

Contribution of the Republic of Bulgaria regarding the issues to be considered on the 13th session of the Open Group on Ageing

Focus Area 1: Right to Health and Access to Health Services

I. National legal and policy framework

1. *What are the legal provisions and policy frameworks in your country that guarantee **the right of older persons to enjoy the highest attainable standard of physical and mental health, including access to promotive, preventive, curative, rehabilitative and palliative health facilities, goods and services?***

By means of the existing domestic law, Bulgaria provides legal guarantees for both the equal access of the elderly to healthcare and the right to enjoy the highest attainable standard of living in the country. Their rights are enshrined in a number of acts, the main ones being the Health Act and the Health Insurance Act. Other regulations on the matter are included in the Medicinal Products in Humane Medicine Act and Medical Facilities Act. It is noteworthy that all legal mechanisms and factual achievements for providing affordable medical care apply to them without restrictions.

According to Art. 2 of the Health Act, the protection of citizens' health as a state of **complete physical, mental and social well-being** is considered a national priority and is guaranteed by the state through the application of the following principles:

- 1) **equality** in the use of health services;
- 2) provision of **affordable and quality healthcare, with priority for children, pregnant women and mothers of children up to one year;**
- 3) priority of health promotion and **integrated disease prevention;**
- 4) **prevention and reduction of the risk to citizens' health** from the adverse impact of the factors of the living environment;
- 5) **special health protection** for children, pregnant women, mothers of children up to one year old and persons with physical disabilities and mental disorders;
- 6) **state participation in financing** activities aimed at protecting the health of citizens.

Art. 86, para. 1 of the Health Act stipulates that as a patient, everyone has the right to respect for their civil, political, economic, social, cultural and religious rights; care from the community in which he lives; affordable and quality healthcare; more than one medical opinion regarding

the diagnosis, treatment and prognosis of the disease; protection of data relating to his state of health; remuneration for the work he performs equal to what he would receive if he were not sick; familiarization in an accessible language with his rights and obligations; clear and accessible information about his health condition and the methods of possible treatment; health prevention and rehabilitation; security and safety of the diagnostic and treatment procedures carried out during his treatment; access to modern treatment methods; preventing pain and suffering during one's treatment as much as possible; access to the medical documentation related to one's health condition.

2. What steps have been taken to ensure that every older person has access to affordable and quality healthcare and services without discrimination?

The state policy, legal and by-laws introduce a number of options concerning persons over 65 years of age, with the aim of providing this group of the population with affordable health services.

As part of this policy, within the framework of health and social insurance, it is envisaged that the health insurance of persons who have acquired the right to a pension for length of service and age will be paid with funds from the state budget, which guarantees the **continuity of the health insurance rights** of the elderly, regardless of their health and social status.

Similar reliefs are being provided for in the Primary outpatient medical care. Persons who have exercised their right to pension for length of service and age pay **lower rates** for medical appointments or medical facility visits. War veterans, war disabled and war injured are completely exempt from payment. The right of war veterans, war invalids and war victims to receive medicinal products under certain conditions is regulated by law, and the funds for the prescribed medicinal products are paid for by the state budget.

Pursuant to Art. 81 of the Health Act, every Bulgarian citizen has the right to affordable medical care under the conditions laid in the Health Act and the Health Insurance Act. The right to affordable medical care is realized by applying the following **principles**:

- 1) **timeliness, sufficiency and quality** of medical care;
- 2) **equality** in providing medical assistance (with priority for children, pregnant women and mothers of children up to 1 year of age);
- 3) **cooperation, consistency and coordination** of activities between medical facilities;

4) **respect** for the patient's rights.

According to Art. 85 of the Health Act, healthcare is provided to the patient regardless of his age, gender, origin, language, national, racial or political affiliation, education, beliefs, cultural level, sexual orientation, personal, social or financial situation, disability, type and cause of the disease.

In order to protect the health and working capacity of citizens, medical institutions systematically carry out **preventive examinations and dispensaries**, such as persons with increased health risk or with diseases are subject to medical examination. The type and frequency of preventive examinations and tests also depend on the age of the person. Particular attention is given to persons aged 50+ and over 65 years of age for the purposes of early diagnosis, timely inclusion in 'risk groups'¹ and ensuring subsequent treatment, as well as dispensary monitoring for pre-existing illnesses. Dispensary examinations and examinations of persons, who are predominantly elderly, with one or more chronic diseases, are paid for from the National Health Insurance Fund (NHIF).

With regard to dental health, an opportunity for dental prosthetics if necessary is specifically provided, again at the expense of the NHIF budget. People over 65 years mainly make use of this option. The elderly also fall under the scope of the *"National program for improving vaccination prevention of seasonal flu "*.

The state provides **financial incentives** in order to encourage GPs to serve settlements in remote and hard-to-reach areas with elderly population. NHIF ensures the additional payment to contractors of medical care, dental care and medical-diagnostic activities for working under unfavorable conditions.

For the elderly and persons with chronic and progressive diseases, services related to long-term care and long-term treatment are provided in various **specialized medical facilities** for long-term treatment and rehabilitation.

Outside the scope of compulsory health insurance, the Bulgarian Ministry of Health **subsidizes** medical facilities for long-term treatment of patients located in hard-to-reach

¹ With a view to the prevention of socially significant and priority diseases for the country, the general practitioner forms risk groups, which include persons with risk factors for the development of: cardiovascular diseases; diabetes mellitus type 2, malignant neoplasm of the cervix, mammary gland; the rectosigmoid region and the prostate.

and/or remote areas of the country, as well as for specialized hospitals for long-term treatment and/or rehabilitation. The Ministry of Health also subsidizes state and municipal medical facilities for war veterans, war invalids and war victims.

In the field of medical expertise, the law regulates the type and degree of disability of persons who have acquired the right to a pension for length of service and age under Art. 68 of the Social Security Code, to be determined for life.

The Ministry of Health is currently implementing an EU-funded **project**, whose main objective is providing an appropriate and effective health infrastructure to ensure equal and timely access to quality emergency medical care for everyone on Bulgarian territory. Another recent project was aimed at improving the quality of life and opportunities for social inclusion of people with disabilities and the elderly. The measures included a network of services in a home environment and capacity-building to provide them, including by introducing a patronage care model for the elderly and disabled persons to provide hourly mobile integrated health and social services in their homes.

It should also be noted that the main cause of morbidity, disability and mortality among the population aged 65 and over are chronic non-contagious diseases. Apart from the usual physiological changes associated with the aging of the body, contributing factors are related to health promotion, prevention of diseases and their untimely diagnosis.

3. What data and research is available regarding the right of older persons to healthcare and access to healthcare and services? Please indicate how national or sub-national data are disaggregated by gender, age and inequality and what indicators are used to monitor the full realization of the right to health of older persons.

Insofar as, according to national legislation, the elderly have equal access to healthcare in order to achieve health at the highest attainable standard for the country, monitoring the realization of their rights is part from monitoring the realization of these rights of Bulgarian citizens in general. Thus, the National Center for Public Health and Analysis is responsible for the collection and processing of statistical information, as well as monitoring and analysis of

health data².

4. *What steps have been taken to ensure appropriate training for legislators, policy makers, health personnel on the right to health of older persons?*

Appropriate training programmes are organized in the context of providing protection and promotion of the right to health services to all citizens, living and residing on the territory of Bulgaria.

II. Gradual implementation and use of maximum available resources

5. *What steps have been taken to align macroeconomic policies and measures with international human rights law in order to use the maximum available resources to realize the right to healthcare for older persons, such as by expanding fiscal space, adoption of targeted measures and international cooperation?*

Financial resources are provided by the State budget for the implementation of a number of measures, some of which relate to the elderly. For detailed information, please see question No. 2.

III. Equality and non-discrimination

6. *What are the challenges older persons face in exercising the right to health, including the impact of intersectional discrimination and inequality based on age, gender, disability and other grounds?*

The main challenges regarding access to healthcare for persons over 65 relate to **uneven distribution of medical care** in the country, due to the differentiation of regions and settlements. A particularly tangible challenge is the difficult access to primary medical care in some secluded areas, as well as to pharmacies for purchasing medicinal products. The mentioned factors intensified and became particularly visible during the COVID-19 pandemic.

In view of the identified shortcomings, the Ministry of Health has planned a number of policy measures with the aim of improving access to health services for the elderly living in remote

² The NCPHA manages operational data (daily, weekly, monthly and quarterly) and annual data. The information collected and monitored is by type of diagnosis or medical intervention, as well as sex and age-disaggregated.

and hard-to-reach areas. Part of these include the adoption of a **National Health Map**³. Equality of patients in their access to medical care is further guaranteed, with a view to preventing discrimination based on age and place of residence. Similar goals are set in the **National Pharmacy Card**, which improves access to pharmaceutical care, respectively to medicinal products in areas where there is a shortage of these services.

Moreover, the recently adopted **National Health Strategy 2030** aims to overcome unequal access to healthcare and improve the quality of health services. The documents highlights the need for reliable remote health services, development and implementation of telemedicine (especially for patients in hard-to-reach and remote areas, as well as for patients with specific needs) and introduction of applications for mobile services for monitoring the condition of patients.

7. What measures have been taken to eliminate ageism and age discrimination, including discriminatory laws, policies, practices, social norms and stereotypes that perpetuate inequalities in healthcare among older persons and prevent older persons from enjoying their right of health?

In terms of legislative measures undertaken, they have been already indicated in the answer to question No. 1. Some specific regulations aimed at ensuring the free access of the elderly to medical care have also been introduced.

8. What measures are in place to ensure that older persons are able to exercise their legal capacity on an equal basis with others, including making informed consent, decisions and choices about their treatment and care?

The Health Act ensures that patients can participate in the process of their treatment, receive the necessary information in an accessible way, on the basis of which they can make a decision about the necessity, method and consequences of the diagnosis, treatment, intervention recommended to them. **Awareness** is an element of the accessibility of medical care, along with the physical and financial components.

Informed consent from patients legally enables accommodation in a suitable care center, if needed and guarantees their patient rights. Health legislation does not distinguish the process of expressing informed consent by age, which guarantees the right of everyone, incl. for older

³ The map addresses the needs of the population for accessible outpatient and inpatient medical care on a territorial basis.

persons to make decisions and choices about their treatment and care.

It should be noted that the legislation does not provide requirements for the completeness of the information that patients receive, nor does it provide for legally regulated opportunities for an adapted form of expressing informed consent for patients with physical disabilities.

IV. Accountability

9. *What judicial and non-judicial mechanisms exist for older persons to file complaints and seek legal redress for their denial of their right to health?*

Given the increasing use of electronic technologies in healthcare systems and the functional difficulties that elderly people may encounter, the Ministry of Health provides a comprehensive opportunity to patients who consider that their rights have been violated in any from the stages of the treatment-diagnostic process. They can submit complaints and signals directly to the institution or to one of its subordinate structures.

With a view to ensuring this right to every group of the population, including elderly people, in 2021 was created the Directorate "Protection of Patients' Rights". It provides advisory assistance on issues related to patients' rights, including handling written and telephone signals and providing full administrative support to protect the health rights of patients. Thus, the main objective of this new structure is direct engagement with each of the cases brought to the attention of the ministry.

10. *What mechanisms are in place to ensure the effective and meaningful participation of older persons living in different geographic areas of the country in the planning, development, implementation and evaluation of health laws, policies, programs and services that affect them?*

All drafts of normative acts and strategic documents are being published on the website of the Ministry of Health and on the Portal for Public Consultations (www.strategy.bg). Thus, all interested parties are given the opportunity to provide their opinion on the draft, indicate arguments on the need to revise the texts on which there are objections or proposals for their refinement. Each proposal and opinion during the public discussion is considered with due attention and in detail. Then the revised document is once again published online.