COUNTRY PROFILE – BULGARIA
Health Promotion for Older People – Political Will against Funds Deficiency

ABSTRACT

In Bulgaria, health promotion and health education have received less attention in comparison to other public health areas, which has resulted in a small health promotion budget and consequently, in limited health promotion initiatives.

The programs and activities oriented toward health promotion for older adults are inconsistent and incomprehensive. The existing programs are mostly in the form of isolated small-scale projects aimed at enabling older workers to reach the statutory retirement, or supporting retired citizens to maintain their health and well-being.

Effective strategic vision, coordination and stable funding in the area of health promotion for older adults is indispensable for helping Bulgarian seniors to live longer and healthier.

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http://pro-health65plus.eu/
INTRODUCTION

Similar to many Eastern European countries, Bulgaria struggles with adverse demographic trends, population health indicators below the EU averages, shortage of public resources, and inefficient health system. Guided by the ambition to improve the population health status, the government recently adopted the Bulgarian National Health Strategy, which attempts to shift the policy focus to the prevention of socially important diseases, raising public awareness on healthy lifestyles and improving the public health networks. This policy brief provides an overview of the development of the public health legislation in Bulgaria, and outlines the current institutional and financing challenges for health promotion, specifically for health promotion among older adults.

POLICY CONTEXT

The first Act on Public Health was adopted in Bulgaria in 1903 and was renewed in 1929. It defined sanitary and anti-epidemic standards as well as activities for combating social diseases. During the communist period, specifically in 1973, a new Public Health Act was adopted, which emphasized environmental protection, behavioral factors, demographic issues and the involvement of the community. This act remained in force until 2005 when the Health Act became effective and is still applied. Among other issues, the act regulates the health protection and health promotion activities, as well as patients’ rights. It demonstrates the policy goal to improve the population health and to reach the average European health indicators. Nevertheless, the public health legislation in Bulgaria is continuously undergoing changes, which leads to some gaps and confusions about public health responsibilities.

With regard to occupational health, the first policy attention was observed during the communist period when several initiatives focused on the workers’ health were implemented within the public enterprises. In 1997, the Law on Health and Safety at Work came into force, which regulates the occupational health services and obliges the employers to assure such services for their employees to minimize work-related health risks. Occupational health services range from surveillance of working environment, evaluation and monitoring of employees’ health status to counselling and guidance about health risks and their prevention. However, there are no national-level initiatives on the occupational health of older persons.

Health promotion and health education have received less attentions in comparison to other public health areas. Traditionally, policy priorities have been focused on medical care and treatments. This has not only resulted in a very small health promotion budget but also in limited initiatives in the field of health promotion as well as in the lack of integration between public health programs and other health policy measures. Thus, despite the international collaboration and research projects in Bulgaria, the modern public health and health promotions tools remain largely underutilized.

The health promotion interventions mainly focus on healthy behavior as well as on health information, education and communication, training for health professionals, and health surveys among the population and medical staff. There are no major health promotion initiatives specifically focused on older adults.
DATA POOL

The information for this policy brief is gathered through a review of key national reports focused on the Bulgarian health system and other country-specific sources. The data analysis has a policy orientation and targets decision-makers in the region, who could learn from the public health processes in Bulgaria.

FINDINGS

HEALTH PROMOTION POLICY GENERALLY AND ADDRESSED AT THE OLDER PEOPLE

Public health services in Bulgaria are mainly funded and provided by the state (Table 1). This includes all health promotion activities, such as those for elderly persons, but also some prevention services, e.g. services related to health check-ups, check-ups for non-communicable diseases, vaccinations and immunization programs. The National Health Insurance Fund (NHIF) finances public health services provided by general practitioners (GPs). The latter services include for example immunization as well as primary prevention and early detection of diseases. Nongovernmental organizations (NGOs) such as the Red Cross, various Roma community organizations and associations of patients with chronic diseases also collaborate with the public health institutions in Bulgaria. The NGOs are active in the field of health promotion as well.

Table 1. Sources of public health funding in Bulgaria

<table>
<thead>
<tr>
<th>Source of funding</th>
<th>Beneficiary</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taxes Including – general taxes</td>
<td>The general public or specific target group who uses the public health services.</td>
<td>The general tax revenue allocated to public health is channeled through the branches of the Ministry of Health or the municipalities.</td>
</tr>
<tr>
<td>Health insurance: – social insurance premiums</td>
<td>Socially insured patients who use public health services provided by GPs or specialists.</td>
<td>In addition to insurance premiums, socially insured patients also pay co-payments for each visit to GP or medical specialist. The role of private insurance is minor.</td>
</tr>
<tr>
<td>– private insurance premiums</td>
<td>Mostly foreigners or adults who wish extra insurance.</td>
<td></td>
</tr>
<tr>
<td>Funds of other public institutions</td>
<td>Beneficiaries of public health services provided by other ministries</td>
<td>e.g. the Ministry of Environment and Water, the Ministry of Labor and Social Policy</td>
</tr>
<tr>
<td>Funds from the employers</td>
<td>Employees</td>
<td>Company projects or initiatives</td>
</tr>
<tr>
<td>Households</td>
<td>Users of services covered by the social insurance or at the private sector</td>
<td>Co-payments or full fees in the private sector</td>
</tr>
<tr>
<td>Foreign funds</td>
<td>International research projects and EU funds beneficiaries</td>
<td>International research projects</td>
</tr>
<tr>
<td>Other funds</td>
<td>Roma communities and patients with chronic diseases.</td>
<td>Provided by NGOs, including Roma community organizations and associations of patients with chronic diseases.</td>
</tr>
</tbody>
</table>

Source: Based on own review of literature.
The Ministry of Health is the main decision-maker in the public health area in Bulgaria and is directly accountable for the public health policy in the country. In addition to national health protection programs and state sanitary control, the ministry is also responsible for data collection and preparation of annual health status reports. The national health strategies are integrated into the local level action plans of the regional authorities, and are implemented at the municipal level. The funding for health promotion and disease prevention at the local level is also directly related to these action plans. The implementation approach is individual and context-specific depending on the capacity and resources available at the regional level. Thus, the local-level ministry institutions have the obligation to fulfil the objectives of the national health policies.

Other organizations that implement health promotion and disease prevention programs, such as programs that target modifiable behavioral and social risk factors among older adults (65+ years), include public health associations, patient organizations and organizations for the protection of patients’ rights.

Table 2. Bulgarian national strategies, plans and programs related to health promotion among older adults

| National Health Strategy 2014–2020 | The main objectives of the strategy are a healthy nation as well as sustainable, efficient, accessible and high-quality health services. The strategy is innovative for the Bulgarian context because it distinguishes age groups with different needs, which should be targeted separately to effectively improve their health status and well-being of seniors, and secure their dignity. |
| National Strategy for Demographic Development 2012–2030 | The needs of the older population (65+ years) in Bulgaria are specifically addressed in this strategy. A key element is the promotion of active ageing, namely retaining and developing the labor potential of older persons; encouraging lifelong learning and professional training; promotion of flexible employment for older workers; counteracting the negative attitudes of employers to older workers; encouraging voluntary involvement of older people in society. |
| National Plan to Promote Active Aging among Elderly in Bulgaria 2012–2030 | The National Concept for Active Ageing is solely focused on maintaining the activity of people aged 50+. In 2012, the National Plan to Promote Active Aging among Elderly in Bulgaria (2012–2030) was adopted to specify this concept. The plan has the objectives to assure appropriate conditions and equal living opportunities for people 50+ years old. The plan also aims to promote active aging among the elderly persons in Bulgaria. |
| Operational Program Human Capital 2014–2020 | This program stipulates measures for older workers aged 55–64. The objective here is to involve older workers as mentors of newly employed people to those jobs. The program also regulates the possibilities for part-time work, flexible working hours, also for older persons. Such options could facilitate the ‘transition’ of an older employee to retirement through part-time work. |
| National Lifelong Learning Strategy | The Vocational Training Strategy and the Employment Strategy, together with the Operational Program Human Capital mentioned above, comprise the National Lifelong Learning Strategy. The overall objective is to upgrade the individual skills and qualifications through training programs offered by universities, private training companies and non-profit organizations. The strategy does not target solely people of older working age group but also younger persons. |
| National Strategy for Reducing Poverty and Promoting Social Inclusion 2020 | This strategy is relevant for older persons living under the poverty limit. Among other objectives, the strategy also aims to assure the equal access to health services, including public health services, for the poor elderly individuals in Bulgaria. The strategy is related to the new Operational Program Human Capital 2014–2020, which among other things, focuses on the improvement of the employability of older persons. |
In Bulgaria, there are no special, nationwide health actions aimed at people aged 50+. Direct financial incentives programs related to health promotion that target the group of elderly persons are also absent. However, some activities in the field of “active aging” could be found in the frame of international projects carried out under programs funded by supranational agencies, municipalities or private companies. Overall these activities are relatively few, scattered and lack sustainability, and their evaluation is only done internally for the purpose of the given activity applying quantitative indicators predominantly:

- **Project “SISC – Senior Intergenerational Social Capital”** was carried out in Bulgaria in 2008–2011 by the project partner iCENTRES under the coordination of E.Ri.Fo, Italy. The funding was provided through the Lifelong Learning Programme – Gruntvig. The objective was to equipped senior citizens with skills necessary for coping with changes in order to help them to remain active community members, and to increase their involvement in teaching others. The project provided e-learning tools for the intergenerational transfer of knowledge, namely skills analysis, identification of strengths and weaknesses, and selection of appropriate trainings to perform the role of a mentor. This helped to strengthen the self-esteem of the seniors.

- **Project “Age Management in the Company”** was carried out in 2004 by the Bulgarian Telecommunication Company AD, which also provided the project funding. With the participation of trade unions operating in the company, collective bargaining agreement was signed under which the project was launched. The project was addressed to people who worked in the company for at least 10 years and opted for the employment contract termination. Some of the participants were 50+ years old. The project offered short-term entrepreneurship training organized by the Regional Chambers of Industry and Commerce as well as assistance in business plans preparation and subsidized support for selected entrepreneurial plans.

- **Project “Skills Development and Employment Growth of People at the Age Over 50”** was carried out in 2009–2011 in the municipality of Kardzhali, Bulgaria. The project was managed by the Business Consult and received funding from the European Social Fund. The main objective was to improve the prospects of employability among unemployed older citizens through skills development. The project consisted of needs analysis, training of participants and internships. As a result of the project, the majority of the participants took up employment within 2 years after the project completion.

- **“Back to Work” program** is a program, which allows seniors to look after their grandchildren and receive an reimbursement from public funds.

- **Program “Care”** is a recreation subsidized-tourism program offered by hotels in the inactive season to pensioners who are in need of optimizing their physical regime, changing the atmosphere and who lack opportunities for communication.

- **Project “Glob@l Libraries”** was an international project that took part in the Bulgarian municipality of Belogradets. In this project, village libraries in European rural areas were set up or transformed into training centers for health educations. This initiative is especially relevant for elderly persons in Bulgaria as many of them live in the rural areas.

- **Project “Telecare Network for Support of Elderly People”** addresses the needs of older people with disabilities and stimulates NGOs to support this group of elderly persons to deal with risks and maintain social participation through telecare services. The project is located in the Sofia municipality and has received funding under the Bulgarian-Swiss Cooperation Program, Thematic Fund (TF) “Reform Fund Linked to Civil
Society Participation” (CSP). The project is implemented by the Institute for Community-Based Social Services Foundation (ICSS).

- **Project “Silver City”** in the Burgas municipality addressed the needs of older citizens in this region. The project was funded under the Southeast Europe 2007–2013 Network and was a part of the local action plan on active aging.

- **Initiatives subsidized through the European Social Fund** in the framework of the Operational Program Human Capital 2007–2013 focused on improving the quality of care for older and disabled persons. Examples of such initiatives are “Home Care for Independent and Decent Life”, “Social Assistant”, “Home Help”, “Personal Assistant”, “Alternatives” and others, with the participation of municipalities, NGOs (e.g. the Red Cross), care providers and the Agency for Social Support.

### IMPLICATIONS AND RECOMMENDATIONS

- Public health in Bulgaria shows major gaps due to its past focus on treatment and secondary prevention. It is therefore vital to effectively shift public health activities to health promotion and disease prevention.

- Health promotion should become an explicit objective not only in policy documents but also in the public health practice. To realize this, the Ministry of Health has the responsibility to assure predictable, stable and adequate funding for health promotion and disease prevention, as well as the implementation of good practices when developing policies on health promotion and disease prevention.

- Given the expertise gained at the academic level through international cooperation and research, it will be important to involve university staff and research institutes in the evaluation of health promotion and disease prevention programs.

- The Bulgarian National Health Strategy outlines a number of national targets focusing on the prevention of socially important diseases; raising public awareness on healthy lifestyles; and improving the public health networks. However, this will require systematic monitoring and registration of population health status, which is still problematic in Bulgaria.

- There is a need for more close collaboration between national, regional and municipal stakeholders in the public health area. The local capacity in the health promotion area needs to be constantly strengthened and supported by the government.

- Specifically with regard to older persons, the policy and practice oriented toward health promotion targeting this group is inconsistent and incomprehensive. This is not surprising as its legal framework is still being formed and the public health resources are overall limited. An effective strategic vision and implementation plans, as well as better cross-sectoral coordination and stable funding in the area of health promotion will be vital for helping Bulgarian seniors to live longer and healthier..
RESEARCH PARAMETERS

PROJECT FOCUS
ProHealth 65+ is focused on health promotion and prevention of health risks among seniors. The project seeks to determine effective methods of promoting a healthy lifestyle among older population groups by bringing together knowledge and experience of main partners and health promoters from Poland, Germany, Italy and the Netherlands and exchange it with collaborating partners from Portugal, Greece, Bulgaria, Czech Republic and Hungary. The effective implementation of training for health promoters working with this age group is the ultimate project goal.

PROJECT OVERVIEW
Pro-Health 65+ project corresponds with directions of the EU strategic Health Program (the Second and Third Health Program). The project is focused on ‘Investing in Health’ as part of the Social Investment Package for Growth and Cohesion through professionally designed health promotion programs implemented by well-informed and efficiently operating health promoters. It is targeted at the elderly with the intention of providing them with good health and good quality of life, and enabling them to be active and socially integrated (Healthy Aging). It will be implemented as a collaborative project in close cooperation with partner countries using a variety of research and institutional experience. It will be important to add the project activities to other European and national activities so that they are complementary and compatible.

METHODOLOGY
This project is about research and implementation. It will use two sets of tools. For research, we will accumulate and develop knowledge: analyze previous studies related to the subject of health status of older people and the health determinants (social, economic and cultural) in different stages of life; identify and evaluate health promotion methods; analyze institutions of health promoters and also funding, distribution, and modelling of financial circuit and incentives; critically review cost-effectiveness analysis. Quality will be guaranteed by supervision of the Advisory Board and will be assessed in accordance with the rules of the project. For the implementation of project results, we plan to prepare a manual for health promotion that will help to fill the most common knowledge gaps among street-level health promoters and training materials for key institutions providing health promotion for the elderly. We will also conduct training in cooperation with the newly created Board of Health Promoters for selected street-level health promoters in the project countries.

EXPECTED OUTCOMES
Widespread knowledge and use of evidence based and economically effective methods of health promotion within different groups of street-level health promoters (health care practitioners, policy-makers, local and NGOs activists, social workers, trade unionists, journalists etc.) is one direct result of the project. Analyzing different institutions of public health, legal basis, sources and methods of financing and cost-effective ways of conducting the work in this area, will enrich the knowledge on possibilities and barriers related to promoting health. The project will contribute to the application of relevant health promotion methods in joint actions in the field of public health.
# PROJECT IDENTITY

| **PROJECT NAME** | PRO HEALTH 65+  
Health Promotion and Prevention of Risk – Action for Seniors |
|------------------|---------------------------------------------------------------|
| **COORDINATORS** | JAGIELLONIAN UNIVERSITY MEDICAL COLLEGE  
Project leader: Prof. dr. hab. Stanisława Golinowska  
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Principle investigator: Prof. dr. Heinz Rothgang |
| **FUNDING SCHEME** | Pro-Health65+ which has received funding from the European Union  
in the framework of the Health Programme (2008-2013) |
| **DURATION** | August 2015 – July 2017 (36 months) |
| **BUDGET** | EU contribution: 960 165 Euro |
| **WEBSITE** | http://pro-health65plus.eu |
| **LINKEDIN FORUM** | https://www.linkedin.com/groups/ProHealth-65-Health-Promotion-Prevention-8354412/about |
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