



**EUROPEAN COMMITTEE OF SOCIAL RIGHTS  
COMITÉ EUROPÉEN DES DROITS SOCIAUX**

31 January 2018

**Case Document No. 2**

**European Roma Rights Center v. Bulgaria**  
Complaint No. 151/2017

**SUBMISSIONS BY THE GOVERNMENT  
ON THE MERITS**

**Registered at the Secretariat on 28 December 2017**



**TO  
MR. GIUSEPPE PALMISANO  
PRESIDENT OF ECSR**

**DEAR MR. PRESIDENT,**

With regard to the merits of Collective Complaint No 151 from 22 May 2017, lodged by the international non-governmental organisation European Roma Rights Centre to the European Committee of Social Rights (ECSR) we hereby express the following position:

## **I. GENERAL COMMENTS**

The complaint contains **an inadequate statement of reasons**. It does not identify specific verified facts and circumstances, attesting to the existence of segregated maternity wards or other discriminatory treatment of Romani women in hospitals. Due to the lack of such facts, the Government cannot take a specific stand. The complaint is based on a research conducted by the Bulgarian Helsinki Committee (BHC) in 2016, which, in turn, **cannot be regarded as a national representative survey and cannot be a substitute for the necessary specific facts and the respective proofs in the complaint**. It is unacceptable to assert in a legal dispute, resulting from the lodging of a collective complaint, as for example in items 42 and 43 of the complaint that “one of the Romani women said...” without specifying where the “infringement” took place – in which hospital or at least in which city.

The complaint contains allegations of discrimination on the grounds of ethnic origin against Romani women in Bulgaria. The body, responsible for investigating and determining whether there has been discrimination or not is the Commission for Protection against Discrimination, as well as the independent court of the Republic of Bulgaria.

The complaint does not make it clear whether the matter has been referred to the above-mentioned institutions, which are required to issue a ruling on these issues and if so, what are their decisions. We hereby declare that according to data of the Commission for Protection against Discrimination, no complaints concerning discriminatory treatment of pregnant women and women, who have recently given birth, have been lodged. In the same period no such complaints have been registered in the Bulgarian system of administrative courts.

The Bulgarian Helsinki Committee states that the research covers “women” between the age of 14 and 46 years. Under the Bulgarian legislation, persons up to the age of 14 shall be deemed infants and incapacitated, at the age between 14 and 18 years – minors with limited capability, 18 years and above – persons of full age and having proper capacity (Article 4 of the Persons and Family Act). Infants and minors are not entitled to make legally valid declarations of will. From this perspective, the answers of minors, who have been incorrectly presented as women in the research cannot be deemed to be objective and corresponding to the real situation.

## **II. ON THE SUBSTANCE OF THE COMPLAINT ALLEGATIONS**

**1. The current Bulgarian legislation guarantees that all Bulgarian citizens shall have equal access to healthcare services.**

Bulgarian legislation and practice are in full compliance with Article 11 §§1 and 2 and Article 13 §§1 and 2 of the European Social Charter (revised). **The allegations in the complaint of an aggravated situation and lack of adequate care measures for Romani women and pregnant women are false.** In support of our thesis, we offer the following arguments.

**Segregation** as an expression of state policy **in the Republic of Bulgaria does not exist in any of the public spheres** – education, healthcare, social services and other. The same is valid for the state policy, concerning racial discrimination, racial hatred and racial torture. The Bulgarian Constitution and laws guarantee to an equal extent the rights of all Bulgarian citizens.

When drafting legislative acts, concerning the medical treatment of the population, as well as when exercising control over their implementation, the Ministry of Health is governed by the principle of equal treatment for all population groups without direct or indirect discrimination on the grounds set out in the Protection against Discrimination Act, including race and ethnic origin. This is also explicitly provided for by Article 5, item 5 of the Health Insurance Act, Article 2 of the Health Act and other legislative acts in the field of medical care. In this connection, **the right** of Bulgarian citizens of different ethnic population groups to **equal access to healthcare services** is guaranteed.

**Article 4, paragraph 1 of the Protection against Discrimination Act** forbids 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.

Pursuant to **Article 2 of the Health Act** the protection of the citizens' health as a condition of full physical, mental and social well-being is a national priority and it shall be guaranteed by the government through the application of the following principles:

1. **equality** in the use of health services;
2. ensuring accessible and high-quality healthcare, **giving priority to children, pregnant women and mothers of children aged up to one year**;
3. priority of health promotion and the integrated disease prevention;
4. prevention and reduction of the health risk to citizens as a result of adverse effects of environmental factors;
5. **special health protection of children, pregnant women, mothers of children aged up to one year** and people with physical and mental disabilities;
6. participation of the government in the financing of activities aimed at protecting the health of citizens.

The main goal of the health policy is to ensure **equal access** to a certain type, scope and volume of medical care **to all Bulgarian citizens**, irrespective of their gender, age, ethnic or social background. To achieve this goal, medical care is provided, including monitoring of pregnant women in medical treatment facilities for out-patient and in-patient hospital health care.

Under the Constitution (Article 47) and the health legislation of Bulgaria mothers and children shall be the object of **special protection on the part of the state**. The Health Act regulates the reproductive rights - risk-free maternity, prevention and treatment of sterility, family planning, and childcare. The regulations contain detailed rules for pregnancy monitoring and prevention examinations of persons aged 0 to 18 years.

All compulsory health insured persons have free access to hospital medical care in a medical treatment facility of their choice, which has signed an agreement with the National Health Insurance Fund (NHIF) on the territory of the whole country, including obstetrics care, irrespective of the type of birth. It should be noted that the allegation of the complainants that a larger part of Romani women are not covered by health insurance (item 4 of the complaint) does not correspond to reality, since on the grounds of Article 40, paragraph 3, item 1 of the Health Insurance Act any person who has not attained the age of 18 years shall be insured at the expense of the State Budget. Furthermore, we reject the allegation that 51% of the Roma in paid labour lack health insurance (item 12). On the grounds of Article 33 in connection with Article 40, paragraph 1, items 1-3 of the Health Insurance Act they are covered by health insurance, when they perform work legally for remuneration (employment relationship, as craftsmen etc.).

Pregnant women have the right to decide which doctor will monitor their pregnancy, will carry out the check-ups and offer tests and scans, which have to be done during the pregnancy. The monitoring of pregnancy is done by an obstetrician upon a referral by the GP. A woman is entitled to change her obstetrician, if she is not happy with the pregnancy care. To this aim, she needs a referral by her GP.

The monitoring of pregnant women comprises compulsory lab tests, which have to be carried out during the pregnancy, but for this purpose pregnant women should visit the relevant hospital.

The general allegations of “segregation” of Romani women in the maternity wards of Bulgarian hospitals are utterly untenable – not one specific example has been provided. For this reason, we cannot offer any specific counterarguments. We cannot accept the complaints about difficulties, encountered by Romani women on the grounds of insufficient knowledge of Bulgarian language. Pursuant to Article 3 of the Constitution, Bulgarian is the official language in the Republic of Bulgaria and Romani women are obliged to know this language, while the medical staff is not obliged to know Romani language.

## **2. Adequate medical care is provided to uninsured pregnant women.**

Hospitals, which have signed a contract with the NHIF for medical treatment of insured pregnant women, also provide **medical care to uninsured pregnant women** in compliance with Ordinance 26 from 2007 for providing obstetrics care to pregnant women without health insurance and for carrying out examinations falling beyond the scope of compulsory health insurance of children and women. Pursuant to Article 19, paragraph 2 of this Ordinance, for a preventive screening test a pregnant woman without health insurance has the right to choose freely a medical treatment facility for out-patient health care in obstetrics and gynaecology and medical-diagnostic laboratory. This free access does not require the re-issue of a referral. It should be highlighted that Article 47, paragraph 2 of the Bulgarian Constitution foresees an explicit right to **free obstetric care**, i.e. the state of “not being

covered by any health insurance” does not legitimise the rejection of such care or the provision of care, which does not comply with the established medical standards.

The Ministry of Health provides funding for the implementation of activities under a number of national programmes, including the National Programme for Improving Maternal and Child Health (2013-2020). Activities under the programme are being implemented by 31 health advisory centres, which are part of medical treatment facilities for in-patient health care on the territory of the country, providing integrated health advisory services to children and pregnant women with the participation of a coordinator, social worker and psychologist, as well as home visits, when it is necessary to provide medical assistance at home. Services include specialised consultations, information and coordination services, and logistic help for the families of children with chronic diseases, with disability or premature kids with disabilities, women who have recently given birth and pregnant women with pathology in pregnancy in the course of their hospital treatment/or out-patient monitoring and treatment. In addition, pregnant women are entitled to health care services in case of complications in the course of pregnancy, including an additional examination by an obstetrician apart from the examination carried out under Article 7, paragraph 2, item 1 of Ordinance No 26/14.06.2007 for providing obstetrics care to pregnant women without health insurance and for carrying out examinations falling beyond the scope of compulsory health insurance of children and women.<sup>1</sup>

A reference is provided below from the report on the implementation of the National Strategy for Roma Integration 2012-2020 – of uninsured pregnant women for reported activities and executed payments in 2015 and 2016 on the part of the NHIF by transfer funds, provided by the Ministry of Health under Ordinance No 26/14.06.2007 for providing obstetrics care to pregnant women without health insurance and for carrying out examinations falling beyond the scope of compulsory health insurance of children and women.

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<sup>1</sup> Screening tests for pregnant women to assess the risk for the babies to be born with a Down syndrome, other aneuploidy, spina bifida, anencephaly and severe abdominal wall defect

RHIF*	2015					2016						
	Number of births	Paid funds in BGN	Number of obstetric examinations	Paid funds in BGN	Number of medical-diagnostic tests	Paid funds in BGN	Number of births	Paid funds in BGN	Number of obstetric examinations	Paid funds in BGN	Number of medical-diagnostic tests	Paid funds in BGN
Blagoevgrad	185	107,300	32	605	51	90	217	125,860	26	494	20	25
Burgas	493	285,940	67	1,268	268	759	531	307,980	78	1,482	326	790
Varna	448	259,840	219	4,141	517	657	497	288,260	201	3,819	622	781
Veliko Turnovo	206	119,480	157	2,971	503	1 728	191	110,780	252	4,788	349	1,194
Vidin	70	40,600	63	1,191			86	49,880	94	1,786	10	17
Vratsa	243	140,940	141	2,666	4	5	251	140,360	170	3,230	132	164
Gabrovo	72	41,760					75	43,500	1	19	9	38
Dobrich	256	148,480	262	4,954			265	153,700	501	9,519	34	47
Kardzhali	97	56,260					81	46,980	1	19		
Kuystendil	90	52,200	16	304			71	41,180	39	741		
Lovech	252	146,160	1	19	6	25	224	129,920			1	9
Montana	229	132,820	99	1,871	396	496	232	134,560	103	1,957	412	516
Pazardzhik	495	287,100	246	4,652	244	653	506	293,480	278	5,282	316	947
Pernik	92	53,360	1	19			86	49,880				
Pleven	448	259,840	186	3,520	1,179	4,504	449	260,420	196	3,724	1,398	5,071
Plovdiv	630	365,400	6	113	33	137	603	349,740	1	19	17	67
Razgrad	129	74,820					128	74,240				
Rousse	259	150,220	9	171			283	164,140	13	247		
Silistra	169	98,020					163	94,540				
Sliven	682	395,560	254	4,806	1,598	5,612	733	425,140	331	6,289	1,897	6,495
Smolyan	12	6,960	3	57			22	12,760	1	19		
Sofia city	522	302,760	3	57	2 753	11,246	616	356,584	2	38	3,335	14,294
Sofia region	161	93,380					178	103,240				
Stara Zagora	534	309,720	204	3,867	108	154	603	349,740	166	3,154	110	139
Turgovishte	137	79,460					118	68,440	13	247	85	286
Haskovo	370	214,600					417	241,860				
Shumen	181	104,980	97	1,839			203	117,740	117	2,223		
Yambol	126	73,080	102	1,930	559	1,710	146	84,680	144	2,736	782	2,777

\*Regional Health Insurance Funds

### 3. Particular attention is being paid to improving health care services provided to disadvantaged groups, including Roma.

Particularly important are the mobile health units, visiting populated areas with compact Roma population. In 2016, **mobile gynaecological units** carried out a total of **2,299 obstetric or gynaecological examinations** among the Roma population. The mobile gynaecological units were allocated to four areas, covering municipalities with high concentration of Roma, lacking health insurance: *Blagoevgrad* (town of Razlog, the villages of Dolno Draglishte and Eleshnitsa in the Municipality of Razlog, villages of Belitsa and Kraishte in the municipality of Belitsa, the town of Bansko, village Cherna Mesta and town Yakoruda in the Municipality of Yakoruda, village Bukovo in the Municipality of Gotse Delchev); *Burgas* (village Zidarovo in Sozopol Municipality, village Gabur in Sozopol Municipality, village Yasna Polyana in Primorsko Municipality); *Varna* (town Dalgopol, town Vulchi Dol, village Tsonevo, village Medovets, village Karamanite, village Mihalich, village Gen.Kiselovo, village Brestak) and *Sliven* (Municipality of Kotel, village Gradets, Sliven Municipality, living quarters Nadezhda, Komluka, villages Gergavets and Topolchane, Chintulovo, Selimanovo, Drago Danovo, Tropoklovo, Krushare, Glufishevo and Zlatni Voivoda). To finance the implementation of the activities of each regional health inspectorate a total of BGN 12,500 has been allocated, totalling at BGN 50,000.

Along with healthcare services to pregnant women and women, who have recently given birth, children healthcare is also among the priorities of the national health policy. Discussions and talks with young mothers are being held about the importance of childhood

immunisation with the aim of encouraging regular vaccinations in compliance with the National Immunisation Calendar.

The prevention examinations in the selected regions are preceded or accompanied by educational activities among the Roma population regarding the importance of prevention check-ups, vaccination of the population with compulsory vaccines under the National Immunisation Calendar (NIC) and about the benefits of recommended immunisation; distribution of informational materials on the topics: “Immunisation of the population with compulsory vaccines under the NIC”, “Organising trainings of persons, engaged in the upbringing of small children”. The following activities have been carried out: 50 seminars and lectures, covering over 1,500 persons; presentations – 35, covering 785 persons; showing films and videos – 75, covering 560 persons; consultations – 620, press releases – 35, distributed health educational materials – 7,300.

In 2016 the mobile health units have delivered a total of 734 immunisations of children aged 0 to 18 years with incomplete immunisation status, according to the National Immunisation Calendar. Children with incomplete immunisation status are being sought after by means of the Regional Health Insurance Funds (RHIF) and general practitioners (GPs) on the territory of each area. According to information of the Regional Health Inspectorates (RHI), a larger portion of children have a GP as a result of linking compulsory vaccination to the entitlement to social benefits.

In 2016 mobile health units were allocated to 4 districts in the country *Varna* (living quarters Asparuhovo, Hristo Botev, towns Provadia, Devnya and village Kamenar), *Pleven* (town Pordim, villages Trunchovitsa, Sanadinovo, Batsova Mahala, Disevitsa, Peturnitsa and Gradina), *Sofia area* (towns of Samokov and Ihtiman) and Haskovo (town of Harmanli – living quarters with compact population, belonging to ethnic minorities; villages Ivanovo, Vurbovo, Boliarski izvor, Levka) to organise and carry out compulsory immunisation in children, for which there is no data about previous vaccinations, their immunisation scheme is incomplete for their age, they have not registered with a GP and/or have no permanent address. To finance the activities of each RHI BGN 7,000 have been allocated, totalling at BGN 28,000.

Last but not least, we would like to draw your attention to data of the Centre for Urgent Medical Care (CUMC), supporting the thesis that general practitioners in Bulgaria provide adequate health services to all Bulgarian citizens without giving privilege to one group of the Bulgarian society over another. Data of CUMC show that **¼ of their resources** are used for providing services to Roma citizens.

### **3. Compliance with the national health policy is guaranteed by the respective monitoring and control mechanisms.**

We deem the complainant’s claims about the lack of an appropriate and effective mechanism for monitoring the provided health care services to be untenable. On the territory of the country there are **Regional Health Inspectorates**. They carry out, impose and control the implementation of the national health policy on the respective regional territory by means of their information, consultation and coordination functions. The main priority of the control activity of RHI is to guarantee the rights of the patients.



The activities, carried out by the RHI point to the existence of a system for effective control. RHI:

- notifies Executive Agency Medical Audit of cases of violations of medical standards, established by RHI when exercising its powers;
- organises and controls the medical expertise activity and the card files of the medical expertise;
- conducts an inspection pursuant to Article 93 of the Health Act, concerning complaints and reports alerts in the case of violation of the patient's rights or disputes related to medical services, and takes part in joint inspections with Executive Agency Medical Audit;
- exercises state health control over hospitals, health care and childcare facilities, homes for residential care and day care for children, homes for raising children, deprived of parental care and specialised institutions, providing social services to children;
- issues orders for implementing compulsory hygiene measures in cases, prescribed by law;
- draws up statements of administrative violations;

**Executive Agency Medical Audit** works towards improving the quality and safety of the medical treatment of citizens by stimulating the different entities in healthcare and the persons, providing medical assistance to make sustainable improvements in the work, the quality and to enhance their professionalism. The Agency stimulates processes of constant changes in healthcare, which are to guarantee the access of Bulgarian citizens to high-quality, safe, effective, timely and full medical assistance. Affected persons may lodge complaints with the Agency, concerning violations of their rights as patients, including: lack of informed consent prior to carrying out certain manipulations; not receiving accessible information by the treating physician, which would enable them to choose the type of treatment; failure to provide timely medical assistance and other, and if the person is not satisfied with the quality of the medical services provided in a given hospital: difficult access, delay of treatment, complications, which have arisen in the course of the diagnostic process, wrong diagnosis, improper treatment; doubts about doctor's negligence and other.

The NGO European Roma Rights Centre **does not provide any information** in its complaint as to whether the cases described therein have been referred to the above-mentioned institutions and whether an inspection has been carried out.

#### **4. Bulgaria is implementing the National Strategy for Roma Integration 2012 – 2020.**

Roma integration in the long term is an important issue to Bulgaria, which is being tackled on a horizontal level and for which there is higher political will and commitment. This is clearly shown by the fact that Bulgaria's National Strategy for Roma Integration 2012-2020 has been adopted with a Decision of the National Assembly.

The national strategy is being implemented within the framework of the more general strategy on combating poverty and social exclusion. Its goal is to create conditions for full integration of Roma and disadvantaged Bulgarian citizens, belonging to other ethnic minorities in the public and economic life by ensuring equal opportunities and equal access to rights, assets, goods and services, participation in all public spheres and by improving the quality of life in compliance with the principles of equality and non-discrimination. The firm wording clearly shows that the measures targeted at Roma are in practice applicable to other

persons, who do not identify themselves as Roma, but live in a very similar situation as the Roma. A number of substantial changes to the legal base have been carried out in the field of education, children's social services, employment services, and living conditions etc., which guarantee equal access to education, healthcare, housing and employment of all Bulgarian citizens, including Roma citizens.

Responsible institutions at national, regional and local level, together with non-governmental organisations work towards effective implementation of Roma integration policies, including towards overcoming all sorts of discriminatory attitudes.

Understanding that the challenges facing the social-economic integration of marginalised communities such as Roma are of complex character accounted for the adoption of an integrated approach in recent years, combining interventions in the following fields: improving access to employment; improving access to education; improving access to social and health services, as well as providing normal housing conditions.

A large number of local initiatives have been launched by municipalities and non-governmental organisations on all priorities; many partnerships have been set up, local initiative groups, agreements and different mechanisms for coordinating the work between institutions and civil organisations. Organisations, working in the field of Roma integration participate actively in all stages of drafting up, implementing and monitoring and assessment of integration measures.

A lot of activities, initiatives, trainings, national programmes have been implemented; the national coverage of the "health mediator" profession was upheld and expanded. The health mediator profession is included in the National Classification of Occupations and Posts of the Republic of Bulgaria. Health mediators assist both the population in areas with compact Roma population and the medical specialists, servicing this population. They assist the regional health inspectorate teams when conducting awareness-raising campaigns with mothers-to-be, young people and other, Roma people. Health mediators undergo training with professors from the Medical University.

In 2016 a State Educational Standard about civil, health, ecological and intercultural education was drafted and adopted. Educational establishments focus their efforts on building and maintaining a democratic school organisational culture, which encourages the following of common rules, traditions and collective values. Children and school children are trained to participate and initiate, age appropriate, democratic practices, promoting spirit of tolerance and non-discrimination.

Working with school boards and parental associations is also part of the measures implemented by educational establishments, in order to overcome negative stereotypes and discriminatory attitudes.

Trainings are given to teachers, so that they can acquire knowledge, skills and competences for work in a multicultural environment.

Similar trainings for enhancing the professional qualification are given to employees of different professional fields: social workers from Social Assistance Directorates, police officers, representatives of the judicial system in the field of protection of human rights and fundamental freedoms. The Commission for Protection against Discrimination performs

active preventive work for tolerance by means of systemic trainings, together with representatives of regional educational centres and school principals.

The Secretariat of the National Council for Cooperation on Ethnic and Integration Issues (NCCEII)/National Point of Contact for implementing the National Strategy performs the functions of a structure, coordinating the work of the administrative structures at national level in connection with the formulation, implementation, monitoring and assessment of the integration policy. Under its coordination a Mechanism was established and functions for interinstitutional coordination (at expert level) when formulating, implementing, monitoring and assessing the implementation of the National Strategy and the Policy on Ethnic and Integration Issues. Responsible institutions have appointed their representatives in the Mechanism for interinstitutional coordination.

The national point of contact for implementing the National Strategy provides methodological support and coordinates the activities of consultative and coordinating councils on ethnic and integration issues, which function in all 28 regional administrations and in most of the municipalities.

In compliance with its functions the National point of contact for implementing the National Strategy works towards raising the awareness and knowledge of all stakeholders, as well as strengthening and improving the multilateral communication between them.

In the period from July 2016 to May 2017 the project TEAM was implemented – national Roma platform, financed under the Rights, Equality and Citizenship Programme of the European Union. The project contributed to intensifying the multilateral dialogue and cooperation between the stakeholders at national, regional and local level, including the civil society; new partnerships and contacts at all levels were established, good practices and experience were exchanged.

As part of the project 2 thematic meetings with the respective stakeholders were conducted with the aim of empowering the organisations of Roma youth and women, strengthening their participation and enhancing the awareness of their specific problems.

The two meetings were attended by representatives of Roma and non-Roma youth and women NGOs, active Romani women, active Romani youth and representatives of the respective institutions, engaged with the policy on gender equality and empowering women/girls and youth development policy – Ministry of Youth and Sports, Ministry of Education and Science, Ministry of Labour and Social Policy, Ministry of Health, Ministry of Agriculture, Food and Forestry, Employment Agency, Central Commission for Combating the Anti-Social Behaviour of the under-age and minors, social partners, National Commission for Combating Trafficking in Human Beings, social partners, Bulgarian Red Cross Youth etc.

## **5. Action on improving the social situation of Roma**

With regard to the issue raised in the complaint about unemployment and poverty among the Roma population it should be noted that: the Bulgarian government pursues a **consistent and targeted policy** on social protection, social inclusion and promoting the employment of disadvantaged population groups, including Roma. When implementing this policy, we are governed by the principles of non-discrimination, respect for human dignity

and providing conditions for equal opportunities and equal treatment of all Bulgarian citizens, irrespective of their ethnic background.

The Roma integration is directly linked to tackling the high unemployment rates among this community. The main reason for these high rates is rooted in most cases in the lack of education and qualification, which considerably decreases their chances on the labour market.

The implementation of the **National Roma Integration Strategy of the Republic of Bulgaria (2012-2020)** includes activities for enhancing the employability and training capacity of unemployed Roma by promoting their inclusion in different trainings, employment programmes and projects, enhancing qualification and encouraging entrepreneurship. There is also a good cooperation with Roma NGOs for carrying out the activities, set out in the Strategy. To **promote the social and civil dialogue**, in support of the labour market realisation of Roma, in the first quarters of 2017 some 240 meetings were held with Roma organisations with the aim of launching joint initiatives and campaigns.

In the period January to September 2017 **36,458 unemployed Roma** have been offered employment, trainings and activities for enhancing employability, which is 13.8% of all unemployed, included in employment and trainings.

Particularly important to the overall integration process of Roma are the activities, financed under **Operational Programme Human Resources Development 2014-2020**. As part of the investment priority “Social economic integration of marginalised communities such as Roma” the operation “Socio-economic integration of vulnerable groups” will be launched with allocated budget of BGN 80 million. The general goal of the operation is to improve the quality of life, social inclusion and to reduce poverty, as well as to achieve permanent integration of marginalised communities, including Roma by implementing complex measures and applying an integrated approach. At least 11,600 Roma are expected to be included.

Nearly 10,000 Roma have been included in different operations under Operational Programme Human Resources Development (OP HRD). Most of them are included in training and employment operations, but it should also be noted that over 2,200 Romani children have been covered by measures for early childhood development and deinstitutionalisation. Further 1,700 Roma have been covered by social inclusion measures.

The aforementioned 10 000 Roma people are covered by the following schemes: “Active” – 1422 Roma; “Youth employment” – 582; “Training and employment for young people” - 3282; “Training and employment”- 292; “A new workplace” – 311; “Independent living” – 922; “New alternatives” - 792; “Take me” – 1234; “Early childhood development services” – 1058.

The Bulgarian government is paying special attention to the generation, which will build the future of the country – the young people. They constitute a priority target group in the predominant part of the training or employment programmes and measures. An important

tool in this direction is the European Youth Guarantee, which is being applied without discrimination on any grounds. As part of implementing the Guarantee in 2016 over 3,000 youth of Roma origin were included in training and employment.

An important role in Roma integration in Bulgaria play the so called **Roma mediators** – labour mediators from the Roma community, who motivate inactive and discouraged persons of Roma origin for employment and training, conduct information campaigns, individual and group meetings with these persons in living districts and settlements with more compact Roma population.

To facilitate the access of Roma persons to information about job vacancies and to allow direct contact with employers about potential employment **specialised job fairs, targeted at the Roma community** are being organised. In the first three quarters of 2017, the Employment Agency has organised and conducted 4 specialised job fairs, targeted at the Roma community.

**In conclusion:**

**On the grounds listed above, the government of the Republic of Bulgaria considers Collective Complaint No 151 from 22 May 2017 to be ungrounded and hereby asks the ECSR to reject it in its entirety.**