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EUROPEAN SOCIAL CHARTER

15th 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 01/01/2012 - 31/12/2015

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CYCLE 2017

FIFTEENTH NATIONAL REPORT

For the period from 1 January 2012 to 31 December 2015

submitted by the Government of the Republic of Bulgaria before the Council of Europe in accordance
with Article C of the European Social Charter (revised)

on the measures for the implementation of the provisions adopted by it.

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Introduction

the present Report is drawn up after consultations and in cooperation with the competent departments, inter alia the Ministry of Interior, the Ministry of Environment and Water, the Ministry of Health, the National Health Insurance Fund, the National Social Security Institute, the General Labour Inspectorate Executive Agency, the Agency for Social Assistance, the National Revenue Agency.

In accordance with article C of the European Social Charter (r) the Report is coordinated with the representative employers' and workers' organisations.

The Report contains information about the implementation of the following provisions of the European Social Charter (p): article 3, paragraphs 1-4, article 11, paragraphs 1-3, article 12, paragraphs 1 and 3, article 13, paragraphs 1-3, article 14, paragraphs 1-2.

The Bulgarian national currency is the lev /BGN/ and its exchange rate is fixed to the euro at BGN 1.95583 for EUR 1 (EUR 0.511292 for BGN 1).

The Bulgarian Government remains available for any further questions or clarifications that might arise in the process of consideration of the present Report.

Indicator	Measurement unit	Income reference year									
		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Median equivalized income (MEI)	BGN, per month	225,50	241,33	353,92	460,83	491,67	475,00	466,08	476,50	539,67	543,00
Poverty threshold - 40% of MEI	BGN, per month	90,17	96,50	141,58	184,33	196,67	190,00	186,42	190,58	215,83	217,17
Poverty threshold - 50% of MEI	BGN, per month	112,75	120,67	176,92	230,42	245,83	237,50	233,00	238,25	269,83	271,50
Poverty threshold - 60% of MEI	BGN, per month	135,33	144,75	212,33	276,50	295,00	285,00	279,67	285,92	323,75	325,83

Source: NSI, Eurostat - Statistics on Income and Living Conditions (EU-SILC), <http://ec.europa.eu/eurostat/data/database>

Indicator	Measurement unit	Income reference year									
		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Median equivalized income (MEI)	BGN, per month	225,50	241,33	353,92	460,83	491,67	475,00	466,08	476,50	539,67	543,00
Poverty threshold - 40% of MEI	BGN, per month	90,17	96,50	141,58	184,33	196,67	190,00	186,42	190,58	215,83	217,17
Poverty threshold - 50% of MEI	BGN, per month	112,75	120,67	176,92	230,42	245,83	237,50	233,00	238,25	269,83	271,50
Poverty threshold - 60% of MEI	BGN, per month	135,33	144,75	212,33	276,50	295,00	285,00	279,67	285,92	323,75	325,83

Source: NSI, Eurostat - Statistics on Income and Living Conditions (EU-SILC),

<http://ec.europa.eu/eurostat/data/database>

Indicator ^{a)}	Measurement unit	Income reference year ^{b)}									
		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Median equivalized income (MEI)	BGN, per month	225,50	241,33	353,92	460,83	491,67	475,00	466,08	476,50	539,67	543,00
Poverty threshold - 40% of MEI	BGN, per month	90,17	96,50	141,58	184,33	196,67	190,00	186,42	190,58	215,83	217,17
Poverty threshold - 50% of MEI	BGN, per month	112,75	120,67	176,92	230,42	245,83	237,50	233,00	238,25	269,83	271,50
Poverty threshold - 60% of MEI	BGN, per month	135,33	144,75	212,33	276,50	295,00	285,00	279,67	285,92	323,75	325,83

Source: NSI, Eurostat - Statistics on Income and Living Conditions (EU-SILC),

<http://ec.europa.eu/eurostat/data/database>

Important: ^{a)} The data for the median equivalized income and the poverty thresholds is taken from various statements of Eurostat, respectively [ilc_di03] and [ilc_li01]. This explains the presence of small differences – e.g. if BGN 543.00 is multiplied by 40%, the result would be BGN 217.20, rather than BGN 217.17, i.e. there is a difference of BGN 0.03. The difference is insignificant but still exists.

^{b)} The income reference year differs from the year, in which the study was carried out – e.g. the data for the household income in 2015 is collected through an investigation that is carried out in 2016

Year	Monthly salary for the country
2012	From 01 January 2012 to 30 April 2012 – 270 BGN
	From 01 May 2012 to 31 December 2012 – 290 BGN
2013	310 BGN
2014	340 BGN
2015	From 01 January 2015 to 30 June 2015 – 360 BGN
	From 01 July 2015 to 31 December 2015 – 380 BGN

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, paragraph 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 that should be submitted:

Article 3, paragraph 1

Scope of the provisions pursuant to the interpretation of the ECSR:

The parties must prepare a national policy on safe and healthy working conditions and periodically revise it. The authorities must carry out consultations with the workers' and employers' organisations upon the formulation of national policies and strategies in this field. The improvement of the safe and healthy working conditions must be carried out through training and research activities, in addition to the other measures.

1) Please, describe the national policy on safe and healthy working conditions and the consultation with the workers' and employers' organisations upon the formulation thereof. Please, specify the type, reasons and scope of the conducted reforms, if any.

On 26 June 2008, the Bulgarian Government approved with a Ministerial Decision the Strategy on Safety and Health at Work, 2008-2012. Pursuant to the Ministerial Decision, the Minister of Labour

and Social Policy shall draw up and submit annually to the Council of Ministers for approval an annual National Programme for Safety and Health at Work (NPSHW) and the Implementation Report for the NPSHW of the previous year. The NPSHW Implementation Reports present the results of the activities implemented under NPSHW in the strategic priority areas. The status, trends and problems of the activity for ensuring health and safety at work are analysed and measures to improve the implementation of certain objectives and priorities are proposed.

Pursuant to a Decision of the National Council on Working Conditions, which is the tripartite standing body responsible for coordination, consultation and cooperation for the development and implementation of occupational safety and health policy at national level, two medium-terms strategic documents will be adopted for the period up to 2020 – National Programmes for Safety and Health at Work which will outline the national measures and activities pursuant to the EU Strategic Framework on Health and Safety at Work, 2014—2020.

The first one- National Programme for Safety and Health at Work 2016-2018 (NPSHW 2016-2018) has been drafted, discussed and approved at a meeting of the National Council on Working Conditions. Following its public discussion and interdepartmental coordination, the draft NPSHW will be submitted to the Council of Ministers for approval.

In the period between 2012 and 2015, the safety and health at work legislation was amended as follows:

- The *Ordinance amending and supplementing Ordinance No. 13/2003 on the protection of workers from the risks related to exposure to chemical agents at work (SG, No. 2/2012)* implements 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/;
- The *Ordinance amending and supplementing Ordinance 5/20.04.2006 on provision of healthy and safe labour conditions to workers employed under fixed-term labour relations or temporary labour relations (SG, No. 19/2013)* achieves compliance of the requirements for provision of healthy and safe working conditions to workers employed under fixed-term labour relations and temporary labour relations with the Labour Code amendments regarding home working and teleworking. A statutory option for electronic data exchange between undertakings providing temporary employment and user undertakings is provided in order to reduce the administrative burden;
- *Ordinance amending and supplementing Ordinance No. 7/23.09.1999 on the minimum requirements for health and safety at work and upon use of working equipment (SG, No. 24/2013)*. The amendments aim to reduce the administrative burden for the owner or the

user of an entity/undertaking and ensure compliance with the Spatial Planning Act, the Disaster Protection Act and the subordinate legislation;

- *Regulations amending and supplementing the Health and Safety Regulations for Working with Electrical Equipment up to 1000 V (SG, No. 49/2013)*. With a view to enhancing the quality of education for acquiring a certification level in electric safety, the persons eligible to provide training have been defined in accordance with the Vocational Education and Training Act, the Higher Education Act and the Energy Act. Requirements are set for: the training programmes, the trainers, the membership of the examination boards, the examination protocols and the electric safety level certificates;
- *Law amending and supplementing (LAS) the Health and Safety at Work Act (HSWA) (SG, No. 27 / 2014)*. LAS HSWA creates the legal basis for issuing authorisations for special and technological (repeated) blasting operations. A further set of amendments expands the rights of workers regarding the control of working conditions;
- *Ordinance on the minimum requirements to the microclimate of the working environment (SG, No. 63 / 2014)*. The ordinance sets minimum requirements for the protection of workers from health and safety risks arising from the microclimate parameters of the working environment in buildings and from adverse weather conditions when working outdoors. Limit values of the microclimate parameters of the working environment in buildings have been defined;
- *Ordinance amending and supplementing Ordinance No. RD-07/8 dated 20.12.2008 on minimum requirements for the provision of safety and or/health signs at work, issued by the Minister of Labour and Social Policy and the Minister of Interior (SG, No. 46 / 2015)*. The ordinance implements the requirements of Directive 2014/27/EU of the European Parliament and of the Council of 26 February 2014 amending Council Directives 92/58/EEC, 92/85/EEC, 94/33/EC, 98/24/EC and Directive 2004/37/EC of the European Parliament and of the Council, in order to align them to Regulation (EC) No 1272/2008 on classification, labelling and packaging of substances and mixtures – in relation to the minimum requirements for the provision of health and safety signs at work.
- *Ordinance No. RD-07-4 dated 15.06.2015 on improvement of working conditions of pregnant workers and workers who have recently given birth or are breastfeeding, issued by the Minister of Labour and Social Policy and the Minister of Health (SG, No. 46 / 2015)*. The ordinance implements the requirements of Directive 2014/27/EU of the European Parliament and of the Council of 26 February 2014 amending Council Directives 92/58/EEC, 92/85/EEC, 94/33/EC, 98/24/EC and Directive 2004/37/EC of the European Parliament and of the Council, in order to align them to Regulation (EC) No. 1272/2008 on classification, labelling and packaging of substances and mixtures – in relation to the minimum requirements for the health and safety at work of pregnant workers and workers who have recently given birth or are breastfeeding.

- *Ordinance amending and supplementing Ordinance No. 6 / 24.07.2006 on the conditions and order for issuance of work permits to persons under 18 years of age, issued by the Minister of Labour and Social Policy and the Minister of Health (SG, No. 46 / 2015).* The ordinance implements the requirements of Directive 2014/27/EU of the European Parliament and of the Council of 26 February 2014 amending Council Directives 92/58/EEC, 92/85/EEC, 94/33/EC, 98/24/EC and Directive 2004/37/EC of the European Parliament and of the Council, in order to align them to Regulation (EC) No. 1272/2008 on classification, labelling and packaging of substances and mixtures – in relation to the protection of the health and safety of young workers under 18 years of age.
- *Ordinance amending and supplementing Ordinance No. 13/30.12.2003 on the protection of workers from the risks related to the exposure to chemical agents at work, issued by the Minister of Labour and Social Policy and the Minister of Health (SG, No. 46 / 2015).* The ordinance implements the requirements of Directive 2014/27/EU of the European Parliament and of the Council of 26 February 2014 amending Council Directives 92/58/EEC, 92/85/EEC, 94/33/EC, 98/24/EC and Directive 2004/37/EC of the European Parliament and of the Council, in order to align them to Regulation (EC) No. 1272/2008 on classification, labelling and packaging of substances and mixtures – in relation to the minimum requirements for health and safety in case of risks related to exposure to chemical agents at work.
- *Ordinance amending and supplementing Ordinance No. 10 / 26.09.2003 on the protection of workers from risks related to exposure to carcinogens and mutagens during work, issued by the Minister of Labour and Social Policy and the Minister of Health (SG, No. 46 / 2015).* The ordinance implements the requirements of Directive 2014/27/EU of the European Parliament and of the Council of 26 February 2014 amending Council Directives 92/58/EEC, 92/85/EEC, 94/33/EC, 98/24/EC and Directive 2004/37/EC of the European Parliament and of the Council, in order to align them to Regulation (EC) No. 1272/2008 on classification, labelling and packaging of substances and mixtures – in relation to the minimum requirements for health and safety in case of risks arising from exposure to carcinogens and mutagens at work.

2) Please, specify the measures taken (administrative measures, programmes, action plans, projects, etc.) for implementation of the national policy in consultations with the workers' and employers' organisations. Information for the consultation mechanisms at an enterprise level.

Information about the consultation mechanisms at undertaking level:

The right of workers to participate in the discussion and approval of all measures related to improvement of health and safety at work is a fundamental right set out in the Health and Safety at Work Act.

Bilateral social dialogue at undertaking level in the field of health and safety at work occurs through the Committees and Groups on Working Conditions (CWC and GWC).

Committees on Working Conditions of 4 to 10 members are set up in undertakings with more than 50 employees. CWCs comprise employer representatives and an equal number of employee representatives responsible for occupational safety and health. CWC is chaired by the employer or a representative thereof and vice-chaired by an employee representative responsible for occupational safety and health. Representatives of control bodies, of the occupational health service, and external experts may participate in the work of the committee. In undertakings with sizeable staff, complex structure and territorial fragmentation, committees may be set at the respective structural units in addition to those at undertaking level.

Groups on Working Conditions are set up in undertakings, including from the public sector, with 5 to 50 employees inclusive, as well as in the individual structural units of undertakings. GWCs comprise the employer or the head of the respective structural unit and an employee representative responsible for occupational safety and health.

In undertakings with less than 5 employees, the employer discusses Occupational Safety and Health (OSH) matters with the factory and office workers, including in case of risks which constitute immediate danger for employee's health and safety or for their life.

The employee representatives responsible for occupational safety and health and the vice-chair of CWC are elected for a term of 4 years by the general assembly of the undertaking pursuant to Article 6 of the Labour Code.

CWCs and GWCs operate in close cooperation with the specialised services and departments in the undertaking involved in creating and guaranteeing health and safety at work.

The committees and groups on working conditions have the following obligations:

- To discuss, on a quarterly basis, the comprehensive work for protection of the health and safety of employees and propose measures for improvement thereof;
- To discuss the results of occupational risk assessment and analyses of the health status of employees, reports by the specialised occupational medicine services, as well as any other matters related to guaranteeing and protecting the health and safety of employees;
- To discuss planned changes in technology, organisation of work and workplaces in terms of the implications of the choice of equipment, working conditions and working environment and propose solutions for protecting the health and safety of employees;
- To carry out inspections for compliance with the health and safety at work requirements;

- To monitor the incidence of traumatism at work and occupational diseases;
- To take part in the design of programmes for awareness and training of employees in the field of health and safety at work.

The employee representatives in the committees and groups on working conditions have the right to:

- access the available information about the working conditions, the analyses of traumatism at work and the burden of occupational diseases, the findings and prescriptions of control bodies;
- demand that the necessary measures are taken by the employer and to make proposals for elimination of threats or temporary restriction of the health and safety risk;
- address the control bodies if, in their opinion, the measures taken by the employer cannot adequately guarantee the health and safety of employees;
- take part in the inspections carried out by the control bodies.

It is an established practice of the Labour Inspectorate to invite representatives of the trade unions and employee representatives on the committees/groups on working conditions to take part in the inspections.

The vice-chair of the committee on working conditions and the employee representative responsible for safety and health at work in the group on working conditions have, in addition to the abovementioned powers, the right to:

- access to all workplaces in the undertaking or the unit;
- receive information directly from the employees on all healthy and safety issues;
- take part in investigations of accidents at work and in establishing the causes of occupational diseases;
- take part in the drafting of internal rules and ordinances on health and safety at work, the employer having the obligation to invite them to that effect;
- demand that the employer or the health and safety body in the undertaking stops the exploitation of the working equipment or prohibit the use of dangerous chemical substances and mixtures.

Where the working equipment and/or dangerous chemical substances and mixtures pose immediate threat to the health and life of employees and there is no other way to minimise the risk, the vice chair of the committee on working conditions and the employee representative responsible for safety and health at work in the group on working conditions notify in writing the responsible official and/or the employer about the identified hazard and may request them to impose a temporary ban on the usage of such equipment or substance. The employer may lift the ban after establishing that the hazard has been eliminated. If the employer fails to take the necessary hazard eliminating actions, the vice chair of the committee on working conditions and the employee representative responsible for safety and health at work in the group on working conditions alert the control bodies.

The representatives on the committees and groups on working conditions receive training according to programmes, procedure and requirements as set out in Ordinance No. 4 / 1998 of MLSP and MH on occupational safety and health training of representatives sitting in committees and groups on working conditions in undertakings.

Important examples of employees' role and involvement through CWC/GWC include the implementation of the Ordinance determining the types of work for which reduced working time is established and the Ordinance determining the types of work for which additional paid annual leave is established:

One of the conditions for determining types of work for which reduced working time and additional paid annual leave are established for working under specific conditions and risks for the life and health which cannot be eliminated, limited or reduced regardless of the measures taken is that the employer should hold preliminary consultations with the employee representatives. Following the preliminary consultations with the employee representatives, free food and/or food additives are made available for working under specific conditions and organisation of work.

The social dialogue on OSH at undertaking level is effected also through the collective agreements. The specific provisions on collective agreements are included in the Labour Code.

As in the previous reports, it should be noted with regard to consultations with social partners that, pursuant to Article 41 of the Health and Safety at Work Act (HSWA), sectoral and branch councils on working conditions are set up at individual ministries and institutions. They include representatives of the national sectoral or branch federations, unions and trade unions of the representative employee organisations, of the sectoral or branch structures of the representative employer organisations and an equal number of representatives of the competent ministry or institution. The sectoral and branch councils on working conditions analyse the status of the activity for ensuring OSH in the respective sector; make arrangements for drafting and discussing rules and requirements for ensuring sector-specific OSH; study and promote experience, organise competitions, workshops, campaigns, etc.; organise and hold training on rules, standards and methods ensuring OSH.

Consultations at the national level are carried out within the National Council on Working Conditions.

Information about programmes and projects implementing the national policy in consultation with employee and employer organisations:

For the purpose of ensuring and improving the healthy and safe working conditions and encouragement of culture of prevention with respect to safe and healthy working conditions, the General Labour Inspectorate Executive Agency implemented project BG051PO001-2.3.01 "Prevention for Occupational Safety and Health" financed under Operational Programme "Human Resource Development", co-financed by the European Union through the European Social Fund. Within the project the General Labour Inspectorate Executive Agency developed 30 profiles under healthy and safe working conditions by economic activities representing structured information for separate economic activities at a section level, pursuant to the Classifier of Economic Activities (CEA) 2008. These 30 economic activities were determined jointly with the social partners on the basis of the results from a national survey of the working conditions, which covered all economic activities pursuant to CEA 2008, and provided up-to-date information for all elements of the working conditions in accordance with the national legislation. In this way the 30 top risk and socially important economic activities were determined, for which – in addition to the safe and healthy working conditions profile – models of the safe and healthy working conditions activity management systems were developed.

Training seminars were conducted for experts and officials for the development and introduction of the models of safe and healthy working conditions management systems under economic activities with a total number of 500 trained participants and 11 two-day seminars with a total number of 800 participants (experts and specialists) who were directly engaged in the application of the Safety and Health at Work Activity Management Systems. Codes of "Good Practices" containing technical rules, Guidelines containing practical rules and guiding principles on safe and healthy working conditions for the same 30 economic activities were developed within the Project. Practical tools for evaluation of the risk at the workplace under the 30 economic activities were also developed, which are interactive instruments for risk evaluation. They are made freely available to all employers, officials and workers through the OiRA platform¹. These practical instruments can be used both by Bulgarian and by European employers. The tools allow employers to carry out alone, without hiring external consultants, the risk assessment mandatorily required by the law in their enterprises, as well as to conduct trainings and briefings to their workers and employees.

One of the latest measures for improvement and provision of safe and healthy working conditions that is worth mentioning is the "Decent work for suppliers and subcontractors in multinational companies" project under Operational Programme "Human Resource Development" (OP HRD) in 2016. More than 400 small and medium enterprises will provide enhanced health and safety at work. The project is implemented jointly with the Confederation of Independent Trade Unions in Bulgaria in partnership with the Confederation of Employers and Industrialists in Bulgaria and the Bulgarian Industrial Association.

Additional questions of the European Committee of Social Rights under paragraph 1:

¹ Online interactive Risk Assessment.

The Committee requires that the next report specifies whether the policy is evaluated on a regular basis and whether it is reconsidered in the light of the changing risks. It also requests information for all considerable changes or updates in the legislation and legal framework about healthy and safe working conditions.

Information is contained in item 1) A considerable part of the amendments to the legislation is made exactly in order to deal with the changing risks and aims at providing to the maximum extent health and safety at work.

Comment and information requested on the part of the Committee: "It is pointed out in the report that the General Labour Inspectorate combines control and prevention by providing consultations and advices (through the Center for Information and Services)² to employers about the correct application of the statutory obligations. On the basis of an analysis and evaluation of the development in the sector of activity, measures intended to determine the most frequently encountered risks and most vulnerable groups of workers were applied. The Committee takes note of this information. It notes that measures are taken for prevention of the professional risk at a national level. The Committee requires that the next report presents more detailed information about the role of the General Labour Inspectorate in the development of health and safety culture among employers and workers, about the obligation of the General Labour Inspectorate to share knowledge for the risks and risk prevention in the light of the experience from their inspections and as a part of the preventive activities (information, education, prevention)."

The key priorities in the activity of the General Labour Inspectorate Executive Agency include, inter alia, protection from occupational and health risks at work, guaranteeing the workers' rights, enabling them to stand up for their interests and to take part in the decision-making processes. These priorities are implemented by the General Labour Inspectorate Executive Agency through its annual plans and objectives. Labour inspectors report the presence of evidence of general improvement of the activity of securing health and safety at work in the country. The number of enterprises that secured the servicing of their workers and employees by labour medicine services has become considerably higher.

Regardless of the implementation of the basic aspects of the safe and healthy working conditions policy, there are also lots of difficulties:

- there are a lot of small and medium enterprises, in which the knowledge of safe and healthy working conditions is insufficient or frequently absent;
- although the technical and technological equipment has been considerably renovated, in lots of economic activities a part of the Bulgarian production is still carried out by the use obsolete

² <http://www.gli.government.bg/en/page.php?c=82>

machinery and equipment that not only do not have competitive performance but also generate harmful effects and hazards for the workers.

The specified challenges are analysed in details and evaluated.

In pursuance of its legal function – performance of overall control over the observance of the labour legislation, the General Labour Inspectorate Executive Agency has a considerable role for the development of a culture of health and safety at work among employers and workers, as the control authorities share their knowledge of risks and prevention in the light of the experience from their inspections. This activity of theirs is evidenced by the free consultations given on the observance of the labour legislation, which are described in item 3) hereinafter.

3) Please, submit appropriate data, statistics or any other relevant information, if appropriate.

The free consultations given by the General Labour Inspectorate with respect to the observance of the labour legislation for 2015 are in total 85 309 (of which 26 454 consultations are given on issues related to safe and healthy working conditions). For 2014 the total number of given consultations is 82 150 (24 016 in health and safety at work). For 2013 the consultations given are 98 586, of which 26 300 with respect to health and safety at work, and for 2012 a total of 136 664 consultations were given by control authorities to employees, workers and employees, as 56 706 of them were consultations given with respect to health and safety at work. As a result from the performed control authorities' preventive activity it should be noted that:

- there is a serious progress in the provision of safe and healthy working conditions;
- the relative share of the enterprises that made a risk evaluation, adopted a programme for risk elimination and work on the implementation of the latter, grows higher;
- the relative share of the enterprises, in which servicing of the workers by labour medicine services is ensured, grows higher;

Article 3, paragraph 2

Scope of the provisions pursuant to ECSR'S interpretation:

The application of a safety and health at work policy must include the adoption of a framework legislation concerning all aspects of health, safety and conditions of work, as well as adoption of provisions for specific risks related to hazardous matters and substances (in particular asbestos, ionizing radiation and chemical substances). All workers, incl. temporary and self-employed ones, all workplaces and all fields of activity must be covered by the provisions for safety and health at work. These provisions must be drawn up in consultation with the workers' and employers' organisations.

1) Please, describe the general legal framework. Please, specify the type, reasons and scope of the conducted reforms, if any.

2) Please, specify the measures taken (administrative measures, programmes, action plans, projects, etc.) for application of the legal framework in consultations with the workers' and employers' organisations.

In relation to the additional information on the legal framework requested by the Committee, in particular on specific risks such as asbestos, ionising radiation and chemical substances, we provide the following information:

Directive 2009/104/EC of the European Parliament and of the Council of 16 September 2009 concerning the minimum safety and health requirements for the use of work equipment by workers at work (second individual directive within the meaning of Article 16 (1) of Directive 89/391/EEC, codified version of Directive 89/655/EEC, as amended with Directives 95/63/EC and 2001/45/EC), is fully transposed in the national occupational safety and health legislation.

The Directive is implemented with Ordinance No. 7 / 1999 on the minimum requirements for health and safety at work and upon use of working equipment (SG, No. 88 / 1999).

Directive 2013/35/EU of the European Parliament and of the Council of 26 June 2013 on the minimum health and safety requirements regarding the exposure of workers to risks arising from physical agents (electromagnetic fields) (20th individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC) and repealing Directive 2004/40/EC is with a deadline for transposition by Member States on 1 July 2016.

Ordinance on the minimum health and safety requirements regarding the exposure of workers to the risks arising from electromagnetic fields has been drafted with a view to transposing the provisions of Directive 2013/35/EU in the national legislation. The draft ordinance is pending public discussion, interinstitutional clearing and examination at a meeting of the National Council on Working Conditions, whereupon it will be jointly endorsed by the Minister of Labour and Social Policy and the Minister of Health.

Directive 2009/148/EC of the European Parliament and of the Council of 30 November 2009 on the protection of workers from the risks related to exposure to asbestos at work, with its codified version of Directive 83/477/EEC, as amended with Directive 91/382/EEC and Directive 2003/18/EC, is fully transposed in the national occupational safety and health legislation.

It was transposed with the Law amending and supplementing the Health Act (SG, No. 59 / 2006) and with Ordinance No. 9 of the Ministry of Labour and Social Policy and the Ministry of Health of 4 August 2006 on the protection of workers from risks related to exposure to asbestos at work (Promulgated, SG, No. 71 / 2006). Ordinance No. 9 superseded Ordinance No. 1 / 2003 on the protection of workers from risks related to exposure to asbestos at work which transposed Council Directive 83/477/EEC on

the protection of workers from risks related to exposure to asbestos at work. Ordinance No. 9 on the protection of workers from risks related to exposure to asbestos at work (Promulgated, SG, 71 / 2006) includes the amendments to Directive 83/477/EEC of 19.09.1983 regarding the exposure levels and the minimum OSH measures laid down in Directive 2003/18/EC of the European Parliament and of the Council of 27.03.2003.

Ordinance No. 9 imposes average daily limit of airborne concentration of asbestos fibres at 0.1 f/cm³ as an 8-hour time-weighted average.

The control limits apply to all types of asbestos fibres.

The exposure level is determined on the basis of available own or third-party data from previous measurements with similar activities and characteristics of work or with performance of control measurements.

Provided that appropriate technical and technological methods and practices for minimising the risk related to exposure to asbestos fibres are applied, the group of activities for which sporadic and low-intensity exposure to asbestos is expected includes:

- maintenance activities which include up to 1 hour of work per worker in each seven-day period with asbestos-cement materials, asbestos cardboard, asbestos gaskets, asbestos sheets in good condition and total duration of work, including cleaning, for all workers is shorter than 2 hours;
- removal without deterioration of asbestos-cement roof waddings, bitumen covers, etc., in which the asbestos fibres are firmly linked in a matrix;
- encapsulation (covering with a product which penetrates into the material and makes it stronger) or sealing (applying appropriate surface cover to insulate the material from the ambient air) of asbestos-containing materials which are in good condition, and
- control measurements of the airborne concentration of asbestos fibres and collection and analysis of samples to ascertain whether a material contains asbestos.

The activities for demolition and/or removal of asbestos and asbestos-containing materials are carried out by legal or natural persons who are issued authorisations under the Health Act. The activities for demolition or removal of asbestos and/or asbestos-containing materials from buildings, structures, undertakings, installations or vessels are carried out upon authorisation from the director of the regional health inspectorate on whose territory the activities are carried out. The conditions and procedure for issuing authorisations include in particular requirements pursuant to Section VII "Protection of the Health of Citizens in the Performance of Works with Asbestos and Asbestos-containing Materials" of the Health Act.

Additional measures include:

A National Asbestos Profile is developed. The document was drawn up as a step towards the development of a National Programme for the Elimination of Asbestos Related Diseases and in reply to a commitment undertaken by the Republic of Bulgaria by the signing of the Parma Declaration in

2010. The information is published on the official webpage of the National Centre of Public Health and Analyses -- http://ncphp.government.bg/files/National%20Asbestos%20Profile_Bulgaria_2015-bg.pdf.

For the purpose of restriction of the risk related to asbestos related diseases, it is intended to create a register of workers exposed to asbestos on a national level, which is to contain annual data for the exposures, workers' health condition and data from conducted medical check-ups.

The management of the processes for observance of the requirements for protection of workers from risks related to exposure to asbestos at work is assigned to the Ministry of Labour and Social Policy, respectively to the General Labour Inspectorate Executive Agency, which supervises the observance of the requirements for health and safety at work when handling asbestos and/or asbestos-containing products, including the dismantling and destruction of asbestos-containing construction and insulations from buildings and installations.

The inspections carried out show that the control exerted by the General Labour Inspectorate Executive Agency in the last years and the extensive information provided to the public about the hazards involved in handling asbestos and asbestos-containing products resulted in positive changes in the employers' activity with respect to the protection of workers related to the exposure to the listed hazardous products. Many of the enterprises oriented towards search of substitutes of asbestos-containing materials and products. E.g., in all wine-production enterprises asbestos-containing filter cloths are replaced with non-asbestos-containing ones. In the construction sector, silicate cotton is used as a heat- and cold-insulation material instead of asbestos-containing coatings. The production of asbestos-cement pipes, asbestos-cement boards and cardboards is discontinued in all cement plants. Depending on their application polyvynil-alcohol, polyacrylonitrile, cellulose, carbon and glass fibres are used as substitutes of chrysotile.

Inspections show that the issue about the provision of safety upon the destruction (dismantling) of construction structures and insulations is still a topical issue. These processes are usually accompanied by dust production, which cannot be effectively controlled by the usual technical means and methods.

Employers take certain organizational-and-technical measures too:

- these activities are directed by persons who have special qualification and practical experience with respect to the safe methods and technique of destruction and are carried out by specially trained and instructed staff;
- the location, type and quantity of the asbestos-containing construction structures and materials used in the performance of the respective construction and assembly is identified on the basis of the available as-built documentation and construction projects;
- a working draft is developed for organization and performance of the dismantling works, which indicates the technological order, the types of means of performance (incl. the collective protection devices used), the organization of labour and the case specific activities ensuring safety at work;

- fences are erected around sites where the destruction takes place and the access of persons not directly involved in the activity is restricted. Booths for cleaning and changing of the contaminated work clothes are placed at the exit of work areas and in their immediate proximity – baths for washing the body and places for keeping clean clothes;
- when asbestos coatings and insulations are destroyed, wetting by water or a solution of an appropriate detergent (sprinkling or injecting depending on the thickness of the insulation) is applied, unless this is in conflict with the electricity safety requirements concerning the specific site;
- if need arises of “dry” destruction of large quantities of asbestos insulations, the workplace must be isolated from the neighbouring area by an improvised booth having walls made of an appropriate polymer material, as it must have the required minimum negative pressure to protect the neighbouring area from asbestos contamination;
- special personal protective devices are supplied and used for protection of the respiratory organs (respirators) and protective clothes for the head and the body.

As regards chemical substances, the inclusion of a new article 30 a and b should be highlighted as an important supplementation in 2014 to the Health and Safety at Work Act. It reads as follows:

Article 30a. (New – State Gazette, No.27 of 2014) (1) When work equipment and/or dangerous chemical substances and compounds represent an immediate danger for the life and health of workers and there is no other way to minimize the risk, the deputy-chairperson of the committee on the conditions of work and the workers’ representative responsible for safety and health at work in the group on the conditions of work shall notify in writing the responsible official and/or the employer of the danger found, as they may require from them temporary ban on the use thereof.

(2) The employer may cancel the ban referred to in paragraph 1 when he finds that the danger is eliminated.

(3) In case that the employer does not take the measures required for elimination of the danger, the deputy-chairperson of the committee on the conditions of work and the workers’ representative responsible for safety and health at work in the group on the conditions of work shall file a signal to the control authorities.

Article 30b. (New – State Gazette, No.27 of 2014) (1) The employer shall provide the representatives in the committees and groups on the conditions of work with the necessary conditions, means and time for performance of their rights and functions, as well as the respective training and qualification, which shall take place within the working hours without any impact on the amount of their labour remuneration.

(2) The representatives in the committees and groups on the conditions of work may not be put at a disadvantage in relation to their acts related to the provision of health and safety at work.

The following legislation is also important for the provision of protection upon handling of chemical substances:

- Ordinance No.13 on the Protection of Workers from Risks Related to the Exposure to Chemical Agents at Work.
- Ordinance No. RD-07-2 on the Conditions and Procedure for the Conduction of Periodical Training and Briefing of Workers and Employees with Respect to the Rules for Provision of Health and Safety at Work

Ordinance No.RD-07-2 determines the conditions and procedure for conduction of training and briefing on safety and health at work and it applies in all enterprises and places where work is performed or a training is conducted in accordance with article 2, paragraphs 1 and 2 of the Health and Safety at Work Act. The employer must make sure that each worker has passed an appropriate training and/or briefing on safety and health at work in accordance with the specificity of the profession/performed activity and of the workplace, as he/she must take into account the possible danger and the results from the risk evaluation of the respective workplace. Pursuant to the Ordinance the employer must not permit a worker and an employee who does not have the required knowledge and skills to work and/or is not instructed on the rules for provision of health and safety at work. The training and briefing on safety and health at work must be conducted in working hours as all the costs are to be assumed by the employer.

Pursuant to Ordinance No.13 on the Protection of Workers from Risks Related to the Exposure to Chemical Agents at Work the employer is bound to provide workers and/or their representatives with:

- training and information for the respective safeguards and the action that must be taken for self-protection, as well as for protection of the other workers;
- access to the safety data sheets of the chemical agents used;
- reliability and update of the information that can be made available in a different form depending on the nature and extent of risk – from an oral message to an individual training supported by written information.

As regards ionizing radiation and irradiation:

The legal framework and control over the exposition to ionizing radiation is implemented in accordance with the Health Act , the Safe Use of Nuclear Energy Act and secondary legislative instruments specified herein below.

Pursuant to the Safe Use of Nuclear Energy Act nuclear energy and ionizing radiation are to be used in accordance with the requirements and principles of radiation protection for the purpose of ensuring the protection of human life, health and living conditions for the present and future generations, environment and tangible valuables from the harmful impact of ionizing radiation. Pursuant to the Safe Use of Nuclear Energy Act when ionizing radiation is used, the safety and protection are the top priorities among all other aspects of this activity. The Safe Use of Nuclear

Energy Act provides for that irradiation with ionizing radiation of the staff and population must be limited and kept at the lowest possible reasonably achievable level. Pursuant to this statute the state regulation of the safe use of nuclear energy and ionizing radiation shall be implemented by the Nuclear Regulatory Agency.

The Health Act contains a section dedicated to the protection from the effects of ionizing radiation. Pursuant to article 64 the protection of persons from the effect of ionizing radiation takes place upon observance of the principles of radiation protection in accordance with this statute and the Safe Use of Nuclear Energy Act.

The protection includes:

1. control over the factors of working and living environment for determination and decrease of the irradiation of persons from sources of ionizing radiation;
2. medical surveillance of persons working with sources of ionizing radiation;
3. dosimetric control for determination of the internal and external irradiation of persons working with sources of ionizing radiation;
4. evaluation of the irradiation and radiation risk for the population as a whole or groups of it;
5. medical surveillance of persons irradiated by sources of ionizing radiation upon medical examinations or treatment;
6. medical servicing of the society, of separate groups thereof and of the persons who work with sources of ionizing radiation, in cases of a radiation emergency.

The medical surveillance of persons who work with sources of ionizing radiation is carried out by the National Centre for Radiobiology and Radiation Protection (NCRRP) and by medical establishments.

Secondary legislative instruments:

In the relevant period the Ordinance on the Basic Norms of Radiation Protection (Promulgated in State Gazette No.76 of 5 October 2012) was adopted. The subject-matter of the ordinance are the basic requirements for radiation protection, the criteria and levels for exemption from regulation, measures for radiation protection upon the implementation of activities of use of nuclear energy and the sources of ionizing radiation (SIR) within the meaning of the Safe Use of Nuclear Energy Act.

Pursuant to article 3 (1) activities leading to irradiation with ionizing radiation must be substantiated in advance from the standpoint of their economic, social and other benefits as the benefit must be higher than the harm for human health that they are capable of causing.

Substantiation as referred to in paragraph 1 is required for new activities, in respect of which it is not proven that the benefit is higher than the possible harming of health, and it must be presented by the applicant within the proceedings for the issue of licenses and authorizations.

The substantiation of existing activities must be revised if data is received and circumstances arise that require reconsideration of the benefit and harm from a given activity.

Pursuant to the Ordinance, the individual doses of irradiation, the number of irradiated persons and the probability of irradiation in any activity leading to irradiation must be kept at the lowest possible and reasonably achievable level under the dose limits set out in the ordinance, account being taken of the social and economic conditions. This principle applies from the stage of design to the burial of the source or decommissioning of the facility.

The Ordinance contains also special requirements for women exposed to occupational irradiation, for trainees and students and for a case of authorized increased irradiation.

Pursuant to article 18 (1) Any woman exposed to occupational irradiation is bound to immediately notify the manager of the enterprise where she works after the establishment of the pregnancy as she must present the respective medical conclusion.

(2) The notification referred to in paragraph 1 shall not be a reason to remove the woman from ionizing radiation activities but the manager of the enterprise shall be bound to secure conditions of work, in which the embryo or the foetus will be protected to same extent as a person from the population, as the equivalent dose must be kept at so low level as reasonably achievable, but must not in any case exceed 1 mSv for the remaining period of the pregnancy.

(3) Immediately after a breastfeeding mother notifies her condition, the manager of the enterprise shall be bound to provide her with working conditions, under which there is no probability of radioactive contamination of the breastfeeding mother's body.

Pursuant to article 19, paragraph 1 the dose limits for trainees and students at the age of 18 or more, who due to the nature of the training must conduct it in an ionizing radiation environment are to be determined in accordance with article 14 (*Article 14 (1) The limit of the effective dose for occupational irradiation shall be 20 mSv for each single year.*

(2) *Subject to the limits referred to in paragraph 1, the limits of the annual equivalent doses for staff shall be:*

1. 20 mSv for the crystalline lens;

2. 500 mSv for the skin (this limit refers to the average dose received by every surface of 1 cm², regardless of the area of the irradiated surface);

3. 500 mSv for palms, forearms, for feet and ankles.)

Article 20. (1) In accordance with the cases and conditions referred to in this article persons aged under 18 cannot be assigned with work that is subject to the requirements of article 14.

(2) The limit of the annual effective dose for students and trainees aged from 16 to 18 (the specified age must be attained), who must conduct the training due to its nature in an ionizing radiation environment, shall be 6 mSv.

(3) As regards the persons referred to in paragraph 2 the limit of the annual equivalent dose shall be determined, subject to the effective dose pursuant to paragraph 2, as follows:

1. 20 mSv for the crystalline lens;
2. 150 mSv for the skin (this limit refers to the average dose received by every surface of 1 cm², regardless of the area of the irradiated surface);
3. 150 mSv for palms, forearms, for feet and ankles.

The Ordinance contains also a special section dedicated to measures for limiting the irradiation.

Pursuant to article 24 of the Ordinance on the Basic Norms of Radiation Protection, in nuclear facilities and sites with sources of ionizing radiation (SIR), where the irradiation may probably exceed 1 mSv per year or the equivalent dose may probably reach one tenth of the dose limit for the crystalline lens, skin and extremities, a controlled area and/or a supervised area shall be created.

In the controlled area and in the supervised area protective activities and monitoring are carried out as their type, quality and scope are determined in accordance with the type of the facility or source and the nature and extent of the risk.

The radiation protection measures in the controlled area of nuclear facilities and sites with SIR, incl. internal regulations, instructions and administrative procedures are determined and applied by the respective licensees.

The dimensions and borders of the controlled area and the supervised area and the safeguards envisaged for them are substantiated in the course of the license process.

According to the Ordinance on the Basic Norms of Radiation Protection upon the determination of the borders of the controlled area in nuclear facilities and sites with SIR account should be taken of the anticipated doses in case of normal irradiation, the probabilities and doses of potential irradiation, the type and volume of the necessary measures for radiation protection of the staff.

The borders of the controlled area shall be designated by the use of signs, notices and other appropriate means depending on the characteristics of the ionizing radiation and the type of the performed work. This requirement refers also to the cases when a SIR is only used on a temporary basis or is moved to different locations in the course of the use thereof. In such cases upon the designation of the controlled area the period of time of possible irradiation must also be indicated.

Pursuant to the Ordinance warnings signs and notices, specific instructions for safe operation shall be placed at the entries to the controlled area and at other appropriate locations inside the controlled area (premises, equipment, workplaces) and the necessary technical devices for radiation protection and dosimetric control shall be ensured, as well as places (premises) for change and storage of working and personal clothing of the staff. The access in the controlled area shall be restricted by the use of physical barriers and other administrative and technical measures that correspond to the type and characteristics of the source or facility. Control shall be exerted at the exits

of the controlled area with respect to the radioactive contamination of the body and clothes of the staff and of the items and materials taken out and places (premises) equipped for deactivation shall be designated.

The licensees shall periodically carry out an analysis of the existing conditions in the controlled area in order to evaluate the need of revision of the measures for radiation protection of the staff. If need arises, the borders of the controlled area may be changed, of which the licensee shall notify the competent state authorities.

The licensees shall also carry out on a regular basis an analysis of the existing conditions in the supervised area in order to evaluate the need of application of measures for radiation protection and the need of a change in the borders of the supervised area. As the case may be, the licensee shall appropriately mark the borders of the supervised area and/or certain premises, workplaces and sections within this area.

Pursuant to article 28 of the Ordinance on the Basic Norms of Radiation Protection, for the purposes of radiation protection and monitoring, the staff shall be divided into two groups:

1. category A – staff that could receive the annual effective dose of more than 6 mSv or annual equivalent doses exceeding 15 mSv for the crystalline lens or exceeding 150 mSv for the skin and extremities;
2. category B – staff that is not within category A.

Article 29 provides for that students and trainees aged over 18 shall be provided with such working conditions and radiation protection as determined for staff belonging to category A or B, as the case may be. Students and trainees aged between 16 and 18 shall be provided with such working conditions and protection as required for staff belonging to category B.

Pursuant to the Ordinance on the Basic Norms of Radiation Protection enterprises shall be bound to inform persons exposed to occupational irradiation, as well as trainees and students admitted to a training therein, about:

1. the risks for the health in their work, including the need of early declaration of pregnancy in view of the risks of irradiation of the foetus and the risks of contamination of the breast-fed child in case of radioactive contamination of the breastfeeding mother;
2. the technical, medical and administrative requirements;
3. the general procedures for radiation protection and the necessary safeguards upon performance of the activities as a whole or for each single operation that may be assigned to them;
4. the general procedures for radiation protection and the necessary safeguards for each job.

The Ordinance provides for that enterprises are bound to carry out systematic checks of the effectiveness of the technical devices for environmental protection and for protection of the population. Enterprises are bound to consult a qualified expert in radiation protection on the following issues:

1. evaluation of the designs of sites with SIR and of nuclear facilities from the standpoint of radiation protection;
2. acceptance in the practice of new or modified sources from the standpoint of radiation protection;
3. regular check of the effectiveness of the protective devices and equipment.

Other major acts concerning ionizing radiation and the handling thereof are:

[Ordinance on the Conditions and Procedure for Notifying the Nuclear Regulatory Agency of Events in Nuclear Facilities and Sites with Sources of Ionizing Radiation \(Adopted by Decree No.188 of 30 July 2004 of the Council of Ministers; promulgated in State Gazette No.71 of 13 August 2004; amended in State Gazette No.7 of 21 January 2011\)](#)

[Ordinance No.6 on the Types of Food that Can Be Processed by Ionizing Radiation and the Conditions and Procedure for Their Processing \(State Gazette, No.38 of 12 April 2002\)](#)

[Ordinance No.28 of 09 September 2005 on the Conditions and Procedure for Registration, Processing and Storage of the Data Contained in the Register of Persons Who Work or Worked in an Ionizing Radiation Environment \(issued by the Ministry of Health; promulgated in State Gazette No.76 of 20 September 2005\)](#)

[Ordinance No.29 of 16 September 05 on the Health Norms and Requirements Applicable to Work in an Ionizing Radiation Environment \(issued by the Ministry of Health; promulgated in State Gazette No.78 of 30 September 2005\)](#)

[Ordinance No.32 of 07 November 2005 of the Ministry of Health \(MH\) on the Conditions and Procedure for the Performance of Individual Dosimetric Control of Persons Working with Sources of Ionizing Radiation \(issued by the Ministry of Health; promulgated in State Gazette No.91 of 15 November 2005\)](#)

Particularly important – among the above secondary legislation instruments – is Ordinance No.29 on the Health Norms and Requirements Applicable to Work in an Ionizing Radiation Environment. This ordinance determines the health norms and requirements in case of work in an ionizing radiation environment. It regulates the conduction of mandatory medical surveillance of workers in an ionizing radiation environment for the purpose of prevention of the development of deterministic effects and decrease of the probability of arising of stochastic effects to a level considered to be acceptable.

The Ordinance applies to all activities related to the use of sources of ionizing radiation, except for activities released from regulatory control within the meaning of article 8 of the Ordinance on the Basic Norms of Radiation Protection.

Pursuant to article 3 (1) The mandatory medical surveillance of people working in an ionizing radiation environment shall include:

1. evaluation of the medical fitness of the person to perform the specific duties of office;

2. evaluation of the health condition of the person in relation to received authorized increased irradiation;

3. the evaluation of the person's health condition after emergency irradiation.

(2) The medical surveillance referred to in paragraph 1, subparagraph 1 shall be carried out:

1. in advance – prior to starting work in an ionizing radiation environment;

2. on a periodical basis – during work in an ionizing radiation environment.

The medical surveillance of workers is carried out by medical and healthcare establishments. The medical specialists from these establishments must mandatorily pass a training course in radiation protection.

Furthermore, Ordinance No.29 provides for that the medical surveillance of people working in an ionizing radiation environment may continue even after the persons no longer work in an ionizing radiation environment, at the discretion of a physician having a recognized radiobiological specialty.

Additional questions of the European Committee of Social Rights on paragraph 2:

Comment and information requested on the part of the Committee: "The Committee takes note of the information. Nevertheless it points out that the report must submit complete, up-to-date information about the amendments to the laws and regulations in the period under review. The Committee requests that the next report submits information about the measures taken for integration in the national legislation of the admissible limits of 0,1 fibre per cubic cm introduced by Directive 2009/148/EC of the European Parliament and of the Council of 30 November 2009 on the protection of workers from the risks related to exposure to asbestos at work. Furthermore, the Committee requires information about the intentions of the government with respect to the ratification of ILO Asbestos Convention, 1986 (No.162)."

The Republic of Bulgaria put a ban on the import, production and use of all types of asbestos fibres and asbestos-containing products from 1 January 2005. The ban was implemented with the Ordinance on hazardous chemical substances and preparations subject to a ban or restrictions on the trade therein or use thereof. Asbestos for the purposes of Annex XVII (6) of Regulation (EC) No. 1907/2006 and Ordinance No. 9 / 4 August 2006 on the protection of workers from risks related to exposure at work means the following fibrous silicates: actinolite, amosite, anthophyllite, chrysotile, crocidolite, and tremolite. ILO Convention No. 162 on asbestos (1986) has not been ratified and its ratification has not been discussed with the representative workers' and employers' organizations.

To date, we do not maintain a list of sites with asbestos-containing materials used in the different building works of asbestos-cement panels, decorative wall coverings, suspended ceilings, different types of plumber's soil and conduit, smoke-flue, boiler and tank liners.

Temporary workers: Comment and information requested on the part of the Committee: “The Committee has already dealt with (in the Conclusions of 2003, 2007 and 2009) the protection of temporary workers, interim workers and workers under fixed-term labour contracts. The report does not present information on this issue. According to other sources, ILO Private Employment Agencies Convention, 1997 (No.181) is in effect³ and Council Directive 91/383/EEC of 25 June 1991 supplementing the measures to encourage improvements in the safety and health at work of workers with a fixed- duration employment relationship or a temporary employment relationship is transposed by various legal instruments⁴. In view of this information and having taken into account its previous conclusion, the Committee confirms that temporary workers, interim workers and workers under fixed-term labour contracts have the same standard of protection as those working under termless labour contracts. Nevertheless, the Committee highlights that the report must provide complete and up-to-date information about the amendments to the laws and regulations in the period under review. The Committee requests that the next report presents information about the right of temporary workers, interim workers and workers under fixed-term labour contracts to representation during work.”

As regards the entitlement of workers and employees working under a fixed-duration employment relationship to representation under the employment relationships a note should be made that pursuant to article 68, paragraph 2 of the Labour Code workers and employees under a fixed-term labour contract under article 68, paragraph 1 of the Labour Code have the same rights and obligations as workers and employees under a labour contract for an indefinite period of time. They cannot be put at a disadvantage on account only of the fixed-duration nature of their employment relationship compared to workers and employees under a labour contract for an indefinite period of time who perform the same or similar work in the enterprise, except if the law makes the use of certain rights conditional on the possessed qualification or the acquired skills. When there are no workers and employees employed on the same or similar job position, workers and employees under a fixed-term labour contract cannot be put at a disadvantage compared to the other workers and employees who work under a labour contract for an indefinite period of time.

Considering the above, workers and employees working under a fixed-duration employment relationship have the same rights to representation as the ones laid down for workers or employees working under an employment relationship for an indefinite period of time.

As mentioned in previous reports, the legislation grants equal degree of protection from occupational hazards to all factory and office workers, the main provisions contained in the Labour Code, HSWA and Ordinance No. 5 / 20.04.2006 on provision of healthy and safe working conditions to workers employed under fixed-term employment contracts or temporary employment contracts.

The enhanced control of those conditions for workers who do not have permanent employment contract with the employer can be pointed out as an additional measure. GLI EA has been carrying out inspection campaigns in relation to factory and office workers commissioned by temporary-work agencies for two years.

³ http://www.ilo.org/dyn/normlex/en/f?p=1000:11200:538185254584305:::P11200_INSTRUMENT_SORT:

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⁴ http://eur-lex.europa.eu/RECH_legislation.do

Following amendments were made to the labour legislation over the reference period in relation to the protection of temporary workers and workers under fixed-term employment contracts:

- *The Law amending and supplementing the Labour Code, promulgated, SG, No. 7 / 24.01.2012*, passed in relation to the ratified ILO Convention No. 181 on private employment agencies, 1997, and Directive 2008/104/EC of the European Parliament and of the Council on temporary agency work, sets out the specific employment relations between temporary-work agencies, factory and office workers, and the user undertakings. The agencies operate upon registration in the Employment Agency under terms and procedure laid down in the Employment Promotion Act. It is set out that the employment contract with a temporary-work agency should stipulate that the worker or employee is to be commissioned for temporary work at a user undertaking whereby the work is being supervised and controlled by such user undertaking. The rights and obligations of the temporary-work agency and the user undertaking with regard to the factory and office workers commissioned for temporary work are expressly set out. The rights and obligations of the factory or office worker to the temporary-work agency and the user undertaking are also set out. It is stipulated that the temporary-work agency and the user undertakings are jointly liable for the obligations towards the factory or office worker arising in the course of, on account of, or in relation to the performance of the work assigned.
- *The Law amending and supplementing the Labour Code, promulgated, SG, No. 54 / 17.07.2015, sets out:*
 - the short-term seasonal employment contract in agriculture which aims to limit undeclared employment and to enable employers in the Crop Farming basic economic activity to hire workers on a more flexible basis;
 - employer's obligation to keep employment files of factory and office workers, while guaranteeing the right of the factory or officer worker to receive certified copies of the documents kept therein;
 - flexible working time as an option for reconciling work and family life.
- *A special ordinance (Ordinance No. RD 07-8 / 13 July 2015 on the terms and procedure for submission, registration and reporting of the employment contracts under Article 114a (1) of the Labour Code to the Labour Inspectorate, promulgated, SG, No. 54 / 17 July 2015)* sets out in detail the terms and procedure for submission, registration and reporting of short-term seasonal farm employment contracts to the Labour Inspectorate. The ordinance establishes the short-term seasonal farm employment contract form. The procedure for delivery of the contract forms to employers after their certification and entry in a special register at the Labour Inspectorates is set out. The ordinance specifies the documents which the employer has to submit in order to obtain the certified forms.

Other categories of workers and employees

In relation to the questions asked for the applicability of the Health and Safety at Work Act with respect to homeworkers, we submit the following information:

Pursuant to article 14, paragraph 1 of the Health and Safety at Work Act legal entities and natural persons who independently employ workers and employees, legal entities and natural persons who use workers and employees sent to them by an enterprise providing temporary employment, as well as those who work on their own account alone or in association with others, are bound to provide health and safety at work in all cases related to the work both of workers and of all other persons, which are on another occasion in or nearby the working premises, sites or places. In that light, home workers are included in the scope of the national legislation on occupational safety and health.

The provision of article 107b, paragraph 1 of the Labour Code provides for that it is possible to agree in a labour contract that the worker or employee will against remuneration perform his duties of office in relation to manufacturing of production and/or provision of a service in his home or in other premises at his choice outside the workplace of the employer, with his and/or employer's equipment, materials and other aids (labour contract for work at home). By virtue of the explicit provision of article 107d, subparagraph 3 of the Labour Code the employer is bound to provide a homemaker with healthy and safe working conditions.

In relation to the way the protection provided by the legislation with respect to safe and healthy working conditions is implemented in respect of "independent workers" (self-employed persons), we submit the following information:

According to Article 14 (1) of HSWA (cited above) self-employed persons are included in the scope of the act. The law applies in all enterprises and places where work is performed or a training is conducted, regardless of the form of organization, the type of ownership and the ground, on which the work or training is performed, as long as another law or international agreement, to which the Republic of Bulgaria is a party, does not provide for otherwise (article 2, paragraph 1 of the Health and Safety at Work Act).

In relation to the information requested by the Committee about the improvement of the healthy and safe working conditions (development of programmes, conduction of seminars, analysing of sectorial risks) detailed information is contained herein below in the answer under paragraph 3, as well as in the information submitted hereinabove under item 2) of paragraph 1.

Article 3, paragraph 3

(Scope of the provisions pursuant to ECSR'S interpretation:

The contracting parties must ensure the observance of the provisions for safe and healthy working conditions through the introduction of control measures. The evaluation of the observance of this obligation is based on the development in the number and frequency of labour accidents and occupational diseases, as well as on the building and maintenance of an effective inspection system (which means conduction of a "minimum number of regular inspections" and establishment of an efficient and dissuasive system of sanctions in cases of a violation of the provisions.)

1) Please, describe the way the legislation concerning safe and healthy working conditions is applied. Please, specify the type, reasons and scope of the reforms performed, if any.

In relation to the question asked by the Committee whether measures have been taken for avoiding cases of labour accidents, the following should be noted:

The limiting of labour traumatism through prevention has always been a major objective of the General Labour Inspectorate Executive Agency. As a part of its achievement in 2014 the Agency created on its webpage a column entitled "Grave accidents– reasons and violations", which is under the "For employers and employees" section. The objective of the column is to acquaint the site visitors with the causes and the most frequent violations bringing about fatal labour accidents. In this way employers and employees can establish whether they commit similar violations in their activity and take measures for the remedial thereof. Furthermore, the General Labour Inspectorate Executive Agency has provided a free telephone number for consultation and reporting of occurrences of labour accidents. Information about it is available on the site of the Agency.

The focus in the measures envisaged in the annual plans of the General Labour Inspectorate Executive Agency is on the improvement of the quantitative and qualitative aspects of labour inspection, the systematic and consistent seeking of administrative-and-penal liability from the persons violating the labour legislation and the achievement of reasonable balance in the control of enterprises with high production risk and high labour traumatism.

The performance of inspections in enterprises belonging to economic activities having a considerable impact on the level of labour traumatism and occupational diseases in the country is set as a measure in the annual plan for the activity of the General Labour Inspectorate Executive Agency within Programme No.1 "Inspection of all enterprises from all economic activities for guaranteeing of the observance of the provisions of the Labour Code, the Health and Safety at Work Act, the Employment Encouragement Act and the Civil Servant Act", in pursuance of the Operational Goal "Implementation of effective control over the observance of the legislation in the field of labour, civil service and labour mobility".

2) Please, submit appropriate data, statistic (e.g. Eurostat data) or any other relevant information for:

- the number of labour accidents, incl. the lethal ones, in absolute values, as well as in standardized levels of accidents per 100 000 workers;
- the number of inspections related to the occupational safety and health carried out by the labour inspectorate and the percentage share of workers and enterprises covered by the inspections;
- the number of violations of the legislation related to the safe and healthy working conditions, as well as the type of imposed sanctions.

Data of the General Labour Inspectorate for 2015 shows that the number of inspections performed in enterprises having a considerable effect on the level of labour traumatism and occupational diseases in the country is 1 185. The inspected enterprises were a total of 1054. The number of employees in the inspected enterprises was 111 163 persons. 6 369 violation of the labour legislation were found, of which 4 618 violations of the provisions regulating health and safety at work. A total of 6 295 coercive administrative measure were imposed and 279 statements of administrative offences were drawn up, incl. 178 statement of offences concerning health and safety at work.

As regards the sanctions applicable to employers in case they fail to fulfil their obligation to declare labour accidents:

It should be noted that the declaration of an accident is the official reporting of an accident that has occurred before the respective territorial unit of the National Social Security Institute (NSSI) through the submission of a declaration. The declaration of an accident takes place in accordance with the Social Security Code and the Ordinance on the Establishment, Investigation, Registration and Accounting of Labour Accidents. The declaration may be submitted both by the insurer, respectively the enterprise-user, when the person is sent to perform temporary work, and by the victim or by his heirs. NSSI is the competent institution that sees that the obligations established by the Ordinance for the finding, investigation, registration and reporting of labour accidents are complied with.

We would only like to draw attention to the fact that the conclusions of the Committee (page 14) inaccurately cite information from the source http://www.ilo.org/wcmsp5/groups/public/-ed_protect/---protrav/---safework/documents/policy/wcms_187929.pdf. The conclusions point out that: "According to the same source (p. 80), some occupational accidents remain unreported, mostly in the informal sector, and a more effective exchange of information between Ministry of Health (NSSI) and Ministry of Labour and Social Policy (GLI) structures is to be recommended". In this relation a note should be made that NSSI is not a structure of the Ministry of Health.

We submit to your attention the following statistical information for the number of labour accidents registered in Bulgaria for the period under review 2012 – 2015:

Non-fatal accidents at work by economic activity and sex [hsw_n2_01]

Total - All NACE activities				2011	2012	2013	2014
Bulgaria	Total (Sex)	EUROSTAT	Number	2257	2278	2164	2246
Bulgaria	Male (Sex)	EUROSTAT	Number	1607	1598	1540	1600
Bulgaria	Female (Sex)	EUROSTAT	Number	650	680	624	646
Total - All NACE activities							
Bulgaria	Total (Sex)	EUROSTAT	Incidence rate	87,26	88,79	83,32	85,34
Bulgaria	Male (Sex)	EUROSTAT	Incidence rate	124,92	124,79	119,08	121,77

Bulgaria	Female (Sex)	EUROSTAT	Incidence rate	50	52,91	47,86	49,02
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Fatal Accidents at work by economic activity [hsw_n2_02]

Total - All NACE activities				2011	2012	2013	2014
Bulgaria	Total	EUROSTAT	Number	94	98	87	117
Bulgaria	Total	EUROSTAT	Incidence rate	3,63	3,82	3,35	4,45

On the Eurostat addresses below in the "Accidents at work (ESAW, 2008 onwards) (hsw_acc_work)" folder detailed statistical data can be found for labour accidents registered in Bulgaria for the period 2011 – 2014, which are compliant with the requirements of Commission Regulation (EU) No.349/2011 of 11 April 2011. The data is officially sent by the National Social Security Institute.

http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hsw_n2_01&lang=en

http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hsw_n2_02&lang=en

The number and allocation of labour accidents by years and economic sectors is shown in the following table:

Number of accidents for Bulgaria between 2011 and 2014

			Fatal				Non-Fatal				TOTAL			
Variable	Value	Codelist	Number				Number				Number			
			2011	2012	2013	2014	2011	2012	2013	2014	2011	2012	2013	2014
NACE	A	AGRICULTURE, FORESTRY AND FISHING	6	11	3	8	49	54	56	59	55	65	59	67
	B	MINING AND QUARRYING	6	4	8	4	157	143	166	170	163	147	174	174
	C	MANUFACTURING	16	21	21	35	658	629	589	635	674	650	610	670
	D	ELECTRICITY, GAS, STEAM AND AIR CONDITIONING SUPPLY	2	3	1	3	74	78	52	70	76	81	53	73
	E	WATER SUPPLY; SEWERAGE, WASTE MANAGEMENT AND REMEDIATION ACTIVITIES	1	7			62	72	66	60	63	79	66	60
	F	CONSTRUCTION	19	16	20	22	256	229	200	222	275	245	220	244
	G	WHOLESALE AND RETAIL TRADE; REPAIR OF MOTOR VEHICLES AND MOTORCYCLES	11	13	11	15	180	191	222	214	191	204	233	229
	H	TRANSPORTATION AND STORAGE ACCOMMODATION AND FOOD SERVICE	25	14	9	18	250	276	286	300	275	290	295	318
	I	ACTIVITIES					55	54	49	56	55	54	49	56
	J	INFORMATION AND COMMUNICATION	1	2	3	2	40	43	31	42	41	45	34	44
	K	FINANCIAL AND INSURANCE ACTIVITIES				2	13	24	12	17	13	24	12	19
	L	REAL ESTATE ACTIVITIES			1	2	11	9	9	9	11	9	10	11
	M	PROFESSIONAL, SCIENTIFIC AND TECHNICAL ACTIVITIES	1	1		1	33	25	32	21	34	26	32	22
	N	ADMINISTRATIVE AND SUPPORT SERVICE ACTIVITIES	2	2	3	2	67	84	58	67	69	86	61	69
	O	PUBLIC ADMINISTRATION AND DEFENCE; COMPULSORY SOCIAL SECURITY	2	2	5	2	106	124	110	87	108	126	115	89
	P	EDUCATION	1	1			92	88	73	70	93	89	73	70
	Q	HUMAN HEALTH AND SOCIAL WORK ACTIVITIES		1	2		103	100	102	99	103	101	104	99
	R	ARTS, ENTERTAINMENT AND RECREATION					37	40	44	35	37	40	44	35
	S	OTHER SERVICE ACTIVITIES	1					13	6	13	1	13	6	13
	U	ACTIVITIES OF EXTRATERRITORIAL ORGANISATIONS AND BODIES						2	1		0	2	1	0
	TOTAL	TOTAL	94	98	87	117	2257	2278	2164	2246	2351	2376	2251	2363

Statistical data for labour accidents registered in 2015 will be processed and submitted to Eurostat in June 2017.

The National Social Security Institute has final statistical data for occupational diseases for the period 2009 – 2013.

The classifications and methodology used are from the Occupational Diseases (“Occupational diseases”) Statistics System (Approved by Order No. RD 07-00-185/02 July 2014 of the Governor of the National Statistical Institute, Promulgated in, State Gazette, No.62 of 29 July 2014).

Basic terms and definitions: Pursuant to article 56 of the Social Security Code an occupational disease is a disease that occurred exceptionally or mostly under the influence of the harmful factors of the working environment or of the work process on the organism and is included in the List of Occupational Diseases issued by the Council of Ministers on the proposal of the Minister of Health. A disease not included in the List of Occupational Diseases can also be recognized as an occupational disease, when it is found to be caused mostly and directly by the usual labour activity of the insured person and to have caused temporary inability to work, permanently decreased ability to work or death of the insured person.

Scope: Newly arisen cases of recognized professional diseases in the reported period, i.e. these occupational diseases that are recognized for the first time in the monitored year.

Basic unit subject to monitoring: The recognized occupational disease of the diseased person. In case of one diseased person two or more occupational diseases can be established, which are to be registered and accounted as separate cases of occupational diseases.

The distribution of registered occupational diseases by years and major classifications is presented in tabular form:

"MEDICAL DIAGNOSIS" (LEADING CLINICAL MANIFESTATION)	2009	2010	2011	2012	2013
Occupational diseases - total	116	41	29	14	15
Infectious diseases	1		1		1
<i>Tuberculosis</i>	1				1
<i>Hepatitis A</i>			1		
Malignant diseases	1		1	1	1
<i>Lung cancer</i>	1		1		
<i>Thyroid cancer</i>				1	1
Neurological diseases	31	8	10	4	6
<i>Secondary parkinsonism</i>	1			1	
<i>Damage of cervical radices</i>			1		
<i>Carpal tunnel syndrome</i>	2	2	1		1
<i>Damage of the ulnar nerve</i>	1				
<i>Polyneuropathy</i>	27	6	8	3	5
Sensory organ diseases	8	5	5	2	3
<i>Cataract</i>	1				
<i>Auditory nerve neuropathy</i>	7	5	5	2	3
Respiratory diseases	61	21	8	5	2
<i>Chronic pharyngitis</i>		1			
<i>Chronic nasopharyngitis</i>	1				
<i>Chronic bronchitis</i>	1	1	1	1	1
<i>Asthma</i>	1	1			
<i>Asbestosis</i>	3	2			
<i>Silicosis</i>	29	12	2	2	1
<i>Aluminosis</i>	1				
<i>Siderosis</i>	12	3	3	1	
<i>Talcosis</i>	6				
<i>Other pneumoconiosis</i>		1			
<i>Pneumoconiosis associated with tuberculosis</i>			1		
<i>Toxic pulmonary fibrosis</i>	6		1	1	
<i>Pleural adhesions in asbestosis</i>	1				
Skin diseases			1		
<i>Allergic contact dermatitis</i>			1		
Musculoskeletal diseases	12	7		2	2
<i>Hallux valgus (acquired)</i>			1		
<i>Osteoarthritis of the elbow</i>	1				
<i>Damage of intervertebral discs</i>	5	2	1	1	
<i>Radiculopathy</i>		2			1
<i>Shoulder periarthritis</i>	2	2		1	1
<i>Medial epicondylitis</i>	2				
<i>Lateral epicondylitis</i>	2	1			
Other diseases	2		1		
<i>Toxic liver disease</i>	1				
<i>Haemolytic anaemia</i>	1		1		

"SEVERITY OF DISEASE"	2009	2010	2011	2012	2013
Occupational diseases - total	116	41	29	14	15
<i>Employability</i>	9	3			
<i>9 % or lower rate of permanent disability</i>	1				
<i>10-14 % rate of permanent disability</i>	17	5	7	3	
<i>15-19 % rate of permanent disability</i>	4	3	3	1	
<i>20-29 % rate of permanent disability</i>	15	11	4	2	3
<i>30-49 % rate of permanent disability</i>	46	15	9	4	6
<i>50 % or higher rate of permanent disability</i>	24	4	5	4	6
<i>Death</i>			1		

"PATHOGENIC AGENTS/FACTORS, CAUSATIVE AGENTS"	2009	2010	2011	2012	2013
Occupational diseases - total	116	41	29	14	15
Occupational diseases, caused by chemical agents	10	1	2	2	
<i>Manganese</i>				1	
<i>Zinc</i>	2				
<i>Cadmium</i>	3	1			
<i>Lead</i>	2		1		
<i>Carbon monoxide</i>	1				
<i>Nitric oxide NO (nitric oxides)</i>	1				
<i>Sulphur oxides</i>			1	1	
<i>Aromatic hydrocarbons (polycyclic compounds)</i>	1				
Occupational diseases, caused by physical factors	17	10	8	5	10
<i>Noise (constant, variable, hydrodynamic)</i>	7	5	5	2	3
<i>Local vibrations (machines, instruments)</i>	4			1	2
<i>General vibrations (vehicles, transport-technological sources)</i>	5	5	2	1	4
<i>X-rays</i>	1			1	1
<i>Ionizing particles (alpha, beta, neutrons, etc.)</i>			1		
Occupational diseases, caused by biological agents	3	1	1		1
<i>Mycobacterium tuberculosis</i>	1				1
<i>Hepatitis A virus</i>			1		
<i>Flour dust</i>	1	1			
<i>Cotton dust</i>	1				
Occupational diseases, caused by biomechanical factors	33	10	10	3	2
<i>Sitting posture: prolonged/frequent</i>	1				
<i>Posture with pressure on the wrist</i>	2	2	1		1
<i>Posture with pressure on toes</i>			1		
<i>Use of instruments (very heavy), with repetitive movements</i>		1	2		1
<i>Pushing or pulling with a part of the body, with repetitive movements</i>		2		1	
<i>Repetitive work with asymmetric movements</i>	1		1		
<i>Other motor-monotonous, repetitive work</i>	27	3	5	2	
<i>Frequent lifting of arms</i>		1			
<i>Use of instruments (very heavy), with inaccurate movements (ierky movements)</i>	1				
<i>Other manners of carrying and lifting loads</i>	1	1			
Occupational diseases, caused by industrial factors, materials and products	53	19	8	4	2
<i>Dusts: asbestos cement (and fibre cement)</i>	1				
<i>Dust of metals and metal alloys: steel or cast iron</i>		1			1
<i>Dust of metals and metal alloys: light alloys (aluminium, etc.)</i>	1				
<i>Dust of metals and metal alloys: copper alloys (bronze, brass)</i>	1				
<i>Dusts: crystalline silica, quartz, cristobalite, tridymite</i>	28	12	3	2	1
<i>Dusts: other types of silica (quartz, sand)</i>	1				
<i>Other inorganic dusts</i>	6				
<i>Asbestos fibres</i>	3	2			
<i>Casting copper alloys: products of thermal decomposition</i>		1			
<i>Aluminium casting: products of thermal decomposition</i>				1	
<i>Electric arc: welding vapours</i>	9	2	3	1	
<i>Autoogenous welding: welding vapours</i>	3				
<i>Other smoke and vapours</i>			1		
<i>Cooling-lubricating fluids for cutting instruments and machining oils, without impurities</i>		1			

<i>Disinfectants</i>				1	
"GENDER"	2009	2010	2011	2012	2013
Occupational diseases - total	116	41	29	14	15
<i>Males</i>	72	29	19	9	11
<i>Females</i>	44	12	10	5	4
"AGE" (AGE GROUPS)	2009	2010	2011	2012	2013
Occupational diseases - total	116	41	29	14	15
<i>25-34 years</i>				1	1
<i>35-44 years</i>	10	4	5	1	1
<i>45-54 years</i>	46	12	11	5	8
<i>55-64 years</i>	42	14	11	6	5
<i>65 and more years</i>	18	11	2	1	
"ECONOMIC ACTIVITY" (CEA-2008)	2009	2010	2011	2012	2013
Occupational diseases - total	116	41	29	14	15
A. Agriculture, forestry and fishing	3	1			1
<i>01 Plant growing, livestock breeding and hunting; support activities</i>	2	1			1
<i>02 Forestry</i>	1				
B. Mining and quarrying	18	13	5	2	2
<i>05 Mining of coal</i>	6	2	1	1	2
<i>07 Mining of metal ores</i>	9	8	4	1	
<i>08 Mining of non-metallic and raw materials</i>	1	3			
<i>09 Mining support activities</i>	2				
C. Manufacturing industry	72	19	17	6	7
<i>10 Manufacture of food products</i>	3	3	3		
<i>11 Manufacture of beverages</i>		1			
<i>13 Manufacture of textiles and textile articles, except apparel</i>	2		1		
<i>14 Manufacture of wearing apparel</i>	11	1	3	2	1
<i>15 Leather processing; manufacture of shoes and other leather articles</i>	2		1		
<i>17 Manufacture of paper, cardboard and paper and cardboard articles</i>	1				
<i>20 Manufacture of chemical products</i>	1				
<i>22 Manufacture of rubber and plastic articles</i>	4		1		
<i>23 Manufacture of other non-metallic mineral products</i>	4	1	2		
<i>24 Manufacture of basic metals</i>	16	8	2	4	2
<i>25 Manufacture of metal products, except machinery and equipment</i>	7		3		2
<i>26 Manufacture of computer and communication technique, electronic and optical products</i>	2				
<i>27 Manufacture of electrical equipment</i>	7	1	1		1
<i>28 Manufacture of machinery and equipment for general and special purposes</i>	6	2			1
<i>30 Manufacture of transport equipment, other than motor vehicles</i>	3				
<i>31 Manufacture of furniture</i>	3	1			
<i>33 Repair and installation of machinery and equipment</i>		1			
D. Production and distribution of electricity and heat and gaseous fuels	4			1	
<i>35 Production and distribution of electricity, heat and gaseous fuels</i>	4			1	
E. Water supply: sanitation services, waste management and recycling	2			1	
<i>36 Water collection, purification and supply</i>	1			1	
<i>38 Waste collection and disposal; recycling of materials</i>	1				
F. Construction	5	6			1
<i>41 Building construction</i>	2				
<i>42 Equipment construction</i>	1	5			
<i>43 Specialised construction activities</i>	2	1			1
G. Trade, repair of motor vehicles and motorcycles	5	1	1	1	
<i>45 Wholesale and retail trade of motor vehicles and motorcycles, maintenance and repair</i>	1				
<i>46 Wholesale trade, except trade of motor vehicles and motorcycles</i>	3	1	1	1	
<i>47 Retail trade, except trade of motor vehicles and motorcycles</i>	1				
H. Transport, warehousing and posts	1		1		2
<i>49 Road transport</i>	1		1		1
<i>52 Warehousing of loads and transport support activities</i>					1

I. Hotel and restaurant management	1				
<i>56 Restaurant management</i>	1				
M. Professional activities and scientific research			1		
<i>72 Scientific research and development</i>			1		
N. Administrative and support activities	1				
<i>78 Activities in recruitment and provision of work force</i>	1				
O. Government	1		1	2	1
<i>84 Government</i>	1		1	2	1
P. Education			1		
<i>85 Education</i>			1		
Q. Human health and social work	2		2		1
<i>86 Human health</i>	2		2		1
R. Culture, sports and entertainment	1	1		1	
<i>90 Artistic and creative activity</i>	1	1		1	

Detailed statistical data for occupational diseases is published in Bulgarian on the following URL:

http://noi.bg/images/bg/about/statisticsandanalysis/statistics/trs/Prof_bolesti_2009-2013.pdf

For the period under review 2012 – 2015 the legislation in the field of registration and reporting of labour accidents and the occupational diseases is characterized by stability. The legislative changes are related to structural changes in the administration that takes part in the procedures, the NSSI's policy for decrease of the administrative burden on employers and reflection of the changes in the statistical methodology for labour accidents and occupational diseases of Eurostat (ESAW, EODS). Changes in legal instruments for the period 2012 – 2015:

Amendments are made to the Social Security Code whereby the insurer's obligations under the procedure for the registration and reporting of labour accidents apply also to an enterprise-user when workers or employees are sent thereto for performance of temporary work. There are cancelled obligations of the insurer to notify the territorial unit of the NSSI of changes in the technology; the nature of work; liquidation of the enterprise. The insurer's obligation to send to a territorial unit of NSSI copies of sick notes (primary and extensions) for a labour accident or occupational disease is cancelled. The changes are established in the secondary legislative instruments – Ordinance on the Procedure for Reporting, Registering, Confirming, Appealing against and Accounting Occupational Diseases and Ordinance on the Establishment, Investigation, Registration and Accounting of Labour Accidents.

An electronic sick note has been introduced in Bulgaria since 01 January 2015. The medical expert examination bodies send the sick notes issued by them to the NSSI only electronically.

In July 2014 "Occupational diseases" Statistical System (ODSS), edition 2014 and "Labour accidents" Statistical System (LASS) – edition 2014, which corresponds to European Statistics on Accidents at Work (ESAW) -- Summary methodology 2012 edition (2013 edition) were approved.

The electronic services provided by the NSSI in relation to labour accidents and occupational diseases are, as follows:

- Issue of a certificate of the presence or absence of labour accident.
- Submission of a declaration of labour accident.

- Submission of a quick notice of occupational disease.

Additional questions of the Committee and statistics required:

Activities of the Labour Inspectorate

Comment on the part of the Committee: "The Committee reviewed the legal framework and the work of the Labour Inspectorate pursuant to section 399 of the Labour Code and Ordinance No.92/2000 of the Council of Ministers on the Adoption of an Order for the General Labour Inspectorate Executive Agency – the Conclusions of 2003. According to another source⁵ the Labour Inspectorate Act of 19 June 2008 (amended) restructured the Labour Inspectorate during the period under review. It established a labour inspection system, where in coordination with the Ministry of Labour and Social Policy and the National Council of the Labour Inspectorate the supervision over various aspects related to the laws and regulations concerning the healthy and safe working conditions is assigned to the national Nuclear Regulatory Agency (safe use of nuclear energy and ionizing radiation); the Ministry of Environment and Water (harmful impact of chemicals, substances and compounds); the Ministry of Agriculture and Food (technical safety of agricultural and forest processes); the Ministry of Transport (increase of the hazards in the national transportation system); the Ministry of Defence (occupational health and safety in the army and activities falling within its competence); the Ministry of Health (occupational health and safety upon provisions of industrial medical services)"

The following specification should be made:

Pursuant to article 4 of the Labour Inspection Act (ZIT), labour inspection includes the control over the observance of the labour and social security and health insurance legislation and the specialized control under the Health and Safety at Work Act and the Employment Encouragement Act. According to article 5 (1) Labour inspection shall be carried out either independently or jointly by executive authorities or administrative structures thereof of the specialized administration, which are assigned by a law to carry out the activities covered under Article 4 herein. Article 6 of the Labour Inspection Act provides for that the Minister of Labour and Social Policy shall direct and coordinate the activities of implementation of:

- a) the complete control over the observance of the labour legislation;
- b) the integrated control over the provision of health and safety at work;
- c) the specialized control over the Employment Encouragement Act and the Integration of People with Disabilities Act.

In this relation, it should be noted that after the adoption of the Labour Inspection Act General Labour Inspectorate Executive Agency continues performing its activity independently or in interaction with other bodies of the state administration.

⁵ http://www.ilo.org/dyn/natlex/natlex_browse.details?p_lang=en&p_country=BGR&p_classification=07.01&p_origin=COUNTRY&p_sortby=SORTBY_COUNTRY

An example of such interaction are the inspections conducted jointly with the police authorities, which are carried out by virtue of the Law without additional written agreements between the two institutions.

The control authorities provided for in the Labour Inspection Act only exert specialized control in the specified areas.

Comment on the part of the Committee: "Recalling that the report must provide complete and up-to-date information about the amendments to the laws and regulations in the period under review, the Committee requires that the next report presents information for the new labour inspection system, which is set out in the Statute of 19 June 2008, and in particular how the General Labour Inspectorate (GLI) and its 28 regional labour inspectorate directorates are affected by this reform; which activities and resources (competence, number of examining employees, executive powers, imposed punishments, number of employees covered by the inspection with respect to the manpower) are vested with powers in the Labour Inspectorate by the public authorities; and what coordination is carried out by these public authorities in practice in order to make the Labour Inspection effective."

By Decree No.83 of 22 April 2008 of the Council of Ministers on the adoption of Organic Rules of the General Labour Inspectorate Executive Agency, promulgated in State Gazette No.44 of 9 May 2008, new Organic Rules of the General Labour Inspectorate Executive Agency were adopted. The Organic Rules adopted by Decree No.92 of 2000 were repealed. The new rules provided for a new structure of the General Labour Inspectorate Executive Agency where the number of Labour Inspectorate directorates was decreased. From 28 directorates in the period from 2008 to 2014 they were decreased to 21. Upon determination of the seats of the Labour Inspectorate directorates account was taken of the uneven workload of the labour inspectors in some of the specialized administration directorates, as an opportunity was given to strengthen the capacity of those of them that have the highest workload within the current number of the staff of the Agency. The number of the staff in General Labour Inspectorate Executive Agency is 495 payroll positions.

By Decree No.2 of 13 January 2014 of the Council of Ministers for the adoption of Organic Rules of General Labour Inspectorate Executive Agency, effective from 29 January 2014 (promulgated in State Gazette, No.6 of 21 January 2014) the Organic Rules adopted by Decree No.83 of 2008 were repealed. By the new Organic Rules the staff number of the Agency was not changed and remained 495 payroll positions. The new rules again changed the territorial structure of the Agency, as a Labour Inspection directorate general was created for the first time, which comprised 28 Labour Inspection territorial directorates (the number of the directorates was increased). The structure was conformed to the administrative division of the country. The directorates were positioned in the administrative centres of the regions of the state.

The General Labour Inspectorate Executive Agency performs its activity by: exerting complete control over the observance of the labour legislation in all sectors and activities; exerting the specialized control over the observance of the Health and Safety at Work Act, the Employment Encouragement Act, the legislation related to the performance of civil service and the rights and obligations of the parties to a civil-service relationship, and of other legal instruments, when a law requires from it to do so; giving information and technical advices to employers and employees about

the most effective methods of observance of the labour legislation, of the legislation regulating health and safety at work, and of other legal instruments, the control over which is vested in the Agency by an act. The Agency notifies the competent authorities of gaps and defects found in the labour legislation in force.

For the purpose of enhancement of the administrative capacity of the General Labour Inspectorate Executive Agency in 2013 the following project were successfully implemented:

- project BG051PO001-2.3.01 “Prevention for Occupational Safety and Health” (part of the information for this project was presented hereinabove);
- project BG051PO001- 6.1.06 “Enhancement of the effectiveness of the control activity of the General Labour Inspectorate Executive Agency”;
- project BG051PO001-6.1.07 “Improvement of Labour Control”.

They are all financed under Operational Programme “Human Resource Development”, co-financed by the European Union through the European Social Fund, implemented by the General Labour Inspectorate Executive Agency, as well as the “Enhancement of the organizational capacity of the General Labour Inspectorate Executive Agency financed by Operational Programme Administrative Capacity, co-financed by the European Union through the European Social Fund” project, pursuant to contract A 12-11-5/18 February 2013.

By the implementation of the activities under project BG051PO001-6.1.06 “Enhancement of the effectiveness of the control activity of the General Labour Inspectorate Executive Agency” a sustainable quality management system was introduced for the control activity, which included effective mechanisms for analysis, planning, monitoring and evaluation of the work both of individual employees and units, and of the Agency as a whole. A functional analysis of the General Labour Inspectorate Executive Agency started in 2013 within the “Enhancement of the organizational capacity of the General Labour Inspectorate Executive Agency” project through the application of the Uniform Methodology for the National Safety and Health at Work Programme 2014. In addition to the activity under the specified projects and the trainings related to them the General Labour Inspectorate Executive Agency organizes and conducts upgrade trainings for labour inspectors, in order to enhance the administrative capacity of the Agency. In 2013 15 training of 436 employees were conducted, as they were financed within the 4 projects implemented by the Labour Inspectorate.

The General Labour Inspectorate Executive Agency continues performing its activity in the conditions of transparency before the public. Lots of publications and broadcasts in national and regional media were made on topics related to the Agency's activity and a large number of information services for media and citizens were provided.

All modules of the Labour Accidents Information Subsystem (LAIS) for data registration are updated. A new auxiliary module is created for statistical data processing. The Labour Accidents Information Subsystem modules provide up-to-date, reliable and comparable data, which enable an objective evaluation of the impact of the measures taken in the field of health and safety at work.

Comment on the part of the Committee: "In reply to the Committee's request, it is pointed out in the report that the dismissal of employees who are not acquainted with the health and safety at work regulations and do not have an appropriate qualification is a mandatory measure that may be applied by labour inspectors pursuant to article 404, § 5 of the Labour Code. On these grounds 496 workers were dismissed during the period under review. The report does not provide up-to-date information for any further measures taken and sanctions imposed by labour inspectors during the period under review."

In this case it is about the application by the control authorities of the General Labour Inspectorate Executive Agency of article 404, paragraph 1, subparagraph 5 of the Labour Code – a coercive administrative measure allowing labour inspectors to suspend from work workers and employees who are not acquainted with the health and safety at work regulations or do not have the required legal capacity. This case is definitely not about dismissal of workers by labour inspectors.

In relation to the application of the coercive administrative measure representing suspension from work of workers and employees who are not acquainted with the health and safety at work regulations (article 404, paragraph 1, subparagraph 5 of the Labour Code), as well as on account of a violation of the provisions of article 281-- 284 of the Labour Code and the provisions of Ordinance No.RD -07-2 of 16 December 2009 on the Conditions and Procedure for the Conduction of Periodical Training and Briefing of Workers and Employees with Respect to the Rules for Provision of Health and Safety at Work, we hereby inform you about the number of applied coercive administrative measures under article 404, paragraph 1, subparagraph 5 of the Labour Code:

For 2015 the measure was applied in 34 cases.

For 2014 the measure was applied in 31 cases.

For 2013 the measure was applied in 28 cases.

For 2012 the measure was applied in 27 cases.

In relation to the requested information for the measures taken by the General Labour Inspectorate Executive Agency with respect to employers in relation to violation of the provisions of articles 281-- 284 of the Labour Code we hereby submit the following information:

Pursuant to article 281 of the Labour Code all workers and employees are instructed and trained in safe methods of work. Ordinance No. RD-07-2 of 16 December 2009 on the Conditions and Procedure for the Conduction of Periodical Training and Briefing of Workers and Employees with Respect to the Rules for Provision of Health and Safety at Work determines the conditions and procedure for conduction of training in and briefing on safe and healthy working conditions. Training and briefing are conducted in all enterprises and places where work is performed or training is conducted, pursuant to article 2, paragraphs 1 and 2 of the Health and Safety at Work Act.

A total of 18 241 violations concerning briefings and training were found in 2015. A total of 670 statements of administrative offences were drawn up for established violations concerning briefings and training and 643 penal provisions were issued. 17 720 violations concerning briefings and training were established for 2014. Administrative-and-penal liability was sought from employers, as a

total of 556 statements were drawn up and 550 penal provisions were issued. The briefing-related violations established for 2013 were 15 847, the statements drawn were 597 and 578 penal provisions were issued. In 2012 the control authorities established 16 107 violations as a total of 761 statements were drawn up and 738 penal provisions were issued.

The difference in the number of issued statements of administrative offences and the issued penal provisions is due to the termination of some of administrative-and-penal procedures, in respect of which there were statutorily determined causes for such termination of the administrative-and-penal proceedings in accordance with article 33, par.2 and article 34 of the Administrative Offences and Penalties Act (*ZANN*).

Article 282 of the Labour Code lays down the obligation of the employer to provide conditions for sanitary and medical servicing of workers and employees in accordance with the sanitary norms and requirements. In 2015 a total of 2 409 violations concerning the sanitary service were established. 2 175 violations concerning the sanitary service were established for 2014. Administrative-and-penal liability was sought from employers, as statements of offence were drawn up. The established violations concerning the sanitary servicing for 2013 were 1 440. In 2012 the control authorities established 1 361 violations.

By virtue of article 284, paragraph 1 of the Labour Code the employer is bound to provide free of charge special working clothes and personal protective devices to workers and employees working with or in the presence of machines, facilities, liquids, gases, melted metals, red hot items and the like, which are dangerous or harmful to health or life. Ordinance No.3 of 19 April 2001 on the Minimum Requirements for Safety and Protection of the Health of Workers When Personal Protective Devices are Used at the Workplace determines the minimum requirements for safety and protection of the health of workers when personal protective devices are used at work.

As regards the information requested by the Committee for the number of violations, value of the fines, number of suspended activities and of the cases submitted to the prosecutor's office, we hereby submit the following information for the period under review 2012--2015:

In 2015 a total of 50 229 inspections of the observance of the labour legislation were carried out. A total of 222 245 violations were established and a total of 218 332 coercive administrative measures (CAM) were applied.

- Application of a coercive administrative measure (under article 404, paragraph 1, subparagraph 3 of the Labour Code) whereby the operation of machinery, facilities and workplaces is temporarily suspended, when the violations of the rules of health and safety at work endanger the life and health of people. For 2015 this coercive administrative measure was applied for 615 cases (615 Acts of suspension of enterprises or activities were drawn up);
- Application of a coercive administrative measure whereby workers and employees who are not acquainted with the rules of health and safety at work or do not have the required legal capacity are temporarily suspended from work. 114 workers were temporarily suspended by this coercive administrative measure by an act of suspension.

NB: Do not confuse the effect of the coercive administrative measure applied by the labour inspectors with the employer's right to dismiss a worker or employee. The former is an administrative measure, while the other is termination of the employment relationship.

- 55 signals were also filed in 2015 to the prosecutor's office for data found for committed criminal offences.

A total of 8805 penal provisions (PP) were issued for imposition of administrative-and-penal liability – fine or property sanction. The total amount of the imposed fines and property sanctions was BGN 12 633 820, and the amount under the legally effective penal provisions was BGN 9 352 537.

- Of them 111 895 violations are related to health and safety at work and 2 393 are the penal provisions for violations related to health and safety at work;

In 2014 a total of 52 543 inspections of the observance of the labour legislation were carried out. A total of 245 478 violations were established and a total of 241 776 coercive administrative measures were applied.

- Application of a coercive administrative measure (under article 404, paragraph 1, subparagraph 3 of the Labour Code) whereby the operation of machinery, facilities and workplaces is temporarily suspended, when the violations of the rules of health and safety at work endanger the life and health of people. For 2014 this coercive administrative measure was applied for 682 cases (682 Acts of suspension of enterprises or activities were drawn up);
- Application of a coercive administrative measure whereby workers and employees who are not acquainted with the rules of health and safety at work or do not have the required legal capacity are temporarily suspended from work. 209 workers were temporarily suspended by this coercive administrative measure by an act of suspension.

It should be noted once again that the effect of the coercive administrative measure applied by the labour inspectors must not be confused with the employer's right to dismiss a worker or employee. The former is an administrative measure, while the other is termination of the employment relationship.

- 84 signals were also filed in 2014 to the prosecutor's office for data found for committed criminal offences.

A total of 9595 penal provisions were issued. The total amount of the imposed fines and property sanctions for 2014 was in the amount of BGN 13 331 000, and the amount under the legally effective penal provisions was in the amount of BGN 11 509 183.

- 114 135 violations are related to health and safety at work and 2 342 are penal provisions for violations related to health and safety at work.

In 2013 a total of 55 952 inspections of the observance of the labour legislation were carried out. A total of 246 787 violations were established and a total of 241 463 coercive administrative measures were applied.

- Application of a coercive administrative measure (under article 404, paragraph 1, subparagraph 3 of the Labour Code) whereby the operation of machinery, facilities and workplaces is temporarily suspended, when the violations of the rules of health and safety at work endanger the life and health of people. For 2013 this coercive administrative measure was applied for 522 cases (522 Acts of suspension of activities were drawn up);
- Application of a coercive administrative measure whereby workers and employees who are not acquainted with the rules of health and safety at work or do not have the required legal capacity are temporarily suspended from work. 104 workers were temporarily suspended by this coercive administrative measure by an act of suspension.
- 52 signals were also filed in 2013 to the prosecutor's office for data found for committed criminal offences.

A total of 13 434 penal provisions were issued. The total amount of the imposed fines and property sanctions for 2013 was BGN 19 390 281, and the amount under the legally effective penal provisions was in the amount of BGN 16 270 168.

- Of them 101 945 violations are related to health and safety at work and 2 709 are the penal provisions for violations related to health and safety at work.

In 2012 a total of 56 431 inspections of the observance of the labour legislation were carried out. A total of 258 546 violations were established and a total of 252 338 coercive administrative measures were applied.

- Application of a coercive administrative measure (under article 404, paragraph 1, subparagraph 3 of the Labour Code) whereby the operation of machinery, facilities and workplaces is temporarily suspended, when the violations of the rules of health and safety at work endanger the life and health of people. For 2012 this coercive administrative measure was applied for 629 cases (629 Acts of suspension of activities were drawn up);
- Application of a coercive administrative measure whereby workers and employees who are not acquainted with the rules of health and safety at work or do not have the required legal capacity are temporarily suspended from work. 82 workers were temporarily suspended by this coercive administrative measure by an act of suspension.
- 62 signals were also filed in 2012 to the prosecutor's office for data found for committed criminal offences.

A total of 18 269 penal provisions were issued. The total amount of the imposed fines and property sanctions for 2012 was BGN 25 404 040, and the amount under the legally effective penal provisions was BGN 18 689 851.

- Of them 111 117 violations are related to health and safety at work and 3 661 are the penal provisions for violations related to health and safety at work;

In summary:

- In 2012: 111 117 violations related to health and safety at work were established and 3 661 penal provisions (PP) were issued for violations related to health and safety at work;
- In 2013: 101 945 violations related to health and safety at work were established and 2 709 penal provisions were issued for violations related to health and safety at work;
- In 2014: 114 135 violations related to health and safety at work were established and 2 342 penal provisions were issued for violations related to health and safety at work;
- In 2015: 111 895 violations related to health and safety at work were established and 2 393 penal provisions were issued for violations related to health and safety at work ;

The types of administrative penalties imposed for violations of the labour legislation, including for violation of statutory requirements for health and safety at work, are:

1. fine – with respect to natural persons;
2. property sanction – with respect to legal entities and sole proprietors.

The Labour Inspectorate does not have detailed information as to how many of the administrative penalties imposed for violations of health and safety at work are in the form of a fine and how many of them are in the form of a property sanction, as well as for the specific amount of these penal provisions only, as well as what the specific amount (in BGN equivalence) of the administrative penalties imposed in relation to health and safety at work is.

The Labour Inspectorate has summary information about the amount in BGN equivalence of the fines and property sanctions imposed on an annual basis for violations of the labour legislation, which include violations of the norms regulating employment relationships and of the legal requirements for health and safety at work, by year for the period from 2012 to 2015:

The fines and property sanctions imposed in 2012, in the following amount:

- Fines – BGN 1 111 780
- Property sanctions – BGN 17 578 071

The fines and property sanctions imposed in 2013, in the following amount:

- Fines – BGN 5 423 389
- Property sanctions – BGN 10 846 779

The fines and property sanctions imposed in 2014, in the following amount:

- Fines – BGN 406 050
- Property sanctions – BGN 11 103 133

The fines and property sanctions imposed in 2015, in the following amount:

- Fines – BGN 475 360
- Property sanctions – BGN 12 158 460

As regards the number of workers covered by the inspections, we submit the following statistical information by year:

1 539 744 workers are covered for 2015.

1 462 993 workers are covered for 2014.

1 584 372 workers are covered for 2013.

1 575 447 workers are covered for 2012.

Article 3, paragraph 4

(Scope of the provisions pursuant to ECSR'S interpretation:

The member states must provide all workers in all branches of economy and in any enterprise with access to professional healthcare services. These services can be provided jointly by several enterprises. If professional healthcare services are not created by each enterprise, the authorities must create a strategy in this respect in consultation with the workers' and employers' organisations.)

- 1) Please, describe the professional healthcare services. Please, specify the type, reasons and scope of the conducted reforms, if any.
- 2) Please, specify the measures taken (administrative measures, programmes, action plans, projects, etc.) for the application of the legal framework.

As regards the questions asked in relation to the application of the changes in the legal framework it should be noted that Act No.331 of 30 November 2010 Amending and Supplementing

the Health Act, which is referred to in the Conclusions of 2013, is actually *Decree No.331 on the promulgation in State Gazette of the Act Amending and Supplementing the Health Act* (No.98 of 14 December 2010).

In this regard, we note that the amendments to the law introduce changes in the organization of medical expert examination and the powers of the regional health inspectorates.

The legal framework does not contain Act No.135 of 21 May 2009 Amending and Supplementing the Health Act. By *Decree No.142 an Act Amending and Supplementing the Health Act was promulgated in State Gazette* (No.41 of 02 June 2009). The amendments to the statute cause changes in the medical expert examination, in the status of the National Expert Medical Board (NEMB), in the powers of regional health inspectorates and Executive Agency "Medical Audit" is created.

As already mentioned, in the reported period an Ordinance on the Basic Norms of Radiation Protection (NONRZ) (Promulgated in State Gazette No.76 of 5 October 2012) was adopted.

It should be noted that the Ordinance on the Basic Norms of Radiation Protection contains special provisions concerning an evaluation of the irradiation and medical surveillance. Pursuant to it, workers exposed to radiation are subject to mandatory medical surveillance in order to establish their health condition and their suitability from a medical standpoint to perform the tasks they are assigned with. The medical surveillance over persons is implemented by healthcare and/or medical establishments. Enterprises and specialized control authorities are bound to submit to healthcare establishments information for the parameters of working environment, conditions of work and the results from the individual monitoring.

Pursuant to the Ordinance medical surveillance includes initial and periodical examinations. The initial examination is carried out before the classification of the worker or employee in order to determine his suitability to perform the job as a category A or B staff (pursuant to article 28 of the Ordinance on the Basic Norms of Radiation Protection category A includes staff that could receive annual effective dose in excess of 6 mSv or annual equivalent doses in excess of 15 mSv for crystalline lens or higher than 150 mSv for skin and extremities, and category B – staff not included in category A.)

Periodical examinations are carried out at least once per year in order to determine whether the worker is still in a health condition that allows him to perform the tasks assigned to him. Periodical examinations can be carried out more frequently if need arises at the discretion of the medical and/or healthcare establishment. On the basis of a decision of the medical and/or healthcare establishment, the medical surveillance of persons may continue even after discontinuation of the labour activity related to occupational irradiation within the meaning of the ordinance. The length of this surveillance is determined by the medical and/or healthcare establishment.

In relation to the information requested about the professional healthcare services the following should be noted:

Labour medicine services (LMS) in Bulgaria are created by the Health and Safety at Work Act in 1998. The main legal instruments regulating the requirements to labour medicine services are *the*

Health and Safety at Work Act and Ordinance No.3 of 25 January 2008 on the Conditions and Procedure for the Performance of the Activity of Labour Medicine Services.

There are provisions in the *Act Amending and Supplementing the Health and Safety at Work Act of 2007* (State Gazette, No.40 of 2007) and *Ordinance No.3 of 2008 on the Conditions and Procedure for the Performance of the Activity of Labour Medicine Services*, which determine a procedure for registration of labour medicine services, provide for specialized control over their activity and the documentation kept by them. Specific penalties are set forth for persons who registered labour medicine services that do not fulfil their obligations under the law.

Data from an analysis conducted in 2015 by the National Center of Public Health and Analyses (NCPHA) show that at this time a total of 473 labour medicine services are registered in the Republic of Bulgaria by regions, as 196 of them are active also in other regions, in addition to the one they are registered in.

403 physicians with specialty labour medicine/labour hygiene and 56 physicians without this specialty work in labour medicine services. About 3 % of physicians with specialty labour medicine/labour hygiene have also a second specialty acquired by them. A total of 576 persons with higher technical education work in labour medicine services; 15 % of them are mechanical engineers; there are also electrical engineers, as well as engineers in safety and health at work. The staff of labour medicine services comprise also 557 other specialists, of which 48 nurses, 65 economists, 267 technical specialists, 97 persons with secondary education and 80 specialists with higher education who have a different profile as a chemist, physicist, biologist.

According to data of the General Labour Inspectorate:

For 2015 the total number of inspected enterprises having secured servicing by labour medicine services was 30 948, which was 80 per cent of the total number of inspected enterprises. In 290 enterprises servicing was secured on the basis of a prescription issued by the control authorities of the General Labour Inspectorate Executive Agency.

For 2014 the number of the inspected enterprises with secured servicing by labour medicine services was 33 534, and in 299 enterprises servicing was secured on the basis of a prescription issued by the control authorities of the General Labour Inspectorate Executive Agency.

For 2013 the total number of the inspected enterprises having secured servicing by labour medicine services was 33 712, and in 362 enterprises servicing was secured on the basis of a prescription issued by the control authorities of the General Labour Inspectorate Executive Agency.

The number of inspected enterprises with secured servicing by labour medicine services for 2012 was 33 435, and in 467 enterprises servicing was secured on the basis of a prescription issued by the control authorities of the General Labour Inspectorate Executive Agency.

As regards the measures taken with respect to employers who did not secure servicing of the workers by labour medicine services:

In 2015 a total of 35 statements of violation of article 25 of the Health and Safety at Work Act, which obligates employers to secure servicing by labour medicine services, were drawn up.

In 2014 32 statements of violation of article 25 of the Health and Safety at Work Act were drawn up.

In 2013 49 statements of violation of article 25 of the Health and Safety at Work Act were drawn up

In 2012 70 statements of violation of article 25 of the Health and Safety at Work Act were drawn up

Article 11 - Right to health protection

In order to ensure effective execution of the right to health protection, the contracting parties undertake to adopt, either directly or in cooperation with public or private organizations, the necessary measures, aimed in particular at:

1. Eliminating as far as possible the causes of diseases;
2. Establishing services for consultation and education, aimed at improving health and encouraging individual responsibility in matters of health care;
3. Preventing as far as possible epidemic, endemic and other diseases, as well as accidents.

Scope of the provisions under the interpretation of ECSP

Paragraph 1: Pursuant to Art. 11, health means a state of complete physical and mental well-being, in line with the Constitution of the World Health Organization (WHO), which was adopted by all parties to the Charter. The health care system should be able to respond appropriately to avoidable health risks, i.e. those that can be controlled by human actions. Such a health care system should be accessible to everyone, without exception. Costs of health care should be taken, at least in part, by the community as a whole. There should be no unnecessary delays in providing treatment. Access to treatment should be based on transparent criteria. There should be sufficient personnel and equipment. The conditions of hospitalization should be satisfactory and consistent with human dignity.

Paragraph 2: Measures should be taken to prevent activities that are harmful to health, such as smoking, alcohol and drug addiction, and to encourage individual responsibility, including on aspects of healthy nutrition, sexual education and the environment. Health education should be practiced at school during the learning process. Pregnant women and children should be entitled to free regular medical examinations and tests. Free medical examinations should be carried out during the learning process. There should be tests on diseases that cause high levels of premature mortality.

Paragraph 3: There should be enough modern and detailed legislation and specific preventive and protective measures, related to air pollution, water and noise, nuclear risks, asbestos, safety foods, and for the Member States, which have not adopted Article 31 - public health standards in housing. There should be a policy to prevent smoking, alcoholism and drug addiction, a widespread immunization program and measures for addressing infectious diseases. Finally, there should be measures to prevent road accidents, accidents at home, during leisure time and at work, when these are not occupational accidents, pursuant to Article 3.

Information that should be provided:

Article 11, paragraph 1

1) Please describe the general policy on public health and the legal basis. Please specify the type, causes and scope of conducted reforms, if any.

The general health policy, presented in the previous report, is still valid.

Reforms and innovations:

When considering the period 2012 – 2015, evolution in hospital medical care was observed, as follows:

The activities in hospital medical care were gradually expanded, new clinical pathways were developed, new diagnoses were included in the existing clinical pathways, the number of contractual partners, including those with private property, was increased. Significant adjustments in the diagnostic and treatment algorithms of the clinical pathways were made by refining the indications for hospitalization and the criteria for discharge of the patients, which improved the quality of provided hospital care. The requirements for available medical equipment and specialists were increased, without affecting the patient access and equity with the use of hospital care. During the period 2012-2015, the activity and efforts of the National Health Insurance Fund (NHIF) in the field of hospital care were focused on the implementation of the priorities of the national health policy, as the attention was directed towards maternal and child health.

In 2012, the NHIF paid for new medical activities, called clinical procedures, when conducting hemodialysis and chemotherapy, as well as dispensary monitoring of cancer patients, including children. Dispensary monitoring of patients with malignant diseases was carried out by performers of hospital care. In the clinical procedures for hemodialysis, the patient transportation was also included.

In 2013, 4 new clinical pathways, oriented to socially significant diseases, were developed – immunodeficiency conditions, comatose conditions (the so called "awake coma"), orthopedic re-plantations and suddenly occurred acute conditions in children.

In 2014, the prices of 34 clinical pathways were increased, including those for pediatric patients.

In 2015, the prices of clinical pathways, related to the treatment of patients with diabetes and infectious diseases, were increased. Dispensary monitoring of patients with mucoviscidosis was realized.

An important point in the observed period was the introduction of two new clinical pathways for radiosurgery, clinical procedures for highly specialized activities – diagnosis with PET/CT, as well as a clinical pathway for surgical activities in the field of thoracic and abdominal surgery in children aged up to 1 year, with congenital anomalies, cardiac surgical interventions in children aged up to 1 year, and robotic laparoscopic surgery.

The NHIF continued to apply the provisions of Ordinance 26/2007 of the Minister of Health on providing obstetric care to health uninsured women and conducting tests, outside the scope of compulsory health insurance for children and pregnant women:

- Care for pregnant women in the hospital care;
- Obstetric assistance for childbirths, regardless of the pregnancy term and fetal presentation;
- Obstetric assistance for health uninsured women in the hospital care (childbirth) and prophylactic examinations and tests of health uninsured pregnant women in the outpatient care.

The NHIF provided treatment to newborns in all the degrees of prematurity, with or without the administration of a surfactant and/or the administration of mechanical ventilation according to the clinical pathways. An individual clinical pathway, providing care for a healthy newborn child, was also paid.

In 2014, the NHIF started to pay for the treatment of the following diseases: Non-familial hypogammaglobulinaemia /D80.1/; Psoriasis /ICD L40/; Other congenital abnormalities of the cardiac septum /ICD Q21.8/; Epidermolysis bullosa simplex /ICD Q81.0/; Epidermolysis bullosa letalis /ICD Q81.1/; Epidermolysis bullosa dystrophica /ICD Q81.2/; Presence of transplanted lung /ICD Z94.2/; Presence of transplanted heart and lung /ICD Z94.3/; Presence of other transplanted organs and tissues /ICD Z94.3/.

The National Framework Agreement (NFA) on medical activities for 2012, in accordance with Ordinance 40/2004 of the Minister of Health on determining the basic

Code of the disease according to the International Statistical Classification of Diseases and Problems related to health (ICD)

package of health services guaranteed by the NHIF budget, its Annexes 8 "Package of activities in dispensarized children, by groups of diseases" and "Package of activities in dispensarized patients over 18 years, by groups of diseases", and Ordinance 39/2004 of the Minister of Health on prophylactic examinations and dispensarization, provided that the general practitioner (GP) should conduct dispensary monitoring of more diseases in the field of endocrinology, cardiovascular and other diseases. It introduced the GP's right to appoint highly specialized activities to chronically diseased patients, who were monitored dispensarily, where the patients with already conducted tests were referred for consulting by a medical specialist.

In 2013, when the Decision of the Supervisory Board (SB) of the National Health Insurance Fund (NHIF) entered into force on January 31, 2013, the NHIF proceeded to pay for the complex dispensary monitoring of persons with skin and venereal diseases in health facilities for hospital care and Centers for Skin and Venereal Diseases (CSVDs). The NHIF proceeded to pay for the complex dispensary monitoring of persons with mental diseases in health facilities for hospital care and Centers for Mental Health (CMH) (a transfer by the MH for health uninsured persons). Two neurological diseases in children and five diseases in adults were included for dispensary monitoring, as well as complex dispensary monitoring of persons with mental diseases only after consultation by a psychiatrist from the specialized outpatient medical care.

A new requirement in the National Framework Agreement for 2015, in accordance with its Annex 13, was the examination for early detection of congenital/hereditary ocular pathology in children with a parent with congenital/hereditary strabismus, cataract, glaucoma, hypermetropia, high myopia, amblyopia and/or retinoblastoma, as for this purpose, the GP was referring for examination to a specialist in eye diseases children under 1 year of age, once between the age of 6 months and 1 year. From 7 to 18 years of age, visual acuity test and urinalysis for the presence of protein (office-based, with a test-strip) was carried out.

Pursuant to para. 1 of the Additional provision to the National Framework Agreement for 2015, health uninsured women for medical care under Art. 82, para. 1, item 2 of the Health Act (HA) are also considered health insured persons. Through transfers by the Ministry of Health, the NHIF performed payments of the expenses for medical care for health uninsured women for the duration of pregnancy: one prophylactic examination and tests regardless of the manner of delivery, pursuant to Art. 82 para. 1, item 2 of the HA and in accordance with Art. 19 of Ordinance 26/2007 on providing obstetric care to health uninsured women and conducting tests outside the scope of compulsory health insurance for children and pregnant women.

Reforms with regard to medicinal products and other medical devices:

Providing equal and uninterrupted access of health insured persons (HIPs) to medicinal products, medical devices and dietary foods for special medical purposes, fully or partially paid

by the NHIF, included in the lists under Art. 56, para. 1 and para. 2 of the HIA, was ensured in compliance with the principles, as laid down in the HIA and the budget of the NHIF.

A new point in the mid-2014 was the payment for non-stick bandages for patients with Epidermolysis bullosa. Prescribing devices was carried out by type and number, according to the individual needs of the HIPs.

The NHIF prepared List of Medical Devices to be paid by the NHIF in the settings of outpatient medical care under the Methodology on the terms and conditions for negotiating the costs of medical devices intended for the diseases, included in the list to the ordinance under Art. 45, para. 3 of the HIA, and the medical devices to be paid in the settings of hospital medical care.

The NHIF paid for medical devices (implants) that were implanted into the patient during the hospital stay.

The List included three groups of Medical devices – test-strips for blood glucose meters, medical devices for patients with stoma and non-adhesive bandages for patients with Epidermolysis bullosa. The new moments from July 1, 2014 included:

- Suspending the payments for blood glucose meters, with their values assumed by the manufacturers;
- Increasing the number of test-strips from 150 to 300 in the intensified insulin treatment of patients over 18 years;
- Including the so-called "Butterfly children" in the list of non-stick bandages for patients with Epidermolysis bullosa.

Reforms with regard to the staff in the health care sector:

The collective agreements in the healthcare sector of 2012, 2014 and 2016 approve an increase in the level of initial basic monthly salaries of the staff in the medical institutions. For comparing, see the statistics below showing the progressive increase in the salaries for the period 2012-2016.

2) Please indicate the measures taken (administrative arrangements, programs, action plans, projects, etc.) to implement the policy on public health and the legal basis.

Guaranteed access to medicinal products for all health insured persons (HIPs):

A wide network of pharmacies was ensured to guarantee round-the-clock and flawlessly delivery of the necessary medicines to the needy patients. At present, HIPs have the opportunity to benefit from the pharmaceutical services of more than 2,300 pharmacies throughout the country, working under contracts with the NHIF. An indispensable condition for such a contract between the NHIF and the pharmacy includes patients to be served by pharmacists. In this way, the NHIF ensures not only compliance with the legal requirements, but also provides unimpeded qualified pharmaceutical care to people.

A statistical database on medicinal product use, unique for the country, was developed to report consumption - not only in its quantitative and value terms, but also in terms of the various diseases, regions and patient ages.

For the period 2012-2015, the NHIF paid fully or partially for the medicinal products, medical devices and dietary foods for special medical purposes according to Ordinance 38/November 16, 2004, laying down the list of diseases for the home treatment of which the NHIF pays fully or partially for the medicinal products, medical devices and dietary foods for

special medical purposes, with the aim to ensure the quality and dignity of health insured persons' lives. The NHIF paid also for the home treatment and medicinal products, indicated in Annex 1 of the Positive drug list, intended for the treatment of rare diseases, transplantations and oncologic diseases in the outpatient care, including:

- Malignant neoplasms of the breast (C50)
- Malignant neoplasms of the endometrium (C54.1)
- Malignant neoplasms of the prostate (C61)
- Malignant neoplasms of the kidney, except the renal pelvis (C64.1)

The NHIF paid for antitumor medicinal products beyond the value of clinical pathways/procedures, in accordance with Annex 10 to the Sole Article of Ordinance 40/2004, laying down the basic package of health services guaranteed by the NHIF budget.

As an important change in direction of eliminating causes of health aggravation it should be noted the regulation of easier access of patients with certain diseases - epilepsy, mental diseases, hyperprolactinemia, by changing the criteria for medical expertise at the regional level. These are the cases, where on the basis of medical expedience (received opinions of the national consultants and experts in major specialties) and existing economic justification to reduce the reimbursement of the products, the need of considering by a committee to the Central management of the NHIF drops out. The medical criteria for these diseases do not drop out and do not change, but the expertise at the regional level allows shortening of the time limits and access to the treatment for the patients with these diseases.

The inclusion of new International Non-proprietary Names (INNs) in the list of medicinal products, intended to treat diseases paid under the Health Insurance Act, expanded patient access to innovative drug therapies.

In 2015, a new class of medicinal products for home treatment of diabetes belonging to the incretin-based therapy, namely SGLT-2 inhibitors - alone and in combination with metformin, was included in Annex 1 of the Positive drug list.

As from April 1, 2015, a new aspect was the increased value, paid by the NHIF for the combination of medical devices, intended for ileostomy and colostomy, individual for each health insured person.

Prophylactic examinations:

In accordance with **Ordinance 39/November 16, 2004 of the Minister of Health on prophylactic examinations and dispensarization, general practitioners conduct annual examinations of health insured persons aged over 18 years.** Prophylactic examinations were aimed at early detection of diseases and were conducted with the required number of activities and tests in accordance with Annex 13 "GP's activities in immune prophylaxis, "Children's health" program, prophylactic examinations of HIPs aged over 18 years, formation of risk groups in HIPs aged over 18 years and "Maternal health" program to the National Framework Agreement (NFA) on medical activities for 2012, the NFA for 2014 and the NFA for 2015, as for 2013, the NFA on medical activities for 2012 and the Decision of the Supervisory Board of the National Health Insurance Fund (SB of the NHIF) of January, 31, 2013 were into force, thus regulating the provision of the basic package of health care and new activities.

For all patients aged over 18 years - women and men, the range of prophylactic examinations included: calculation of the body mass index; assessment of the mental status; visual acuity test; blood pressure measurement; electrocardiogram; office-based urinalysis with test-strips for the presence of protein, glucose, ketone bodies, urobilinogen/bilirubin, pH, laboratory-based blood glucose measurement in case of existing risk factors. All other tests, included in the range of prophylactic examinations (e.g. CBC; mammography of the breasts;

PSA; LDL-cholesterol and triglycerides, etc.), were conducted depending on the age group, in which men and women fall, and were carried out over a definite time interval.

When assigned to a specific risk group, health insured persons were subjected to the necessary tests and/or are consulted by a specialist on the profile of the disease for refining the diagnosis and appointing the treatment. The risk groups, formed while conducting prophylactic examinations of persons aged over 18 years, were related to the following groups of diseases: Cardiovascular diseases; Diabetes mellitus; Malignant neoplasms (of the uterine cervix, breasts, rectosigmoid, prostate).

The monitoring of health insured persons at risk, aged over 18 years, was carried out by the GPs or physicians with specialty in Internal Medicine, Gastroenterology, Urology, Endocrinology and Metabolic Diseases, Cardiology, Surgery and Obstetrics and Gynecology.

Dispensary monitoring:

In need of dispensary monitoring of health insured persons (HIPs), the NHIF paid for the relevant examinations and tests. Depending on the patient's disease, the patient was subjected to dispensarization by the GP or a specialist on the profile of the disease. The type, range and frequency of examinations and medical diagnostic tests for dispensary monitoring of HIPs by the GP or a specialist, were determined in accordance with the relevant Annex 9 "Package of ICD-based activities and tests for HIPs, dispensarized by the GP" and Annex 14 "Package of ICD-based activities and tests for HIPs, dispensarized by a medical specialist" to the national framework agreements.

National framework agreements for medical services provide that in certain cases, where the patient states expressly desire for dispensary monitoring by a medical specialist and declares it in the ambulatory sheet on the examination, carried out by her/his GP, the GP issues a referral for consultation and joint treatment for dispensarization by a medical specialist. There is also a possibility for the health insured person to replace the medical specialist, conducting her/his dispensary monitoring.

Health insured persons, who have chosen their GPs, do not pay for the provided outpatient, inpatient and dental care outside the user fee under Art. 37, para. 1 of the Health Insurance Act (HIA). The fee is not paid by the categories of persons under Art. 37, para. 4 of the HIA (persons with diseases, specified in the list to the NFA, as well as minors, juveniles and unemployed family members; veterans, military disabled, military injured; detained pursuant to Art. 72 of the Ministry of Interior, detained pursuant to Art. 125, para. 1 of the Law for the State Agency "National Security or imprisoned; socially disadvantaged, receiving aid under the Implementing Regulations of the Social Assistance Act, persons placed in homes under Art. 36, para. 3, item 1 of the same regulations; medical specialists), as well as persons with diseases specified in Annex 12 "List of diseases, in the case of which health insured persons are exempt from the user fee under Art. 37, para. 1 of the HIA" to the NFAs on medical activities for 2012, 2014 and 2015.

The access to primary outpatient medical care is guaranteed by the obligation of the performers of primary care to provide continuous round-the-clock access of health insured persons to medical care.

Measures taken to reduce cardiovascular diseases and mortality resulting from these diseases:

In the field of diagnosis and treatment of cardiovascular diseases, an active policy for developing the activities in invasive cardiology was conducted, as a result of which 71

structures in invasive cardiology were established in the country (provision - one structure in invasive cardiology per 100,000 people) at medical institutions for hospital care, spread relatively evenly throughout the country and providing optimal access time.

By Decision 538 of the Council of Ministers of September 12, 2013, *National program for prevention of chronic non-communicable diseases 2014-2020* was adopted, as the major type of diseases causing death are cardiovascular diseases.

The strategic objective of the *National program* was to improve public health and enhance quality of life by reducing premature mortality, morbidity and health consequences (disability) of the major chronic non-communicable diseases, as the leading place is occupied namely by cardiovascular diseases.

In the medium term, the objectives in the field of prevention of chronic non-communicable diseases, were associated with retention of the levels of indicators (compared to baseline data from 2012) of morbidity, disability, mortality, incidence of risk factors.

In the long term, the objectives (compared to baseline data from 2012), particularly in relation to cardiovascular diseases, were as follows:

- a) Reduction in mortality from ischemic heart disease by 10%.
- b) Reduction in mortality from cerebrovascular disease by 10%.
- c) Reduction in the incidence of arterial hypertension in the age group of 25-64 years by 10%.
- d) Reduction in premature mortality (death before the age of 65 years) from cardiovascular diseases by 20%.

Meanwhile, annual campaigns with various events, aimed at informing about and preventing cardiovascular diseases, were organized. A concrete example of successive activities as a real manifestation of this policy was the celebration of September 29, the World Heart Day, when the Ministry of Health, together with hospitals, organized free cardiac examinations and consultations throughout the country. Regional health inspectorates, together with the universities and regional hospitals organized a number of local campaigns - distribution of information materials, videos and organization of lectures on cardiovascular diseases. The aim of these campaigns was to focus on the prevention of cardiovascular diseases by raising public awareness about the risk factors leading to these diseases, as well as the importance of healthy lifestyle.

Measures taken to combat oncologic diseases and mortality resulting from these diseases:

In pursuance of the policy to combat oncologic diseases by improving the access and quality of medical care, the Government of the Republic of Bulgaria adopted Concept for restructuring hospital care, in compliance with which, through financing with EU funds under Operational program "Regional Development", modernization of the infrastructure of hospitals with activities in the diagnosis and treatment of oncologic diseases was carried out in the period 2007-2015. The concept also included measures to improve early diagnosis, quality and access to treatment of circulatory system diseases, neoplasms, respiratory diseases, digestive system diseases, which are the most common cause of death. Interventions, aimed at reducing child mortality and the type and extent of damage in children, were directed towards improving the possibilities for antenatal diagnosis and quality of neonatal and pediatric care by providing high-tech equipment. Interventions in health infrastructure for long-term treatment were aimed at restructuring the inefficient use of beds for active treatment in beds for long-term care.

The activities, provided in the Concept, will provide efficient use of public resources for health care and equal access of the population to all types of medical care, which in the long term should contribute to improved health indicators, including mortality, occurrence of permanent disabilities, loss of employability, etc.

In the *National program for prevention of chronic non-communicable diseases 2014-2020*, malignant neoplasms are indicated as one of the leading causes of death in Bulgaria, as these occupy the second place after circulatory system diseases.

Specifically in relation to these diseases, objectives in the long term (compared with baseline data from 2012) are, as follows:

- a) Reduction in the incidence of malignant neoplasms.
- b) Increase by 30% of the cases of malignant neoplasms, detected by examination or screening examination in the localizations subject to screening (breast cancer, cervical cancer, colon and rectal cancer).
- c) Reduction by 30% of the cases of advanced malignant neoplasm in the localizations subject to screening (breast cancer, cervical cancer, colon and rectal cancer).
- d) Stationing mortality from malignant neoplasms.

As part of a nationwide campaign for early diagnosis of oncologic diseases, the project "STOP and go to be examined", funded by the European Social Fund of the European Union was successfully completed in 2014. It was launched on May 21, 2009 and completed on October 21, 2014.

Within the project, the recommendation of the Council of the European Union (2003/878/EC) of 2 December 2003 on screening tests was implemented, as follows:

The necessary analyses and guidelines for oncologic screening were developed. The National screening registry and notification system were created. There were information campaigns. A total of 1 million calls to 619 120 people were sent by the representatives of the target groups for cervical cancer screening (women aged 25-60 years), breast cancer screening (women aged 50-69 years) and colon and rectal cancer screening (men and women over 50 years); a total of 55,898 screening examinations and tests were conducted, out of which 12,269 on localizing colon and rectal cancer; 10,392 on localizing breast cancer and 33,237 on localizing cervical cancer.

A legal framework on regulation and conduct of screening was created after completion of the project, as follows:

- Ordinance 39 on prophylactic examinations and dispensarization was changed, as a definition of screening, National screening register and regional coordination of screening were introduced;
- National program for chronic non-communicable diseases 2014-2020, with "Oncologic diseases" section was adopted (September 2013).

Implementation of the project objectives

The project has fulfilled the pre-set objectives, as follows:

Objective 1: Increase in the share of early diagnosed cases of cervical cancer and breast cancer in women and colorectal cancer in both sexes.

Within the project, the total number of diagnosed diseases by localization was 304 (41 for colon and rectal cancer; 92 for breast cancer and 171 for cervical cancer), and the number of persons, referred for refining examination, was 2,993 (806 for colon and rectal cancer; 566 for breast cancer and 1,621 for cervical cancer).

Objective 2: Raising public awareness on identifying the risk factors for the occurrence of cervical cancer and breast cancer in women and colorectal cancer in both sexes, and increasing the personal responsibility to individual health

Large-scale information campaigns were conducted. For this purpose, the necessary information and promotional materials, including films, video and audio clips, web banners, etc. were developed.

In 2015, Pharmacotherapeutic guidance in medical oncology, including chemotherapy protocols for the treatment of patients with cancer, was approved, ensuring access of Bulgarian citizens to the most advanced drugs and regimens tailored to the European standards.

Measures taken to improve dental health:

Dental health is an essential part of the general population health. Health insured persons (HIPs) can be treated (optional) by each dentist, who has signed a contract with the NHIF, regardless of the address registration, and are free to implement or change their choice of a dentist for each of the contracted activities, for the duration of the NFA.

Persons aged under 18 years comprise a priority group, for which a wider scope and coverage of dental activities is assumed, including an expanded volume of therapeutic activities (4 treatment activities).

Any health insured person with mental illness, aged up to 18 years, is entitled to receive dental services without restriction of their volume. The NHIF covers to 100% the treatment package "Specialized outpatient dental care under general anesthesia to health insured persons with mental illness, aged up to 18 years."

Health insured persons are entitled, if necessary, to make free sector dental radiography and orthopantomography, appointed with a referral for medical diagnostic service by a performer of outpatient dental care.

The NHIF provides full payment for the dental activities in specific social population groups - persons placed in homes for medical and social services; children in specialized schools and homes for raising and educating children, deprived of parental care, and detainees.

Since 2013, the NHIF has provided electronic access of HIPs to information related to conducted dental services, paid by the NHIF.

The access to dental assistance of people, living in settlements with unfavorable conditions, was improved. This was possible thanks to the NHIF additional payment to the dentists for the activities carried out in these areas. Since 2014, the list of settlements with unfavorable working conditions has been expanded, leading to an increase in the number of dentists, who have signed contracts to work in those localities.

Measures taken to improve maternal and child health and reduce mortality in these two population groups:

Several important measures were taken in the field of maternal and child health, which is a major priority of the health policy, conducted by the Government of the Republic of Bulgaria. All children aged up to 18 years are health insured, with guaranteed access to medical care within the scope of compulsory health insurance. Health insurance contributions for them are paid from the state budget.

In connection with the improvement of medical-diagnostic health services to the population and the expansion of prophylactic-preventive provision of medical care, the NHIF emphasized on activities in promotion and prevention of health insured persons (HIPs) and

paid for the preventive examinations and tests of health insured persons under 18 years and over 18 years of age, including for immunizations.

According to Annex 13 "GP's activities in immune prophylaxis, "Children's health" program, prophylactic examinations of HIPs aged over 18 years, formation of risk groups in HIPs aged over 18 years and "Maternal health" program, and Annex 15 "Activities of the medical specialist in Pediatrics under the "Children's health" program, the medical specialist in Obstetrics and gynecology under the "Maternal health" program, and the medical specialist in "Prevention of HIP-risk groups" to the national framework agreements for 2012, 2014 and 2015, and the Decision of the Supervisory Board of the NHIF of 2013, general practitioners and specialists in pediatrics and obstetrics and gynecology carry out activities for the prevention of HIPs under the relevant programs "Children's and Maternal health", aimed at early detection of diseases.

"Children's health" program is implemented by the general (family) practitioner (GP) of the child or by a physician with a specialty in Pediatrics. It defines all the preventive activities (examinations, immunizations) that are required during the process of monitoring the growth and development of children - from birth to 18 years of age. "Children's health" program is designed to actively monitor the growth and development of children, prevention of diseases and their early detection. The program covers preventive examinations of healthy children, those at high medical and social risk and children with chronic diseases for the period of the child's birth until the age of 18 years. Monitoring is carried out by the GP or pediatrician, at the request of the parent, and all program activities are consistent with the problems during the respective age periods.

"Children's health" program can be executed at the request of parents and a specialist in pediatrics, but immunizations are carried out by the GP. Under this program, the NHIF pays for the compulsory planned immunizations and re-immunizations of children aged between 0-18 years, in accordance with Ordinance 15/2005 on immunizations in Bulgaria.

In examinations of children with acute conditions, aged between 0-18 years, there is an opportunity for the GP to refer the young patients to a specialist with acquired certification in pediatrics, without access restrictions. All GPs can refer an unlimited number of children aged up to 18 years for consulting not only a pediatrician, but also specialists in Pediatric Gastroenterology, Pediatric Endocrinology and Metabolic Diseases, Pediatric Cardiology, Clinical Allergology and Pediatrics, Pediatric Clinical Hematology and Oncology; Pediatric Neurology, Pediatric Nephrology and Hemodialysis, Pediatric Pneumology and Phthisiatrics, Pediatric Psychiatry, Pediatric Rheumatology - once for each acute condition/disease.

Since 2013, the scope of preventive examinations of children aged up to 1 year has included an ultrasound examination of the excretory system, which is performed once at the age of 6 months. The ultrasound examination of the excretory system is conducted by a medical specialist in Nephrology/ Pediatric Nephrology and Dialysis, Urology or Diagnostic Imaging, on the basis of a medical referral, issued by the GP/specialist in Pediatrics involved in "Children's health" program. The ultrasound examination of the excretory system of a child aged up to 1 year, once at the age of 6 months, is not performed if the parent declares in writing to the GP that refuses this study, after receiving information from the GP about the specialists in the country that can do it.

"Maternal Health" program is conducted by a physician contracted with the NHIF (GP or obstetrician), chosen by the pregnant woman. For any illness occurring during pregnancy or up to day 42 after childbirth, the woman is consulted by the respective specialist.

In risk pregnancy, "Maternal Health" program is to be performed by a specialist-obstetrician. Monitoring of pregnancy by specialist in Obstetrics and Gynecology is carried out in accordance with Annex 15 to the NFAs on medical activities for 2012, 2014 and 2015,

under Ordinance 39 and Ordinance 40, with a medical referral issued by the GP. The examinations and tests for monitoring pregnancy, included in the program, are paid by the NHIF. The main objective is the early detection of diseases and complications in the mother and fetus. Prophylactic examinations cover the period from diagnosis of pregnancy to day 42 after childbirth, in accordance with the requirements of Ordinance 39/2004 on prophylactic examinations and dispensarization and within the scope of Ordinance 40.

Pregnant women have the right to change their obstetrician if not satisfied with the assistance provided. For this purpose, the GP issues the respective referral.

During the monitoring of pregnant women, there are compulsory tests to be carried out in the different terms of pregnancy:

- Complete blood count (hemoglobin, erythrocytes, leukocytes, hematocrit, MCV, MCH ESR); blood glucose test; urinalysis - once at the first visit, and once in V and VIII lunar months;

- Determination of the blood group and Rh-factor - once in the 1st trimester (or at the first visit); testing for syphilis and hepatitis B (HvSAg), and with the consent of the pregnant - for HIV, as well as two ultrasound examinations - one in the early pregnancy and a second between the 16th and 20th week of gestation (about the fifth calendar month);

- Testing of oncoprophylactic smear (appointed by a specialist in Obstetrics and Gynecology);

- Testing of vaginal discharge for microbiological examination - once at the first visit and again in IX lunar month;

- Cardiac monitoring of the fetus - since V lunar month, once in every lunar month; and twice in IX and X lunar months.

In risk pregnancy (women under 20 years and over 35 years of age, women at risk of developing diabetes, those with blood group incompatibility with the biological father (according to ABO and Rhesus), or other risk pregnancy, arising from external factors), "Maternal health" program includes tests to detect maternal conditions, which subsequently would cause fetal abnormalities. To the tests, provided during normal pregnancy, one or two additional ultrasound examinations are added, depending on the age of the pregnant woman - whether she is over 35 years or under 20 years of age. Depending on the type of the risk to the pregnant woman, additional consultations and tests are conducted, such as test for the presence of blood group incompatibility with the biological father (additional laboratory tests and additional ultrasound examinations of the fetus), serum screening for alpha-fetoprotein, free beta hCG to assess the risk of Down syndrome and neural tube defects. In any risk pregnancy, specialized tests and consultations are conducted by the relevant experts, according to the type of risk.

Bulgaria ensures also the access to assisted reproduction of women with reproductive problems through funding from the Center for Assisted Reproduction. Since its establishment in 2009, 30,550 women have been assisted to fund IVF procedures so far.

With the activities envisaged in "Children's health" and "Maternal health" programs and the scope of monitoring of pregnant women, nursing mothers and newborns by the providers of primary and specialized medical care, medical care guaranteed by the NHIF budget is provided. The introduction of measures to ensure the access to quality medical services of pregnant women, young mothers and children living in the villages is guaranteed with the regulated possibility the activities under the two programs, "Maternal Health" and "Children's health", to be carried out also by the providers of primary health care.

3) Please provide relevant statistics or any other information on key health indicators and health services and professions (e.g., data from the WHO and/or Eurostat).

When considering the period 2012-2015, evolution in prescribing and dispensing of medicinal products, medical devices and dietary foods for special medical purposes was observed, as follows:

In 2012, the NHIF paid fully or partially for medicinal products for home treatment, including for the treatment of rare diseases, medicines for transplant patients and oncologic diseases in the outpatient care, medical devices and dietary foods for special medical purposes. As of January 1, 2012, the NHIF paid 1,661 medicinal products for home treatment and at the end of 2012, these were 1,856. The NHIF paid for medical devices, intended for the diseases listed under Ordinance 38/November 16, 2004 of the Minister of Health, laying down the list of diseases for the home treatment of which the NHIF pays fully or partially for the medicinal products, medical devices and dietary foods for special medical purposes under Art. 45, para. 3 of the HIA – test-strips, glucometers and medical devices for patients with stomas.

In 2013, “Methodology on the terms and conditions for negotiating the costs of medical devices intended for the diseases, included in the list to the ordinance under Art. 45, para. 3 of the HIA, and the medical devices to be paid in the settings of hospital medical care” was developed. As of January 1, 2013, the NHIF paid for 1,856 medicinal products under Annex 1 of the Positive drug list, and as of 31 December 2013, these were already 1,997.

In 2015, 1,555,113 health insured persons received treatment. As of January 1, 2015, the medicinal products for home treatment, paid by the NHIF, were 1,901, and at the end of 2015, these were 1,817.

Statistics of the National Statistical Institute on infant mortality rate for 2015 (%):

	% Child mortality (in 1,000 live newborns)		
	Total	Boys	Girls
Total for the country	6.6	7.2	5.9

Statistics on mortality from circulatory system diseases for 2012 and 2013:

2012			
Cause of death:	Total	Men	Women
Circulatory system diseases	71,644	34,456	37,188

2013			
Cause of death:	Total	Men	Women
Circulatory system diseases			

	67,911	33,094	34,817
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Data of the last two statistics were derived from a study of the National Statistical Institute and the National Center for Public Health and Analysis at the Ministry of Health and were published in 2015.

CANCER MORTALITY IN BULGARIA 2013.

CODE ICD-10	SITE	MALES			FEMALES			TOTAL		
		NUMBER OF RECORDED CANCER PATIENTS	DEATHS PER 100000 POPULATION	%	NUMBER OF RECORDED CANCER PATIENTS	DEATHS PER 100000 POPULATION	%	NUMBER OF RECORDED CANCER PATIENTS	DEATHS PER 100000 POPULATION	%
(C00-C97)	ALL SITES	10843	306,7	-	7274	195,0	-	18117	249,4	-

CANCER MORTALITY IN BULGARIA 2014.

CODE ICD-10	SITE	MALES			FEMALES			TOTAL		
		NUMBER OF RECORDED CANCER PATIENTS	DEATHS PER 100000 POPULATION	%	NUMBER OF RECORDED CANCER PATIENTS	DEATHS PER 100000 POPULATION	%	NUMBER OF RECORDED CANCER PATIENTS	DEATHS PER 100000 POPULATION	%
(C00-C97)	ALL SITES	10474	298,1	-	7495	202,0	-	17969	248,7	-

CANCER MORTALITY IN BULGARIA 2015.

CODE ICD-10	SITE	MALES	FEMALES	TOTAL

		NUMBER RECORDED	DEATHS PER 100000	POPULATION %	NUMBER RECORDED	DEATHS PER 100000	POPULATION %	NUMBER RECORDED	DEATHS PER 100000	POPULATION %
(C00-C97)	ALL SITES	10412	298,4	-	7520	203,9	-	17932	249,8	-

Data on morbidity and mortality, resulting from malignant neoplasms, are from the National Cancer Registry.

Statistics for the remunerations of those employed in the "healthcare" sector:

2012 and 2013 – The starting basic monthly salaries of the staff employed in healthcare and medical establishments (budgetary enterprises) financed out of the budget of the Ministry of Health, school healthcare and children healthcare are no less than:

Staff categories	Starting basic monthly salaries 01 July 2012	Starting basic monthly salaries 01 January 2013
Chief of clinic/ Head of hospital pharmacy/ director	BGN 800	BGN 850
Chief of ward/ Head of hospital pharmacy	BGN 700	BGN 760
Physician with one specialty/ Master-pharmacist	BGN 650	BGN 700

with one specialty		
Physician, master-pharmacist and master with non-medical education	BGN 600	BGN 650
Superintendent of nursing	BGN 570	BGN 620
Head nurse (midwife, laboratory assistant, rehabilitation therapist, dental mechanic, etc.)	BGN 520	BGN 560
Medical healthcare professionals (nurses, midwives, laboratory assistants, rehabilitation therapists, dental mechanics, etc.)	BGN 480	BGN 520
Qualified production workers	BGN 380	BGN 420
Vehicle operators	BGN 350	BGN 370
Poorly qualified workers	Minimum wage, BGN	Minimum wage

The starting basic monthly salaries for categories of staff employed in university multiprofile and specialized hospitals for active treatment and in multiprofile hospitals for active treatment with more than 51 % state participation are no less than:

Staff categories	Starting basic monthly salaries	Starting basic monthly salaries
	01 July 2012	01 January 2013
Chief of clinic	BGN 900	BGN 1000
Chief of ward/ Head of hospital pharmacy	BGN 800	BGN 900
Physician with two specialties/ Master-pharmacist with two specialties	BGN 750	BGN 850
Physician with one specialty/ Master-pharmacist with one specialty	BGN 720	BGN 800
Physician, master-pharmacist and master with non-medical education who is directly involved in the diagnostic-and-treatment activity	BGN 700	BGN 780
Master with non-medical education who is not directly involved in the diagnostic-and-treatment activity	BGN 680	BGN 740

Superintendent of nursing	BGN 680	BGN 740
Head nurse (midwife, laboratory assistant, rehabilitation therapist, dental mechanic, etc.)	BGN 600	BGN 660
Medical healthcare professionals (nurses, midwives, laboratory assistants, rehabilitation therapists, dental mechanics, etc.)	BGN 540	BGN 600
Qualified production workers	BGN 420	BGN 450
Vehicle operators	BGN 370	BGN 400
Poorly qualified workers	BGN 300	BGN 300

The starting basic monthly salaries for the categories of staff employed in multiprofile hospitals for active treatment, other than the above ones, specialized hospitals for active treatment, mental health centres and complex oncological centres are no less than:

Staff categories	Starting basic monthly salaries	Starting basic monthly salaries
	01 July 2012	01 January 2013
Chief of ward (clinic) / head of hospital pharmacy	BGN 820	BGN 920
Physician with two specialties/ master-pharmacist with two specialties	BGN 770	BGN 870
Physician with one specialty/ master-pharmacist with one specialty	BGN 720	BGN 820
Physician, master-pharmacist and master with non-medical education who is directly involved in the diagnostic-and-treatment activity	BGN 680	BGN 780
Master with non-medical education who is not directly involved in the diagnostic-and-treatment activity	BGN 630	BGN 730
Superintendent of nursing	BGN 620	BGN 700
Head nurse (midwife, laboratory assistant, rehabilitation therapist, dental mechanic, etc.)	BGN 570	BGN 630
Medical healthcare professionals (nurses, midwives, laboratory assistants, rehabilitation	BGN 520	BGN 580

therapists, dental mechanics, etc.)		
Qualified production workers	BGN 350	BGN 350
Vehicle operators	BGN 350	BGN 350
Poorly qualified workers	BGN 300	BGN 300

The starting basic monthly salaries for staff categories employed in skin and venereal disease centres, hospitals for further medical treatment and continuous medical treatment and rehabilitation and medical establishments for outpatient care are no less than:

Staff categories	Starting basic monthly salaries	Starting basic monthly salaries
	01 July 2012	01 January 2013
Chief of ward (clinic) / head of hospital pharmacy	BGN 780	BGN 880
Physician with two specialties/ master-pharmacist with two specialties	BGN 740	BGN 840
Physician with one specialty/ master-pharmacist with one specialty	BGN 710	BGN 810
Physician, master-pharmacist and master with non-medical education who is directly involved in the diagnostic-and-treatment activity	BGN 680	BGN 780
Master with non-medical education who is not directly involved in the diagnostic-and-treatment activity	BGN 600	BGN 700
Superintendent of nursing	BGN 580	BGN 680
Head nurse (midwife, laboratory assistant, rehabilitation therapist, dental mechanic, etc.)	BGN 540	BGN 640
Medical healthcare professionals (nurses, midwives, laboratory assistants, rehabilitation therapists, dental mechanics, etc.)	BGN 500	BGN 550
Qualified production workers	BGN 350	BGN 350
Vehicle operators	BGN 350	BGN 350
Poorly qualified workers	BGN 300	BGN 300

2016 – The starting basic monthly salaries of the staff employed in healthcare and medical establishments (budgetary enterprises) financed out of the budget of the Ministry of Health, school healthcare and children healthcare and healthcare offices in specialized institutions for provision of social services for children and adults, which are financed out of the budget of the Ministry of Health, are no less than:

Staff categories	Starting basic monthly salaries (BGN)
Chief of clinic/ director	1000
Chief of ward (clinic) / head of hospital pharmacy	910
Physician with one specialty/ master-pharmacist with one specialty. *Master with non-medical education with one specialty who is directly involved in the diagnostic-and-treatment activity	850
Physician, master-pharmacist and master with non-medical education	830
Master with non-medical education who is not directly involved in the diagnostic-and-treatment activity	800
Superintendent of nursing	780
Head nurse (midwife, laboratory assistant, rehabilitation therapist, dental mechanic, etc.)	720
Medical healthcare professionals (nurses, midwives, laboratory assistants, rehabilitation therapists, dental mechanics, etc.). Bachelor with non-medical education who is directly involved in the diagnostic-and-treatment activity	700
Qualified production workers	580
Vehicle operators	530
Poorly qualified workers	Minimum wage

The starting basic monthly salaries for the categories of staff employed in university multiprofile and specialized hospitals for active treatment (private and state) and in multiprofile hospitals for active treatment with more than 51 % state participation are no less than:

Staff categories	Starting basic monthly salaries (BGN)
Chief of clinic	1150
Chief of ward / head of hospital pharmacy	1050
Physician with two specialties/ master-pharmacist with two specialties. *Master with non-medical education with two specialties who is directly involved in the diagnostic-and-treatment activity/	1000
Physician with one specialty/ master-pharmacist with one specialty. Master with non-medical education with one specialty who is directly involved in the diagnostic-and-treatment activity/	980
Physician, master-pharmacist and master with non-medical education who is directly involved in the diagnostic-and-treatment activity	930
Master with non-medical education who is not directly involved in the diagnostic-and-treatment activity	890
Superintendent of nursing	890
Head nurse (midwife, laboratory assistant, rehabilitation therapist, dental mechanic, etc.)	810
Medical healthcare professionals (nurses, midwives, laboratory assistants, rehabilitation therapists, dental mechanics, etc.). Bachelor with non-medical education who is directly involved in the diagnostic-and-treatment activity	750
Qualified production workers	600
Vehicle operators	550
Poorly qualified workers	Minimum wage

The starting basic monthly salaries for the categories of staff employed in multiprofile hospitals for active treatment, other than the above ones, specialized hospitals for active treatment, mental health centres and complex oncological centres are no less than:

Staff categories	Starting basic monthly salaries (BGN)
Chief of clinic	1170
Chief of ward / head of hospital pharmacy	1070
Physician with two specialties/ master-pharmacist with two specialties. *Master with non-medical education with two specialties who is directly involved in the diagnostic-and-treatment activity/	1020
Physician with one specialty/ master-pharmacist with one specialty. * Master with non-medical education with one specialty who is directly involved in the diagnostic-and-treatment activity/	970
Physician, master-pharmacist and master with non-medical education who is directly involved in the diagnostic-and-treatment activity	930
Master with non-medical education who is not directly involved in the diagnostic-and-treatment activity	880
Superintendent of nursing	850
Head nurse (midwife, laboratory assistant, rehabilitation therapist, dental mechanic, etc.)	780
Medical healthcare professionals (nurses, midwives, laboratory assistants, rehabilitation therapists, dental mechanics, etc.). Bachelor with non-medical education who is directly involved in the diagnostic-and-treatment activity	730
Qualified production workers	500
Vehicle operators	500
Poorly qualified workers	Minimum wage

The starting basic monthly salaries for the categories of staff employed in skin and venereal disease centres, hospitals for further medical treatment and continuous medical treatment and rehabilitation and medical establishments for outpatient care are no less than:

Staff categories	Starting basic monthly salaries (BGN)
Chief of clinic	1100
Chief of ward / head of hospital pharmacy	1030
Physician with two specialties/ master-pharmacist with two specialties. *Master with non-medical education with two specialties who is directly involved in the diagnostic-and-treatment activity	990
Physician with one specialty/ master-pharmacist with one specialty. *Master with non-medical education with one specialty who is directly involved in the diagnostic-and-treatment activity	960
Physician, master-pharmacist and master with non-medical education who is directly involved in the diagnostic-and-treatment activity	930
Master with non-medical education who is not directly involved in the diagnostic-and-treatment activity	850
Superintendent of nursing	830
Head nurse (midwife, laboratory assistant, rehabilitation therapist, dental mechanic, etc.)	790
Medical healthcare professionals (nurses, midwives, laboratory assistants, rehabilitation therapists, dental mechanics, etc.). Bachelor with non-medical education who is directly involved in the diagnostic-and-treatment activity	700
Qualified production workers	500
Vehicle operators	500
Poorly qualified workers	Minimum wage

Additional questions of the ECSR

Comment and information requested on the part of the Committee: On the basis of the report the Committee notes that cardio-vascular diseases remain the main reason for mortality as in 2010 67,5 % of deaths are due to them. Regardless of the trend of decrease in the recent years in mortality as a result from cardio-vascular diseases, the percentage in Bulgaria is still considerably higher than in other European countries. Malignant neoplasms are the other top-ranking reason for mortality, which causes 17 % of deaths. The Committee requires information as to what measures are taken to fight these causes of mortality. Children mortality has minor fluctuations over the period under review with values from 8,6 per 1000 children born alive in 2008 to 8,48 in 2011. The Committee takes a note of the trend towards decrease of children mortality (it is mentioned in the report that this is the lowest value in the history of the country) but still this value remains above the value of children mortality in other European countries (the value for EU-27 in 2010 was 4,1 per 1000 children born alive).

Information for the measures taken to fight against the above diseases is presented hereinabove in the answer under item 2). As regards children mortality, we would like to note that the statistics (also mentioned above) shows considerable decrease compared to the data from 2011, as data of the National Statistical Institute shows that for 2015 it was 6,6% per 1000 children born alive (compared to 8,48 % in 2011).

Those who died as a result from diseases of the blood circulation organs are also less according to data of the National Statistical Institute – from 71 644 in 2012 to 67 911 in 2013.

The data for mortality resulting from malignant neoplasms vary in the period under review – there is a small decrease in 2014 compared to 2013, but also an increase in 2015 compared to 2014 (as shown by data of the National Cancer Registry).

Right of access to healthcare

Comment and information requested on the part of the Committee: The Committee requests confirmation that foreign nationals residing or working lawfully in the country have access to health care under equal conditions with the Bulgarian nationals.

As regards this issue a note must be made that Bulgaria strictly adheres to the provisions of article 83 of the Health Act, which guarantee that foreigners who have been granted long-term or permanent residence in the Republic of Bulgaria are entitled to medical aid equally with the Bulgarian nationals. Pursuant to article 85 of the Health Act, medical aid is rendered to any patient regardless of his/her age, sex, origin, language, nationality, race or political affiliation, education, beliefs, cultural level, sexual orientation, personal, social or material status, disability and type and cause of the disease. According to article 22, paragraph 1 of Ordinance No.2 of 1 July 2005 on the Conditions and Procedure on the Rendering of Medical Aid to Foreigners who Do Not Enjoy the Rights of Bulgarian

Nationals, every medical establishment is bound to perform the needed volume of medical activities in case of an emergency patient, regardless of his nationality, address or health insurance status.

Comment and information requested on the part of the Committee: The National Health Strategy for 2008-2013 (and the related Action Plan) are mentioned in the report. The Committee wants to be informed of the implementation of the Action Plan and the achieved results.

Upon the evaluation of the Strategy implementation for the specified period an approach of quantitative evaluation of what is achieved through use of an expert evaluation and content analysis of official documents for the purpose of achievement of objectivity in the evaluation (Delphi method) was applied. It should be summarized that an increase is observed for the reported period in the extent of accomplishment of the objectives and tasks, as top performance is reported in the following strategic objectives of the Strategy: strategic objective No.1 "Provision of conditions for promotion of health and disease prophylaxis"; strategic objective No.3 "Improvement of outpatient medical aid"; strategic objective No.5 "Provision of medicinal products and medical devices, corresponding to the needs and economic capacities of the population"; strategic objective No.6 „Human resource development in healthcare”.

Comment and information requested on the part of the Committee: The structural reforms and the enhancement of the competitive power in the system, as well as the complete support of concepts for reforms and measures are a prerequisite for successful progress. The Committee calls upon the government to submit comments on this issue as well as to inform it on a regular basis for all health reforms that can be carried out. The Committee recalls that the right of access to healthcare requires also that the conditions for access to healthcare do not bring about unnecessary delays in the provision thereof. Therefore the Committee requires that the next report presents information for the rules applied to management of the waiting lists and statistics for the mean time of waiting in healthcare.

By Resolution No.789 of the Council of Ministers of 28 November 2014 the Bulgarian government adopted a Concept for the Development of the Emergency Medical Aid System in the Republic of Bulgaria 2014-2020, which formulates the strategic objective "Provision of equal access to the citizens to emergency medical aid in accordance with the best European practices and requirements for timeliness, adequacy, quality and safety." On the basis of this objective six priority lines are identified:

- Improvement of the structure and material-and-technical resources of the elements of the integrated emergency medical aid system;
- Provision of sustainable human resource development in the emergency medical aid system;
- Provision of effective organization, coordination and management of the integrated emergency medical aid system;

- Provision of the financial sustainability of the integrated emergency medical aid system;
- Provision of readiness of the integrated emergency medical aid system for response in case of disasters and development the European coordination and trans-border cooperation;
- Provision of transparency and public consensus, participation of citizens and medical specialists in the process of development of the emergency medical aid system.

By Decree No.58 of the Council of Ministers of 21 March 2015 amendments were adopted to the Ordinance on the Implementation of the Right to Access to Medical Aid. The amendments regulate the conditions and procedure, under which persons insured under health insurance schemes can use health service paid by the National Health Insurance Fund, which guarantee every person insured under health insurance schemes accessible medical treatment in accordance with the development, severity and acuteness of the respective disease. Persons insured under health insurance schemes have the right to choose a medical establishment that has concluded a contract with the National Health Insurance Fund for provision of the respective hospital aid on the territory of the entire country. The National Health Insurance Fund maintains on its official webpage up-to-date information for the medial establishments and the specific activities, for which a concluded contract is present.

The procedure for admission of patients to hospitals, incl. admission for immediate medical treatment, scheduled admission, referral to another medical establishment for outpatient or inpatient care was regulated in details. By the amendments to the ordinance a change is made in the existing regulation for the formation of lists of waiting patients, as a maximum time-limit is introduced, within which the admission of patients should be planned for hospital activities outside the cases when patients should be admitted immediately. The registration of the patient in the scheduled admission list takes place with his/her written consent after he/she has been provided with information for the possible usual risks involved in the diagnostic and medical treatment activities and alternatives, for the term, in which the hospitalization will be carried out, as well as for possibility to seek admission to another medical establishment. The term, for which the admission may be planned, is no more than two months and may be extended at the patient's desire and on the basis of medical indications in case the patient's condition does not allow the conduction of the scheduled activities.

For the purpose of creation of effective mechanisms for implementation of scheduled admission under the conditions of complete transparency a requirement was also introduced for medical establishments to publish up-to-date information for its scheduled admission list, which includes the sequence of the patients and the dates scheduled for that, as well as a requirement for the National Health Insurance Fund to maintain and publish on its webpage a National list for scheduled admission to hospital-aid medical establishments that it has a contract with.

There is no statistical data in Bulgaria about the waiting time for hospitalization. Individual appeals received from patients in relation to their medical servicing do not provide a ground to believe that for the time being there are difficulties in the access to medical aid related to a limit in the capacity of the health system, which requires waiting for medical aid.

Comment and information requested on the part of the Committee: During the last discussion of article 11 the Committee adopted a common question addressed to all countries in respect of the presence of rehabilitation for drug addicts and the scope of the places for their accommodation and medical treatment. The Committee requested that such information be included in the next report.

Bulgaria conducts programmes for rehabilitation of drug addicts, which are based on the DRUG FREE principle and apply as 24-hours programmes – therapeutic communities, day programmes. The main objective of these programmes is to help the addicted persons to achieve permanent changes in their lifestyle. The activities of the rehabilitation programmes are aimed at achieving behavioural changes, provision of emotional support, encouragement of open and honest mutual relations, mutual relations of care, mutual help, responsibility both to oneself and to others.

Additional data for the rehabilitation programmes, as well as information about guidelines for a good practice in the psychosocial rehabilitation of dependencies, can be found on the official webpage of the National Drug Addictions Centre – Sofia: <http://www.ncn-bg.org/reg2.php>. This page contains an Up-to-date List of the residential and non-residential rehabilitation programmes endorsed as a good practice in accordance with Ordinance No.8 of 7 September 2011 on the Conditions and Procedure for Implementation of Programmes for Psychosocial Rehabilitation of Persons Who were Addicted or Abused of Narcotic Substances, issued by the Ministry of Health. The following can be pointed out from this list, as specific examples:

- Therapeutic community “Phoenix” – Long-term residential rehabilitation programme for rehabilitation of addictions under the Therapeutic Community model. This is the first professional long-term rehabilitation programme for addictions in Bulgaria, opened in June 2001.
- Therapeutic community “BILANI” – Long-term resident programme for psychosocial rehabilitation and re-socialisation of persons suffering drug, alcohol, gambling and internet addictions under the Therapeutic Community model.
- Therapeutic centre “ZHIVA” – It offers a modern and innovative approach in the therapy for people suffering alcoholism, chemical addictions, behavioural and emotional disorders. It follows one of the most successful West-European models for recovery and long-term change in the behaviour “Change & Grow”.
- Rehabilitation programme Day Centre at the State Psychiatric Hospital for medical treatment of drug addictions and alcoholism. Day centre for rehabilitation and re-socialisation of addicts.
- Rehabilitation programme “Day Cares” at District Dispensary for Mental Illnesses with a Hospital – Plovdiv – EOOD.
- Day Centre for Resocialization at District Dispensary for Mental Illnesses with a Hospital – city of Ruse – EOOD.
- Programme for psychosocial rehabilitation at “Centre for Mental Health – Veliko Tarnovo” EOOD etc.

Comment and information requested on the part of the Committee: The Committee considers that the process that must lead to improvement of the access to healthcare for socially disadvantaged people, including Roma, is launched. Nevertheless, the Committee requires that the next report shows the implementation and results of these measures.

The health strategy for disadvantaged persons belonging to ethnic minorities is an integral part of the National Health Strategy, which is intended to provide better health to the Bulgarian population. It aims at the achievement of a higher level of health of the Bulgarian disadvantaged nationals belonging to ethnic minorities and discontinuation of a part of the negative trends in the health of the nation.

The Ministry of Health spares funds every year for conduction of prophylactic examinations and tests in populated areas and quarters lived in by Bulgarian nationals of Roma origin who are not insured under health insurance schemes, as it uses the 23 mobile medical offices received under the PHARE Programme. They are property of the Ministry of Health and are, as follows: 5 offices for general prophylactic examinations, 2 fluorographs, 2 mammographs, 3 offices for echography examinations, 3 offices for laboratory examinations, 4 offices for pediatric examinations and 4 offices for gynaecological examinations.

The activities and priorities set in the Health Strategy for disadvantaged persons belonging to ethnic minorities 2005–2015 are included in the “Healthcare” section of the National Strategy of the Republic of Bulgaria for Roma Integration (NSRBRI) 2012-2020 and the Action Plan to it. The National Strategy of the Republic of Bulgaria for Roma Integration (2012—2020) and the Action Plan for implementation of the National Strategy of the Republic of Bulgaria for Roma Integration (2012—2020) are adopted by Resolution No.1 of 5 January 2012 of the Council of Ministers of the Republic of Bulgaria. On 1 March 2012 it was adopted also by the National Assembly of the Republic of Bulgaria.

Every year the 23 mobile cabinets are, by an order of the Minister of Health, provided to Regional Health Inspectorates (RHI) in various regions of the country, and they in turn provide them to a medical establishment, which will carry out prophylactic examinations and tests in areas with concentration of Roma population. The distribution is carried out on the basis of the experience and activities performed by RHI in the previous years; reasoned opinions submitted by RHI about the need of conduction of campaigns, medical examinations and tests through mobile units – offices and laboratories; statistical surveys of areas with concentration of Roma population. In the period 2005-2015 a total of 154 018 examinations and tests were carried out with the mobile offices; 45 441 immunizations of children with incomplete immunization status by a general practice mobile office; 10 959 fluorography examinations; 32 763 gynaecological examinations; 31 565 paediatric examinations; 6 430 mammographic examinations; 14 454 echography examinations; 12 406 laboratory tests.

In the period 2005-2015, in pursuance of the “Health Strategy for Disadvantaged Persons Belonging to Ethnic Minorities” a number of campaigns and trainings were implemented for improvement of the knowledge on topics in the field of contraception, sexually transmitted infections, breast cancer, cervical cancer, healthy eating, immunizations, patient’s rights, socially important disease, environment and health, osteoporosis and smoking. 9 924 talks, 2 711 campaigns and 776 film shows and audio messages related to health were carried out. There were conducted 151 trainings, 250 health informational events for the Roma population.

53 472 epidemiological surveys, 3 494 prophylactic activities and 163 social surveys were carried out.

53 events (seminars, working meetings and sessions) were organized for the building of capacity and skills to consult and support medical and non-medical specialists.

2 445 media appearances were carried out and 94 518 health educational materials were distributed.

The funds spent out of the budget of the Ministry of Health for performance of the activities from the "Health Strategy for Disadvantaged Persons Belonging to Ethnic Minorities" for the entire period 2005-2014 are in the amount of BGN 2 581 921. They are spent for the performance of the following activities: conduction of prophylactic examinations with specialized equipment; conduction of fluorography examinations with specialized equipment; conduction of mammography examinations with specialized equipment; conduction of paediatric examinations with specialized equipment; conduction of obstetrical examinations with specialized equipment; training of health mediators and their fulfilment; conduction of talks about the importance of immunizations, prophylactic examinations and the ways to prevent the most widely spread infectious, oncological, cardio-vascular and hereditary diseases; analysis of the former projects and conduction of information campaigns.

In the period 2005-2015 a network of health mediators was set up, which extends from year to year. In 2012 there were 109 health mediators in 59 municipalities. In there were 130 health mediators in 71 municipalities. In 2014 the mediators were already 150 in 79 target municipalities in 25 regions of the country, and in 2015 the health mediators were 170.

In pursuance of the initiative "Decade of Roma Inclusion 2005-2015" and of the first period of the Action Plan for implementation of the National Strategy of the Republic of Bulgaria for Roma Integration (2012-2020) for the period 2005-2015 the following objective were achieved:

- Enhancement of the health culture among the Roma population;
- Improvement of the medical aid for new-borns and pre-school children;
- Improvement of the scope with prophylactic examinations and immunizations among the Roma population;
- Improvement of the health knowledge and awareness among the Roma community.

The activities implemented under the National Action Plan under the initiative "Decade of Roma Inclusion" in the period 2005-2015 helped for the enhancement of the health knowledge of the target groups, for prevention of the possibility to disseminate preventable diseases and had a favourable influence on the development of the hygiene habits and behaviour of children with Roma origin.

The on-the-spot mobile office activities are a good form for screening examinations and immunization covering of the risk contingent.

We could summarize that for the period 2005-2015 a huge amount of work was done in relation to the planning, organization and accomplishment of the tasks laid down in the programme.

Article 11, paragraph 2

1) As regards countries that have not adopted paragraph 1, please describe the general public health policy and the legal framework. Please, specify the type, reasons and scope of the conducted reforms, if any.

Bulgaria has ratified paragraph 1.

2) Please, specify the measures taken (administrative measures, programmes, action plans, projects, etc.) for the implementation of the public health policy and the legal framework.

3) Please, present relevant statistics or any other information, including about the provided services for consultation and examinations at schools and for the rest of the population.

Campaigns and initiatives during the period under review:

For the formation of sustainable habits and skills of healthy eating:

- the European Day of Healthy Food and Cooking with Children – in December 2015 it took place for the ninth time;
- the participation of schools in the implementation of the “School Fruit” scheme regulated by the Ordinance on the Conditions and Procedure for the Application of a Scheme for Provision of Fruit and Vegetables at Educational Establishments – “School Fruit” Scheme, adopted by Decree No.91 of 12 May 2010 of the Council of Ministers. The scheme applies over the school year and covers the period from 15 September to 31 May. The scheme for provision of fruit and vegetables at educational establishments applies for the achievement of the following objectives:
 1. improvement of the food habits of children and school students through consumption of fruit and vegetables upon observance of the health requirements;
 2. improvement of the public health and decrease of the long-term risk of development of socially significant diseases;

3. awareness raising among children, school students and their parents, as well as of teachers about the principles of healthy eating;

4. stimulation of the production of fruit and vegetables;

The application of the scheme for provision of fruit and vegetables at educational establishments is financed by the European Agricultural Guarantee Fund, as well as by the state budget.

The Ministry of Agriculture and Food carries out coordination of the activities related to the scheme application. The Ministry of Education and Science organizes and conducts jointly with the Ministry of Agriculture and Food and the Ministry of Health training of the teachers and staff in educational establishments who are engaged in the application of the scheme, including of the accompanying measures; informs the schools about the objectives of the "School Fruit" scheme and about the Conditions and Procedure for participation therein, including through the provision of printed materials and instructions; organizes promotion of the scheme among parents;

- the participation of pre-school institutions and schools in the implementation of the European School Milk Scheme regulated by the Ordinance on the Conditions and Procedure for Application of the Scheme for Provision of Milk and Dairy Products at Educational Establishments – "School Milk" Scheme, adopted by Decree No.257 of 18 September 2015 of the Council of Ministers;
- National week dedicated to the fight against obesity – an annual campaign organized by RHIs in various towns and cities, in the course of which information materials are distributed for the proper and healthy eating and trainings are conducted at schools.

In the field of physical activity and sports:

- "Sport for children at kindergartens" programme of the Ministry of Youth and Sports
- "At school without a burden" national campaign for prophylaxis of spinal deformities.

In the dental culture field:

- "National programme for prophylaxis of oral diseases for children aged 0 to 18 in the Republic of Bulgaria 2015-2020";

- Healthy children's teeth – 2016 Campaign – it is organized for the fourth year in a row by the Dental Medicine Students Association in Varna.

In the field of body hygiene, sexual culture:

- Anti HIV/AIDS campaigns

- "Health through hygiene at school and at home" – campaign at schools from Sofia, Plovdiv, Varna and Burgas organized by the Ministry of Education;

- "Health and Sexual Culture" information campaign in the school network on the territory of the town of Panagyurishte, organized by the Zora Centre for Social Support – Panagyurishte;

- European "1 to 5" campaign for protecting children from sexual violence.

In the field mental health:

- An information campaign for 31 May – the World No Tobacco Day organized by the Prophylaxis of Diseases and Health Promotion directorate at the Sofia Region Regional Health Inspectorate, within which different events were implemented – Gorna Malina, 2016;

- National completion for school students "Health Ambassadors" 2015-2016 with two announced topics: „ Be on TOP WITHOUT smoking and alcohol!" and „Be on TOP WITH sports and healthy food!" (the competition is conducted within the National Programme for prevention of chronic non-contagious diseases 2014-2020 and is a continuation of the traditional competition for school students "Our Class' Project for Life Free of Tobacco");

- In relation to the World No Tobacco Day – 31 May, campaigns for free measurement of the amount of carbon monoxide in the air breathed out and carboxyhemoglobin content in blood organized by the RHIs in the country;

- "Stop Smoking" information campaign among children and studying young people from schools in the Lovech region organized by the Lovech RHI;

- National competition for school students "Our Class' Project – for Life Free of Tobacco";

- "Life of Drugs – you choose!" campaign – town of Lukovit;

- meeting-talk "Learn more about drugs so as not to become their victim" in the village of Gorni Chiflik within the "No to drugs" campaign of the Dolni Chiflik municipality;

- initiatives within the preventive campaign entitled "Town free of aggression and drugs" 2015 – town of Kozloduy. The objective of the campaign is achievement of sustainability under the campaigns implemented in 2013 and 2014 for prevention of violence and additions among children and young people.

Additional questions of the ECSR:

As regards the comments and questions of the Committee in relation to education HIV/AIDS campaigns we hereby submit to your attention the following information:

As regards HIV/AIDS we should note the "HIV/AIDS Prevention and Control" Programme financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria. It is implemented by the Ministry of Health since 2004 and is presently being implemented. The main objective of the programme is to preserve the low level of spreading of HIV/AIDS in the country by performance of disease prevention and control activities in partnership with different state, municipal and non-governmental organizations. In the end of 2015 the Global Fund extended the implementation of the Programme by one more year on account of saved funds in order to allow the Ministry of Health to preserve the sustainability both of the constructed structures and of the achieved positive results for restriction of the spreading of HIV in Bulgaria.

Programme target groups:

- Injection drug users (IDU);
- Men having Sex with Men (MSM);
- Your men with Roma origin at highest risk (aged 15-25);
- Persons deprived of liberty;
- Prostituting men and women;
- People living with HIV/AIDS.

The main activities among the target groups are: field work; dissemination of health education materials and consumables; consultation on HIV and other sexually transmitted infections (STI) and adherence to safe sexual and injection behaviour; anonymous and free HIV test; examinations for diagnostics and medical treatment of sexually transmitted infections; keeping records for the persons exposed to the highest HIV/AIDS risk, etc.

National summer campaigns are organized on an annual basis under the Programme for free, voluntary and anonymous HIV and AIDS consultation and testing. In 2016 the thirteenth such campaign was held – from 15 August to 15 September. The 28 RHIs and the 14 operational offices for free and anonymous AIDS consultation and testing joined it.

In pursuance of the National Programme for Child Protection the following outreach and other activities were carried out for 2014:

As regards activity: 1.3.5. Prevention of sexually transmitted infections, HIV/AIDS and of risk behaviour (sexual violence, alcohol and drug consumption):

The regional health inspectorates all over the country organized and conducted 1 283 campaign and education activities for HIV prevention and promotion of sexual and reproductive health. The campaigns and educational initiative covered 122 237 young people.

Within the "HIV/AIDS Prevention and Control" programme of the Ministry of Health, financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria, activities were carried out through a created network of 18 youth clubs for peer education, which work with the help of non-governmental

organizations among children and young people at risk. The following results were achieved within the conducted trainings:

- 71 210 children and young people at risk are covered by field work through specific HIV prevention services and condom promotion campaigns;
- 267 368 are the condoms distributed during the conducted campaigns;
- 1 338 children accommodated in institutions reached through organized talks on health topics and creation of skills for HIV/AIDS prevention;
- 465 children are trained in accordance with the "peer education" method on health topics.

The Ministry of Youth and Sports implemented a number of HIV/AIDS prevention activities, as 120 young men were covered, 140 leaflets were prepared and distributed, a volunteer training programme was created for implementation of HIV spreading prevention activities, a manual was prepared and disseminated on the topic.

Result and effect: The activity is completed. The conducted HIV/AIDS prevention campaigns, trainings and field work covered a large number of children and young people, including children and young people from specialised institutions.

As regards activity: 2.1.3. The training courses concerning the factors of health risk and promotion of health for medical specialists from the consulting rooms at schools, counselling staff, psychologists and teachers:

The following was conducted: 2 training courses; 2 lecture cycles on the factors of health risk; 2 methodical manuals for work with children; education and information materials were submitted. As a result the capacity of medical specialists and project partners was enhanced.

Consultations and screening

Comment and information requested on the part of the Committee: The Committee requests information whether the children have access to medical examinations in the period of education and if it is so, what the frequency of these examinations is, their objectives and the share of the covered school students.

The Committee makes a request to the next report for provision of specific examples for available screening programmes and the persons who have access to them.

Pursuant to the requirements of Ordinance No.39 of 2004 on the Prophylactic Examinations and Prophylactic System prophylactic examinations and tests are aimed at early revealing of diseases. Prophylactic examinations of children are carried out by the general practitioner. When he does not have an acquired specialty in children diseases, prophylactic examinations of children may, at the parent's or guardian's request, be made by a physician who has a specialty in children's diseases from a medical establishment for specialized outpatient care. The Ordinance sets forth for school students (aged 7-18) an annual prophylactic examination aimed at testing and evaluating the condition of development of the juvenile (condition of puberty development) and routine general check of the

school students' health. The examination includes an anamnesis and detailed status; measurement of height, weight, chest measurement; arterial tension measurement, assessment of the physical development; survey of the visual acuity and colour sensation; deviations in the development of the bones and joints; urine protein test.

Prophylactic examinations of children accommodated in homes for medical-and-social cares are carried out by a physician working in the relevant medical establishment.

Prophylactic examinations of children accommodated in specialized establishments for at the Ministry of Education and Science, the Ministry of Labour and Social Policy, the Ministry of Justice and the Ministry of Interior, as well as the social services of a resident type for children are provided by a physician, respectively a dental medicine physician who provides medical service of children. In 2015 the average number of the reported prophylactic examinations of the persons aged from 7 to 18 is 0,85 examinations per child in this age category while the programme requires 1 examination per year. The prophylactic activities under the "Children's Health Care" programme for children aged from 7 to 18 are carried out by the general practitioner of the child or a specialist – paediatrician.

Pursuant to the Health Act consulting room must be set up in kindergartens, schools and specialized institutions for provision of social services for children. The activities in consulting rooms are performed by a physician and/or by other medical specialists who keep reporting forms and systematize the information from the dental medicine physician for the process of prophylaxis and treatment with respect to the dental status of children and school students in kindergarten, schools and specialized institutions for provision of social services for children.

For monitoring of the health status of children and school students in crèches, kindergartens and schools, medical specialists in consulting rooms collect and analyse annually the information for the conducted prophylactic examinations, the performed immunizations and the health condition of all children or school students from the respective establishment. If need arises the medical specialists in consulting rooms in crèches, kindergartens and schools will keep in touch with the general practitioners taking care of the children with respect to the health care during the process of training. Furthermore, medical specialists in consulting rooms perform activities of:

- medical servicing for rendering of first aid to children and school students and medical servicing until the arrival of a specialized emergency medical aid team;
- health promotion and prevention for children and school students;
- organization and conduction of activities for prevention of the arising and restriction of spreading of infectious and parasite diseases in kindergartens, schools and specialized institutions for provision of social services for children;
- participation in the preparation, conduction and control over the different forms of relaxation, tourism and sports for children and school students;
- organization and conduction of programmes for health education of children and school students, of special good nutrition programmes, of programmes for prevention of the deviations in the nutrition behaviour, for prevention of the consumption of drug substances and psychotropic substances, for

prevention of the consumption of tobacco products and alcohol beverages and for the development of sexual culture.

In case of a newly identified disease of deviation in the development of the child, the specialists from the consulting rooms are bound to notify the parents, guardians or custodians and the general practitioner of the child.

The control over the activity performed by consulting rooms is exerted by the respective regional health inspectorate, which is a territorial body of the Ministry of Health.

On the grounds of Ordinance No.26 of 2007 on the Provision of Obstetric Help to Women not Insured and Health Insurance Schemes and on the Performance of Tests Outside the Scope of Mandatory Health Insurance of Children and Pregnant Women the Ministry of Health provides outside the scope of mandatory health insurance:

- performance of tests of all newly born children for phenylketonuria, congenital suprarenal hyperplasia and congenital hypothyroidism (neonatal screening);
- performance of tests of pregnant women for evaluation of the risk of birth of a child suffering the Down disease, other aneuploidies, spina bifida, anencephaly and severe defect of the abdominal wall; in case of high risk of birth of a child with a genetic disease; in case of preceding reproductive problems (spontaneous abortions and/or still-births), as well as of couples before "in vitro" procedures and in cases of sterility, for evaluation of the genetic risk); performance of tests of children and adults (if need arises of relatives) when there is clinical data and doubt of a genetic disease or diathesis.

The screening between the 11th and the 13th gestation week of pregnancy is "combined" and includes a blood test and data from an echography test. Those who omitted this screening have screening from the 15th to the 19th gestation week. As regards some pregnant women, screening might need to be conducted not only between the 11th and the 13th gestation week, but also between the 15th and the 19th gestation week – at a geneticist's discretion. The required kits, reagents and consumables for the tests are provided by the use of funds from the national budget and are made available to the determined medical establishments.

In relation to the issue raised by the Committee about the analysis of prophylactic examinations in Bulgaria with a request for submission of specific examples of available screening programmes and the persons who have access to them, the results from the implementation of Project BG051PO001- 5.3.02-0001-C0001 "STOP and have an examination" (National campaign for early diagnostics of oncological diseases). For the period from May 2009 to October 2014 the following activities were carried out:

Analyses are drawn up for the current condition of the performance of screening examinations in Bulgaria and of the experience of the countries that have introduced screening in the second half of

XX century. Criteria are developed with indicators of control and evaluation of the screening in accordance with the requirements of the European Commission and of the Council of Europe. A Manual for good medical practice in screening of oncological diseases is created, printed in distributed to 28 RHI (5 000 pieces). A National Screening Centre information system and a notification system under project BG051PO001- 5.3.02-0001-C0001 "STOP and have an examination" is adopted, put into operation and in process of maintenance. Information campaigns are held that reached 2 000 000 people through broadcasts in the mass media. 1 000 000 invitations (first and second) are sent for showing for a screening examination to 619 120 people from the target groups. A total of 55 898 screening examinations and tests are made, of which 12 269 for large intestine cancer and colon cancer; 10 392 for mammary gland cancer and 33 237 for cervical cancer. Those who have passed a screening test can check their results after registration in the National Screening Centre by using the citizen code written in their invitation. Reporting and payment is made with respect to the screening examinations and tests under the project.

On the basis of the cancer disease screening model introduced by the project screening currently continues within the *National Programme for prevention of chronic non-contagious diseases 2014-2020*.

Article 11, paragraph 3

1) As regards countries that have adopted neither of paragraph 1 and paragraph 2, please describe the general public health policy and the legal framework. Please, specify the type, reasons and scope of the conducted reforms, if any.

Bulgaria has ratified paragraph 1 and paragraph 2.

2) Please, specify the measures taken (administrative measures, programmes, action plans, projects, etc.) for the implementation of the public health policy and the legal framework.

In pursuance of the National Environment and Health Action Programme 2008 – 2013 (NEHAP) measures are taken for improvement of the control, more effective use of the economic and administrative regulators, protection of water, air, soil, prevention of the harmful impact of hazardous chemical substances, industrial accidents, noise, enhancement of the health and ecological education and participation of the public in the decision-making process, the development of the ecological infrastructure, etc.

It should be noted that some of the tasks set in the NEHAP are performed on an on-going (annual) basis while other have a transitory nature, i.e. they started in 2012 or earlier and ended in 2013 or at a later stage. The activities are, as a whole, invariably a part of the framework of the environmental policies in the recent years.

Considering this, as at 31 December 2015 the following more significant results are reported for the period 2012-2015:

- Construction of the necessary infrastructure for improvement of Water-Supply and Sewerage networks – by the use of funds from Operational Programme “Environment” 2007-2013 (OPE 2007-2013), co-financed from the European Union funds, water-supply and sewerage network having length of more than 2 549 km, 50 waste water purification plants and 1 drinking water purification plant (DWPP) were constructed and reconstructed. More than 450 km of water-supply and sewerage network, 15 WWPPs and 2 DWPPs were constructed and put into operation with the financial support from the ISPA programme. The Enterprise for Management of Environmental Protection Activities (EMEPA) – national financing source finances projects for construction of 158 km of water-supply and sewerage network. The share of the population subject to water-supply restrictions on account of shortage of water – from 2,9 % (2013) to 0,6 % (2014). The share of the population connected to urban waste water purification plants grows higher – from 41 % in 2005 to 56,8 % in 2014. On the other hand, as at the end of 2014, 32 town with an actual population of more than 10 thousand inhabitants and 117 towns with an actual population of 2 thousand to 10 thousand inhabitants are without a waste water purification plant. The relative share of the population connected to a public sewerage network increases – from 69 % (2005) to 74,9 % (2014). Stage-by-stage introduction in the practice of water-supply enterprises of risk evaluation as an approach for the development of management plans and measures for sustainable recovery of the quality of water – a Strategy for the development and management of water-supply and sewerage in the Republic of Bulgaria for the period 2014-2023 was developed and adopted in 2014; in pursuance of the Water Framework Directive (Directive 2000/60/EC) the River Basin Management Plans (RBWP) for the period 2016-2021 were drawn up, which are currently in a process of public consultations, as the River Basin Management Plans are intended to be adopted by the end of 2016; evaluations performed of the pressure and impact on the surface and underground water from the change in the climate and evaluation of the availability of water for the economic sectors, the recovery of costs for water services and an economic analysis of water consumption for the period 2008-2012 and forecasts until 2021; announced procedure for provision of a grant under Operational Programme Environment 2014-2020 for supporting of the effectiveness, management and institutional capacity in relation to the implementation of the reform in the water-supply and sewerage branch.
- Application of measures for improvement of the control over the implementation of the adopted programmes and plans for gradual limitation of issues of harmful substances (sulphur and nitrogen oxides, dust, heavy metals, volatile organic compounds, etc.) from immovable sources – in the period 2012-2015 legislative changes are made (in the Ambient Air Purity Act and secondary legislation instruments thereto), which transpose Directive 2010/75/EU on industrial emissions with respect to the control of emissions from large combustion plants and certain plants with the use of solvents, and Directive 2012/33/EU amending Council Directive 1999/32/EC with respect to the sulphur content in bunker fuels. Improved are also the check procedures for petrol vapour capture efficiency of the systems corresponding to Stage of petrol vapour capture upon loading of motor vehicles at petrol dispensers. In relation to the performance of the commitments of the country for decreasing the issues from large combustion plants a Transitional National Plan for Large Combustion Plants is submitted and approved by the European Commission, pursuant to the requirements of Directive 2010/75/EU. The desulphurization plants for units 5 and 6 of Thermal Power Plant Maritsa East 2 (financed under the ISPA programme) and the desulphurization plant of unit 5 of Thermal Power Plant Republika were officially put into operation in 2013.

- Provision of effective control over the implementation of the measures laid down in the municipal programmes for improvement of the ambient air quality (AAQ) in areas where the established standards for harmful substances in ambient air are exceeded – for the purpose of application of the established standards for the levels of fine particles (FP10) and termination of a penalty procedure against Bulgaria of the European Commission for failure to comply with the FP10 standards, in 29 municipalities adequate, active and consistent measures are taken for assisting the municipal authorities in the conduction of a long-lasting sustainable policy for improvement of the ambient air quality. As a result from the efforts put by the Ministry of Environment and Water and of the assistance rendered to the interested parties all 29 municipalities have programmes that are updated and accepted. By amendments to the Ambient Air Purity Act legal opportunities were created for municipal councils to adopt measures for decreasing of the air pollution, which are still not applied in the country and respectively are not included in the measures under municipal programmes, as well as for sanctions for mayors and officials upon non-fulfilment of the obligations for development of the programmes and of the organization for performance of the measures laid down in them. The results from the monitoring of ambient air for the period 2013-2015 show that despite the presence of a distinguished trend towards a decrease of the excessive levels of FP10, the measures taken so far on a local level are insufficient. This will require an update of those components of the programmes that need to be changed in view of reflection of the problem, as well as for preparation of new programmes, in which measures are laid down for implementation for a period following the end of the term of validity of the present programmes. Considering this, provision of financial support by Operational Programme Environment 2014- 2020 is approved in the amount of about BGN 115 million for development/update of the municipal programmes for ambient air quality and for measures aimed at decreasing the pollution of ambient air through a decrease of the quantities of FP10 and nitrogen oxides (NOx) in a certain number of municipalities with aggravated ambient air quality. Investment measures will be focused on the main sources of pollution – household heating and public transport.
- Construction of regional facilities for environmentally sound treatment and disposal of waste and closing and recultivation of existing household waste landfills/ facilities that do not meet the requirements of the legal acts in force – 18 regional solid household waste landfills were created by the use of funds under Operational Programme Environment 2007 – 2013, as a part of regional waste management systems, thanks to which 54 old dunghills were closed. A mechanical-and-biological waste treatment plant is also constructed as a part of the integrated system of the city of Sofia. 37 municipal landfills were closed and recultivated with financial support under Operational Programme Environment 2007-2013. By the use of funds under the ISPA programme 5 regional solid household waste landfills were constructed, as in the meantime activities were performed for the closing of 14 risky old landfills. 8 of them were closed and recultivated. The Kardzhali Regional Waste Management Centre is at the final stage of construction as the project includes also the closing of 8 municipal dunghills. With financing from the Enterprise for Management of Environmental Protection Activities/state budget a regional household waste disposal centre is constructed, 5 regional landfills are reconstructed, modernized and expanded, 3 new landfills are under construction, as well the closing and recultivation of 5 landfills is in progress. Despite the still high percentage of waste handed over for disposal, one can observe a trend towards consideration decrease (from 77 % for 2012 to 64 % for 2013). 36 % of the waste submitted for treatment are recovered. 64 % recovery is achieved, incl. recycling of packaging waste.
- Provision of high degree of awareness of the industry and public about the measures for management of the risk involved in the use of hazardous chemicals for the purpose of restriction of their harmful impact on human health and environment – up-to-date

information about the hazardous chemical management policy is published and updated on a periodical basis; an opportunity is created for online submission of requests about the legislation concerning chemicals and control of big accidents involving hazardous substances; an information bureau is introduced and functioning for support of the industry and submission of instructions for the application of the new legislation in the field of chemicals.

- Decrease and prevention of the harmful impact of noise from industrial and other sources – the control over industrial sources is intensified with respect to the noise emitted by them in the environment for observance of the requirements of the legal framework; in pursuance of Directive 2002/49/EC relating to the assessment and management of environmental noise there were developed, approved and reported before the European Commission the required noise maps and action plans for the three agglomerations in Bulgaria with population exceeding 250 000 persons – Sofia, Plovdiv and Varna, and for the major roads with more than 6 000 000 passages per year, with a total length of 89,260 km.

Fight against smoking

Art. 56 of the Health Act prohibits smoking in indoor public places (commercial sites, accommodation sites, eateries and entertainment sites, pharmacies, drugstores and optics, etc.). Art. 56a of the Health Act prohibits smoking in the following outdoor public places: terrains and sidewalks adjacent to nurseries, kindergartens, schools, student hostels and places, where social services for children are provided; playgrounds; places, where activities for children and students are organized; sports venues, summer cinemas and theaters during sports and cultural events.

In view of its functional competence, the Ministry of Health, through Regional Health Inspectorates (RHIs), implements control activities, pursuant to the provisions of Art. 56 and Art. 56a of the Health Act. With the introduction of Directive 2014/40/EU of 2014 on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco and related products, the national legislation, through the Tobacco, Tobacco Products and Related Products Act, will resolve contentious issues on tobacco products that fall within the definition of "a tobacco product". In regard to electronic cigarettes, new tobacco products and herbal products for smoking, there are no restrictions and prohibitions in Bulgaria on their use in public places.

According to Order of the Minister of Health, the National Center for Public Health and Analysis provides data on the distribution of tobacco products under the National Program for prevention of chronic non-communicable diseases 2014-2020. In 2015, this program presented the preliminary results of the National survey on risk factors for health (<http://ncphp.government.bg/files/news/flash/slide11-2.swf>), conducted in the period October--November 2014, <http://ncphp.government.bg/>. The survey includes:

- "Distribution of risk factors for health among children aged 1-6 years and 6-9 years" - http://ncphp.government.bg/files/news/flash/Slide_2.swf;

- "Alcohol - a risk factor for health" -

<http://ncphp.government.bg/files/news/flash/alkohol2.swf>;

- "The problem of smoking in Bulgaria" -

http://ncpha.government.bg/files/news/flash/Slide_44.swf.

Official information on the incidence of serious infectious diseases, subject to mandatory registration under Ordinance 21 of 2005 on the procedures for registration, communication and reporting of communicable diseases, is posted on the websites of the National Center of Infectious and Parasitic Diseases and the National Center for Public Health and Analysis.

3) Please provide relevant statistics or any other information on the percentage of smokers among the population, trends in alcohol consumption and levels of vaccination against infectious epidemic diseases.

According to data of the National Statistical Institute, presented in 2014, 40% of the men and 20% of the women in Bulgaria are smokers. Occasional smokers are only 10%, while non-smokers are 50% of the men and 70% of the women. Data of the National Statistical Institute show that the most active smokers are men aged between 25 and 44 years - over 55% of the Bulgarian active smokers. The most active female smokers are women also aged between 25 and 44 years, and the least active smokers are women over 65 years - only 2%. In Bulgaria, cigarette smoking accounts for the death of 1000 in 100,000 people. According to a survey of the National Center for Public Health Protection and Analysis, every third male and every sixth female active smoker suffer from high blood pressure, every second active smoker has high cholesterol.

According to data, published in 2013, 350,000 are the alcoholics in Bulgaria. These data were presented during a seminar of the association "League of Moderates", whose purpose is to provide information and health assistance on the topic of alcohol addiction.

Additional questions of the Committee:

Comments and information requested by the Committee: The Committee requests to be informed on the implementation of the measures and rules, referred to in the report, and on the levels of air pollution, contamination of drinking water and food poisoning during the reference period.

We offer to your attention the results of the survey of the National Statistical Institute on air pollution. We have no statistics on contamination of drinking water and food poisoning.

Emissions of harmful substances into the

atmosphere^{1,2}

Thousands of tones

Pollutants	2012	2013	2014
Sulphur oxides (SO _x)	329	194	187
Nitric oxides (NO _x)	136	116	122
Non-methane volatile organic compounds (NMVOC)	298	285	275
Methane (CH ₄)	739	734	701
Carbon monoxide (CO)	482	340	316
Carbon dioxide (CO ₂)	54558	45834	48603
Nitrous oxide (N ₂ O)	46	44	37
Ammonia (NH ₃)	46	42	32

¹ Due to performed rounding, some numbers exceed or do not exhaust their constituent.

² Emissions are calculated according to the latest edition of CORINAIR methodology.

Vaccinations and epidemiological surveillance

Comments and information requested by the Committee: The Committee wishes to be kept informed on the spread of infectious diseases with high morbidity.

Registered cases of certain communicable diseases, subject to mandatory reporting

in 100,000 people

<i>Disease</i>	<i>1980</i>	<i>1990</i>	<i>2000</i>	<i>2010</i>	<i>2014</i>	<i>2015</i>
Diphtheria	0.0	–	–	–	–	–
Scarlet fever	145.6	85.7	64.6	34.3	53.5	69.9
Measles	121.5	1.7	0.6	292.1	–	–
Pertussis	1.7	0.3	1.3	0.7	0.7	0.5
Rubella	779.1	147.3	348.2	0.5	0.1	0.1
Varicella	537.2	418.6	285.8	261.8	316.2	345.0
Epidemic parotiditis	73.6	1.5	28.8	4.2	0.4	0.3
Meningococcal meningitis and sepsis	1.2	0.9	1.1	0.2	0.2	0.2
Poliomyelitis	–	–	–	–	–	–
Q-fever	0.0	0.4	1.8	0.2	0.2	0.3
Crimean-Congo haemorrhagic fever	0.1	0.1	0.1	0.1	0.1	0.1
Lyme borreliosis	–	–	3.6	7.9	5.6	6.5
Malaria ¹⁾	1.4	0.5	0.2	0.1	0.1	0.2

Total	178.2	106.0	173.4	127.7	90.5	66.9	62.8
incl.: newly diagnosed and relapses ¹⁾	37.0	25.9	41.0	40.1	30.3	23.2	21.9
Tuberculosis of respiratory organs	115.1	80.5	144.8	106.5	79.2	59.4	56.6
incl.: newly diagnosed and relapses ¹⁾	25.6	19.9	35.6	35.4	26.6	20.7	19.9
Tuberculosis of bones and joints	12.4	5.3	4.8	3.6	1.8	1.4	0.9
incl.: newly diagnosed and relapses ¹⁾	2.2	1.0	1.0	0.7	0.5	0.5	0.2
Tuberculosis of the nervous system²⁾	0.5	0.3	0.5	0.2	0.2	0.2	0.3
incl.: newly diagnosed and relapses ¹⁾	0.1	0.1	0.1	0.1	0.1	0.0	0.1
Other forms of active tuberculosis	50.2	19.9	23.3	17.4	9.3	5.9	5.0
incl.: newly diagnosed and relapses ¹⁾	9.1	4.9	4.3	3.9	3.1	2.0	1.7

1) Until 2015 – newly diagnosed only

2) Until 2004 – Tuberculosis of meninges and the central nervous system – ICD-9

Source: National Center for Public Health and Analysis

Road accidents and domestic accidents

Comment and information requested on the part of the Committee: It is pointed out in the report that a National Strategy for Road Traffic Safety Improvement for the Period 2011-2020 was adopted in December 2011. The main objective is to decrease by 50 % the number of persons who died and were injured in road accidents by 2020 (compared to 2010). Detailed statistical information is presented for the road accidents: a decrease is observed in the number of accidents in the period under review but the numbers are still high.

In its previous conclusion the Committee found that there were no adequate measures undertaken for a decrease in the number of domestic accidents (the Conclusions of 2009). In the present report once again no information is presented for the measures taken for prevention of domestic accidents. The Committee therefore reiterates its finding about a non-compliance with respect to this item. It renews its request for information in the next report on the measures taken for prevention of domestic accidents, as well as for non-domestic accidents, e.g. in leisure time.

Conclusion

The Committee makes a conclusion that the situation in Bulgaria is not in conformity with article 11 § 3 of the Charter because no adequate measures in force were found to be present for prevention of road accidents and domestic accidents.

The major legislative changes for the period from 2012 to 2015 in the Road Traffic Act (ZDvP) are too many and diverse. This is why particulars of them are not given herein but only their field of application is specified. The legislative changes made in the Road Traffic Act for the period under review apply mostly to:

- specification of the responsible institutions for specific ordinances;
- regulation of the devices reporting the length of the light signal at crossroads;
- the scheme of passage, parking;
- the limit speeds for road vehicles (RV) and for vehicles carrying dangerous cargo;
- the allowed limit speeds upon pulling;
- the traffic regime of highway and express road;

- the obligations of the driver of a motor vehicle (MV) and of a bicyclist relate to provision of visibility;
- special-mode motor vehicle;
- right to park by the use of cards;
- the driver's obligations related to the vignette sticker;
- the supplementation of the term "pedestrian";
- the obligations of drivers to vulnerable road users;
- the obligations of a participant in a road accident (RA);
- obligations of MoI control services with respect to road accident report;
- the use of the safety systems, including the right of movement without safety belts;
- the requirements to road vehicles moving along the road;
- the termination of the registration of a road vehicle;
- the requirements upon the issue of certificates of registration to road assistance providers;
- the basic principles of the acquisition of driver's legal capacity by drivers of motor vehicles;
- the requirements for the issue of Bulgarian driver's licenses, their replacement by new ones;
- the obligations of the control authorities determined by the Minister of Interior;
- the obligations of the control authorities determined by mayors of municipalities;
- the conduction of psychological examinations;
- the supplementations to the application of coercive administrative measures;
- the supplementations and amendments to the application of administrative-and-penal measures, including to the procedure for the application thereof.

Road accidents:

The national policy in the field of traffic safety (TS) is defined by the National Strategy for Improvement of the Traffic Safety on the Roads of the Republic of Bulgaria for the period 2011 – 2020.

Measures for decreasing road accidents

A set of preventive initiatives were implemented in the period under review, which had their positive role in the restriction of the road transport traumatism. The priority of the preventive activity is the enhancement of the professional training of the staff from the Traffic Police structural units and the vulnerable groups of road users – pedestrians (children and elderly people) and riders of two-wheel road vehicles. The preventive activities are intended also to the main components guaranteeing the road safety – infrastructure, traffic organization, prevention with respect to the risks and road users, change in the control activity. As regards infrastructure views of the major and urban road networks in the country are carried out, prescriptions are drawn up and the deficiencies are remedied.

Action is taken on an annual basis for securing of the safety of pedestrian crossings – installation of additional lighting and of light signalization, removal of plants and construction of raised pedestrian crossings where necessary. Measures are taken to strengthen the control over the adherence to the road traffic rules both with respect to vehicle drivers and to pedestrians and other road users. Work is being done on joint initiatives for training of children in kindergarten and schools with respect to their safe movement along the streets.

The annual report on the activity of the Ministry of Interior for 2015 highlights as an important measure for improving the control activity over the traffic and the successful corruption counteracting the developed Road Control Video Recording automated information system. Instructions are

approved as to how to operate the technical devices and the automated information system. The Traffic Police vehicles are equipped with video surveillance devices. Speed sensors are installed at busy sections, town crossroads and railway crossings, etc.

Media campaigns are conducted for raising of the public awareness of road accidents and road traffic. Furthermore, practical recommendations for prevention of road accidents during travels are posted on the official webpage of the Ministry of Interior. The following can be summarized for the period 2012-2015:

A) for the "Improvement of the traffic safety management" strategic direction:

In the period 2012-2015 "Traffic Police" took part in the joint organization and conduction of the campaigns and actions specified under strategic direction B) (herein below in the text), as it also attracted to participation a number of governmental and non-governmental organizations, non-profit associations, national and local media.

B) for the "Improvement of road user's education and skills " strategic direction:

In the period 2012-2015 a number of campaigns related to road accident prevention were organized and conducted with the direct and active participation of Traffic Police – Ministry of Interior. Such campaigns are the traditional "School-graduates" campaign, the "Holiday! Let's save the children's life on the road" action, the "Summer" action, the "Children starting school!" action (the campaigns are described in more detail herein below), campaigns related to holidays and non-working days when the traffic intensity usually increases suddenly. The tradition to announce up-to-date information for the traffic situation in the country in various media and specific information related to traffic safety continues.

In 2012, in addition to the regularly conducted campaigns, the following campaigns were also conducted "Alcohol is poor driver", "Drive responsibly and with tolerance".

In addition, in 2013 the following campaigns were carried out: "Two-wheel safety", "Safe the pedestrian!", "Small and big ones – together on the road! Be tolerant!", "Drive sober". In addition to them, contests in applied bicycling were organized and conducted, the assignment of patrols of trained persons ensuring the safe crossing of children and those attending them was organized. Since 2013 till now the "Safe the pedestrian!" campaign is conducted in two parts – spring-and-summer season and autumn-and-winter season.

In 2015, for the first time in the practice of road police, three campaigns addressing different groups of road users were conducted within the traditional "Winter" action: "With a safe vehicle in the winter" addressing drivers of road vehicles – bicycles, vehicles drawn by animals, etc.; "Pedestrians and drivers for tolerance on the road" addressing pedestrians and the driver's behaviour with respect to pedestrians and "Safe driving in the winter" addressing the drivers of motor vehicles, the technical serviceability of vehicles, their lighting systems and the behaviour of drivers towards pedestrians.

C) for the “Intensification of the control over the observance of the traffic rules” strategic direction:

In 2012 the automation of control activity performed by Road Policy in accordance with the Strategy for construction of a system of automated technical devices for control over the observance of the traffic rules along the roads and singled centre for processing of violations adopted in 2011 continued. As a result, the number of established violations representing exceeding the limit speed increased twice compared to the ones of 2011 and the offenders were duly sanctioned.

The main accept in 2013 was the intensification of the control activity in sections with higher rate of road accidents, along the first-class and second-class roads, control on the territory of small populated areas. Measures were also ordered to intensify the control over the taxi driver; more intense checks of drivers performing public transport of passengers are made jointly with the regional structures of the Automobile Administration Executive Agency. As regards 2013 specialized police operations (SPO) were conducted in due time with respect to road safety for simultaneous intensified control in all European countries over trucks and buses, the use of safety belts and children’s safety systems, speed and consumption of alcohol and narcotic substances under the “Far-Reaching Control” method, as these specialized police operations were organized by the “Tispol” European Traffic Police Network.

Special attention was paid in 2014 to the training of the police staff with respect to the effects of narcotic substances on drivers of motor vehicles, which is particularly useful in this types of control, as well as the training on “Audit of Road Safety”, which helps the “Road infrastructure improvement” strategic direction. Specific measures were developed for restricting the road transport traumatism – short-term, midterm and long-term ones. Part of the implemented ones of them are related to: resumption of the service of electronic sips by a registered letter with delivery receipts; a change in the Road Traffic Act (ZDvP) for the purpose of putting into operation of mobile technical devices for establishment of violations related to road traffic safety; introduction of an electronic system for report and change of the tactics of control for certain types of offences through the putting in actual operation of the Traffic Police Automated Information System with a subsystem for road accident reporting; increase of the control activity with respect to the highest part of the offences – related to speed limits, entering the opposite direction lane/s, overtaking, lack of lack capacity, right of way and incorrect crossing. As at 30 September 2014 the “3M speed system” (measuring device) was put into operation on motor highway A6 (Lyulin Motor Highway), which registers generally about 100 to 150 violations per day.

The control mainly over the above offences continued in 2015 too, as in relation to the membership of the Republic of Bulgaria in the “Tispol” European Traffic Police Network the conduction of four specialized police operations with specific focus (speed, alcohol, trucks and buses, belts and helmets) was organized from the beginning of the year. From the end of August and in September the activity of Traffic Police was aimed at counteracting the offences under the Road Traffic Act committed by various groups of road users, incl. offences featuring particularly arrogant and demonstrative conduct. As regards the vulnerable road users, such as pedestrians and bicyclists, organization was created for activating the control and penal activity regarding this group of road

users. Organization was created for intensified control in small populated areas with respect to the driving of motor vehicles under the influence of alcohol and/or narcotic or other intoxicating substances, as well as by drivers having no license; driving of a motor vehicle in the absence of a mandatory Civil Auto Liability insurance and driving of decommissioned or non-serviceable motor vehicles.

D) for the strategic direction of road infrastructure improvement so that road infrastructure is safer:

In the period 2012-2015 the traffic conditions were improved through the construction of new infrastructural sites in the country – sections of highways and roads of other classes. For the purposes, specific measures were taken for making safe the traffic in tunnels, sections with higher rate of road accidents, construction of new, and securing of existing, pedestrian crossings, etc.

Optimization was carried out of the organization and control for introduction of temporary organization and safety of the traffic along sections of the national road network in relation to the prohibition of the traffic of trucks, farming and agricultural equipment, tractors and specialized construction equipment for pre-holiday and holiday days and in case of adverse meteorological conditions.

Campaigns for prevention of road accidents involving children; road accidents during holidays:

The “Save the life of children!” national initiative was conducted in 2015. It was implemented in relation to the Third UN Global Road Safety Week 2015 (4–10 May 2015). The national campaign was carried out by the Ministry of Interior in partnership with the Ministry of Education and Science, the regional administrations, Directorate of Religious Denominations at the Council of Ministers, the Bulgarian Red Cross and the Union of Bulgarian Motorists. Media partners in the initiative were Bulgarian National Television and Bulgarian National Radio. Video- and audio-clips were made with their assistance for the purposes of campaign and were broadcasted with nation-wide coverage. They are also officially made available for broadcasting by local television and radio stations as well as for publication in printed and electronic issues and on websites.

The following activities were performed within the initiative:

- official announcement all over the country of the Third UN Global Road Safety Week 2015 on the topic “Children and road traffic safety” with official logo “Save Children’s Life!”;

- talks dedicated to traffic safety, with the participation of Road Police staff from the district offices of the Ministry of Interior and representatives of the Bulgarian Red Cross, with pupils from the elementary grades in education establishments in the country;

- specialized police operations according to the “Far-Reaching Control” method for use of safety systems for children, belts, protective helmets and legal capacity of the drivers of motor vehicles;

- topical PTA meetings in children and education establishments in the country with the participation of Road Policy staff from the MoI district offices, representatives of Bulgarian Red Cross, etc.;

- paying respect to the victims of road accidents by production of light and sound signalization by patrol vehicles and by one minute of silence; positioning of police cars in areas of children and education establishments nearby primary crossroads;

- entertainment and contest programmes dedicated to issue of the safety of children as road users – at central spots in the regional and municipal centres.

In order to guarantee the road traffic safety for children and prevention of road accidents it is of key importance to improve their education in relation to the road traffic safety. For this purposes, as well as in pursuance of the National Strategy for Improvement of the Road Traffic Safety for the Period 2011 – 2020, the following measures are taken:

- organization and conduction of road traffic safety training in kindergartens, schools and personal development support centres, incl. for school students – bicyclists;

- training in road traffic safety is conducted in accordance with the *Concept for the road traffic safety training of children and school students* and the school documentation for the different age groups and classes – both approved by the Minister of Education and Science, ad in the form of a module based training and through activities in other forms;

- the class teachers and the road traffic safety teachers prepare their annual plans for work, which are to be approved by the principal of the school;

- for effective road traffic safety training, the necessary education material base is constructed and maintained on a school and municipal level in accordance with the school documentation and the standards for provision of the materials and equipment for training of the children and school students – bicyclists – school aids, informative books, specialized school cabinets and sites, interactive systems, technical devices and other didactic materials;

- creation of school commissions on road traffic safety. Such commissions are created in kindergartens, personal development support centres and schools for supporting the director in the control over the road traffic safety training, in the creation of conditions for its effectiveness, in the implementation of joint initiatives with institutions and the public for road the safety of children and school students, etc. The composition of the school commissions is approved by an order of the director after the Teachers' Council is informed. In the end of the school year the commissions inform the Teachers' Council for the results from its activity, including for the proposals to the mayor for improvement of the relevant road infrastructure before the beginning of the new academic year. The proposals include also the summarized results from the annual initiative "The first-grade pupil's road";

- monitoring of the performance. The performance of systemic and effective monitoring of the road traffic safety activity is performed on three levels: in-school; regional management of education; Ministry of Education and Science.

The monitoring activities are on an annual basis planned, conducted, documented and reported in accordance with the control activity;

- securing of the areas of kindergartens and schools – orders prohibiting the access of vehicles to yards; systematic monitoring of the condition of the road infrastructure adjacent to the school; prompt informing of the competent authorities for the presence of unsecured sections and points of conflict and assistance for the securing thereof; determination of the traffic routes of school students jointly with the parents/guardians and class teachers and preparation of proposals to the municipalities for securing of the most frequently used routes; restriction of the possibilities for motor vehicles passing by kindergartens and schools to move at high speed, as well as the routes of school students and the places with intensive children passenger flow; identification of the local risk factors, of the changes in the environment and the behaviour of road users;

- provision of safe public transportation of children and school students (daily and one-off, with own transport or transport provided by the municipality or a carrier) in accordance with provisions of the Minister of Education and Science and legal instruments of other competent authorities.

A. Daily intercity transportation of children and school students

- Conduction of pre-travel medical examination of the driver and check of the serviceability of the bus. The activities are provided by contracts concluded with competent services or own resources (for municipal buses this is a mayor's obligation but the director should also be informed for the conduction of the examinations/checks).

- Determination and approval by the director of the route (for municipal buses – in agreement with the municipal administration), coordination with the State Motor Vehicle Inspectorate and "Road Police" is also desirable.

- Approval by the director of a list of the school students being transported – in case of central schools or mixed groups for transportation, the list must be submitted to the municipality by all directors whose pupils will be in the bus.

- Determination of an adult companion of the school students in the bus.

- Provision of equipment of the buses in accordance with the requirements of the State Motor Vehicle Inspectorate.

- Acquaintance of every school student with the safe transportation rules, the list of passengers, the defined route, incl. through road reports.

B. One-off travels.

Upon the conduction of a training outside the building of the school/kindergarten, upon the conduction of the children's and school student's recreation and tourism in the country and abroad, school-graduates' balls, Olympiads, contests and other organized school activities, out-of-class mass events and public appearances the director has obligations regulated by the ordinance under article 79, paragraph 5 of the Tourism Act and the Ordinance of the Minister of Education and Science

on the Organization of the Activities in School Education, incl. conduction of briefing on transport safety with the adult companions and the children.

Qualification for provision of the road traffic safety activities

-- The school and kindergarten principals provide, with the assistance of the regional education inspectorates training through qualification courses in regular, intra-external and distance form, from training institutions approved by the Ministry of Education and Science for acquisition of qualification under such methods of training in road traffic safety (for teachers – in accordance with school documentation approved by the Minister of Education and Science); periodical training every 4 years (update and maintenance of the road traffic safety teachers' knowledge in accordance with the changes in the legal framework, the trends in road accidents involving children, new school aids and didactic means, new technologies and technique in training, etc.); specific skills for the work of the school road traffic safety commissions (under school documentation approved by the Minister of Education and Science); organization of the training of children and school students – bicyclists (for teachers – in accordance with school documentation and standard approved by the Minister of Education and Science).

The district education offices perform:

- planning, organization and control of the training and activities related to road traffic safety (for principals of schools and kindergartens – in accordance with school documentation approved by the Minister of Education and Science).

The Ministry of Education and Science plans, organizes and controls the road traffic safety activities.

In the period under review the traditional "Holiday! Let's save the children's life on the road!" police action was conducted. Specialized police operations were conducted with control focused on the protection of the life and health of children in the summer period as passengers in the vehicles of their parents and relatives and on the use of safety systems for children as drivers of means of transportation and as pedestrians. More than 11 100 sanctions were imposed within the action on drivers of road vehicles who committed violations of the Road Traffic Act, of which – sanctions for: speeding – 5 252; driving of a motor vehicle under the influence of alcohol – 764; deprivation of a pedestrian's right of way – 477; failure to use a safety belt – 3 161; driving of a motor vehicle without having legal capacity to do so – 1 072 (the minor violence in this group being 69); making available a motor vehicle to a driver who does not a legal capacity to drive – 95. A total of more than 26 751 measures were taken, f which: police orders issued under the Ministry of Interior Act – 282; warning protocols drawn up – 569; statements of administrative offences drawn up under the Road Traffic Act – 9 654; statements of offences drawn up under other legal instruments – 970; slips drawn up for offences under the Road Traffic Act – 13 696; other measures – 1580. Before the end of school year 2013/2014 the following activities were conducted: 711 talks on road traffic safety before school students; 120 meetings with parents with an included topic on road traffic safety. 692 drivers of

busses intended to be used of the conduction of excursions were checked. 45 independent initiatives were conducted on a regional level.

“Children starting school! Let’s protect them on the road!” action is conducted on an annual basis. During the action intensified police control was exerted in the areas of schools, in particular in the beginning and in the end of the school day, for observance of the speed limits and right of way by the drivers. The traffic of motor vehicles and pedestrians is regulated in order to secure safe crossing by children and their companions. The following meetings were held: 107 meetings with representatives of the regional education inspectorates; 1 069 meetings with mayors of populated areas; 950 meetings with headmasters of kindergartens; 1 677 meetings with school principals. 340 prescriptions was issued and 307 notification letters were sent in relation to the views performed by the Mol authorities in the areas of children and education establishments about the signalization in terms of road signs and marking, street lighting and safety fences of kindergarten and schools, the security of the entrances of all kindergartens and schools, etc. 443 lectures on road traffic safety were given in kindergarten; 1 177 talks in elementary course of education (I–IV grades); 623 – in junior high schools (V–VIII grades); 275 – in high schools (IX–XII grades). 185 PTA meetings were held in the beginning of school year 2014/2015 with an inclusion of a topic on road traffic safety presented by Road Police staff. There was participation in 102 television and radio programmes, interviews for printed and electronic media for promoting the action and children’s safety on the road. Measures were taken against 1 500 pedestrians who violated the Road Traffic Act in the period of conduction of the action. Measures were taken for 1 081 offences against drivers of means of transport. Organization was made to cover all school-leavers in school year 2013/2014, so as to give them practice advice on road safety during the celebrations and the trips related to them. The Ministry of Interior actively participated in the enrichment of the children’s holiday programmes on the territory of 28 regions in the country for the purpose of decreasing children’s road traumatism in the summer holiday, as well as through the exerting of control over adult road user whose conduct places children on the road in risk. Organization was created on the territory in the beginning of school year to implement a series of activities aimed at protecting on the road the life and health of children starting school.

As a result the children’s security during holidays, on holiday days and in the beginning of the school year was increased.

- Activity: Conduction of a thematic information campaign for provision of the children’s safety in cases of disasters, fires and emergency situations.

Special measures were taken for prevention of car and other accidents during the school-leavers’ and students’ holidays. An increased number of police officers was present in the areas of schools and places where school-leavers and vehicles gather, as well as securing of the routes, along which they move. Checks were made by staff of the Mol district offices and the Fire Safety and Protection of the Population Directorate General with respect to restaurants, bars, discos and clubs where the celebrations were arranged. The checks focuses in particular on the admission scheme in the establishments in order to prevent admission of persons wearing firearms, aggressively behaving persons and persons in a state of intoxication who would cause violations of the public order.

Measures were taken to prevent improper use of pyrotechnics at public places. The measures for provision of safety and non-admission of accidents and timely interaction with the police structures were also implemented jointly with the education establishment security units. If need arose an escort by a police car was provided for lines of motor vehicles transporting school-leavers and their accompanying motor vehicles. Furthermore, during the school-leavers' celebrations special duties were appointed by the regional directorate of the Ministry of Interior to facilitate and control the traffic. In larger towns and cities routes would be prepared for the movement to the places of the organized school-leavers' celebrations.

In order to prevent road accidents during the school-graduates' celebrations the Ministry of Interior organized "School-leavers" preventive campaign, which is traditional for "Road Police". The following results were reported from it: all school-leavers in school year 2013/2014 were covered. 2 road accidents involving vehicles transporting school-leavers took place. The total number of sanctions imposed on drivers of vehicles transporting school-leavers or passengers in vehicles that committed offences under the Road Traffic Act was 459, of which: 32 sanction were imposed for alcohol; for violations of the speed limits – 44 sanctions; for failure to use safety belt – 198 sanctions; for failure to use a protective helmet – 20 sanctions; for improper passenger transportation – 85 sanctions; for using a mobile telephone while driving a vehicle, except in the presence of a hands free device – 50 sanctions; for crossing a crossroad when the traffic lights did not allow crossing – 15 sanctions; for lack of legal capacity – 15 sanctions. 254 occurrences of offences were shot. For these offences the following measures were taken: 140 invitations and subpoenas to come to the structures of the Ministry of Interior for imposition of measures on the cases were sent; 57 statements of administrative offence under the Road Traffic Act were drawn up; one statement of offence of another legal instrument was drawn up; other measures were taken in 45 cases.

An innovative method of prevention was applied in 2014 by the holding of meeting-lectures with school-leavers, as the film "Young Europe" was presented to them. The film "Young Europe" was broadcasted 144 times before an audience of school student above 17 years of age. The goal is to make young people understand how important it is to observe the road traffic rules, as well as to encourage them to have cultivated and lawful behaviour on the road and to avoid risky situations – a major cause of road accidents.

During the celebrations of the Students' Holiday – 8 December and the related travels, there is a greater probability of severe road accidents through fault of, and involving, drivers of vehicles – who most often are inexperienced – carrying groups of students. The major risk factors are: speeding, inability to select the saving speed, risky overtaking, failure to respect the right of way, driving by persons who do not have the legal capacity to do so and who consumed alcohol. In this relation different measures are taken to ensure good public order and to prevent accidents, fires and road accidents. On the holiday a larger number of police staff is ensured in the areas around drinking and entertainment establishments for the purpose of guaranteeing good public order, in particular in holiday resorts, which are most frequently visited by students during this holiday. Special duties are in place and arrangements are made in the "Fire Safety and Protection of the Population" services for

timely response to accidents. The Road Police staff is particularly demanding with respect to drivers of motor vehicles who consumed alcohol, drivers lacking legal capacity and drivers driving non-serviceable motor vehicles. The necessary arrangements are made to secure the traffic when intensive passenger flow is expected on the holiday and on days that precede and follow it.

Intensified security measures for prevention of road accidents and other accidents are also taken for all public holidays, as they are characterized by intensive car traffic, intensity of the traffic and formation of lines of vehicles and jams, inclusion in the traffic of many bicyclists, motorcyclists and moped riders, speeding and risky overtaking, driving of motor vehicles by drivers who do not have the legal capacity to do so or by drivers in a state of intoxication, lowered discipline of drivers and pedestrians.

According to data of the Ministry of Interior (Moi) in the period from 2011 to 2014 the persons who died in our country in severe road accidents were 2 519, which is an average number of about 630 deceased per year. In the same period the injured are a total of 33 910 or an average number of about 8 478 persons per year.

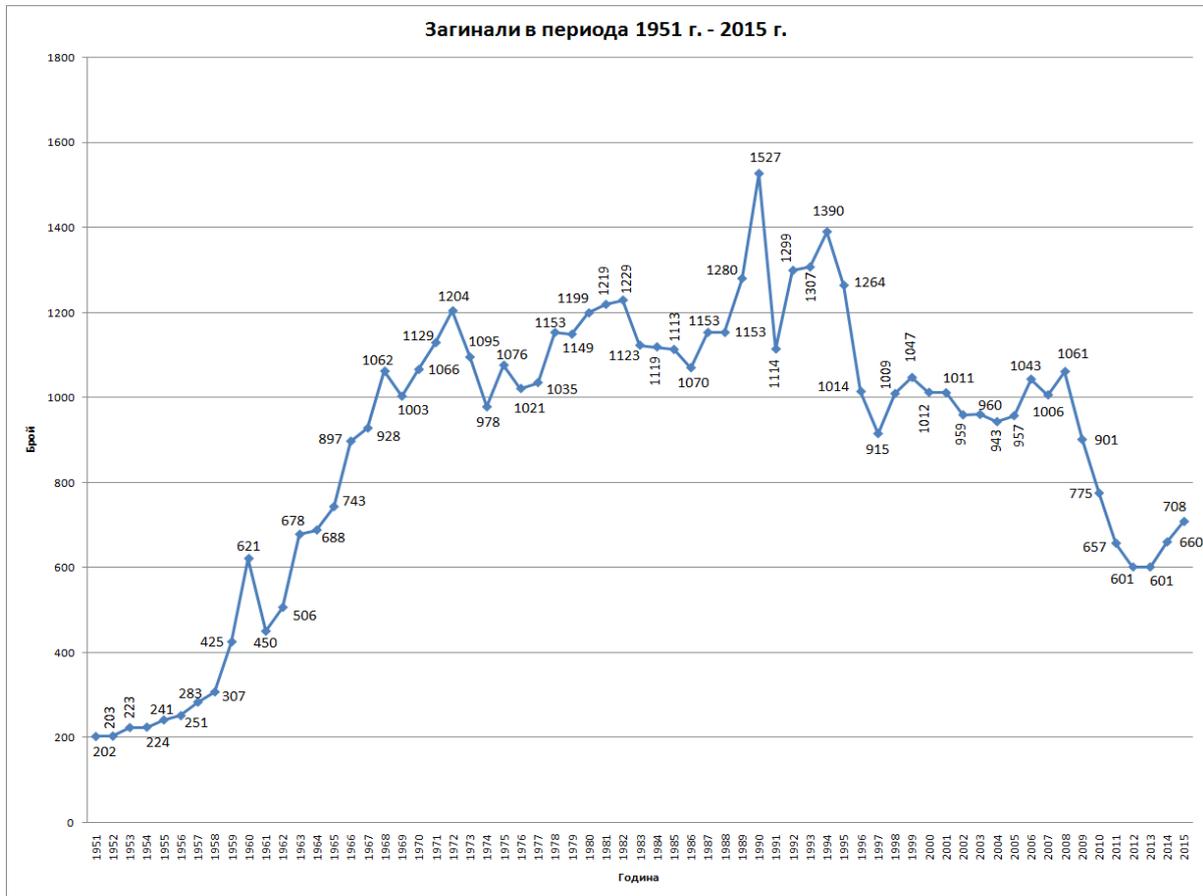
7 225 severed road accidents were registered in 2015, in which 708 persons died and 8 971 persons were injured (of which 6 676 lightly and 2 295 severely). The reported data are final and are based on a bulletin generated on 15 February 2016 by the "Road Accident Report and Analysis" Automated Information System. Of the 708 road users who died in 2015 on the roads 346 (48,87 %) were drivers, 197 (27,82 %) – passengers, 164 (23,16 %) – pedestrians, and 1 (0,14 %) – road worker.

Traumatism dynamics – deceased and injured

Year	2010	2011	2012	2013	2014	2015
Traumatism						
Deceased	775	657	601	601	660	708
Injured	8080	8303	8193	8774	8640	8971
TOTAL number of deceased and injured	8855	8960	8794	9375	9300	9679

It should be noted that the deceased in the period 2011-2015 are less compared to the period 2005-2010 according to data of the Ministry of Interior, as evident from the diagram below, which shows that the measures taken to prevent road accidents are effective:

text in the chart: "Deceased in the period 1951 – 2015 year"



Account should also be taken of the fact that the number of vehicles in the country is constantly growing higher and higher.

Major causes of road accidents:

Most likely cause of road accidents	2015					
	road accidents		Deceased		Injured	
	number	%	number	%	number	%
DRIVER'S OFFENCE	6967	96,4	669	94,5	8720	97,2
PEDESTRIAN'S OFFENCE	114	1,6	14	2	101	1,1
ROAD CONDITIONS	13	0,2	4	0,6	27	0,3
TECHNICAL DEFECT OF THE ROAD VEHICLE	12	0,2	0	0	12	0,1
PASSENGER'S OFFENCE	6	0,1	0	0	6	0,1

ANOTHER REASON	113	1,6	21	3	105	1,2
Total:	7225		708		8971	

Domestic Accidents:

During the period under review (2011–2015) a number of measures and key campaigns were implemented for the prevention not only of road accidents, but also of domestic accidents and free time injuries, some of which are particularly common among specific vulnerable population groups.

The “Informed and Healthy” project, implemented by the Ministry of Health with financial support from the European Social Fund, incorporated targeted campaigns aimed at preventing domestic accidents. The slogan “Be aware of the risks, in order to avoid them!” united events in 19 cities throughout the country, aimed at raising the awareness of the population regarding the most common threats and the proper ways to prevent and respond to accidental or deliberate domestic accidents. Specialised films were shown, on the most common threats resulting in domestic accidents and the ways to avoid them. The events were attended by professional organisations, other NGOs, media, traumatologists and other health professionals, journalists, etc. The campaign was a great success due to the substantial interest shown by the civil society and NGOs

The implementation of the project has resulted in a significant increase in public awareness of health issues, especially those occurring due to domestic accidents and road accidents. The broad scope of the project and the dissemination of information through various channels allows the developments on health issues and the prevention of the aforesaid causes of injury to reach the widest possible audience, including children and young people.

With regard to the measures on the prevention of domestic accidents, Regional Health Inspectorates (RHI) play a vital role.

For the protection of public health and the prevention of domestic accidents and other risks to public health, the “State Control” departments of the “Public Health” directorate at regional health inspectorates carry out specific activities, including:

1. Conducting systematic and targeted health control on compliance with health requirements:

- In facilities intended for public use:

a) water sources and mineral water sources, water supply sites and facilities for drinking water supply;

b) swimming pools, beaches and bathing sites;

c) accommodation establishments – hotels, motels, country houses and tourist resorts, accommodation facilities – boarding houses, adult dormitories, holiday houses, family hotels, single rooms, villas, houses, bungalows, campsites, as well as tourist huts, chalets, tourist training centres and tourist dormitories;

d) sports facilities – stadiums, sports halls, playgrounds, fitness centres and gyms;

e) theatres, cinemas, concert halls, library clubs, computer and Internet clubs, gaming clubs;

f) barber, hairdresser and beauty salons, solariums, tattoo and piercing studios, including for other similar products placed on various body parts, SPA and wellness centres, public baths, laundries, saunas, public toilets;

g) cemeteries;

h) optician's shops;

i) facilities for the production, storage and sale of cosmetics products;

j) railway stations, airports, ports, bus stations, subway stations;

k) public transportation vehicles – trains, airplanes, ships, buses, trams, trolleybuses, subway trains, special-purpose transport vehicles – medical vehicles carrying sick people, medicines and consumables, vehicles carrying mortal remains;

l) facilities for the production of bottled natural mineral, spring and table waters;

m) nurseries and kindergartens and social service institutions for children and students, schools and universities, high school and university student dormitories, training centres – music, language, sports facilities for children's and school student's recreation and tourism, and centres working with children;

n) health offices at school, children's and social institutions;

o) agricultural pharmacies;

p) sites with emitting facilities, forming parts of an electronic communications network, such as: base and relay stations, radio- and TV-transmitters and repeaters, radar and navigation stations, etc.;

q) the sites under Article 26, Paragraph 1, Subparagraph 3 of the Health Act: the specialised institutions providing social services – care homes for children, care homes for elderly people with disabilities, social vocational centres, nursing homes, shelters and temporary accommodation centres.

- Of products and goods impacting human health:

- a) bottled natural mineral, spring and table waters;
- b) cosmetics products;
- c) chemical substances and compounds;
- d) second hand clothes;
- e) sanitary and hygienic materials (sanitary napkins, tampons, disposable baby diapers and disposable adult diapers, wet wipes for the skin);

- Of living environment factors:

- a) water intended for drinking and household purposes;
- b) water intended for bathing purposes;
- c) mineral water intended for drinking or used for prophylactic, therapeutic, medicinal or hygienic purposes;
- d) noise and vibrations in residential and public buildings, and within urbanised territories;
- e) non-ionising radiation in residential, industrial and public buildings, and within urbanised territories;
- f) chemical factors and biological agents within sites intended for public use;
- g) resort resources;
- h) air.

2. They also monitor the compliance with health requirements, applicable to people working in childcare establishments, specialised institutions for children and adults, water supply facilities, enterprises manufacturing or trading in foodstuffs, barber, hairdresser and cosmetics salons and studios, with regard to their health condition;

3. They exercise control over chemical substances and compounds, in terms of their classification, packaging and labelling; notified chemical substances; hazardous chemical substances and compounds subject to specific restrictions or bans on their marketing or use; the manufacturing of goods that may contain hazardous chemical substances and compounds subject to effective restrictions or bans under the Protection Against the Harmful Effects of Chemical Substances and Compounds Act;

4. They draw up statements of administrative violations;

5. They make proposals to the RHI Director on imposing coercive administrative measures, in the cases provided by law;

6. In cooperation with customs authorities, they conduct activities aimed at preventing the import of goods threatening public health;

7. When receiving alerts and proposals by natural persons and legal entities, they undertake the appropriate measures;

8. They develop and participate in the implementation of regional programmes and projects in the field of health controls;

9. They participate in the implementation of international and national programmes and projects in the field of health controls, etc.;

Since awareness is the best prevention, regional health inspectorates regularly update their official websites with information on domestic accidents and their prevention.

Among the measures for the prevention of domestic accidents that are specifically targeted to vulnerable population groups, we should highlight those intended for children:

The 2014 National Child Protection Programme included, as a strategic point, ensuring children's rights to life and development in a safe and secure environment. In pursuance of the programme, a number of actions were taken on the prevention of the risks of accidents and injuries among children, and the elimination of threats in children's lifestyle and living environment. The following activities were conducted:

STRATEGIC OBJECTIVE 1. Prevention of the risks of accidents and injuries among children and elimination of the threats in children's lifestyle and living environment. Operational Objective: Raising the awareness of children and their parents about the risks in their home environment, on the road and vehicles, at playgrounds and places for recreation and tourism

-- Activity: Conducting a national campaign entitled "Child Safety – Shared Responsibility and Care"

2014 was dedicated to children's rights and in this regard on 23 April 2014 the Child Protection National Agency initiated a national campaign aimed at ensuring a safe lifestyle and living environment for the children of the Republic of Bulgaria. The goal was to support the prevention of child injuries, by raising public awareness and involvement, as well as by provoking the active participation of institutions, municipal and regional administrations, educational institutions, parents and civil society organisations, the media, as well as children themselves, to participate in the transformation of the environment and everyone's behaviour in everyday life and in society as a whole.

The campaign resulted in raised public awareness and commitment of the institutions, organisations and agencies at national and local level.

Activity: Conducting a national competition for a drawing and/or photograph / photo-collage, entitled "Overcoming Danger!"

As a part of the national campaign on child safety, the Child Protection National Agency conducted a national competition for a child's drawing and photograph/photo-collage, entitled "Overcoming Danger!". 570 children throughout the country, aged 5 to 17, participated in the competition, submitting 597 children's artworks (drawings and photographs/photo-collages). The official awarding ceremony for the certificates, plaques and awards was held on 20 November 2014, during the conference entitled "25 years UN Convention on the Rights of the Child – Bulgarian Perspective". The artworks of the competition winners were shown as a part of the documentary exhibition entitled "Child Protection in Bulgaria – the Beginning," which was opened on 10 December 2014 in the exhibition hall of the "Archives" State Agency.

The activities raised the awareness of the children and provoked their thinking and responsible attitude to safe conduct.

Activity: Developing and maintaining specialised websites/columns with safety tips for children and parents.

The National Centre for Public Health and Analyses prepared and published on its website the information material aimed at the prevention of child injuries.

The interdepartmental working group under the Child Protection National Agency prepared an electronic version of a "Child Safety Handbook." The handbook was published on the websites of the Agency, the Ministry of the Interior, the Commission for Consumer Protection, the National Centre for Public Health and Analyses, the National Association of Municipalities, the Bulgarian Red Cross, the National Child Network, regional administrations, municipalities and schools. The website ChildSafetyMap.com (detskabezopasnost.net) contains special sections on child safety. Over the year, there were 15 alerts submitted to the website, regarding dangerous places for children. The alerts were forwarded to the relevant institutions. The dangerous places that were sent as alerts, supported by pictures, illustrating the danger and their specific location, were published on the specialised website. 5 of them, representing direct threats to the life and health of children and adults, were eliminated and have been marked as safe places on the map of the website. All objectives have been achieved. 9 new thematic websites/columns were created.

Activity: Conducting campaigns with thematic information on ensuring the safety of children in the event of natural disasters, fires and emergencies.

According to data from the Ministry of the Interior, in 2014 there were specialised trainings for adolescents within the public education system, as well as a firefighting tournament, "Young Firefighter," for the Svilengrad Cup – with 130 participating children, aged 12 to 16, out of 9 regions; XV national competitions of the youth fire brigades "Young Firefighter" – Albena 2014, with 6 730 participating children, aged 12 to 16, out of 28 regions; XII national school competition entitled

“Protection from Disasters, Accidents and Emergencies” – Montana 2014, with 1 340 participating children, aged 7 to 15, out of 28 regions; a “Young Firefighter” tournament for the Yulian Manzarov Cup – Lovech 2014, with 110 participating children, aged 12 to 16, out of 10 regions; an international competition for a child drawing, entitled “I saw the disaster with my own eyes” – 2014, with 3 171 participants from Bulgaria (children aged 6 to 18), out of 28 regions.

Operational Objective: Developing different patterns, models and tools for the prevention of accidents and injuries affecting children – at home, on the road and in the vehicle, at playgrounds and places for recreation and tourism.

Activity: Involving kindergarten children and their parents in various trainings aimed at the prevention of accidents and injuries.

Open lessons on the topic of child safety were organised and conducted in kindergartens and schools in the capital city during the period 12 May–23 June 2014. The open lessons were conducted in 20 educational establishments and involved 1 550 children, aged 5 to 18. The goal was to acquaint them with the safety rules and to teach them to apply these rules in their daily lifestyle, in order to avoid the risks. A part of the lessons was a presentation of the children’s competitions entitled “Overcoming Danger!” A booklet was prepared, containing the rules of the national competition for a child’s drawing and photograph/photo-collage entitled “Overcoming Danger!”. 1 600 copies of it were printed out and handed out during the open lessons on the topic of child safety. A total of 1 600 individual sets of materials on the topic were prepared and handed out to children.

The result was raised awareness of children and their parents regarding proper protection and reaction in the event of accidents and injuries.

Activity: Inclusion of school children and their parents into various forms of trainings aimed at accident and injury prevention.

A presentation was made for students from grades I to VIII on the “Child Safety Handbook,” which was intended to aid their class teachers, teachers, educators and counsellors. The presenters discussed with the children the rules for child safety at home and on the road, in vehicles, and at places for recreation and tourism. They also discussed the topic of ensuring a safe living and development environment for children and school students, in order to raise the awareness and understanding of potential threats, as a means for reducing the occurrence of accidents and domestic injuries involving children and school students.

Thematic meetings were held with parents, including talks on the following topics: “Home – models for safe behaviour and safety rules when using electrical appliances, dangerous objects, falling and slipping,” “The road is dangerous. How to keep our children safe,” “Rights and responsibilities in the family and at school,” in order to eliminate any dangers in the lifestyle and the living environment.

This resulted in raised awareness of children and their parents on how to prevent and how to react in the event of accidents and injuries.

The Ministry of the Interior provided opportunities for free downloading and online dissemination of a "Child Fire Safety Handbook" and 28 materials on the protection against disasters and accidents, under the project: "Development of Training Methods for Disaster and Accident Protection, Intended for Teachers."

The result was raised public awareness and involvement.

- Activity: Conducting national school student competitions and contests, tournaments and national competitions.

This campaign involved organising training meetings at schools and kindergartens, round tables and seminars.

- Activity: Dissemination of educational programmes on the prevention of water accidents among children at kindergartens and schools, and conducting practical trainings.

The rules for the school games for the educational year 2013/2014 were established – applicable for general education schools and students from special schools.

The "Sports Development for Students" project, in cooperation with projects of the Bulgarian Student Sports Association and the Bulgarian Sports Federation for Children Deprived of Parental Care, involved 4 700 children in sport activities.

The Lifeguard of the Bulgarian Red Cross implemented three educational programmes on the prevention of water accidents among children in schools and kindergartens in different regions of the country.

The programme "Water as a Friend" involved school students from the IInd and IIIrd grade. The programme was aimed at providing the children with theoretical and practical knowledge of water and teaching them how to interact with it safely. It was implemented in the primary schools of the country, and was most widespread in the regions: Blagoevgrad, Haskovo, Veliko Tarnovo, Yambol and Sofia. A total of 3 276 school students passed through the training in 2014. Furthermore, this was the year when the first training book for the teacher and training notebook for the students were published, developed by experts from the Bulgarian Red Cross, in cooperation with pedagogical experts.

A disc was developed, containing materials illustrating the topics from the educational contents of the programme.

The programme "Lifeguard Minimum" involved school students from grades V to XII. The programme was aimed at acquainting the students with the primary dangers during bathing and swimming, and teaching them first-aid skills and self-aid skills applicable in the event of water accidents.

It was implemented in schools across the country. The training was conducted mainly by the physical education and sports teachers, as well as by volunteers from the lifesaving associations under the Bulgarian Red Cross. This was one of the most far-reaching programmes for the prevention of water accidents. It was implemented through the dissemination of booklets with thematic messages

and safety rules, lectures and talks. Children were particularly interested in, and found particularly useful, the practical trainings conducted throughout the country during water celebrations during the water lifesaving week. The total number of the school students that received training on the basic rules of water safety was over 60 000.

The programme “Blue Summer” had a predominantly practical purpose – it aimed to reduce and prevent water accidents through the acquisition of initial swimming skills and knowledge of the proper safe behaviour around and within bodies of water, and the ways to provide first aid and self-aid. The children trained in this programme in 2014 were 495.

As a result, the participants became familiar with the main water safety rules and gained initial swimming skills and knowledge of first aid and self-aid in the event of a water accident.

In 2014 more than 3 500 training aids and over 10 000 visual aids were issued. The number of children trained, in the various age groups, was 63 771.

- Activity: Implementing programmes for the prevention of water accidents, intended for parents of kindergarten children.

The programme of the Bulgarian Red Cross “Keep an eye out” was intended for parents of kindergarten children. The objective was to acquaint them with the dangers around and within bodies of water and to convince them to watch their children at all times when they are in or around water basins, as well as to teach them reanimation knowledge and skills. The programme was successfully implemented in the kindergartens of several regions of the country. More than 180 sessions have been conducted.

This has resulted in increased awareness on the dangers in and around water and the acquisition of knowledge and skills on providing first aid with a higher number of children affected.

Activity: Creating conditions to practice sports throughout the country.

This involves 4 837 sports clubs. They have provided knowledge and skills for the safe practice of sports activities.

Operational Objective: Creating better conditions for ensuring children’s rights to life and development in a safe and secure environment.

- Activity: Clearer regulation of the responsibility and control over children’s safety in Ordinance No 1 on the Conditions and Procedure of Ensuring the Proper Structure and Safety of Playgrounds.

A working group was created, for the purpose of formulating proposals for the amendment and supplementation of Ordinance No 1. The group made the following proposals with regard to “indoor playgrounds”: to ensure the establishment of a restrictive access at the entrance/exit of playgrounds, using appropriate technical means, individuals, etc., in accordance with statutory requirements for fire safety; to differentiate separate playing areas for the age group up to 3 years old and the age group from 3 to 12 years old; to ensure staff that is familiar with and ensures compliance to the Child Protection Act; providing training for the specifics of the respective age group of users, up

to 3 years old and/or 3 to 12 years old, for whom the playground is intended. In 2015 Ordinance No 1 of 2009 on the Conditions and Procedure of Ensuring the Proper Structure and Safety of Playgrounds was amended. The Ordinance has been appended, with the amendments incorporated.

- Activity: Measures for the prevention of accidents with children using publicly accessible indoor playground and entertainment facilities.

Specific training and qualification requirements have been introduced for sports specialists working directly with children.

In order to prevent free time accidents, the importance of the Mountain Rescue Service and the Ski Police must be highlighted. Mountain rescuers are on duty at key points in the major Bulgarian mountains. In the event of an accident, they conduct complex and difficult rescue operations, and evacuate the affected persons to a medical establishment. The Mountain Rescue Service is working very hard to proactively prevent mountain accidents. Every day they provide detailed information on the conditions at specific mountain resorts, and they maintain constant connection to local and national media. Children and adolescents at school are provided with basic knowledge on how to prepare for going out into the mountains.

During the reporting period, there were ski police units operating in the resort complexes. They assist in ensuring the safety of ski tracks, preventing accidents at the tracks, preventing the entry into danger zones and monitor for hazardous actions of skiers. Their operation reduces the number of accidents occurring with skiers resulting from excessively fast and reckless skiing.

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;
2. to maintain the social security system at a satisfactory level at least equal to that necessary for the ratification of the European Code of Social Security;
3. to endeavour to raise progressively the system of social security to a higher level;
4. to take steps, by the conclusion of appropriate bilateral and multilateral agreements or by other means, and subject to the conditions laid down in such agreements, in order to ensure:
 - a) equal treatment with their own nationals of the nationals of other Parties in respect of social security rights, including the retention of benefits arising out of social security legislation, whatever movements the persons protected may undertake between the territories of the Parties;
 - b) the granting, maintenance and resumption of social security rights by such means as the accumulation of insurance or employment periods completed under the legislation of each of the Parties.

Appendix to Article 12, paragraph 4

The words “and subject to the conditions laid down in such agreements” in the introduction to this paragraph are taken to imply inter alia that with regard to benefits which are available independently of any insurance contribution, a Party may require the completion of a prescribed period of residence before granting such benefits to nationals of other Parties.

Scope of the provisions pursuant to ECSR'S interpretation

Paragraph 1: Creation and maintenance of a social security system for traditional risks (healthcare, disease, unemployment, old age, labour accident, family, maternity, invalidity, widows' and widowers' pensions.); subject-matter and personal scope of the social security system; social insurance (contributory and non-contributory) benefits and their proportionality.

Paragraph 2: Maintaining the social security system at a satisfactory level at least equal to that necessary for the ratification of the European Code of Social Security.

Paragraph 3: Raising the system of social security to a higher level. When restrictions are required as a consequence from reforms, they must be justified, including with respect to the sustainability and must at least preserve a basic and sufficiently broad social security scheme.

Paragraph 4:

a. Equal treatment of the nationals of other Parties who lawfully reside or resided or work or worked on the territory of a Party in respect of social security benefits; prohibition of direct (required nationality) and indirect (condition as to residence and requirement as to length of residence, employment requirements) discrimination for contributory benefits; the requirement as to the residence and length of residence must not be excessive as regards non-contributory benefits such as family allowances. Refugees and stateless persons, self-employees persons and posted workers, except for long-term risks, for which these persons remain secured in their country of origin, are included in the personal scope of this provision.

Retention of acquired rights, whatever changes of status beneficiary may undertake (invalidity, old age, widows' and widowers' pensions, labour accident or occupational disease); the obligations must be fulfilled through bilateral agreements or otherwise, like unilateral acts, legislative or administrative measures.

b. Right to retain the acquired rights through accumulation of employment or insurance periods completed abroad; the fulfilment of these obligations must be secured through multilateral and bilateral agreements, or otherwise such as by unilateral acts, legislative or administrative measures.

Information that should be submitted:

Article 12, paragraph 1

- 1) Please, describe the general legal framework. Please, specify the type, reasons and scope of the conducted reforms, if any.
- 2) Please, specify the measures taken (administrative measures, programmes, action plans, projects, etc.) for application of the legal framework.
- 3) Please, provide appropriate data, statistics or any other relevant information, if appropriate.

The main legal instruments governing social security are, as follows:

- Constitution of the Republic of Bulgaria – article 47, article 51 and article 52 – the right to social security, the right to social assistance and the right to health insurance and free medical assistance.
- Social Security Code (SSC) – regulates state social security in case of general sickness, labour accident, occupational disease, maternity, unemployment, old age and death and additional social security, which includes: additional mandatory pension insurance for old age and death; additional voluntary pension insurance for old age, invalidity and death; additional voluntary security for unemployment and/or professional qualification.
- Health Insurance Act – regulates mandatory health insurance.
- Health Act – regulates the medical assistance outside of the scope of mandatory health insurance
- Social Assistance Act – regulates the public assistance for overcoming a vital need: social benefits and social services.
- Family Allowances for Children Act – regulates a type of special-purpose social allowances: for children.
- Integration of Persons with Disabilities Act, War Veterans Act, War Invalids and Victims Act – regulate social benefits and services for persons in a particularly vulnerable position.

Social security in Bulgaria, which is based on insurance contributions, is carried out by the National Social Security Institute, the National Health Insurance Fund and additional social security companies – additional pension insurance, additional unemployment and/or professional qualification security, additional health insurance (performed in the form of health insurance).

The system for basic mandatory social security implemented by the National Social Security Institute includes eight contingencies covered (of a total of nine under ILO Convention No.102 and the CDCS). They are:

- 1) sickness;
- 2) invalidity;
- 3) maternity and birth;
- 4) raising a child;

- 5) labour accident и occupational disease;
- 6) old age;
- 7) death;
- 8) unemployment.

The legal consequences from the occurrence of the ninth contingency covered, which is related to healthcare and medical assistance, are assumed by the National Health Insurance Fund and the Ministry of Health.

Benefits related to raising a child are granted out of the national budget and are provided by the Agency for Social Assistance – family allowances for children.

State Social Security is implemented on the basis of the principles of: 1) compulsory compliance and universal coverage of the social security; 2) solidarity of the insured persons; 3) non-discrimination of the insured persons; 4) social dialogue in management of the social security system; 5) fund organization of the social security resources. It provides benefits and benefits in two groups of occurrences:

I. Short-term security. The following is provided under it:

1. *Benefits* -- for *temporary inability to work* on account of a general sickness, labour accident and occupational disease and in the cases regarded as equal to a general sickness; for *maternity* – pregnancy, birth and infant child care; for *unemployment*.
2. *Benefits* – for *prophylaxis and rehabilitation*; for *technical aids*; upon *death*.

II. Long-term (pension) security – the following is provided under it:

1. *Pensions* – for *old age*; for *invalidity*; *widow's and widower's pension*.
2. *Supplements to pensions* – for *attendance*; from *the deceased spouse's pension*.

The pension system has the most significant share of the social security system. It covers all economically active persons (who work dependently and who are self-employed). The Bulgarian pension system consists of three pillars:

- *The first pillar* is the mandatory cost-covering system of state social security based on insurance contributions.
- *The second pillar* (additional pension insurance) comprises two components – insurance in universal and professional pension funds:
 - Universal pension funds are a mandatory additional capital-accumulating scheme, in which a part of the contributions of workers born after 31 December 1959 are accumulated in individual pension accounts for an additional pension for old age;
 - Professional pension funds are a mandatory capital-accumulating scheme, in which contributions are accumulated for early pensioning of those who work under Work Categories I and II.
- *The third pillar* consists of two varieties of capital-accumulating funds on the basis of individual accounts:
 - Funds for additional voluntary pension insurance for old age and disability;

- Funds for additional voluntary pension insurance for old age under a professional scheme.

Besides the pensions based on the insurance contributions, non-contributory pensions are also granted in Bulgaria – pensions that are not related to work and former insurance contribution. These are social pensions, personal pensions, pensions for civil disability and pensions for war disability, which are fully financed out of the national budget. They are not an insurance payment and represent social protection for people that do not meet the conditions for granting of a pension covered by insurance contributions. They are paid out of the “Non-Work Contingent Pensions” Fund.

Health Insurance

According to article 52 of the Constitution the citizens are entitled to health insurance guaranteeing them accessible medical assistance and free use of medical service under such conditions and procedure as determined by a law. The healthcare of citizens is financed out of the state budget, out of insurance contributions and out of other sources – under such conditions and procedure as determined by a law (the Health Insurance Act – HIA, and the Health Act -- HA).

Pursuant to articles 81 and 82 of the Health Act all Bulgarian nationals are entitled to medical assistance under the conditions and procedure of the Health Insurance Act.

Pursuant to the Health Insurance Act persons subject to mandatory health insurance are:

- ✓ all Bulgarian nationals who are not nationals of another state too;
- ✓ Bulgarian nationals who are nationals also of another state and live constantly on the territory of the Republic of Bulgaria;
- ✓ foreign nationals or stateless persons who are given long-term or permanent residence in the Republic of Bulgaria, unless otherwise provided for in an international agreement, to which the Republic of Bulgaria is a party. The types of residence in Bulgaria according to the Foreigners in the Republic of Bulgaria Act are: *short-term* – up to three months in every 6-month period from the date of entry into the state; *continued* – with an authorized period of up to one year; *long-term* – with an authorized initial term of 5 years and an option to renew after submission of an application; *permanent* – with authorized indefinite period of time;
- ✓ persons who have been granted refugee status or who have been afforded a right of asylum;
- ✓ foreign students and PhD students admitted to training in higher education institutions and scientific organizations in our country under the conditions of Decree No.103 of 1993 of the Council of Ministers for the performance of education activity among Bulgarians abroad and Decree No.228 of 1997 of the Council of Ministers for the admission of nationals of the Republic of Macedonia as students in state universities of the Republic of Bulgaria;
- ✓ persons other than the ones specified hereinabove, which are governed by the legislation of the Republic of Bulgaria according to the rules on the coordination of the EU social security systems. These are persons who are nationals of EU Member states and legally reside and work on the territory of Bulgaria.

Health care outside the scope of mandatory health insurance

Other medical services are also provided to people in need, outside the scope of mandatory health insurance on account of the state budget (out of the budget of the Ministry of Health), such as emergency medical aid; prophylactic examinations and tests and obstetrical aid for all women not insured under an insurance scheme; hospital psychiatric aid; provision of blood and blood products; transplantation of organs, tissues and cells; mandatory treatment and/or mandatory isolation; assisted reproduction; complete volume of anti-epidemiological activities; access to health activities included in national, regional and municipal health programmes; vaccinations. By using funds from their own revenues municipalities can support activities of prophylaxis and treatment of socially disadvantaged, unemployed and other persons who have permanent address registration in the respective municipality.

Foreigners granted long-term or permanent residence in the Republic of Bulgaria enjoy the above mentioned medical assistance on equally bases with Bulgarian nationals.

MAJOR CHANGES IN THE LEGISLATION FOR THE PERIOD 2012–2015

Changes related to the personal scope of insurance

- Since 1 August 2012 *the spouses of persons registered as self-employed persons and/or craftsmen and of registered agricultural producers and tobacco growers*, when they participate with their consent in the activity performed by the spouses, can insure themselves at their own will and on their own account for invalidity on account of a general sickness, old age and death and for general sickness and maternity. Under this procedure they can pay insurance contributions unless they are insured on another ground, except for the cases of work done without an employment relationship;
- Since 1 September 2012 the scope of persons who are mandatorily insured for general sickness and maternity, disability on account of a general sickness, old age and death, labour accident and occupational disease and unemployment includes also *candidate junior judges and junior prosecutors under the Judicial System Act*;
- Since 9 August 2013 the scope of persons who are mandatorily insured for general sickness and maternity, disability on account of a general sickness, old age and death, labour accident and occupational disease and unemployment includes also *the persons under the Special Surveillance Means Act*;
- Since 1 January 2015 the following persons are included as mandatorily insured for general sickness and maternity, disability on account of a general sickness, old age and death, labour accident and occupational disease and unemployment: *workers and employees hired by one or more employers (by each of them) for no more than 5 working days (40 hours) over the calendar month and persons assigned with the management and/or control of state and municipal enterprises under chapter nine of the Commercial Act, their units or of other legal entities created by the relevant law*;
- Since 17 July 2015 *workers under a labour contract for one of short-term seasonal farming work entered into with a registered farmer* are subject to insurance for invalidity on account of a general sickness, old age and death and for labour accident and occupational disease.

Insurance related changes

- Since 1 January 2015 the so called "*choice of insurance*" was introduced, pursuant to which persons born after 31 December 1959 were afforded an opportunity upon initial arising of a ground for insurance after 31 December 2014 to choose once, within one year from the arising of the ground for insurance, to be insured in a universal pension fund. When such persons fail to submit an application for insuring in a universal pension fund in due time, the insuring will take place in the NSSI "Pensions" fund by an insurance contribution increased by the amount of the insurance contribution for a universal pension fund. The insured persons and the persons referred to in article 4, paragraph 9 of the Social Security Code born after 31 December 1959 who are insured in a universal pension fund could choose once to be insured in the "Pensions" fund only by an insurance contribution increased by the amount of the insurance contribution for a universal pension fund;
- Since 15 August 2015 the so called "*multiplicity of the choice of insurance*" was introduced, which allowed the persons insured in a universal pension fund to choose to change their insurance from a universal pension fund to the "Pensions" fund by an insurance contribution increased by the amount of the insurance contribution for a universal pension fund not later than five years before the attainment of the age for acquisition of a right to a pension for an insured period and age (article 68, paragraph 1 of the Social Security Code) provided that such pension is not granted to them. These persons may exercise their right to choice after the expiration of one year from the choice of to resume the insurance in a universal pension fund. Since 15 August 2015 the persons who choose to change their insurance from a universal pension fund to the "Pensions" fund can choose to resume their insurance in a universal pension fund not later than five years before attaining the age referred to in article 68, paragraph 1 of the Social Security Code provided that a pension for insured period and age is not granted to them. These persons can exercise their right to choice after the expiration of one year from the choice to be insured in the "Pensions" fund;
- Since 15 August 2015 the term of three months from the initial arising of the obligation for insuring, in which the persons could exercise their right to choice of a universal pension fund was restored, as well as the ex-officio distribution to the registered universal fund for persons who have not chosen a fund in due time.

Changes related to insurance contributions and insurance income

- Since 1 September 2011 *ballerinas, ballet-dancers and dancers* in cultural organizations are insured in the NSSI "Pensions" Fund by an increased amount of the insurance contribution – 20,8 per cent for those born before 1 January 1960 and 15,8 per cent for those born after 31 December 1959;
- Since 1 January 2013 the insurance contribution for the "Pensions" Fund was increased by 20 per cent points for *those working in special departments* who retire under the conditions of article 69 of the Social Security Code. Or those born after 31 December 1959 the insurance contribution became 35,8 per cent and for those born before 1 January 1960 – 40,8 per cent. For *the staff of the National Intelligence Service, the Military Information service of the Ministry of Defence and the State Agency for National Security*, who are

pursuant to article 127, paragraph 5 the Social Security Code not insured for an additional pension in a universal pension fund, the contribution is 40,8 per cent;

- For the period from 2012 to 2015 *self-employed persons* pay insurance contributions on their own account with respect to a selected monthly income between the minimum insurance income (from BGN 420 to BGN 550) differentiated in accordance with their taxable income from the activity as self-employed persons and a maximum monthly insurance income determined in the Budget of the State Social Security Act for the respective year. The final amount of the insurance income is determined upon the annual balancing through statement of the final amount of the insurance income to the annual tax return. Those born after 31 December 1959 owe insurance contributions for a universal pension fund too;
- The minimum monthly amount of the insurance income for *registered farmers and tobacco-growers* for the period 2012--2014 is in the amount of BGN 240. In 2015 the minimum monthly amount of the insurance income for registered farmers and tobacco-growers increased to BGN 300.

The amounts and distribution of the insurance contributions for the state social security by funds, for the Teachers' pension fund and for additional mandatory pension insurance as at 31 December 2015 are, as follows:

- For the "*Pensions*" Fund:
 - for persons born *before 1 January 1960*:
 - 17,8 per cent of those working under the conditions of work category III, as 7,9 per cent is on the account of the insured person and 9,9 per cent on account of the insurer;
 - 20,8 per cent of those working under the conditions of work categories I and II and for the persons referred to in article 69a of the Social Security Code. The distribution is 12,9 per cent on account of the insurer and 7,9 per cent on account of the insured person;
 - 40,8 per cent for the persons referred to in article 69 of the Social Security Code.
 - for persons born *after 31 December 1959*:
 - 12,8 per cent of those working under the conditions of work category III, as the contribution on account of the insurer is 7,1 per cent, and for the insured person – 5,7 per cent;
 - 15,8 per cent of those working under the conditions of work categories I and II and for the persons referred to in article 69a of the Social Security Code. The amount of the contribution on account of the insurer is 10,1 per cent, and on account of the insured persons – 5,7 per cent;
 - 35,8 per cent for the persons referred to in article 69 of the Social Security Code (except for the persons referred to in article 127, paragraph 5 of the Social Security Code for whom the insurance contribution is 40,8 per cent).
- For the "*General Sickness and Maternity*" fund – 3,5 per cent;
- For the "*Unemployment*" fund – 1,0 per cent;
- For the "*Labour Accident and Occupational Disease*" fund the amount of the insurance contribution is differentiated in five levels from 0,4 to 1,1 per cent according to the risk level by groups of main economic activities:
 - 0,4 per cent for the first level of risk;
 - 0,5 per cent for the second level of risk;
 - 0,7 per cent for the third level of risk;
 - 0,9 per cent for the fourth level of risk;

- 1,1 per cent for the fifth level of risk.
- For *Teachers' Pension Fund* – 4,3 per cent and is entirely on account of the insurer;
- For *additional mandatory pension insurance in a professional pension fund*:
 - 12 per cent for persons working under the conditions of work category I. The contribution is entirely on account of the insurer;
 - 7 per cent for persons working under the conditions of work category II. The contribution is entirely on account of the insurer.
- For *additional mandatory pension insurance in a universal pension fund* – 5 per cent, as 2,8 per cent is on account of the insurer and 2,2 per cent on account of the insured person.

The insurance contributions for the “General sickness and maternity” and “Unemployment” funds are distributed between the insurer and the insured person in a 60:40 ratio.

The insurance contributions for workers and employees under employment and civil-service relationships and those regarded as equal to them are owed with respect to the received gross monthly remuneration, including those that are accrued but not paid, or the non-accrued monthly remunerations, but with respect to no less than the minimum monthly insurance income under economic activities and groups of professions, and for persons, in respect of whom no minimum insurance income is determined – the minimum monthly salary for the country and no more than the maximum monthly amount of the insurance income (BGN 2 600 for 2015).

Table No.1: Indicators of State Social Security, population and workforce for the period 01 January 2012 – 31 December 2015

Year	Persons insured for State Social Security (average number)	Persons insured for all contingencies under State Social Security (average number)	Average monthly insurance income (BGN)	Economically active population (workforce) at the attained age of 15-64 (thousands of persons)	Population (average number)	Share of the persons insured for State Social Security from the economically active population (%)	Share of the persons insured for all contingencies under State Social Security from the economically active population (%)
2012	2 770 030	2 446 419	618,06	3 303,9	7 305 888	83,8	74
2013	2 729 800	2 404 522	648,73	3 322,7	7 265 115	82,2	72,4
2014	2 735 101	2 413 695	683,34	3 308,7	7 223 937	82,7	73
2015	2 755 906	2 447 588	726,40	3 276,0	7 177 991	84,1	74,7

Source: National Social Security Institute, National Statistical Institute

Changes related to the conditions for retirement

Acquisition of a right to pension

By the legislative changes effective from 1 January 2011 the point-based system of pensioning ceased to exist and a cumulative condition was introduced for acquisition of a right to *pension for an insured period and age under article 68, paragraphs 1--2 of the Social Security Code* – upon the attainment of the age of 60 by women and 63 by men and an insured period of 34 years for women and 37 years for men. It was provided for that as of 31 December 2011 the insured period would increase from the first day of each subsequent calendar year by 4 months for both sexes until it reaches 37 years for women and 40 years for men, and as of 31 December 2020 the age would increase from the first day of each subsequent calendar year by 6 months for both sexes until it reaches 63 years for women and 65 years for men. The requirement for the presence of a sum of length of service and age has only remained applicable to those working under the conditions of work categories I and II.

By the legislative changes that followed soon afterwards (effective from 1 January 2012) the increase in the age started from 31 December 2011 by 4 months each year until the age of 63 years is reached for women and 65 years for men. From 31 December 2011 the insured period also started increasing from the first day of each subsequent calendar year by 4 months for both sexes until 37 years are reached for women and 40 years – for men.

In 2013 the age went up by the envisaged 4 months and was respectively 60 and 8 months for women and 63 and 8 months for men. The required insured period for pension also went up by 4 months compared to the level from the previous years and was 37 years and 8 months for men and 34 years and 8 months for women.

In 2014 the initially envisaged increase of the required age and insured period, necessary for the granting of a pension for an insured period and age under article 68, paragraph 1--2 of the Social Security Code, was suspended for a year in order to secure a time tolerance so as to seek for a more balanced solution with respect to the criteria for retirement. In 2015 the required age was preserved at the levels from the previous two years, and the insured period was increased by 4 months for each of both sexes.

The conditions for acquiring a right to pension for an insured period and age under article 68, paragraphs 1 and 2 of the Social Security Code are shown in the next table.

Table No.2: Conditions for acquiring a right to pension for an insured period and age (article 68, paragraphs 1-2 of the Social Security Code) for the period 2012 – 2015

Year	Age		An insured period	
	Men	Women	Men	Women
2012	63 4 months	60 4 months	37 4 months	34 4 months

2013	63 8 months	60 8 months	37 8 months	34 8 months
2014	63 8 months	60 8 months	37 8 months	34 8 months
2015	63 8 months	60 8 months	38	35

Since 31 December 2011 the age required for granting of a *pension for an insured period and age under article 68, paragraph 3 of the Social Security Code* (under the conditions of an insufficient insured period) started going up from the first day of each subsequent calendar year by 4 months until it reaches 67 years. In 2014 the envisaged increase of the age was suspended and for this type of pension the minimum required age remained at the level of the previous year – 65 years and 8 months for both sexes. The same conditions were preserved in 2015 too (65 years and 8 months age and 15 years of actual insured period).

The conditions for retirement of those working under the conditions of work categories I and II are regulated in § 4 of the Transitional and Final Provisions of the Social Security Code. By the legislative changes effective from 1 January 2012 the minimum required age for retirement under the conditions of § 4, paragraphs 1--3 of the Social Security Code was increased after 31 December 2011 from the first day of each subsequent calendar year by 4 months for both sexes until it reaches the age of 48 for women and the age of 53 for men under work category I and 53 years for women and 58 years for men under work category II. In 2014 the envisaged increase of the age was suspended and it remained for both sexes at the levels from the previous year. The same conditions were preserved also in 2015 (*Table No.3*).

Table No.3: Conditions for retirement under § 4, paragraph 1, 2 and 3 of the Transitional and Final Provisions of the Social Security Code for the period 2012 – 2015

Year	Age				Insured period (men и women)		Points (sum of insured period and age)	
	Work category I		Work category II		Work category I	Work category II	Men	Women
	Men	Women	Men	Women				
2012	52 4 months	47 4 months	57 and 4 months	52 4 months	10	15	100	94
2013	52 8 months	47 8 months	57 and 8 months	52 8 months	10	15	100	94
2014	52 8 months	47 8 months	57 and 8 months	52 8 months	10	15	100	94
2015	52 8	47 8	57 and 8	52 8	10	15	100	94

	months	months	months	months				
<p><u>Note:</u> Those who worked 10 years in a labour environment specified in article 104, paragraph 3 of the Social Security Code could retire if the sum of an insured period and age was 90 points and at the age of 47 for women and 52 for men. Upon termination of the labour contract of these persons on the grounds of article 328, paragraph 1, subparagraphs 1 and 2 of the Labour Code (closing of the enterprise, closing of a part of the enterprise or lay-off) they could retire at the age of 45 and if the sum of their insured period and age was 90 points.</p>								

The term of validity of the three paragraphs of § 4 of the Transitional and Final Provisions of the Social Security Code for early retirement of the persons specified in these provisions who worked under the conditions of work category I and/or II was extended to 31 December 2015.

As regards the conditions for retirement of staff from *specialized departments (military officers, police officers, investigators, etc.)* changes occurred also in the period 2012–2015, which are in accordance with the requirements for progressive increase of the age and insured period for pensioning.

Effective from 1 January 2012, the total insurance period for acquisition of a right to pension for military officers under the Defence and Armed Forces of the Republic of Bulgaria Act was increased from 25 to 27 years; civil servants under the Ministry of Interior Act and the Execution of Punishments and Detention in Custody Act; civil servants under article 11 of the Postal Services Act; the civil servants performing the activity of provision of security to the judicial system, investigators and junior investigators; civil servants from the State Agency for National Security; the staff in the Fire Safety and Protection of the Population Directorate General of the Ministry of Interior who performs certain activities (article 52d, paragraph 2, subparagraphs 8--9 of the Ministry of Interior Act). The specified category of persons retire regardless of their age if they have at least two thirds (18 years) of actual service on the respective job positions. The right to pension is evaluated as at the date of dismissal from the respective position.

Since 1 January 2013 age was introduced as an additional condition for acquisition of a right to pension by the persons who did military service. After the change military officers acquired right to pension upon achievement of 27 years of general insured period, of which two thirds actually served as military men and upon attainment of the age of:

- 52 – for soldiers (sailors), sergeants (sergeant-majors), officer candidates and officers with junior officer ranks;
- 54 – for officers with senior and superior officer ranks.

Since 1 January 2014 the requirement applied only in 2013 for the presence of a minimum age for acquisition of a right to pension by persons who did military service was discontinued.

Since 1 January 2013 a requirement was established for the age of persons who did military service, served 15 years on positions from the air crew, parachuters, the crew of underwater vessels and divers. They retired upon attainment of the age of 42 or soldiers (sailors), (sergeant-majors), officer candidates and officers with junior officer ranks, and 44 – for officers with senior and superior

officer ranks. Since 1 January 2014 this requirement ceased to exist.

In 2013 the acquisition of a right to pension by persons working under the Special Intelligence Means Act was regulated – upon release from office regardless of their age and in the presence of 27 years of general insured period, of which two thirds actually served under this law. By an amendment to article 69, paragraph 2 of the Social Security Code it is provided for that civil servants under the Ministry of Interior Act, the Special Intelligence Means Act and under the Execution of Punishments and Detention in Custody Act, civil servants under article 11 of the Postal Services Act, civil servants performing the activity of provision of security to the judicial system under article 391 of the Judicial System Act, acquire right to pension upon the attainment of the age of 52 years and 10 months and in the presence of 27 years of general insured period, of which two thirds actually served as civil servants under the specified laws, under the State Agency for National Security Act and as military men under the Defence and Armed Forces of the Republic of Bulgaria Act.

Until 31 December 2011 *teachers* acquired right to pension for an insured period and age in the presence of teacher's insured period of 30 years for men and 25 years for women and 3 years earlier than the retirement age under article 68, paragraph 1 of the Social Security Code for the respective calendar year.

Since 31 December 2011 the insured period started increasing from the first day of each subsequent calendar year by 4 months until the attainment of 28 years for women and 33 years for men.

Since 1 January 2013 the right to early pension from the Teachers' pension fund started being evaluated not compared to the universal age set out in article 68, paragraph 1 of the Social Security Code. Early pension can be received by teachers up to 3 years before the person attains the general pension age, at which the person would acquire a right to pension for an insured period and age from the NSSI "Pensions" Fund.

Since 1 January 2014 the annual increase in the required insured period for teacher's pension was cancelled and remained at the levels of 2013 – respectively 25 years and 8 months for women and 30 years and 8 months for men. These conditions were preserved in 2015 too.

On 28 July 2015, the National Assembly passed the Law amending and supplementing the Social Insurance Code (LASSIC) promulgated, SG, No. 61 / 11. 08. 2015. With this law the pension reform became a fact.

The law creates the legal framework for the improved pension model. Short- and long-term measures for financial stability of the pension system and for improving the adequacy of pensions are introduced. The approved amendments concern:

- Increasing the revenues to the social insurance system;
- Optimising the costs in the social insurance system;
- Improving the adequacy of pensions;
- Developing and improving the three-pillar pension model.

I. Amendments to increase revenues to the social insurance system.

The stipulated increase of the social insurance contribution for the Pensions Fund by 2 percentage points is a measure with direct effect for increasing revenues to the social insurance system. According to the approved amendment of Article 6 of SIC, the social insurance contribution to the Pensions Fund is increased as follows:

- from 1 January 2017 – by 1 percentage point, including 0,56 at the expense of the social insurance contributor and 0,44 at the expense of the insured person;

- from 1 January 2018 – by 1 percentage point, including 0,56 at the expense of the social insurance contributor and 0,44 at the expense of the insured person.

In order to prevent increase of the tax and social insurance burden for social insurance contributors, self-insured persons and insured persons, the increase in the social insurance contribution to a universal pension fund from 5 to 7 per cent from 1 January 2017, set out in Article 157 (1), 1, d) is repealed.

II. Amendments resulting in optimised costs in the social insurance system.

1. The primary measure to limit costs in the social insurance systems relates to the introduction of stricter and fairer conditions for access to pensions for all groups of socially insured persons.

For the workers under the most common category – Work Category III, the retirement age will gradually become the same for women and men and the required contributory service will increase. According to the provision of Article 68 (1) and (2) of SIC, with effect from 1 January 2016 entitlement to a contributory-service and retirement age pension will be acquired upon attainment of the age of 60 years and 10 months for women and 63 years and 10 months for men and 35 years and 2 of contributory service for women and 38 years and 2 months for men.

From 31 December 2016, the age will be increased from the first day of each subsequent calendar year, as follows:

- until 31 December 2029, the retirement age for women will be increased by 2 months per calendar year, and by 3 months per calendar year as of 1 January 2030, until 65 years of age are reached;

- until 31 December 2017, the retirement age for men will be increased by 2 months, and by 1 month per calendar year after 1 January 2018, until 65 years of age are reached.

From 31 December 2016, the above length of contributory service will be increased, from the first day of each subsequent calendar year, by 2 months until attainment of 37 years of contributory service in the case of women and 40 years of contributory service in the case of men.

The provision of Article 68 of SIC stipulates that after the retirement age becomes 65 years for both women and men, after 31 December 2037, the increase of the retirement age will be tied to the increase of the average life expectancy.

The possibility to grant entitlement to a contributory-service and old-age pension to persons

who do not have the required contributory service to acquire entitlement to a pension under the general conditions of Article 68, (1) and (2) is preserved. If the persons are not entitled to a pension under Article 68, (1) and (2) prior to 31 December 2016, they will acquire entitlement to a pension upon attainment of the age of 65 years and 10 months for both women and men and at least 15 years of actual contributory service. From 31 December 2016, the retirement age will be increased from the first day of each subsequent calendar year by 2 months, until 67 years of age are reached.

The new provision of Article 68a of SIC, effective 01.01.2016, introduces the opportunity to grant reduced contributory-service and retirement-age pension to persons who have the required contributory service one year prior to their reaching the retirement age. In this case the pension is granted from the date of the application thereof and is paid for life at a reduced rate by 0,4 percent for each month short of the required retirement age.

Retirement age for the persons under Article 69 of SIC is introduced for all workers in the Defence and Security Sector from 1 January 2016.

In addition to the current requirement for 27 years of total contributory service, including two-thirds served under the relevant "special acts", a new condition for acquiring entitlement to a pension by the servicemen under the Republic of Bulgaria Defence and Armed Forces Act, by the civil servants under the Ministry of Interior Act, etc., is introduced from 1 January 2016. The following persons will acquire entitlement to a pension upon attainment of the age of 52 years and 10 months – equal to the age stipulated for workers under Work Category I:

- servicemen under the Republic of Bulgaria Defence and Armed Forces Act;
- civil servants under the Ministry of Interior Act, the Special Surveillance Means Act and the Implementation of Penal Sanctions and Remand in Custody Act, civil servants under Article 391 of the Judicial System Act, investigating magistrates and junior investigating magistrates;
- civil servants under the State Agency for National Security Act;
- employees at the Fire Safety and Protection of the Population Directorate General of the Ministry of Interior who perform any of the activities under Item 6 of Article [17 \(2\), 6 of the Ministry of Interior Act](#) (emergency recovery works, operational flood protection, tracing and rescue operations and chemical, biological and radiation protection).

The provision of Article 69 of SIC stipulates gradual increase of the age by 2 months for each calendar year until the above persons reach 55 years of age.

Lower retirement age – 42 years and 10 months for 2016, is stipulated for the following persons:

- persons under Article 69, (1), (2) and (3) who have served 15 years in positions in flight personnel, paratroopers, submarine crews and diving personnel;
- persons in diving personnel positions in the Fire Safety and Protection of the Population Directorate General of the Ministry of Interior who have served 15 years in this position.

According to the effective retirement arrangements, such persons currently retire if they have 15 years of contributory service in the above positions.

They are also subject to gradual increase of retirement age by 2 months for each calendar year until 45 years of age are reached.

Separate SIC Article 69 Persons' Pension Fund is created towards greater transparency of revenues and expenditure of social insurance funds.

Retirement age for persons with contributory service as ballet dancers and dancers at cultural organisations is introduced from 1 January 2016.

According to the provision of Article 69a of SIC, persons who have 25 years of contributory service as ballet dancers or dancers employed by cultural organisations, will acquire entitlement to a pension upon attainment of the age of 42 years and 10 months. From 31 December 2016, the retirement age is increased from the first day of each subsequent year by 2 months until 45 years of age are reached.

Amendments regulating on a permanent basis the acquisition of entitlement to pension by persons working under the conditions of Work Categories I and II. Persons who have worked in heavy and arduous professions and have not acquired entitlement to occupational pension from an occupational pension fund, but satisfy certain conditions stipulated in the new Article 69b of SIC may be granted pension from the public social insurance system. This group of persons includes primarily those who have contributory service under the conditions of the work category before 2000 and were thus not insured in occupational pension funds, as well as those who have mixed contributory service under the conditions of the work category – before and after 2000.

To acquire entitlement to a pension under Article 69b of SIC, the persons must have not acquired entitlement to a pension under Article 168 of SIC from the private pension funds or must have changed their insurance by choosing to be insured in the Pension Fund of the public social insurance system instead of being insured both in the Pension Fund and in an occupational pension fund. Furthermore, on the grounds of the provision of Article 69b, (1) of SIC, persons who have worked 10 years under the conditions of Work Category I must have attained by 31 December 2015 the age of 47 years and 8 months for women and 52 years and 8 months for men and the sum total of their contributory services and age (the so-called "points") must be 94 for women and 100 for men. From 31 December 2015, the retirement age is increased from the first day of each subsequent calendar year by 2 months for men and by 4 months for women, until 55 years of age are reached while the sum total of the contributory service and the age remains unchanged.

According to the provision of Article 69b (2) of SIC, persons who have worked for 15 years under the conditions of Work Category II may retire if they have not acquired entitlement to a pension under Article 168 or where they have changed their insurance under Article 4c, provided that by 31 December 2015 they have attained the age of 52 years and 8 months for women and 57 years and 8 months for men and the sum total of their contributory service and age is 94 for women and 100 men. From 31 December 2015, the retirement age is increased from the first day of each subsequent year by 2 months for men and by 4 months for women, until 60 years of age are reached.

Early-retirement pension under Article 168 of SIC payable by the pension insurance companies is granted from 1 January 2016 to persons insured in an occupational pension fund, provided that:

- they have at least 10 years of contributory service after 31 December 1999 under the conditions of Work Category I and they have attained an age 10 years shorter than the age under Article 68 (1);

- they have at least 15 years of contributory service after 31 December 1999 under the conditions of Work Category II or Work Category I and II and they have attained an age 5 years shorter than the age under Article 68(1).

The early-retirement pension under Article 168 of SIC is paid until the person concerned attains the age under Article 68(1) (the retirement age for work under the conditions of Work Category III) and may not be received along with a pension based on work or a social disability pension under Part One of SIC.

It follows from the above, that if a person has acquired entitlement to a pension under Article 168 of SIC and has not chosen not to be insured in an occupational pension fund, such person may not receive the pension under Article 69b of SIC from the public social insurance system and will receive the pension under Article 168 of SIC.

Teachers' entitlement to pension is permanently set out and the conditions for their retirement are included in the body of the act. According to Article 69c (1) of SIC, in 2016 teachers acquire entitlement to a contributory-service and retirement-age pension upon attainment of 57 years and 10 months for women and 60 years and 10 months for men, subject to having 25 years and 8 months of contributory service as teachers for women and 30 years and 8 months for men. From 31 December 2016, the retirement age will be increased, from the first day of each subsequent calendar year, as follows:

- Until 31 December 2029, the retirement age for women will be increased by 2 months per calendar year, and by 3 months per calendar year from 1 January 2030, until 62 years of age are reached;

- Until 31 December 2017, the retirement age for men will be increased by 2 months per calendar year, and by 1 month per calendar year as from 1 January 2018, until 62 years of age are reached.

Such persons will be paid fixed-period early-retirement pension from the Teachers Pension Fund at an amount determined according to the general pension amount calculation formula set out in Article 70 of SIC and reduced by 0,1 per cent for each month short of the age required for acquisition of entitlement to a pension under Article [68 \(1\)](#).

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), will be paid contributory-service and retirement-age pensions from the Pensions Fund and supplements from the Teachers Pension Fund amounting to 0.33 per cent of the pension for each month for which a

contribution has been paid to the Fund after the acquisition of entitlement to a pension under Paragraph (1).

Teachers who have the contributory service as teachers required under Article 69c (1) (25 years and 8 month for women and 30 years and 8 month for men) and retire having attained the age under Article 68 (1), will be paid a full pension out of the Teachers Pension Fund until they attain the age under Article 68 (3). After attainment of the age under Article 68(3), such pension will be paid at the expense of the Pensions Fund.

Following the latest amendments to the SIC, the Teachers Pension Fund will continue to operate as an independent fund administered by the National Social Security Institute and will not be transformed into a universal pension fund.

III. Amendments to improve the adequacy of pensions are also proposed.

From 1 January 2017, the weight of one year of contributory service when calculating the pension amount (newly granted pensions as well as pensions already granted which will be recalculated) will be gradually increased to 1,5 per cent. According to the amended provision of Article 70 (1) of SIC, the amount of the contributory-service and retirement-age pension will be determined by multiplying the income on the basis of which the pension is calculated by the sum total of: 1.1 per cent for each year of contributory service and the relevant proportionate part of the percentage for the months of contributory service. After 31 December 2016, the percentage for each year of contributory service will increase from the first day of each subsequent calendar year by a percentage equal to or greater than the percentage under Article 100(1) (the so-called "Swiss Rule") until 1.5 percent is reached. The percentage will be determined annually by the Public Social Insurance Budget Act for the relevant year.

The weight of one year of contributory service will increase as mentioned above for the common disease disability pensions and so will the coefficients on the basis whereof the amounts of employment-injury and occupational-disease disability pensions are determined.

The possibility for persons who have acquired entitlement to a pension under Article 68 (1) and (2) and continue in employment after the entitlement acquisition date, with no pension granted, to enjoy a percentage of 4 and the respective proportionate part of such percentage for the months of contributory service is preserved.

Another measure directly linked to increasing the amount of certain pension is set out in the amended provision of § 6 (1) of the Transitional and Final Provisions of SIC which regulates the existence of the so-called "pension ceiling". According to the current provision, the maximum aggregate amount of the pension is eliminated for pensions granted after 1 January 2019 and the maximum aggregate amount of pensions granted till 31 December 2018 will be increased from 35 to 40 per cent of the maximum contributory income determined for the respective calendar year.

For pensions granted with a start date after 31 December 2018, person's contributory income for a period of optional three years before 1997 is not taken into account in the formula for determining the pension amount when calculating the individual coefficient under Article 70 (3) of SIC.

IV. The law has introduced amendments aiming to preserve and improve the three-pillar pension model.

The amendments effective 1 January 2015, which give persons born after 31 December 1959 the option to choose whether to insure for additional pension in a Universal Pension Fund (UPF) or only for lifelong pension in the public social insurance system, are elaborated and expanded, laying down that:

- this is not a one time choice (but it should be made not later than five years before attainment of the age under Article 68 (1) of SIC);

- it is envisaged that when the initial insurance obligation first arises, the person shall insure in the Pensions Fund, Article 69 Persons' Pension Fund accordingly, as well as in a chosen universal pension fund and in case the person does not choose a fund within 3 months, such person will be officially allocated to a UPF;

- the funds accrued in the individual accounts of the persons who have chosen to insure in the public social insurance funds only, will be transferred to the State Fund to Safeguard the State-Run Pension Insurance System's Sustainability (the so-called "Silver Fund").

It is stipulated in Item 10 of Article 6 (3) of SIC that for persons who have chosen to shift from insurance in a universal pension fund to insurance in the Pensions Fund or the Article 69 Persons' Pension Fund, the increased insurance contribution to the Pensions Fund or the Article 69 Persons' Pension Fund will be at the rate of the contribution under Item 1 of Article 157 (1), i.e. 5 per cent, divided in the proportion set out in Article [157 \(3\)](#) (2,2 per cent at the expense of the insured person and 2,8 per cent at the expense of the social insurance contributor).

The free choice principle is introduced also for the early retirement of persons working under the conditions of work categories, effective 1 January 2016. According to the provision of Article 4c of SIC, those insured in an occupational pension fund may only once shift from insurance in an occupational pension fund to the Pensions Fund with increased insurance contributions at the rate of the insurance contribution under Item 2 of Article 157(1) (12 per cent for persons working under the conditions of Work Category I and 7 per cent for persons working under the conditions of Work Category II), where no contributory-service and retirement-age pension or early-retirement occupational pension has been granted to them.

The Bulgarian legislation sets out some types of pensions which are non-work contingent, namely: military disability pension, civil disability pension, social pension for old age, social disability pension and person-specific pensions.

Military disability pension

Entitlement to a military disability pension is vested in persons who have lost their working capacity by reason of contracting a disease or sustaining an injury during or in connection with:

1. military conscription;
2. inactive duty or reserve service.

Entitlement to a military disability pension shall furthermore vest in persons who have sustained an injury while rendering assistance to the armed forces.

The killed and missing persons likewise qualify as having sustained an injury.

The amount of the military disability pension is determined as a percentage of the social old-age pension according to the following table:

	Permanently reduced working capacity		
	over 90 per cent	71-90 per cent	50-70.99 per cent
Privates and non-commissioned officers	150 per cent	140 per cent	115 per cent
Commissioned officers	160 per cent	150 per cent	120 per cent

Where the persons under have been insured against all social insurance risks or only against employment injury or occupational disease prior to entering conscription or inactive duty, the amount of the military invalidity pension shall be determined as for the employment-injury or occupational-disease pension, if this is more favourable for such persons.

Civil Disability Pension

Entitlement to a civil disability pension is vested in persons who have lost their working capacity by reason of contracting a disease or sustaining an injury:

1. in the course of performance of civic duty;
2. accidentally caused by the authorities upon performance of official tasks assigned by the said authorities.

The amount of civil invalidity pensions is determined as a percentage of the social old-age pension as follows:

1. for persons with permanently reduced working capacity/type and degree of disability over 90 per cent: 150 per cent;
2. for persons with permanently reduced working capacity/type and degree of disability between 71 and 90 per cent: 140 per cent;
3. for persons with permanently reduced working capacity/type and degree of disability between 50 and 70.99 per cent: 115 per cent.

The pension of persons who have been insured against all social insurance risks or only against employment injury or occupational disease is calculated according to the procedure established for

employment-injury or occupational-disease pensions if this is more favourable for such persons.

Social Pension for Old age

Persons, who have reached the age of 70, are be entitled to a social pension where the average income per family member as at the date of reaching this age is lower than the sum total of the guaranteed minimum income, established for the country during the last preceding 12 months. If the request has been submitted after the age of 70 is reached and after the expiry of the 6-month time period, specified in Article 94, the income per family member is estimated as at the date of the application.

The amount of the social pension for old age, as well as the conditions for receiving it, shall be determined by the Council of Ministers upon a proposal from the Ministry of Labour and Social Policy and the National Social Security Institute.

In the period 1 January – 31 March 2013, the amount of the social pension for old age was set at BGN 100,86 per month. From 1 April 2013, it was increased to BGN 110 per month. The amount of the social pension for old age was increased to BGN 113 per month from 1 July 2014 and to BGN 115,15 per month from 1 July 2015. This resulted in increase in the non-work-contingent pensions which are determined as a percentage of the social pension for old age.

Social Disability Pension

Persons, who have reached the age of 16 and have permanently reduced capacity to work/type and degree of disability of over 71 percent, are entitled to a social disability pension.

The social disability pension for people with a permanently reduced capacity to work/type and degree of disability of over 90 percent shall amount to 120 percent, and for people with a permanently reduced capacity to work/type and degree of disability of between 71 and 90 percent - to 110 percent of the social pension for old age.

Person-Specific Pensions

The Council of Ministers may, under terms and according to a procedure established thereby, grant pensions in exceptional cases to persons who do not meet some of the requirements of SIC.

2012

In 2012, person-specific pensions were granted with a decision of the Council of Ministers, on a proposal by the Minister of Labour and Social Policy in consultation with the Minister of Finance, in exceptional cases to the following categories of persons:

1. children who are not entitled to a survivor pension from a deceased parent;

2. women who have attained the age under Article 68 (3) of SIC, who have given birth to and raised more than 5 children until they reach the age of 18 years;

3. persons who have attained the age under Article 68, (3) of SIC, who were carrying for disabled family members in constant need of assistance in the course of more than 10 years, family members being the spouse as well as their lineal ascendants and descendants.

Such persons have to meet the incomer requirements under Article 89 (1) of SIC and the persons under items 2 and 3 must have at least three years of contributory service. Income declaration by a family member is not required for children placed pursuant to Article 26 of the Child Protection Act or in case of a guardian.

2013.

In 2013, the conditions for granting person-specific pensions remained the same as in 2012. In addition to the contributory service requirement for the persons under items 2 and 3, such service has now to be real, i.e. the persons must have really performed work for which they are subject to insurance.

In 2014 and 2015, the conditions and the categories entitled to person-specific pensions remained unchanged.

Pensions from the supplementary compulsory pension insurance system, in particular from a Universal Pension Fund.

It should be noted that in addition to entitlement to pensions from the public social insurance system, insured persons or their survivors have, under certain conditions, entitlement to pensions from a universal pension fund of the supplementary compulsory pension insurance system (Second Pillar).

Those insured in a universal pension fund are entitled to:

- a supplementary lifelong old-age pension after acquisition of entitlement to a contributory-service and retirement-age pension under Part One of SIC (Item 1 of Article 139 (1) and Article 167 (1) of SIC);

- if the insured person so wishes, the supplementary compulsory retirement insurance fund may pay a supplementary lifelong old-age pension five years prior to attainment of the age required for entitlement to a contributory-service and retirement-age pension under Article 68 (1) of SIC, provided that the resources accrued on the individual account of the person allow the granting of such pension at an amount not less than the amount of the minimum contributory-service and retirement-age pension under Article 68 (1) of SIC (Article 167 (2) of SIC);

- lump-sum payment of up to 50 per cent of the funds accrued in the individual account in case of working capacity permanently reduced by more than 89,99 per cent (Item 2 of Article 139 (1) of SIC);

- a lump-sum payment or payment by instalments of amounts to the survivors (surviving

spouse, descendants or ascendants) of a deceased person or of a pensioner (Item 3 of Article 142 and Article 170 of SIC);

All such pensions are paid in addition to the contributory-service and retirement-age pension granted by the public social insurance system and this has a permanent positive effect on the adequacy of pensions and on the pension system in general.

The amount of pensions granted from a universal pension fund is determined on a capital-based principle. A pension is determined on the basis of the amount accrued in the individual account from the contributions made and from the return on the investment of the said contributions, reduced by the fees and deductions provided for in the Code, and depending on the life expectancy after retirement in accordance with the endorsed biometric tables (Article 131 (1) of SIC).

Amount of the pension

Since 1 January 2012 the weight of years of insured period acquired after the attainment of the age referred to in article 68, paragraph 1 of the Social Security Code was increased (from 3 to 4 per cent) provided that the persons have an insured period without conversion exceeding the one required for acquisition of this type of pension and that such pension is not granted to them. The increase refers only to those who postponed their retirement and have an actual insured period acquired after 31 December 2011.

A requirement was introduced from 1 January 2013 for postponed retirement to only take into account the insured period acquired after the date of acquisition of the right to pension under article 68, paragraphs 1 and 2 of the Social Security Code.

Amount of the pensions

Pensions for old age

The minimum amount of the pension for an insured period and age under article 68, paragraph 1 of the Social Security Code is determined by the Budget of the State Social Security Act. The amount of the pension for an insured period and age under article 68, paragraph 3 (in the presence of an insufficient insured period, but no less than 15 years of actual insured period) may not be less than 85 per cent of the minimum amount of the pension under article 68, paragraph 1 of the Social Security Code.

The amount of the social pension for old age, as well as the conditions for the receipt thereof are determined by the Council of Ministers on the basis of a proposal of the Ministry of Labour and Social Policy and the National Social Security Institute.

The Bulgarian legislation sets out a maximum amount of pensions.

According to § 6 (1) of the Transitional and Final Provisions of SIC, in 2012, “The maximum aggregate of one or several pensions granted prior to 31 December 2013, net of the supplements thereto, shall be determined, reckoned from the 1st day of July of each calendar year, as equal to 35 per cent of the maximum contributory income for the same calendar year as fixed by the Public Social Insurance Budget Act”.

The supplement from the pension of a deceased spouse under Article 84 of SIC is calculated on the basis of the amounts as limited according to the specified procedure.

Such limitations do not apply to persons who have served as President and Vice President of the Republic of Bulgaria, Speaker of the National Assembly, Prime Minister or a Judge at the Constitutional Court. Furthermore, they do not apply to war-disabled persons upon attainment of the age under Article 68 of SIC.

The 2013 amendment of the provision of § 6 (1) of the Transitional and Final Provisions of SIC changed the day from which pensions are determined from the 1st day of July of each calendar year to the 1st day of April of each calendar year.

In 2014 and 2015, the maximum aggregate of one or several pensions granted prior to 31 December 2018, net of the supplements thereto, is determined, reckoned from the 1st day of July of each calendar year, as equal to 35 per cent of the maximum contributory income for the same calendar year as fixed by the Public Social Insurance Budget Act.

Widows' and widowers' pensions

The minimum amount of the widow's or widower's pension cannot be less than 75 per cent of the minimum amount of the pension for an insured period and age under article 68, paragraph 1 of the Social Security Code.

Table No.4: Minimum amounts of the pensions for an insured period and age, the widows' and widowers' pension and amount of the social pension for old age for the period 01 January 2012 – 31 December 2015 (BGN)

Period	Minimum monthly amount of the pension for an insured period and age under article 68, par.1 of the Social Security Code	Minimum monthly amount of the pension for an insured period and age under article 68, par.3 of the Social Security Code	Minimum monthly amount of the widows' and widowers' pension	Monthly amount of the social pension for old age
01 January 2012 – 31 May 2012	136,08	115,67	102,06	100,86
01 June 2012 – 31 March	145,00	123,25	108,75	100,86

2013				
01. April 2013 – 30 June 2014	150,00	127,50	112,50	110,00
01 July 2014 – 30 June 2015	154,50	131,33	115,88	113,00
01 July 2015 – 31 December 2015	157,44	133,82	118,08	115,15

The change in the average amounts of pensions for an insured period and age and of the social pension for old age for the period under review is shown in the next table.

Table No.5: Average amounts of the pensions for an insured period and age and the social pension for old age for the period 01 January 2012 – 31 December 2015 (BGN)

Year	Average monthly amount of the pension for an insured period and age	Average monthly amount of the personal pension for an insured period and age under article 68 of the Social Security Code	Average monthly amount of the personal pension for an insured period and age under article 69 of the Social Security Code	Average monthly amount of the social pension for old age
2012	294,36	285,36	467,61	117,08
2013	319,79	309,93	507,60	127,35
2014	338,12	327,51	538,32	132,68
2015	351,73	340,39	562,98	134,51

Note: The average amounts are calculated out of the pension cost, exclusive of postal fee and VAT, but inclusive of the cost of certain types of supplements. The funds are distributed according to the type of the leading pension.

Pension indexation

Counted from 1 April 2013 the pensions were updated except for pensions not related to labour activity. All labour (contributory) pensions were updated by 8,4 per cent on the average. The increase was aimed at compensating the temporary non-application of the update of the pensions for the period 2010--2012, which was a part of the measures for restricting the public costs in the period of economic crisis. The pension indexation percentages varied over the years of granting of the pension:

- 1) Those granted with an initial date until 31 December 2009 – by 9,8 per cent;

- 2) Those granted with an initial date from 1 January to 31 December 2010 – by 8,8 per cent;
- 3) Those granted with an initial date from 1 January to 31 December 2011 – by 5,7 per cent;
- 4) Those granted with an initial date from 1 January to 31 December 2012 – by 2,2 per cent.

The indexation performed compensated the inflation accumulated for the period from the second half of 2009 to the end of 2012. As a result from the measures undertaken in 2013 the number of pensioners with monthly amount of the pension of up to BGN 200, given an official threshold of poverty of BGN 241 for the calendar year went down to 660 681 or 30,2% of all pensioners as at 31 December 2013 (2 186 570). As a comparison the number of pensioners as at 31 December 2012 with a monthly amount of the pension of up to BGN 200, given an official threshold of poverty of BGN 236 for the calendar year was 827 890 or 37,5% of all pensioners (2 208 446).

In 2014 the so called “Swiss Rule” for pension updating was restored again; according to it pensions are updated by a percentage equal to the sum of 50 per cent of the increase of the insurance income and 50 per cent of consumer price index in the previous calendar year. Pensions for labour activity were updated from 1 July 2014 by 2,7 per cent.

In 2015 the pensions for labour activity were updated once again from 1 July by 1,9 per cent by a percentage equal to 50 per cent of consumer price index and 50 per cent of the increase of the average insurance income in 2014.

CHANGES RELATED TO THE CASH BENEFITS FOR TEMPORARY INABILITY TO WORK, PREGNANCY, BIRTH, RAISING A CHILD AND UNEMPLOYMENT

The most important changes that took place in the conditions for granting of benefits and benefits that also have an impact on their amount and number, include, inter alia:

1. Benefits for pregnancy, birth and raising a child
 - Since the beginning of 2013 the payment of cash benefits – upon birth of a child, in the amount of 15 calendar days as well as for the time after the child attains 6 months, until the expiration of 410 calendar days is regulated (if the leave is not used by the mother) also to fathers who are self-insured persons insured against common disease and maternity,
 - Since the beginning of 2014 a new type of benefit is paid – upon adoption of a child aged from 2 to 5. It is regulated in article 53a of the Social Security Code.

Art. 53 a: The person insured for general sickness and maternity who has an insured period of 12 months as a person insured for this contingency and uses leave upon the adoption of a child aged from 2 to 5 under the conditions of complete adoption, is entitled to benefit in the amount of the benefit for maternity and birth for a term of 365 days, but not later than the attainment by the child of the age of 5. This applies

also to self-employed persons who are insured for general sickness and maternity and have an insured period of 12 months as persons insured for this contingency.

- The period, on the basis of which the cash benefit upon maternity and birth is calculated for the period under reviews changed, as follows:
 - from 1 January 2012 it was increased from 18 to 24 months;
 - from 1 January 2014 it was decreased from 24 months to 18 months;
 - from 1 January 2015 it was increased again from 18 months to 24 months.

The minimum amount of the benefit for maternity and birth is regulated in article 49, paragraph 1 of the Social Security Code. According to this provision the daily cash benefit in case of maternity and birth is determined in the amount of 90 per cent of the average daily gross labour remuneration or the average daily insurance income, on which insurance contributions are paid or due, and as regards self-employed persons –insurance contributions paid for general sickness and maternity for the period of 24 calendar months, preceding the month of occurrence of the temporary inability to work on account of maternity and birth. The daily cash benefit may not exceed the average daily net remuneration for the period, on the basis of which the benefit is calculated, and may not be less than the minimum daily salary established for the country. When there is no insurance for a part of the period of 24 months before the data of commencement of the use of the maternity and birth leave, i.e. when the insured women worked less than 24 months until the day of commencement of the use of the maternity and birth leave or when she used unpaid leave or a small child-care leave, for the periods, in which she was not been insured, the minimum salary will be taken into account.

When the insured woman received the minimum salary, the benefit for maternity and birth will substitute the full amount of the labour income lost. The maximum amount of the benefit for maternity and birth is also limited, like the benefit for temporary inability to work on account of general sickness, up to the average daily net remuneration of the insured person. Pursuant to article 53, paragraph 1 of the Social Security Code, after the expiration of term of the benefit for maternity and birth during the additional paid leave for small child care, the mother (adoptive mother) shall be paid a monthly cash benefit in such amount as determined by the Budget of the State Social Security Act. The amount of the benefit for small child care is not be determined as a percentage of the lost labour income but is a fixed amount determined in the Budget of the State Social Security Act for the respective calendar year.

Year	Average amount of the benefit for maternity and birth	Benefit for care for a small child aged up to 2 years	Minimum salary for the country
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2012	BGN 388,12	BGN 240	From 01 January 2012 to 30 April 2012 – BGN 270 From 01 May 2012 to 31 December 2012 – BGN 290
2013	BGN 394,09	From 01 January 2013 to 30 June 2013 – BGN 240 From 01 July 2013 to 31 December 2013 – BGN 310	BGN 310
2014	BGN 420,46	BGN 340	BGN 340
2015	BGN 451,44	BGN 340	From 01 January 2015 to 30 June 2015 – BGN 360 From 01 July 2015 to 31 December 2015 – BGN 380

Table No.6: Minimum salary, average amount of the benefit for maternity and birth and amount of the benefit for small child care for the period 2012 – 2015

2. Benefits for temporary inability to work on account of general sickness

In 2012 the period, on the basis of which the cash benefit is calculated in cases of temporary inability to work or rehabilitation on account of temporarily decreased working capacity was increased from 12 to 18 months. Since 1 January 2012 the daily cash benefit for temporary inability to work on account of general sickness is calculated in the amount of 80 per cent, and as regards labour accident and occupational disease -- 90 per cent of the average daily gross labour remuneration or the average daily insurance income, on which insurance contributions are paid or due, and as regards self-employed persons – insurance contributions are paid for general sickness and maternity for the period of 18 calendar months preceding the month of occurrence of the inability to work. The daily cash benefit for temporary inability to work on account of general sickness may not exceed the average daily net remuneration for the period, on the basis of which the benefit is calculated.

In 2012 insurers continued paying on their account benefit for the first three days of the temporary inability to work in the amount of 70 per cent of the average daily gross remuneration for the month, in which the temporary inability to work happened, but no less than 70 per cent of the average daily agreed remuneration. In 2013 this temporarily created measure was regulated as a permanent one by the adoption of the change in article 40, paragraph 5 of the Social Security Code.

Table No.7: Main indicators for cash benefits for temporary inability

to work on account of general sickness for the period 2012 – 2015

Year	Average amount of the accrued benefit for temporary inability to work on account of general sickness (BGN)	Working days paid	Average daily cash benefit (BGN)
2012	144,64	11 080 508	20,77
2013	150,72	12 541 415	21,68
2014	159,76	13 120 669	22,34
2015	169,30	15 343 741	25,47

Note: The average benefit for temporary inability to work on account of general sickness includes: general sickness, attendance of sick family member, quarantine, non-labour accidents, etc.

3. Unemployment benefits

Since 2012 the period, on the basis of which a cash unemployment benefit is calculated, is increase from 18 to 24 months. The daily cash unemployment benefit is in the amount of 60 per cent of the average daily remuneration or the average daily insurance income, on which insurance contributions are paid in or due to the "Unemployment" Fund for the last 24 calendar months preceding the month of discontinuation of the insurance, and may not be less than the minimum daily amount of the unemployment benefit. If in this period the person did not work or was not subject to insurance, account is to be taken of the minimum salary for the country.

The minimum daily amount of the unemployment benefit is determined on an annual basis by the Budget of the State Social Security Act. For the period from 2012 to 2015 this amount was 7,20 BGN. The monthly amount of the cash unemployment benefit is determined by multiplying the obtained daily amount by the number of working days in the month that it refers to.

According to the change in article 54d of the Social Security Code, effective from 1 January 2015 the payment of the cash unemployment benefit must be suspended for the period, in which the person receives a benefit for temporary inability to work or benefit for remaining unemployed on the basis of a legal instrument.

Table No.8: Number of persons entitled to a cash unemployment benefit, average amount of the benefit and number of insured persons for the "Unemployment" Fund

Year	Number of persons entitled to a cash unemployment benefit	Average monthly cash benefit (BGN)	Insured persons for the "Unemployment" Fund
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	(BGN)		
2012	116 804	253,19	2 299 972
2013	115 327	254,15	2 322 316
2014	107 325	264,16	2 323 892
2015	90 192	302,59	2 462 520

By a statute of 13 June 2008 Bulgaria ratified ILO Convention 102 with the declaration that our country assumes the obligations ensuing from sections II, III, V, VI, VII, VIII and X. At this time we did not joint section IV – unemployment benefit, because the expert analysis showed that as at 2008 the levels of the unemployment benefits do not reach the minimum Convention standard for this type of benefits.

In 2013 preparation started for evaluation of the possibility to ratify also section IV – unemployment benefit, in view of international commitments undertaken at the International Labour Conference 2012.

As regards the benefit levels calculated in accordance with our national formula and the standard under ILO Convention No.102, broad consultations were held with ILO in order to make sure whether our legislation meets the standard. According to the requirements of Convention No.102 the minimum amount of the unemployment benefit must be 45 per cent of the last labour incomes. In Bulgaria the calculations made with respect to the Convention requirements show that in case of a benefit of a qualified worker the extent of substitution of the incomes would amount to 50,45 per cent, and in case of a non-qualified worker – 51,1 per cent. Hence, at the present levels of benefits and insurance contributions the minimum convention standard is covered.

By the adoption of amendments to the Act on the Ratification of International Labour Organization Social Security (Minimum Standards) Convention No.102 of 21 June 2016 our country ratified also section IV of the Convention as it assumed commitments to observe the minimum standard for unemployment benefits.

Family allowances for children

The granting of financial support under the conditions of the Family Allowances for Children Act (FACA) is an important part of the support of children and families. The key objective of the granting of family allowances is the raising of children in a family setting. These benefits are not insurance benefits within the meaning of the Social Security Code and do not depend on insurance contributions or parents' employment. They are not either a child or family support within the meaning of the Family Code. Family allowances are an element of the social assistance system. Their

designation is to be used for the child, which is also in accordance with the principle of protection of the best interest of the child laid down in the UN Convention on the Rights of the Child. The assistance under the Family Allowances for Children Act is special-purpose assistance and is only provided through State Budget funds.

In the period 2012--2015 the following key legislative amendments were made towards an increase of the amount of a part of the benefits granted and improvement of the purposefulness and efficiency of family support under the Family Allowances for Children Act and the Rules implementing it:

- By the amendments and supplementations to the Family Allowances for Children Act made through the adoption of the State Budget of the Republic of Bulgaria for 2012 Act, a change was made in the manner of determination of the amount of the monthly allowance for children with permanent disabilities, which is already determined on an annual basis by the State Budget of the Republic of Bulgaria Act, as it may not be less than the one for the previous year. An important amendment to the Family Allowances for Children Act, which entered into force from 17 July 2012, is the introduction of a new procedure for granting of a one-off special-purpose allowance for school students – in an alleviated regime regardless of the incomes of the family, both for a child with one living parent and for children with permanent disabilities. The same alleviation for children with one living parent is also introduced in the Family Allowances for Children Act from 1 January 2013 upon the granting of the monthly children benefits until completion of secondary education, but no more than 20 years of age and of monthly benefits for raising a child up to one year. In this way all types of family allowances for children with permanent disabilities, for children with one living parent and for children accommodated in families of their kins, relatives and in foster families are granted without an income test for the family. The changes achieve one more effect about the monthly allowance for a child until completion of secondary education but not after the age of 20 – this allowance is granted also for a child who completed his secondary education before attaining the age of 18, if the other conditions for granting of the allowance are also met.
- In view of providing better and more targeted support to the children in the families and stimulation of the parents to secure the attendance by the children of the mandatory preschool training and school, the Family Allowances for Children Act introduced amendments and supplementations, effective from 1 September 2013. These amendments are related to the granting of the respective benefits on provided that the preparatory groups in kindergartens, preparatory groups in schools for mandatory pre-school training and at schools are regularly visited, unless this is impossible on account of the child's health condition. This condition is in accordance with the amendments to the National Education Act, which provides for the mandatory visiting of the pre-school training groups by children aged above 5. It is in accordance with the requirement of article 53, paragraph 2 of the Constitution for compulsory character of education until the attainment of the age of 16.
- In order to support covering of a part of the costs in the beginning of school year 2013/2014 for children enrolled in first grade of a state or municipal school, the amount of the one-off special purposes allowance for first-graders (under article 10a, paragraph 1 of the Family Allowances for Children Act) was increased from BGN 150 to BGN 250. The granting of one-off allowances for first-graders in the beginning of the school year has an extensive social effect on families with low incomes with respect to the provision of an equal start upon first-time starting first grade, and in particular for encouragement of the inclusion of the children at risk

in the society. One of the key objectives upon the granting of this type of one-off allowance is prevention of early children dropping out of the education system and non-entry of school by children.

- In order to achieve more adequate support for families raising a child with permanent disabilities, an Act Amending and Supplementing the State Budget of the Republic of Bulgaria Act for 2013, counted from 1 September 2013, increased the monthly allowance for children with permanent disabilities aged up to 18 and until their completion of secondary education but not after they attain the age of 20 from BGN 189 to BGN 217. Since 2014 this allowance is in the amount of BGN 240.
- The State Budget Act for 2014 introduced differentiated amounts of the monthly children allowances until completion of secondary education, as the focus was on the second child and respectively a higher amount of the allowance for the purpose of overcoming of the one-child family model, which is more and more popular. The amounts of this allowance were determined, as follows: for the first child – BGN 35, for the second – BGN 50, and for the third and any subsequent child – BGN 35 for each. In the meantime, amendments to the Family Allowances for Children Act, effective from 1 January 2014, established higher amounts of the monthly benefits for a second child in the family, child with permanent disabilities and twin child. This is socially justified in view of the higher difficulties encountered by these families upon the raising of the children, especially when there is a child with a permanent disability in the family. The allowance for children with permanent disabilities is in the amount of BGN 100, as this amount is linked to the higher amount of the allowance for a second child. In case of simultaneous birth and raising of children-twins a higher amount of the allowance is provided for – BGN 75 (or 150 per cent of the amount of the allowance for a second child).
- A serious reform was undertaken in 2015, which was aimed at improving the effectiveness and targeting of family allowances and to make sure that they reach the families with children that most need assistance. The adopted amendments and supplementations to the Family Allowances for Children Act are mostly related to encouragement of the responsible parenting and to higher social justice upon the granting of family allowances. These changes focus on the improvement of the interaction between family assistance as a mechanism for direct financial support for children and families with the other systems that are engaged in the children policy – education, health and child protection system. A significant change was introduced with respect to the monthly allowance for raising a child until completion of secondary education, which is discontinued before the expiration of the term that it is granted for one the following cases: upon accommodation of the child outside the family; after suspension of the allowance for 3 months in a row or for 6 months within one school year on account of failure to comply with the requirements for regular attendance at school or a pre-school group; when the child for whom the allowance is received becomes a parent. When the allowance is terminated on account of the circumstance that the child for whom it was received, has become a parent, if the person continues regularly attending school, he/she will have the right to receive a one-off allowance in an amount corresponding to the amount of the terminated allowance for the period from termination to the expiration of the term, for which it was granted. Upon determination of the amount of the allowance account is taken only of the months, in which the child attended school regularly, and the child is found to have not attended school regularly for 3 months in a row or 6 months within one school year, allowance will not be granted. The one-off allowance for school students enrolled in first grade, the monthly benefits for raising a child until attaining the age of one, as well as the monthly benefits for raising a child until completion of secondary education, but not after the age of 20 is attained can be granted in cash and/or in kind (before 28 July 2015 – in cash

and/or in the form of social investments). They are only submitted in kind in all cases of parents that are not of legal age. Refund of granted and received one-off family allowances is regulated in case of deprivation of parental rights or culpable behaviour on the part of the parent or the one who takes care of the child, if until the attainment of that age of 2 by the child, the latter is placed for raising outside of his family in accordance with the Child Protection Act. This consequence is introduced in respect of the one-off birth allowance, the one-off allowance for raising twins and the one-off allowance for raising a child by a mother-student (since 1 January 2016 and in the presence of the new one-off adoption allowance). In order to prevent abuses for the purpose of receipt of the one-off allowance for raising a child by a mother-student conditions were introduced, and namely that as at the date of birth of the child the mother must be enrolled as a full-time student in a higher school, must have received an accreditation and must be created in accordance with the Higher Education Act, must not be insured and must not receive a benefit for pregnancy, birth and raising a child under the Social Security Code. The conditions that the mother and the child must live permanently in the country and the child is not placed for raising outside the family should also be taken into account. A change is introduced also in the manner of payment of the allowance -- it is already made available in two instalments. The first one is paid when the child is born, at 50 per cent of the total amount of the allowance, and the second one are to be paid after submission of a document issued by the university providing proof for enrolled subsequent semester or completed higher education, but not later than the attainment by the child of the age of one. An important change, effective from 28 July 2015, is the expanded definition of a family, which achieves equality in the submission of family allowances for children with an income test for the family, account being taken of the incomes also of the other parent in the cases when the parents live jointly without a contracted civil marriage and cohabit on the same present address.

- In accordance with the reform in the field of family assistance the amounts of a part of the benefits, such as the monthly allowance for one child, are increased for 2016 – from BGN 35 to BGN 37 BGN and with three children – from BGN 120 to BGN 130, as well as the one-off allowance in case of a birth of a third child – from BGN 200 to BGN 300. Since 1 July 2016 the income criterions is increased from BGN 350 to BGN 400, which provides an opportunity for more families to receive family allowances for children. A new type of family allowance is introduced – one-off allowance upon adoption of a child aged from 2 to 5.
- In addition, determination of the total amount of the monthly allowance for raising a child until completion of secondary education for the family depending on the number of children that it is received for and removal of the differences in the allowance depending on the sequences of children is in force since 1 January 2016.

Data from the Agency for Social Assistance about the support for families with children

One-off allowances upon of birth of a child (the amount of the benefits determined in the State Budget Act is: for the first child – BGN 250; for the second child – BGN 600; for any subsequent child – BGN 200)

✓ 2012: one-off allowances were granted for 68 614 children born. The amount paid was BGN 25 802 623. The reported data show a *decrease* in the number of children born in the 12 months of 2012 by 1,6% (1 122 children) compared to these born in the previous year.

✓ 2013: one-off allowances were granted for 68 080 children born. The amount paid was BGN 25 620 985. A comparison to 2013 and 2012 shows a *decrease* in the number of children, for the birth of which a one-off allowance is granted, by about 0,8% (a decreased by 534 children).

✓ Allowances were granted for 2014 for 69 163 children born. The amount paid is BGN 26 238 340.

✓ BGN 25 954 221 were paid for 2015 (86% of the envisaged budget for this allowance) – for 67 523 children born. The benefits granted for child birth *go down* by 1 640 children or the one-off benefits granted are about 2,5 % less compared to 2014.

One-off cash allowance for raising twins until attainment of the age of 1

✓ 2012: cash allowances were granted in accordance with article 6a of the Family Allowances for Children Act for 1935 children-twins and BGN 2 127 174 are paid;

✓ 2013: cash allowances were granted in accordance with article 6a of the Family Allowances for Children Act for 1993 children-twins and BGN 2 366 905 are paid;

✓ 2014: cash allowances were granted in accordance with article 6a of the Family Allowances for Children Act for 2 264 children-twins and are paid BGN 2 686 475 are paid;

✓ 2015: cash allowances were paid in accordance with article 6a of the Family Allowances for Children Act in the amount of BGN 2 464 950 – for 2 125 children.

One-off cash allowance for raising a child until attainment of the age of 1 by a mother-student studying full-time

✓ 2012: this allowance was granted to 3 090 mother-students and BGN 8 739 362 are paid;

✓ 2013: this allowance was granted to 4 532 mother-students and BGN 12 990 474 are paid;

✓ 2014: this allowance was granted to 7 207 mother-students and BGN 20 742 699 are paid, while the State Budget for 2014 provided for 2 000 pieces for BGN 5 760 000. *The number of benefits granted on this legal ground increased by approximately 60 per cent.*

✓ In 2015 a change was introduced by an Act Amending and Supplementing the Family Allowances for Children Act (published in State Gazette, No.57 of 28 July 2015), which affects article 8c, and which states that: "... *this allowance is only granted if the (adoptive) mother is not insured*". Another major change is that the allowance *is paid in two instalments*, where 50 per cent of its amount is paid after entry into force of the order for the granting thereof and the balance – after submission of a certificate of enrolment for the next semester or completed higher education, but not later than the attainment by the child of the age of one. This presupposes a *considerable*

decrease in the number of those assisted on this ground. BGN 11 902 746 were paid for 2015 in accordance with article 8c of the Family Allowances for Children Act to 4 079 (adoptive) mothers students, of which only 203 after the introduction of the change in the Family Allowances for Children Act, which are valid from 28 July 2015.

Monthly allowances for raising a child up to the age of one year

- ✓ 2012: 21 773 mothers were assisted on an average monthly basis by monthly allowances for raising a child until attainment of the age of 1; the amount paid was BGN 26 683 967;
- ✓ 2013: 21 417 mothers were assisted on an average monthly basis by monthly allowances for raising a child until attainment of the age of 1; the amount paid was BGN 26 111 263;
- ✓ 2014: 20 765 mothers were assisted on an average monthly basis by monthly allowances for raising a child until attainment of the age of 1; the amount paid was BGN 24 961 948;
- ✓ 2015: 18 593 mothers were assisted on an average monthly basis by monthly allowances for raising a child until attainment of the age of 1. The amount paid was BGN 22 202 757.

Monthly child allowances until the completion of secondary education, but not after the age of 20 in accordance with article 7 of the Family Allowances for Children Act

- ✓ In 2012 545 325 families were supported on an average monthly basis by monthly children allowances for 808 680 children. The amount paid was BGN 352 729 121. *The average monthly number of families that receive monthly children allowances until completion of secondary education under article 7 of the Family Allowances for Children Act in 2012 went down by 9 558 families compared to the same period of 2011. The average monthly number of children also went down – by 12 212.*
- ✓ In 2013 537 325 families were supported on an average monthly basis by monthly children allowances for 797 903 children. The amount paid was BGN 352 416 070. The number of supported families *decrease* for 2013 too – by 1,5% on an average monthly basis compared to the previous 2012, and in the number of children – by 1,3 per cent.
- ✓ In 2014 523 753 families were supported *on an average monthly basis* by monthly children allowances for 777 726 children, incl. 250 478 average monthly number of second children. The amount paid was BGN 396 485 015;
- ✓ 2015 496 117 families were supported on an average monthly basis by monthly children allowances for 741 364 children, incl. 241 776 average monthly number of second children. The amount paid for the period was BGN 384 167 112. The comparative analysis made between 2015 and 2014 shows that the average monthly number of families receiving monthly children allowances until completion of secondary education under article 7 of the Family Allowances for Children Act for 2015 *went down* by 27 636 families (by 5,3 %) compared to 2014, and the children are less by 36 362 on an average monthly basis (c 4,7 %).

Sanctioned families receiving monthly benefits under article 7 of the Family Allowances for Children Act

- Sanctioned families receiving monthly children allowances under article 7 of the Family Allowances for Children Act whose children have 5 unexcused absences:

Year	Average monthly number of sanctioned families	Average monthly number of children, for which the granting of a monthly allowance under art.7 of the Family Allowances for Children Act is rejected
2012	4 486	4 878
2013	4 703	5 137
2014	4 841	5 330
2015	5 167	5 798

- A condition was provided for by an *amendment to the Family Allowances for Children Act* in 2013 (State Gazette, No.103 of 2012, effective from 01 September 2013) that the family has the right to receive a monthly allowance under article 7 in case that the child visits regularly a preparatory group in a kindergarten or a preparatory group in a school (mandatory pre-school training of children), unless this is impossible on account of the child's health condition.

For the period from September to December 2013 695 families of 719 children at pre-school age were sanctioned on an average monthly basis by more than 3 unexcused absences.

Year	Average monthly number of sanctioned families of children at pre-school age with 3 or more absences	Average monthly number of children at pre-school age with 3 or more unexcused absences
2013	695	719
2014	644	663
2015	539	558

One-off allowance in case of pregnancy

- ✓ 2012 - 18 210 women are supported as the amount paid for the period was BGN 2 815 009;
- ✓ 2013 - 18 082 women are supported by one-off pregnancy allowance, as the amount paid for the period was 2 716 445 BGN;

- ✓ 2014 - 17 403 pregnant women are supported, as BGN 2 603 047 were paid in this respect;
- ✓ In 2015 15 660 pregnant women are supported by one-off pregnancy allowance, for which BGN 2 348 731 were paid. A *decrease* is reported in those supported on this legal ground by 1 743 (by 11%) compared to 2014.

One-off special-purpose allowance for first-graders

- ✓ The amount of the allowance remains the same in 2012 – BGN 150; it is paid for 45 549 children-first-graders – in total BGN 6 824 743 as at the end of the year.

In *State Gazette, No.54 of 17 July 2012* there were published the *amendments to the Family Allowances for Children Act (ZSPD)*, which relate to the *removal of the income criteria* for families with children suffering permanent disabilities, with children with one living parent and children placed with relatives and foster families in accordance with article 26 of the Child Protection Act upon evaluation of the right to granting of the special-purpose allowances under article 10a of the Family Allowances for Children Act, as well as upon the granting under article 7 and article 8 of the Family Allowances for Children Act, but counted *from 01 January 2013*.

By *Decree No.135 of 21 June 2013* the Council of Ministers determines the *amount* of the one-off special-purpose allowance for school students enrolled in first grade for school year 2013/2014 as BGN 250.

- ✓ In 2013 a special-purpose allowance was granted for 48 845 children-first-graders for covering of a part of the costs in the beginning of the school year. The amount paid as at 31 December 2013 was BGN 12 191 162.

- ✓ The amount paid in 2014 in accordance with article 10a of the Family Allowances for Children Act was BGN 11 774 018. The total number of first-graders, for whom the special-purpose allowance is accrued for 2014 was 47 096, of which:

- for *school year 2014/2015* – 47 094 children;

- for *school year 2013/2014* – 2 children (one of them being a child with a disability who started school later for medical reasons and the other received the allowance after a legally effective court judgment after an appeal filed against a rejection order).

- ✓ The total number of first-graders for whom the special-purpose allowance is accrued for school year 2015/2016 is 44 721 children, and the amount paid – BGN 11 157 292. There is a *decrease* by 2 375 children (by *about 5 %*), and the amount paid is less by BGN 616 726.

Monthly allowance for children with permanent disabilities under article 8e of the Family Allowances for Children Act

By the changes made in the legal framework in March 2010, a monthly allowance for children with permanent disabilities until attainment of the age of 18 and until completion of secondary education but not after the attainment of the age of 20 – *70% of the minimum salary*, of the Integration of People with Disabilities Act (ZIHU) is granted under the Family Allowances for Children Act (ZSPD).

- ✓ The State Budget Act for 2012 (SBA) changed the amount of the monthly allowance and for the said year the fixed amount was BGN 189. In 2012 the average monthly number of children with disabilities, for which a monthly allowance granted in accordance with article 8e

of the Family Allowances for Children Act is received, was 22 549. The amount paid was BGN 63 481 573.

✓ The State Budget Act for 2013 *changed the amount of* the monthly allowance and from 70% of the minimum salary it was fixed in the amount of BGN 189. From 01 September 2013 an Act Amending and Supplementing the State Budget of the Republic of Bulgaria Act for 2013 is published in State Gazette, No.74 of 23 August 2013, which changes the amount of the monthly allowance for children with disabilities under article 8e of the Family Allowances for Children Act from BGN 189 to BGN 217. The monthly allowance granted in accordance with article 8e of the Family Allowances for Children Act for 2013 was on an average monthly basis provided for 23 650 children. The amount paid for the period was BGN 68 619 001. An *increase* is reported *in the average monthly number* of assisted children by 1 101 (*about 4%*) – compared to 2012 year.

✓ By the State Budget Act for 2014 the amount of the monthly allowance was fixed in the amount of BGN 240. The monthly allowance granted in accordance with article 8e of the Family Allowances for Children Act in 2014 was on an average monthly basis provided for 24 946 children. The amount paid for the period was BGN 84 660 011.

✓ The monthly allowance granted in accordance with article 8e of the Family Allowances for Children Act for 2015 is on an average monthly basis for 25 599 children. The amount paid was BGN 86 969 240. An *increase* is reported in the average monthly number of assisted children by *approximately 2,55 %* (653 children), which brings about also an *increase* in the amount paid – *by BGN 2 309 229*.

Special-purpose allowance for travel of mothers of many children by bus transport

In 2010 this allowance was granted in accordance with art.18 of the Rules Implementing the Social Assistance Act (RISAA) – until April, and after the change made in the legal framework, its granting takes place in accordance with article 8d of the Family Allowances for Children Act (FACA).

✓ A special-purpose allowance for travel by bus transport was paid to 14 921 mothers of many children in 2012, as the total amount was BGN 927 434. The observed *increase* in the number of assisted mothers of many children is by 202 cases (*about 1,4%*) compared to 2011.

✓ In 2013 14 873 mothers of many children received a special-purpose allowance for travel by bus transport, as the amount paid was BGN 768 410.

✓ For the period January – December 2014 12 823 mothers of many children were supported in accordance with article 8d of the Family Allowances for Children Act, as BGN 694 268 were paid for them.

✓ For 2015 9 730 mothers of many children were supported, as BGN 616 726 were paid for them. There is a steady *trend of decrease* in the number of assisted mothers on this legal ground, as compared to 2014 *the decrease* is by 3 093 or by approximately 25 per cent.

Questions of the European Committee of Social Rights:

However, the Committee recalls that in relation to healthcare the Committee requests information about the percentage of insured persons from the total population, while as regards income substituting benefits (for old age, sickness and unemployment) information is requested for the percentage of the persons insured against each of these contingencies compared to the total number of the active population.

The Committee makes a request that the next report presents this information and confirms that if the information is not presented, it will not be able to verify that the situation is in compliance with the Charter.

Table No.1: Indicators of the state social security, population and workforce for the period 01 January 2012 – 31 December 2015

Year	Insured persons of State Social Security (average number)	Persons insured for all State Social Security contingencies (average number)	Average monthly insurance income (BGN)	Economically active population (workforce) at the age of 15-64 attained years (thousands of persons)	Population (average number)	Share of the persons insured for State Social Security of the economically active population (%)	Share of the persons insured for all State Social Security contingencies of the economically active population (%)
2012	2 770 030	2 446 419	618,06	3 303,9	7 305 888	83,8	74
2013	2 729 800	2 404 522	648,73	3 322,7	7 265 115	82,2	72,4
2014	2 735 101	2 413 695	683,34	3 308,7	7 223 937	82,7	73
2015	2 755 906	2 447 588	726,40	3 276,0	7 177 991	84,1	74,7

Source: National Social Security Institute, National Statistical Institute

According to data of the National Revenue Agency (NRA) as at 31 December 2015 the number of mandatorily insured persons in the National Health Insurance Fund (NHIF) is 6 355 184. The number of persons with suspended health insurance rights is 1 950 331. The relative share of health insurance persons is 75,5 per cent. The relative share of the persons with interrupted health insurance rights is 23,2 per cent.

When reference is made to the specified data the following must be born in mind:

The Bulgarian nationals who are as at the said date with suspended health insurance rights include, inter alia, persons who are temporarily subjects to the legislation of another member state pursuant to the EU regulations on coordination of the social security systems or are insured under special health insurance schemes of international organizations, but subsequently after returning to Bulgaria, they cover the months lacking data for health insurance on the basis of a justification document and restore the health insurance rights. The situation is analogical also with respect to Bulgarian nationals who are temporarily subjects to the legislation of the countries, with which Bulgaria applies agreements in the field of social security, the subject-matter scope of which includes mandatory health insurance.

The Bulgarian nationals who are as at the said date with suspended health insurance rights include, inter alia, persons under article 40a of the Health Insurance Act who have not submitted an application before leaving the country, but subsequently after returning to Bulgaria restore health insurance rights in under the procedure provided for in the provision in question.

Furthermore, the Bulgarian nationals who are as at the said date with suspended health insurance rights include, inter alia, nationals of another country (persons with dual nationality) who reside abroad more than 183 days in a calendar year who have not filed a declaration under article 40c of the Health Insurance Act that they do not owe health insurance contributions.

Adequacy of the benefits

The Committee maintains the opinion that the minimum amounts of the two types of pensions for an insured period and age and social pensions are definitely insufficient because they are under 40 % of the average equivalent income.

In order to evaluate the adequacy of the minimum level of sickness benefit, the Committee requires that the next report contains information for the minimum salary. Furthermore, the Committee makes a request for information about the minimum level of maternity benefit.

The Committee considers that the minimum level of the unemployment benefits is insufficient because its value is less than 40 % of the Eurostat threshold.

Conclusion

The Committee concludes that the situation in Bulgaria is not in compliance with article 12 §1 of the Charter for the following reasons:

- the minimum level of pensions is manifestly insufficient;
- the minimum unemployment benefit level is inadequate.

Table No.4: Minimum amounts of the pensions for an insured period and age, the widows' and widowers' pension and the social pension for old age for the period 01 January 2012 – 31 December 2015 (BGN)

Period	Minimum monthly amount of the pension for an insured period and age under article 68, par.1 of the Social Security Code	Minimum monthly amount of the pension for an insured period and age under article 68, par.3 of the Social Security Code	Minimum monthly amount of the widows' and widowers' pension	Monthly amount of the social pension for old age
01 January 2012 – 31 May 2012	136,08	115,67	102,06	100,86

01 June 2012 – 31 March 2013	145,00	123,25	108,75	100,86
01. April 2013 – 30 June 2014	150,00	127,50	112,50	110,00
01 July 2014 – 30 June 2015	154,50	131,33	115,88	113,00
01 July 2015 – 31 December 2015	157,44	133,82	118,08	115,15

The minimum amount of the pension for an insured period and age under article 68, paragraph 1 of the Social Security Code in 2014 was BGN 152.25 on an average monthly basis (EUR 77.84), which is under the poverty threshold of 40% of the total median equivalized net income for the country for the same year (EUR 111,04 or BGN 217,17).

Regarding Committee's opinion: *"The Committee maintains that the minimum level of both types – contributory-service and retirement age pensions and social pensions, is manifestly inadequate because they are less than 40% of the median equivalent income"*. The following points must be noted:

A) Between 2012 and 2015, all pensions were updated pursuant to Article 100 of SIC, which, in its wording effective 1.01.2015 provides that *"The pensions granted by 31 December of the previous year shall be updated from 1 July each year by virtue of a resolution of the Supervisory Board of the National Social Security Institute by a percentage equal to the sum of 50 per cent of the increase in the insurance income and 50 per cent of the increase in the consumer price index over the previous calendar year"*.

From 1 April 2013, pensions were updated by a differentiated percentage depending on the year of granting. Pensions granted by the end of 2009 were updated by 9,8%, those granted in 2010 were increased by 8,8%, and those granted in 2011 – by 5,7%. Pensions granted in 2012 were increased by 2,2%. Pensions granted after 1 January 2013 were not updated.

On that grounds, from 1 July 2014, pensions granted by 31 December 2013 were updated by 2,7 per cent and from 1 July 2015, pensions granted by 31 December 2014 were updated by 1,9 per cent.

B) The maximum contributory income was also increased gradually between 2012 -2015 and the maximum aggregate of one or several pensions, net of the supplements thereto, was thus increased.

In 2012, the maximum contributory income was BGN 2000 and the maximum pension was BGN 700.

In 2013, the maximum contributory income was increased to BGN 2200 and the maximum pension – to BGN 770, accordingly.

In 2014, the maximum contributory income was increased to BGN 2400 and the maximum pension – to BGN 840, accordingly.

In 2015, the maximum contributory income was increased to BGN 2600 and the maximum pension – to BGN 920 accordingly.

C) The above increase in the minimum contributory-service and retirement-age pension in the period 2012-2015 resulted in increase of the minimum amount of all work-contingent pensions which are determined as a percentage of the minimum contributory-service and retirement age pension, namely: the minimum amount of common disease invalidity pensions, employment-injury and occupational disease pensions and survivor pensions.

D) The increase in the amount of the social pension for old age resulted in increase in the amount of non-work contingent pensions which are determined as a percentage of the social pension for old age (military invalidity pension, civil invalidity pension, person-specific pensions and social disability pension) and of the pension supplements which are determined as a percentage of the social pension for old age (attendance supplement under Article 103 of SIC, supplement under Article 5 of the War Veterans Act and the supplement for war-disabled persons under Decree 1611/85).

E) It should be noted that in addition to the entitlement to pensions from the public social insurance system, insured persons or the survivors thereof have, under certain conditions, entitlement to pensions from a universal pension fund of the supplementary compulsory social insurance system (second pillar).

Persons insured in a universal fund have entitlement to:

- supplementary lifelong old-age pension after acquisition of entitlement to a contributory-service and retirement-age pension under Part One of SIC (Item 1 of Article 139 (1) and Article 167 (1) of SIC);

- if the insured person so wishes, the supplementary compulsory retirement insurance fund may pay a supplementary lifelong old-age pension five years prior to attainment of the age required for entitlement to a contributory-service and retirement-age pension under Article 68 (1) of SIC, provided that the resources accrued on the individual account of the person allow the granting of such pension at an amount not less than the amount of the minimum contributory-service and retirement-age pension under Article 68 (1) of SIC (Article 167 (2) of SIC);

- lump-sum payment of up to 50 per cent of the funds accrued in the individual account in case of working capacity permanently reduced by more than 89,99 per cent (Item 2 of Article 139 (1) of SIC);

- a lump-sum payment or payment by instalments of amounts to the survivors (surviving spouse, descendants or ascendants) of a deceased person or of a pensioner (Item 3 of Article 142 and Article 170 of SIC).

All such pensions are paid in addition to the contributory-service and retirement-age pension granted by the public social insurance system and a permanent positive effect on the adequacy of pensions and on the pension system in general is thus achieved.

Unemployment benefits – amount

Presently the minimum amount of the unemployment benefit per working day is BGN 7,20 (EUR 3,68). Given an average number of 21 working days in the months the minimum monthly amount of the unemployment benefit would amount to BGN 151,20 (EUR 77,31), which is under the poverty threshold of 40 % of the average total equivalized net income for the country for the same year (EUR 111,04 or 217,17 BGN).

Article 12, paragraph 3 Development of the social security system

Questions of the European Committee of Social Rights:

The Committee makes a request to include in the next report information as to how the changes in the individual spheres of social security influence the personal coverage in these spheres, as well as information for the minimum level of the income substituting benefits.

In summary, as evident from the data presented in the table “Indicators of State Social Security, population and workforce for the period 01 January 2012 – 31 December 2015”, the changes in the legal framework that are relevant to the personal coverage of state social security do not have in general an adverse impact on the ratio between the number of insured persons and the economically active population – for the period 2012--2015 there is a growth of 0,3 per cent points regardless of the negative demographic trends expressed in a decrease in the number of workforce.

Information for the minimum pension level is presented hereinabove.

As regards the minimum levels of income-substituting short-term benefits the following should also be noted:

- The determination of the maximum and minimum limits of the income, on the basis of which the insurance payments are calculated, depends on the minimum salary and
- A minimum amount is established with respect to the maternity and birth benefit – the daily cash benefit may not be less than the minimum daily salary established for the country.

- After the expiration of the term of the maternity and birth benefit during the additional paid leave for small child care, the (adoptive) mother is to be paid a monthly cash benefit in a fixed amount determined by the Budget of the State Social Security Act.

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Minimum salary, average amount of the maternity and birth benefit and amount of the benefit for small child care for the period 2012 – 2015

Year	Average amount of the benefit for maternity and birth	Benefit for care for a small child aged up to 2 years	Minimum salary for the country
2012	BGN 388,12	BGN 240	From 01 January 2012 to 30 April 2012 – BGN 270 From 01 May 2012 to 31 December 2012 – BGN 290
2013	BGN 394,09	From 01 January 2013 to 30 June 2013 – BGN 240 From 01 July 2013 to 31 December 2013 – BGN 310	BGN 310
2014	BGN 420,46	BGN 340	BGN 340
2015	BGN 451,44	BGN 340	From 01 January 2015 to 30 June 2015 – BGN 360 From 01 July 2015 to 31 December 2015 – BGN 380

Article 13 – 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;
4. to apply the provisions referred to in paragraphs 1, 2 and 3 of this article on an equal footing with their nationals to nationals of other Parties lawfully within their territories, in accordance with their obligations under the European Convention on Social and Medical Assistance, signed at Paris on 11 December 1953.

Appendix to Article 13, paragraph 4

Governments not Parties to the European Convention on Social and Medical Assistance

may ratify the Charter in respect of this paragraph provided that they grant to nationals of

other Parties a treatment which is in conformity with the provisions of the said convention.

Scope of the provisions according to ECSR

Paragraph 1: Social assistance – adequate assistance shall be paid to “any person” on the sole grounds that the person is in need. Adequate assistance means assistance allowing each person to meet their basic needs i.e. the level of social assistance must not be below the poverty threshold. Medical assistance – each person who is without the necessary resources shall be entitled to cost-free “care necessitated by his condition, in case of sickness”.

The right to assistance shall be individual, laid down in law and guaranteed via an effective right to appeal before an independent body.

Paragraph 2: The persons receiving such assistance shall not, for that reason, suffer from a diminution of their political or social rights. All kinds of discrimination to persons receiving assistance, which ensues from a specific provision, shall be removed.

Paragraph 3: Providing appropriate public or private services such as advice and personal help to persons without sufficient resources in view of preventing, removing or alleviating family or personal want.

Paragraph 4: Emergency social and medical assistance for each person who is lawfully or unlawfully on the territory of the country (but is not residing). The member states shall provide assistance to allow the interested persons to manage their immediate wants (accommodation, food, emergency medical care and clothing).

Information that needs to be provided

Article 13, paragraph 1

1) Please, describe the general legal framework. Please, specify the type, the reasons and the scope of the conducted reforms, if any.

In comparison to the preceding National Report, legislative changes were introduced as follows:

Compensation types and criteria for granting them

1. Providing social assistance

The social assistance system has proved itself in time as sufficiently flexible and adaptable to changes in view of its possibilities to adequately respond to each individual case when the provision of public support is necessary, via making available different types of social allowances to persons and families in critical situations. The foundational principles and philosophy of the system guarantee that the assistance is correctly directed and the specific characteristics of each individual case are considered. However, the system is fully dependent on the state's financial possibilities at each time, therefore the evaluation of its effectiveness should be made through the prism of the financial resources allotted under the State Budget Act, which the system must expend in the best way possible to the benefit of the persons in a difficult situation. The practice in recent years demonstrates that the system has been developing in accordance with the changes occurring in the environment, to the benefit of the people and in accordance with the budget's financial possibilities.

For the period 2012-2015, the regulatory developments concerned mainly the special-purpose heating allowances, in view of the dynamics of electricity prices and other factors. Thus, for example, in 2013, 2014 and 2015 the correcting coefficient applied to pensions was changed in accordance with

their increase for this period when determining the income threshold, in order to prevent the dropping out from the assistance programme of pensioners who had till then received special-purpose heating allowances.

In 2013 the individual percentages for determining the differentiated income for heating and, respectively, the access threshold for all "at risk" groups were increased in view of expanding the scope of the programme.

In 2014 a new target group was included – "a child placed in a family of relatives and relations or in a foster family pursuant to article 26 of the Child Protection Act" in order to ensure better social protection of these children, and the amount of the allowance was increased – the electric power used as a basis for determining the allowance amount while taking into account the actual price of electricity, was raised to 385 kWh.

In 2015, a further change was introduced benefiting those unemployed persons on social assistance who enter into one-day employment contracts for certain agricultural activities, exempting them from the obligation to perform community service for the respective period, while the earned income and payments related thereto shall not be regarded as income when determining the access threshold and the amount of the assistance. The change is aimed at encouraging their employment.

MONTHLY ALLOWANCE

The assistance programme is implemented on the legal grounds of article 9 of the Rules for implementing the Social Assistance Act.

The scope of the programme covers the persons and families who meet the legally determined conditions and requirements concerning the income, property and health situation, the marital status, age, study and work load, and others. The conditions and requirements are in accordance with the provisions of the Social Assistance Act and the Rules for implementing it. Eleven "at risk" groups were defined according to the level of risk, having different levels of differentiated minimum income (DMI). DMI is determined via correcting the guaranteed minimum income by the individual percentage for the respective "at risk" group. The guaranteed minimum income is determined by a decree of the Council of Ministers and is currently 65 BGN.

The conditions and criteria for access to monthly allowances are regulated in the Rules for implementing the Social Assistance Act. The most important among them are:

- Income – the threshold varies between 13,00 BGN and 107,25 BGN, being highest for the highest risk groups – elderly persons over 75 years of age who live alone; persons with permanently decreased ability to work and single parents caring for their children alone. These are the "at risk" groups which are affected the hardest and are the most vulnerable.
- Housing area – one-room housing – for one person; two-room housing – for 2- and 3-member families; three-room housing – for 4-member families; four-

room housing – for 5-member and larger families; for each cohabitant – one room.

- The applicants must not have a registered company and must not have receivables, deposits, share participations, etc. of value of over 500 BGN per family member and must not possess real estate that could generate income.
- The applicants must not have concluded a contract for providing real estate ownership against an obligation of support and/ or care as well as must not have donated real estate over the past 5 years.
- The applicants must not have transferred against payment residential, holiday, agricultural or forested properties and/or undivided shares thereof over the past five years. This requirement is not applied if the total value of the deals does not exceed 60 times the amount of the guaranteed minimum income (BGN 3 900).
- The unemployed must be registered at the Employment Office directorates at least 6 months prior to applying for assistance.

Assistance mechanism: The allowance is provided on a monthly basis on the grounds of an order for granting the assistance, upon a social inquiry for establishing all facts and circumstances concerning the provision of the assistance. The amount is individually determined for each case as the difference between the DMI and the income earned by the person/ family for the respective month.

The allowance is granted only to persons and families who meet the legally determined conditions and requirements and upon submitting a specific application-declaration to the Social Assistance directorate per permanent address.

Granting the assistance: The allowance is granted in cash or in kind.

SPECIAL-PURPOSE HEATING ALLOWANCES

The policy for special-purpose energy assistance is implemented on the legal grounds of Ordinance No. RD-07-5/16 May 2008 regarding the Conditions and Procedure for Granting Special-Purpose Heating Allowances issued by the Minister of Labour and Social Policy. The Ordinance is issued on the grounds of article 12, paragraph 4 of the Social Assistance Act under which the Minister of Labour and Social Policy has been entrusted with regulating the mechanism for providing special-purpose heating allowances which are not granted under the general social assistance procedure provided for in the Rules for implementing the Social Assistance Act.

The programme scope includes the persons and families who meet the legally determined conditions and requirements as regards income, property and health condition, marital status, age, study and work load and others. The conditions and requirements are in accordance with the provisions of the Social Assistance Act and the Rules for implementing it. Seventeen “at risk” groups have been defined depending on the level of risk, having different levels of differentiated minimum income for heating. The respective individual percentages for the separate groups are considerably higher which allows for wider inclusion of “at risk” persons and families.

The conditions and criteria for access to special-purpose energy assistance are consistent with those in the Rules for implementing the Social Assistance Act. The most important of them include:

- Income – the access threshold determined according to the differentiated minimum income for heating is considerably higher compared to the conditions for receiving monthly social allowances. It varies between BGN 108,60 and BGN 202,20, being highest for the highest risk groups – elderly persons over 75 years of age who live alone; persons with permanently decreased ability to work and single parents with children up to 18 years of age. These are the most affected and vulnerable “at risk” groups.

It should be noted that a person/ family is included in the programme on the condition that their average monthly income for the 6 months prior to submitting the application-declaration is within the differentiated minimum income.

- Housing area – one-room housing – for one person; two-room housing – for 2- and 3-member families; three-room housing – for 4-member families; four-room housing – for 5-member and larger families; for each cohabitant – one room.
- The applicants must not have a registered company and must not have receivables, deposits, share participations, etc. of value of over 500 BGN per family member and must not have real estate that could generate income.
- The applicants must not have concluded a contract for providing real estate ownership against an obligation of support and/ or care as well as must not have donated real estate over the past 5 years.
- The applicants must not have transferred against payment residential, holiday, agricultural or forested properties and/or undivided shares thereof over the past five years. This requirement is not applied if the total value of the deals does not exceed 60 times the amount of the guaranteed minimum income (BGN 3 900).
- The unemployed must be registered at the Employment Office directorates at least 6 months prior to applying for assistance.

Assistance mechanism: The assistance is for the respective heating season (1 November – 31 March), i.e. for 5 months and its amount is determined by an order of the Minister of Labour and Social Policy prior to the start of the season in accordance with electricity prices for a household consumer, set by the Energy and Water Regulatory Commission on the basis of 385 kWh electric power comprising 280 kWh daytime and 105 kWh night energy (the amount of energy needed for the heating of one room). The type of fuel is left to personal choice – solid fuel, electricity, gas or central heating.

Upon a request-declaration submitted within the statutory deadline prior to the start of the heating season (1 July – 31 October), the statutory procedure for conducting a social inquiry is followed for each individual case and an order is issued for granting/ refusing the assistance.

Granting the assistance: The special-purpose heating allowances are granted as follows:

1. *if central heating is used* – via transferring the amounts to the respective central heating company;
2. *if electricity is used for heating* – paid in cash to the person or family entitled to the allowance;
3. *if solid fuel is used:*
 - a) paid in cash to the person or family entitled to the allowance;
 - b) paid to the solid fuel merchant who made the delivery – upon the person or family's specific volition in the application-declaration;
4. *if natural gas is used* – paid in cash to the person or family who are entitled to the allowance;.

ONE-TIME ALLOWANCE

The assistance programme is implemented on the legal grounds of article 16 of the Rules for implementing the Social Assistance Act.

The scope of the programme includes the persons and families in an incidentally critical situation as regards main vital needs related to health, education, living conditions and others.

Conditions and criteria for access to a one-time allowance – the presence of an incidental vital need which cannot be met without social support.

Assistance mechanism: The allowance is provided upon a social inquiry following a declared need for assistance relating to a specific incident. The amount is determined in accordance to the specific circumstances up to 5 times the amount of GMI i.e. 325 BGN.

Granting the assistance: The assistance is granted in cash or in kind.

SPECIAL-PURPOSE ALLOWANCE FOR PAYING MUNICIPAL HOUSING RENT

The assistance programme is implemented on the legal grounds of article 14 of the Rules for implementing the Social Assistance Act.

The scope of the programme includes orphans of up to 25 years of age who have graduated from a social educational and professional centre, solitary elderly people over 70 years of age, single parents.

Conditions and criteria for access to the special-purpose allowance – the placement order for housing must be in their name and their income for the preceding month must not exceed 250 per cent of the differentiated minimum income.

Assistance mechanism: The allowance is provided upon presenting an expenditure document.

Granting the assistance: The allowance is granted in cash.

ONE-TIME SPECIAL-PURPOSE ALLOWANCE FOR THE ISSUE OF AN IDENTITY CARD

The assistance programme is implemented on the legal grounds of article 16a of the the Rules for implementing the Social Assistance Act.

The scope of the programme includes persons with no financial resources to pay for the issue of an identity card.

Conditions and criteria for access to the special-purpose allowance – performing an individual evaluation of each separate case and an established need for the issue of an identity card.

Assistance mechanism: The allowance is granted up to the amount of the GMI in accordance to the expenditures required for purchasing forms and paying the fee for the issue of an identity card, photographs and transportation expenses.

Granting the assistance: The allowance is granted once.

ONE-TIME ALLOWANCE FOR COVERING EXPENDITURES FOR DAILY ALLOWANCES AND ACCOMMODATION FOR PERSONS, INCLUDING THEIR ATTENDANTS, WHO HAVE OBTAINED PERMISSION FOR MEDICAL TREATMENT ABROAD FROM THE MINISTRY OF HEALTH

The assistance programme is implemented on the legal grounds of article 17 of the Rules for implementing the Social Assistance Act.

The scope of the programme includes the persons, including their attendants, who have obtained permission for medical treatment abroad from the Ministry of Health.

Conditions and criteria for access to the special-purpose allowance – an obtained permission for medical treatment abroad by the Ministry of Health at the expense of its budget; the amount granted for the treatment must not include expenditures for daily allowances and accommodation.

Assistance mechanism: The allowance is granted within the limits legally determined in the Ordinance on Working Trips and Specializations Abroad (State Gazette, No. 50 of 2004) on the grounds of an application-declaration submitted prior to the starting date for conducting the treatment or within 14 days after the return to the country.

Granting the assistance: The allowance is granted in cash.

RIGHT TO COST-FREE TRAVEL TWICE PER YEAR – RETURN TRIPS ON THE DOMESTIC RAILWAYS

The assistance programme is implemented on the legal grounds of article 19 of the Rules for implementing the Social Assistance Act.

The scope of the programme includes the persons with 71 percent or higher degree of permanently decreased ability to work or a certain type and degree of disability, children up to 16 years of age with permanent disability and disabled soldiers, attendants of the persons reliant on care by another /incl. guide-dogs /, when the latter are travelling with them.

Conditions and criteria for the exercise of the right – presence of the respective degree of disability.

Assistance mechanism: The right to free transportation is exercised on the basis of a certificate issued by the Social Assistance directorate per permanent address, upon an application submitted by the person.

Granting the assistance: The right is exercised via free railway travel.

The persons with disabilities are entitled to special-purpose allowances and a monthly allowance for social integration which is granted on the basis of evaluating their individual needs on the grounds of a social evaluation, in accordance with the type and degree of decreased ability to work, as well as the type and degree of disability. The procedure and method of conducting the evaluation are regulated by law and have general validity.

The monthly allowance for social integration which is provided in cash complements the personal income of the persons with disabilities and is intended for covering their additional expenses for transportation, information and telecommunication services, education, qualification, accessible information, training, medications, dietary food, balneotherapy and rehabilitation, etc. The persons are entitled to the allowance provided that they are not receiving preferential treatment for these services on other legal grounds. The persons with disabilities further have the right to special-purpose assistance for:

- purchase and adaptation of a personal motor vehicle;
- home reconstruction;
- persons accompanying visually impaired people, persons with mobility difficulties, persons with intellectual difficulties and persons with mental disorders, interpreters accompanying persons with deaf-blindness and interpreters of persons with hearing impairment.
- special-purpose assistance for the manufacture, purchase and repair of aids, appliances, equipment and medical products, except for those medical products which are paid for, in full or in part, by the National Health Insurance Fund. Pursuant to the Social Security Code, as "insured period" shall also be considered the time during which a parent (an adoptive parent), husband (wife) or one of the mother or father's parents of the person with disabilities has taken care of persons with permanently decreased ability to work/ type and degree of disability above 90 per cent, who are in constant need of assistance, due to which he/ she has not been insured or has not been receiving a pension. Upon retirement, insurance payments are paid from the state budget for the period recognized as insured, in the amount under the Pensions Fund, according to the minimum salary as of the date of granting the pension.

Data from the Agency for Social Assistance

Monthly allowance in accordance with article 9 of the Rules for implementing the Social Assistance Act (RISAA)

For 2012 the average monthly number of allowances granted in accordance with article 9 is 49 676. The amount paid is BGN 53 761 045.

The data show a *ca. 4% increase for 2012* in the number of supported persons and families compared to the same period of the preceding 2011, attributable to the following reasons:

- the increasing number of persons and families within the scope of persons supported via monthly social allowances;
- the decrease in work hours of persons of working age within the national employment programmes made it possible for those persons and their families to continue receiving a monthly allowance even when some family members earned income from working;
- the changes in the Rules for implementing the Social Assistance Act (RISAA), published in the State Gazette, No. 63 of 16 August 2011: reducing the period for registration at the Employment Office directorates from 9 to 6 months; facilitated access to monthly allowances for persons who have transferred a residential, holiday, agricultural or forested property and/ or undivided shares thereof against payment in the course of the past 5 years;
- the closure of projects funded under European programmes which provided employment to unemployed persons as personal assistants and domestic help and which did not require a compulsory 6-month registration at the Employment Office directorates.

✓ In 2013 the average monthly number of monthly allowances granted in accordance with article 9 is 49 921, showing an *insignificant increase* compared to 2012 (0,5 %). The amount paid is BGN 54 016 358.

✓ According to data from the Social Assistance directorates, for 2014 the average monthly number of persons and families in the country receiving monthly allowances in accordance with article 9 of the RISAA was 52 485. The amount paid was BGN 54 744 818. The data show *an increase by 2 564 (by ca. 5%)*, in the average monthly number of supported persons and families in comparison to 2013, due to the closure of European programmes on a national and local level.

✓ In 2015, the average monthly number of persons and families supported via monthly allowances in accordance with article 9 of RISAA was 52 279. The amount paid was 53 119 105 BGN, which was 101% of the budget envisaged for this assistance. The data show a minimum decrease in the average monthly number of supported persons and families - by 206 (ca. 0,4%) compared to 2014.

One-time allowance granted under the procedure of RISAA (article 16, **16a** and article 17 of RISAA)

✓ For 2012, a one-time allowance was granted to **7 709 persons and families** and **BGN 1 703 619** were paid. *The increase* of 451 one-time allowances compared to the preceding year was mainly due to the arisen incidental needs and the one-time allowances granted in the months of March and April 2012 to persons working at the Lead-Zinc Integrated Facility-Kardzhali who had not received their paychecks for nearly five months as well as to the large number of one-time allowances granted to persons and families stricken by the floods. As a result of the massive rainfall on the territory of the Haskovo district, the stricken families from the villages of Biser, Leshnikovo, Dinevo, Rodopi, Uzundzhovo, the towns of Svilengrad and Lyubimets were granted one-time allowances. To grant a one-time allowance, each case was thoroughly examined and an assessment was made whether the person/ family had the resources to handle the arisen difficulty on their own.

✓ In 2013 the one-time allowances granted were **7 758**, for which **BGN 2 674 834** were paid. The comparative analysis of the data shows *an increase* in the total number of one-

time allowances in 2013 compared to 2012 by 49 units (**0,6%**). A larger increase is observed in the paid amounts– the growth is by 971 215 BGN (**36%**), resulting from the legal opportunity provided in 2013 for granting one-time allowances up to a specific level of the guaranteed minimum income (article 16 and article 16a of RISAA), and different expenditure amounts for medical treatments abroad (article 17 of RISAA).

✓ In 2014 the total number of the granted one-time allowances in the country was 11 227, for which BGN 3 088 423 were paid. The comparative analysis shows *an increase by 3 469 persons (ca. 45%)* in the number of the persons who received one-time allowances which was mainly due to one-time allowances granted in the maximum amount to cover part of the damages, suffered by the persons and families stricken by the 2014 natural disasters.

✓ In 2015, one-time allowances were provided to 6 912 persons, for which BGN 1 991 576 (99% of the envisaged budget) were paid. *A decrease of 4 315 (ca. 38%)* in the number of persons was recorded. The decrease is due to the considerable number of maximum-amount allowances paid to the persons stricken by natural disasters in the spring and summer of 2014.

As regards receiving social assistance prior to completing the 6-month registration at the Employment Office directorate, the possibility should be noted for persons to receive a one-time allowance in accordance with article 16 of RISAA.

Special-purpose allowances for municipal housing rent in accordance with article 14 of RISAA

This right is exercised by children up to 25 years of age without parents who have graduated from a social educational and professional centre; solitary elderly people over 70 years of age and single parents. The data for the four years under observation are:

✓ 2012 - **on an average monthly basis, 205 persons were supported**; the amount paid was **84 526 BGN**;

✓ 2013 - **on an average monthly basis 226 persons were supported**; the amount paid was **93 806 BGN**; *an increase* was recorded in the number of the cases in 2013 compared to 2012 by **9,3%** (*21 number of cases on an average monthly basis*);

✓ In 2014 - **on an average monthly basis 220 persons** were supported; the amount paid for the period was **96 352 BGN**;

✓ 2015 - **on an average monthly basis 192 persons** were supported and the amount paid was **82 663 BGN**.

Special-purpose funding for diagnostics and treatment

The Decree of the Council of Ministers No. 17 of 31 January 2007 (State Gazette, No. 13 of 09 February 2007) regulates the conditions and the procedure for covering hospital medical assistance for diagnostics and treatment provided at the medical establishments to Bulgarian citizens who have no income and/ or personal property which would allow them to personally participate in the health insurance process.

✓ In 2012 payments were made for the treatment of **3 019 persons**. The medical establishments received **1 679 120 BGN** for hospital assistance. *The 2012 increase* (compared to 2011) in the number of persons meeting the conditions for funding of their hospital medical

assistance was due to the changes which entered into force on 08 April 2011, expanding the scope of the persons entitled to special-purpose funding. The exercise of this right was made available to persons for whom there are provisions to this effect under an international agreement to which the Republic of Bulgaria is a party, as well as to foreign nationals:

- Having a long-term or permanent residence permit in the Republic of Bulgaria;
- Have been granted asylum, refugee status or humanitarian protection;
- Enjoying temporary protection.

The access of Bulgarian citizens to the special-purpose funding was further facilitated, as:

- the period for transfer of a residential, holiday, agricultural or forested property and/ or undivided shares thereof against payment was reduced from 5 to 1 year;
- the period for transfer, via a donation contract, of the ownership of a residential, holiday, agricultural or forested property and/ or undivided shares thereof against payment was reduced from 5 to 1 year;
- the requirement for the persons not to have travelled abroad at their own expense in the past 12 months , with the exception of cases when the travel was for medical treatment, was removed.

A further prerequisite for the increase in the value indicators is found in the absence of a regulated period for presenting the expenditure documents for the provided hospital medical assistance. The delay in presenting the expenditure documents, especially those concerning the preceding calendar year, affects the value of the indicators for the new reporting period.

✓ In 2013 payments were made for the treatment of 4 357 persons. The medical establishments received 3 031 597 BGN for hospital assistance. Apart from the reasons specified above, an example could be pointed to, in relation to *the increase* in the indicators, of a delay in presenting the expenditure documents – in some cases of 8 months.

In order to provide competent and effective control over the expending of the public funds earmarked for hospital treatment of persons who have no health insurance and no income and/ or personal property to allow them to personally participate in the health insurance process, the Council of Ministers adopted **Decree No. 313 of 27 December 2013**, promulgated in State Gazette, No. 2 of 07 January 2014, in force since 01 January 2014. Pursuant to *the changes*, the funding for covering the conducted hospital treatment shall be provided as special-purpose funding under the budget of the Social Assistance Agency but shall be paid to hospitals via the the National Health Insurance Fund (NHIF).

The Social Assistance Agency does not receive information from the NHIF about the number of the serviced persons and the analysis contains a financial indicator only.

✓ In 2014 the medical establishments received BGN 2 579 139 for hospital assistance via the National Health Insurance Fund. According to the information provided by the territorial divisions of the Social Assistance Agency, in 2014 4 103 persons without health insurance met the conditions of Decree of the Council of Ministers No. 17/2007 and positive social reports were prepared and sent to the medical establishments where the persons were treated.

✓ According to the information from the territorial divisions of the Social Assistance Agency, for 2015 4 501 persons without health insurance met the conditions of Decree of the Council of Ministers No. 17/2007, positive social reports were prepared and sent to the medical establishments

where the persons were treated. As of 31 December 2015 the medical establishments have received BGN 2 628 820 via the National Health Insurance Fund for hospital assistance.

Special-purpose heating allowances under the provisions of Ordinance No. RD 07-5/16 May 2008

Heating season	Total of submitted requests for special-purpose allowances	Total of provided special-purpose allowances	Total of refused special-purpose allowances
2012 - 2013	266 454	210 711	55 743
2013 - 2014	303 878	251 876	52 000
2014 - 2015	299 967	254 998	44 963
2015 - 2016	276 324	237 207	39 117

✓ With the changes of 2012 *in the Ordinance* published in State Gazette, No. 45 of 15 June 2012, the period for submitting the applications-declarations for granting the special-purpose allowances was increased and the periods for processing were equalized.

✓ For the 2013/2014 heating season *the Ordinance* was amended and supplemented in two ways:

- When determining the right to special-purpose heating allowances, the amounts of the pensions determined after 01 August 2008 were reduced by a coefficient of 1,212.

- The individual percentages for determining the differentiated minimum income for heating for all "at risk" groups were changed resulting in a nominal increase by 15 BGN of the access threshold to special-purpose heating allowances for all groups.

✓ With an *Ordinance amending and supplementing* Ordinance No. RD-07-5 (State Gazette, No. 53/2014, amen., No. 63 of 01 August 2014, *in force since 1 August 2014*) the access to the special-purpose heating allowances was expanded in view of providing better protection for the lowest income population groups; *the coefficient used for reducing the amount of pensions* which was determined after 01 July 2008, was reduced by a coefficient of 1,245. A *new target group* was introduced within the scope of the Ordinance – a child placed in the family of relatives and relations or in a foster family under article 26 of the Child Protection Act.

✓ Following the 2014 increase in electricity prices, an *Ordinance amending and supplementing* Ordinance No. RD 07-5 of 16 May 2008 was promulgated in State Gazette, No. 91 of April 11.2014, *increasing the basis* used for determining the monthly amount of the special-purpose heating allowance from 280 to 385 kWh electric power, comprising 280 kWh daytime and 105 kWh night electric power.

✓ *By the Ordinance amending and supplementing* Ordinance No. RD 07-05 of 2008, published in State Gazette, No. 48 of 27 June 2015, when determining the right to special-purpose

heating allowances *the coefficient used for reducing the level of pensions* which was determined after 01 July 2008, was changed from 1,245 to 1,269. The change was made in order to prevent the dropping out from the special-purpose energy assistance of pensioners with low income over the forthcoming heating season only because of the updated amount of their pensions. In 2015 the Ordinance was updated also in relation to concluding one-day employment contracts in accordance with article 114a of the Labour Code, the remunerations under which are not considered as income when determining the right to receiving the assistance.

Personal scope

Questions of the Committee: The Committee requires that the next report provides statistical information about the number of applications for social assistance submitted by foreign nationals.

Pursuant to the Social Assistance Act (SAA), entitled to social assistance are: foreign nationals holding a permanent residence permit in the Republic of Bulgaria; foreign nationals who have been granted asylum, refugee status or humanitarian protection; foreign nationals who are enjoying temporary protection; persons for whom there are provisions to this effect under an international agreement to which the Republic of Bulgaria is a party.

The social assistance is provided via granting an allowance in cash and/ or in kind for satisfying basic living needs and via the provision of social services.

The specified target groups can be supported via monthly, one-time and special-purpose allowances and can use social services within the community or at a specialized institution as indicated in article 36, paragraph 2 and paragraph 3 of the Rules for implementing the Social Assistance Act (RISAA), provided that there are available places and under the procedure and conditions regulated in article 40 of the said Rules.

The different groups that are beneficiaries of social assistance are defined according to age, family structure, health condition, income, property, employment and other established circumstances.

The foreign nationals holding a permanent residence permit in the Republic of Bulgaria have the same rights to social assistance and the provision of social services as Bulgarian citizens.

- Social assistance and social service use for persons and families of foreign nationals to whom asylum has been granted, or a refugee status or humanitarian protection for 2012

<i>2012</i>	<i>Under SAA No. Of cases</i>	<i>Under the Integration of Persons with Disabilities Act No. of persons</i>	<i>Under Ordinance No. RD 07-5 of 16 May 2008 No. of cases</i>
January	1	8	0

February	1	9	0
March	1	9	0
April	1	9	0
May	1	9	0
June	1	9	0
July	2	10	2
August	2	10	2
September	2	10	3
October	2	10	3
November	2	10	3
December	2	10	3

- Social assistance and social service use for persons and families of foreign nationals to whom asylum has been granted, or a refugee status or humanitarian protection for 2013

2013	<i>Under SAA No. Of cases</i>	<i>Under the Integration of Persons with Disabilities Act No. of persons</i>	<i>Under Ordinance No. RD 07-5 of 16 May 2008 No. of cases</i>
January	1	7	1
February	1	7	1
March	1	7	1
April	1	7	1
May	1	7	1
June	2	7	1
July	2	7	1
August	2	7	1
September	2	8	2
October	2	8	2
November	3	8	2
December	4	8	2

- Social assistance and social service use for persons and families of foreign nationals to whom asylum has been granted, or a refugee status or humanitarian protection for 2014

<i>2014</i>	<i>Under SAA No. Of cases</i>	<i>Under the Integration of Persons with Disabilities Act No. of persons</i>	<i>Under Ordinance No. RD 07-5 of 16 May 2008 No. of cases</i>
January	1	7	0
February	1	8	0
March	4	8	0
April	2	6	0
May	3	5	0
June	6	5	0
July	4	5	2
August	4	5	0
September	4	5	0
October	3	6	0
November	3	7	1
December	9	6	1

- Social assistance and social service use for persons and families of foreign nationals to whom asylum has been granted, or a refugee status or humanitarian protection for 2015

<i>2015</i>	<i>Under SAA No. Of cases</i>	<i>Under the Integration of Persons with Disabilities Act No. of persons</i>	<i>Under Ordinance No. RD 07-5 of 16 May 2008 No. of cases</i>	<i>Social services in the community/ No. of cases</i>	<i>Social services at specialized institutions/ No. persons</i>
First trimester	11	6	1	2	0
Second trimester	8	7	0	1	0
Third trimester	8	6	9	1	0

October	7	6	8	0	0
November	7	6	8	0	0
December	8	6	8	0	0
* <i>The information about the persons and families to whom asylum, refugee status or humanitarian protection has been granted in 2015 till the month of September has been summarized per trimesters.</i>					

Questions of the European Committee of Social Rights:

Addressing the Committee's question about the forms of support applicable to a person without resources registered at the Employment Office until he/ she is entitled to submitting an application for social assistance, the report points to the fact that the period of compulsory registration at the Employment Service has been reduced from 9 to 6 months. As no indication has been given that some support is available to the persons without resources during the first six months following their registration at the Employment Office, the Committee considers that the impossibility to receive social assistance prior to the expiry of the six-month period following a registration at an Employment Office, is not in accordance with article 13§1.

As regards receiving social assistance prior to the expiry of the 6-month registration period at the Employment Office directorate, the possibility for those persons to be granted a one-time allowance under the provisions of article 16 of RISAA should be noted.

Considering that Bulgaria has not adopted article 23 of the Charter (the right of elderly persons to social protection), the Committee makes an evaluation of the amount of those pensions which are not dependent on contribution payments, and are received by an elderly person without resources under this provision. The Committee notes that according to data by MISSOC and information presented to the governmental committee (Governmental committee, Report on the conclusions from 2009, Doc. T-SG (2011) 1final, §§263-270), the monthly amount of social assistance provided respectively to one person over 65 years of age (regardless of whether he/ she lives alone or not) or to a person over 75 years of age, apparently remains below the poverty threshold as is the case with the old-age social pension provided to people over 70 years of age (see below).

As regards medical assistance, please consider the following: Annual Report of Ministry of Health for 2015

- In accordance with the policy for a sustainable growth of the funding for healthcare, the Act Amending and Supplementing the Health Insurance Act introduces measures for a staged increase in the amount of state-paid contribution payments for the categories of state-insured citizens.

Thus in 2016 the state undertakes the obligation to pay 55% of the 8-percent contribution payment owed for the groups of citizens insured by the state, as this amount shall be increased by 5% per year until it reaches 100% in 2026. As a result in 2016 for the first time in 4 years the state shall pay to the National Health Insurance Fund an additional 67 mln. BGN.

- As a result of the conducted governmental policy and the adopted changes in the Health Insurance Act, the collection rate of health insurance contribution payments for 2015 is expected to rise by 20 mln. BGN

Comments of the Committee

The Committee comes to the conclusion that the situation in Bulgaria is not in accordance with article 13§1 of the Charter on the following grounds:

- people registered at the Employment Office have no right to social support before the expiry of a minimum period of six months;

Comments of the Ministry of Labour and Social Policy – Regarding receiving social assistance prior to the expiry of a 6-month registration period at the Employment Office directorate, the possibility for the persons to receive a one-time allowance in accordance with article 16 of RISAA should be noted.

- the level of social assistance is obviously not sufficient.
- Evaluations of the programme made solely through the prism of the effects aimed at limiting poverty, without taking into account the main goals and philosophy of the Social Assistance Act are unacceptable to us. Social assistance is designed to satisfy the main vital needs, in accordance with the socio-economic development of the country. This means that the financial parameters have a crucial significance. The social support system is sufficiently flexible and mobile and depending on the available financial resources in accordance with the budgetary possibilities can ensure a wider scope as well as higher amounts of the allowances.
- This approach does not reflect in an objective manner the effectiveness of monthly allowances as it does not take into account that they are just one element of the social assistance system and does not cover the other types of allowances, particularly the special-purpose heating allowances whose scope is the widest. It should be noted that the same beneficiary who receives monthly social allowances may receive assistance and allowances under other programmes – for instance, special-purpose heating allowances, integration allowances for persons with disabilities, allowances for children, etc.;
- The guaranteed minimum income (GMI) is a legally determined amount used as the basis for determining social allowance' levels in order to ensure a minimum income to cover the persons' basic vital needs according to their age, marital status, health and property status, work and study load. This is done via a system of correcting percentages going up to 165% in accordance with the criteria defined in this way. The GMI value serves for determining the amount of social allowances under the Social Assistance Act, as well as the amounts of the different types of social payments such as: the amount of the integration allowances under the Persons with Disabilities Integration Act, the amount of the cash allowance for prevention and reintegration, for raising a child in the family of relatives and relations and in foster families under the Child Protection Act, etc.

- The beneficiaries of monthly social allowances also receive special-purpose heating allowances, are included in the programme of FEAD, may receive allowances for children, and if they have disabilities – also integration allowances under the Persons with Disabilities Integration Act, etc. Here it should be noted that they may also receive other types of allowances in accordance with the specific situation, such as allowances for municipal housing rent (depending on the rent amount), cost-free travel for people with disabilities and mothers of many children, one-time allowances and in-kind assistance, the allowances under the Child Protection Act, etc. Furthermore, each case is individually assessed and depending on the individual circumstances the person or the family are included in different support programmes, so that the minimum income scheme is only the base on which the specific protection scheme for each individual case is founded.
- It should be noted that the persons receiving monthly social allowances and special-purpose heating allowances in accordance with the Social Assistance Act, if not insured on other grounds, receive health insurance at the expense of the state budget.

Examples:

- If we assume that the persons in the cases below have no other income, then at the current amount of GMI – BGN 65:
- **1.** A person over 75 years of age who lives alone, with a correcting percentage of 165% shall receive a monthly allowance of 107,25 BGN. In addition, during the heating season this person shall receive a monthly special-purpose heating allowance of BGN 72,20 /at the current level of electricity prices/. If the person is with disabilities he/she shall also be entitled to monthly integration allowances which, depending on the type and degree of disability may be from BGN 9,75 to BGN 55,25 plus an annual amount of BGN 195 for balneotherapy and rehabilitation. That person would also be included in the programme of FEAD.
- **2.** A three-member family – a parent with two children, one under the age of 3. With a correcting percentage for the parent of 120% and for the children of 91%, the amount of the monthly allowance shall be BGN 196,30. At the same time this family receives monthly family allowances for children amounting to BGN 85. And during the heating season it also receives a monthly special-purpose heating allowance amounting to BGN 72,20 /at the current level of the price of electric power/. The assistance under the programme of FEAD should also be added here.
- **3.** A person with a permanently decreased ability to work. Depending in the type and degree of the disability which determines the correcting percentage from 100% up to 125%, the monthly allowance amount is in the range of BGN 65 to BGN 81,25. During the heating season that person also receives a monthly special-purpose heating allowance amounting to BGN 72,20 (at the current level of electricity prices), as at the same time receives the assistance under the programme of FEAD. Here we should also add the right to monthly integration allowances which, depending on the type and degree of the disability, may range from BGN 9,75 up to BGN 55,25 plus BGN 195 on an annual basis for balneotherapy and rehabilitation.

Article 13, paragraph 2

1) Please, describe the general legal framework. Please, specify the type, reasons and scope of the conducted reforms, if any.

2) Please, specify the measures taken (administrative measures, programmes, action plans, projects, etc.) for application of the legal framework.

3) Please, provide appropriate data, statistics or any other relevant information, when appropriate.

The regulation of article 3 of the Social Assistance Act prohibits, when providing social assistance and social services, the direct or indirect discrimination on grounds of gender, race, nationality, ethnicity, human genome, citizenship, origin, religion or confession, education, beliefs, political affiliation, personal or social status, disability, age, sexual orientation, marital status, property status, or any other grounds established in a law or an international agreement to which the Republic of Bulgaria is a party.

Questions of ECSR:

The legislation being in accordance with the Charter, the Committee requires that the next report contain confirmation that in actual fact the persons receiving social assistance were not affected by some form of discrimination as regards the exercise of their social and political rights.

Pursuant to art.3 of the Social Assistance Act direct or indirect discrimination is prohibited when providing social allowances and social services – on grounds of gender, race, nationality, ethnicity, human genome, citizenship, origin, religion or confession, education, beliefs, political affiliation, personal or social status, disability, age, sexual orientation, marital status, property status, or any other grounds established in a law or international agreement to which the Republic of Bulgaria is a party.

The Agency for Social Assistance (ASA) is committed to applying the legislation on social assistance (Social Assistance Act), on family allowances for children (Family Allowances for Children Act) and on integrating people with disabilities (the People with Disabilities Integration Act), which Acts govern social relations with respect to the right of the citizens of the Republic of Bulgaria to social assistance (social assistance and family allowances, integration allowances, provision of social services within the community and in specialized institutions), prohibiting the direct and indirect discrimination of the persons and people with disabilities on grounds of gender, race, nationality and ethnicity.

It should be noted that:

The Ministry of Labour and Social Policy has not been summoned in the capacity of an interested party to cases initiated by the Commission for Protection against Discrimination, in relation to the grounds in article 4, paragraph 1 of the Anti-Discrimination Act. Furthermore, no complaints or

signals for discriminatory practices have been submitted at the ministry by beneficiaries of assistance. As regards providing access to social assistance, the regulations of article 3 of the Social Assistance Act are observed.

Article 13, paragraph 3

- 1) Please, describe the general legal framework. Please, specify the type, reasons and scope of the conducted reforms, if any.
- 2) Please, specify the measures taken (administrative measures, programmes, action plans, projects, etc.) for application of the legal framework.
- 3) Please, provide appropriate data, statistics or any other relevant information, if appropriate.

Questions of the European Committee of Social Rights:

“The Committee notes that the activities in the report are in accordance with the scope of goals of article 13§3 and requires that in a subsequent report it be clarified whether they are provided free of charge.

Conclusion

Till the receipt of the requested information, the Committee comes to the conclusion that the situation in Bulgaria is in accordance with article 13§3 of the Charter.”

One of the main functions of the Social Assistance directorates at the Agency for Social Assistance is to provide information and advice to natural persons as regards their rights in the sphere of social and familial assistance and their access to social services. The directorates collaborate and cooperate with natural persons and legal entities that perform activities concerning child protection and social services. The persons receive advice and cooperation at no cost.

The advice from the National Health Insurance Fund is also cost-free.

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 organizations in the establishment and maintenance of such services.

Scope of the provisions, pursuant to the interpretation of ECSR

Paragraph 1: Pursuant to article 11, "health" shall mean a good physical and mental state in accordance with the Statutes of the World Health Organization (WHO), which have been adopted by all Parties to the Charter. The healthcare system must be in a position to respond in an appropriate manner to the preventable health risks, i.e. those that may be controlled by human action. Such a healthcare system must be accessible to everyone with no exceptions. The value of healthcare must be borne, at least in part, by the community as a whole. There must not be unnecessary delays in the provision of treatment. The access to treatment must be based on transparent criteria. There must be sufficient personnel and equipment. The hospital stay conditions must be at a satisfactory level and must be in line with human dignity.

Paragraph 2: Measures must be taken to prevent activities which are harmful to health, such as smoking, alcohol and drugs, as well as for the development of a sense of individual responsibility, including in view of aspects such as healthy eating, sexual education and environmental issues. Health education must be provided at school in the course of the learning process. Pregnant women and children must be entitled to regular, cost-free medical check-ups and tests. Cost-free medical check-ups must be conducted during the period of study. Tests must be in place for discovering diseases causing high levels of premature death.

Paragraph 3: Sufficiently modern and detailed legislation and specific preventive and protective measures must be in place regarding air and water pollution, noise, nuclear risks, asbestos, safe foods, and, for those states that have not adopted article 31 – public health standards for housing. There must be a policy for smoking, for alcohol and drug addiction prevention, a wide-range vaccination programme and measures for coping with infectious diseases. Finally, measures must be in place for preventing road accidents, home accidents, leisure and workplace accidents different from the work accidents pursuant to article 3.

Information that needs to be provided

Article 14, paragraph 1

- 1) Please, describe the general legal framework. Please, specify the type, reasons and scope of the conducted reforms, if any .
- 2) Please, specify the measures taken (administrative measures, programmes, action plans, projects, etc.) for application of the legal framework.
- 3) Please, provide appropriate data, statistics or any other relevant information, if appropriate.

Social Services.

Organization of social services

The Government of the Republic of Bulgaria adopted two strategic documents for de-institutionalization of children and of persons of legal age:

- In 2010 the National Strategy “A Vision for De-institutionalization of Children in the Republic of Bulgaria” was adopted along with an Action Plan for its implementation;
- In 2014 the National Strategy for Long-term Care was adopted, concerning the de-institutionalization of persons of legal age. The adoption of an Action Plan for its implementation is forthcoming.

As a result of the active work to de-institutionalize children, supported via the Regional Development Operational Programme and the Human Resources Development Operational Programme and co-funded nationally, in 2015 all 24 specialized institutions for children with disabilities and 51 Homes for Children without Parental Care were closed.

During the 2014-2020 European structural and investment funds’ programme period, all specialized institutions for children are to be closed. After the adoption of the Plan for implementation of the National Strategy for Long-term Care for the period 2016-2020, conditions will be created for the improvement of the quality of life and possibilities for social inclusion of the people with disabilities and the elderly via providing a network of support services and measures within the community and in the home, and setting up of a capacity for the provision thereof.

Effective and equal access

Pursuant to the Social Assistance Act, to social services are entitled: Bulgarian citizens, families and cohabitants as well as foreign nationals with a long-term or permanent residence permit in the

Republic of Bulgaria, foreign nationals who have been granted asylum, refugee status or humanitarian protection and persons for whom there are provisions to that effect in an international agreement to which the Republic of Bulgaria is a party.

When social services are provided, direct or indirect discrimination is prohibited – on grounds of gender, race, nationality, ethnicity, human genome, citizenship, origin, religion or confession, education, beliefs, political affiliation, personal or social status, disability, age, sexual orientation, marital status, property status, or on any other grounds laid down in a law or an international agreement to which the Republic of Bulgaria is a party.

Questions of ECSR

It is responded in the report that by force of article 11 of the Asylum and Refugees Act “temporary protection” is provided to foreign nationals who have been forced to leave their country of origin due to an armed conflict, civil war, aggression by another country, large-scale violations of human rights or violence, and who, due to these reasons, cannot return there. That is why the Committee requires that the next report provide information on whether “the temporary residents”, i.e. foreign nationals who are residing lawfully and working regularly on the territory of the country and who are not permanent residents, have the same access to social services as Bulgarian citizens.

With regard to the Committee’s request to provide information whether “temporary residents” have the same access to social services as Bulgarian citizens, we can inform that following a change in the Asylum and Refugees Act, in force since 16 October 2015, article 11 of the Act has been repealed, i.e. the legislation does not contain the term “temporary protection”.

Right to social assistance for foreign nationals.

Pursuant to the legislation in force, the Ministry of Labour and Social Policy implements measures with regard to foreign nationals who have been granted asylum, refugee status or humanitarian protection, foreign nationals enjoying protection and persons for whom provisions in this respect have been made in an international agreement to which the Republic of Bulgaria is a party, as follows: providing social allowances to refugee families; providing social services, which are cost-free for children; registration as jobseekers at every territorial Employment Agency division as well as use of the following services: information about announced vacancies; information about programmes and measures for preserving and encouraging employment; intermediary help in view of advice and employment; psychological help; professional orientation; inclusion in trainings for adults, inclusion in programmes and measures for employment and training as well as stipends for training, funds for transportation and accommodation for the period of training. There are no limitations as regards the access of refugees and persons enjoying humanitarian protection to social services under the regulations of article 36, paragraph 2 of the Rules for implementing the Social Assistance Act, as they have equal rights to those of Bulgarian citizens.

3) Please provide appropriate data, statistics or any other relevant information which demonstrates the effective access to social services (total number of beneficiaries and number per social service

categories, number and geographical distribution of the services, number and qualification of the personnel).

Questions of ECSR

Conclusion

The Committee comes to the conclusion that the situation in Bulgaria is not in accordance with article 14§1 of the Charter as it has not been established that the number of social service personnel is adequate to the needs of the users.

Quality of the services

As of 31 May 2016 on the territory of the Republic of Bulgaria a total of 1 266 state-delegated-activity social services function. 1 077 of them are social services within the community and 189 are specialized institutions for children and persons of legal age.

The minimum number of personnel at state-delegated-activity social services is determined under the Procedure on the number of personnel at specialized institutions and social services within the community, approved by the Minister of Labour and Social Policy. The number of the personnel is dependent on the type of social service. Each social service provider may hire more personnel depending on the users' needs.

The Procedure lays down the minimum requirements for the personnel structure at specialized institutions and social services within the community.

The main objectives of the Procedure are:

- Providing a personnel structure such as to optimize the care and support for children and persons of legal age who use social services;
- Raising personnel quality and staffing for social services via ensuring mobility when hiring necessary personnel.

The number of personnel is determined by multiplying the number of places by a coefficient for the respective social service.

Article 14, paragraph 2

1) Please, describe the general legal framework. Please, specify the type, reasons and scope of the conducted reforms, if any .

2) Please, specify the measures taken (administrative measures, programmes, action plans, projects, etc.) for application of the legal framework.

3) Please, provide appropriate data, statistics or any other relevant information, which demonstrates the volunteer participation in the social services provision, as well as the effective access of the persons to these services.

Questions of ECSR

The Committee calls attention to the fact that article 14§2 requires providing state support for voluntary associations that wish to provide social services. In this relation the Committee urges that the next report present statistical data on the subsidies paid by the government and local authorities to voluntary organizations providing social services. The Committee also requires that the next report describe all other kinds of encouragements which are in place for the voluntary organizations, such as tax concessions.

The Committee also wishes to be informed whether and how the government guarantees that the services managed by the private sector are effective and are accessible under equal conditions to everyone, without discrimination, at least on the basis of race, ethnicity, religion, disability, age, sexual orientation and political beliefs.

Participation of the community in the setting-up and maintenance of social services.

1. Criteria for registration in the Register of social service providers:

The Agency for Social Assistance maintains a Register of the natural persons registered under the Commercial Act and the legal entities who are entitled to provide social services. When providing social services to children, the providers must be licensed by the State Agency for Child Protection and entered into the Register of providers at the Agency for Social Assistance. In 2016, changes were enforced in the Social Assistance Act, part of which concern bringing the legal framework in the sphere of social services in accordance with the Act Restricting Administrative Regulation and Control over Economic Activity, via refining the procedures for registration and licensing of persons entitled to provide social services. As a result of these changes the procedure for registration and submitting information to the register by the social service providers was facilitated and a requirement was introduced that other information already available at another institution be subject to automatic exchange.

For entry into the register, the persons submit an application to the executive director of the Agency for Social Assistance and a description of the social service according to forms approved by the latter, indicating a unified identification code of the entity when the entity is a merchant. The persons who are not entered into the Commercial Register at the Registry Agency enclose an original or verified copy of a certificate for current status or for registration issued by the competent court no more than three months prior to the date of submitting the application and a verified copy of a BULSTAT Register identification card. The providers of social services to children who have a license for providing a social service to children are entered into the register automatically within 5-days following the provision of the issued license by the State Agency for Child Protection.

When submitting a registration application for a new social service, the registered social service providers indicate their unified identification code or enclose an original or a verified copy of a certificate for current status issued by the competent court no more than three months prior to the date of submitting the application. The documents are submitted in person or by an authorized person holding a notary-certified power-of-attorney, by advice-of-delivery post or in accordance with the Electronic Document and Electronic Signature Act.

The following circumstances shall be entered into the register:

1. data regarding the entity – name, seat, type of entity;
2. a unified identification code according to the BULSTAT Register, a unified identification code of the merchant;
3. representation data of the entity according to its court or, respectively, commercial, registration – name, personal ID number (EGN), permanent and/ or current address;
4. types of social services which will be provided and number of the license when providing services to children;
5. data on committed violations when providing social services;
6. data on removal of the registration and the grounds on which that was done;
7. changes in the circumstances under items 1 - 4;
8. notes regarding the entered circumstances.

The providers of social services notify in writing the executive director of the Agency for Social Assistance about all changes in the entered circumstances within a 14-day period following their occurrence, enclosing the respective supporting documents. The executive director of the Agency for Social Assistance or an official person authorized thereby shall, within a 7-day period following the submission of the request, issue an order for entry into the register or a motivated refusal for entry into the register, notifying the entity thereof. Upon establishing omissions and/ or irregularities in the presented documents, the entity is given 14 days to rectify them and the period for the decision starts elapsing from the date of the removal of the irregularity and/ or the date when additional information was provided.

In the social service sphere, a very good partnership has been established between the state and the non-governmental sector as regards the provision of social services. As of 12 August 2016, the number of registered social service providers on the territory of the Republic of Bulgaria is 679. Approximately 20% of the total number of state-delegated-activity social services are managed by providers registered at the Agency.

2. Data on subsidies paid to voluntary organizations providing social services:

The mechanism for financing of state-delegated-activity social services in Bulgaria is not related to payment of subsidies. There is a flexible system for social service financing, including:

- transfers from the state budget to the budgets of the municipalities for the state-delegated activities in the form of standards for social services, within amounts set in the budget for the respective year;
- financing of social services as local activities from the incomes of the municipalities;

- possibility for supplementary funding of state-delegated-activity social services by the municipalities;
- funds granted under the Structural Funds of the EU for financing of programmes and projects in the area of social services;
- financing of the social services via funds of the social service providers registered into the Register at the Agency for Social Assistance;
- special-purpose funding granted for social services by the Social Protection Fund under the Minister of Labour and Social Policy, etc.

The funding for state-delegated-activity social services comes from the state budget via the municipality budgets in accordance with the State Budget Act of the Republic of Bulgaria for the respective budget year. It should be noted that the social services are decentralized and managed by the mayors of the municipalities who are responsible for the expending of the finance in the sector. The assigning of the management of the social services to private providers (for instance, non-governmental organizations and commercial companies) is done on their initiative. In view of encouraging private entrepreneurship in the social sphere and establishing partnership with the NGO sector, the mayor of a municipality may assign the management of a service to an external provider via a competitive procedure in accordance with the Rules for implementing the Social Assistance Act. The assignment is based on a competitive selection observing the principles of non-discrimination and equal treatment of all participants. Upon finalizing the competition, the mayor concludes a contract with the candidate who won the competition. The contract regulates: the subject of the contract – type and volume of the offered social services; the price of the contract; the guarantees for the use of the provided budget resources; the rights and obligations of the parties; the contract period; the non-performance penalties.

The annually allotted state-budget resources for providing social services are significant with a tendency for their constant increase. For the purposes of comparison, 183 205 800 BGN have been granted from the state budget for social services in 2014, in 2015 - 189 803 600 BGN, and in 2016 the amount goes up to 200 455 025 BGN. For 2017, another increase in the funds for state-delegated-activity social services is envisaged, amounting to 211 494 202 BGN. In view of the specifics of social services indicated above, namely their being managed by the municipalities, no data can be provided as regards the amount granted to private providers for the provision of state-delegated-activity social services.

3. Effectiveness of the services managed by the private sector.

Over the past years a range of legislative changes were introduced in the social services sector, aiming at improving the accessibility, the quality and the effectiveness of social services, as well as the better satisfaction of their users' needs. These changes concern all social service providers including the private sector. In 2015, changes were enforced in the Rules for implementing the Social Assistance Act, introducing a differentiating criterion for the placement of users with various needs in the social services within the community. The change was also with regard to the application of a

differentiated approach when defining the standards for financing of state-delegated-activity social services through the municipal budgets. In addition and in view of the need identified within the de-institutionalization process for regulating of a service for children with multiple disabilities who leave specialized institutions and are in need of constant medical care, legal changes were introduced regulating the possibility for children and adolescents in need of constant 24-hour medical care to be placed in Family-Type Placement Centres. In view of better access, an individual approach and higher effectiveness of the social services, in 2016 changes were enforced in the Social Assistance Act. The changes further ensured the application of an individual approach and the guaranteeing of the users' rights – via the introduction of an individual assessment and an individual support plan by a multidisciplinary team, via preventing permanent institutionalization of vulnerable persons and via their fuller participation in the process of guidance and providing the service.

The state continuously invests efforts for increasing the effectiveness of social services, foremost through legislative changes, thus guaranteeing subsequent control and commitment on behalf of the social service providers to monitor to what extent the support provided via the service is sufficient and adequate to the needs of those in need. In view, however, of the constantly increasing role of social services in the national context and the increasingly complex needs of people with disabilities, an integral reform was undertaken in the sector via elaborating a draft of a Social Services Act. It aims to improve the planning, funding, quality, monitoring of and the control over social services. A mechanism shall be introduced for evaluating the effectiveness and efficiency of the services, taking into consideration the end result of their activity and the use of the resources.

Putting this aside, it should be noted, however, that the effective provision of social services is first and foremost a commitment of the provider and is in a direct relation to the mechanism for management and distribution of the resources granted by the state.