European and national legislation.

### **- bathing waters**

European requirements for bathing waters quality (waters in open water areas, used widely for bathing from people — seas, dams, rivers, lakes) and the monitoring that should be carried out are all set out in Directive 2006/7/EC concerning the management of bathing water quality and the corresponding Bulgarian ordinance introducing the Directive in the Bulgarian legislation — Ordinance № 5 on the management of bathing water quality.

In accordance with its obligations as a competent authority for the implementation of European legislation in that field, the Ministry of Health through its territorial bodies — the Regional Health inspectorates, carries out a regular control and monitoring on bathing waters quality.

In each area there is a point for sample taking with strictly specified geographic coordinates included in the Water Information System for Europe (WISE).

Results from monitoring of each bathing area are summarized after the end of the respective season based on all carried out research in the bathing area on two microbiological indicators — intestinal enterococci and Escherichia coli.

During the bathing season, up-to-date information on the bathing water quality is published on the websites of MH and RHIs — Burgas, Varna, Dobrich, Kardzhali and Razgrad. It is also there where the so called “bathing water profiles” are published, containing detailed information for each bathing area regarding its location, physical-geographical and climatic characteristics, possible and identified pollution sources, measures to be undertaken in cases of identified discrepancies and to improve bathing water quality, etc.

### **3) Please supply any relevant statistics or other information on the main health indicators and on health services and professions (for example WHO and/or Eurostat data).**

The provided information concerns the most common chronic non-communicable diseases identified as leading cause of mortality in Bulgaria:

Cardiovascular diseases (CVD) take the leading place as a cause for mortality and disability of population in developed countries. In Bulgaria, despite the trend of reducing mortality due to circulatory system diseases in the recent years, the standardized index for Bulgaria (611.3 per 100 000, 2008) remains significantly higher compared to EU index — 236.3 per 100 000 in 2008.<sup>1</sup> In Bulgaria, CVD are leading cause of mortality — in 2010 67.5 % of fatalities are due to CVD<sup>2</sup>.

<sup>1</sup> Condition of public health in 2010 and implementation of National Health Strategy, annual report of MH, 2011.

<sup>2</sup> <http://www.nsi.bg/otrasal.php?otr=22&a1=548&a2=549&a3=550#cont>

Malignant neoplasms are another leading cause of mortality after circulatory system diseases in Bulgaria with 17 %. A global review of malignant neoplasms shows that in the recent years Bulgaria has an average level both in factual and standardized indexes of morbidity and mortality<sup>3</sup>.

According to the published data of the National Cancer Register for 2009<sup>4</sup>, the most common malignant disease in men is lung cancer (18.0 %), followed by skin cancer (12.3 %), prostate cancer (9.2 %), colon cancer (8.2 %), etc. Breast cancer is almost a quarter of malignant diseases in women (23.0 %), followed by skin cancer (12.5 %), uterine cancer (7.7 %), colon cancer (7.6 %), etc. Statistics of death by malignant neoplasms in 2009 shows that 1/3 of all deaths in men is caused by lung cancer (27.0 %), followed by colon cancer (8.5 %), stomach cancer (8.5 %) and prostate cancer (8.2 %). In women, leading cause of death is breast cancer (17.6 %) followed by colon cancer (10.1 %), lung cancer (8.3 %) and stomach cancer (7.0 %). Standardized morbidity grows faster in men than in women. The average annual growth for the period 1965—2009 is 2.04 for men and 1.73 for women, respectively per 100 000 men and women. Standardized mortality grows slower than morbidity and in the reporting period reaches annual rate of 0.22 per 100 000 population.

Regardless of the currently relatively moderate morbidity and mortality in Bulgaria, there are trends showing that in the near future the situation will worsen. The mass distribution of a number of risk factors (such as smoking, unhealthy nutrition) low efficiency or lack of preventive activities (breast cancer, cervical cancer, prostate cancer, colon and rectum cancer) will lead to intensifying of cancer in the near future. The rapidly increasing affecting and ageing of population requires adequate actions in the field of cancer aimed at prevention and early diagnosis. The timely detection of the disease is important not only for more successful outcome and thus for better survival rates and patients' quality of life, but also for significant social and economic benefit for the community.

Countries worldwide are seriously affected by the high morbidity of diabetes. In Bulgaria, the distribution of diabetes mellitus is becoming endemic, affecting 8.3 % of the population with mortality comprising of 23.3 per 100 000.<sup>5</sup> Nearly 75 % of the diagnosed diabetics have poor metabolism control, causing development of complications — myocardial infarction, stroke, blindness, amputation of limbs, and chronic renal failure.

### **Additional questions from the European Committee of Social Rights**

**In its previous conclusion (Conclusions 2005), the Committee considered that the infant mortality rate of 13.3 deaths per 1 000 live births in 2002 was manifestly too high and that the situation was not in conformity with the Revised Charter in this regard. The rate has now been brought down considerably, and stood at 9.2 per 1,000 live births in 2007 (EU-27**

**average in 2006 was 4.7 per 1 000 births)<sup>8</sup>. In view of this development and the decreasing trend in the infant mortality rate, the Committee finds that the situation is no longer in breach of the Revised Charter. It nevertheless asks what measures are being taken to further improve the situation, and recalls that this indicator must be as close as possible to zero.**

<sup>3</sup> Alwan A., T. Armstrong, M. Cowan et al. Noncommunicable diseases country profiles 2011. WHO Press, 2012, 207.

<sup>4</sup> Dimitrova N., M. Vukov, Z. Valerianova. Cancer morbidity in Bulgaria, 2009. Bulgarian National Cancer Register, Vol. XX, 2011, Published by "Avis-24" OOD, Sofia, 96.

<sup>5</sup> Memorandum to reduce diabetes mellitus in Bulgaria, BAD, 2008  
[http://www.badiabet.com/index.php?option=com\\_content&view=article&id=63%3A](http://www.badiabet.com/index.php?option=com_content&view=article&id=63%3A)



## 1. Measures to decrease infant mortality rates:

There is clear positive trend to reducing of *infant mortality*. In 2011, 601 children aged up to 1 year have died in the country (708 in 2010), lowering the infant mortality rate from 9.4 ‰ in 2010 to 8.5 ‰ in 2011. The level of infant morbidity in Bulgaria reached over the past years is the lowest rate in the entire history of demographic statistics in Bulgaria.

The following measures were undertaken for reducing infant mortality rates:

- Increasing access to qualified health care for pregnant women and children in villages and settlements with concentration of minority population;
- Improving healthcare for pregnant women with risk diseases and socially disadvantaged pregnant women;
- Improving the quality of obstetric care through implementation of the Ordinance for the prophylactic examinations and the dispensarisation;
- Medical and social measures for implementation of rational nutrition in children and regular monitoring from general practitioners;
- Improving the system of prophylactic examinations and dispensarisation in children;
- improving the medical aid package paid by the NHIF for conditions during pregnancy and children;
- Improving medical specialists' training through the system of post graduate education and continuous qualification;
- Introducing of package for monitoring of non-insured pregnant women and non-insured new mothers;
- Improving the obstetric assistance during delivery through introduction of medical standards with requirements for the quality of personnel, processes and resources;
- Improving medical care control;
- Carrying out prenatal diagnosis pursuant to ordinances of the Minister of health, as well as genetic tests.

Given the fact that congenital anomalies and genetic defects are a substantial cause of infant mortality, MH has implemented a **National Program of the Republic of Bulgaria for rear disease 2009—2013** (genetic, congenital malformations and hereditary disorders), which foresees extending genetic tests during pregnancy, of newborn infants, as well as many activities regarding diagnostic, treatment and awareness of population. Work has been carried out on the following:

- extending the coverage of screening tests of pregnant women for Down syndrome — biochemical screening;
- Training of doctors geneticists by the University Centers for the purpose of ensuring tests quality in five centers and covering of all regions.
- Three types of screening was introduced for newborn infants — for phenylketonuria, congenital hypothyroidism, congenital adrenal hyperplasia.

The Committee also previously found that the situation in Bulgaria was not in conformity with the Revised Charter on the ground that it had not been established that the maternal mortality rate had been sufficiently reduced (Conclusions 2005). The Committee notes that there has been a significant decrease of the maternal mortality rate, from 15 per 100 000 live births in 1998, down to 10.6 per 100 000 in 2007. While this is still a high rate, it is

no longer one of the highest among the States Parties. Therefore, bearing in mind the improvement of the situation, as well as the fact that the Ministry of Health and the National Health Insurance Fund have taken measures with a view to improving maternal health and further decreasing maternal mortality, the Committee finds that the situation no longer amounts to a violation of the Revised Charter. However, it wishes to be informed of measures taken to further reduce maternal mortality.

## **2. Measures to decrease maternal mortality rates:**

**Maternal mortality** rates per 100 000 live births has dropped from 19.07 in 2001 to 4.94 in 2009 which is also the lowest registered rate, after which an increased began to reach 7.95 ‰. The respective EU rate drops from 7.72 ‰ to 6.1 ‰. That is achieved through the following measures:

- Very high proportion (%) of births in medical establishments of all women in birth who received care in all years — nearly 99.4 %.

- improving the quality of medical care during pregnancy, timely diagnostics of accompanying disorders, related or non-related to pregnancy;

- wider cover of monitoring of pregnant women, in particular from minority groups;

- more effective family planning policy and even greater reducing of abortions.

Ministry of Health and National Health Insurance Fund (NHIF) create prerequisites for reducing maternal mortality with both pregnancy and delivery being given priority by both institutions. Ordinance № 39 of 2004 for the prophylactic examinations and the dispensarisation (prom. SG, № 106 of 03.12.2004, entry into force as of 01.01.2005), contain special appendix on the prophylactic examinations of pregnant women. NHIF maintains “Maternal Healthcare” program. The clinical paths for pregnancy and delivery are an algorithm behaviour for doctors. At the same time, efforts are made to stimulate the training of Obstetrics and Gynecology specialists and general practitioners (GPs).

A free package was introduced by the state for non-insured pregnant women, as most of the cases of maternal death occur in non-monitored minority and socially disadvantaged groups. Therefore MH also runs a policy for the Roma — free prophylactic examinations with the means of mobile dispensaries in remote and inaccessible areas.

**3. In connection with the Conclusions of the ECSR concerning Collective Complaint No. 46/2007, laid by the European Roma Rights Centre (ERRC) v. Bulgaria , the Bulgarian Government is submitting additional information on providing medical services for socially vulnerable persons:**

The Committee invites the Government to keep it informed of all measures taken to implement the decision on the merits in European Roma Rights Centre (ERRC) v. Bulgaria, Collective Complaint No. 46/2007 and concludes that the situation is not in conformity with ESCh(r) on the grounds that the medical services available for poor or socially vulnerable persons who have lost entitlement to social assistance are not sufficient. The Committee also

recalls that in its decision on the merits in this complaint, it found that persons who did not qualify for social assistance or who had temporarily lost the right to social assistance, were left without health coverage during the period that their social assistance was interrupted. The medical services available for persons in such circumstances were mainly limited to emergency medical care (under the Health Act) or the reimbursement of the costs of hospital treatment (under Decree No. 17 of 31 January 2007). They would however be unable to obtain treatment for a sickness not considered an emergency or primary or specialised outpatient medical care.

The Committee concludes that the situation is not in conformity with Article 11§1 on the grounds that:

- the authorities have failed to take appropriate measures to address the health problems faced by Roma communities stemming from their often unhealthy living conditions and difficult access to health services
- the medical services available for poor or socially vulnerable persons who have lost entitlement to social assistance are not sufficient.

The main principle in the policy of the ministry of Health is provision of equal access to medical care of all Bulgarian citizens regardless of their gender, age, ethnic, social, and political affiliation. The “Health in all policies” approach is embedded in the following strategic and program documents: National Health Strategy 2008—2013; Health Strategy for Disadvantaged Persons from Ethnic Minorities 2005—2015 and Action Plan 2005—2007, and new Plan for 2011—2015 adopted with Decision of the Council of Ministers; Framework Programme for Roma Integration in Bulgarian Society 2010—2020 r.; National Action Plan under the International Initiative “Decade of Roma Inclusion” 2005—2015, National Strategy of the Republic of Bulgaria for Roma Integration 2012—2020.

Developed in 2005 by MH and approved by the Council of Ministers, **the Health Strategy for Disadvantaged Persons from Ethnic Minorities 2005—2015** is an integral part of the National Health Strategy aimed at providing better health for Bulgarian population. Its objective is to achieve a better health for Bulgarian citizens from ethnic minorities and discontinuance of some negative trends in the nation’s health.

**The Action Plan to the Health Strategy for Disadvantaged Persons from Ethnic Minorities** contains five strategic objectives and a number of measures and activities for their achievement:

**Strategic objective 1:** Overcoming and discontinuing the negative trends in the health of disadvantaged persons from ethnic minorities and establishing of conditions for improvement;

**Strategic objective 2:** Providing equal access to healthcare services of disadvantaged persons from ethnic minorities;

**Strategic objective 3:** Improving healthcare knowledge and providing access to healthcare information;

**Strategic objective 4:** Overcoming of cultural barriers and any forms of discriminatory attitudes;

**Strategic objective 5:** Extending the scope if health insured disadvantaged persons from ethnic minorities.

The National Council for Cooperation on Ethnic and Integration Issues at the Council of Ministers and the Ministry of Health both played an important role for the institutionalization of the health mediator occupation, whose main purpose is raising healthcare awareness among vulnerable ethnic groups. The occupation „Health Mediator” is included in the National Classification of Occupations in the Republic of Bulgaria. A program has been developed for appropriate training. Accreditation for the training is obtained from Medical University — Sofia and Medical University — Plovdiv. The process is now predictable and manageable, giving opportunity for municipal mayors to plan and implement the training of health mediators according to the municipal needs. Currently, 109 health mediators work in 57 municipalities, supporting both population in neighborhoods with compact Roma population and the medical specialists providing care for that population. They also provide irreplaceable help in conducting discussions with young people, expectant mothers and population in neighbourhoods arranged by the experts from RHIs on different topics related to health improvement. Health mediators are experienced in working with families in risk of child abandonment in foster facilities. Strengthening and expanding the health mediators network is a priority for MH. The health mediators model is unique for Bulgaria. For the first time in the country there is an institutionalization of occupation which directly contributes to improving access to healthcare and social services for vulnerable groups, with focus on Roma population. The introduction of the new occupation helps overcoming cultural barriers in communication between Roma population and medical staff on sight and for breaking existent discriminatory attitudes in the field of healthcare services for Roma. Health mediators are irreplaceable when it comes to optimizing the scope of prophylaxis programmes among Roma population and especially among younger children, supporting healthcare education and carrying out active social work within the community. They create sustainable partnerships between disadvantaged communities and local and national institutions. Health mediators have their own professional organization — National Health Mediator Network .

The Budget for 2012 provides financing of employment for 109 health mediators. It is expected in 2013 their number to reach 130.

For the purpose of supporting the selection of general practitioner and improving medical care servicing for Roma population, a significant volume of activity is carried out for: raising awareness among young Roma mothers for the procedures for selection of general practitioner active search for the Roma children without appointed general practitioners and consulting with parents.

A regular update of the knowledge of medical staff is carried out for specific health problems of Roma population through improvement of curriculum for medical education in medical universities and colleges.

In the recent years MH has allocated funds on an annual basis for carrying out prophylactic examinations and tests in settlements with predominantly Roma population by using the mobile units received under PHARE 23 Programme.

**Project under PHARE 2003 Programme — “Educational and Medical Integration of Vulnerable Minority Groups with a Special Focus on Roma” 2006—2007.** Under this project, more than 30 000 prophylactic examinations were carried out through mobile consulting offices in five pilot areas. Five mobile consulting offices were received for general prophylactic examinations, as well as two fluorographs for early diagnosis and screening for tuberculosis.

**Project under PHARE 2004 Programme — “Health Promotion and Preventive Maternal and Child Health Care”, 2007—2008.**

**Project under PHARE 2004 Programme, “Health Promotion and Preventive Maternal and Child Health Care”, 2007—2008.** Under that project MH received three mobile gynecological

consulting offices, three mobile pediatric consulting offices and two mobile mammographs. The goal of this project is to improve maternal and child healthcare through implementation of pilot programme for prophylactic gynecological and pediatric examinations with mobile equipment and to provide learning sessions for women, children and youth from disadvantaged ethnic minority groups in four pilot areas. A program was developed under the project for carrying out prophylactic examinations for cervical cancer prevention in the pilot areas, as well as pilot program for carrying out prophylactic pediatric examinations.

In **2008/2009**, under PHARE 2005 Programme, was implemented the project **“Improving the condition and integration of minority groups in disabled situation with a special focus over Roma”**. Under that project MH received three mobile ultrasound consulting offices and three mobile clinical laboratories. Project was implemented in six pilot areas.

Between 2007 and 2009, the number of examined persons in settlements with predominantly Roma population is as follows:

- 21 841 general prophylactic examinations; over 20 000 fluorographic examinations ; 5509 gynecological examinations with 3139 pap smear tests performed; 6763 children’s prophylactic examinations; 3412 oncogynecological examinations; 1537 therapeutic examinations; 1372 laboratory tests;

In **2010**, in eight of the country districts were carried out more than 25 000 examinations and tests with the 23 mobile consulting offices. More than 7000 persons were diagnosed with a diseases or identified with a deviation in laboratory results. They were directed to additiona diganostic specifications and treatment in the proper medical establishments.

In **2011**, in nine of the country districts were carried out a total of 11 465 examinations and testa with the mobile consulting therapeutic, pediatric and gynecological offices, clinical labs, ultrasounds, mammographs and fluorographs. More than 2353 persons were diagnosed with a diseases or identified with a deviation in laboratory results. They were directed to additiona diganostic specifications and treatment in the proper medical establishments.

Carrying out examinations in target areas was preceded or accompanied by lectures, discussions, conversations on site, during which specialists from RHIs (RIPCPhs) presented specially developed health information materials. The discussed topics and the developed materials cover topics in the field of contraception, sexually transmitted infections, breast cancer, cervical cancer, healthy nutrition, immunization, patient rights, social support opportunities, role of the health mediator.

The issue of the execution of all lines of the National Immunization Program, and particularly providing wide immunization cover of Roma children is set as a priority for the country healthcare system. Three national meetings were held in 2010/2011 under the slogan “Initiative for health and vaccinoprohylaxis”. The program was carried out under the auspices of the Parliamentary Health Committee with the assistance of National Council for Cooperation on Ethnic and Integration Issues at the Council of Ministers (NCCEII). The initiative is partnered by the Ministry of Health, the Ministry of Labour and Social Policy, the National Health Mediator Network in Bulgaria, the Bulgarian Association for vaccinoprohylaxis, the National Association of general practitioners in Bulgaria, Ethnic Minorities Health Problems Foundation. These meetings gathered on one place health mediators, representative of the RHIs and general practitioners from all over the country, who shared their experience of joint work to tackle outbreak of measles in communities with compact Roma population and measures to limit other communicable diseases among minority groups. The participant also underwent a training in order to increase efficiency of communication between the separate units involved in executing goals for enhancing the access to the healthcare system of vulnerable groups from ethnic minorities. Training

also included a module on the importance of mass execution of required immunizations in order to improve the health of vaccinated and prevent epidemic outbreaks. All participants pointed out that the teams consisting of health mediator, general practitioner, RIPCPh and municipal representative were most successful in curbing the epidemic of measles. The meeting attendees also united around the idea that the approach of timely immunizations according to the National Immunization Program of the Republic of Bulgaria is most effective. In 2010, as a result from joint efforts of the assembled teams, 188 000 emergency vaccinations against measles were made, in 2011, during the European Immunization week, experts from RHIs, health mediators and general practitioners united efforts for carrying out emergency immunization campaign against poliomyelitis for all children between 1 and 7 years of age with irregular immunization status.

The National Health Insurance Fund follows strictly the regulations of Bulgarian legislation relevant to the national health insurance model, thus ensuring equal access for all citizens insured under Bulgarian law to the services financed from its budget.

The main priority in the years to come will be close partnership between NHIF and all institutions engaged in the process of compulsory health insurance, with the professional organizations of doctors and dentists, pharmacists, with interested national and foreign non-government organizations with a view to execute projects of mutual interest for the benefit the health insured persons.

#### **4. Measures for increasing the number of health care specialists:**

There were 8 higher education institutions for the education of medical specialists in Bulgaria. For the first time during the school year 2011/2012 the students' admission in the specialty Healthcare Specialist has increased with nearly 5% more than the total number. Nevertheless, data shows that in 2011 the planned students' admission for specialty "Medicine" is larger than the admission for specialty "Nurses" regardless of the agreed minimum rate 2:1 for nurses:doctors.

#### **Article 11§2**

**1) For States that have not accepted paragraph 1, please describe the general public health policy and legal framework. Please specify the nature of, reasons for and extent of any reforms.**

**Bulgaria has ratified paragraph 1.**

**2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the public health policy and the legal framework.**

**3) Please supply any relevant statistics or other information, including on consultation and screening services in schools and for the rest of the population.**

In implementing the Programme for the development of education, science and youth policies in R. Bulgaria (2009 – 2013) in recent years policies and measures have been implemented that ensure health protection rights through:

1. Development of new and update of existing programs in the curricula so as to achieve the general education minimum under Ordinance No. 6/28.05.2001 that directly correspond to the issues of health and environment protection:

- "Homeland" – 1<sup>st</sup> grade;
- "Environment" – 2<sup>nd</sup> grade;
- "Man and Nature" – 3<sup>rd</sup> to 4<sup>th</sup> grade;
- "Biology and Health Education" – 7<sup>th</sup> to 12<sup>th</sup> grade;
- "Chemistry and environment protection" – 7<sup>th</sup> to 12<sup>th</sup> grade.

2. For the education of children and students with mental retardation and multiple disabilities, as well as for children and students with sensorial and other disabilities, framework educational programmes are offered concerning different cultural and educational fields, on the basis of which individual educational programmes are developed. Educational programmes for special subjects are offered for children and students with sensorial disabilities.

3. In implementing a number of operations under OP Human Resources Development (2007 – 2013) with beneficiary the Ministry of education, youth and science, new policies and measures are implemented ensuring the right to protection of adolescents and young peoples' health, such as:

- Inclusive Education Project – focusing on children from kindergartens' early familiarization and early influencing in order to prevent educational difficulties; it is planned to approbate a model of reforming special schools for children with sensorial disabilities in view of turning them into institutions that support children and students having such disabilities in the process of including them in the general education environment; Under the same project it is planned to approbate a model of increasing the capacity of general education schools with a view to implementing inclusive education; also a new model is planned on the organization and operation of remedial schools – boarding facilities that is intended to serve for the closing of the boarding facility and to provide modern education and a complex support for children with multiple disabilities;

- Qualification of Pedagogic Specialists Project – activities building competences for working with children and students having special educational needs;

4. Since 2007, every calendar year the Council of Ministers provides further finances under national programmes (NP) on the development of general education for activities not funded under delegated budgets. Within NP "Building an Accessible Architectural Environment" funds are annually provided for the improvement of the facilities for social inclusion and the provision of access to school education of children and students having special educational needs. Ramps are built and bathrooms are adapted; a specific infrastructure is installed (elevators and hydraulic facilities), platform facilities are constructed. Only in 2012, BGN 800 000 were provided for the construction of accessible architectural environment in schools.

5. Some of the main goals set in the draft Act on pre-school and school education are: intellectual, emotional, social, moral and physical development and support for every child and every participant in conformity with his/her age, needs, abilities and interests (Art. 5). One of the main rights of children and students is their right to be educated and brought up in a healthy, safe and secure environment, which is considered a fundamental right in the specified draft act (Art. 170).

6. The draft act on pre-school and school education provides for the development of National Educational Standards (NES) as an aggregate of mandatory requirements concerning the results of

the pre-school and school education system as well as the conditions and the processes for achieving them (Art. 22). Some of them are directly intended for the health protection right whereby:

- one of the standards is that of civil, health and intercultural education. Its part concerning health education shall treat the ways and the forms for its implementation in pre-school and school education and the extra-curricular units; the main requirements to the contents, education process and activities at school aimed at acquiring certain levels of key social and civil competences when finishing stages of education; requirements for the organization and management of educational institutions concerning health education, etc.

- The National Educational Standards for the material environment define the unified minimum and mandatory rules and standards for the architecture, the environment and the working conditions necessary for the normal and safe operation of the system of pre-school and school education and the centers supporting personal development. Special focus is put to the provision of healthy and ergonomic working conditions and training at these institutions.

During the academic 2012 – 2013 year, under project BG051PO001-4.2.05.0001 Making school attractive for young people – School of self-affirmation and preparation for European horizons – SUCCESS under Operational Programme Human Resources Development, 15 041 forms of extra-curricular activities have been organized, 951 of which in the field of healthy living.

Children up to 16 years of age have the right to healthcare outside of the scope of mandatory health insurance, and those children staying in hospitals under Art. 5, para. 1 of the Act on Health Institutions, have the right to receive medical and social care.

Art. 82a of the Healthcare Act stipulates that using their own income, municipalities can support prophylaxis and treatment of poor, unemployed and other people who have permanent address registration in their respective municipality.

The scope and the order of providing healthcare services related to obstetric care to women having no health insurance, and the conditions and order of performing examinations falling out of the scope of mandatory health insurance for children and pregnant women with pastes, reagents and supplies provided by the Ministry of Healthcare, have been specified by Ordinance No. 26 of 14.06.2007 on the provision of obstetric care to women having no health insurance and on performing examinations falling out of the scope of mandatory health insurance of children and pregnant women.

In accordance with the formulation of Ordinance No 39 of 2004 on prophylactic examinations and regular medical check-ups (published in State Gazette, ed. 106 of 03.12.2004, effective as of 01.01.2005), Art. 4, para. 2 stipulates that prophylactic examinations of children shall be performed by a child's general practitioner and by a dental medical doctor. Annex 4 under Art. 4, para. 1 contains a table on the type and frequency of prophylactic examinations in terms of the age of children: once a month up to 1 year; four times a year for children between 1 and 2 years; twice a year for children between 2 and 7 years and annually for children in school age – 7-18 years.

**National Programme for the prophylactic treatment of oral diseases in children between 0 and 18 years (2009-2014 )**, adopted by a Protocol No. 15 at a meeting of the Council of Ministers held on 16.04.2009. The main purpose is to improve the oral health of children up to 18 years of age. Funding shall be provided from the national budget.

In 2011, a Report was prepared and presented concerning the data from epidemiological study on the condition of the oral status of children in three age groups held in 2010. The purpose of this study was to establish the distribution of illnesses of the periodontal, dental fluorosis, deformities of the



teeth and the jaw, the distribution and the rate of dental caries. Within the wide epidemiological study, out of each of the 28 districts in the country 360 children have been examined from a district center and 360 children from less urbanized settlements, within three age groups – 5-6 years, 12 years and 18 years. A total of 20 160 children have been examined. The relative share of children between 5 and 6 years having no caries is 28.87% for the country as a whole; 12 year old children having no caries are 21.31 %; 18 year old children having no caries are 8.31 %. More than 2/3 of 12 and 18 year old children have different deformities in their teeth and jaws in terms of severity, which are a prerequisite for worsened oral health at a later stage of their lives. Oral hygiene is unsatisfactory in all the examined age groups which necessitates improvements in the awareness of parents and children.

In 2011 health lectures on oral diseases prophylaxis were held at schools and kindergartens in each of the 28 districts in Bulgaria. Activities were also organized to increase the level of awareness among the population whereby round tables were held in V. Tarnovo, Ruse, Varna, Smolyan, Burgas and Vratsa which were attended by representatives of the municipalities, Regional Health Inspectorates, Regional Education Inspectorates, Regional Bodies of the Bulgarian Dental Association, school and kindergarten principals, teachers, parents, non-governmental organizations and media representatives.

In 2011 a procedure was initiated for applying dental sealants to children between 5 and 9 years of age in more than 200 cabinets in the whole country – the teeth of 16 982 were silanized.

Children Healthcare Programme is developed with a view to actively monitor children's growth and development, to prevent illnesses and to identify them early. The programme involves prophylactic examinations of healthy children, children with an increased medical and social risk and children with chronic diseases from their birth up to their 18<sup>th</sup> year. Monitoring is performed by a child's general practitioner or by a pediatrician, and all the activities within this programme are conformed to problems in respective age periods.

The parents are allowed to choose the doctor to monitor their child's development within this programme, and this doctor may be their general practitioner or a pediatrician specialist.

In accordance with Art. 5, para. 1 of Ordinance No. 39 of 16.11.2004 of the Ministry of Healthcare on prophylactic examinations and regular medical check-ups of pregnant women and young mothers up to 42 days after giving birth are subject to prophylactic examinations and examinations performed on a regular basis defined in terms of type and frequency under Annex 2.

Prophylactic examinations of pregnant women shall be performed in meeting the requirements of Ordinance No. 39 of 2004 on prophylactic examinations and regular check-ups – Annex No. 2 to Art. 5, para 1.: "Prophylactic examinations in case of normal pregnancy, risk pregnancy and young mothers", respectively of Annex No. 13 and Annex No. 15 to the National Framework Agreement of 2012 on medical activities.

For health-insured pregnant mothers the National Health Insurance Fund has developed a programme called "Healthcare for mothers". The purpose of the programme is early identification of diseases and complications in future mothers and embryos. It includes prophylactic examinations from the point of identifying the pregnancy up to the 42<sup>nd</sup> day of the child-bearing.

It includes check-ups and examinations that monitor the pregnancy, paid for by the NHIF. The programme shall be implemented by a doctor (a general practitioner or a gynecologist obstetrician) having a contract with the NHIF, selected by the pregnant woman. In the case of a risk pregnancy, Healthcare for Mothers Programme shall be mandatorily implemented by a specialist gynecologist obstetrician.

Healthcare for Children Programme and Healthcare for Mothers Programme are developed in Annex No. 13 and 15 to the NFA 2012 on medical activities in accordance with the abovementioned Annex No. 1 and 2 of Ordinance No. 39 of 2004 of the Ministry of Healthcare on prophylactic examinations and regular check-ups.

### **Further questions of the European Social Rights Committee:**

**The Committee wishes to obtain information on the issues covered by health education, namely whether it involves topics such as tobacco smoking and alcohol abuse prevention, road safety and encouraging healthy eating habits.**

The national campaign “I participate and change” of the Ministry of Education, Youth and Science targets the provision of civil and health education at school. It was initiated during the academic 2011/2012 and has been implemented for two years now, involving topics from physical health, mental health and social well-being. The issues related to the healthcare right under Art. 11 of the European Social Charter (revised), include initiatives and topics such as:

- in the field of physical health, the focus is on healthy diet; lectures on interpreting foodstuff labels; physical activities and sports; dental culture; bodily hygiene; gender and sexual culture.

- in the field of mental health the issues covered were related to the fields of self-knowledge, dealing with aggressiveness, improving communication skills, coping with stress, preventing substance abuse – alcohol, tobacco-smoking, drugs.

It is planned to perform more than 300 activities related to children and students' health protection. The following activities can be defined as more interesting and significant for the society:

*For establishing regular habits and skills for healthy eating:*

- Healthy eating days attended by parents, students and teachers, entitled “I eat tasty and healthy with Uti Bachvarov” – 2012;

- Schools' participation in the implementation of the scheme “School Fruit”, adopted by an Ordinance of the Council of Ministers No. 91/12.05.2010;

- Pre-school institutions and schools' participation in the implementation of the European Scheme “School Milk” – 2008;

- “What labels tell” – thematic meeting of parents and a representative of the Bulgarian Food Safety Agency, V. Tarnovo;

- “Parade of Fruit and Vegetables”, Varna;

- National Week on the Combat with Obesity, Gabrovo;

- Genetically modified food in our daily lives, Dobrich;

- “Diets – pros and cons”, Dobrich, Kardzhali, Lovech;

- Children's Musical “The Unwashed Pear” – (from children for children), Sliven;

- “With soap and water” – portfolio, Yambol;

- “Healthy and strong with an abundance of fruit” – exhibition of children's drawings and wall panels together with parents, Yambol;

- Creating a calendar and a book of international healthy recipes, Montana;

*In the field of physical activity and sports:*

- “Sports and healthy eating – preventing obesity – a discussion with parents, Montana;

- “Small Tourists” – excursions, Dobrich;
- Winter Fiesta “Alley of the Snowmen”, Dobrich;
- “Going to school without burdens”, Kyustendil;
- Country cross for girls and boys up to 18 years of age – Sboryanovo area, Isperih town;
- “Health Parade” – a workshop for healthy children and parents”, Yambol;

*In the field of dental culture:*

- Dental health – prophylaxis, Burgas;
- My Sunny Smile Competition, Gabrovo;
- Campaign “Silanization of permanent teeth, a visit to the dentist”, Dobrich;
- National Programme for prophylaxis of oral diseases, Sliven, Sofia district;
- “Silanizing new teeth” – national programme, Ruse, Yambol;

*In the field of bodily hygiene, gender and sexual culture*

- Hygiene Theater, Gabrovo;
- A set of materials and a happening entitled “World Day of Sympathy towards people with AIDS”, flyers with useful advice; Anti-AIDS campaign, Dobrich;
- The truth about babies – a discussion with 5-6 year old children;
- “Where do germs live”, Montana;

*In the field of mental health:*

- Exhibition: “Think responsibly, act beneficially” – the harm of alcohol and tobacco abuse, V. Tarnovo;
- Competitions “Rules, Rules – They Protect Us”, Gabrovo;
- Competition “Our class’ project on living without tobacco”, V. Tarnovo;
- Training “Drugs – a temptation not worth giving in to” – a discussion;
- Campaign “Smoking is out of fashion” – exhibition, competition, composing a song of the campaign;
- Campaign “Open your eyes” – on the traffic of people, Burgas;
- Debate on the topic of “In Conflict with Law”, V. Tarnovo;
- School for parents “Concerns, fears, anxiety”, Montana;
- Seminar “Methods of Positive Upbringing”, Montana;
- Training with teachers: “The Role of Play and Rest in Children’s Development”, Sliven;
- Conference on the topic of “Civil education”, Silistra.

The campaign is held with the support of the Republic of Bulgaria’s ombudsman and through the cooperation of many other institutions and non-governmental organizations.

December 2012 marked the end of the travelling seminar implemented by the Institute of Positive Psychotherapy on the topic of “Who am I, What do I strive for”, How do I communicate?” within the campaign “I participate and change!” attended by 75 students from three metropolitan schools.

The National Children's Network is to hold 8 working meetings within the framework of the campaign in order to encourage children and youth participation, 8 seminars by the Parents Association on the topics of "Improving the Family-School Synergy" and "What is happening to our children and can we help them?" intended for parents and teachers, and 8 trainings for parents of autistic children that will be performed by the foundation "A step for Bulgaria's invisible children".

**2. Concerning: The prophylactic examinations for all illnesses that are the main reason for death rate in Bulgaria** are stipulated in Ordinance No. 39 of 2004 on prophylactic examinations and regular check-ups (published in SG, ed. 106 of 03.12.2004, valid since 01.01.2005) on prophylactic examinations and regular check-ups. Each illness is ascribed appropriate frequency of check-ups and necessary examinations. The National Framework Agreement stipulates in detail the contents of prophylactic examinations – Annex No. 13. It should be noted that the general practitioners have established "risk groups" for cardiovascular diseases, diabetes and malignancies. On the other hand, on the basis of risk factors and age, the scope and frequency of check-ups are established.

**3. Concerning: Prophylactic examinations of pregnant women are free of charge and regular.** Ordinance No. 39 stipulates in detail the contents of check-ups and the types of examinations performed at each stage of pregnancy, whereby in the case of a normal pregnancy, the visits are 12. In the case of risk pregnancy, additional check-ups and examinations are planned. Annex No. 13 under the National Framework Agreement (NFA) they are described just like in the Healthcare for Mothers Programme.

**4. Concerning: Ordinance No. 26 on the provision of obstetric care to women having no health insurance and on examinations falling beyond the scope of mandatory health insurance /since 2007/**

**The Ordinance ensures that pregnant women having no insurance would give birth entirely free of charge (at the expense of the Ministry of Healthcare).** At the same time it provides for a set of genetic examinations for pregnant women, couples (families) and children. In 2012 this was amended with a view to include a prophylactic examination (check-up and examinations) for pregnant women having no insurance.

### **Article 11§3**

**1) For States that have accepted neither paragraph 1 nor paragraph 2, please describe the general public health policy and legal framework. Please specify the nature of, reasons for and extent of any reforms.**

**2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the public health policy and the legal framework.**

### ***Reducing environmental risks***

By Decision of the Council of Ministers of December 18<sup>th</sup>, 2008, the National Action Programme on environment and health 2008 – 2013 was adopted (NAPEH). Leading institutions implementing the National Programme are the Ministry of Healthcare and the Ministry of Environment and Water.

NAPEH's strategic goal is to form and hold the long-term policy of strengthening the health of the nation and of sustainable country development.

The main purpose of the National Action Programme is to reduce and prevent the health risk for the population as a result of environmental factors, to improve the condition of the environment and the citizens' quality of living.

In order to achieve this goal, the Programme involves the following main groups of actions:

- Initial prophylaxis – activities intended for improving the environment and reducing the population's exposition (ambient air, water, soil, noise, electromagnetic fields, indoor air, etc.);
- Health-supporting activities intended for dealing with and limiting ecologic threats to health, incl. adopting a healthy way of living and supporting the creation of a healthy urban environment;
- Epidemiological research;
- Devising the necessary regulations;
- Monitoring the population's exposition, including that of children to environment polluters;
- Developing and applying educational programmes;
- Including medical services providers and providers in the educational sector in the process of "children's health – environment";
- Building and enriching knowledge of the environmental factors' impact on children through research;
- Improving the services offered and the infrastructure.

The Ministry of Environment and Water is the major institution in the implementation of some of the activities included in the National Environment and Health Action Programme 2008 – 2013 г. – activities related to the protection of water, air, soils, prevention of the harmful impact of industrial breakdowns, noise, etc.

With regard to the reporting of NAPEH's operation, the Ministry of Environment and water annually presents the Ministry of Healthcare with a report on the performed activities it is responsible for.

In the period between 2008 and 2011 the following major activities were performed for which the Ministry of Environment and Water were responsible, aimed at reducing health risk for the population by protecting the quality of the environment:

#### *1. In the field of water management*

In order to achieve a good condition of surface river and coastal sea waters, as well as to improve the quality of underground waters, the preparation and implementation of projects for construction, reconstruction and expansion of water supply networks have been accelerated:

- 13 new wastewater treatment plants have been constructed and commissioned in the towns of Blagoevgrad, Pazardzhik, Montana, Burgas (quarter Meden Rudnik), Smolyan, Sevlievo, Popovo, Sopot, Balchik, Gorna Oryahovitsa – Lyaskovets, Lovech and Targovishte;
- 6 wastewater treatment plants in Sofia (Kubratovo), Varna, Sliven, Kyustendil, Troyan and Hisarya have been expanded, reconstructed and modernized;
- Tap water treatment plants have been constructed and commissioned in Mala Tsarkva and Pasarel;
- Sewage pumping stations have been constructed and commissioned in Novi Iskar, Primorsko, and Asparuhovo quarter (Varna);

- Construction and rehabilitation of about 270 km of sewage network and about 300 km of water supply network has been performed;

- As of the end of 2011, infrastructural projects of the municipalities of Burgas – Meden Rudnik, Targovishte and Popovo were underway , as well as 2 large projects – Integrated Project of the town of Vratsa’s water cycle and Integrated Project of the town of Gabrovo’s water cycle.

## *2. In the field of waste management*

With regard to the improvement and development of waste treatment structure (for constructing regional waste management system, composting facilities, separation equipment for waste packaging and mixed municipal waste, etc.):

- Regional municipal waste landfills have been constructed and commissioned in Montana, Ruse, Sevlievo, Silistra, Sozopol, Kostinbrod;

- A Regional municipal solid waste landfill in the region of Vratsa has been expanded;

- 7 projects for closing old municipal landfills in the municipalities of Alfatar, Kaynardzha, Kresna, Boychinovtsi, Vidin, Burgas, Metropolitan Municipality – I stage, Pernik, Asenovgrad;

- 6 regional municipal solid waste landfills in the regions of Gotse Delchev, Sandanski, Smolyan, Shumen, Dospat, Madan are being expanded, reconstructed and modernized;

- 11 sites for closing and re-cultivating landfills are being implemented.

## *3. For the improvement of ambient air quality.*

Control has been performed over industrial air polluter sources and adequate, active and consistent measures have been adopted in support of municipal authorities in their long-term sustainable policy for air quality improvement.

Significant efforts have been put when preparing new and updating existing municipal air quality programmes in order to solve the country’s long-term serious problem with excessive particulate matter pollution that pose risks to human health. As a result of the efforts put and the comprehensive support, 27 out of 29 municipalities whose air quality is poor, have now updated (newly created) municipal programmes under Art. 27 of the Act on Ambient Air Quality.

## *4. For the prevention and reduction of noise.*

In 2009, strategic noise maps were approved for agglomerations with more than 250 000 citizens – Sofia, Plovdiv and Varna, and for 89 km of main roads in Bulgaria. In 2010, for the same sites, action plans were developed and approved for preventing and reducing environment noise, and currently the measures included in them are being implemented.

## *Production and use of asbestos or of products containing asbestos.*

The rules that concern the removal, repair, rebuilding or reconstruction of existing constructing sites where asbestos has been used, are developed in implementing the health and safety plans in accordance with the provisions of Art. 9, para. 10 of Ordinance No. 2 of March 22<sup>nd</sup>, 2004 on the minimum requirements for healthy and safe working conditions in performing construction and installation works (Published, SG, ed.37/2004, amended., SG ed.98/2004, amended, SG, ed.102/2006).

Currently the legislation concerning spatial planning does not include any provisions that require for building owners (construction principals under the Spatial Planning Act), to inspect exiting

buildings for asbestos and to undertake the necessary actions to remove it in those cases where this is technically feasible and economically justified.

### *Food safety*

The quality and safety of foods is one of the main priorities in the policy of the European Union. The aim is to achieve a high level of protection that ensures the safety of consumers from the original production site to the placement on the market, without affecting the large variety of products. All regulations and directives specify the main aspects in the field of food safety by providing for the necessary flexibility and opportunity to use traditional production methods. Bulgaria, being a Member State of the European Union, guarantees that those products placed on the market and those intended for export meet the respective requirements.

The Bulgarian legislation is harmonized with the existing European legislation with the necessary European acts having been introduced. The respective regulations stipulating specific requirements for each operator on the food production chain have also been adopted. Regard to that has also the Food Act that stipulates the main requirements for food and food safety, for packaging, labeling and presenting foodstuff; the conditions and the order of producing and trading in foodstuff; rights and obligations of people producing or trading in foodstuff; the powers of state authorities to regulate and control the production of and trading in foodstuff.

This act is aimed at ensuring the meeting of requirements for production and trading in foodstuff with a view to protect the health and the interests of consumers, to prevent activities that could mislead them, and to provide an opportunity for consumer to exercise their right to informed selection of foods offered on the market.

The forthcoming amendment and complementation of the Food Act is a result of the need to complement existing provisions and create necessary procedures with a view to the formal control body's performing more effective control. The project introduces the conditions and the order of production of and trading in materials and goods intended for being in contact with foodstuffs, and of issuing a certificate of export of non-animal foodstuff and materials and goods intended for being in contact with foodstuffs. The draft Act complements the requirements for projects of constructing or reconstructing food production sites and their commissioning. The project provides for complementing the procedure for registration of foodstuffs production and trading sites, and creates a legal basis for identifying conditions and order of performing food banking activities. Conditions for marketing for the first time in Bulgaria of foods with particular usage and food supplements are regulated. The project ensures that food producers and dealers shall guarantee the quality and safety of products by using proof from laboratory sample testing in accordance with the eligible values for certain indicators and testing methods under the respective legislative documents and international standards. The draft Act regulates the conditions for treating food waste as well as the requirements for transporting non-animal foodstuffs except for bottle natural mineral, spring or table water.

The project provides for increasing some penalties imposed in cases of breaching the provisions of the act and for introducing new ones. The draft Act complements the groups of food stuff combined on the basis of their origin and contents. The adoption of the draft will provide a legislative basis for performing a more effective formal control aimed at ensuring consistency with the requirements of European law and Bulgarian food safety legislation.

By amending the Food Act of 08.01.2011 the National Food Safety Council that coordinates the implementation of national food safety policy and performing risk management functions, has been cancelled and is no longer operative.

By Decision No. 403 of the Council of Ministers of July 14<sup>th</sup>, 2010, a Strategy for the establishment of a unified control body for food safety was developed and adopted – the Bulgarian Food Safety Agency and the Risk Assessment Center.

The establishment of a Bulgarian Food Safety Agency the main purpose of the government's programme "European Development of Bulgaria 2010 – 2013" was achieved, aimed at establishing a unified control body for the whole food chain, in following the approach of control "from the field and the farm up to the table".

The Risk Assessment Center's (RAC) task is to perform an appropriate scientific risk assessment conformed to the Bulgarian conditions and to ensure that the community and the stakeholders receive quick, reliable, objective and comprehensive information; to scientifically and technically assist the unified competent control body, as well as to collect, compare, analyze and summarize scientific and technical data. By decision of the Managing Board of the European Food Safety Authority (EFSA), in June 2012 the Risk Assessment Center was entered on the list of competent scientific organizations supporting EFSA's activities.

*Measures to deal with smoking, alcoholism and drug addiction*

The Minister of Health and other competent national authorities, together with non-governmental organizations, create conditions to restrict smoking and alcohol abuse, and to prevent the use of drug substances, by performing promotional and prophylactic activities and providing access to medical care and social protection for affected people. These activities are performed through national programmes restricting smoking and alcohol abuse, and preventing the use of drug substances. One per cent of the resources obtained by the national budget from excises on tobacco products and spirits are used for funding national programmes restricting smoking and alcohol abuse, and preventing the use of drug substances. The municipalities adopt and implement regional programmes restricting smoking and alcohol abuse, and preventing the use of drug substances.

Art. 56 of the Health Act bans smoking in indoor public places. Smoking in facilities including special workplaces is also banned, as well as in facilities belonging to them having auxiliary and service functions. Exceptions are allowed for specialized smoking facilities located in airport buildings. Para. 4 of Art. 56 of the Health Act explicitly stipulates that persons below 18 years of age are not allowed in these special facilities. Moreover it should be noted that under Art. 56a of the HA bans smoking in the following outdoor locations: areas and sidewalks belonging to nurseries, kindergartens, schools, student dormitories and places for the provision of social services for children; playgrounds where children and student events are organized; sports sites, open cinemas and theatres – during sports and cultural events.

*Prophylactic measures – Epidemiological monitoring*

**During the referential period 2008 – 2011 the main purpose in the field of infectious diseases** was to reduce morbidity, mortality and lethality of infectious diseases, to limit the occurrence and spreading of epidemic outbursts, to perform effective epidemiological monitoring and control over the infectious morbidity.

A timely and reliable system was established for identifying and notifying infectious diseases, providing quality diagnostics, standardizing processes and possibilities for making comparisons with



other countries, protecting the country from the entrance and spreading of infectious diseases and reacting to events threatening public health.

In order to improve the control over the occurrence and spreading of infectious diseases, the existing regulations in the field of monitoring were synchronized with the European legislation, the immunization calendar was updated and highly-effective multi-component vaccines were provided with public resources so as to cover the amount of people necessary, national programmes, methodological instructions and guidelines have been devised. A unified national information system has been created to monitor infectious diseases whereby it is possible to notify information, analysis and forecasts of the condition and trends of morbidity, early notification and ensuring answers.

The structures of laboratory diagnosis on the national and the regional level have been strengthened, the quality of diagnosis activities have been improved, good laboratory practice has been established and the quality of epidemiological monitoring and control has been improved.

The rate of detection and actual registration of infectious diseases has significantly improved. Modern hospitalization/isolation of people suffering infectious diseases, as well as the full adoption of all prophylactic and anti-epidemic measures under the existing legislation has been ensured.

In general, during the years of the reference period, the level of morbidity of some infectious diseases remained the same, and for some of vaccine-preventable infectious diseases that require mandatory immunizations and re-immunizations, a continuous trend of decrease has been reported .

The priority activity is achieving and maintaining a large immunization scope through the main prophylactic mandatory immunizations against tuberculosis, Hepatitis B, poliomyelitis, diphtheria, tetanus, pertussis, haemophilus influenzae type B, pneumococcal diseases, measles, mumps, rubella.

In order to limit the spreading of infectious diseases and to prevent the risk of their occurrence, additional immunization campaigns were held for measles, poliomyelitis, and pandemic flu.

A strategic reserve of antiviral means for flu treatment and prophylaxis was created and maintained, and they are annually provided to outpatient care for prophylaxis and early treatment of patients with chronic diseases.

### *Accidents*

In implementing it. 2 of Decision No. 946 of December 22<sup>nd</sup>, 2011, of the Republic of Bulgaria's Council of Ministers on the improvement of the National Strategy of improving traffic safety in the Republic of Bulgaria for the period between 2011 and 2020, a Strategy of the Ministry of Transport, Information Technologies and Communications on improving road traffic safety in the Republic of Bulgaria 2011 – 2020 was devised and approved by the Minister of Transport, Information Technologies and Communications.

The strategy is a document of political and professional commitment of people working in the system of the Ministry of Transport, Information Technologies and Communications (MTITC) with a view to specifically contribute to the implementation of the main goal – 50 per cent reduction of the number of people deceased and injured in road accidents for 2020 as compared to 2010 indicators, significant reduction of direct and indirect material damages caused by such accidents and achieving the level of indicators of leading European Union Member State's accident record. The document is published on MTITC's official webpage – <http://www.mtitc.government.bg/page.php?category=589>.

According to data of the National Statistical Institute, 8045 severe road accidents happened in 2008 whereby 9952 people were injured and 1061 people were killed. There is an increase compared



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1061	9952	475	44.8	4001	40.2	308	29.0	3698	37.2	278	26.2	2253	22.6

Source: National Statistical Institute

**Table 2: Road users killed and injured in 2009**

Total		Drivers				Passengers				Pedestrians			
Killed	Injured	Killed		Injured		Killed		Injured		Killed		Injured	
Number		Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
901	8674	436	48.4	3586	41.3	267	29.6	3084	35.6	198	22.0	2004	23.1

Source: National Statistical Institute

**Table 3: Road users killed and injured in 2010**

Total		Drivers				Passengers				Pedestrians			
Killed	Injured	Killed		Injured		Killed		Injured		Killed		Injured	
Number		Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
776	8078	361	46.5	3217	39.8	239	30.8	2832	35.1	174	22.4	2020	25.0

Source: National Statistical Institute

**Table 4: Road users killed and injured in 2011**

Total		Drivers				Passengers				Pedestrians			
Killed	Injured	Killed		Injured		Killed		Injured		Killed		Injured	
Number		Number	%	Number	Number	Number	%	Number	Number	Number	%	Number	Number
657	8301	309	47.0	3397	40.9	199	30.3	2850	34.3	149	22.7	2044	24.6

Source: National Statistical Institute

**Table 5: Road accidents, number of people killed and injured due to vehicle drivers in terms of types of violations, 2008 – 2009**

Violations	2008						2009					
	Road accidents		Killed		Injured		Road accidents		Killed		Injured	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Taking a pedestrian's right of way	694	9.0	38	3.8	688	7.2	630	9.3	26	3.0	629	7.5
Taking another right of way	1213	15.7	77	7.7	1629	17.1	1106	16.3	67	7.8	1480	17.6
Improper overtaking	226	3.0	55	5.5	376	4.0	158	2.3	40	4.6	251	3.0
Improper maneuvers	683	9.0	76	7.6	803	8.4	637	9.4	54	6.3	735	8.8
Entering contraflow traffic	331	4.3	90	8.9	587	6.1	290	4.3	72	8.3	471	5.6
Speeding and inappropriate speed	3161	40.9	507	50.4	3903	40.6	2848	42.0	477	55.2	3512	41.9
Use of alcohol	373	4.8	45	4.4	471	4.9	242	3.6	32	3.7	331	3.9
Other road accidents	1024	13.3	118	11.7	1138	11.7	869	12.8	96	11.1	977	11.7
<b>Total</b>	<b>7705</b>	<b>100.0</b>	<b>1006</b>	<b>100.0</b>	<b>9595</b>	<b>100.0</b>	<b>6780</b>	<b>100.0</b>	<b>864</b>	<b>100.0</b>	<b>8386</b>	<b>100.0</b>

Source: National Statistical Institute

**Table 6: Road accidents, number of people killed and injured due to vehicle drivers in terms of types of violations, 2010 - 2011**

Violations	2010			2011		
	Road accidents	Killed	Injured	Road accidents	Killed	Injured

	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Taking a pedestrian's right of way	641	11.2	28	4.2	636	8.9	945	15.1	26	4.4	971	12.3
Taking another right of way	898	15.6	58	8.7	1171	16.4	965	15.4	39	6.6	1281	16.2
Improper overtaking	557	9.7	29	4.3	650	9.1	695	11.1	34	5.7	797	10.1
Improper maneuvers	139	2.4	31	4.6	203	2.9	136	2.2	28	4.7	233	3.0
Entering contraflow traffic	249	4.3	70	10.4	437	6.1	260	4.2	66	11.2	451	5.7
Speeding and inappropriate speed	2461	42.9	380	56.6	3089	43.3	2295	36.7	306	51.7	2980	37.7
Use of alcohol	253	4.4	25	3.7	317	4.5	258	4.1	28	4.7	363	4.6
Other road accidents	547	9.5	50	7.5	626	8.8	701	11.2	65	11.0	820	10.4
<b>Total</b>	<b>5745</b>	<b>100.0</b>	<b>671</b>	<b>100.0</b>	<b>7129</b>	<b>100.0</b>	<b>6255</b>	<b>100.0</b>	<b>592</b>	<b>100.0</b>	<b>7896</b>	<b>100.0</b>

Source: National Statistical Institute

**Table 7: Road accidents, number of people killed and injured in 2008 in terms of districts and location**

Districts	In towns			In villages		
	Accidents	Killed	Injured	Accidents	Killed	Injured
Blagoevgrad	133	6	143	47	6	53
Burgas	164	31	177	16	2	14
Varna	340	16	407	38	2	55
Veliko Tarnovo	93	9	101	42	7	54
Vidin	22	1	22	18	3	19
Vratsa	66	2	69	38	10	33

Gabrovo	63	5	72	7	-	12
Dobrich	101	12	111	30	4	37
Kardzhali	79	4	99	15	2	17
Kyustendil	57	3	64	21	3	19
Lovech	74	4	87	56	2	72
Montana	31	3	37	15	3	13
Pazardzhik	55	1	56	18	2	17
Pernik	74	9	74	26	5	37
Pleven	178	11	222	36	7	46
Plovdiv	475	20	556	86	6	106
Razgrad	52	1	58	18	3	24
Ruse	244	5	278	39	4	58
Silistra	29	5	28	19	1	23
Sliven	113	13	123	27	8	27
Smolyan	47	3	57	16	-	19
Sofia	43	11	51	29	5	33
Sofia (capital city)	1606	128	1939	34	2	42
Stara Zagora	238	11	280	49	2	64
Targovishte	21	4	25	7	1	6
Haskovo	107	10	115	17	2	15
Shumen	51	8	55	15	3	15
Yambol	34	7	32	8	5	4
<b>Total</b>	<b>4590</b>	<b>343</b>	<b>5338</b>	<b>787</b>	<b>100</b>	<b>934</b>

Source: National Statistical Institute

**Table 8: Road accidents, number of people killed and injured in 2009 in terms of districts and location**

Districts	In towns			In villages		
	Accidents	Killed	Injured	Killed	Accidents	Injured
Blagoevgrad	120	4	127	24	-	24
Burgas	213	19	227	22	2	24
Varna	248	9	289	27	3	27
Veliko Tarnovo	52	2	61	31	4	39

Vidin	32	1	37	12	1	11
Vratsa	75	9	88	33	5	40
Gabrovo	51	7	61	4	1	3
Dobrich	91	8	101	36	5	53
Kardzhali	47	-	54	18	1	23
Kyustendil	37	2	44	19	2	25
Lovech	67	1	73	31	8	40
Montana	24	3	23	14	-	14
Pazardzhik	52	7	52	17	3	17
Pernik	83	8	91	37	4	47
Pleven	148	8	172	29	4	41
Plovdiv	545	20	684	113	13	142
Razgrad	38	2	42	14	2	17
Ruse	244	9	284	38	1	45
Silistra	22	2	25	9	4	8
Sliven	107	2	129	33	2	36
Smolyan	33	-	44	14	1	21
Sofia	39	9	54	23	4	24
Sofia (capital city)	1240	87	1471	38	1	43
Stara Zagora	201	9	245	36	3	42
Targovishte	20	3	18	7	-	8
Haskovo	94	12	91	7	-	8
Shumen	36	1	41	7	-	7
Yambol	30	3	33	9	-	12
<b>Total</b>	<b>3989</b>	<b>247</b>	<b>4661</b>	<b>702</b>	<b>74</b>	<b>841</b>

Source: National Statistical Institute

**Table 9: Road accidents, number of people killed and injured in 2010 in terms of districts and location**

Districts	In towns			In villages		
	Accidents	Killed	Injured	Accidents	Killed	Injured
Blagoevgrad	120	2	138	33	2	38
Burgas	203	10	245	13	3	17

Varna	316	17	363	23	4	27
Veliko Tarnovo	53	-	63	23	5	27
Vidin	21	2	20	12	2	11
Vratsa	58	8	70	46	3	63
Gabrovo	46	4	48	6	-	8
Dobrich	67	3	80	41	6	49
Kardzhali	69	2	76	35	5	38
Kyustendil	37	4	36	9	2	11
Lovech	58	3	69	30	3	37
Montana	20	3	18	4	3	3
Pazardzhik	48	3	49	13	1	13
Pernik	67	3	77	21	6	22
Pleven	134	8	153	37	6	38
Plovdiv	495	15	576	94	9	113
Razgrad	36	2	37	14	3	15
Ruse	197	6	222	16	1	23
Silistra	19	2	19	10	3	7
Sliven	105	8	116	23	7	17
Smolyan	33	2	42	9	-	12
Sofia	37	9	43	27	4	28
Sofia (capital city)	1172	76	1340	40	6	64
Stara Zagora	196	10	219	45	-	57
Targovishte	12	2	10	9	1	8
Haskovo	109	9	117	15	4	13
Shumen	30	3	33	16	4	14
Yambol	24	2	25	4	1	3
<b>Total</b>	<b>3782</b>	<b>218</b>	<b>4304</b>	<b>669</b>	<b>94</b>	<b>776</b>

Source: National Statistical Institute

**Table 10: Road accidents, number of people killed and injured in 2011 in terms of districts and location**

Districts	In towns			In villages		
	Accidents	Killed	Injured	Accidents	Killed	Injured



Blagoevgrad	135	3	152	29	2	35
Burgas	222	16	240	11	-	12
Varna	461	10	535	26	3	30
Veliko Tarnovo	60	5	62	23	4	22
Vidin	15	2	13	10	4	6
Vratsa	52	8	60	37	2	47
Gabrovo	47	2	48	12	2	12
Dobrich	64	3	70	24	-	31
Kardzhali	54	-	65	23	-	34
Kyustendil	39	1	50	11	-	11
Lovech	62	2	75	26	5	27
Montana	17	2	18	12	2	10
Pazardzhik	37	3	37	16	2	18
Pernik	45	-	52	11	1	11
Pleven	124	5	158	31	3	46
Plovdiv	501	15	616	87	5	108
Razgrad	20	1	21	10	-	12
Ruse	232	9	263	20	4	21
Silistra	43	2	43	13	2	14
Sliven	128	9	147	25	1	30
Smolyan	40	1	46	9	-	9
Sofia	33	3	35	26	1	30
Sofia (capital city)	1206	54	1436	39	4	51
Stara Zagora	164	9	173	39	2	48
Targovishte	19	-	21	6	-	6
Haskovo	101	7	125	38	2	59
Shumen	39	4	37	13	4	12
Yambol	40	3	41	10	2	13
<b>Total</b>	<b>4000</b>	<b>179</b>	<b>4639</b>	<b>637</b>	<b>57</b>	<b>765</b>

Source: National Statistical Institute

**Table 11: People killed and injured in road accidents between 2008 and 2011**

	2008	2009	2010	2011
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<b>Killed</b>	1061	901	776	657
<b>Injured</b>	9952	8674	8078	8301
<b>total</b>	11 013	9575	8854	8958

Source: National Statistical Institute

**3) Please supply any relevant statistics or other information on the percentage of smokers in the general population, trends in alcohol consumption and the rates of vaccination cover for infectious and epidemic diseases.**

- Smoking data:

Smoking is very popular in Bulgaria and tends to increase (during the reporting period). In 2008 38.8 % of Bulgarians were smokers. This harmful habit is more popular among men – 50.3 % of them are smokers (40.5 % - regular smokers), compared to 28.2 % among women (18.9 %

<sup>6</sup>

of them – regular smokers) . There is great concern about smoking among Bulgarian children

<sup>7</sup>

aged 13-15. Out of the children researched in 2008 those who had tried smoking were 58.8

%, with 56.1 % for boy and 61.3 % for girls. Out of those, students who had had their first cigarette before reaching 10 years were 21.2 % (26.6 % boys and 16.3 % girls). Non-smokers inclined to start smoking were 31.2 %, whereby 27 % of them are boys and 36.4 % – girls.

During the research 49.1 % expressed their wish to quit smoking, and 57.8 % had tried to quit smoking during the previous year. 71.9 % of Bulgarian children aged between 13 and 15 are subjected to passive smoking at home.

The results of the “National Research on Risk Factors related to the way of living

<sup>8</sup>

among the population aged 25-64” performed by the National Center for Public Health and Analysis show that 23.2 % of the population (39.5 % of men and 7.3 % of women) drink alcohol regularly. 13.8 % (19.8 % of men and 3.8 % of women) drink hard liquor every day.

<sup>9</sup>

According to data of the National Statistical Institute that reflect the European Health Interview, which is a part of the European System for Health Examinations, 16.9 % of respondent men and 42.9 % of respondent women had never drank alcohol or 30.5 % in total for the country; 4.8 % (7.5 % men and 2.2 % women) drink alcohol between 4 and 6 times a week, and 6.1 % Bulgarian citizens (10.4 % men and 2.1 % women) drink alcohol daily. There are also levels of “heavy episodes of drinking”: 62.1% Bulgarians had never drank 6 or more

<sup>6</sup> European Health Interview, National Statistical Institute 2008

<sup>7</sup> “Global Study of Smoking among Young People”, Bulgaria, (GYTS), 2008, data by NCPHA.

<sup>8</sup> N.Vasilevsky, L.Ivanov, G.Tsolova, P.Dimitrov. National behavioral risk factor survey among population aged 25-64, 2007. Bulgarian Journal of Public health, Vol. 1, (3), 1-41, 2009.

<sup>9</sup> <http://www.nsi.bg/otrasal.php?otr=22&a1=556&a2=558#cont>

drinks on one occasion, but every month they were 7.2 % (8.4 % men and 4.3% women), every week 2.4 % (2.8% men and 1.4% women) and daily or almost every day– 0.5 % (0.7 % men and 0.0 % women).

As regards adolescents, “The European School Survey Project on Alcohol and Other Drugs” (ESPAD), performed jointly by the National center for public health and analyses and the National Drug Addictions Center, shows that among 16 year-olds drinking of at least one drink during the past 30 days was 57 % in 1999, 65 % in 2003, 66 % in 2007 and 65.2 % in 2011. Results show that in 2007 21 % of students (25 % boys and 18 % girls) had got drunk at least at least once during the past 30 days, and in 2011 those rates were respectively 20.4 % (23.6 % and 18.1 %).

- **Achieved scope in main immunizations for children between 2008 and 2011 reflected in %**

Year	BCG - newborns	Hepatitis B – third immunization	Poliomyelitis	Diphtheria , tetanus, pertussis		Measles, mumps, rubella – first immunization
2008	97,5	95,7	95,8	95,3		95,9
2009	97,8	95,6	94,3	94,1		96,1
			Diphtheria, tetanus, pertussis, poliomyelitis, haemophilus influenzae type B - third immunization *		Pneumococcal vaccine - third immunization *	
2010	97,8	95,0	95,6		68,6	96,5
2011	97,7	96	95,2		93,6	94,5

Remark \* - Change in the national immunization calendar, effective as of 01.01.2010

## Article 12 – The right to social security

**With a view to ensuring the effective exercise of the right to social security, the Parties undertake:**

- 1. to establish or maintain a system of social security;**

<sup>10</sup> ESPAD. The 2011 ESPAD Report. Substance Use Among Students in 36 European Countries. CAN, EMCDDA, Pompidou Group. 2012

...

**3. to endeavour to raise progressively the system of social security to a higher level;**

...

### Information to be submitted

#### Article 12§1

1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

3) Please provide pertinent figures, statistics or any other relevant information, if appropriate.

The main legislative documents that regulate social insurance are the following:

- **The Constitution of the Republic of Bulgaria** – the right to social insurance is guaranteed by provisions that are directly relevant to the citizens' insurance protection – Art. 51, para. 1 and 2 – the right to social insurance.
- **Social insurance code (SIC)** – it regulates the state social insurance for general illnesses, occupational injuries, professional illness, maternity leave, unemployment, old age and death, and the additional social insurance including: additional mandatory pension insurance for old age and death; additional voluntary pension insurance for old age, invalidity and death; additional voluntary insurance for unemployment and/or professional qualification.
- **Health Insurance Act** – it regulates health insurance in the Republic of Bulgaria ensured by the National Health Insurance Fund and by the additional health insurance companies.

Social insurance in Bulgaria based on insurance contributions is performed by the National Insurance Institute, the National Health Insurance Fund and the additional health insurance companies – additional insurance for pension, additional insurance for unemployment and/or professional qualification, additional health insurance.

The social insurance system maintained by the National Social Security Institute includes eight insurance risks (out of a total of nine under Convention No. 102 of the International Labour Organization) and they are:

- 1) illness;
- 2) invalidity;
- 3) pregnancy and child-bearing;
- 4) raising a child;
- 5) labour accident and occupational disease;

- 6) old age/pension age;
- 7) death of legator or loss of a supporting family member;
- 8) unemployment.

The ninth insurance risk related to healthcare and medical services is covered by the National Health Insurance Fund.

The national public insurance is performed on the basis of the principles of: 1) mandatory and comprehensive insurance; 2) solidarity of insured persons; 3) equality of insured persons; 4) social dialogue in the management of insurance system; 5) fund organization of insurance resources.

### **Constitution of the Republic of Bulgaria**

Art. 52. (1) Citizens have the right to health insurance that provides them with accessible medical care, and to free medical services under the conditions stipulated by law.

(2) Citizens' health insurance shall be funded by the national budget, employers, personal and collective insurance contributions and other sources under the conditions and in the order stipulated by law.

(3) The state shall protect citizens' health and shall encourage the development of sports and tourism.

(4) Nobody shall be subjected to compulsory treatment and to sanitary measures except for those cases stipulated by law.

(5) The state shall control all the health institutions as well as the production of medicines, organic preparations and medical equipment, and the trading in them.

### **Social Insurance Code**

**Article 4.** (1) (Amended, SG No. 109/2008, effective 1.01.2009) The following persons shall be compulsorily insured against common disease and maternity, disability due to a common disease, old age or death, industrial accidents and occupational diseases, and unemployment under this Code:

1. (supplemented, SG No. 119/2002, amended, SG No. 68/2006, effective 1.01.2007, supplemented, SG No. 99/2009, effective 1.01.2010, amended, SG No. 49/2010, supplemented, SG No. 100/2010, effective 1.01.2011) the factory and office workers hired to work for more than five working days, or 40 hours, within a calendar month, regardless of the nature of the work, the mode of pay, and the source of funding, excluding persons referred to in Article 4a, Paragraph 1. Persons included in the Maternity Support and Employment Promotion Programmes shall not be insured against unemployment, if the relevant programme stipulates so;

2. the civil servants.

3. (new, SG No. 74/2002, amended, SG No. 105/2006, supplemented, SG No. 109/2008, effective 1.01.2009) the judges, prosecutors, investigating magistrates, public enforcement agents, recording magistrates, and judicial officers as well as the members of the Supreme Judicial Council and the inspectors of the inspectorate with the Supreme Judicial Council;

4. (amended, SG No. 64/2000, renumbered from Item 4, SG No. 74/2002, amended, SG No. 119/2002, SG No. 68/2006, effective 1.05.2006, supplemented, SG No. 113/2007, effective

- 1.01.2007, amended and supplemented, SG No. 43/2008, supplemented, SG No. 25/2009, effective 1.06.2009, amended, SG No. 35/2009, effective 12.05.2009, SG No. 99/2012, effective 1.01.2013) the servicemen under the [Republic of Bulgaria Defence and Armed Forces Act](#), the civil servants under the [Ministry of Interior Act](#) and the [Implementation of Penal Sanctions and Detention in Custody Act](#), the civil servants under the [State Agency for National Security Act](#), as well as the persons referred to in Article 69 (6);
5. (amended, SG No. 1/2002, renumbered from Item 4, SG No. 74/2002) the co-operative members, who perform work and receive remuneration at the co-operative; the co-operative members, who work at the co-operative without entering into an employment relationship, shall not be insured against unemployment;
6. (renumbered from Item 5, SG No. 74/2002) the persons who work under a second employment contract or under and additional employment contract;
7. (renumbered from Item 6, SG No. 74/2002, supplemented, SG No. 105/2006, amended, SG No. 99/2012, effective 1.01.2013) managers, procurators and controllers of commercial corporations and sole traders, trustees and liquidators, members of management, supervisory and control boards of commercial corporations, as well as persons working under management contracts in unpersonified companies;
8. (new, SG No. 112/2003, amended, SG No. 100/2010, effective 1.01.2011, SG No. 99/2012, effective 1.01.2013) persons performing work from elective office, with the exception of the persons under referred to in Items 1, 5 and 7, as well as the ministers holding a spiritual title of the Bulgarian Orthodox Church and other registered denominations under the [Religious Denominations Act](#).
9. (new, SG No. 59/2010, effective 31.07.2010) postgraduates, receiving remuneration according to agreement for training for acquiring a specialism, listed in the list of specialisms, defined by the procedure under [Article 181 \(1\) of the Health Act](#).
10. (new, SG No. 81/2012, effective 1.09.2012) junior judge and junior prosecutor candidates under the [Judiciary Act](#).

According to the provision under Art. 4, para. 2 of the Social Insurance Code, factory and office workers hired to work for a single employer for no more than five working days (40 hours) within a calendar month, or hired to work for multiple employers for no more than five working days (40 hours) within a calendar month for each employer, shall be compulsorily insured against disablement, old age and death and against employment injury and occupational disease.

Article 4, para (3) (Declared unconstitutional by the Constitutional Court of the Republic of Bulgaria in respect of the part extending the range of compulsorily insured persons under this legal text to working pension recipients, judgment promulgated SG No. 55/2000) The following persons shall be compulsorily insured against disablement by common disease, against old age and against death:

1. persons registered as practitioners of a liberal profession and/or a skilled craft;
2. (supplemented, SG No. 105/2006) persons performing work as sole traders, owners or partners in commercial corporations and natural persons who are members of unincorporated associations;
3. (declared unconstitutional by the Constitutional Court of the Republic of Bulgaria, judgment promulgated SG No. 55/2000)

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doctoral candidates, unless insured against retirement on different grounds;

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4. (amended, SG No. 64/2000, SG No. 112/2003) registered agricultural producers and tobacco producers;

5. (amended, SG No. 64/2000, supplemented, SG No. 119/2002, amended, SG No. 99/2009, effective 1.01.2010) persons who perform work without entering into an employment relationship and who receive a monthly remuneration equal to or exceeding one minimum wage less the operational expenses, unless insured on other grounds during the relevant month;

6. (new, SG No. 119/2002) persons who perform work without entering into an employment relationship and who are insured on different grounds during the relevant month, regardless of the amount of the remuneration received.

(4) (Amended, SG No. 64/2000, supplemented, SG No. 1/2002, amended, SG No. 109/2008, effective 1.01.2009) The persons referred to in Items 1, 2 and 4 of Paragraph 3 may, at the discretion thereof, be furthermore insured against common disease and maternity.

(5) (New, SG No. 64/2000, amended, SG No. 10/2002, SG No. 60/2011, effective 5.08.2011) Persons who are placed in a job abroad by a Bulgarian job placement intermediation service may be insured against disablement by common disease, against old age and against death based on the minimum contributory income for self-insured persons as fixed by the Public Social Insurance Budget Act.

(6) (New, SG No. 64/2000, amended and supplemented, SG No. 99/2009, effective 1.01.2010) Persons referred to in Paragraph 3, Items 1, 2, 4, 5 and 6 who have been granted a pension shall be insured at the discretion thereof.

(7) (New, SG No. 113/2007, amended, SG No. 109/2008, SG No. 100/2010, effective 1.01.2011) At their own desire and expense, the spouse of an official working in a diplomatic mission on a long-term basis may be insured, for the duration of their residence in the foreign country during the official's overseas mandate, for disability due to a general disease, for old age or death on the minimum amount of the insurance income for self-insured persons laid down by the Public Social Insurance Budget Act, if the spouse is not insured on other grounds or on the basis of the legislation of the host country according to an applicable international treaty to which the Republic of Bulgaria is a party.

According to the provision under Art. 4a, para. 1 of the Social Insurance Code, seafarers shall mandatorily be insured entirely for their own expense against illnesses and maternity leave, invalidity due to general illnesses, old age, labour accident and occupational disease, by selecting a monthly insurance income between the minimum and the maximum amount of insurance income for self-employed persons define by the Act on the Budget for the national public insurance for the respective year.

A "seafarer" is a natural person employed under a labour contract as a member of the crew of a seagoing entered on the register of ships of a European Union's Member State regardless of whether the person stays on the mainland or no board the ship, he/she has a certificate for competence and a certificate for additional and/or special training acquired under the Ordinance under Art. 87, para. 1 of the Merchant Shipping Code /Art. 1, para. 1, it. 5a of Additional Provisions of the Social Insurance Code /.

It should be taken into account that the provision of Art. 4, para. 4 of the SIC stipulates that persons under Art. 4, para. 3, it.1, 2 and 4 of SIC may select to be insured against general illnesses and maternity leave.

**Article 12.** (1) (Amended, SG No. 1/2002) Persons insured against employment injury and occupational disease shall be entitled to:

1. cash benefits for temporary disability through employment injury or occupational disease, sanatorium treatment, urgent medical examination, medical tests and/or treatment;
2. cash benefits for preventive care and rehabilitation;
3. employment-injury or occupational-disease invalidity pension;
4. amounts for technical aids related to the impairment.

(2) (Amended, SG No. 1/2002, SG No. 100/2011, effective 1.01.2012) In case of death of the insured person, caused by the employment injury or the occupational disease, his or her spouse, children and parents shall be entitled to a lump-sum allowance and to a survivor pension.

**Article 13c.** (New, SG No. 105/2006, renumbered from Article 13a, SG, No. 109/2008, effective 1.01.2009) (1) (Amended, SG No. 109/2008, effective 1.01.2009) Persons insured in respect of common disease, maternity and/or industrial accidents and occupational disease shall be entitled to cash allowances for prevention of diseases and rehabilitation, provided insurance contributions on their behalf were made or are due to be made for a period of 6 calendar months preceding the month in which the disease prevention and rehabilitation activities are performed. The period of 6 calendar months also includes the duration:

1. of paid and unpaid leave of absence for raising a child;
2. of paid and unpaid leaves of absence for temporary incapacity to work and for pregnancy and childbirth;
3. of unpaid leave of absence of up to 30 business days in any given calendar year;
4. of the period in which self-insured persons who insure themselves in respect of common disease and maternity have received cash benefits for temporary incapacity to work, pregnancy and childbirth and raising a child and the periods of temporary incapacity to work, pregnancy and childbirth and raising a child during which they were not entitled to benefits.

(2) The requirement for remitted or due social insurance contributions for a period of six calendar months under Paragraph 1 shall not apply to persons with disabilities resulting from an employment injury or occupational disease sustained.

**Article 40.** (1) (Supplemented, SG No. 105/2006, amended, SG No. 109/2008, SG No. 100/2010, effective 1.01.2011) Persons insured in respect of common disease and maternity shall have the right to cash benefits instead of remuneration for the duration of the leave of absence due to temporary incapacity to work and in case of occupational rehabilitation, provided that they have at least 6 months of insured length of service, in the course of which they have been insured in respect of such risk. The requirement for 6 months of insured length of service shall not apply to those under the age of 18.



(2) (Amended, SG No. 112/2003, SG No. 109/2008, effective 1.01.2009) Persons insured against industrial accidents and occupational disease shall have the right to cash benefits for an industrial accident or occupational disease, and to benefits for occupational rehabilitation in such cases, regardless of the duration of their insured length of service.

(3) (Supplemented, SG No. 1/2002, amended, SG No. 38/2005, SG No. 105/2006, SG No. 109/2008, supplemented, SG No. 99/2009, effective 1.01.2010, SG No. 100/2010, effective 1.01.2011) The cash benefits for temporary disability, occupational rehabilitation, pregnancy and child-birth and child-care and the cash allowances under public social insurance shall be calculated and paid by the National Social Security Institute to the insured persons by crediting a personal bank account declared by the said persons. If the person is not entitled to benefit or allowance, the official who is entrusted with direction of the payment of the benefits and allowances, or another official who has been appointed by the head of the local division of the National Social Security Institute, shall issue a directive on refusal. The said directive shall be revoked if the person or the social insurance contributor presents new or additional evidence establishing the entitlement to benefit or allowance within the prescription period referred to in Article 115 (4) herein.

(4) (New, SG No. 100/2010, effective 1.01.2011) In the case of appeals against instruments of the medical expert evaluation authorities, the officials under Paragraph 3 shall issue orders discontinuing payments of the relevant benefits for: temporary disability; employment injury and occupational disease; occupational rehabilitation; pregnancy and child-birth or child-care. The same procedure shall apply in the case of evidence that may result in the issuance of an order rejecting or terminating the payment of benefits.

(5) (Amended, SG No. 64/2000, SG No. 112/2003, SG No. 105/2006, renumbered from Paragraph 4, SG No. 100/2010, effective 1.01.2011, amended, SG No. 99/2012, effective 1.01.2013) The insurer shall pay out to the insured person, for the first three business days of the temporary incapacity to work, 70 percent of the average daily gross remuneration for the month in which the temporary incapacity to work occurred, but not less than 70 percent of the average daily remuneration that was agreed upon.

(6) (New, SG No. 105/2006, amended, SG No. 109/2008, renumbered from Paragraph 5, SG No. 100/2010, effective 1.01.2011) Cash benefits and allowances shall be granted and calculated based on the data under Item 1 of Article 5(4) and the data declared in the submitted documents for disbursement of the cash benefits and allowances from public social insurance, under the terms and conditions and according to the procedure stipulated by a statutory act of the Council of Ministers.

(7) (New, SG No. 99/2012, effective 1.01.2013) Cash compensations for temporary incapacity to work shall be recovered by the persons for the period, for which a disability pension has been granted to them for the same disease, except in the cases where the medical certificate has been issued on the basis of objective evidence of exacerbation of the condition, as well as with interventions related to the treatment of the chronic disease.

**Article 41.** (1) (Supplemented, SG No. 64/2000, amended, SG No. 105/2006, SG No. 100/2010, effective 1.01.2011, SG No. 100/2011, effective 1.01.2012) The daily cash benefit for temporary disability through common disease shall be calculated at the rate of 80 per cent, and the daily cash benefit for temporary disability through employment injury and occupational disease shall be calculated at the rate of 90 per cent, of the average daily gross labour remuneration or the average daily contributory income on which social insurance contributions have been remitted or are due, and in respect of self-insured persons, on which social insurance contributions have been remitted for common disease and maternity for the period of 18 calendar months preceding the month of

occurrence of the disability. The daily cash benefit for temporary disability through common disease may not exceed the average daily net remuneration for the period on the basis of which the benefit is calculated.

(2) (Amended, SG No. 1/2002) For the days included in the period under Paragraph 1, the average daily national minimum wage for the respective period shall be taken into consideration, provided that the person:

1. (amended, SG No. 109/2008, effective 1.01.2009) has not been insured against common disease and maternity;
2. (repealed, SG No. 109/2008, effective 1.01.2009);
3. has used unpaid leave which counts as length of employment service or civil-service seniority;
4. has used child-care leave.
5. (new, SG No. 105/2006) has been insured under the legislation of another State under the conditions of an international treaty whereto the Republic of Bulgaria is a party.

(3) (Amended, SG No. 105/2006) The income on the basis of which the cash benefit has been calculated shall be taken into account for the days included in the period under Paragraph 1 during which the person has received a cash benefit under public social insurance for temporary disability or for pregnancy and child-birth.

(4) (New, SG No. 67/2003) The amount on the basis of which the cash benefits are calculated may not exceed the maximum monthly amount of the contributory income as fixed by the Public Social Insurance Budget Act for the period for which the cash benefits are determined.

(5) (Renumbered from Paragraph 4, SG No. 67/2003) The method of benefit calculation shall be determined by an act of the Council of Ministers.

### **Duration of Benefit Payment**

**Article 42.** (1) The cash benefit for temporary disability through common disease, employment injury and occupational disease shall be paid from the first day of occurrence until working capacity is regained or until disablement is established.

(2) (Amended, SG No. 64/2000, SG No. 1/2002, supplemented, SG No. 105/2006, amended, SG No. 100/2010, effective 1.01.2011, amended and supplemented, SG No. 99/2012, effective 1.01.2013) Where temporary disability through common disease, employment injury or occupational disease has occurred within 30 calendar days after the termination of the employment contract or the insurance, the cash benefit shall be paid for the duration of the disability but for no more than 30 calendar days. In these cases, the cash benefit shall not be paid to persons who receive pension or unemployment benefits determined in accordance with a statutory instrument. Paid cash benefits for temporary disability shall be restituted by the persons for the period for which a pension has been granted or an unemployment benefit has been paid thereto.

(3) (Amended, SG No. 1/2002, SG No. 35/2009, effective 12.05.2009, SG No. 16/2010, SG No. 100/2010, effective 1.01.2011) Where temporary disability has occurred before the termination of fixed-term employment and civil-service relationships, military service contracts, and contracts for management and control of commercial corporations, the cash benefit shall be paid for not more than 30 calendar days after termination of the said relationships or contracts. If the temporary disability is

due to employment injury or occupational disease, the cash benefit shall be paid until working capacity is regained or until disablement is established.

### **Cases in which No Benefit Is Paid**

**Article 46.** (1) A cash benefit for temporary disability shall not be paid to any insured persons who:

1. deliberately impair their health for the purpose of obtaining a leave or benefit;
2. breach the regimen determined by the health authorities: only for the days of the breach;
3. have lost their working capacity due to consumption of alcohol, ingestion of a potent intoxicant without medical indication or due to actions performed under the influence of such substances;
4. have lost their working capacity due to hooliganism and other anti-social behaviour, which have been ascertained according to the relevant procedure;
5. have lost their working capacity due to failure to comply with the occupational safety rules, ascertained according to the relevant procedure.

(2) In the cases under Items 3 and 4 of Paragraph 1, the period for which benefits shall not be paid may not exceed 15 calendar days, and in the case under Item 5, the said period may not exceed three calendar days.

(3) (New, SG No. 99/2009, effective 1.01.2010) No cash benefits for temporary disability and for pregnancy and childbirth shall be paid to persons exercising labour activities which are grounds for common disease and maternity insurance for periods in respect of which statements have been issued by the health authorities.

**Article 47.** (1) Upon occupational rehabilitation by reason of temporarily reduced working capacity consequent to common disease, employment injury or occupational disease, the insured person shall be paid a cash benefit if the new job carries a lower labour remuneration.

(2) (Amended and supplemented, SG No. 105/2006, amended, SG No. 100/2010 effective 1.01.2011, SG No. 100/2011, effective 1.01.2012) The daily cash benefit shall amount to the difference between the average daily gross labour remuneration received during the 18 calendar months preceding the month of the occupational rehabilitation, but not more than the average daily amount of the maximum monthly contributory income, and the average daily gross labour remuneration received after the occupational rehabilitation. Where the insured person has worked for less than 18 months until the day of the occupational rehabilitation, the benefit shall be determined as a difference between the average daily remuneration as determined under Article 41 herein and the average daily gross labour remuneration received after the occupational rehabilitation.

(3) (Amended, SG No. 105/2006) The cash benefit under Paragraphs (1) and (2) shall be paid for the time of the occupational rehabilitation but for not more than six months.

**Article 48a.** (New, SG No. 112/2003, effective 1.07.2004, amended, SG No. 69/2004, SG No. 109/2008, effective 1.01.2009) Persons insured in respect of common disease and maternity shall have the right to cash benefits for pregnancy and childbirth instead of salary, provided that they have at least 12 months of insured length of service, in the course of which they have been insured in respect of such risk.

**Article 49.** (1) (Supplemented, SG No. 104/2005, SG No. 105/2006, amended, SG No. 109/2008, SG No. 98/2010, effective 1.01.2011, SG No. 100/2011, effective 1.01.2012) The daily cash benefit for pregnancy and childbirth shall be 90 percent of the average daily gross wage or the average daily

contributory income whereon insurance contributions have been paid or are due, and in the case of self-insured persons - paid insurance contributions in respect of common disease or maternity for the period of 24 calendar months preceding the month in which the temporary incapacity to work due to pregnancy and childbirth has occurred. The daily cash benefit may not be more than the average daily net remuneration for the period based on which the benefit has been calculated, or less than the minimum daily wage for Bulgaria, and shall be determined as provided for by Article 41(2) to (5).

**Article 50.** (1) (Supplemented, SG No. 1/2002, amended, SG No. 68/2006, effective 1.01.2007, SG No. 105/2006, SG No. 109/2008, effective 1.01.2009) A mother insured in respect of common disease and maternity shall have the right to cash benefit in case of pregnancy and childbirth for a period of 410 calendar days, 45 of which shall be before childbirth.

(2) Where the confinement occurs prior to the lapse of 45 days after commencement of the use of the benefit, the remainder of the 45-day period shall be used after the confinement.

(3) If the child is still-born, dies or is placed in a fully public-financed child institution or is surrendered for adoption, the mother shall be entitled to a cash benefit for up to 42 days after the confinement. If, as a result of the confinement, the working capacity of the mother is not regained after the 42nd day, the duration of the entitlement to this benefit shall be extended at the discretion of the health authorities until her working capacity is regained. Until the lapse of the period under Paragraph 1, this benefit shall be paid as a benefit for pregnancy and childbirth.

(4) Where the child is surrendered for adoption, is placed in a fully public-financed child institution or dies after the 42nd day after the confinement, the benefit under Paragraph 1 shall be terminated as from the next succeeding day. In such cases, if the working capacity of the mother is not regained as a result of the confinement, sentences two and three of Paragraph 3 shall apply.

(5) (Amended, SG No. 109/2008, effective 1.01.2009) A woman or a man insured against common disease and maternity, who adopts a child, shall be entitled to a benefit under Paragraph 1 amounting to the difference between the age of the child on the day of the surrender thereof for adoption until the lapse of the period of the benefit due for child-birth.

(6) (New, SG No. 105/2006, amended, SG No. 109/2008, effective 1.01.2009) A father insured in respect of common disease and maternity shall have the right to an amount of cash benefit determined as provided for in Article 49 in case a child is born to him for a period of up to 15 calendar days, during the leave of absence provided for in [Article 163\(7\) of the Labour Code](#), provided that he satisfies the requirements of Article 48a.

(7) (New, SG No. 109/2008, effective 1.01.2009) A father/adopter insured in respect of common disease and maternity shall have the right to an amount of cash benefit determined as provided for in Article 49 in case of childbirth, after the child becomes 6 months old, for the time remaining until the completion of 410 calendar days, during the leave of absence provided for in [Article 163\(8\) of the Labour Code](#), provided that he satisfies the requirements of Article 48a.

(8) (New, SG No. 99/2012, effective 1.01.2013) Self-insured persons, who are insured in respect of common disease and maternity, shall have the right to benefits under paragraphs 6 and 7, if they satisfy the conditions specified in Article 48a.

**Article 53.** (1) (Amended, SG No. 1/2002) After the lapse of the period of entitlement to a benefit for pregnancy and child-birth during the additional paid child-care leave, the mother

(female adopter) shall be paid a monthly cash benefit to an amount fixed by the Public Social Insurance Budget Act.

(2) (Amended, SG No. 1/2002) When the additional paid child-care leave is used by the father (male adopter) instead of the mother (female adopter) or by the person responsible for caring of the child, a monthly cash benefit shall be paid to an amount fixed by the Public Social Insurance Budget Act. Such benefit shall be paid to the guardian where the said guardian uses the leave under [Article 167 \(2\) of the Labour Code](#).

(3) (New, SG No. 69/2004) The benefit under Paragraph 1 shall furthermore be paid to the persons who use a child-care leave for a child until attainment of the age of 2 years who is placed according to the procedure established by [Article 26 \(1\) of the Child Protection Act](#).

(4) (Renumbered from Paragraph 3 and amended, SG No. 69/2004, amended, SG No. 68/2006, SG No. 89/2008, SG No. 49/2010, SG No. 100/2010, effective 1.01.2011) The cash benefit under Paragraphs (1), (2) and (3) shall not be paid if the child passes away, is surrendered for adoption or is placed in childcare institutions, including creches, as well as if the child is taken care of by an individual included in the Maternity Support Programmes.

(5) (New, SG No. 105/2006, amended, SG No. 109/2008, effective 1.01.2009) The self-insured persons, who are insured against common disease and maternity, shall be entitled to a cash child-care benefit within the periods covered under Paragraphs (1) to (4).

**Article 54.** (1) (Amended and supplemented, SG No. 1/2002, supplemented, SG No. 112/2003, amended, SG No. 105/2006, SG No. 109/2008, effective 1.01.2009) A mother (female adopter) who is insured against common disease and maternity or against all covered social insurance risks except unemployment and who was entitled to a benefit under Article 52a herein, shall receive a cash benefit amounting to 50 per cent of the benefit Article 53 herein if:

1. she does not use the additional paid child-care leave or the person who uses such leave interrupts the use thereof;

2. (amended, SG No. 109/2008, effective 1.01.2009) the self-insured person entitled to a benefit under Article 53 herein commences to perform work for which the said person is insured against common disease and maternity.

(2) (Supplemented, SG No. 1/2002, amended, SG No. 105/2006, SG No. 109/2008, effective 1.01.2009) If the mother (female adopter) is deceased, has forfeited child custody, or the exercise of child custody has been awarded to the father (male adopter), this benefit shall be paid to the father (male adopter), and if he is deceased, to the guardian. The benefit shall be paid if the person in charge of raising the child is insured in respect of common disease and maternity.

(3) (Supplemented, SG No. 68/2006, amended, SG No. 89/2008, SG No. 49/2010, effective 1.07.2010) The benefit under Paragraphs (1) and (2) shall not be paid if the child is placed in a fully public-financed child institution, as well as if the child is taken care of by an individual included in the Maternity Support Programmes.

**Article 55.** (1) (Amended, SG No. 41/2009, effective 1.07.2009) Employment injury shall be any sudden impairment of health which has occurred during and in connection with or because of the work performed, as well as during any work performed in the interest of the enterprise where the said impairment has resulted in temporarily reduced working capacity, permanently reduced working capacity or death.

(2) Employment injury shall furthermore be any injury of a person insured under Article 4 (1) and (2) herein during the usual commuting to or from the working place to:

1. the principal place of residence or to another additional place of residence of a permanent nature;
2. the place where the insured person customarily takes his or her meals during the working day;
3. the place where a remuneration is received.

(3) Employment injury shall not be the case where the insured person has deliberately impaired his or her health.

**Article 68.** (Amended, SG No. 100/2010, effective 1.01.2011) (1) (Amended, SG No. 100/2011, effective 1.01.2012) Entitlement to a contributory-service and retirement-age pension shall be acquired upon attainment of the age of 60 years for women and 63 years for men and 34 years of contributory service for women and 37 years of contributory service for men. As from 31 December 2011, the retirement age shall be increased, from the first day of each successive calendar year, by 4 months for both women and men until reaching the age of 63 years for women and 65 years for men.

(2) As from 31 December 2011, the length of contributory service under Paragraph 1 shall be increased, from the first day of each successive calendar year, by 4 months for both women and men until reaching the sum total of 37 years for women and 40 years for men.

(3) (Amended, SG No. 100/2011, effective 1.01.2012) If a person is not entitled to the pension under Paragraphs 1 and 2, prior to 31 December 2011 the person shall acquire the entitlement to a pension upon attainment of the age of 65 years for both women and men provided that the person has at least 15 years of actual contributory service. As from the 31 December 2011, the retirement age shall be increased, from the first day of each successive calendar year, by 4 months until reaching the age of 67 years.

**Article 69.** (1) (Amended, SG No. 38/2005, SG No. 35/2009, effective 12.05.2009, SG No. 100/2010, effective 1.01.2011, SG No. 99/2012, effective 1.01.2013) Servicemen shall acquire entitlement to pension when they have 27 years of total contributory service, two-thirds of which actually served as servicemen under the Republic of Bulgaria Defense and Armed Forces Act, and upon reaching:

1. the age of 52 - for soldiers (sailors), sergeants (petty officers), candidate officers and officers with junior officer ranks;
2. the age of 54 - for officers with senior and higher officer ranks.

(2) (Amended, SG No. 64/2000, SG No. 74/2002, SG No. 67/2003, SG No. 38/2005, SG No. 68/2006, effective 1.05.2006, SG No. 64/2007, supplemented, SG No. 25/2009, effective 1.06.2009, amended, SG No. 100/2010, effective 1.01.2011) The civil servants under the [Ministry of Interior Act](#) and under the [Implementation of Penal Sanctions and Detention in Custody Act](#), the civil servants under [Article 11 of the Postal Services Act](#), the civil servants who provide judicial system security under [Article 391 of the Judiciary System Act](#), investigators and junior investigators shall acquire entitlement to pension regardless of age, upon discharge if their contributory service is as follows:

1. (supplemented, SG No. 44/2012, effective 1.07.2012) prior to 31 December 2011, 25 years of total contributory service, two-thirds of which actually served as civil servants under any of the aforementioned legislative acts or the [State Agency for National Security Act](#) or as servicemen under the [Defense and Armed Forces of the Republic of Bulgaria Act](#) or as investigating magistrates or junior investigating magistrates;
2. (amended, SG No. 100/2011, effective 1.01.2012, supplemented, SG No. 44/2012, effective 1.07.2012) following 1 January 2012 - 27 years of total contributory service, two-thirds of which actually served as civil servants under any of the aforementioned legislative acts or the



State Agency for National Security Act or as servicemen under the Defence and Armed Forces of the Republic of Bulgaria Act or as investigating magistrates or junior investigating magistrates.

(3) (New, SG No. 109/2007, SG No. 35/2009, effective 12.05.2009, SG No. 100/2010, effective 1.01.2011) The civil servants of the State Agency for National Security shall acquire entitlement to pension, regardless of their age, upon discharge if their contributory service is as follows:

1. prior to 31 December 2011, 25 years of total contributory service, two-thirds of which actually served under the [State Agency for National Security Act](#), or as military servicemen, or under any of the legislative acts referred to in Paragraph 2;

2. (amended, SG No. 100/2011, effective 1.01.2012) following 1 January 2012 - 27 years of total contributory service, two-thirds of which actually served under the [State Agency for National Security Act](#), or as military servicemen, or under any of the legislative acts referred to in Paragraph 2.

(4) (Supplemented, SG No. 67/2003, amended, SG No. 68/2006, renumbered from Paragraph 3 and supplemented, SG No. 109/2007, amended, SG No. 35/2009, effective 12.05.2009, SG No. 99/2012, effective 1.01.2013) Persons under Paragraphs (2) and (3) who have served 15 years in positions in flight personnel, paratroopers, submarine crews and diving personnel, shall acquire entitlement to pension upon discharge regardless of their age.

(5) (New, SG No. 99/2012, effective 1.01.2013) Persons referred to in Paragraph 1, who have served 15 years on positions in flight crews, as paratroopers, in crews of vessels and underwater diving staff, shall acquire the right to pension upon reaching the age of 42 - for soldiers (sailors), sergeants (petty officers), candidate officers and officers with junior officer ranks, and the age of 44 - for officers with senior and higher officer ranks.

(6) (New, SG No. 102/2006, renumbered from Paragraph 4, SG No. 109/2007, amended, SG No. 102/2008, SG No. 93/2009, SG No. 88/2010, effective 1.11.2011, SG No. 100/2010, effective 1.01.2011, renumbered from Paragraph 5, SG No. 99/2012, effective 1.01.2013) Employees at the Fire Safety and the Protection of the Population Directorate General of the Ministry of the Interior who perform any of the activities covered under Item 8 and 9 of [Article 52d \(2\) of the Ministry of the Interior Act](#) shall acquire entitlement to pension, regardless of their age, upon termination of the legal relationship if their contributory service is as follows:

1. prior to 31 December 2011, 25 years of total contributory service, two-thirds of which actually served within the civil protection system;

2. (amended, SG No. 100/2011, effective 1.01.2012) following 1 January 2012 - 27 years of total contributory service, two-thirds of which actually served within the civil protection system.

(7) (New, SG No. 100/2010, effective 1.01.2011, renumbered from Paragraph 6, SG No. 99/2012, effective 1.01.2013) Employees assigned to diving posts at the Fire Safety and the Protection of the Population Directorate General of the Ministry of the Interior shall acquire entitlement to pension, regardless of their age, upon termination of the legal relationship if they have served in this position for 15 years.

(8) (New, SG No. 99/2012, effective 1.01.2013) The contributory length of service for acquiring an entitlement to pension under Paragraphs 1, 2, 3 and 6 shall be recognised following the rules of complementarity, and the contributory length of service under Paragraphs 4, 5 and 7 can complement the contributory length of service under Paragraphs 1, 2, 3 and 6.

**Article 69a.** (New, SG No. 100/2010, effective 1.01.2011) Ballet dancers and dancers shall acquire entitlement to pension, regardless of their age, upon termination of the legal relationship if they have 25 years of contributory service as a ballet dancer or dancer employed by cultural organisations.

**Article 70.** (1) (Supplemented, SG No. 105/2006, amended and supplemented, SG No. 113/2007, amended, SG No. 109/2008, amended and supplemented, SG No. 100/2010, effective 1.01.2011, supplemented, SG No. 100/2011, effective 1.01.2012, amended, SG No. 99/2012, effective 1.01.2013) The amount of the contributory service and retirement age pension shall be determined by multiplying the income, on the basis of which the pension is calculated, by a sum total of: 1.1 per cent, and as from 1 January 2017 - 1.2 percent for each year of contributory service and the respective proportionate part of the percentage for the months of contributory service. If the persons concerned have acquired an entitlement to pension under Article 68, Paragraphs 1 and 2, and continue working after acquiring the said entitlement without having been granted a pension, the percentage shall be 3, and as from 1 January 2012 - 4 for each year of contributory service past that age, and the relevant proportionate part of the said percentages for the months of contributory service. The percentage of each year of contributory service after reaching the age referred to in Article 68, Paragraphs 1 and 2 shall be applicable to the actual calendar contributory service, without conversion, acquired after 31 December 2006.

(2) (Amended, SG No. 67/2003, effective 1.01.2004) The income on the basis of which the pension is calculated shall be determined by multiplying the national average monthly contributory income for 12 calendar months prior to the month of granting of the pension by the individual coefficient of the person.

(3) The individual coefficient shall be calculated on the basis of the income of the person on which social insurance contributions have been remitted during three successive years out of the last 15 years of contributory service until the 1st day of January 1997, at the election of the person, and on the basis of the income for the period after that date until the retirement of the person.

(4) For the purpose of calculating the individual coefficient, the following shall be determined:

1. the ratio between the average monthly contributory income of the person for the period until the 31st day of December 1996 and the national average monthly wage for the same period as announced by the National Social Security Institute;

2. the ratio between the average monthly contributory income of the person for the period after the 31st day of December 1996 and the national average monthly contributory income for the same period.

(5) The individual coefficient shall be determined by multiplying each of the ratios under Paragraph 4 by the respective number of months for which the said ratio has been established, and by dividing the sum total of the products so arrived by the total number of months included in the two periods.

(6) Where the persons have not worked after the 1st day of January 1997, the individual coefficient shall be equal to the ratio under Item 1 of Paragraph 4, and where the basic period falls entirely after that date, the individual coefficient shall be equal to the ratio under Item 2 of Paragraph 4.

(7) (Amended, SG No. 64/2000, effective 1.01.2001, SG No. 57/2006, SG No. 100/2010, effective 1.01.2011) The minimum amount of the contributory-service and retirement-age pension under Article 68(1) herein shall be determined by the Public Social Insurance Budget Act.

(8) (New, SG No. 57/2006, amended, SG No. 100/2010, effective 1.01.2011) The amount of the contributory-service and retirement-age pension under Article 68(3) herein may not be less than 85 per cent of the minimum amount referred to in Paragraph 7.



(9) (New, SG No. 1/2002, renumbered from Paragraph 8, SG No. 57/2006) Upon determination of a pension under an international treaty whereto the Republic of Bulgaria is a party, the contributory income required for the contributory service which is acquired under Bulgarian legislation shall be taken into consideration.

(10) (New, SG No. 99/2012, effective 1.01.2013) The ratio referred to in Paragraph 4, Item 2, may not exceed the ratio between the maximum contributory income, defined in the Public Social Insurance Budget Act, and the average monthly contributory income for the country for the same period.

**Article 74.** (1) (Supplemented, SG No. 64/2000, redesignated from Article 74, SG No. 1/2002) Insured persons shall become entitled to common disease invalidity pension if they have lost their working capacity and have the following contributory service prior to the disablement or, applicable to persons blind by birth and those who have become blind before entering employment, prior to the date of the application under Article 94 herein:

1. persons who have not attained the age of 20 years and persons blind by birth and those who have become blind before entering employment: regardless of the length of contributory service;
2. persons who have not attained the age of 25 years: one year of contributory service;
3. persons who have not attained the age of 30 years: three years of contributory service;
4. (judgment No. 5 of the Constitutional Court of the Republic of Bulgaria dated 29.06.2000 established inconsistency with the provisions of Article 5 (2) of ILO Conventions No. 37 and 38, judgment promulgated SG No. 55/2000; amended, SG No. 64/2000) persons who have attained the age of 30 years: five years of contributory service;
5. (judgment No. 5 of the Constitutional Court of the Republic of Bulgaria dated 29.06.2000 established inconsistency with the provisions of Article 5 (2) of ILO Conventions No. 37 and 38, judgment promulgated SG No. 55/2000; repealed, SG No. 64/2000).

(2) (New, SG No. 1/2002) Persons disabled by birth and persons who have become disabled before entering employment shall acquire entitlement to common disease invalidity pension with one year of contributory service.

(3) (New, SG No. 112/2004, supplemented, SG No. 109/2008, effective 1.01.2009) A common disease invalidity pension shall not be granted, resumed or re-granted to any persons who have been granted a personal contributory-service and retirement-age pension.

As far as the amount of survivor's pension is defined as a percentage (according to the survivors' number) of the pension that the legato shall obtain or hat he/she would have the right to obtain, the provisions for calculating old age pension under Art. 75, 76 and 77 of the SIC shall apply.

### **Ordinance on pensions and retirement age**

On the grounds of Art. 31, para. 1-3 of the Ordinance on pensions and retirement age, the right to obtain survivor's pension have both children born into marriage, and children both out of wedlock and adopted children. The latter shall not have the right to pension from their birth parents and vice versa, except for those cases where the parent of the adopted person is the spouse of the adopter. Upon termination of adoption, adopted children shall have their right to pension from their birth parents restored, and vice versa.

According to Art. 82, para. 2-4 of the Social Insurance Code, the survivor spouse has the right to obtain survivor's pension 5 years earlier than retirement age for the respective year, or before this age if he/she is invalid.

Parents have the right to survivor's pension from their children if they have reached retirement age for the respective year.

Parents of children that have died during military services have the right to survivor's pension regardless of their age.

According to Art. 32, para. 1 of the Ordinance on pensions and retirement age those inheritors who have 50% or more than 50% permanent invalidity/type and degree of disability as identified by the Territorial (National) Expert Medical Commission, shall be considered as invalid.

(Amend. ed. 16 of 2012, valid as of 1.01.2012) For the evaluation of the right to survivor's pension for retirement age of a legato who has not retired it is considered that he/she, due to death., has fulfilled the condition for age according to the existing legislation under Art. 68, as of the date of death.

**Article 78.** Insured persons who have lost 50 per cent, or over 50 per cent, of their working capacity due to an employment injury or an occupational disease, shall be entitle to an employment-injury or occupational-disease invalidity pension regardless of their contributory service.

**Article 79.** (1) (Amended, SG No. 67/2003, effective 1.01.2004, SG No. 60/2011, effective 5.08.2011) The amount of the employment-injury or occupational-disease invalidity pension shall be determined by multiplying the national average monthly contributory income under Article 70 (2) herein by the individual coefficient as calculated according to the procedure established by Article 70 (3) to (6) herein until the date of retirement, and by the following coefficients:

1. (amended, SG No. 41/2009, effective 1.07.2009) for persons with permanently reduced working capacity/type and degree of disability over 90 per cent: 0.4;
2. (amended, SG No. 41/2009, effective 1.07.2009) for persons with permanently reduced working capacity/type and degree of disability between 71 and 90 per cent: 0.35;
3. (amended, SG No. 1/2002, SG No. 41/2009, effective 1.07.2009) for persons with permanently reduced working capacity/type and degree of disability between 50 and 70.99 per cent: 0.30.

(2) The amount of the employment-injury or occupational-disease invalidity pension may not be less than:

1. (amended, SG No. 57/2006, SG No. 41/2009, effective 1.07.2009) for persons with permanently reduced working capacity/type and degree of disability over 90 per cent: 125 per cent of the minimum amount referred to in Article 70 (7) herein;
2. (amended, SG No. 57/2006, SG No. 41/2009, effective 1.07.2009) for persons with permanently reduced working capacity/type and degree of disability between 71 and 90 per cent: 115 per cent of the minimum amount referred to in Article 70 (7) herein;
3. (amended, SG No. 64/2000, SG No. 57/2006, SG No. 41/2009, effective 1.07.2009) for persons with permanently reduced working capacity/type and degree of disability between 50 and 70.99 per cent: the minimum amount referred to in Article 70 (7) herein.

(3) (New, SG No. 64/2000) The amount of the employment-injury and occupational-disease invalidity pension may not be less than the amount calculated for a common disease invalidity pension.

**Article 80.** (1) (Amended, SG No. 89/2012, effective 1.01.2013, SG No. 99/2012, effective 1.01.2013) Personal pensions may be transformed into survivor pensions with the exception of civil disability pensions, social pensions for old age, social disability pensions and person-specific pensions.

(2) (Amended, SG No. 1/2002) Entitlement to a survivor pension shall vest in the children, the surviving spouse and the parents.

(3) Renunciation of succession shall not deprive the survivors of the entitlement to a survivor pension.

(4) Receipt of a survivor pension shall not be treated as acceptance of succession.

**Article 81.** (1) The survivor pension shall be determined as a percentage of the personal pension of the deceased insured person as follows:

1. in case of one survivor: 50 per cent;
2. in case of two survivors: 75 per cent;
3. in case of three and more survivors: 100 per cent.

(2) (Supplemented, SG No. 64/2000, effective 1.01.2001, amended, SG No. 57/2006) The survivor pension shall be granted as an aggregate amount to all persons entitled to this pension and shall be divided equally among them. The minimum amount of the survivor pension may not be less than 75 per cent of the minimum amount referred to in Article 70 (7) herein.

**Article 83.** (1) Upon the death of the insured person, survivors shall be granted a pension in accordance with the type of the personal common disease pension or employment-injury or occupational-disease pension that the deceased person would have received as a disabled person with loss of working capacity exceeding 90 per cent.

(2) Where the deceased has acquired entitlement to a contributory-service and retirement-age pension, the survivors shall be granted a survivor pension calculated on the basis of the contributory-service and retirement-age pension, if this is more favourable for them.

(3) (Amended, SG No. 41/2009, effective 1.07.2009) Upon the death of a pensioner who has received a personal common disease or employment-injury or occupational-disease invalidity pension, the amount of the survivor pension shall be determined on the basis of the personal invalidity pension appertaining to the said pensioner for permanently reduced working capacity/type and degree of disability exceeding 90 per cent.

According to the provision of Article 80 and 82 of Social Insurance Code, children, the surviving spouse and the parents shall be entitled to a survivor pension. Children shall be entitled to a survivor pension until attainment of the age of 18 years, and after attainment of the said age, if they pursue their studies, for the period of the studies, but not later than the attainment of the age of 26 years, as well as above the said age if they became disabled before attainment of the age of 18 or 26 years, respectively.

The surviving spouse shall be entitled to a survivor pension five years earlier than his/her age under Article 68 (1) (60 years of age for women and 63 years of age for men) herein or before that age if he or she has lost his or her working capacity.

Parents shall be entitled to a survivor pension from the children thereof if they have attained the age under Article 68 (1) herein (60 years of age for women and 63 years of age for men) and are not entitled of a personal pension.

The lump-sum allowance in cases of death of a person with no social insurance and the survivor pension, to which the widow of the deceased spouse as a result of a work accident is entitled, are not depending on the incomes of the widow.

However, the surviving spouse is entitled to a survivor pension only if not remarry after the testator's death, which fact should be stated / art. 4 of the Regulation on Pensions and the Period of Contribution/ i.e. the purpose of the survivor pension is to compensate the lack of incomes or reduced incomes of the persons who have been supported by the testator during his lifetime.

**Article 95.** (1) (Redesignated from Article 95, SG No. 99/2009, effective 1.01.2010) The pension shall be suspended:

1. at the request of the person;
2. where the pensioner fails to present himself or herself for re-certification by the working capacity evaluation authorities after being formally summoned to do so;
3. where the pensioner has not claimed the pension thereof for more than six months;
4. where the pension is not payable in pursuance of Article 101 herein.

(2) (New, SG No. 99/2009, effective 1.01.2010) Officials entrusted with retirement insurance management at the territorial offices of the National Social Security Institute may issue an order to suspend a pension in cases where evidence has been presented attesting to facts which may lead to the pension termination as per Article 96(1). Such orders shall be issued within 14 days upon the submission of evidence. Should it be ascertained that there are no pension termination grounds, the pension shall be resumed from the suspension date onward.

**Article 96.** (1) The pension shall be terminated where:

1. the pensioner dies;
2. the child attains the age limit for receipt of a survivor pension, or is adopted;
3. the surviving spouse, who receives a survivor pension, remarries;
4. the grounds for the receipt of the pension lapses.

(2) In the cases under Item 1 of Paragraph 1, the pension shall be terminated as from the end of the month during which the pensioner has died, and in the cases under Items (2) to (4) the pension shall be terminated as from the date on which the grounds for termination has occurred.

Article. 101, para. 1 of the Social Security Code contains a restriction of the ability certain types of pensions to be received simultaneously, but the survivor pension as a result of a work accident is not one of them. That type of pension can be received together with any kind of pension the widow of a deceased spouse due to an accident would be entitled of.

## **TRANSITIONAL AND FINAL PROVISIONS**

**§ 4.** (1) (Amended, SG No. 64/2000, SG No. 33/2008, SG No. 100/2010, effective 1.01.2011, SG No. 100/2011, effective 1.01.2012) Prior to the 31 December 2014 inclusive, any persons who have worked for ten years under the conditions of Work Category I or for fifteen years under the conditions of Work Category II may retire if the sum of their contributory service and age totals 94 for women and 100 for men and they have:

1. reached, before 1 January 2012, the age of 47 for women and 52 for men under Work Category I, or 52 for women and 57 for men under Work Category II;
2. as from 31 December 2011, the age under Item 1 shall be increased, from the first day of each successive calendar year, by 4 months for both women and men until reaching the age of 48 years for women and 53 years for men under Work Category I, and 53 years for women and 58 years for men under Work Category II.

(2) (Amended, SG No. 64/2000, SG No. 33/2008, SG No. 100/2010, effective 1.01.2011) Prior to the 31 December 2014 inclusive, any persons who have logged ten years of contributory service under the conditions laid down in Article 104(3) may retire before attainment of the age under Article 68 herein subject to the condition that the sum total of the age and contributory service thereof equals 90 and they have attained the age of 52 years for men and 47 years for women.

(3) (New, SG No. 64/2000, amended, SG No. 38/2005, effective 1.01.2005, SG No. 33/2008, SG No. 100/2010, effective 1.01.2011) Prior to 31 December 2014 inclusive, if the employment contract of persons who work under the conditions laid down in Article 104(3) is terminated in pursuance of Items 1 and 2 of [Article 328\(1\) of the Labour Code](#), the persons concerned may retire no earlier than the date when they attain the age of 45 if the sum of their contributory service and age totals 90 and their contributory service under the conditions laid down in Article 104(3) is 10 years.

**§ 5.** (1) (Amended, SG No. 67/2003, SG No. 109/2008, SG No. 100/2010, effective 1.01.2011, supplemented, SG No. 99/2012, effective 1.01.2013) Prior to 31 December 2020 inclusive, teachers shall acquire entitlement to a contributory-service and retirement-age pension 3 years before the attainment of their age under Article 68(1) if their contributory service is as follows:

1. prior to 31 December 2011, 25 years for women and 30 years for men;
2. after 31 December 2011, the contributory service under Paragraph 1 shall be increased, from the first day of each successive calendar year, by 4 months until reaching 28 years for women and 33 years for men;

(2) (Amended, SG No. 1/2002, SG No. 67/2003, SG No. 112/2004, SG No. 100/2010, effective 1.01.2011) The persons under Paragraph 1 shall be paid a fixed-period early-retirement pension from the Teachers Pension Fund at an amount determined according to the procedure established by Article 70 herein and reduced by 0.2 per cent for each month short of the age required under Article 68 (1) herein.

(3) (Amended, SG No. 64/2000, SG No. 112/2004, SG No. 100/2011, effective 1.01.2012, SG No. 99/2012, effective 1.01.2013) Teachers who have acquired entitlement to a pension under the terms established by Paragraph 1 and retire under the terms established by Article 68 (1) and (2) herein, shall be paid contributory-service and retirement-age pensions from the Pensions Fund and a supplement from the Teachers Pension Fund amounting to 0.2 per cent of the pension for each month for which a contribution has been paid to the Fund after the acquiring of an entitlement to pension under Paragraph 1.

(4) (New, SG No. 67/2003, amended, SG No. 100/2010, effective 1.01.2011, SG No. 100/2011, effective 1.01.2012, SG No. 99/2012, effective 1.01.2013) Teachers who have logged the length of contributory service as teachers required under Paragraph 1 and who retire after attainment of the age under Article 68 (1), shall be paid a pension in full amount from the Teachers Pension Fund attainment of the age under Article 68 (3). After the attainment of the age under Article 68 (3), the pension shall be paid for the account of the Pensions Fund.

(5) (Renumbered from Paragraph 4, SG No. 67/2003, repealed, SG No. 99/2012, effective 1.01.2013).

With the latest amendments to the Social Insurance Code **effective as of July 1<sup>st</sup>, 2010**, the temporary invalidity compensation payment regime has been temporarily changed.

As specified under Art 22o, it.1 o the Transitional and Final Provisions of the Social Insurance Code (Amend. ed. 100 of 2011, effective as of 1.01.2012) for the period up to December 31<sup>st</sup>, 2012, the insurer shall pay the insured person for the first, second and third business day of temporary incapacity 70% of the average daily gross remuneration for the month when the temporary incapacity has occurred, but not less than 70% of the average daily agreed remuneration.

### **Health Insurance Act**

**Article 33.** (1) (Amended, SG No. 110/1999, redesignated from Article 33, SG No. 95/2006, effective 1.01.2007) The following shall be covered by compulsory insurance provided by the National Health Insurance Fund:

1. all Bulgarian nationals who are not citizens of another State as well;
2. all Bulgarian nationals who are citizens of another State as well and reside permanently within the territory of the Republic of Bulgaria;
3. (amended, SG No. 18/2006, supplemented, SG No. 9/2011) all foreign citizens or stateless persons who have been permitted long-term or permanent residence in the Republic of Bulgaria, save as otherwise provided by an international treaty whereto the Republic of Bulgaria is a party;
4. (supplemented, SG No. 54/2002) all persons who have been recognized refugee status or humanitarian status or who has been afforded a right of asylum in Bulgaria.
5. (new, SG No. 18/2006) foreign students and doctoral candidates admitted for study at higher schools and research organizations in Bulgaria according to the procedure established by Council of Ministers Decree No. 103 of 1993 on Implementation of Educational Activity among Bulgarians Abroad (promulgated in the State Gazette No. 48 of 1993; corrected in No. 52 of 1999; amended in No. 54 of 1995, No. 20 of 1996, Nos. 38 and 73 of 1999, No. 101 of 2002, No. 89 of 2004) and Council of Ministers Decree No. 228 of 1997 on Admission of Citizens of the Republic of Macedonia as Students at the Public Higher Schools of the Republic of Bulgaria (promulgated in the State Gazette No. 42 of 1997; amended in No. 72 of 1999, No. 101 of 2002);
6. (new, SG No. 95/2006, effective 1.01.2007) persons other than such referred to in Items 1 to 5, in respect of whom the legislation of the Republic of Bulgaria is applied according to the rules for coordination of social security schemes.

(2) (New, SG No. 95/2006, effective 1.01.2007) The persons who, according to the rules for coordination of social security schemes, are subject to health insurance in another Member State, shall not be covered by compulsory insurance provided by the National Health Insurance Fund.

Since the entry into force of the Treaty of Accession of Bulgaria to the EU, according to rules for coordination of social security systems persons who are subject to health insurance in another Member State, are not obliged to make payments for health insurance in the National health insurance fund (NHIF).

According to the provision of Article 40, para 3 of the Health Insurance Act, the following shall be insured for the account of the State Budget, unless insured according to the procedure established by Paragraph (1):

1. (supplemented, SG No. 119/2002) any person who has not attained the age of 18 years, if attending school as a full-time pupil: until completion of secondary education;
2. any full-time student enrolled in a higher school until attainment of the age of 26 years, and any full-time doctoral candidate enrolled within the state quota;
3. (new, SG No. 18/2006) any full-time foreign students: until attainment of the age of 26 years, and any full-time doctoral candidates admitted to higher schools and research organizations in Bulgaria according to the procedure established by Council of Ministers Decree No. 103 of 1993 on Implementation of Educational Activity among Bulgarians Abroad and Council of Ministers Decree No. 228 of 1997 on Admission of Citizens of the Republic of Macedonia as Students at the Public Higher Schools of the Republic of Bulgaria;
4. (renumbered from Item 3, SG No. 18/2006, repealed, SG No. 46/2007);
5. (supplemented, SG No. 119/2002, amended, SG No. 111/2004, renumbered from Item 4, SG No. 18/2006, supplemented, SG No. 41/2009, effective 2.06.2009, SG No. 101/2009, effective 1.01.2010) any citizens who are responsive to the eligibility requirements for receipt of monthly social assistance benefits and of target benefits for heating according to the procedure established by the [Social Assistance Act](#), unless insured on another ground, as well as those placed in specialized institutions for social services and those admitted to social training and vocational centres and temporary placement centres, placement centres of a family type, provisional accommodation, sheltered accommodation, monitored accommodation and crisis centres;
6. (renumbered from Item 5, SG No. 18/2006) any person remanded in custody or any person deprived of his or her liberty;
7. (renumbered from Item 6, SG No. 18/2006) any person in respect of whom a procedure for recognition of refugee status or for affording a right of asylum has been initiated;
8. (renumbered from Item 7, SG No. 18/2006, repealed, SG No. 95/2006);
9. (renumbered from Item 8, SG No. 18/2006) any parents, adopters or spouses taking care of disabled persons who have lost more than 90 per cent of the working ability thereof and who require constant attendance;

10. (new, SG No. 111/2004, renumbered from Item 9, SG No. 18/2006, amended, SG No. 35/2009, SG No. 99/2011, effective 1.01.2012) the individuals receiving compensations under Articles 230 and 231 of the Defense and Armed Forces of the Republic of Bulgaria Act - for the period during which they receive the compensation.

**Article 82.** (Amended, SG No. 107/2002, SG No. 85/2004, SG No. 103/2005, SG No. 101/2009, effective 18.12.2009, SG No. 60/2012, effective 7.08.2012) (1) Voluntary health insurance shall be performed on the grounds of a medical insurance contract in the meaning of Article 222a of the Insurance Code.

(2) Medical insurance contracts, concluded in connection with travels outside the territory of the Republic of Bulgaria, shall not be voluntary health insurance.

(3) The following shall not be treated as voluntary health insurance: the work performed by medical care providers under contracts with natural and legal persons for provision of medical services, where the said services are of a specified type, amount and prices.

The health insurance rights of persons that are obliged to pay insurance contributions at their own expense shall be terminated in case they have failed to pay more than three payable monthly insurance contributions for a period of 36 months up to the start of the month before the month when medical care has been provided.

Those persons who have failed to pay more than three payable monthly insurance contributions for a period of 36 months up to the beginning of the month when medical care has been provided, shall restore their health insurance rights if they pay all health insurance contributions due for the last 36 months. Health insurance rights shall be restored as of the date of paying all the health insurance contributions due for that period. Health insurance rights of persons under para. 1 shall be restored as of the date of paying the mandatory contributions under Art. 2, and the amounts paid for medical care shall not be recovered. When the employer or another person has the obligation to pay insurance contributions, failure to do so shall not deprive the insured person of health insurance rights. /Art. 109 of the Health Insurance Act/.

The Health Insurance Act provides for a special order of insuring Bulgarian citizens, including those having dual citizenship and continuously living abroad. It is possible for these persons, on certain conditions to be exempt from the obligation to pay health insurance contribution – from the date of leaving the country.

According to Art. 40a of the HIA Bulgarian citizens including those having dual citizenship that are obliged to get insured and that have been abroad for more than 183 days during the calendar year, not to pay health insurance contributions by the end of the respective calendar year, as of the date of leaving the country, and for each following calendar year, upon submitting an application to the National Revenue Agency in Advance.

The health insurance rights of the abovementioned persons shall be restored after they come back to Bulgaria after 6 consecutive months during which the person has been insured under Art. 40.

Except for these cases, health insurance rights of those persons can be restored after they come back to the country if they make a one-time payment of the amount of 12 health insurance contributions as defined under Art. 29, para. 3 of the HIA by the minimum monthly amount of the insurance income for self-employed persons defined by the Act on the budget of the national public insurance /ABNPI/ as of the moment of payment of the contributions.

On the grounds of Art 19i, para. 1 of the TFP of HIA, Bulgarian citizens, Art.19i. (new - SG, ed. 37 of 2008):



(1) Bulgarian citizens who have been abroad for more than 183 days during one calendar year for the period between 1 July 1999 – 31 December 2007 and who owe health insurance contributions at their own expense for the time when they were abroad, shall be exempt from the obligation to pay these contributions if they did not use medical care paid for by the National Health Insurance Fund.

(2) In the cases under para. 1 those persons shall personally or via an authorized person submit at the competent territorial directorate of the National Revenue Agency a declaration form approved by an order issued by the Minister of Finance. This declaration can also be submitted through a licensed post operator or electronically by using a universal electronic signature of the sender.

(3) (Amend. - SG, ed. 101 of 2009, effective as of 1.01.2010 ed. 19 of 2010) Health insurance rights of the people under para. 1 shall be restored under Art. 40a, para. 2 and 3.

The order of restoring the health insurance rights of these persons is:

- after 6 consecutive months during which the person has been insured under Art. 40 HIA; or
- after a one-time payment of an amount equivalent to 12 health insurance contributions defined under Art. 29, para. 3 HIA by the minimum monthly amount of the insurance income of self-employed persons, defined by the Act on the budget of national public insurance as of the moment of payment of the contributions.

### **Ordinance on Medical Expertise**

Under Art. 6, para. 1 of the Ordinance on Medical Expertise, there is temporary incapacity in the cases when the insured person can't work or is prevented from working due to: general illnesses; accident; occupational disease; treatment abroad; sanatorium treatment; mandatory medical check-up or examination; quarantine; suspension from work as required by health authorities; taking care of an ill family member or a family member under quarantine; accompanying an ill family member for a medical check-up; examination or treatment in his/her or other residential area, in the country or abroad; pregnancy and child-bearing; taking care of a healthy child that has been suspended from a children institution due to a quarantine at the institution.

According to Art. 6, para. 5 and 7 of the Ordinance on Medical Expertise, when temporary incapacity continues for more than 6 continuous months or for 12 months distributed in two previous years, and in the year of the illness, the illness leave shall be allowed only upon a check-up by the authorities of the TEMC every two months, on the conditions that there are objective indicators of recovery within the following 6 months.

As an exception for specific cases, upon a motivated decision of TEMC, the temporary incapacity leave may continue also after the second period of 6 months only for certain illnesses, such as tuberculosis, traumatic injuries, post-operative complications, hepatitis, myocardium infarct, etc., when it is obvious that the insured person is going to restore his/her capacity within the following 6 months. Continuous temporary incapacity leave may not be used for more than 18 months.

### **Questions of the European Committee of Social Rights:**

**The Committee has asked, in the next report, to provide evidence of percentages showing the personal coverage of each field of social security. If there is no such evidence, it would be**

**impossible to establish the rate to which persons are ensured their right to social security concerning compensations provided for in each field.**

### **Insurance – personal scope and insurance contributions**

Changes in the personal scope of insurance, the profit from insurance contributions, etc.:

- The group of mandatorily insured persons was joined on 01.01.2010 by **seafarers** who must be insured against general illnesses and maternity leave, invalidity due to general illnesses, old age and death, labour accident and occupational disease, by an insurance income selected between the minimum and maximum insurance income for self-employed persons, entirely at their own expense.
- Another category of insured persons added to the field of insured persons in the beginning of 2011 were **PhDs**. They can select to be insured against invalidity, old age and death, if they are not insured against something else, and pay their contributions by the minimum insurance income for self-employed persons.
- As of 31.07.2010 **post-graduate students**, that are paid remuneration under a contract for training for obtaining a specialty, shall be mandatorily insured against general illness, old age and death, labour accident and occupational disease, and unemployment.
- It is no longer possible to **“buy” periods of insurance** in installments through monthly deductions of the allocated pension. Upon retirement, payment of insurance contributions for the shortage of insurance period (up to 5 years) must be made at once via bank transfer.
- One of the most important changes concerning insurance and income from insurance contributions in including the **state as an insurer**. In 2009 it was passed that it would participate in insurance by transferring 12% of the sum of the insurance income of all insured persons. The same act also regulated new amounts of insurance contributions that were identified in the Social Insurance Code. Until that change, the amounts of insurance contributions for certain funds and categories of insured persons had been annually established together with the Act on the Budget of the NPI.
- The insurance contribution for Pensions Fund was reduced in the beginning of 2009 by 4 per cent, and by 2 per cent more in the beginning of 2010. But since insurance income dropped significantly, it was required to increase it back by 1.8 per cent in 2011. Insurance contributions for the rest of NPI funds were not changed between 2008 and 2011.

The amounts and the allocation of insurance contributions for the **national public insurance in different funds** is as follows:

- For **Pensions Fund**:
  - For the persons born **before January 1<sup>st</sup>, 1960**:
    - 17,8 per cent for people working in the conditions of III labour category, with 7,9 per cent at the expense of the insured person and 9,9 per cent is at the expense of the insurer;
    - 20,8 per cent for people working in the conditions of I and II labour category and for those under Art. 4, para.1, it. 4 SIC, and for investigators under the Judiciary Act. The allocation is: 12,9 per cent for the insurer and 7,9 per cent for the insured person.
  - For the persons born **after December 31<sup>st</sup>, 1959** r.:

- 12,8 per cent for people working in the conditions of III labour category, with 7,1 per cent at the expense of the insurer 5,7 per cent for the insured person;
- 15,8 per cent for people working in the conditions of I and II labour category and for those under Art. 4, para.1, it. 4 SIC, and for investigators under the Judiciary Act. The amount of the contribution for the insurer is 10,1 per cent, and that for the insured person – 5,7 per cent.
- For **General Illness and Maternity Leave Fund** – 3,5%;
- For **Unemployment Fund** – 1,0%;
- For **Labour Accident and Occupational Disease Fund** the amount of insurance contribution is differentiated between five amounts from 0,4 to 1,1 per cent in terms of risk level for groups of main economic activities:
  - 0,4% for first risk level;
  - 0,5% for second risk level;
  - 0,7% for third risk level;
  - 0,9% for fourth risk level;
  - 1,1% for fifth risk level.
- For additional mandatory pension insurance in an **occupational fund**:
  - 12% for persons working in the conditions of I labour category;
  - 7% for the persons working in the conditions of II labour category.
- For additional mandatory pension insurance in a **universal pension fund** – 5 per cent and the allocation between insurer and insured person is respectively 2,8 per cent and 2,2 per cent.

The insurance contributions for the funds “General Illness and Maternity Leave” and “Unemployment” in 2011 were allocated between insurer and insured person as 60:40.

Insurance contributions for workers and employees having labour and service contracts, and those equal to them, shall be due for the received, including the charged and not paid gross monthly remunerations or not charged monthly remunerations, but not less than the minimum insurance income for economic activities and groups of professions.

Self-employed persons shall pay contributions at their own expense for a selected insurance income between BGN 420 and 2000 and annually for the income stated in their tax declaration. Those born after 31.12.1959 shall owe insurance contributions for a universal pension fund too.

**The minimum monthly amount** of the self-employed persons’ insurance income was differentiated (effective as of 01.01.2011) in accordance with their taxable income for the previous year coming from their business as self-employed persons, stated in their annual tax declaration. The **maximum monthly amount** of all insured persons’ insurance income for 2011 was BGN 2000.

#### Main statistical indicators for insured persons for 2008-2011

Indicators:	2008	2009	2010	2011
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1. Total number of insured persons	2 851 226	2 829 819	2 831 479	2 883 085
2. Average monthly insurance income – National Insurance Institute	BGN 500,56	BGN 554,78	BGN 570,33	BGN 594,15

Suitable amount of compensations

The Committee has emphasized the key importance of systematically providing information for all social security compensations in future reports, so as to allow the evaluation of the suitability of their amount. The information must include the minimum level of compensations and the period of their payment.

The national social insurance allocates:

- 1) Cash compensations for:
  - Temporary incapacity due to general illness, labour accident and occupational disease, for sanatorium treatment and for a medical check-up and examination, quarantine, suspension from work at the recommendation of medical authorities, taking care of a sick person or a member of the family put under quarantine, obligatory accompanying an ill family member to a medical check-up, examination or treatment, as well as for taking care of a healthy child due to quarantine at the institution or of the child;
  - Pregnancy, child-bearing and raising a little child;
  - Job placement in case of temporarily reduced capacity, due to general illness, labour accident or occupational disease, pregnancy and breastfeeding;
  - Unemployment.
- 2) Cash allowances for: prophylaxis and rehabilitation; in case of death or invalidity of the insured person, due to general illness, when there is no reason for allocating pension.

One of the most important changes that occurred when short-term compensations and allowances were allocated under the Social Insurance Code having impact on the latter's amount and number, are:

- Since the beginning of 2009, the right to obtain cash compensation for pregnancy and birth or job placement due to pregnancy has occurred if **12 months of insurance were available** making up for insurance against such risk – until the change was introduced, the necessary insurance months were 6.
- Since the beginning of 2009, the period for paying cash compensations for pregnancy and child bearing was increased from 315 to 400 days. At the same time, fathers/adopters were given the right to benefit from this upon the child's reaching 6 months. The father who has at least 12 months of insurance against general illness and maternity leave shall be paid compensation whereby a new amount is calculated depending on his insurance income.
- The period for which the **monetary compensation for general illness and child-bearing** is calculated was increased from 12 to 18 months (valid as of 01.01.2011), before the month of incapacity, and since 01.01.2012 it has become 24 months.
- The period used to calculate the **cash compensation for general illness, labour accident or occupational disease** was increased from 6 to 12 months (effective as of 01.01.2011),

before the month when the incapacity occurred, and since 01.01.2012 it has become 18 months.

- Since mid-2010 for the **first, second and third business day of incapacity** employers shall pay at their own expense 70 per cent of the average daily gross remuneration for the month when the incapacity occurred, but not less than 70 per cent of the average daily gross agreed remuneration. Until the change, insurers paid compensation only for the first day in the amount of the gross labour remuneration for the respective month.
- Changes in the order of calculating the **cash compensation for unemployment**:
  - Since the beginning of 2009 a daily amount of cash compensation for **unemployment** was regulated – 60 per cent of the average daily remuneration and the average daily insurance income for which insurance contributions have been paid into Unemployment fund for the latest 9 months before the month of terminating the insurance. The daily amount of the compensation shall be multiplied by the number of business days in the calendar month. Until the change was introduced, a monthly amount of the compensation was calculated.
  - Annually, a minimum and a maximum daily amount of compensation was calculated under the Act on the budget of national public insurance. As an anti-crisis measure, since mid – 2010, the maximum daily amount dropped out, whereby the amount was left to depend directly on the amount of the insurance income for which the person had been insured.
  - As of 01.01.2011, the period for calculating unemployment allowances was expanded from 9 to 18 months, and as of 01.01.2012 – to 24 months.
  - The granting and payment of **long-term unemployment allowances** was cancelled as of the beginning of 2011. It used to be paid to people left unemployed for at least 12 consecutive months.

### General statistics of short-term payments for the period 2008-2011

Indicators:	2008	2009	2010	2011
<b>1. Cash compensations for temporary incapacity</b>				
Average daily cash compensation (BGN)	13,62	18,31	20,13	20,34
Business days paid (nos.)	16 793 701	15 716 411	12 557 600	10 336 807
<b>2. Cash compensations for temporary incapacity due to labour accidents</b>				
Average daily cash compensation (BGN)	13,52	18,23	20,04	20,59
Business days paid (nos.)	2 709 120	2 463 414	2 099 532	1 840 311
<b>3. Cash compensations for taking care of an ill person or one under quarantine</b>				
Average daily cash compensation (BGN)	12,68	16,77	17,83	18,42

Business days paid (nos.)	990 915	896 512	647 445	441 020
<b>4. Compensations for temporary incapacity due to labour accident or occupational disease</b>				
Average daily cash compensation (BGN)	17,35	22,59	25,91	25,05
Business days paid (nos.)	372 725	296 167	251 620	242 859
<b>5. Compensations for pregnancy and child-bearing</b>				
Average daily cash compensation (BGN)	16,07	20,25	21,64	24,10
Business days paid (nos.)	12 312 179	14 861 382	14 576 886	12 438 371
<b>6. Compensations for raising a small child</b>				
Average daily cash compensation (BGN)	9,63	10,69	10,80	10,61
Business days paid (nos.)	13 403 009	11 937 706	11 636 347	11 200 628
<b>7. Cash allowances for prophylaxis and rehabilitation</b>				
Number of people who underwent PR (nos.)	57 501	57 258	30 429	39 081
Average expenses per person (BGN)	398,27	441,10	386,52	388,00
<b>8. Cash compensations for unemployment</b>				
Average annual number of registered unemployed people having the right to cash compensation for unemployment	67473	121034	136755	106580
Average amount of cash compensation for unemployment	141,38	143,97	192,26	257,80

### Article 12§3

1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

3) Please provide pertinent figures, statistics or any other relevant information on the improvement of the social security system as well as on any measures taken to restrict the system.

### Changes in the retirement system between 2008 and 2011:

During the period specified, the most important changes that occurred concerning Bulgaria's retirement system were:

- In the end of 2008 an Act was adopted that regulated the status and the functions of the **National Fund Ensuring the Sustainability of the National Pension System** or the so called “**Silver Fund**”. It is aimed at achieving and ensuring sustainability of the national retirement system through accumulation, investment and transfer of additional funds to the budget of the national public insurance for Pensions Fund. The resources of this fund are a special individual part of the central budget and are managed and structured in investment portfolios under this Act.
- 2009 marked the end of the raise of the retirement age for retirement pension that had started in 2000, with the age and points required (the sum of age equalized to third category of insured work experience) increased as of January 1<sup>st</sup> in each following year until they reached 63 years and 100 points for men and 60 years and 94 points for women (for those occupied in a **third category** job). For those working in the conditions of the **first category**, women had to be 47 years, and men – 52 years, and for people working in the conditions of the **second category** – respectively 52 and 57 years, with the points for the three labour categories being the same.
- As of January 1<sup>st</sup>, 2011, the so called “point system” for acquiring the right to obtain retirement pension was cancelled and the conditions for granting pension were:
  - For **women** – 60 years of age and 34 years of insured work experience;
  - For **men** – 63 years of age and 37 years of work experience.
- As of the beginning of 2011 the right to receive pension in case of **insufficient insured work experience** for both sexes who have reached 65 years of age (Art. 68,para. 3 of the SIC) can be acquired if they have 15 years of actual insured work experience – until the change was introduced the requirement was for 15 years too, but only 12 of them had to be really spent working. The other 3 years could be valid on other grounds – for example military service, recognized insured work experience for unemployed mothers during the period when they raised a child up to 3 years of age, etc.
- With the adoption of the Social Insurance Code in 2000, several former provisions on earlier retirement of persons who had worked in harmful conditions continued to be effective (**Art. 4 of the TFP of SIC** – in the case of insured work experience in the first and/or second labour category). These transitional provisions had to be effective until the end of 2009 and afterwards it was planned for the pensions of those persons to start being paid from the second pillar of the pension system – from the resources accrued on their individual batch at the Occupational Pension Fund. But since it was established that the resources were insufficient and the pensions would be too low, those persons would still retire within the former conditions by the end of 2014. The granting and payment of pensions from Occupational Pension Funds has been postponed for 2015.
- The **Teachers’ Pension Fund** that was created as an extra-budget account had to exist like this until the end of 2009, and afterwards it had to turn into an Occupational Pension Fund. It is used to pay reduced pensions for early retirement of teachers and for benefits for teachers that have not benefitted from early retirement. It was decided that the Teachers’ Pension Fund would continue operating in that way until the end of 2020 whereby teachers could go in retirement 3 years earlier than the general retirement age if they have met certain conditions for teachers’ insured work experience.
- As of September 1<sup>st</sup>, 2011, **survivor’s allowance** was decided to amount to 26,5 per cent of the pension or the sum of pensions of the deceased spouse. Until the change was introduced, it had been 20 per cent.
- An important change that was introduced in the pension system adopted in 2011, but that became effective as of 01.01.2012 was the start of increasing of the retirement age (by 4 months as of the beginning of every new calendar year) and of the necessary insured working experience (by 4 months every new year), until the following conditions are met:

- For **women** –63 years of age and 37 years of insured work experience;
- For **men** –65 years of age and 40 years of insured work experience.
- The age for obtaining the right to pension in case of insufficient insured work experience (Art. 68, para 4 SIC) also started to increase 4 months in the beginning of every new calendar year, until reaching 67 years for both sexes.

## PENSIONS

**The Pension system** takes the most significant share of the social protection network. It covers all economically active persons and stimulates labour mobility. The Bulgarian pension system is universal and multi-pillar:

- **The first pillar** is the inherited mandatory pay-as-you-go system of the national public insurance based on current insurance contributions paid by currently working people.
- **The second pillar** consists in two components – universal and occupational pension funds:
  - **The Universal Pension Funds** are a mandatory additional capital accrual scheme where a part of the contributions paid by workers born after 31.12.1959 are accumulated in individual pension accounts for additional pensions;
  - **Occupational Pension Funds** are a mandatory capital accrual scheme where contributions for early retirement of those working in first and second labour category are accrued.
- **The third pillar** includes two types of capital accrual funds on the basis of individual accounts:
  - Additional voluntary pension funds;
  - Funds for additional voluntary pension insurance under occupational schemes.

Except for pensions covered by insurance contributions, there are those which are not linked to occupation and insurance activities. Those are the so called “**social pensions**” which are entirely funded by the national budget. They are neither insurance payments, nor social protection for people in need and/or not meeting the conditions to obtain pensions covered by insurance contributions. They are paid by the fund of “Pensions not related to labour” whose budget is adopted with the Act on the budget of the national public insurance for the respective year.

### Updating and re-calculating pensions in terms of year

#### 2008:

- All pensions allocated by December 31<sup>st</sup>, 2007 were updated with 10,35%, as of July 1<sup>st</sup>, 2008.
- Occupational pensions allocated by December 31<sup>st</sup>, 2007 were re-calculated as of October 1<sup>st</sup>, 2008 with a person’s individual coefficient being multiplied by the average monthly insurance income for the country for 2007 – BGN 398,17 and since then pensions were defined under the conditions of Art.70, 75 and 79 of SIC.

#### 2009:



- As of 1.01.2009 the amounts of the social pension and the minimum insurance period retirement pension were increased by 10 per cent.
- All pensions allocated by March 31<sup>st</sup>, 2009 were updated with 9%, As of July 1<sup>st</sup>, 2009.
- Pensions allocated by March 31<sup>st</sup>, 2009 were re-calculated as of April 1<sup>st</sup>, whereby every insurance period year was taken in the formula as a percentage equaling 1,1 per cent. Until the change was introduced, the rate had been 1 per cent.

**2010:**

- No annual update of pensions was performed.

**2011 r.:**

- No annual update of pensions was performed.

**General statistics for pensions in the period between 2008 and 2011 as of December 31<sup>st</sup> of the respective year**

<b>Indicators:</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
<b>Number of retirees (total), incl.</b>	<b>2 200 595</b>	<b>2 189 131</b>	<b>2 194 274</b>	<b>2 198 857</b>
- Pensions Fund	2 127 636	2 118 150	2 124 361	2 129 676
- Fund "Pensions not related to labour"	58 261	57 930	57 479	57 431
- Fund "Labour Accident and Occupational Disease "	14 698	13 051	12 434	11 750
...- Retirees – teachers	2 484	3 027	3052	3 201
<b>Number of pensions (total), incl.</b>	<b>2 669 876</b>	<b>2 664 378</b>	<b>2 667 474</b>	<b>2 676 233</b>
- Pensions Fund	2 138 141	2 127 199	2 132 957	2 137 800
- Fund "Pensions not related to labour"	500 395	507 272	506 011	511 354
- Fund "Labour Accident and Occupational Disease "	31 340	29 907	28 506	27 079
<b>Average monthly amount of the retirement pensions paid to one retiree</b>	<b>216,38</b>	<b>254,92</b>	<b>275,37</b>	<b>279,37</b>

**European Social Rights Committee's questions**

The Committee pointed out that since January 1<sup>st</sup>, 2007, there have been significant changes in the insurance legislation concerning the calculation and payment of cash compensations for temporary incapacity, maternity leave and allowances from the national public insurance.

**Besides, the Ordinance on the calculation and payment of cash compensations and allowances from the national public insurance has come into effect. The Committee insists on receiving a description of the changes that those institutional and legislative measures have resulted in.**

Ordinance **No. 28 of the Council of Ministers** as of 08.02.2011 amended and complemented the **Ordinance on the calculation and payment of cash compensations and allowances from the national public insurance** (SG, ed. 14/15.02.2011). The more important changes concern the following -:

- The amendment of Art. 3 added that data about the right to receive cash compensations shall be filled in a declaration form by the insurer, in accordance with the new Annex. No. 15 to the Ordinance.

- The number of documents that can be submitted in paper was changed. Now, if more than two documents shall be submitted, this must be done electronically as per a programme product provided by NII, or they must be prepared in a form approved by NII.

- The amendments to **Art. 16** concern the increase in the period for calculating cash compensations – for general illness between 12 and 18 months, and for pregnancy and child-bearing – between 12 and 18 months.

- The European Regulations coordinating the social security systems are added to the title of Section V on the order of granting and paying cash compensations and allowances under international social insurance contracts.

- In all the texts of the articles in Section V the international contracts were replaced with the European Regulations coordinating the social security systems and in the international social insurance contracts. This helped improve the terminology in those texts but has not lead to any change in the order and manner of calculating and paying these cash compensations and allowances.

- The new formulation of Art. 1a of the additional provisions specifies the body considered as the insurer of post-graduate students in the system of healthcare, depending on the manner of funding the post-graduate studies.

- The formulation of the Accompanying letter is entirely changed (Annex No. 8 to Art. 11, para. 1 of the Ordinance), describing the number and type of documents submitted to the respective Territorial Department of NII.

- A new Annex No. 15 was created under Art. 3, para. 1 of the Ordinance – “Declaration from the insurer/self-employed person about the right to cash compensations”. This declaration has been valid as of 01.07.2011 and shall be submitted after this date.

**The Committee insists that the next report contains a detailed description of the changes that have occurred in the social insurance system.**

**Apart from the abovementioned changes in the social insurance system, there have occurred the following amendments too:**

On 1.08.2012 were introduced the requirements of Directive 2010/41/EU on the application of the principle of equal treatment between men and women engaged in an activity in a self-employed capacity (**insuring supporting spouses**).

As of 1.08.2012 the spouses of self-employed persons (registered as freelancers and/or craftsmen, and agricultural producers and tobacco producers), when they participate in their business with the latter's consent, may be insured at their own wish and expense for invalidity due to general illnesses, old age and death, and for general illnesses and maternity leave, in case they are not insured on other grounds.

Insurance contributions for "supporting spouses" shall be charged on:

- the minimum insurance income of self-employed persons established by the Act on the Budget of the national public insurance;

- the minimum insurance income of registered agricultural and tobacco producers established by the Act on the Budget of the national public insurance.

**There has been an increase in the annual leave period, and respectively of the cash compensation for pregnancy and child-bearing** – from 315 calendar days, 45 of which before the childbirth, to **410 days (58 weeks), 45 of which before childbirth, and 365 afterwards**.

The minimum amount of this leave under Convention No. 183 on the protection of maternity is 14 weeks, i.e. in Bulgaria it is about 4, almost 5 times more.

The compensation paid for annual leave is 90% of the average insurance income for a period of 24 calendar months before the leave. The right to compensation arises from the presence of 12 months of insured work experience.

The mother (father, grandmother or grandfather having the right to use the mother's rights) has the right to **maternity leave to raise a child up to 2 years of age**.

The amount of the cash compensation for raising a child up to 2 years of age has been increased to BGN 240.

**There have been changes concerning the unemployment cash compensation:**

- in order to obtain such compensation, a person needs to not have acquired the right to retirement pension or early retirement pension in the Republic of Bulgaria, or retirement pension in another country (so far the requirement was to not have received retirement pension).

- The amount of the daily unemployment cash compensation is 60 per cent of the average daily remuneration or the average daily insurance income for which insurance compensations have been paid or are payable to Unemployment Fund for the last 24 calendar months before the month when the insurance was cancelled, and it may not be smaller than the minimum daily amount of the unemployment compensation.

**The amount of unemployment compensation is defined equally for all unemployed persons (if the person has a disability, this shall not affect the calculation of the amount).**

- The maximum amount of unemployment cash compensation has been annulled

- The minimum amount identified in ABNPI for 2012 is BGN 7, 20 per day, and it is planned for it to remain the same in 2013.

- There is no longer a possibility to obtain cash compensations for long-term unemployment under Art. 54 and from SIC (to such a compensation were entitled registered unemployed persons if, after having been receiving the compensation, they had been left unemployed for a period of at least 12 months, they are 60 years old and 6 months for men, and 57 years old and 6 months for women, and the sum of their age and work experience is up to 60 m. Smaller than that required by the “point system”).

**There have also been serious changes related to the conditions to obtain the right to retirement pension:**

- the so called “point system” has been annulled
- the retirement age for men and women has been increased – by 4 months for each calendar year up to 63 years of age for women in 2020 and 65 years of age for men in 2017.
- the requirements for the necessary insured work experience are now higher– by 4 months for each calendar year up to 37 years for women and 40 for men in 2020.

### **Article 13 – The right to social and medical assistance**

**With a view to ensuring the effective exercise of the right to social and medical assistance, the Parties undertake:**

**1. to ensure that any person who is without adequate resources and who is unable to secure such resources either by his own efforts or from other sources, in particular by benefits under a social security scheme, be granted adequate assistance, and, in case of sickness, the care necessitated by his condition;**

**2. to ensure that persons receiving such assistance shall not, for that reason, suffer from a diminution of their political or social rights;**

**3. to provide that everyone may receive by appropriate public or private services such advice and personal help as may be required to prevent, to remove, or to alleviate personal or family want;**

...

### **Information to be submitted**

#### **Article 13§1**

**1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.**

Compared to the former National Report, the following changes have been introduced in the legislation:

#### **Social Support (Assistance) Act:**

**Article 1.** (1) (Amended, SG No. 32/2012, effective 24.04.2012) This Act regulates the social relations associated with guaranteeing the right of nationals of the Republic of Bulgaria to obtain social support through social assistance benefits and social services.

(2) (Amended, SG No. 120/2002) This Act is intended:

1. to assist persons who are unable to secure by their own efforts adequate resources to meet their basic necessities of life;
2. to strengthen and develop social solidarity in hardship;
3. (amended, SG No. 32/2012, effective 24.04.2012) to assist with the social inclusion of social welfare and social services' beneficiaries;
4. to assist the gainful employment of unemployed persons eligible for receipt of monthly social assistance benefits;
5. to encourage entrepreneurship in the social sphere by making it possible for natural and legal persons to provide social services.

(3) (New, SG No. 120/2002, amended, SG No. 32/2012, effective 24.04.2012) Social assistance shall be provided in a manner that preserves individuals' dignity and shall be based on social work, while applying a personalized approach and making an integrated needs assessment of individuals and families.

(4) (New, SG No. 120/2002, repealed, SG No. 32/2012, effective 24.04.2012).

(5) (Renumbered from Paragraph (3), SG No. 120/2002, repealed, SG No. 32/2012, effective 24.04.2012).

**Article 2.** (1) (Amended, SG No. 120/2002, amended and supplemented, SG No. 52/2007, supplemented, SG No. 9/2011) Bulgarian citizens, foreigners holding a long-term or permanent residence permit for the Republic of Bulgaria, foreigners who have been granted asylum, refugee or humanitarian status, and foreigners enjoying temporary protection shall be obliged to make efforts to secure adequate resources for meeting their basic necessities of life.

(2) (Amended, SG No. 32/2012, effective 24.04.2012) Social assistance shall be provided by means of:

1. making cash and/or in-kind benefits available for meeting basic necessities of life to persons who are unable to meet them by working or through property in their ownership;
2. delivering social services.

(3) (Supplemented, SG No. 120/2002, amended, SG No. 32/2012, effective 24.04.2012) Entitlement to social assistance benefits shall accrue to Bulgarian citizens, families and cohabitants who, due to health, age, social and other reasons beyond their control, are unable to meet their basic necessities of life on their own through their own work or on income accruing from property they own, or with the help of the persons whose obligation under article 140 of the Family Code is to provide for their basic necessities of life.

(4) (Amended, SG No. 120/2002, amended and supplemented, SG No. 52/2007, supplemented, SG No. 9/2011, amended, SG No. 32/2012, effective 24.04.2012) Receipt of monthly social assistance benefits shall be contingent on performance of community service, except in the case of maternity or where the age and/or health status of the beneficiary make this impossible.,

(5) (Amended, SG No. 32/2012, effective 24.04.2012) Entitlement to social services shall accrue to Bulgarian citizens, families and cohabitants who after having undergone a needs assessment are found to be in need of assistance to ensure social inclusion and independent living..

(6) (Repealed, SG No. 120/2002, new, SG No. 32/2012, effective 24.04.2012) The entitlements under (3) and (5) also accrue to foreign nationals who have a long term or permanent residence permit in the

Republic of Bulgaria, foreign nationals who received asylum, refugee status or humanitarian status, and foreign nationals who were granted temporary protection, as well as individuals who are provided for in an international treaty that the Republic of Bulgaria is signatory to.

**Article 3.** (Amended, SG No. 120/2002, SG No. 32/2012, effective 24.04.2012) The provision of social assistance benefits and social services shall exclude any direct or indirect discrimination of individuals on the basis of sex, race, nationality, ethnic belonging, human genome, citizenship, origin, religion or faith, education, beliefs, political affiliations, personal or public status, disability, age, sexual orientation, marital status, ownership of property, or any other feature established in a law or international treaty that the Republic of Bulgaria is signatory to.

**Article 6.** (2) (New, SG No. 15/2010) For performance of the functions referred to in Item 2 of Paragraph (1), the Social Assistance Directorates shall be entitled to access at no charge to the Population National Database, which shall be ensured by means of an agreement between the Ministry of Regional Development and Public Works and the Social Assistance Agency, and shall mandatorily request, through official channels, the information they need from the ESGRAON [National System of Civil Registration and Administrative Services to the Public] automated information systems, the territorial structures of the National Revenue Agency, the Registry Agency, the National Employment Agency, the National Social Security Institute and from other state and municipal bodies, as well as from natural and legal persons, and the said bodies and persons shall be obligated to provide any such information at no charge within 14 days after the date of the requesting thereof.

(3) (New, SG No. 32/2012, effective 24.04.2012) The Minister of Labour and Social Affairs approved an ordinance for career development and social workers in the Social Assistance Agency.

**Article 6a.** (New, SG No. 32/2012, effective 24.04.2012) (1) While performing their official duties, the employees of the Social Assistance Agency and the Agency's local offices are entitled to a cash amount for business attire for each calendar year.

(2) The cash amount per (1) herein that is made available to civil servants working with the Social Assistance Agency and the Agency's local offices shall be provided pursuant to the rules, procedures and amounts specified in the Ordinance concerning the official status of civil servants (Promulgated, SG No. 23/2000; corrected SG No. 47/2000; amended SG Nos. 53, 62 and 89/2000; corrected SG No. 90/2000; amended SG Nos. 28 and 35/2001, Decision No. 3901/2001 of the Supreme Administrative Court - SG No. 54/2001; amended SG No. 108/2001, SG Nos. 15, 67 and 115/2002, SG Nos. 17, 59 and 109/2003, SG No. 18/2004, SG Nos. 50 and 83/2005, SG Nos. 2, 46 and 68/2006, SG Nos. 46, 64, 92 and 101/2008, SG Nos. 21, 95 and 106/2011 and SG No. 21/2012).

(3) The cash amount under (1) herein that is made available to employees of the Social Assistance Agency and the Agency's local offices who were hired on full-time employment contracts under the Labour Code shall be provided pursuant to the rules, procedure and amounts specified in an Ordinance by the Minister of Labour and Social Policy coordinated with the Minister of Finance.

**Article 11.** (2) (New, SG No. 120/2002, amended, SG No. 15/2010) Social assistance benefits shall be provided to persons when all other possibilities for self-support and support by the persons covered under [Article 140 of the Family Code](#) have been exhausted.

**Article 12.** (4) (Renumbered from Paragraph (2) and supplemented, SG No. 120/2002, amended, SG No. 15/2010) The terms and procedure for the granting, payment, modification, suspension, renewal and termination of social assistance benefits shall be established by the Regulations for Application of this Act with the exception of target benefits for heating, which shall be regulated by an ordinance of the Minister of Labour and Social Policy.

**Article 12a.** (New, SG No. 120/2002, repealed, SG No. 15/2010).

**Article 13.** (4) (Amended, SG No. 15/2010) The applicant shall be notified in writing of the order granting social assistance benefits or of a refusal to grant such benefits within 14 days of the issuing of any such order or refusal.

**Article 14.** (5) (New, SG No. 120/2002, amended, SG No. 18/2006, SG No. 15/2010) Persons who have fraudulently received social assistance benefits shall forfeit such benefits until recovery of the amounts due, but for a period not longer than two years.

(6) (New, SG No. 120/2002, amended, SG No. 15/2010) Persons who have failed to use a target benefit for heating as intended shall forfeit the entitlement to such benefit during the next heating season.

**Article 14a.** (New, SG No. 18/2006) (1) (Amended, SG No. 32/2012, effective 24.04.2012) In the event of receipt of alert of fraudulently received social assistance benefits or at the discretion of the Director of the respective Social Assistance Directorate, an inspection shall be performed by a Directorate official.

**Article 15.** (Amended, SG No. 120/2002, redesignated from Article 15, SG No. 15/2010) Persons assisted under this Act shall be obliged to notify the competent Social Assistance Directorate in writing of all changes in the circumstances listed in Items 1 to 7 of Article 12 (2) herein not later than one month after occurrence of any such changes.

(2) (New, SG No. 15/2010) Upon non-fulfillment of the obligations referred to in Paragraph (1), the persons shall forfeit social assistance benefits for a period of one year.

**Article 25.** (Amended, SG No. 120/2002, SG No. 51/2011) (1) (Amended, SG No. 15/2013, effective 1.01.2014) For the purpose of funding activities and undertakings related to the social assistance policies pursued, a Social Protection Fund (hereinafter referred to as "the Fund") with the Minister of Labour and Social Policy.

(2) The Social Protection Fund shall be a legal entity having its seat in Sofia.

**Article 26.** (Amended, SG No. 120/2002, SG No. 51/2011) The resources of the Social Protection Fund shall be raised from:

1. (amended, SG No. 15/2013, effective 1.01.2014) an action grant from the state budget whereof the amount shall be determined annually by the State Budget of the Republic of Bulgaria Act;
2. donations and testamentary dispositions of resident and non-resident natural and legal persons;
3. (amended, SG No. 15/2010, SG No. 15/2013, effective 1.01.2014) fees paid by beneficiaries of social services financed by the state budget;
4. (amended, SG No. 51/2011) proceeds from extraordinary and special drawings of the Bulgarian Sports Totalizator;
5. recovery of resources wrongfully and fraudulently received from the Fund and the interest accrued thereon;
6. (amended, SG No. 18/2006) licensing fees;
7. revenues from other sources.

**Article 27.** (Amended, SG No. 120/2002) (1) (Redesignated from Article 27, amended, SG No. 51/2011) The resources of the Social Protection Fund shall be expended on:

1. social assistance benefits;
2. target social programmes and projects in the sphere of social inclusion;
3. social services performed by the municipalities, as well as by persons entered in the register referred to in Article 18 (2) herein;
4. studies and drafting of a regulatory framework in the sphere of social assistance: not more than 2 per cent of the annual amount of the Fund;
5. acquisition of fixed assets and current maintenance of the logistical facilities;
6. construction of new logistical facilities, remodeling and updating of the existing logistical facilities for provision of social services;
7. maintenance of the operation of the Fund: not more than 5 per cent of the resources raised.

(2) (New, SG No. 51/2011) In the cases referred to in Item 1 of Paragraph (1), the resources shall only be granted after all other statutory possibilities have been exhausted.

(3) (New, SG No. 51/2011, amended, SG No. 15/2013, effective 1.01.2014) In the cases referred to in Items 2 and 3 of Paragraph (1), resources shall only be granted where the activities are not funded out of the state budget, under programmes or projects funded out of resources of European or other international funds, or through other financial tools.

(4) (New, SG No. 51/2011) The resources referred to in Paragraph (1) shall be expended subject to terms and conditions and in accordance with a procedure determined by a Set of Methods of Allocating the Resources adopted by the Governing Board of the Social Protection Fund and endorsed by the Minister of Labour and Social Policy.

### **Guidelines on the implementation of the Social Support Act**

**Art. 9.** (3) (Compl. – SG, ed. 42 of 1999, amend., ed. 97 of 2001, compl., ed. 46 of 2002, amend. and compl., ed. 118 of 2002, amend., ed. 31 of 2005, effective as of 1.06.2005) The differential minimum income is defined as follows:

8. (amend. – SG, ed. 101 of 2007) per child:

r) (new – SG, ed. 63 of 2011) in the cases where no certificate has been submitted to prove the mandatory immunizations and prophylactic check-ups have been performed on the child, issued by its general practitioner; if no general practitioner has been selected – by the regional health inspectorate - 30 per cent of the guaranteed minimum income;

(4) (Amend. – SG, ed. 31 of 2005, effective as of 1.06.2005, compl., ed. 63 of 2011) If there is one or more reasons under para. 3, then the higher amount is applied, except for the cases under it. 8.

(7) (New – SG, ed. 101 of 2007, amend., ed. 63 of 2011) In order to identify the circumstances under para. 3, it. 8, letters a, b and d, the directorates of Social Support shall use the information obtain under Art. 17, para. 3, it. 4 and 12, para. 4 and 10 of the Guidelines on the implementation of the Act on Family Allowances for Children adopted by Decree No. 139 of the Council of Ministers of 2002 (published, SG, ed. 67 of 2002; amend. and compl., ed. 93 of 2004; corr., ed. 97 of 2004; amend. and



compl., ed. 115 of 2004 and ed. 71 of 2006).

(8) (New – SG, ed. 26 of 2009) To define the differential minimum income for children having a granted status of a refugee or a humanitarian status, the provision under para. 3, it. 8 is applied as followed:

1. for the period of joining the National Programme for Integrating Foreigners in the Republic of Bulgaria – letter (a) ;

2. after having participated in the National Programme for Integrating Foreigners in the Republic of Bulgaria and for children that have not been included in it – letters (a), (b) and (c) in accordance with the "a", "б" и "в" with the amount of training.

**Art. 10.** (1) The monthly allowances shall be submitted if the persons or the families meet the following additional conditions too:

4. (Compl. – SG, ed. 27 of 2010, effective as of 9.04.2010) not owning movable or immovable properties and/or common parts of it, except for the cases under it. 1, that could be a source of income, except for their belongings used for the usual needs of the person or the family;

6. (Compl. – SG, ed. 40 of 2003, amend., ed. 27 of 2010, effective as of 9.04.2010) not having transferred a residential, villa, agricultural or forest property and/or common parts of it in return for payment for the recent 5 years;

6a. (new – SG, ed. 40 of 2003, amend., ed. 27 of 2010, effective as of 9.04.2010) not having transferred through a Donation Contract the ownership of transferred a residential, villa, agricultural or forest property and/or common parts of it for the recent 5 years;

7. (amend. – SG, ed. 40 of 2003 ed. 101 of 2007 ed. 27 of 2010, effective as of 9.04.2010 ed. 63 of 2011) unemployed persons must be registered at the departments of the Employment Agency at least 6 months before submitting the social support application and to not have refused any offered job or joining a literacy training, gaining a professional qualification or key competences under the Employment Promotion Act, as well as programmes and projects funded with resources from European or other international funds.

(2) (Amend. – SG, ed. 97 of 2001 ed. 54 of 2006, compl., ed. 27 of 2010, effective as of 9.04.2010) The requirements under para. 1, it. 1 do not concern the residents of a housing that they own when it is their only residence or when it is occupied by a person having a 50% or more permanently reduced capacity or a seriously ill family member, as well as when the residence is not and cannot be a source of additional income because it is impossible to be rented, due to poor technical condition, health, hygiene, social or other reasons.

(3) No registration is required under para. 1, it. 7 at the departments of employment agency in order to grant monthly allowances to:

2. (amend. – SG, ed. 97 of 2001, compl., ed. 63 of 2011 ) a person with disability having a 50% or more of permanently reduced capacity or a certain type and degree of disability;

4. (amend. – SG, ed. 97 of 2001 ed. 27 of 2010, effective as of 9.04.2010 ed. 63 of 2011) persons with mental illnesses certified by a document by the competent authorities;

(4) The deadline under para. 1, it. 7 does not apply to the persons who have registered at the departments of the Employment Agency within one month from:

3. (revoked - SG, ed. 26 of 2009);

4. (amend. – SG, ed. 40 of 2003, compl., ed. 101 of 2007 ed. 63 of 2011) finishing their involvement

with programmes of employment measures or a seasonal job, as well as national programmes and projects funded with resources from European and other international funds;

7. (amend. – SG, ed. 40 of 2003, revoked, ed. 26 of 2009);

8. (new – SG, ed. 40 of 2003, amend., ed. 31 of 2005, revoked, ed. 27 of 2010, effective as of 9.04.2010);

(6) (New – SG, ed. 26 of 2009) The deadline under para. 1, it. 7 does not apply for persons with granted status of refugees or humanitarian status, who have registered at the departments of the Employment agency within 3 months from the decision for granting the status of a refugee or a humanitarian status.

(7) (New – SG, ed. 26 of 2009) The deadline under para. 1, it. 7 does not apply to mothers whose children have died before reaching 3 years, and who have registered at the departments of the Employment Agency within 3 months from such an event.

(8) (New – SG, ed. 27 of 2010, effective as of 9.04.2010) The deadline under para. 1, it. 7 does not apply to persons who have registered at the departments of the Employment Agency within three months from the expiration of the deadline of the Territorial Expert Medical Commission (TEMC)'s decision or that of the National Expert Medical Commission (NEMC) establishing 50 per cent or more of permanently reduced capacity.

(9) (New – SG, ed. 27 of 2010, effective as of 9.04.2010, amend., ed. 63 of 2011) For the period between registration and the sixth month of continuous registration at the department of the Employment Agency, upon identifying the differential minimum income for granting monthly allowances to the unemployed person, no percentage under Art. 9, para. 3 shall be defined.

(10) (New – SG, ed. 27 of 2010, effective as of 9.04.2010) In the cases where an unemployed family member doesn't have a registration at a department of the Employment Agency, or refuses to have one, monthly allowance shall be granted only after an evaluation of the objective circumstances performed by a commission of two social workers, who shall describe in detail the reasons for the failure to conform to the provision of para. 1, it. 7 in detail.

(11) (New – SG, ed. 27 of 2010, effective as of 9.04.2010, amend., ed. 63 of 2011) The provision under para. 1, it. 6 shall not apply in the cases when:

1. in the family there is a person/persons having permanent disabilities, and the deal has been done in order to move to another residence in view of providing accessible environment for the person/persons with disabilities;

2. the total amount of the deals does not exceed the amount of the guaranteed minimum income for the respective period multiplied by 60.

**Art. 11.** No monthly allowance under Art. 9 is granted to:

1. (amend. – SG, ed. 97 of 2001, compl., ed. 40 of 2003, amend., ed. 54 of 2006 ed. 27 of 2010, effective as of 9.04.2010 ed. 63 of 2011) adults not older than 30 years who live with their parents and the income per family member do not exceed the amount of the guaranteed minimum income multiplied by three, except for those cases when these persons and/or one of the two parents have permanent disabilities;

4. (Compl. – SG, ed. 46 of 2002, amend., ed. 31 of 2005 ed. 26 of 2009 ed. 27 of 2010, effective as of 9.04.2010) students at universities as well as students at private schools except for students who are people with disabilities, pregnant women and parents raising a child up to 3 years of age or a child with

a disability, studying at university;

6. (amend. – SG, ed. 97 of 2001 ed. 40 of 2003, compl., ed. 27 of 2010, effective as of 9.04.2010) persons who have refused land settlement or cultivation of the land provided to them by the national or the municipal land fund for the respective year, except for the persons with reduced capacity established by a medical advisory commission (MAC) or TEMC/NEMC;

7. (revoked - SG, ed. 27 of 2010, effective as of 9.04.2010).

**Art. 12.** (1) (Amend. – SG, ed. 40 of 2003 ed. 101 of 2007 ed. 27 of 2010, effective as of 1.05.2010)

Unemployed persons in working age that receive monthly allowances under Art. 9, who have not been involved in the employment programmes under Art. 12b of the Social Support Act, must do community service within programmes organized by the municipal administration for the provision of social services, ecological programmes, programmes for public works in and sanitation of populated areas and other community service programmes.

(2) (New – SG, ed. 27 of 2010, effective as of 1.05.2010) The persons under para. 1 shall do community service for 14 days, 4 hours a day.

(3) (New – SG, ed. 27 of 2010, effective as of 1.05.2010, amend., ed. 43 of 2010) For the period under para. 2 the persons doing community service shall be insured against Accidents under the Insurance Code.

(4) (New – SG, ed. 43 of 2010) The insurance under para. 3 is at the expense of the persons that assign the community service.

(5) (Amend. – SG, ed. 54 of 2006 ed. 101 of 2007, previous para. 2, amend., ed. 27 of 2010, effective as of 1.05.2010, previous para п. 4, ed. 43 of 2010) If the persons under para. 1 refuse to do community service their monthly allowances will be cancelled for two months as of the 1<sup>st</sup> day of the month of the refusal.

(6) (New – SG, ed. 27 of 2010, effective as of 1.05.2010, former para. 5, compl., ed. 43 of 2010) Upon second refusal to do community service, regardless of the time of the refusal, the monthly allowance for the persons under para. 1 shall be terminated for two years.

(7) (Amend. – SG, ed. 97 of 2001, compl., ed. 46 of 2002, amend., ed. 40 of 2003 ed. 54 of 2006 ed. 101 of 2007, former para. 3, amend., ed. 27 of 2010, effective as of 1.05.2010, former para. 6, amend., ed. 43 of 2010) The requirements under para. 1 – 6 shall not apply to:

3. (Compl. – SG, ed. 63 of 2011) persons with permanent disabilities or with temporary disability for more than 20 days per month, as certified by a document from the competent authorities;

7. (new – SG, ed. 26 of 2009) persons granted the status of a refugee or a humanitarian status for the period of their participation in the National programme on the integration of foreigners in the Republic of Bulgaria.

**Art. 14.** (1) (Amend. – SG, ed. 97 of 2001 ed. 63 of 2011) The right to monthly target allowance for to pay the rent for public housing shall be provided to persons whose tenancy order is in their name and whose income for the previous month is up to 250 per cent of the differential minimum income, if they are:

1. (amend. – SG, ed. 101 of 2007) orphans up to 25 years of age graduated from a social educational and vocational center;

2. old elderly people above 70 years of age;

3. (amend. – SG, ed. 97 of 2001, revoked, ed. 115 of 2004);

4. single parents.

**Art. 17.** (Amend. – SG, ed. 27 of 2010, effective as of 9.04.2010) (1) (Amend. – SG, ed. 63 of 2011) The persons whom the Ministry of Healthcare has allowed to be treated abroad at its expense, can be granted lump sum allowances to cover their daily and accommodation expenses and those of their companions when these expenses are not included in the amount granted for the treatment.

(2) The allowance under para. 1 shall be granted on the basis of an application by the eligible individual or by its legal representative submitted by the start date of the treatment or within 14 days from the person's return to Bulgaria.

(3) Depending on the moment of submitting the application, one should attach:

1. before the treatment take place – a copy of:

a) a permit for treatment abroad issued by the Ministry of Healthcare;

b) a confirmation from the hospital where the treatment will be performed, showing the period and the start date;

2. upon returning to Bulgaria:

a) the documents under it. 1;

b) a copy of an epicrisis from the hospital where the treatment was performed;

c) original supporting documents of the expenses for the accommodation of the eligible person and his/her companion, if such is allowed.

(4) The amount of the support under para. 1 is defined on the basis of the Ordinance for business trips and specializations abroad (SG, ed. 50 of 2004).

(5) The support under para. 1 is subject to reporting within 14 days from the person's return to Bulgaria, and any unutilized amounts shall be recovered in the department of Social Support.

(6) The support shall be granted independently of the support under para. 16.

**Art. 18.** (Revoked - SG, ed. 27 of 2010, effective as of 9.04.2010).

**Art. 19.** (1) (Amend. – SG, ed. 97 of 2001 ed. 54 of 2006 ed. 27 of 2010, effective as of 9.04.2010, compl., ed. 63 of 2011) Persons having 71 per cent or more of permanently reduced capability or certain type and degree of disability, children up to 16 years of age having permanent disability and military invalids have the right to travel for free per year – return travel via Bulgarian railways.

(2) (Amend. – SG, ed. 97 of 2001, compl., ed. 43 of 2010) The right under para. 1 shall also be given to the companions of the people identified as requiring help, to travel with them. Guide dogs helping people with disabilities are also considered as companions, when travelling with the latter.

**Art. 20.** (1) (Amend. – SG, ed. 40 of 2003 ed. 27 of 2010, effective as of 9.04.2010, compl., ed. 63 of 2011) The right to free transport under Art. 19 shall be obtained when presenting a certificate issued by the Social Support Department located in the place of residence of the persons, on the basis of an application filed by them.

(2) (New – SG, ed. 54 of 2006, amend., ed. 26 of 2009 ed. 27 of 2010, effective as of 9.04.2010) In case the certificate is lost or destroyed, the Social Support Department shall issue a duplicate and the right for the respective year shall be cancelled.

**Art. 26.** (1) (Compl. – SG, ed. 40 of 2003 ed. 27 of 2010, effective as of 9.04.2010, amend., ed. 63 of 2011) Social support shall be allocated on the basis of an application form under Annex No. 1, submitted by an adult to Social Support Department and upon presenting a personal identity card or a personal passport of each family member.

(4) (Amend. and Compl. – SG, ed. 97 of 2001, amend., ed. 40 of 2003) The application shall have attached to it:

2. (amend. – SG, ed. 31 of 2005 ed. 27 of 2010, effective as of 9.04.2010) expert decision of MAC, TEMC, Children’s expert medical commission (CEMC) or NEMC.

(5) (New – SG, ed. 27 of 2010, effective as of 9.04.2010) When submitting a declaration application for social support, one should present an original reference to the ownership over movable or immovable properties and/or common parts of it, and after a check is made of the declared data, the ownership document shall be returned to the person.

(6) (Compl. – SG, ed. 40 of 2003, amend., ed. 54 of 2006, revoked, former para. 5, ed. 27 of 2010, effective as of 9.04.2010) If necessary, the Social Support Departments may require other documents too.

(7) (New – SG, ed. 26 of 2009) The persons having been granted the status of a refugee or a humanitarian status, who do not have the required documents evidencing their rights to social support, shall be provided with a certificate from the National Refugee Agency issued on the basis of Art. 54, para. 2 of the Act on Asylum and Refugees.

**Art. 27.** (2) (New – SG, ed. 27 of 2010, effective as of 9.04.2010) The social interview shall be held at the registered address of the person or the family.

(3) (New – SG, ed. 27 of 2010, effective as of 9.04.2010) In case that due to the absence of the person or the family the social interview cannot be performed, the social worker shall leave a notification form in accordance with Annex No.1a stipulating that the person has 3 days to go to the Social Support Department.

(4) (Revoked, new – SG, ed. 27 of 2010, effective as of 9.04.2010) If within the deadline under para. 3 the person fails to come to the department, a second visit to his/her home shall be made and if the person or the family cannot be found again, a second notification of a 3-day deadline shall be left.

(5) (New – SG, ed. 27 of 2010, effective as of 9.04.2010) If within the deadline under para. 4 the person fails to come for inspection at the Social Support Directorate, the social worker shall issue a motivated proposal for refusal due to the impossibility of performing the social interview.

(6) (Former para. 2 - SG, ed. 27 of 2010, effective as of 9.04.2010, compl., ed. 63 of 2011) The social interview takes account of all the other circumstances identified too, having social, family, domestic and health nature, concerning the possibility for self-support and/or the need for support from people required to provide support by law, as well as evaluates the need to use social services.

(7) (Former par. 3 - SG, ed. 27 of 2010, effective as of 9.04.2010, compl., ed. 63 of 2011) On the basis of the results from the social interview, in his/her report under para. 1 the social worker shall propose granting or refusing the support, also its type and amount, as well as recommendation to use social services and to initiate the procedure under Art. 40, para. 4.

**Art. 28.** (Amend. – SG, ed. 40 of 2003) (1) (Amend. – ed. 27 of 2010, effective as of 9.04.2010) Within 7 days from the social report, the director of Social Support Department or an authorized official shall issue an order according to Annex No. 3.

(2) (Amend. – SG, ed. 101 of 2007 ed. 26 of 2009 ed. 27 of 2010, effective as of 9.04.2010) Within 14 days from issuing the order the stakeholder shall be notified in writing.

**Art. 30.** (Amend. – SG, ed. 27 of 2010, effective as of 9.04.2010) Social Support Department may present a summarized information about the persons and the families that have acquired the right to social support upon requesting access to such information under the Act on the Access to Public Information.

**Art. 31.** (2) (Amend. – SG, ed. 27 of 2010, effective as of 9.04.2010 ed. 50 of 2010, effective as of 2.07.2010) Allowances may be paid in cash or via a bank transfer.

**Art. 32.** (2) (New – SG, ed. 97 of 2001, amend., ed. 40 of 2003 ed. 54 of 2006 ed. 101 of 2007) Monthly allowances shall be cancelled:

1. (amend. – SG, ed. 27 of 2010, effective as of 9.04.2010) as of the 1<sup>st</sup> day of the month when the unemployed person has refused to do community service under Art. 12, para. 5;

2. (revoked - SG, ed. 27 of 2010, effective as of 1.01.2011);

3. as of the 1<sup>st</sup> day of the month following the month when the reason for their granting has lost effect.

(3) (New – SG, ed. 101 of 2007, revoked, ed. 27 of 2010, effective as of 1.01.2011).

(4) (New – SG, ed. 26 of 2009) Upon any change in the circumstances on the basis of which monthly social support has been granted, the supported person must notify the respective Social Support Department in writing of all the changes by filling-in a declaration form in accordance with Annex No. 1b.

(5) (New – SG, ed. 54 of 2006, former para. 3, ed. 101 of 2007, former para. 4, ed. 26 of 2009) Any change to the circumstances with regard to which the monthly support is changed, cancelled, or resumed, shall be reported in an additional report for the person or the family in accordance with Annex No. 7.

**Art. 33a.** (New - SG, ed. 54 of 2006, compl., ed. 27 of 2010, effective as of 9.04.2010) At the order of the director of Social Support Department or of an authorized official, the persons under Art. 14, para. 5 and 6 and Art. 15, para. 2 of the Social Support Act shall not be granted support.

In 2010 the Guidelines on the implementation of the Act on the integration of people with disabilities, as follows:

- Art. 25. (2) – revoked
- Art. 26. (2) – revoked
- Art. 27. (1) – revoked
- Art. 31. (1) – revoked

The amendments are connected with the conditions for granting a monthly allowance for integration under Art. 25 – for transport services, Art. 26 – information and telecommunication services. There is no longer a condition for not using them for another legal reason. Persons with disabilities shall have, under ordinances of the local authorities, preferential conditions when travelling, and art. 27 – on education and art. 31 – allowance for paying the rent of public housing. People with 50 and more than 50 % of reduced capacity were given the possibility to benefit from this allowance. Before the amendment the allowance could be granted only to people with 71 and more than 71% of reduced

capacity. This expanded the scope of the people that can benefit from these allowances.

In 2011 the Guidelines underwent further changes, namely:

- Art. 42. (3) – amended
- Art. 42. (6) – amended
- Art. 42. (7) – revoked
- Art. 43. (1) – amended
- Art. 43a – new
- Art. 43b – new
- Art. 44 (1) – amended
- Art. 47 (2) – revoked
- Art. 47 (3) – amended

The amendments cover the order and method of payment of the targeted support for the manufacture, purchase and repair of supporting devices and equipment and/or medical devices. People with disabilities are provided with a sovereign right to choose, by providing more competitive conditions to manufacturers and retailers where the better quality of offered products is a key to their business.

**Ordinance No. RD-07-5 of 16.05.2008 on the conditions and the order of granting targeted support for heating**

**Art. 2.** (6) (New – SG, ed. 72 of 2009, effective as of 8.09.2009) Income shall be declared for the month when they have been received regardless of the period they pertain to.

**Art. 3.** (1) (Amend. – SG, ed. 59 of 2008, effective as of 1.07.2008) The monthly amount of the targeted support for heating shall be defined on the basis of the equivalent in BGN of 350 kWh of electricity, 250 kWh of which are day-time electricity, and 100 kWh – night-time electricity, by the average final sales price of electricity for a household user at the start of the heating season.

(2) (Revoked - SG, ed. 72 of 2009, effective as of 8.09.2009).

**Art. 4.** (1) Individuals and families shall file an application form in accordance with the Annex at the Social Support Departments in their place of residence.

(2) (New – SG, ed. 72 of 2009, effective as of 8.09.2009, amend., ed. 52 of 2010, effective as of 1.07.2010) The application form under para. 1 must stipulate the type of heating used – local heating, electricity, solid fuel or natural gas.

(3) (Amend. – SG, ed. 67 of 2008, effective as of 29.07.2008, former para. 2, amend., ed. 72 of 2009, effective as of 8.09.2009 ed. 45 of 2012) Within 20 days from filing the application, a social worker shall perform a social interview and devise a social report under Art. 27 of the Guidelines on the implementation of the Social Support Act (GISSA) giving a motivated proposal for granting or refusing the target support.

(4) (Former para. 3, Compl. – SG, ed. 72 of 2009, effective as of 8.09.2009, amend., ed. 52 of 2010,

effective as of 1.07.2010 ed. 45 of 2012) Within 7 days from the social report, the director of Social Support Department or his/her authorized official shall issue an order for granting or refusing support.

(5) (Former para. 4, amend. – SG, ed. 72 of 2009, effective as of 8.09.2009 ed. 45 of 2012) The Order under para. 4 shall be given within 14 days from its issue and may be appealed against before the director of the Regional Social Support Department under the Administrative Procedure Code.

**Art. 4a.** (New - SG, ed. 52 of 2010, effective as of 1.07.2010) The target support for heating shall be provided, as follows:

1. for local heating – by transferring the amounts to the respective local heating company;
2. for electricity – in cash to the eligible individual or family;
3. for solid fuel:
  - a) in cash to the eligible individual or family;
  - b) to the dealer in solid fuel that has supplied the fuel – at the explicit request of the individual or the family expressed in the application;
4. for natural gas heating – in cash to the eligible individual or family.

**Art. 5.** (1) (Compl. – SG, ed. 67 of 2008, effective as of 29.07.2008, amend. and compl., ed. 72 of 2009, effective as of 8.09.2009, amend., ed. 52 of 2010, effective as of 1.07.2010) (Amend. – SG, ed. 45 of 2012) Applications for granting target support for heating shall be submitted to the departments of Social Support between July 1<sup>st</sup> and October 31<sup>st</sup> by attaching the latest receipt paid in case of electricity and local heating.

(2) Target support for electricity, solid fuel and natural gas shall be granted for 5 months and shall be paid as follows:

1. (amend. – SG, ed. 45 of 2012) for November and December – no later than the end of the month following the month when the order granting the support was issued;
2. by January 31<sup>st</sup> of the following year – for January, February and March.

(6) For individuals and families using solid fuel in the cases under Art. 4a, it. 3, letter (b), the target support shall be paid to the dealers in solid fuel under para. 2.

**Art. 5a.** (New - SG, ed. 72 of 2009, effective as of 8.09.2009) (1) (Former text of Art. 5a, amend. – SG, ed. 52 of 2010, effective as of 1.07.2010) The amounts payable under Art. 5, para. 6 shall be transferred as follows:

1. eligible individuals and families using solid fuel shall present the order under Art. 4, para. 4 to a dealer in solid fuel of their choice not later than November 20<sup>th</sup> of the current year;
2. dealers in solid fuel shall ensure the supply with solid fuel to eligible individuals and families by November 30<sup>th</sup>, of the current year;
3. upon providing the solid fuel, the dealer shall issue an invoice, VAT included;
4. the invoice shall be issued in the name of the eligible individual and shall be signed by him/her upon receipt of the solid fuel;
5. the invoice must show the number of the order granting the support issued by the director of Social Support Department;
6. the eligible person shall be provided with the original invoice;



7. the solid fuel dealer shall send the respective Social Support Department a request for transfer of the amounts of the issued invoices by the 5<sup>th</sup> day of the month following the one when the solid fuel was provided;
8. the deadline for the dealers in solid fuel to submit all the requests for the respective heating season, is December 5<sup>th</sup> of the current year;
9. the request under it. 7 shall have attached to it:
- a) a list of the invoices issued;
  - b) a copy of the invoices issued;
10. (amend. – SG, ed. 52 of 2010, effective as of 1.07.2010) Social Support Department shall check the list presented and shall wire the amounts to the solid fuel dealers the amounts to their bank accounts under Art.. 5, para. 6.
- (2) (New – SG, ed. 52 of 2010, effective as of 1.07.2010) Social Support Departments, by November 30<sup>th</sup>, shall present the respective electricity companies with lists stipulating the beneficiary's three names, a client number and the holder of the account for which an order for granting target support for heating with electricity has been issued.
- (3) (New – SG, ed. 52 of 2010, effective as of 1.07.2010) The Electricity companies shall send back information to the Social Support Departments as per the lists submitted, concerning outstanding amounts and actions undertaken to shut down the power supply for each of the months during the heating season.
- (4) (New – SG, ed. 52 of 2010, effective as of 1.07.2010) If it is established under para. 3 that the support granted has not been used for their purpose, the provisions of Art. 14, para. 6 SSA shall apply.

**2) Please indicate the measures undertaken (administrative arrangements, programmes action plans, projects, etc.) to implement the legal framework.**

## **PROGRESS IN THE FIELD OF SOCIAL INCLUSION POLICY FOR THE PERIOD BETWEEN JULY 2009 AND OCTOBER 2012**

### ***Better management of the Social Inclusion policy***

- In **2009** the **National Social Inclusion Council** was established at the **Council of Ministers**;
- In **2010** a **National Target for Bulgaria in promoting social inclusion** was set, **in particular by reducing poverty by 2020**, which means reducing the number of people living in poverty by 260 thousand;
- Within the **European Year for Combating Poverty and Social Exclusion– 2010**, The Ministry of Labour and Social Policy organized and held **more than 100 initiatives, events and activities** that were attended by **5142 direct participants**;
- In the **beginning of 2012**, a **National Social Report of the Republic of Bulgaria (2011-2012)** was devised that included key priorities and measures in the field of poverty and social exclusion, pensions, health and long-term care, that were implemented in 2011, as well as measures to be undertaken by the end of 2012;

- **A National strategy for reducing poverty and encouraging social inclusion 2020** has been devised and is being publicly discussed. The Council of Ministers is to adopt it in December;
- **Priorities and measures in the field of social inclusion and reduction of poverty** have been devised within the framework of National Target 5 “Reducing the number of people living in poverty by 260 thsnd. People” from the **National reform programme for the Republic of Bulgaria**;
- **Priority 2 “Reducing poverty and promoting social inclusion”** has been developed as part of the project of the **National Development Programme for the Republic of Bulgaria: Bulgaria 2020**.

### ***Sustainability, quality and accessibility of social services***

- In early **2010** a whole new model of social services development was introduced by regulating a **regional approach to their planning** on the basis of analysis of the every municipality’s needs;
- In early **2010** the **National Strategy “Vision about deinstitutionalizing the children of the Republic of Bulgaria”** was adopted. An **Action Plan for the implementation of the National Strategy “Vision about deinstitutionalizing the children of the Republic of Bulgaria”** was also adopted in 2010 which specified the actions, tasks, responsibilities and resources for the implementation of the National Strategy. **The Action Plan** for the implementation of the National Strategy “Vision about deinstitutionalizing the children of the Republic of Bulgaria” **involves** the development and **implementation of five projects intended for measures for deinstitutionalizing children from homes for children for disabilities, homes for medical and social care of children (HMSCC), homes for children deprived of parental care, as well as for the promotion of foster care and of social workers’ professional development**. The projects are implemented with the **financial support of the European Union**, through the so called “**cross-funding**” of projects. As a result of their implementation, **1800 children above 3 years of age and young people with disabilities will be deinstitutionalized, more than 149 Family-Type Accommodation Centers will be established, as well as 37 daily centers for children with disabilities and 34 Centers for social rehabilitation and integration. About BGN 5 mln. will be invested in education and supervision of more than 400 social workers** at the Social Support Departments. As of **October 2012**, the total number of applications filed by **foster family applicants, was 613**. As of the same period, the Foster Care Commissions at the Regional Social Support Directorates had approved about **120 foster family applicants**. Under that project **children started to be put in foster families, with the first contract for fostering a child having been concluded on 30.10.2012**. Within the Project for **regional development of the system for planning and providing social services, an analysis was made of the local preparedness for applying an integrated model for the social inclusion of children living at a Home for Children Deprived of Parental and persons with mental and physical disabilities. HMSCC has begun to be restructured in 8 pilot fields** with the focus being on the creation of integrated health and social prevention services;
- The number of **social services** in the community **has been increased twice** compared to **2008** – from 334 to **707 as of 30.09.2012** (374 for adults and 333 for children);
- In **April 2010** changes were made to the **Guidelines on the implementation of the Act on Family Allowances for Children that linked the receiving of monthly allowances until the child’s graduation of secondary school, but not later than**

turning 20 years, and the monthly allowances until the child turns one year, **to the tracing of the child's health and immunization status;**

- **In 2012** the legislation in the field of family allowances for children was approved in view of providing a better and targeted support to one of the most vulnerable groups of children – those raised by one living parent and those with permanent disabilities. Due to the amendments and the complementation to the Act on Family Allowances for Children of **17.07.2012** the **lump-sum allowance for students** is provided **without an income criterion namely for these children**. As of **01.01.2013**, the **same relief will come into effect** also for the provision of **monthly allowances for children until they graduate their secondary school, but not later than turning 20 years** having **one living parent** and for the **monthly allowances for raising a child up to one year of age** which are granted to **children having one living parent**. In accordance with the latest amendments and complementation of the Act on Family Allowances for Children, amendments and complementation were performed to the Guidelines on its implementation.
- In **December 2009**, on the territory of the whole country 140 public soup kitchens funded through the Social Support Fund were opened; **135 soup kitchens** continued to functions in **2011** between January and April, and October and December. This service benefitted **9668 persons**, **1166** of whom were **children from 460** locations, including **352 villages**. The soup kitchens continue to function also between 2012 and 2013;
- Under the **National Programme “Assistants for people with disabilities”** for the activity of “Personal Assistant”, people were hired as follows: **for 2009 – 9 500, for 2010 – 4 000, 2011 – 3 974 unemployed people**. For 2012 within the National Programme “Assistants for people with disabilities”, **funding has been provided for 3600** personal assistants;
- **In 2010** the implementation of a new approach for the prevention of social exclusion of people and families at risk was initiated, through the implementation of the **Project for Social Inclusion (PSI)**, funded with a loan from the International Bank for Reconstruction and Development (World Bank) in the amount of EUR 40 mln. **Funding agreements have been concluded with 69 municipalities;**
- During the **second half of 2012** the development of a **National long-term care strategy** was initiated. Its adoption by the Council of Ministers is planned for the **first half of 2013**.

### ***Providing financial support to families and children in accordance with the Act on Family Allowances for Children***

- In **2011** various forms of family allowances were granted more than 80% of the children in Bulgaria. The amounts allocated in the national budget to be granted as family allowances for children only were in 2011 almost half a billion BGN, and in **2012** the amount of BGN **484 400 022** was allocated for family allowances. For **2013** the amounts allocated in the budget amount to BGN **487 400 022**.

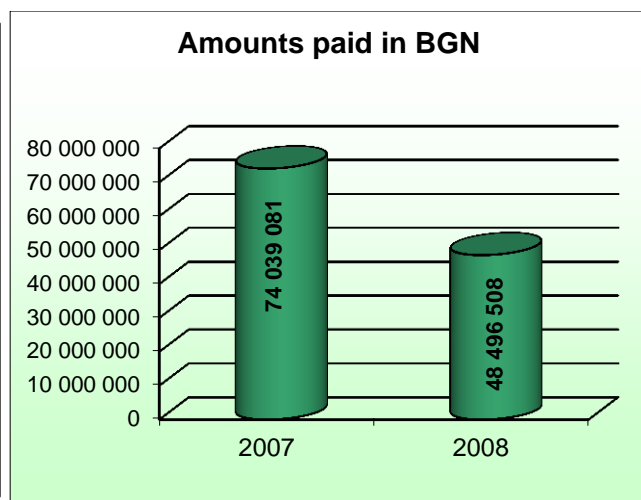
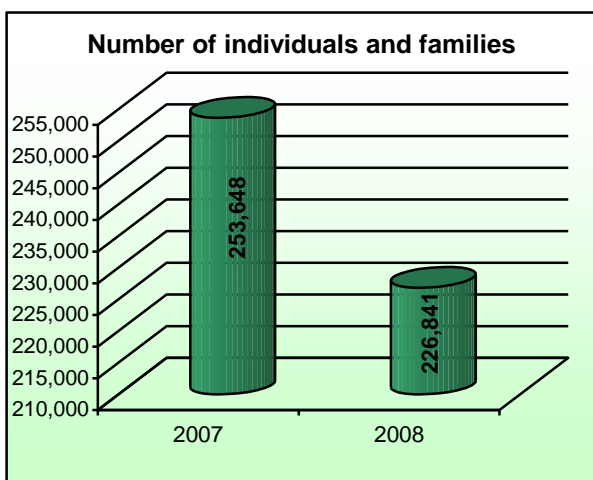
The care services for children are an important factor in raising children and supporting parents. The Ministry of Labour and Social Policy implements projects aimed namely at expanding the care services for children. An example here is the Social Inclusion Project funded with a loan from the World Bank in the amount of EUR 40 mln. Within this project 69 municipalities in Bulgaria will introduce a new type of services for children and families: early child development, prevention of risks in early

childhood, better coverage and improvement of children's preparedness to enter the educational system, improvement of the family environment, etc. It is important to note that under this project we also invest in expanding the network of kindergartens and nurseries.

**3) Please provide pertinent figures, statistics or any other relevant information, in particular: evidence that the level of social assistance is adequate, i.e. the support must ensure that everyone meet their basic needs, and the level of social assistance must not be lower than the poverty threshold. Therefore information should be provided about the main support, the additional support and the poverty threshold in Bulgaria which is defined as 50% of the average median equivalised income and calculated in the basis of the amount of the threshold of the risk of poverty published by Eurostat.**

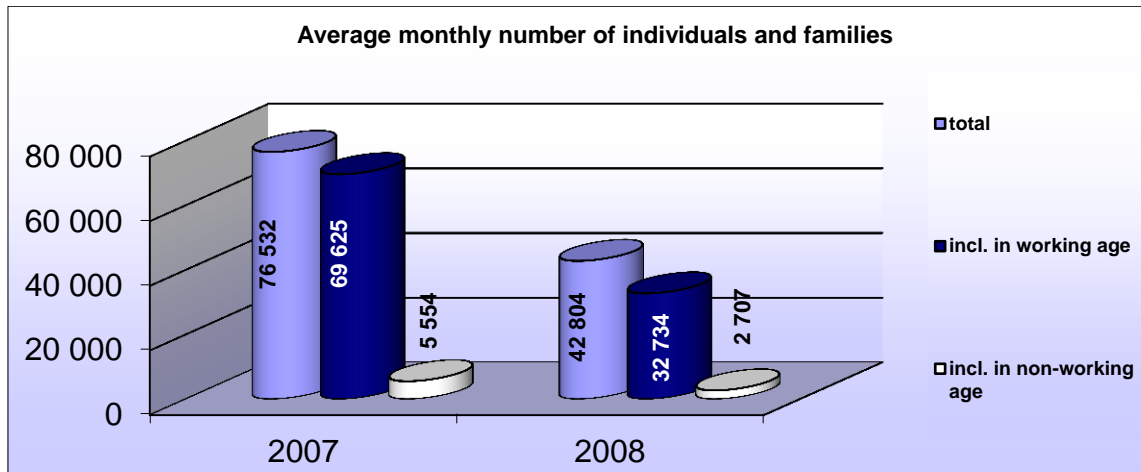
### 2008

- ◆ In 2008 in Bulgaria, in accordance with the Guidelines on the implementation of the Social Support Act (GISSA), monthly, lump-sum and target social support allocations were granted to a total of **226 841** persons and families, and the resources utilized were BGN **48 496 508**. Compared to 2007, there is a **10,57%** decrease in the cases that have been granted social support. In 2007 a total of **253 648 individuals and families** were supported with the amount of **74 039 081**.



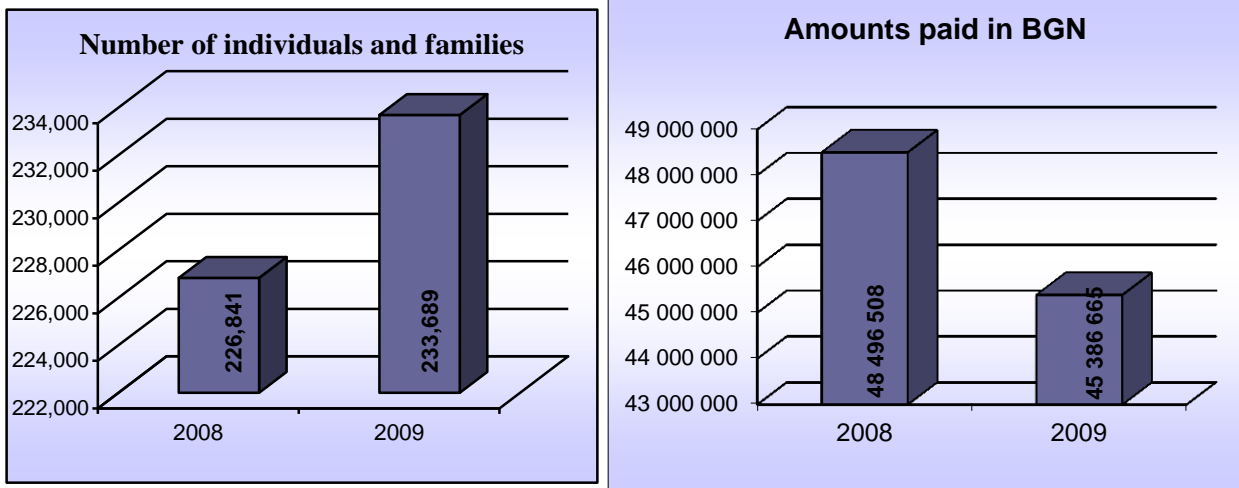
In terms of social support, the report data are as follows:

- ◆ **Monthly allowances under Art. 9 GISSA.** In 2008 **42 804** individuals and families on average were supported per month. The amounts paid were **BGN 38 216 915**. In 2007 **76 532** individuals and families were supported on average per month. The amounts paid were **BGN 65 758 492**. The data shows a decrease in the amount of supported individuals and families by **44,07%** in 2008 compared to 2007. In absolute terms, the resources paid on this lawful basis decreased by **BGN 27 541 577**.



- ◆ **Lump-sum allowances** under para. 16 GISSA. By 31.12.2008, lump-sum allowances to **7791 individuals and families** were allocated in the total amount of **BGN 1 301 306**. For 2007 they were **7 594 persons and families** and the amount was **BGN 1 097 608**. The data shows a **2,6% increase** in the number of supported persons and families in terms of meeting urgent needs and an increase in the average amount of support granted from BGN 144,53 to BGN 167 with the maximum amount being 275 BGN.
- ◆ **Target support.** Under GISSA target allowances are paid to cover the rent of public housing for single parents, single elderly people over 70 years of age and orphans up to 25 years of age; people with permanent disabilities and mothers of many children's travelling bus transport within the country. As of 31.12.2008 target allowances were granted to **176 246 persons**, the amounts utilized were **BGN 8 978 287**. In 2007 a total of **169 522 individuals** were supported with the amount of **BGN 7 182 981**.
- ◆ **Other allowances.** Under CMO No. 42 as of 4.03.2008 the amount of **BGN 90 000** was granted and paid to financially support the lawful inheritors of the people deceased in the fire of the fast train No. 2637 Sofia – Kardam.
- ◆ **Health Insurance Contributions.** Under Art. 40, para. 3, it. 5 and it. 9 of the Act on Health Insurance at the expense of the national budget, through the Social Support Departments in 2008 **86 387** individuals were health insured on average, and for the same period in 2007 – **133 250 individuals**. As compared to 2007 the average monthly number of health insured people decreased **46 863** individuals, which represents **35,17%**. The reduction is mainly due to the employment provided to the persons supported with monthly social allowances and targeted heating allowances.
- ◆ **Targeted resources for diagnosis and treatment.** They are allocated for hospital treatment of Bulgarian citizens who have no income and/or personal property that can grant their personal share in the health insurance process (CMO No. 17/31.01.2007). In 2008, on the territory of the whole country, **421 individuals** were granted resources for treatment. The hospitals were paid **BGN 217 949** for the medical care provided. In 2007 **1 359 individuals** were treated and the amount of **BGN 590 916** was paid for their hospital treatment. The significant decrease in the natural and value figures in 2008 is due to the fact that with Ordinance No. 26 of 14.06.2007 of the Ministry of Healthcare having become effective retrospectively, the funds for the provision of obstetric care to **non-health insured women** were at the expense of the national budget and were provided to hospitals through the National Health Insurance Fund (NHIF).

- ◆ In 2009 in Bulgaria, under GISSA) a total of **233 689 individuals and families** were supported with monthly, lump-sum and target social allowances. The amount paid during that year was **BG 45 386 665** and **BGN 3 281 753** remained to be paid in 2010. Compared to 2008 there is a **3%** increase in the cases where social support was allocated. Between **January and December 2008** the territorial departments of the Social Support Agency granted GISSA-support in total to **226 841 individuals and families**. The amount paid was **BGN 48 496 508**.



In terms of social support, the reported data are as follows:

#### ◆ Monthly allowances under Art. 9 GISSA.

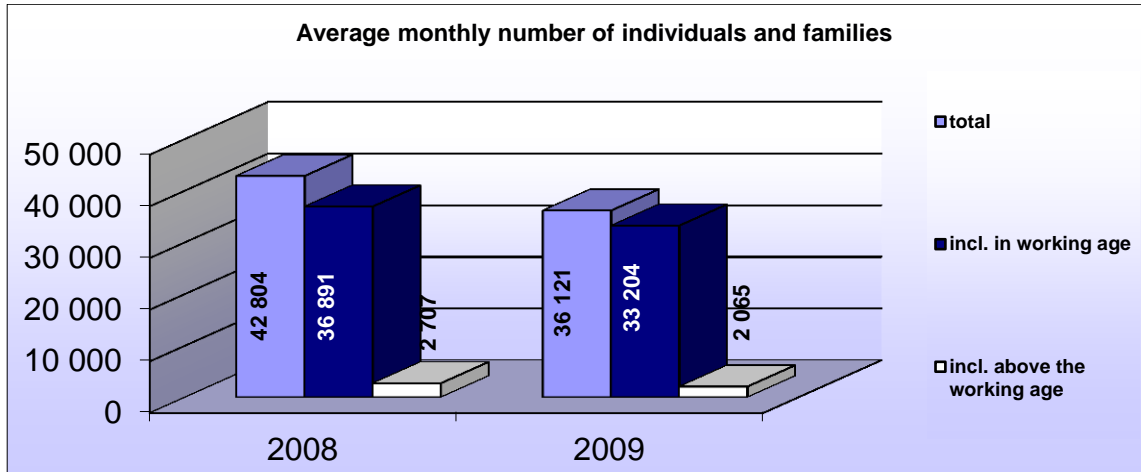
According to data from the Social Support Departments for 2009 monthly allowances under Art. 9 GISSA were allocated to averagely **36 121 individuals and families** per month. The amount paid was **BGN 34 629 677**. For the same period in **2008**, averagely **42 804 cases** were supported per month. The amount paid was **BGN 38 216 915**. The data show a decrease by **15,61%** in supported individuals and families compared to the previous year.

The data about the observed **groups of individuals and families** supported under Art. 9 GISSA, are as follows:

➤ **Individuals and families below the working age:** for 2009 the average monthly number of supported persons was **852**, which is **11%** less compared to 2008 when the average monthly number was **957** individuals and families;

➤ **Individuals and families in the working age:** the average monthly number of supported people in 2009 decreased by **3 687 cases (10%)**. In 2009 there were **33 204 individuals and families**, and for 2008 they were **36 891**.

❖ **The average monthly amount of unemployed people** in these families registered at the Employment Agency Offices and supported under Art. 9 GISSA decreased by **5 276**, which represents **15,28%** less than the same period in 2008. In 2009 they were **29 248**, and in 2008 – **34 524**.



With regard to Art. 12c GISSA, unemployed people in working age may continuously receive monthly social support allowances for 12 months, **in 2009 support was cancelled for 6 016 individuals.**

- Individuals and families **over the working age**: for **2009** there is a decrease in the average monthly supported individuals and families by **642 cases**. In 2009 they were **2 065** and in 2008 - **2 707**;
- During the reported period the supported **individuals and families of people with disabilities**, compared to the same period in 2008 decreased averagely by **510 cases** per month. In 2009 there were **2 885 cases**, and in 2008 - **3 395**.

The total reduction on the cases of monthly allowances allocated is due to the provided employment under the National Programme “From Social Support to Providing Employment”, seasonal and permanent job and mainly the cancellation of support for unemployed people in working age because of the expiry of the one-year of continuous support (Art. 12c SSA).

#### ◆ Allowances in kind.

According to Art. 25 GISSA the monthly, lump-sum and target support shall, at the discretion of the director of Social Support Department, be provided to persons and families in kind in the cases when they do not take enough care for children or if cash allowances are not used for their purpose.

In 2009 **199** individuals and families received an average monthly sum amounting to **BGN 90 031** in total.

In 2008 allowances in kind were allocated averagely to **325** individuals and families in the amount of **BGN 129 987**.

The decrease in the number of individuals and families supported with monthly allowances in kind in 2008, as compared to 2007, is **59,53%**, which corresponds to the trend of decrease in the number of supported families with children with monthly allowances under Art. 9 of the Guidelines on the implementation of the Social Support Act.

#### ◆ Lump-sum allowances under Art. 16 GISSA.

In 2009 a significant increase was reported about the number of lump-sum allocations granted in Bulgaria – by **3,57%** compared to the same period in 2008. In 2009 **8 069** individuals and families received a total of **BGN 1 483 669**. Between 01.01.2008 and 31.12.2008 lump-sum allowances were granted to **7 791** individuals and families. The amount paid was **BGN 1 301 306**.

The predominant motives for granting lump-sum allowances were the treatment of a family member’s disease, as well as refused target heating benefits due to a minimum increase

in the amount of income reaching above the set differential minimum income for heating, and difficulty to cover the costs for heating during the winter season.

#### ◆ **Target support.**

Under GISSA the following target support allowances are paid: single parents' rent of a public home, single elderly people over 70 years of age and orphans up to 25 years of age; for people with permanent disabilities and mothers of many children's travelling by bus transport within the county.

As of 31.12.2009 target support allowances were granted to **189 499** individuals, the utilized funds amounted to **BGN 9 273 319**. In a total of **176 246** individuals were supported with the amount of **BGN 8 978 287**.

In terms of target allowances type, support was granted as follows:

##### **Target allowances for the rent of public homes:**

In 2009 averagely **299** individuals were supported per month. There is a decrease by **30,18%** compared to the same period of 2008 when averagely **328** individuals were supported per month.

- The amount paid for 2009 was **BGN 87 204**.
- The amount paid for 2008 was **BGN 112 338**.

##### **Target allowances for the mothers of many children's travel by bus:**

In 2009 a total of **18 158** mothers of many children were supported. There is a reduction by **3%** in the number of supported mothers as compared to 2008 when **18 714** were supported.

- The amount paid for 2009 was **BGN 1 010 379**.
- The amount paid for 2008 was **BGN 958 564**.

##### **Target support for the people with permanent disabilities' free travel by bus:**

In 2009 a total of **171 112** people with disabilities were supported, or **8,85%** more compared to 2008 when the persons supported were **157 204**.

- The amount paid for 2009 was **BGN 8 175 736**.
- The amount paid for 2008 was **BGN 7 907 385**.

There is a permanent trend of increase in the number of individuals receiving target allowances for transport, intended in GISSA for people with permanent disabilities and for mothers of many children. On the one hand, the reason is the increasing number of people with permanently reduced capacity, and on the other – the increase in the citizens' awareness of their rights to social support and the increase in the ticket prices for bus transport.

##### **Targeted funds for diagnostics and treatment.**

The funds for diagnostics and treatment at hospitals are granted to Bulgarian citizens who have no income and/or personal property to ensure their personal share in the health insurance process (CMO No. 17).

In 2009 through the Social Support Departments in Bulgaria, funds have been granted for the treatment of **436 individuals**. Hospitals were transferred **BGN 241 193** for the medical treatment provided. In 2008 **421 individuals** were treated, and **BGN 217 949** were paid.

For **unlawfully obtained social support** in 2009, the departments of Social Support in Bulgaria imposed penalties to **458 individuals and families** for the total amount of **BGN 130 476**. In 2008 **1 075 individuals and families**



were fined for the amount of **BGN 262 212**. The main reasons for the penalties were hidden income, failure to declare changes in the family property status of individuals and families on time, for example sale of immovable property.

◆ **Health insurance contributions** under the Health Insurance Act.

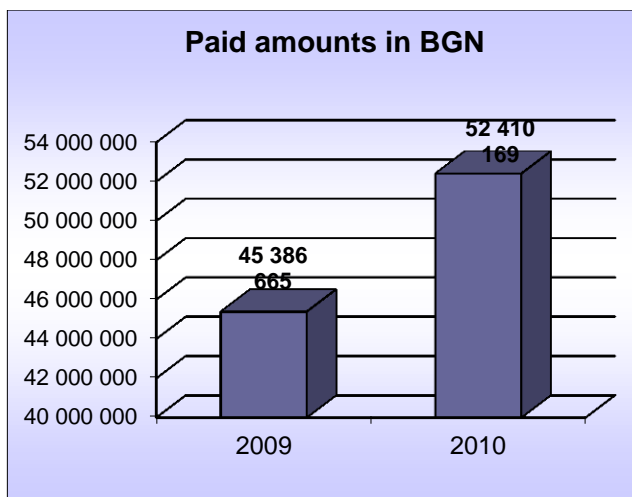
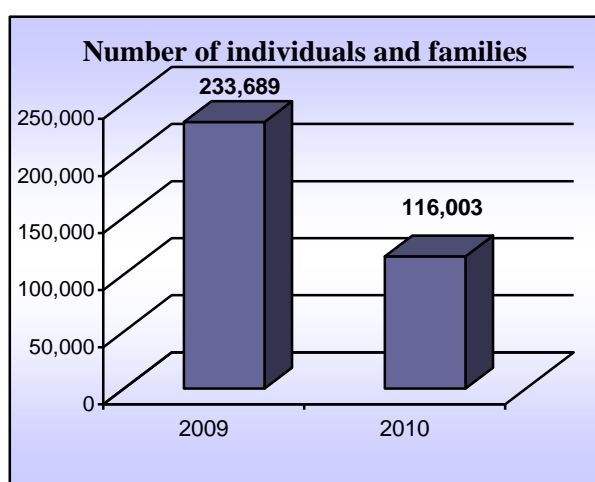
In connection to Art. 40. 40, para. 3, it. 5 and it. 9 of the Health Insurance Act, in 2009 averagely **74 816** individuals were health insured per month from the national budget through the Social Support Departments, and during the same period in 2008 – **86 387 individuals**. Compared to 2008 the average monthly amount of persons insured through the Social Support Departments decreased by **11 571** persons which represents **13,39%**. This reduction is mainly due to the employment provided to these persons who were supported with monthly social allowances and target heating benefits.

**2010.**

◆ As early as of the beginning of 2010 up to the end of December, a total of **116 003 individuals and families** were supported under GISSA with lump-sum, target and monthly social allowances. The amount paid was **BGN 52 410 169**. As of the beginning of 2009 r up to the end of December, a total of **233 689 individuals and families** were supported under GISSA with lump-sum, target and monthly social allowances. The amount paid during that year was **BGN 45 386 665**.

Compared to 2009 there is a **decrease by 117 686 cases** of social support. This is due to the changes in the legislation, namely:

- withdrawing the rights of persons with disabilities to travel by bus in the country (Art.19 GISSA);
- the transfer from GISSA to the Act on Family Allowances for Children of the legislative ground of giving mothers of many children the right to travel by bus in the country.



The data in terms of social allowances are as follows:

◆ **Monthly allowances under Art. 9 GISSA**

According to data from the Social Support Directorates monthly allowances under Art. 9 GISSA, in **2010** in Bulgaria were granted averagely **44 342 individuals and families** per month. The amount paid was **BGN 47 763 510**. During the same period in **2009** averagely per month were supported **36 121 cases**. The amount paid was **BGN 34 629 677**. The data show there was a **22,7% increase** in 2010 of the individuals and families supported compared to the same period of the previous year.

Judging by the Social Support Directorates' reporting data submitted to the Social Support Agency, there is a trend of increase in the number of unemployed people supported with monthly allowances. The average monthly number of supported unemployed people for 2009 was 29 270, with their average monthly number having increased to 39 487 during the same period in 2010. In 2010 there was an **increase by 35%** (10 217 individuals), which is a result of the increasing number of unemployed persons.

◆ **Lump-sum allowances under Art. 16 GISSA**

Between January and December 2010 there was a decrease in the number of granted lump-sum allowances in Bulgaria compared to the same period in 2009. As of the beginning of that year, lump sum support was granted to **6 400 individuals and families**, and **BGN 1 311 092 were paid**.

During the same period in 2009 lump sum allocations were granted to **8 069 individuals and families**. The reported **decrease is 20,68 per cent**. The amount paid for 2009 was **BGN 1 483 669**.

When granting lump-sum allocations each case is studied thoroughly, it is assessed whether the individual/the family has the resources to deal with the issue on its own.

◆ **Under GISSA the following target allowances are paid:** rent of public home for single parents, single elderly people over 70 years of age and orphans up to 25 years of age; for people with permanent disabilities and mothers of many children's traveling by bus in the country.

• **Target allowances for the rent of a public home:**

Between January and December 2010 averagely **201 individuals** were supported per month. There is a **decrease by 12%** compared to the same period in 2009 when the average monthly number of supported persons was **229**.

The amount paid for 2010 was **BGN 81 843**, and during the same period in 2009 – **BGN 87 204**.

• **Target support of mother of many children's travel by bus:**

In 2010 a total of **15 521 mothers of many children** were supported. In relation to the changes in the legislation **8 060 cases** were reported under GISSA and they were granted **BGN 458 561** and **7 461 cases** reported under the AFAC which were granted the amount of **BGN 424 261**.

In 2009 a total of **18 158 mothers of many children** were supported whereby the amount of **BGN 1 010 379** was paid. There is a **decrease by 2 637 number** of supported mothers in 2010.

There is a decrease both in the number of supported persons, and of the amounts paid.

• **Target support for people with permanent disabilities' free travel by bus:**

During the reported period (until the coming into effect of the legislative changes related to the withdrawal of the legislative ground – Art. 19 GISSA), **57 000 people with disabilities** were supported, and **BGN 2 795 163** were paid

In 2009 a total of **171 112 people with disabilities** were supported. The amount paid for 2009 was **BGN 8 175 736**.

◆ **Target resources for diagnostics and treatment:**

The target resources for diagnostics and treatment at hospitals are granted for the hospital treatment of Bulgarian citizens who have who have no income and/or personal property to ensure their personal share in the health insurance process(CMO No. 17/31.01.2007 permanent validity).

During the reporting period of 2010, through the Social Support Directorates in Bulgaria, resources for the treatment of **866 persons** were granted. Hospitals were granted **BGN 500 488**.

During the same period in 2009 support was granted for the treatment of **436 people**. Hospitals were granted **BGN 241 193** for the medical help provided.

◆ **Health insurance contributions** under the Health Insurance Act.

With regard to Art. 40, para. 3, it. 5 and it. 9 of the Act on Health Insurance, at the expense of the national budget, through the Social Support Directorates in averagely **88 775 persons** were insured per month, and during the same period in 2009 – **74 816 persons**. Compared to 2009, the average monthly number of health-insured persons through Social Support Directorates **increased by 13 775 persons**, which represents **18,66 per cent**. The increase is mainly due to the increase in the number of persons supported with monthly social allowances and target benefits for heating, as well as of the persons taking care of people with permanently reduced capacity of more than 90% who have been identified they need external help, and of children with reduced abilities of social adaptation who have been identified they need external help.

**Poverty line**

In order to study the level of poverty, Eurostat uses total available net income in its methodology. Poverty line represents 60 % of the total available net income per equivalent unit. According to the final data of the study of income and living conditions (EU-SILC), performed in 2011 poverty line in 2010 was averagely BGN 283.75 per month per a household member. This amount of poverty line set, below it were 1 673.5 thsnd. people or, 22.3 % of Bulgaria's population.

Between 2008 and 2011 the main poverty indicators were as follows:

<b>Year of the study</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
<b>Year the data refer to</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Poverty line – average monthly amount in BGN	212.3	276.5	295.0	283.8
Number of people below poverty line – in thousands	1632	1657	1565	1674
Average share of poor people – in % of population	21.4	21.8	20.7	22.3
Relevant share of poor people before receiving social transfers <sup>11</sup> , in % of population	40.0	38.8	40.8	41.5
Average number of poor people before receiving social transfers, pensions included – in % of population	27.1	26.4	27.1	27.1
Ratio between the income of the poorest and the richest 20 % of population (S80/20)	6.5	5.9	5.9	6.5

<sup>11</sup> **Social transfers include pensions, compensations, social and family allowances and benefits.**

Gini Coefficient <sup>12</sup>	35.9	33.5	33.2	35.1
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Social Protection system has a key role in reducing poverty. Data about 2010 show that if income in households include income from pensions but exclude the rest of the social transfers, the poverty line will increase from 22.3 to 27.1 %, or by 4.8 percentage points. Respectively if pensions and the rest of social transfers are excluded, poverty line will increase up to 41.5 % or by 19.2 percentage points.

### **Questions of the European Committee for Social Rights:**

**The Committee reminds that it adjudicated on March 31<sup>st</sup>, 2009 concerning claim No 48/2008 of the European Roma Rights Center (ERRC) against Bulgaria stating that according to Art. 3, para. 1 access to social assistance may not be limited by a deadline for granting, if the individuals concerned meet the main eligibility criteria established by that provision. Reduction or cancellation of social support may be only in accordance with ESCh(r), if this would not deprive people in need from their sustenance.**

**In that adjudication the Committee finds that there is not enough proof that in Bulgaria there are alternative forms of social assistance that can ensure that people who were refused monthly social support can receive appropriate resources. Due to the lack of any new information in the report, the Committee considers that this situation is in breach of ESCh(r).**

In November 2009, on the initiative of the Ministry of Labour and Social Policy and in pursuance of the decision of the European Committee of Social Rights on Collective complaint № 48/2008 (European Centre for Roma Rights against Bulgaria) a draft Law amending and supplementing the Social Assistance Act was developed. In December 2009 the National Assembly adopted Law of amending the Social Assistance Act, which repealed the provision of Art. 12c.

The Ministry of Labour and Social Policy has also issued a draft amending and supplementing the Rules for the implementation of the Social Assistance Act , which reflects the legislative changes and specifies the provisions with regard to providing of social assistance and social services in order to ensure more efficient protection of the most vulnerable groups. They were adopted by the Council of Ministers and came into force.

- 1. By Decision of the Council of Ministers No. 1 of 5.01.2012** the draft of the Republic of Bulgaria's National Strategy on Roma Integration (2012-2020) and the Action Plan on the Strategy's Implementation were approved.
- 2. Operational Target in the Employment Section** of the National Strategy: Improving the Roma's access to the labour market and increasing the share of employed Roma.
- 3. Targets to be implemented:**

3.1. Providing the Roma with access to the labour market and to various instruments and initiatives for self-employment.

<sup>12</sup> Calculated on the basis of data about the distribution of persons from households in terms of income, and is located within 0 – 100.

3.2. Encouraging employment by providing training to unemployed people in key competences.

3.3. Encouraging entrepreneurship, starting and managing own business.

3.4. Specific mechanisms providing sustainable employment for Roma in active working age together with representatives of employers, labour unions, municipalities and organizations in the Roma community.

3.5. Encouraging social and civil dialogue in support of the Roma's employability.

3.6. Introducing legal and economic mechanisms stimulating employers to hire people of Roma origin, incl. Through applying the corporate social responsibility, subsidiary employment and other principles.

3.7. Activating long-term unemployed and economically inactive persons by encouraging labour mediation.

3.8. Encouraging employment at green jobs by subsidizing jobs in ecological activities in view of creating quality employment and environment protection.

The measures to achieve the goals are stipulated in the Action Plan on the Strategy's implementation. The Ministry of Labour and Social Policy is a leading responsible institution for the implementation of the targets in the Strategy under Employment Priority. The implementation of the measures under the Employment Priority supports the accomplishment of National Target 1 "Reaching 76% employment among the population aged 20-64 by 2020". Together with the implementation of the additional measures under Education priority intended for increasing the level of skills of the workforce, the competence and qualifications of low-qualified workers, they will contribute to the reduction of the poverty line for workers and their families and for the achievement of National Goal 5 "Reducing the number of people living in poverty by 260 thousand people".

#### **4. By Decision of the National Assembly a draft of the National Strategy of the Republic of Bulgaria for Roma Integration (2012-2020) was reviewed and approved, SG No 21 of 13 March 2012**

5. Information on the measures taken in relation to Roma inclusion:

In 2011 an increase of the competitiveness of the labor market was planned as well as providing employment for 15,600 who were registered in the "Labour office" directorates (LOD), the performance of this index since the beginning of 2011 was 108.42%, or 16,914 persons have increased their competitiveness in the labor market and were employed. The distribution of the distinct activities is as follows: In activities for raising the employability and skills 6,025 persons are included – from them: in individual and group forms of guidance and motivation for active behavior in the labor market – 4 741 persons; in training for acquiring professional qualifications and core competencies – 1 284 persons, as 1,273 of them are under the Operational Programme "Human Resources Development" (OP HRD).

10,889 unemployed people were employed by involving them in various programmes and measures for employment also in the primary labor market. In the National Programme "From Social Assistance to Employment" 5,475 unemployed were included, and under the OP HRD employment was provided to 1,622 persons. The persons employed in the primary labour market are 2869. In 2011, 15 are involved in activities for promoting the entrepreneurship - 11 of them are involved in motivational training and 4 - in training to start and manage own business.

For the promotion of social and civil dialogue in 2011 143 meetings were held with Roma non-governmental organizations (NGOs) for cooperation and support of the career development of the unemployed persons of Roma origin.

The number of unemployed Roma is consistent with the persons' self-determination on ethnicity, and the indicators are a part of the activities in the Action Plan of the National Employment Agency and are implemented with funds from the budget for active policy on the labor market in 2011 and the OP HRD.

In 2008, implementation of the National Program "Activating of inactive persons" was started, which aims activation and inclusion in the labor market of inactive and discouraged persons. For the achievement of this goal, in 2008 and 2009 125 unemployed Roma were trained and recruited as mediators in labor market. Their main activity is to motivate the inactive and discouraged people to register at the labor offices and to use their mediation services for employment and training.

In order to implement the objectives of the programme, the mediators conduct information campaigns, individual and group meetings with the inactive persons. They also organize meetings with the social partners, NGOs and labor organizations for the nominations of beneficiaries under the programme.

At the end of 2011, at the "Labour office" directorates 67 mediators were occupied - 49 of them are women and 12 are university graduates. As a result of the programme by the end of 2011 LOD registered 8,248 inactive and discouraged persons. 85 of them were included in training for adults, and 1,298 were employed. For the implementation of the programme 302,127 BGN were spent in 2011.

In the middle of 2012, 28 new mediators were employed, and by 30 June 2012, their number is 81 persons. They were occupied in 67 LBD as in 14 LOD were employed of two mediators. 55 of all the mediators are women, and 21 persons have university education.

According to the program's activities during the period from January to June 2012, with the active assistance of the LOD, the mediators have organized and conducted 61 information campaigns "Come and register with the LBD" attended by more than 800 inactive persons. There have been many individual and group meetings with inactive and discouraged people to motivate them to register at the LBD and to use the mediation services for employment. During the period there were organized meetings with NGOs, the social partners and employers for the nominations of the LBD registered beneficiaries under the programme. As a result of the efforts of the mediators, the LBD registered 4,093 inactive and discouraged persons, 1048 of them have been realized as follows: involved in literacy training - 320 persons; involved in training - 148 persons; employed - 580 persons and 286 of them started work on programmes and measures for employment and training. From 19 to 22 June 2012 15 mediators participated in the training program ROMED of the Council of Europe (CoE) held in Bankia, together with 15 mediators. The programme was developed by the Secretariat of the Roma issues in the CoE and is designed to improve the labour mediators' skills in their work. It is conducted in 20 Member States of the European Union, the training in Bulgaria was held for the second time. In 2011 20 mediators completed the training.

In 2012, continued the implementation of the National Programme "From Social Assistance to Employment", which supports the social integration and employment of persons on social assistance and long-term unemployed. During the period January - October 2012 16,434 persons were employed for the first time, and 5,157 of them were on social assistance before that. During the same period 3,974 unemployed persons have been employed under approved projects and 4,321 persons were employed in emergency operations.

The Employment Agency organizes for sixth year specialized labour exchanges targeting people with Roma origin. The purpose of the exchanges is to support the implementation of the unemployed into the labor market by facilitating their access to information on job vacancies and providing direct contact and negotiations with employers. In 2011 6 exchanges were held - in Straldzha, Lom, Lukovit, Knezha, Chirpan and Plovdiv - "Stopilinovo." They were attended by 778 job seekers and 47 employers who announced 325 job vacancies. The number of persons who started work is 309.

Under the Operational Programme "Human Resources Development" The Employment Agency has implemented two schemes targeting the vulnerable and disadvantaged groups in the labor market:

Scheme "Take your life in your own hands": The scheme provides for the identification, motivation and support of members of vulnerable groups, Inclusion, training and apprenticeship with an employer for a period of 3 months. It is expected that nearly 5,000 long-term unemployed, inactive and non-motivated individuals will be included in the labor market. The provided funds for the implementation of the scheme by the end of 2013 amount to BGN 11 million.

Scheme "Improving the quality of the provided by the Employment Agency services for the citizens and businesses with a focus on the vulnerable groups in the labor market". The scheme provides for the selection and appointment in the labor offices of 350 labor mediators to work with the representatives of disadvantaged groups in the labor market, as 250 of them have already been appointed in August 2011. The scheme also provides for the training of employees in the LOD to work with members of the vulnerable groups and the hold of 12 specialized labour exchanges until the end of 2013, targeting the unemployed Roma, people with disabilities and other disadvantaged groups in the labor market. The funds provided for the implementation of the scheme amount to BGN 9.5 million.

With the aim to support the employment and training of unemployed people from ethnic minorities, long-term unemployed and those with low qualifications and skills shortages, in 2012 a new scheme under OP HRD - scheme "Support for employment" was launched. It provides for the training of the unemployed under the guidance of a mentor in a key competence, needed for the better adaption to the new workplace. Subsidized employment will be provided to all the unemployed persons involved in the scheme for a period of 6 to 12 months. Under the scheme during the period from July to October 2012, 9,010 unemployed persons started work, 975 of them were from ethnic minorities.

**The Committee takes note of the legislative developments which have taken place during the reference period. It notes in particular amendments (SG No 18/2006, in force as of 01/07/2007 and SG No 58/2008, in force from 01/07/2008) to Article 12c of the Social Assistance Act, according to which unemployed persons in working age, may receive monthly social assistance continuously only for a period of 12 months without interruption. The entitlement to monthly social assistance is restored after 12 months from the date of its termination. The Committee notes that before these amendments, social assistance benefits were unlimited in time and conditioned only on the needs of the beneficiaries.**

**The Committee also notes from the report that according to the amendment to Article 10 (1) of the Social Assistance Act (SG 40/03; and SG 101/07) the unemployed must be registered in the employment service for at least 9 months before filing an application for social assistance. In this regard, the Committee recalls that in its previous conclusion (Conclusions XVIII-1) it noted that the rule to the effect that a person had to be registered with the local employment centre for at least six months before he or she could apply for monthly social assistance benefits had been repealed in 2003. It now notes that this rule has been**

**reintroduced. The Committee asks what forms of assistance exist for a person without resources, who has registered with the employment service but has to wait nine months to apply for social assistance.**

As was stated above, in 2009, on the initiative of the Ministry of Labour and Social Policy and in pursuance of the decision of the European Committee of Social Rights on Collective complaint № 48/2008 (European Centre for Roma Rights against Bulgaria) a draft Law amending and supplementing the Social Assistance Act was developed. In December 2009 the National Assembly adopted Law of amending the Social Assistance Act, which repealed the provision of Art. 12c.

The Ministry of Labour and Social Policy has also issued a draft amending and supplementing the Rules for the implementation of the Social Assistance Act, which reflects the legislative changes and specifies the provisions with regard to providing of social assistance and social services in order to ensure more efficient protection of the most vulnerable groups. They were adopted by the Council of Ministers and came into force.

The most important changes in the reference period can be summarized as follows:

- The time limit for the receipt of monthly social assistance by the unemployed people of working age was repealed.
- The scope of the people who can use their right to social assistance was expanded with the inclusion of foreigners with long-term residence permit in the Republic of Bulgaria.
- The existing fund "Social assistance" was closed. It was a secondary administrator of budget funds, but not a separate legal entity. In its place was created the "Social Protection" fund - a secondary administrator of budget funds to the Ministry of Labour and Social Policy. This regulatory change is aimed at achieving clear rules and transparency in terms of function, activity and accountability of the Fund, with a view to more comprehensive, more accurate and lawful implementation of the state policy in the sphere of social policy.

Amendments have been made to the Rules for the implementation of the Social Assistance Act, aimed at improving the system for granting the aid, which provided:

- Reduction of the period of compulsory registration at the labor offices of the unemployed people of working age who are eligible for monthly social assistance from 9 to 6 months, which is a strong safeguard in times of crisis and provided for better coordination with the policies the labor market.
- Linking aid grants to the mandatory immunizations and screening of the child, which puts priority on the responsible parenthood.
- Facilitating access to monthly benefits and allowances for heating for those who have sold residential, cottage, farm or forest property and / or parts of them paid over the past 5 years, to provide the maximum amount of income generated by these transactions. If the total value of the transaction does not exceed 60 times the minimum guaranteed income for the period, from now on these individuals will be eligible to receive benefits.\
- The income limit for receiving the monthly allowance to pay rent municipal housing was increased from 150 to 250 percent of the differentiated minimum income.



In order to refine the regulatory framework for the provision of assistance for heating, changes were made in Ordinance № RD 07-5 of 16.05.2008, which regulates the conditions and procedures for granting such aid. The deadline for submission of applications granting allowance for heating was changed, now it is from 1 July to 31 October instead of 1 August to 31 October. Also a change was made to Article 5, paragraph 2 of the Ordinance, in the terms for payment of target benefit for heating, with a view to the timely receipt of part of the funds for the provision of solid fuel. For the last heating season, the first tranche of the aid is already paid in the month following the month of issuance of the Order granting the aid, not as it was in the previous years - by the end of November / December. Also full compensation to the increase in the price of electricity is ensured by increasing the amount of aid. For the winter season 2012/2013 the assistance amounted to BGN 65,72 per month, to BGN 328.60 for the entire heating season.

**As regards medical assistance, the Committee noted in its previous conclusion (Conclusions XVIII-1) that the health insurance contributions of those in receipt of social assistance are paid by the state (Article 40, §3 of the Health Insurance Act). It further notes from the report that the Decree N. 17 of 31 January 2007 establishes the conditions and procedures for the payment of hospital treatment of those persons who do not have any income or property, through allocating budgetary resources for this purpose.**

A change was made in the Decree № 17 of the Council of Ministers of 31.01.2007 determining the procedures for disbursement of funds targeted for diagnosis and treatment in hospitals for hospital care of persons who have no income and / or personal property, which could provide their personal participation in the health insurance process:

- The conditions regarding the property status of individuals and the realization of transactions for paid or unpaid transfer of ownership of residential, cottage, farm or forest property and / or parts of them were refined.
- The limitation on traveling abroad in line with EU principles on the free movement of persons was repealed.
- The scope of persons who can be paid expenses for diagnosis and hospitalization was expanded by the inclusion of foreigners with a long-term or permanent residence in the Republic of Bulgaria, foreigners who have been granted asylum, refugee status or humanitarian status, foreigners granted temporary protection and those for whom it is granted by an international treaty to which the Republic Bulgaria is a party.

In this connection, however, the Committee recalls that in **Complaint No. 46/2007, European Roma Rights Centre (ERRC) v. Bulgaria, decision on the merits of 3 December 2008**, it assessed the situation of persons who do not qualify for social assistance or who have temporarily lost the right to social assistance and are therefore left without health coverage during the period when social assistance is interrupted. In this decision the Committee noted that the Health Insurance Act links eligibility for 'non-contributory' state health coverage to being a recipient of social assistance benefits.

**Providing medical services for socially vulnerable persons:**

The main principle in the policy of the Ministry of Health (MH) is provision of equal access to medical care of all Bulgarian citizens regardless of their gender, age, ethnic, social, and political affiliation. The “Health in all policies” approach is embedded in the following strategic and program documents: National Health Strategy 2008—2013; Health Strategy for Disadvantaged Persons from Ethnic Minorities 2005—2015 and Action Plan 2005—2007, and new Plan for 2011—2015 adopted with Decision of the Council of Ministers; Framework Programme for Roma Integration in Bulgarian Society 2010—2020 r.; National Action Plan under the International Initiative “Decade of Roma Inclusion” 2005—2015, National Strategy of the Republic of Bulgaria for Roma Integration 2012—2020.

Developed in 2005 by MH and approved by the Council of Ministers, **the Health Strategy for Disadvantaged Persons from Ethnic Minorities 2005—2015** is an integral part of the National Health Strategy aimed at providing better health for Bulgarian population. Its objective is to achieve a better health for Bulgarian citizens from ethnic minorities and discontinuance of some negative trends in the nation’s health.

**The Action Plan to the Health Strategy for Disadvantaged Persons from Ethnic Minorities** contains five strategic objectives and a number of measures and activities for their achievement:

**Strategic objective 1:** Overcoming and discontinuing the negative trends in the health of disadvantaged persons from ethnic minorities and establishing of conditions for improvement;

**Strategic objective 2:** Providing equal access to healthcare services of disadvantaged persons from ethnic minorities;

**Strategic objective 3:** Improving healthcare knowledge and providing access to healthcare information;

**Strategic objective 4:** Overcoming of cultural barriers and any forms of discriminatory attitudes;

**Strategic objective 5:** Extending the scope of health insured disadvantaged persons from ethnic minorities.

The National Council for Cooperation on Ethnic and Integration Issues at the Council of Ministers and the Ministry of Health both played an important role for the institutionalization of the health mediator occupation, whose main purpose is raising healthcare awareness among vulnerable ethnic groups. The occupation „Health Mediator” is included in the National Classification of Occupations in the Republic of Bulgaria. A program has been developed for appropriate training. Accreditation for the training is obtained from Medical University — Sofia and Medical University — Plovdiv. The process is now predictable and manageable, giving opportunity for municipal mayors to plan and implement the training of health mediators according to the municipal needs. Currently, 109 health mediators work in 57 municipalities, supporting both population in neighborhoods with compact Roma population and the medical specialists providing care for that population. They also provide irreplaceable help in conducting discussions with young people, expectant mothers and population in neighbourhoods arranged by the experts from the Regional health inspections on different topics related to health improvement. Health mediators are experienced in working with families in risk of child abandonment in foster facilities. Strengthening and expanding the health mediators network is a priority for MH. The health mediators model is unique for Bulgaria. For the first time in the country there is an institutionalization of occupation which directly contributes to improving access to healthcare and social services for vulnerable groups, with focus on Roma population. The introduction of the new occupation helps overcoming cultural barriers in communication between Roma population and

medical staff on sight and for breaking existent discriminatory attitudes in the field of healthcare services for Roma. Health mediators are irreplaceable when it comes to optimizing the scope of prophylaxis programmes among Roma population and especially among younger children, supporting healthcare education and carrying out active social work within the community. They create sustainable partnerships between disadvantaged communities and local and national institutions. Health mediators have their own professional organization — National Health Mediator Network .

The Budget for 2012 provides financing of employment for 109 health mediators. It is expected in 2013 their number to reach 130.

For the purpose of supporting the selection of general practitioner (GP) and improving medical care servicing for Roma population, a significant volume of activity is carried out for: raising awareness among young Roma mothers for the procedures for selection of general practitioner; active search for Roma children without general practitioners and consulting with parents.

A regular update of the knowledge of medical staff is carried out for specific health problems of Roma population through improvement of curriculum for medical education in medical universities and colleges.

In the recent years MH has allocated funds on an annual basis for carrying out prophylactic examinations and tests in settlements with predominantly Roma population by using the mobile units received under PHARE 23 Programme.

**Project under PHARE 2003 Programme — “Educational and Medical Integration of Vulnerable Minority Groups with a Special Focus on Roma” 2006—2007.** Under this project, more than 30 000 prophylactic examinations were carried out through mobile consulting offices in five pilot areas. Five mobile consulting offices were received for general prophylactic examinations, as well as two fluorographs for early diagnosis and screening for tuberculosis.

**Project under PHARE 2004 Programme — “Health Promotion and Preventive Maternal and Child Health Care”, 2007—2008.**

**Project under PHARE 2004 Programme, “Health Promotion and Preventive Maternal and Child Health Care”, 2007—2008.** Under that project the MH received three mobile gynecological consulting offices, three mobile pediatric consulting offices and two mobile mammographs. The goal of this project is to improve maternal and child healthcare through implementation of pilot programme for prophylactic gynecological and pediatric examinations with mobile equipment and to provide learning sessions for women, children and youth from disadvantaged ethnic minority groups in four pilot areas. A program was developed under the project for carrying out prophylactic examinations for cervical cancer prevention in the pilot areas, as well as pilot program for carrying out prophylactic pediatric examinations.

**Concerning: The prophylactic examinations for all illnesses that are the main reason for death rate in Bulgaria** are provided by Ordinance No. 39 of 2004 on prophylactic examinations and regular check-ups (published in SG, ed. 106 of 03.12.2004, valid since 01.01.2005) on prophylactic examinations and regular check-ups. Appropriate frequency of check-ups and necessary examinations are ascribed for each illness. The National Framework Agreement stipulates in detail the contents of prophylactic examinations – Annex No. 13. It should be noted that the general practitioners have established “risk groups” for cardiovascular diseases, diabetes and malignancies. On the other hand, on the basis of risk factors and age, the scope and frequency of check-ups are established.

**Concerning: Prophylactic examinations of pregnant women are free of charge and regular.** Ordinance No. 39 stipulates in detail the contents of check-ups and the types of examinations

performed at each stage of pregnancy, whereby in the case of a normal pregnancy, the visits are 12. In the case of risk pregnancy, additional check-ups and examinations are planned. Annex No. 13 under the National Framework Agreement (NFA) they are described just like in the Healthcare for Mothers Programme.

**Concerning: Ordinance No. 26 on the provision of obstetric care to women having no health insurance and on examinations falling beyond the scope of mandatory health insurance /since 2007/**

**The Ordinance ensures that pregnant women having no health insurance would give birth entirely free of charge (at the expense of the Ministry of Healthcare).** At the same time it provides for a set of genetic examinations for pregnant women, couples (families) and children. In 2012 this was amended with a view to include a prophylactic examination (check-up and examinations) for pregnant women having no insurance.

**In the light of the above data, and having taken note of the measures implemented with a view to better assisting vulnerable groups through improved targeting of available resources, the Committee considers that the GMI level and hence the level of social assistance remain low, both for a person under 65 living alone as well as for a person over 65 years of age. The Committee holds that the level of assistance is manifestly inadequate on the basis that the minimum assistance that can be obtained is not compatible with the poverty threshold.**

**In its previous conclusion, the Committee asked for information on the total assistance, including the basic assistance and the supplements paid to elderly persons without resources. It notes that the report does not provide this information. Therefore, it holds that it has not been established that elderly persons without resources receive adequate social assistance.**

As for the amount of aid granted, despite the desire to increase the guaranteed minimum income, we should consider the state's financial ability to provide social benefits, so that there are no imbalances that could deepen financial, economic and social problems of the citizens. It should be noted that as of 1 January 2009, the government increased the amount of the guaranteed minimum income to BGN 65. This was done by Decree № 6/15.01.2009 laying down a new monthly guaranteed minimum income.

With regard to older people who have no income, the general conditions for the social benefits apply. The highest levels of access are determined for this category of persons, respectively - the highest amount of aid is granted.

**In its previous conclusion, the Committee held that the situation was not in conformity with the Revised Charter because the granting of social assistance to foreign nationals was conditional on a continuous presence in Bulgarian territory which was excessive. In this regard it notes that the report does not provide any new information.**

**The Committee considers that there are no changes to the situation whereby foreigners can only apply for social assistance if they have been legally resident in Bulgaria for five years. Therefore, the Committee maintains its previous conclusion of non-conformity on this ground. The Committee further asks whether foreign nationals, legally resident, can be repatriated on the sole ground that they are in need.**

According to the provisions of the Social Assistance Act, the foreigners with a long-term or permanent residence in the Republic of Bulgaria, foreigners who have been granted asylum, refugee status or humanitarian status, and foreigners with a temporary protection and those for whom it is provided in an international treaty to which the Republic of Bulgaria is a party, enjoy the rights provided by the act. An individual assessment is made for each case when individuals and families who have been granted asylum, refugee status or humanitarian status are entitled to social assistance. Many refugees are not accompanied by their families and therefore, the right to social assistance is provided to the person who resides in the Republic of Bulgaria and it is not necessary to meet some of the conditions stipulated in the Social Assistance Act and its Implementing Rules: income of other family members who do not live in the country; divorce; requirements for persons, obliged to take care of the maintenance of the person and others.

With the amendments to the Rules for Implementation of the Social Assistance Act of 2009, while determining the differentiated minimum income for children with refugee status or humanitarian status a special provision applies as follows:

1. for the period of inclusion in the National Programme for Integration of Foreigners in the Republic of Bulgaria - for the children the higher percentage is determined (91 percent of the guaranteed minimum income);

2. after the participation in the National Programme for Integration of Foreigners in the Republic of Bulgaria and for children who were not involved in it - according to their curriculum at school.

For a parent in a family with a refugee status or humanitarian status in which the other parent does not reside in the country and is not granted under the Law on Asylum and Refugees, the provisions of § 1, par. 1, item 3 of the Supplementary Provisions of the Rules for the implementation of the Social Assistance Act is applied, i.e. such parent receives benefits as a single parent.

Persons granted refugee or humanitarian status for the period of participation in the National Programme for Integration of Foreigners in the Republic of Bulgaria who receive monthly allowances are not obliged to work off community service. The benefits received under the National Programme for Integration of Foreigners in Bulgaria are not considered as income in determining their entitlement to social assistance.

**In its previous conclusion, the Committee asked about the situation in practice with regard to access by Roma to social assistance. It notes from the report that no direct or indirect discrimination is allowed in this respect. The Committee would like to draw the Government's attention to the fact that the subject matter of both above mentioned complaints (Complaints No 46/2007 and 48/2008) concerned access by Roma to social and medical assistance. The Committee invites the Government to keep it informed of all measures taken to implement these decisions, namely what measures are being taken to remove the obstacles that Roma face in accessing social and medical assistance.**

#### **Access of Roma to social assistance**

In November 2009, on the initiative of the Ministry of Labour and Social Policy and in pursuance of the decision of the European Committee of Social Rights on Collective complaint № 48/2008 (European Centre for Roma Rights against Bulgaria) a draft law for amendments to the Social Assistance Act was developed. In December 2009 the National Assembly adopted amendments to the Social Assistance Act by which the provision of Art. 12c was repealed.

The Ministry of Labour and Social Policy prepared a draft amendment to the Rules for the implementation of the Social Assistance Act, which reflects the legislative changes made and refines the provisions regarding the provision of social assistance and social services in order to provide a more efficient protection of the most vulnerable groups. They were adopted by the Council of Ministers and now they are applied.

The most important changes in the reference period can be summarized as follows:

- The time limit for receiving of monthly social assistance for unemployed people of working age was abolished.
- The scope of persons who may be entitled to use any social assistance was expanded, by the inclusion of foreigners with residence permit in the Republic of Bulgaria.
- The existing fund "Social assistance" was closed. It was a secondary administrator of budget funds, but not a separate legal entity. In its place was created the "Social Protection" fund - a secondary administrator of budget funds to the Ministry of Labour and Social Policy. This regulatory change is aimed at achieving clear rules and transparency in terms of function, activity and accountability of the Fund, with a view to more comprehensive, more accurate and lawful implementation of the state policy in the sphere of social policy.

Amendments have been made to the Rules for the implementation of the Social Assistance Act, aimed at improving the system for granting the assistance, which provided:

- Reduction of the period of compulsory registration at the labor offices of the unemployed people of working age who are eligible for monthly social assistance from 9 to 6 months, which is a strong safeguard in times of crisis and ensures better coordination with the policies the labor market.
- Linking aid grants to the mandatory immunizations and screening of the child, which puts priority on the responsible parenthood.
- Facilitating access to monthly benefits and allowances for heating for those who have sold residential, cottage, farm or forest property and / or parts of them over the past 5 years, to provide the maximum amount of income generated by these transactions. If the total value of the transaction does not exceed 60 times the minimum guaranteed income for the period, from now on these individuals will be able to receive benefits.\
- The income limit for receiving targeted monthly allowance to pay for municipal housing was increased from 150 to 250 percent of the differentiated minimum income.

The Ministry of Labour and Social Policy makes consistent efforts to improve the socio-economic situation of the vulnerable groups, which include representatives of Roma, guided by the principles of non-discrimination, respect for human dignity and ensuring conditions for equality and equal treatment of all Bulgarian citizens regardless of their ethnicity or other grounds.

In the field of equal opportunities and non-discrimination of ethnic minority groups with focus on Roma, efforts are focused on the coordinated implementation of consistent and targeted measures for integration, collaboration with other relevant institutions and the civil society, the encouraging of the participation of vulnerable ethnic groups, raising public awareness and sensitivity to issues of discrimination and inequality, the promotion of equality, tolerance, respect for differences and diversity in society, in order to overcome the stereotypes and prejudices. The effectiveness of complex,

integrated approach to address the complexity issues underlying the vulnerability of Roma is taken into account.

The Framework Programme for the Integration of Roma in Bulgarian Society (2010-2020) which was initiated, coordinated and developed by the MLSP with the participation of all relevant institutions and civil society sectors, has a comprehensive approach by the inclusion of several measures for the integration of Roma in some key social spheres - education, employment, health, housing, non-discrimination, culture, etc. There is also an emphasis on the mechanisms for the implementation of the integration policy related to the improvement of the model for distribution of management responsibilities between the bodies of executive power, improving the coordination with the structures of the civil society, the inclusion of the municipalities, funding, performance monitoring, incl. communication plan that would support the implementation of the integration policies through public awareness.

Performing its functions as a national coordinating body (until May 2011) of the international initiative "Decade of Roma Inclusion 2005-2015", the MLSP coordinated the preparation of annual administrative Monitoring Report, 2010, on the implementation of the Action Plan for the Decade.

In cooperation with the relevant institutions and the civil sector, also was coordinated the preparation of the following developments: Methodology, methods and indicators for monitoring the implementation of the National Action Plan for the Decade, update of the plan and communication strategy that provides a framework for communication plan with specific activities.

The Framework Programme and the developments mentioned above served as the basis for the preparation of the newly adopted National Strategy of the Republic of Bulgaria for Roma Integration (2012-2020) and the Action Plan for implementation of the Strategy and the Decade of Roma Inclusion. The documents have been developed in the implementation of the EU Framework for national strategies for Roma integration under the coordination of NCCEII to the Council of Ministers and are adopted by Decision № 1 of 5.01.2012 of the Council of Ministers. In a separate chapter of the Action Plan, Communication Plan is included with the main objective "change of the negative attitudes in Bulgarian society towards Roma by providing better visibility and transparency of the activities related to the implementation of integration policies for Roma and other vulnerable ethnic groups living in a similar situation of Roma and promoting best practices and examples in the field of Roma integration. "

To support and supplement the efforts towards the implementation of comprehensive measures for addressing the multidimensional challenges of the integration of the most vulnerable groups, the MLSP is implementing a project under the Operational Programme "Human Resources Development" (2007-2013), co-financed by the European Social Fund of the European Union. It aims to support the strategic approach of integration of the most marginalized communities, ethnic minorities by a review of the efficiency of the public policy, research of the working practices, identification of the most needy among minority communities based on territorial criteria (mapping) and specific problems in key areas of the integration policy (health, education, employment, income and standard of living, housing, equal opportunities and non-discrimination, etc.). The preparation of a concept with a set of targeted integration measures is envisaged, Guidance for their implementation, draft action plan for addressing the problems identified at the local level, containing measures and proposals for funding, strengthening the administrative capacity of the municipalities and the institutions responsible for the policies for the integration of the marginalized ethnic communities with a focus on Roma, participation of the stakeholders - national and local institutions, NGOs, vulnerable ethnic communities, planned seminars and workshops on the project in order to build consensus around the key areas of strategic approach and its enrichment. As a result we expect the formulation of more complex measures targeted to focus

resources on the most deprived communities in the regions or districts, which in would turn lead to visible and measurable improvements.

The MLSP applies consistent measures aimed at raising public awareness and sensitivity on the issues of prevention and combating discrimination. Annually it prepares, protects, implements and finances projects in the fields of "Anti-discrimination" and "Gender Equality" in The "Progress" program (2007-2013) of the EU, as an extension and complementation of the activities of the Ministry in the field of equality. Within these projects there have already been trained more than 3,000 people who are representatives of central and local government, the judiciary, social partners, NGOs, students and other youth in the following areas: gender mainstreaming, gender budgeting, gender equality, working conditions, responsible parenthood, equal pay for women and men, policies and practices for non-discrimination in the labor market, management of the diversity at work place, multiple discrimination. Within these projects are designed, printed, and distributed to various institutions and organizations more than 50 publications - books, brochures etc. There have been developed web pages, which are still active and regularly updated.

In 2011, for example, a project named "Anti-discrimination" was implemented in partnership with the Commission for Protection against Discrimination and "Open Society Institute - Sofia ". Within the project MLSP held 6 regional training seminars and a national conference with the participation of more than 320 representatives of employers, managers of small and medium enterprises, heads of departments of human resources, trade unions, chambers of commerce, public administration and NGOs. The following topics were presented and discussed: European and national legislation on non-discrimination, policies and practices for non-discrimination in the labor market, management of the diversity in the workplace, selection and appointment of staff without discrimination, workplace and organizational culture; prevention of multiple discrimination, presenting and promoting the participation of Roma people, groups with different creeds, young people, older workers and people with disabilities, coupled with gender, presentation of the work and experience of CPD in the field of protection against discrimination in the workplace, identifying, promoting and sharing best practices, public opinion about diversity - presenting the results of sociological and other studies. The workshops helped to increase the awareness, knowledge and skills of the participants on the benefits of diversity and avoiding violations of the principles of equality and non-discrimination in the labor market, the best practices and the effective implementation of anti-discrimination legislation.

The MLSP continues to develop and improve policies on social protection and equal opportunities to ensure the rights and equal treatment of citizens as well as to raise awareness of equality, tolerance and acceptance of differences with a view of overcoming the associated stereotypes. The approach of active measures is applied, which ensures that the vulnerable groups have the opportunity to improve their education, skills and participate in the labor market.

#### **Access of Roma to medical assistance:**

According to the provision of Article 40, para 3 of the Health Insurance Act, the following persons shall be insured for the account of the State Budget:

1. (supplemented, SG No. 119/2002) any person who has not attained the age of 18 years, if attending school as a full-time pupil: until completion of secondary education;
2. any full-time student enrolled in a higher school until attainment of the age of 26 years, and any full-time doctoral candidate enrolled within the state quota;



3. (new, SG No. 18/2006) any full-time foreign students: until attainment of the age of 26 years, and any full-time doctoral candidates admitted to higher schools and research organizations in Bulgaria according to the procedure established by Council of Ministers Decree No. 103 of 1993 on Implementation of Educational Activity among Bulgarians Abroad and Council of Ministers Decree No. 228 of 1997 on Admission of Citizens of the Republic of Macedonia as Students at the Public Higher Schools of the Republic of Bulgaria;
4. (renumbered from Item 3, SG No. 18/2006, repealed, SG No. 46/2007);
5. (supplemented, SG No. 119/2002, amended, SG No. 111/2004, renumbered from Item 4, SG No. 18/2006, supplemented, SG No. 41/2009, effective 2.06.2009, SG No. 101/2009, effective 1.01.2010) any citizens who are responsive to the eligibility requirements for receipt of monthly social assistance benefits and of target benefits for heating according to the procedure established by the [Social Assistance Act](#), unless insured on another ground, as well as those placed in specialized institutions for social services and those admitted to social training and vocational centres and temporary placement centres, placement centres of a family type, provisional accommodation, sheltered accommodation, monitored accommodation and crisis centres;
6. (renumbered from Item 5, SG No. 18/2006) any person remanded in custody or any person deprived of his or her liberty;
7. (renumbered from Item 6, SG No. 18/2006) any person in respect of whom a procedure for recognition of refugee status or for affording a right of asylum has been initiated;
8. (renumbered from Item 7, SG No. 18/2006, repealed, SG No. 95/2006);
9. (renumbered from Item 8, SG No. 18/2006) any parents, adopters or spouses taking care of disabled persons who have lost more than 90 per cent of the working ability thereof and who require constant attendance;
10. (new, SG No. 111/2004, renumbered from Item 9, SG No. 18/2006, amended, SG No. 35/2009, SG No. 99/2011, effective 1.01.2012) the individuals receiving compensations under Articles 230 and 231 of the Defence and Armed Forces of the Republic of Bulgaria Act - for the period during which they receive the compensation.

In **2008/2009**, under PHARE 2005 Programme, was implemented the project “**Improving the condition and integration of minority groups in disabled situation with a special focus over Roma**”. Under that project The Ministry of Health (MH) received three mobile ultrasound consulting offices and three mobile clinical laboratories. Project was implemented in six pilot areas.

Between 2007 and 2009, the number of examined persons in settlements with predominantly Roma population is as follows:

- 21 841 general prophylactic examinations; over 20 000 fluorographic examinations ; 5509 gynecological examinations with 3139 pap smear tests performed; 6763 children’s prophylactic examinations; 3412 oncogynecological examinations; 1537 therapeutic examinations; 1372 laboratory tests;

In **2010**, in eight of the country districts were carried out more than 25 000 examinations and tests with the 23 mobile consulting offices. More than 7000 persons were diagnosed with a diseases or identified with a deviation in laboratory results. They were directed to additional diagnostic specifications and treatment in the relevant medical establishments.

In **2011**, in nine of the country districts were carried out a total of 11 465 examinations with the mobile consulting therapeutic, pediatric and gynecological offices, clinical labs, ultrasounds, mammographs and fluorographs. More than 2353 persons were diagnosed with a diseases or identified with a deviation in laboratory results. They were directed to additional diagnostic specifications and treatment in the proper medical establishments.

Carrying out examinations in target areas was preceded or accompanied by lectures, discussions, conversations on site, during which specialists from the Regional health inspectorates (Regional Inspectorates for Protection and Control of Public Health) presented specially developed health information materials. The discussed topics and the developed materials cover topics in the field of contraception, sexually transmitted infections, breast cancer, cervical cancer, healthy nutrition, immunization, patient rights, social support opportunities, role of the health mediator.

The implementation of the National Immunization Program, and especially ensuring high immunization coverage of Roma children is a priority for the Bulgarian healthcare system. Three national meetings were held in 2010/2011 under the slogan "Initiative for health and vaccinoprophylaxis". The program was carried out under the auspices of the Parliamentary Health Committee with the assistance of National Council for Cooperation on Ethnic and Integration Issues to the Council of Ministers (NCCEII). The initiative is partnered by the Ministry of Health, the Ministry of Labour and Social Policy, the National Health Mediator Network in Bulgaria, the Bulgarian Association for vaccinoprophylaxis, the National Association of general practitioners in Bulgaria, Ethnic Minorities Health Problems Foundation. These meetings gathered on one place health mediators, representative of the RHIs and general practitioners from all over the country, who shared their experience of joint work to tackle outbreak of measles in communities with compact Roma population and measures to limit other communicable diseases among minority groups. The participants also underwent a training in order to increase efficiency of communication between the separate units involved in executing goals for enhancing the access to the healthcare system of vulnerable groups from ethnic minorities. The training included also a module on the importance of mass immunizations in order to improve the health of vaccinated and prevent epidemic outbreaks. All participants pointed out that the teams consisting of health mediator, general practitioner, RIPCPH and municipal representative were most successful in dealing with the epidemic of measles. The meeting attendees also united around the idea that the approach of timely immunizations according to the National Immunization Program of the Republic of Bulgaria is most effective. In 2010, as a result from joint efforts of the assembled teams, 188 000 emergency vaccinations against measles were made, in 2011, during the European Immunization week, experts from RHIs, health mediators and general practitioners united efforts for carrying out emergency immunization campaign against poliomyelitis for all children between 1 and 7 years of age with irregular immunization status.

The National Health Insurance Fund follows strictly the regulations of Bulgarian legislation relevant to the national health insurance model, thus ensuring equal access for all citizens insured under Bulgarian law to the services financed from its budget.

The main priority in the years to come will be close partnership between NHIF and all institutions engaged in the process of compulsory health insurance, with the professional organizations of doctors and dentists, pharmacists, with relevant national and foreign non-government organizations with a view to implement projects of mutual interest for the benefit the health insured persons.

## **Article 13§2**

1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

3) Please provide pertinent figures, statistics or any other relevant information, if appropriate.

Compared to the previous report, the following changes have occurred:

### **Protection Against Discrimination Act**

**Article 4.** (1) (Supplemented, SG No. 70/2004) Any direct or indirect discrimination on grounds of gender, race, nationality, ethnicity, human genome, citizenship, origin, religion or belief, education, convictions, political affiliation, personal or social status, disability, age, sexual orientation, marital status, property status, or on any other grounds established by law or by an international treaty to which the Republic of Bulgaria is a party, shall be banned.

(2) Direct discrimination shall be any less favourable treatment of a person on the grounds referred to in Paragraph (1), than the treatment another person is receiving, received, or would receive in comparable similar circumstances.

(3) Indirect discrimination shall be putting a person, on the grounds referred to in Paragraph (1), in a less favourable position compared to other persons through an apparently neutral provision, criterion or practice, unless the said provision, criterion or practice is objectively justified in view of a legal aim and the means of achieving this aim are appropriate and necessary.

**Article 6.** (1) (Previous Article 6, SG No. 58/2012, effective 1.08.2012) The prohibition of discrimination shall apply to all in the exercise and protection of the rights and freedoms enshrined in the Constitution and the laws of the Republic of Bulgaria.

(2) (New, SG No. 58/2012, effective 1.08.2012) In the course of elaboration of drafts of normative acts, as well as of their implementation, the state and public bodies and the bodies of local self-government shall take into account the goal of preventing any direct or indirect discrimination on the grounds under Article 4(1).

**Article 7.** (1) It shall not constitute discrimination:

7. (amended, SG No. 103/2009, effective 29.12.2009) the special protection of pregnant women, women in an advanced stage of in vitro treatment and mothers, established by law, unless they have waived enjoyment of this protection and has notified the employer in writing of this waiver;

19. (new, SG No. 58/2012, effective 1.08.2012) the difference of treatment of persons in the taking measures, aimed at initiatives, exclusively or primarily encouraging entrepreneurship among women in cases, where they are the gender under-represented or for preventing or compensating of disadvantages in their professional careers.

**Article 27.** (Amended, SG No. 23/2011, effective 22.03.2011)

The provisions of this Section shall furthermore apply to discrimination on the grounds of gender while in military service in the armed forces, except in carrying out any activities and occupying any positions

where gender is a determining factor.

**Article 37.** (1) (Previous Article 37, SG No. 58/2012, effective 1.08.2012) A refusal to provide goods or services, as well as the provision of goods and services of a lower quality or on less favourable terms on the grounds referred to in Article 4 (1) shall not be allowed.

(2) (New, SG No. 58/2012, effective 1.08.2012) No discrimination shall be allowed on the grounds under Article 4(1) in the public or real sector, directly or indirectly, related to conduct of business activity, including in regard to the setting up, equipment or expansion of any business activity or to the commencement or expansion of any other form of such activity.

(3) (New, SG No. 58/2012, effective 1.08.2012) In cases under Paragraph (2) any refusal or any instance of any person being subjected to behaviour, constituting harassment or sexual harassment, may not serve as grounds for taking a decision, which would affect that person.

**Article 47.** The Commission for Protection against Discrimination shall:

12. (new, SG No. 58/2012, effective 1.08.2012) inform the public via the mass media of the provisions applicable in the area of protection against discrimination;

13. (renumbered from Item 12, SG No. 58/2012, effective 1.08.2012) exercise other competencies as provided for in its Rules of Organisation and Procedure.

### **Social Assistance Act**

**Article 3.** (Amended, SG No. 120/2002, SG No. 32/2012, effective 24.04.2012) The provision of social assistance benefits and social services shall exclude any direct or indirect discrimination of individuals on the basis of sex, race, nationality, ethnic belonging, human genome, citizenship, origin, religion or faith, education, beliefs, political affiliations, personal or public status, disability, age, sexual orientation, marital status, ownership of property, or any other feature established in a law or international treaty that the Republic of Bulgaria is signatory to.

The most important changes since the previous National Report can be summarized as follows:

The amendments to the Protection Against Discrimination Act strengthened the legal guarantees ensuring equal treatment and protection against direct or indirect discrimination on the grounds listed in Art. 4, para. 1, on the basis of sex; with respect to the occupation of self-employed persons.

The principle of equality and active compliance with the objective of non-discrimination in the preparation and implementation of regulations was introduced. This achieves compliance of provisions of special laws with the general provisions of the Protection Against Discrimination Act, which has a framework character. **This leads to strengthening of the specific safeguards for the protection of rights.**

The special protection to women during pregnancy, women at an advanced stage of in vitro treatment and mothers, is regulated as a permitted exception to the equal treatment in the workplace. This contributes to the special protection to women and mothers before and after giving birth in Bulgaria.

Different treatment is permitted when measures are taken in connection to the promotion of entrepreneurship among women where they are underrepresented, or to prevent or compensate for disadvantages in professional careers (within the meaning of Article 157, paragraph 4 of the Treaty on Functioning of the European Union, which introduces the possibility of taking measures providing for

specific advantages in order to facilitate the exercise of the profession of underrepresented sex or to prevent or compensate for disadvantages in professional careers, to ensure the full equality in practice between men and women in professional life).

The protection against discrimination of women in the armed forces who are in military service is strengthened.

The Protection Against Discrimination Act expressly provides for the principle of equal treatment and non-discrimination on the grounds of Art. 4, para. 1 in terms of business activity, incl. the start, equipment and expansion of such activity. In these areas the harassment or sexual harassment is also considered discrimination, the rejection of or submission from a person of such behavior cannot be used as a basis for making a decision affecting that person.

The competence of the Commission for Protection Against Discrimination concerning the dissemination of information about the current legislation on the protection against discrimination to the stakeholders is complemented.

The new wording of Art. 3 of the Social Assistance Act strengthens the legal protection of the social and political rights, as it extends the grounds for non-discrimination and recognizes any other grounds established by the law or by an international treaty to which the Republic of Bulgaria is a party. According to Art. 5 para. 4 of the Constitution, the international treaties ratified by the constitutionally established procedure, promulgated and entered into force for Bulgaria are part of the domestic law. They take precedence over provisions of national law which contradict them.

### **Questions of the European Committee for Social Rights:**

**The report also cites Article 3 of the Act on Social Assistance (amended) which provides for protection from discrimination during the process of allocation of social assistance. The Committee notes that although the provision of Article 3 contributes to an equal treatment of the beneficiaries of social assistance, it makes no specific mention of the guarantees for the protection of the social and political rights of these persons.**

In response to the comment of the ECSR in connection with Art. 3 (amended in 2002) of the Social Assistance Act, which guarantees protection from discrimination in the provision of social assistance we would like to refer to the aforementioned new wording of Art. 3 from 2012, Specific safeguards for the protection of social and political rights are enshrined in the presented and implemented amendments to the Social Assistance Act and the Rules for its implementation, which reflects legislative changes made and refines the provisions regarding the provision of social assistance and social services with a view to the provision of more effective social protection for the most vulnerable groups.

### **Article 13§3**

**1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.**

**2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.**

**3) Please provide pertinent figures, statistics or any other relevant information, if appropriate.**

### **1.1. Support to families with children.**

Providing financial support under the Family Allowances Act (FAA) is an important part of the support for children and families, which reaches more than 80% of children in Bulgaria. The main purpose of the allowances for the families is to help raising children in a good family environment.

Right to family allowances for children under the Family Allowances Act have pregnant women - Bulgarian citizens, families of Bulgarian citizens - children who grow in the country, families in which one of the parents is a Bulgarian citizen - for children with Bulgarian citizenship, grown in the country; families, relatives, friends or foster care - for children placed under Art. 26 of the Law on Child Protection, pregnant women - foreign nationals and families of foreign nationals who permanently reside and raise their children in the country if the receipt of such aid is provided under other law or by an international treaty to which the Republic of Bulgaria is a party.

All kinds of family allowances are granted by the "Social Assistance" directorate in the place of residence, based on application-declaration form, with the required documents attached thereto, which are stipulated in the Rules for the Implementation of the Family Allowances Act.

During the period 2008-2011 there have been done some amendments to the Family Allowances Act. From 01.01.2008 the monthly allowances for children up to their graduation in the secondary education, but provided they are have not reached 20 years of age, are not differentiated according to the sequence of the children raised in the family, and are the same for all children. From 01.01.2009 two new types of allowances were introduced in the Family Allowances Act - single allowance for raising twins from their birth to one year, and a lump sum allowance for children up to the age of one year, if its mother is a student, enrolled in regular education.

With a change in the legislation by February 2010 the targeted allowances for free rail travel in the country for mothers with many children, provided by the Rules for the implementation of the Social Assistance Act are provided under the terms and conditions of the Family Allowances Act. Another change in the legislation in March 2010, transferred the monthly allowances for children with disabilities under 18 years of age provided under the Act for the integration of people with disabilities in the Family Allowances Act.

During the reference period in the Rules for the implementation of the Family Allowances Act (RIFAA) were introduced new conditions for providing monthly allowances for children until they complete secondary education, but not who have not reached 20 years of age, and monthly allowances for children up to the age of one year in order to promote responsible parenthood to providing health care for children. The changes in RIFAA, effective from 09.04.2010, regulate the provision of these benefits provided the beneficiaries carry out mandatory immunizations and medical tests of the child, which is certified with a certificate, issued by the GP of the child. This requirement does not apply to children with disabilities.

Substantial amendment in RIFAA, in force since 21.01.2011, was the settlement of the legal possibility of providing monthly allowance for a permanently disabled child from the first day of the month, in which the date of the disability is identified with a decision of the TEMP / NEMC, but not for

more than the past 3 years, if the return request is submitted within 3 months from the date of the decision.

Under the Family Allowances Act, nine categories of allowances are provided, and for each one of them a differentiating criterion is perceived, consistent with the purpose of the specific family support. The majority of family benefits are granted to families regardless of their income. These are: single allowance for a childbirth; lump sum allowance for twins from their birth to 1 year; lump sum allowance for child from its birth to 1 year if its mother is a student in full time education; monthly allowance for children with disabilities under 18 years of age and until the completion of their secondary education, but not after they reach the age 20; as well as targeted benefits for mothers with many children for free travel by train or bus in the country.

For another part of the child allowances, a specific criteria have been introduced, according to their orientation or income per family member as defined in the Law on the State Budget of the Republic of Bulgaria for the relevant year. These are: single allowance for pregnancy, the monthly allowance for children until it completes its secondary education, monthly allowances for children up to one year, and targeted support for students.

The Family Allowances Act regulates the legal possibility the monthly allowances for children, the monthly allowances for children up to 1 year and the targeted support for students to be provided in the form of social investments. According to the Provisions for the implementation of the Family allowances act, under art. 7 of the Family allowances act, families whose children have 5 unexcused absences from school for the month, are not given allowances. This aims the proper targeting and appropriate spending of the benefits only for families who make efforts to raise properly and educate their children.

For families with dependent children with disabilities and for families of relatives or foster families - for children placed under Art. 26 of the Law on Child Protection, Family Allowances are provided regardless of the family income.

With a view to providing better and more targeted support for children who are raised by one parent only, in 2012 amendments were made to the Family Allowances Act and the Provisions for its implementation, coming into force on 01.01.2013. With these amendments the monthly allowances for a children until the graduation of secondary education, but before it reaches 20 years of age, and the monthly allowances for children up to one year, are granted with no income criterion. Allowances will be paid until the children reach the age of 18 without a document from the school, certifying that the child is studying.

The dimensions of the different types of family allowances for the period 2008-2011 and the average monthly income per family member for access to monthly benefits for children are as follows:

**For 2008:**

- Average monthly income under art. 4 of the Family Allowances Act (FAA) – BGN 300;
- Monthly allowances until the completion of the secondary school, but not after 20 years of age under art. 7, para. 1 of the FAA – BGN 25 for each child. For children with disabilities – BGN 50;
- If the mother gives birth to 2 or more children at the same time, the monthly allowance under art. 7 of the FAA for each of them shall be determined and paid in the amount of 150 percent of the amount of the allowance – BGN 37.50 (BGN 75 for a twin with a permanent disability);
- The lump sum for pregnancy under art 5 of the FAA – BGN 150.

- The lump sum for the birth under art. 6, para. 2 of the FAA is as follows:
  1. For the first child – BGN 250.
  2. For the second child – BGN 600.
  3. For the third and each next child – BGN 200 per child.
    - When a mother gives a birth to twins, one of whom is the second child of the mother, birth grants are paid for each child in the amount for a second child.
    - Additional single allowance for children with identified disabilities over 50 percent by the age of 2 years under art. 6 para. 6 FAA - BGN 100.
    - Monthly benefits for children up to one year under art. 8, para. 1 FAA - BGN 100;
    - Single targeted allowance for students – BGN 150 (the aid was provided in the form of social investments worth BGN 120 per child and BGN 30 in monetary form.).

**For 2009:**

- Average monthly income under art. 4 of the Family allowances act (FAA) – BGN 350;
- Monthly allowances until the completion of the secondary school, but not after 20 years of age under art. 7, para. 1 of the FAA – BGN 35 for each child. For children with disabilities – BGN 70;
- If the mother gives birth to 2 or more children at the same time, the monthly allowance under art. 7 of the FAA for each of them shall be determined and paid in the amount of 150 percent of the amount of the allowance – BGN 52.50 (BGN 105 for a twin with a permanent disability);
- Single allowance for mothers who are students, under art. 8 of the FAA is 12 times the minimum wage established for the country – BGN 2,880 (BGN 240 minimum wage);
- Single allowance for twins, under art. 6 of the FAA is BGN 1200 for each child.
- Single targeted allowance for students – BGN 150 (in monetary form);

(The other kinds of allowances remain the same as in 2008)

**For 2010:**

- Average monthly income under art. 4 of the Family allowances act (FAA) - BGN 350;
- Monthly allowances for children with disabilities until the completion of the secondary school, but not after 20 years of age under art. 8d, of the FAA – BGN 168 for the period between 01.01.2011-31.08.2011 and BGN 189 for the period between 01.09.2011-31.12.2011(70 percent of the minimum wage – BGN 240 minimum wage for the period 01.01.2011-31.08.2011, and BGN 270 minimum wage for the period 01.09.2011-31.12.2011).

For the period January - December 2008 under the Family Allowances Act, family allowances for pregnancy, childbirth and childcare were given to an average of 828 276 children per month. The paid allowances amounted to BGN 312 222 854.

For the period January - December 2009 under the Family Allowances Act, family allowances for pregnancy, childbirth and childcare were given to an average of 924 317 children per month. The paid allowances amounted to BGN 431 138 028.



For the period January - December 2010 under the Family Allowances Act, family allowances for pregnancy, childbirth and childcare were given to an average of 934 124 children per month. The paid allowances amounted to BGN 487 047 401.

For the period January - December 2011 under the Family Allowances Act, family allowances for pregnancy, childbirth and childcare were given to an average of 913 861 children per month. The paid allowances amounted to BGN 489 768 436.

### **Questions of the European Committee for Social Rights:**

**The Committee has considered social services in general from the perspective of Article 14§1 and concluded that the situation is in conformity with the Charter as regards organisation and quality of social services, as well as effective and equal access. Regarding Article 13§3, the Committee notes from the report that the National Health Insurance Fund provides regular information services to inform persons of their rights. The Committee asks whether services and institutions are provided with sufficient means to give appropriate assistance and advice to make those concerned fully aware of their entitlement to social assistance.**

In answer to the ECSR on the ability of government agencies and institutions to guide and inform the persons on the right to social assistance, we note that in the implementation of state policy in the field of social assistance to the Minister of Labour and Social Policy, Agency for social assistance is established, which is an executive agency - a secondary administrator of budget funds and a legal entity with a headquarter in Sofia. The specialized administration of the Agency for social assistance is organized into the General Directorate "Social Assistance", which includes 28 regional directorates for social assistance and other 147 "Social Assistance" directorates.

The General Directorate "Social Assistance" meets citizens and advises individuals and legal entities on issues of social welfare, including issues in the field of social services and the rights of people with disabilities.

The Regional Directorates for Social Assistance perform various activities related to:

- Study of the needs of the population in the area of social assistance and social services, coordination of the planning and development of services at the district level and participation in the development of the strategy for social services at the district level;
- Performing reception of citizens and advising individuals and legal entities on issues of social welfare, child protection and the rights of people with disabilities and others.

The activities of the Agency for social assistance are associated with:

- Search for individuals and families in need of social support;
- Study of the needs of the population in the area of social services in the municipalities;
- Performing specific social work aimed at supporting vulnerable groups to social inclusion in the community;

- Performing removal and accommodation of persons to the specialized institutions, guiding people in need to the use of social services and reintegration;
- Counseling and individual work with every person in need, supporting his/her social adaptation and integration;
- Performing reception and advising on issues of social and family support, child protection and the rights of people with disabilities and others.

Within the meaning of § 1, item 9 of the Supplementary Provisions of the Social Assistance Act "Social work" shall be professional activity for improvement of the mutual adaptation of beneficiaries, families, groups and the living environment thereof. Social work shall be a complex of supportive activities intended to achieve a better quality of life, dignity and responsibility in people on the basis of the individual capabilities thereof, interpersonal relations and the resources of the community.

In order to estimate the right to social support in relation to the provisions of Art. 27, para. 6 and par. 7 of the Rules for the implementation of the Social Assistance Act, when social survey are conducted, all the established circumstances connected to the possibility of self-support and / or assistance must be taken into account.

Based on the results of his/her social survey, the social worker makes a proposal for granting or denial of allowance, its type and size, as well as a recommendation for referral to community-based social services and for starting procedure under Art. 40, para. 4 of the Rules for the implementation of the Social Assistance Act (RISAA).

As regards to the providers of social services, the RISAA regulates their obligation to provide a draft contract to the potential user for the provision of social services as well as written information containing: description of the social services that are provided, the experience of the supplier in the providing of social services and the qualification of the personnel; the conditions and the rules for the use of the services, and the procedure for filing a complaint.

In addition, it should be noted that the Agency for Social Assistance since 2011 is a beneficiary of two projects implemented with the financial support of the European Social Fund under the Operational Programme "Human Resources Development".

The first project – "Strengthening the capacity of the Agency for Social Assistance to improve the quality and effectiveness of social work" has an indicative budget of 10 million BGN and aims to increase the capacity of the staff in the Agency for Social Assistance and to improve the effectiveness of the social work. In the one year period of implementation of the project "Strengthening the capacity of the agency for social assistance to improve the quality and effectiveness of social work" the number of the employees who work in the departments "Child Protection" and "People with disabilities and social services" has been increased. This contributes to the improvement and the optimization of the work in the "Social Assistance" directorates. The project covers all the 28 districts in the Republic of Bulgaria, and includes 147 "Social Assistance" directorates. The project will be implemented till 31.10.2014.

The second project – "Development of the planning system and the provision of social services at regional level" aims to develop the capacity of the system of planning and management of social services for flexible and individualized support for social inclusion of vulnerable groups. The project covers all the 28 districts in the Republic of Bulgaria and has an indicative budget of nearly 6 million BGN.

## **Article 14 – The right to benefit from social welfare services**

With a view to ensuring the effective exercise of the right to benefit from social welfare services, the Parties undertake:

1. to promote or provide services which, by using methods of social work, would contribute to the welfare and development of both individuals and groups in the community, and to their adjustment to the social environment;
2. to encourage the participation of individuals and voluntary or other organisations in the establishment and maintenance of such services.

### **Information to be submitted**

#### **Article 14§1**

**1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.**

**2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.**

### **Social services**

The Social legislation of the Republic of Bulgaria ensures, through social assistance activities, social protection for people who because of their health, age, social status or other reasons beyond their control, are not able to meet their basic needs, including adequate food, clothing and housing according to socio-economic development of the country. This objective is implemented through better targeting of the social assistance, improving the mechanism for the provision of social services and creating conditions and opportunities for social integration of the vulnerable groups - especially those with disabilities, the elderly, single parents, children at risk, etc.

The Social Assistance Act (SAA) introduced two basic forms of social support – social assistance benefits and social services.

The social services are activities that support and extend the capabilities of individuals to lead an independent life and are provided in specialized institutions and in the community. The social services are based on social work and they focus on real support to the assisted persons to carry out their daily activities and achieve social inclusion. They are provided according to the desires and personal choice of those who need them. Prerequisite for the use of social services is the health of the individuals and their needs to correspond to the specifics of the social services.

The social services are divided into two main groups: community based services and social services, provided in specialized institutions. The social services can be provided for a short term - up to three months and / or for a long term - for a period exceeding three months.

Community-based services are services provided in a family or family-like environment. They are aimed at improving the quality of life of the people in need, while respecting the principle of independent living. The community services are tailored to individual needs, desires and living

conditions of the users. The social services provided in the community are diverse, so they can reflect the different needs of the individuals. The types of social services for older people are:

1. Personal assistant;
2. Social assistant;
3. Home assistant;
4. Home care;
5. Day center;
6. Center for Social Rehabilitation and Integration;
7. Social services – residential type:
  - a) Center for family accommodation;
  - b) Center for Temporary Accommodation;
  - c) Crisis center;
  - d) Transitional housing;
  - e) Protected housing;
  - f) Observed housing;
  - g) Shelter;
8. Social-Educational Center;
9. Unit "Mother and Child";
10. Center for Community Support
11. Center for work with children from the street
12. Foster care;
13. Soup kitchens

The specialized institutions are of boarding houses in which people are separated from their home environment. The social services in specialized institutions are provided after exhausting the possibilities for the use of community services. Although they are forms of social services, the specialized institutions should be the last resort offered to the users. However, specialized institutions in Bulgaria are a traditional form of provision and use of social services.

The specialized institutions in which older people and adults with disabilities can use social services are homes for adults with disabilities and nursing homes.

The types of homes for adults with disabilities are:

1. Homes for adults with mental retardation;
2. Homes for adults with mental disorders;
3. Homes for adults with physical disabilities;
4. Homes for adults with sensory disorders;
5. Homes for the elderly with dementia.

### **Using social services**

Using social services is voluntary and depends solely on the will of the individuals. The legislation does not allow intervention by the state, municipality or other authority in the selection of social services by the individuals. The legislative framework regulates only the single condition the services in specialized institutions to be used after exhausting the possibilities of providing services in the community.

The considering of the individual needs of the beneficiaries is guaranteed by the existing regulatory requirement according to which the social service providers to prepare an individual plan after assessing the needs of each user of social services and the formulation of objectives to be achieved.

The existing legislation in the field of social services gives priority to the development of community-based services as an alternative to institutional care.

The use of social services shall be under the terms and conditions of the Rules for the implementation of the Social Assistance Act (RISAA). Persons wishing to use the social services shall submit a written request at their current address to the director of the "Social Assistance" directorate.

Based on the request and the documents attached, an ID /for reference /, a copy of the personal medical card and a copy of the decision of a Medical Advisory Committee, a Territorial Expert Medical Commission or the National Expert Medical Commission, if any, the social needs of the person shall be assessed, which is reflected in the report-proposal.

The social services – residential type and the admission for social services in the community is carried out after an order by the Director of the "Social Assistance" directorate in whose territory the service operates, based on the report-proposal in the sequence of the received in the directorate documents of the prospective users. Advantage in the use of social services have the war veterans and war invalids, under the provisions of the War Veterans Act and the War Veterans and War Victims Act.

The refusal of the Director of the "Social Assistance" directorate for the accommodation in a specialized institution or the provision of social services in the community may be appealed under the Administrative Procedure Code.

### **Financing of the social services**

Regarding the financing of the social services - delegated by the state, a system of uniform costing standards was introduced for the financing of all types of social services, consistent with the ability of the state budget and the needs of the sector. The introduction of uniform standards for all types of social services launched a new phase in the development of the social service system.

Each year the Council of Ministers by a Decision determines the activities funded by the municipal budgets, the local and the delegated by the state activities and establishes uniform costing standards for the funding of state mandates.

The uniform cost standards establish not only formal opportunity for expansion of the non-governmental organizations and companies in this sector and the efficient use of funds for the development of the social services, but also based on the management approach to their management, the standards provide the necessary conditions for better flexibility, improvement of the quality of the services and higher remuneration of the workers in this field.

### **Planning the development of social services.**

The planning is carried out in order to develop a network of social services, ensuring equal access to basic services for vulnerable groups. It is crucial for their effective social inclusion and participation in the society. Ensuring equal access to services is undoubtedly one of the main challenges in the battle against social exclusion in Bulgaria, its effect and sustainability are enhanced when their approach is individual and the ultimate goal is integration into the labor market.

In this regard a change was made in the Social Assistance Act. According to Art. 19 of the SAA / am. SG. issue. 15 of 23.02.2010 / The regional governors shall organize the elaboration and shall endorse strategies for development of social services at a regional level with the competent regional social assistance directorates.

The municipal councils shall adopt strategies and annual plans for development of social services at municipality level in consultation with the competent Social Assistance Directorates.

The annual plans shall be adopted annually and shall state the activities which will be executed during the next succeeding calendar year.

The terms and procedure for planning, opening, provision and closing of social services shall be established by the Regulations for Application of the Social Assistance Act.

### **Opening of social services.**

The types of social services stipulated in Art. 36 of the RISAA when delegated activities are opened according to Art. 36c of the same bylaw. The executive Director of the Agency for Social Assistance allows the opening of social services, when they are delegated by the state and meet the standards and criteria for social services, on the proposal of the director of the regional directorate for social assistance.

The proposal shall be in accordance with the annual plan for the development of social services of the relevant municipality.

The following documents shall be attached to the proposal:

1. Reasoned decision of the municipal council for the opening of a social service, which must state the capacity of the social service and the date of entry into force of the decision;
2. Documents certifying ownership or justification for use of the equipment, and the ability to be operated according to the type of social service.

For the opening and funding of a new social service, as delegated by the state, it needs to be embedded in the preparation of the draft budget of the municipality for the next calendar year.

Social services can be provided in buildings leased by the municipality as the decision of the municipal council fits clause which confers the mayor to enter into a contract to supply the municipality with buildings, in social services will be provided, conditional on the intended use for a period of not less than 10 years.

### **Reform of social services**

The realization of the process of deinstitutionalization of people in institutional care and the provision of social services, that are close to the family environment is one of the policy priorities for the provision of social services.

The main objectives of this process are primarily focused on:

- Deinstitutionalization and humanization of the provision of social services by improving the quality of life of the people using social services;

- Development of a network of social services in the community, aiming to prevent the institutionalization of disadvantaged people;
- Social inclusion of people from specialized institutions and groups at risk.

The development of a network of social services in the community will ensure equal access to basic services for vulnerable groups. This is crucial for their effective social inclusion and participation in the society. Ensuring equal access to services is a major challenge in the combat against social exclusion of vulnerable groups in Bulgaria.

Specific data on the reform of social services are given below in the answer to Question 3.

### **A Concept for a National strategy for a long-time care is to be adopted.**

The development of long-term care is a key objective of the present concept, which is aimed at improving the access to social services in the community and in family environment by expanding the network of such services in the country and improving their quality, as well as by promoting interaction between social and health services. The implementation of these priorities and measures requires joint efforts of all stakeholders in the development and implementation of policies to support the vulnerable groups in the society, particularly the elderly and the people with disabilities.

In view of the current situation of the system of services in Bulgaria and the challenges facing its development (aging of the Bulgarian population and the growing need for long-term care), there is a need for the implementation of an integrated cross-sectoral approach, which places special emphasis on:

- Development of long-term care through innovative cross-sectoral services (with a focus on the integration of health and social services) to be provided in accordance with the actual needs of the people;
- Building an adequate network of social services in the community and home environment (creation of new services in the community and at home, including providing hourly services to promote social inclusion);
- Improving the access to preventive health and social services for adults with early-intervention;
- Providing comprehensive support for families who take care for dependent family members.

The draft concept for a national strategy for long-term care is based on a policy aimed at creating the conditions for an independent and dignified life for elderly and people with disabilities in respect of their rights, complying with their abilities and special needs. The vision is based on the understanding that the protection of the dignity and quality of life of the elderly and the people with disabilities can be achieved by providing qualitative, affordable and effective cross-cutting long-term care, tailored to the real needs of the people and the community.

### **The right of foreigners to social assistance**

According to art. 11 of the Asylum and Refugees Act temporary protection shall be granted in the event of mass influx of foreigners who are forced to leave their country of origin as a result of an

armed conflict, civil war, foreign aggression, large-scale violations of human rights or violence on the territory of the relevant country or in a specific area thereof and who, for those reasons, cannot return there.

Temporary protection shall be provided for the duration specified under a Resolution of the Council of the European Union.

The right to social assistance to foreigners is regulated in Art. 2, para. 6 of SAA.

### **Improving the infrastructure of social services**

With the aim to improving the infrastructure of social services for the period 2011 - 2012, under the Project "Beautiful Bulgaria" 20 buildings have been repaired as follows:

- In 2011 - 4 social services in the community and 9 specialized institutions were repaired;
- In 2012 - 4 social services in the community and 3 specialized institutions were repaired;

On 26.11.2012 The Project "Beautiful Bulgaria" opened a campaign for the recruitment of candidates for participation in 2013. Municipalities owning nursing homes may apply for funding under the Measure 02-02 "Emergency assistance for care homes".

### **Staff in social services**

By Order № RD 01-864 of 30.10.2012, the Minister of Labour and Social Policy repealed the old Methodology for determining the positions of staff in institutions and social services in the community and establish a new one. This method is purely advisory and sets minimum staffing structure in institutions and social services in the community.

The methodology provides guidance to ensure compliance with the standards and criteria for staff in social services in identifying specific staff positions in the social services provided in institutions and in the community under the provisions of Article 41, paragraph 5, item 1 of the Rules for the implementation of the Social Assistance Act and Art. 66 of the Ordinance on the criteria and standards for social services for children.

The methodology sets out minimum requirements for the structure of the staff in institutions and social services in the community.

The main objectives are providing such structure of the staff, that will optimize the care for children and adults, increase the quality of social services, and ensure mobility in the employment of the relevant staff.

The methodology contains staff positions for each social service delegated by the state.

For each type of service are determined necessary positions for professionals working in social service, recommended positions for specialists and general positions, required to provide quality care.

At the discretion of the director and / or manager of the social service other professionals can be recruited, who are not included in the methodology, in accordance with the specific needs of the users of social services.



It is recommended that the number of positions for specialists, required for the functioning of the service, to be in proportion to the common positions in specialized institutions, to fully meet the needs of the target group.

### **Protection of personal data**

According to Art. 6 para. 2 of the SAA to perform the functions of providing social assistance and social services the directorates "Social Assistance" are entitled to free access to the National Database "Population", which is provided through an agreement between the Ministry of Regional Development and the Agency for Social Assistance, and shall require ex officio the necessary information from the automated information systems ESGRAON, the territorial structures of the National Revenue Agency, the Registry Agency, the Employment Agency, the National Insurance Institute and other state and municipal authorities, as well as natural and legal persons as they are required to provide it for free within 14 days of the request.

In this connection between the Agency for social assistance and the Ministry of Regional Development and Public Works an agreement № AU04-327/11.04.2011 was concluded, on the provision of personal data by the National Database "Population" of the ASA for the implementation of the functions on social benefits and social services.

**3) Please provide pertinent figures, statistics or any other relevant information to demonstrate the effective access to social services (beneficiaries in total and per category of social welfare services, number and geographical distribution of services, staff number and qualifications).**

As stated above, the provision of equal access to services is a major challenge in the fight against social exclusion of vulnerable groups in Bulgaria.

In this regard, in 2008, 129 new alternative to institutional care services in the community, with a total capacity for 4077 persons have been disclosed as delegated by the state.

The state increased the capacity of 4 day centers for disabled children, 3 Centers for Social Rehabilitation and Integration, 1 Day center for adults with disabilities and 1 day care center for the elderly.

In order to meet the needs of the people who need social services, in 2008 five specialized institutions were opened with a total capacity for 166 persons, of which 4 nursing homes and 1 home for adults with mental retardation.

With the aim to implement the standards and criteria for the provision of social services and the improvement of living conditions in institutions in 2008:

- Home for adults with mental retardation - v. Trastika, Popovo Municipality, Targovishte and home for elderly people – v. Pelishat, Pleven Municipality, Pleven, were closed.
- The capacity of 3 nursing homes and 1 home for elderly people with dementia was increased.

- The capacity of 7 institutions was reduced, as follows: 3 homes for adults with mental retardation, 1 home for adults with physical disabilities, one nursing home, 2 homes for adults with mental disorders.

In 2009 in the reform of social services, primary emphasis was placed on the transition from institutional care to services in the community. Personal approach in the social work was introduced in order to achieve maximum impact in terms of best satisfying the needs of the deprived persons and to provide the necessary social services. Social services in specialized institutions are provided after exhausting the possibilities of providing services in the community.

132 new alternative to institutional care services in the community, with a total capacity for 2,442 persons have been opened.

In 2009 the capacity of 11 community based services for 154 persons was increased. Two new forms of social services were introduced - transitional housing and observed housing, which function as residential since January 2009.

In pursuance of the deinstitutionalization process and the improving of the quality of life in institutions, the capacity of 8 specialized institutions for elderly people with disabilities for 110 persons was reduced.

In 2010 in the implementation process of deinstitutionalization and improving quality of life in institutions is a home for adults with physical disabilities was closed in v. Slisovtsi, Tran municipality, Pernik Region, for 40 persons, and the capacity of 11 specialized institutions for adults with disabilities and older people for 180 persons was reduced.

The capacity of 3 specialized agencies for 78 persons was increased.

33 new residential social services, with a total capacity for 33 persons, were opened.

20 new social services in the community, with a total capacity for 601 persons were opened.

The capacity of 4 community based services for the elderly available for 27 persons, was increased.

In implementation of the concept of deinstitutionalization and prevention of social exclusion of people living in institutions, in 2012 was launched a Plan for reforming the specialized institutions for adults with disabilities 2010 - 2011, this plan provided for specific measures and activities to be implemented under the reform of 14 specialized institutions for adults with disabilities, including 6 homes for adults with mental retardation / DVHUI / 4 homes for adults with mental disorders / DVHPR / and 4 homes for adults with physical disabilities / DVHFU /.

With the aim of humanizing the conditions of life in the institutions for elderly people with dementia in the Plan for reformation of the the specialized institutions for adults with disabilities 2010-2011, 13 homes for elderly people with dementia / DVHD / were included. In the process of implementation of the plan the placement in these institutions was discontinued.

In the process of implementation the reform in DVHFU ended – v. Pravda – the capacity of the institution was reduced. The persons from that home were accommodated in two new social services in the community in Dulovo city. DVHFU in Borolovetz village was closed, Boinitza municipality, and two centers for family-type / small group homes / were opened with a total capacity for 30 persons in the renewed building, also a Small group homes and sheltered housing in the village Boinitza were built.

The capacity of DVHFU in the Razdol village, Strumiani municipality, was reduced and 10 persons moved to new residential service "Sheltered Homes" in Razdol village.

The DVHFU in Pastra village is to be closed in 01.01.2013, in its place two new centers for rehabilitation and social integration were opened with a view to meet the complex needs for social rehabilitation and counseling services.

As a result of the implementation of the Plan for reformation the four planned for closing specialized institutions for adults with physical disabilities were closed. In this connection, two new social residential care services for adults with physical disabilities were opened, 1 for elderly and 1 for persons with mental retardation, in which a total of 149 persons were deinstitutionalized.

As a result of the implementation of the Plan for reformation of the specialized institutions for adults with disabilities and to ensure better living conditions and quality of care, measures were taken to move the users from six DVHFU, which were planned for reformation as follows:

- Reintegrated in the family - 4 persons;
- In residential social services – 37 persons;
- Moved and housed in appropriate for their state of health social services - 44 persons.

Given the accomplished reform and deinstitutionalization, the capacity of 5 DVHUI was reduced by a total of 68 accommodation places.

DVHUI in Prisovo village, Veliko Turnovo, with total capacity for 55 persons was closed.

In 2011 were opened 4 residential social services with a total capacity for 51 persons.

In 2011, pursuant to the deinstitutionalization process and the improvement of the quality of life the capacity of 12 specialized institutions for adults with disabilities and older people was reduced by 187 accommodations places.

28 Residential Social Services were opened with a total capacity for 308 persons.

The capacity of 3 Residential Social Services was increased for providing services to 5 additional persons.

New social services in the community with a total capacity for 354 persons were opened.

## **Article 14§2**

**1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.**

**2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.**

**3) Please provide pertinent figures, statistics or any other relevant information to demonstrate the participation of the voluntary sector to the provision of social services, as well as the effective access of individuals to these services.**

**Public participation in the establishment and maintenance of social services.**

Besides the control of the Inspectorate at the Agency for Social Assistance (ASA), the social services are subject to civilian control. In the municipalities with a decision of the municipal council public councils are created. These councils have the right to control the quality of social services in accordance with established criteria and standards, advising on the opening and closing of specialized institutions for social services in the municipality and support the coordination of the provision of social services to individuals and legal entities registered under the Commerce act.

Another form of civil scrutiny provided for in the Rules for the Implementation of the Social Assistance Act, are the Councils of social service beneficiaries, their guardians or trustees. They are created to protect the interests of the beneficiaries of social services and to exercise social control. The councils have an advisory role in the implementation of activities under the provision of social services and ensure their quality.

### **Registration of persons providing social services**

The terms and conditions for the registration of persons providing social services are described in the Regulations for the implementation of the Social Assistance Act. The Bulgarian individuals registered under the Commerce act, the legal persons and the natural persons engaged in business, and the legal entities from another country - member of the European Union or another country - member of the European Economic Area, can provide social services only after entry in the register of the Agency for Social Assistance.

Persons wishing to be entered in the register shall submit to the Executive Director of the Agency for Social Assistance (ASA) application form (Annex № 5 to the PPZSP) and provide unique identification code (UIC) when applying as a merchant or a cooperation, or BULSTAT when they are legal entity. Persons who are not entered in the Commercial Register to the Registry Agency, attach the decision for initial court registration, certificate of good standing issued by the court no earlier than 6 months from the date of filing of the application and card identification under BULSTAT register.

For the provision of social services that require buildings, it shall be certified by a document of title, or proof of the reason for use of the site with enclosed: permission to use the building issued by the Directorate for National Construction Supervision and a certificate of registration of places for public use, issued by the Regional Inspectorate for Protection and Control of Public Health.

The executive Director of ASA or an authorized officer within 7 days from the date of application issues a certificate of registration or a motivated refusal to register by notifying the person in writing. The refusal may be appealed under the Administrative Procedure Code.

In the case of omissions in the documents, the person is given 7 days to correct them.

The registered persons are required to notify in writing the ASA of any changes in the circumstances entered in the register within 7 days of their occurrence.

The legislative changes enabled the delegation of the management of social services to NGOs in relation to which a competition procedure is introduced, which is described in Art. 37, 38, 39 and 39a of the Rules for the implementation of the Social Assistance Act.