Recent development of policies on health inequalities in Bulgaria with focus health of Roma population

Meeting of the EU Expert Group on Social Determinants and Health Inequalities, 23-24 January 2014, Brussels

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Outline

- Some health and demographic indicators
- Health status in Roma population – some data from different sources
- Policy documents in the field of Roma, in particular Roma health
- Recent projects on health inequalities
- Recent policies on health inequalities
Some health indicators

**Live births per 1000 population**

**Crude death rate per 1000 population**

**Infant deaths per 1000 live births**

**Life expectancy at birth, in years**

Source: European health for all database, WHO/Europe, July 2013
SDR from major noncommunicable diseases

SDR, diseases of circulatory system, all ages per 100000

SDR, malignant neoplasms, all ages per 100000

SDR, diabetes, all ages, per 100000

SDR, bronchitis/emphysema/asthma, all ages per 100000

Source: European health for all database, WHO/Europe, July 2013
Population in Bulgaria by number, age groups and ethnic groups by years of census

Health status in Roma population – some data from different sources
The most frequently reported symptoms, chronic diseases and maladies of adult Roma citizens, diagnosed by the physicians, are: high blood pressure, migraine and headache, arthritis and rheumatism, asthma and chronic bronchitis, chronic obstructive pulmonary disease, cardiovascular diseases, problems related to the menopause, allergies, high cholesterol content, stomach ulcer, prostate problems.

The health status of 10% of children under 9 years of age is bad.

12.6% of the entire Roma population, including children, has some kind of disabilities or suffer from a heavy chronic disease.

One third of the male Roma population and two fifths of the female population in the age 45-60 have already lost partially or in full their work capacity due to poor health status.

Infectious diseases are also a very acute problem in the Roma neighbourhoods in Bulgaria.

A serious problem is also the lack of health insurance among the Roma population.

Over half Roma define health as “satisfactory", "bad" or "very bad."

This is 12% higher than the average indicator for the country.

According to NSI data from the census of population it held in 2001, only about 5% of Roma reached retirement age and this share is 5 times lower than average for Bulgaria.

According to NSI data from the census of population it held in 2011 about 2.2% of Roma reached age of 70, in comparison with 13% average for Bulgaria.

More than one third of Roma over the age of 15 have no health insurance. For comparison: Bulgarians without health insurance, according to the "Open Society" and the World Bank towards the middle of 2007, are about 6%.


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Approximately 85% of the Roma have a GP, whereas in the country the share is almost 97%.

Two thirds of Roma aged 15 and over years had last month difficulty in performing normal activities in personal life or in work related to any disease.

Most of the members of the Roma community suffer from cardiovascular diseases, headaches, diseases of bones or joints, digestive system, mental disorders, respiratory diseases, eye disease and kidney disease.

According to the study in more than 30% of Roma households, at least one person had serious or chronic disease or some degree of disability.

Studies in recent years have shown that the average Roma live in over 10 years lower than the average indicator for the country.

Source: Health Status of Roma. Open Society Institute, 2007
Health and the Roma community, analysis of the situation in Europe

Preliminary National Report – Bulgaria

Project received funding from the EU in the framework of the Public Health Programme
Very serious problems in Roma neighborhoods are linked with infectious diseases.

The elderly and children were the most vulnerable age groups: 39.6% of Roma over 45 and 38.2% of children aged 0-9 had been sick.

Children most frequently suffered from the common cold, flu and cough.

Adults suffered more symptoms indicative of different diseases: heart disease, bone and joint disease, kidney problems, nervous system disorders or viral diseases.

This survey showed that 12% of the entire Roma population (including children) suffers from some type of disability or from a serious chronic disease.

One third of men and two fifths of women age 45–60 have partially or entirely lost their ability to work due to poor health.

The proportion of those suffering from chronic disease or disability in the over 65 group rises to 70%. Three fifths of the men and three quarters of the women claimed they have some chronic disease or are disabled.
Health and the Roma community, analysis of the situation in Europe. Preliminary National Report – Bulgaria

Distribution of the population with disability or chronic illness by sex and age groups (in%)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Males</th>
<th>Females</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>11,6</td>
<td>13,6</td>
<td>12,6</td>
</tr>
<tr>
<td>0 to 4</td>
<td>3,8</td>
<td>7,9</td>
<td>5,5</td>
</tr>
<tr>
<td>5 to 9</td>
<td>4,7</td>
<td>6,2</td>
<td>5,4</td>
</tr>
<tr>
<td>10 to 15</td>
<td>3,9</td>
<td>1,8</td>
<td>2,9</td>
</tr>
<tr>
<td>16 to 29</td>
<td>5,4</td>
<td>5,0</td>
<td>5,2</td>
</tr>
<tr>
<td>30 to 44</td>
<td>8,9</td>
<td>11,8</td>
<td>10,4</td>
</tr>
<tr>
<td>45 to 64</td>
<td>33,9</td>
<td>39,4</td>
<td>36,4</td>
</tr>
<tr>
<td>65 and older</td>
<td>61,7</td>
<td>75,0</td>
<td>69,2</td>
</tr>
<tr>
<td>Number</td>
<td>(1.998)</td>
<td>(1.949)</td>
<td>(3.947)</td>
</tr>
</tbody>
</table>

Percentage of people who have a long-term or chronic illness (%)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Bulgarian</th>
<th>Turks</th>
<th>Roma</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 – 60 r.</td>
<td>42.0</td>
<td>45.0</td>
<td>59.4</td>
</tr>
<tr>
<td>61 +</td>
<td>62.4</td>
<td>58.5</td>
<td>78.4</td>
</tr>
</tbody>
</table>

Percentage of people who have limitations in carrying out routine activities because of health problems or disability (%)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Bulgarian</th>
<th>Turks</th>
<th>Roma</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 – 60 r.</td>
<td>10.2</td>
<td>11.4</td>
<td>31.3</td>
</tr>
<tr>
<td>61 +</td>
<td>22.6</td>
<td>26.2</td>
<td>24.3</td>
</tr>
</tbody>
</table>
Risk factors prevalence

- Over half of the Roma men and one third of the women smoke on a daily basis. The highest proportion of heavy smokers is in the 30-44 year old group where 52% smoke on a daily basis.

- In 17.4% of households at least one member has a problem with alcohol or drugs. These problems are more frequent in households located in poor, run-down buildings (21%) and in isolated neighborhoods (22%).

- 90% of the Roma population over 30 do not practice sport or do any physical exercise.

- The daily diet of Roma is unbalanced towards bread, starchy foods and sweets. A quarter of the population eats fruit only once or twice a week and one third consumes fruit occasionally or never. Fish is extremely rate in their diet and they do not eat a sufficient quantity of vegetables.
Policy documents in Roma health

- Health strategy for disadvantaged persons belonging to ethnic minorities (*adopted by the Government on 27 July 2011*)

Vision

- Social integration is a prerequisite for the successful and sustainable development of the Bulgarian society. The integration of the Roma and of the Bulgarian citizens in a vulnerable situation, belonging to other ethnic groups, is a pro-active two-way process, aimed at overcoming the existing negative social economic characteristics of these groups and building prosperity of the society.

Strategic goal

- Creating conditions for equitable integration of the Roma and the Bulgarian citizens in a vulnerable situation, belonging to other ethnic groups, in the social and economic life by ensuring equal opportunities and equal access to rights, goods and services, by involving them in all public spheres and improving their quality of life, while observing the principles of equality and non-discrimination.

Priorities

- Education, healthcare, housing conditions, employment, rule of law and non-discrimination, culture and media.

Priority Healthcare

- **Operational objective:** Ensuring equal access to quality healthcare services and preventive programs

- **Tasks:**
  - Preventive care for mothers and children.
  - Ensuring equal access to healthcare services for disadvantaged persons belonging to ethnic minorities.
  - Increasing the number of Roma specialists working in the healthcare system. Developing health mediation and various forms of work for and within the community (social health centers, etc.).
  - Raising the health awareness and ensuring access to healthcare information.
  - Increasing the number of health insured persons of the ethnic minorities in disadvantaged position, by launching legislative initiatives relating to health insurance of low income people, including the ones durably unemployed.
Priority Healthcare

- **Operational objective:** Ensuring equal access to quality health services and preventive programs
  - **Objective I:** Preventive motherhood and child care
  - **Objective II:** Providing equal access to health services for persons in disadvantaged position, belonging to ethnic minorities.
  - **Objective III:** Increasing the number of qualified Roma working in the healthcare system. Developing mediation in different forms of work for and within the community (Social and health centers, etc.).
  - **Objective IV:** Raising the health awareness and ensuring access to health information
  - **Objective V:** Overcoming the cultural barriers in the communication as well as any forms of discrimination in healthcare
  - **Objective VI:** Increasing the number of health insured persons among the ethnic minorities in disadvantaged position, by launching legislative initiatives relating to health insurance of low-income people, including the ones durably unemployed
Health strategy for disadvantaged persons belonging to ethnic minorities 2011-2015

- **Strategic Goal 1:** Eradicate and stop negative trends in the health of disadvantaged ethnic minorities and creating conditions for its improvement
- **Strategic Goal 2:** Ensuring equal access to health services for disadvantaged ethnic minorities
- **Strategic Goal 3:** Increasing health awareness and access to health information
- **Strategic Goal 4:** Overcoming cultural barriers in communication and all forms of discriminatory attitudes
- **Strategic Goal 5:** Extending coverage of health insurance among disadvantaged ethnic minorities
Monitoring Report 2011 of implementation the National Action Plan with the "Decade of Roma Inclusion 2005-2015"

Performed activities

- Gynecological examinations by mobile teams operating in settlements with Roma population.
- Discussions with adolescents and young people and their parents on how to prevent unwanted and early pregnancy dangers of early pregnancy for the mother and baby's risk of having children with congenital anomalies and hereditary diseases and prophylactics.
- Conducting lectures for young mothers on the importance of immunizations and motivating them to observe the requirements of the National Immunization Schedule.
- Immunizations with mobile units with mobile teams in settlements without doctors.
- Conducting discussions and dissemination of information materials, training of women engaged in raising young children.
- Conducting screening mobile pediatric offices in neighborhoods with predominantly Roma population and remote locations.
- Conducting awareness programs on the need for vaccination with the required immunizations for the National Immunization Schedule.
- Ensuring early diagnosis and screening with mobile mammography to prevent breast cancer.
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Monitoring Report 2011 of implementation the National Action Plan with the "Decade of Roma Inclusion 2005-2015"

Performed activities

- Ensuring early diagnosis and screening for hypertension, cardiovascular diseases, pulmonary diseases, diabetes and dyslipidemias mobile radiological, ultrasound and laboratory.
- Conducting awareness campaigns on the importance of medical check-ups among the Roma population.
- Organizing and conducting awareness campaigns about how to handle the most common infectious diseases, cancer, cardiovascular and hereditary diseases.
- Enhanced health programs on radio and television with prevention orientated and on health insurance:
  - Production and broadcasting of video and audio clips on health issues targeting the Roma population
  - Regularly organized lectures by health professionals and mediators of injury of the most common risk factors - smoking, alcohol abuse, drug use, hypertension and the benefits of a healthy lifestyle:
  - Introduction of interactive sessions on health and sex education in schools with predominantly Roma as part of the compulsory curriculum.
  - Informing members of Roma community about their health insurance rights and obligations and their rights as patients.
Roma health mediation began in Bulgaria in 2001 as a pilot project of the Ethnic Minorities Health Problems Foundation (EMHPF), a Bulgarian NGO.

From 2003 to 2007, PHARE assistance allowed a consortium of agencies—EMHPF, Bulgarian National Council for Cooperation on Ethnic and Integration Issues (NCCEII), Bulgarian Family Planning Association, and the Open Society Foundation-Bulgaria—to scale up the project.

2007 was an important year for institutionalizing the Roma Health Mediator program in Bulgaria. In 2007, the Ministry of Health and the Bulgarian National Council of Ethnic and Demographic Issues approved the RHM curriculum developed by EMHPF, the Bulgarian Family Planning Association, Open Society Foundation-Bulgaria, and the CEEN Consortium. The Medical College in Plovdiv became the official training host and certification provider.
Roma health mediators in Bulgaria

- The government added Roma health mediation to the National Classification of Professions. The program also became more financially sustainable in 2007, when funding for RHM salaries was delegated from the Ministry of Finance.

- The National Network of Health Mediators was founded in 2007.

- The network is comprised of over 80 RHMs, doctors, nurses, RHM trainers, and experts in public health and social exclusion.

- In 2011, the government nominated a Ministry of Health focal point to provide national level coordination to Roma health mediation.

- Overall, Bulgaria’s Roma Health Mediator program is well-institutionalized compared to programs in many other countries.

- The program is managed by the government, financially sustainable, and included in the official list of professions.

Reducing health inequalities: preparation for action plans and structural funds projects

- **General objective** of the project is to improve health and quality of life of citizens by tackling health inequalities (HI) by means of health promotion.

- This will be reached by increasing the capacity of stakeholders within European regions to use health promotion interventions to effectively tackle HI as a core part of action plans that access structural funds (SF).

- Project intends to increase capacity on regional level, which has already been identified as an obstacle in the use of SF.

- Project's objective is also to prepare action plan by joining capacity and efforts in different sectors in region to reach comprehensive approach to improve health and reduce HI.

- Joint action of important stakeholders from different sectors in region will enable comprehensive approach to improve health and reduce HI in fields of health sector, education, employment and environment.
III Country Reports

1. Bulgaria, Lovech

General data

Bulgaria has a population of 7,287,224 inhabitants (2011) of which 51.3% are women and 48.7% men (1). Main trends regarding the population size are a permanent reduction in the population and aging. The primary causes for this trend include a low birth rate, increased mortality and significant youth emigration. Despite the overall prevalence of women in the total population, there are fewer women than men in the lower age groups, leading to low demographic reproduction. The increasing urban population and reduced population in rural areas are another ongoing trend. Nearly 72.7% of the total population live in cities with only 27.3% living in rural areas. A steady trend involving the depopulation of settlements, mainly villages in border regions (northwest and the southeastern border) can be seen. This has given rise to a serious problem in economic development, as well as a future challenge for the state and regional government, indicating a widening gap between the conditions of life and work in cities and villages.

The region of Lovech is situated in north central Bulgaria. The Lovech region has a population of 139,699 people, of which 49.6% are males and 50.4% females (1), accounting for 1.9% of the country’s total population. This decreasing population in the area – by an average of 1.0% annually – is identical to the country level trend. The Lovech region consists of eight municipalities. The largest is the Lovech Municipality which has a population of 49,000, while the smallest – the Municipality of Ahtopol Geo-Ana – has a population of 3,286. Analysis of the three age groups (0-17, 18-64 and over 60 group) shows a very low percentage for the first age group (less than 20%) and a very high percentage for the third group (69%), demonstrating the aging population structures in the Lovech region.

Socio-economic factors

Total income per household member in the region of Lovech is 80.46 BGN per month, equaling 412.65 euros per trimester, which is 12% lower than the country’s total (86.48 BGN or 454.66 euros per trimester), making Lovech a more deprived area. According to a recent study by the European Commission, the risk of poverty in the EU is highest in Bulgaria. The percentage of people at risk of living under the poverty line in Bulgaria is 21.0% (2010) (1). The proportion

Co-funded by the Health Programme of the European Union

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Action plan for overcoming health inequalities in Lovech municipality, Bulgaria

- **Primary goal**: Reducing health inequalities both within the region and between in and the country through health promotion

- **Aim 1**: Placing health inequalities in the public spotlight. Change the level of awareness, knowledge and attitudes of individuals to them
  - **Objective 1.1** Raising awareness and responsibility of stakeholders and key players in the region on health inequalities and the importance of good health for regional development.
  - **Objective 1.2** Integrating health as a structuring element in other strategies and regional programs of other sectors.
  - **Objective 1.3** Raising awareness, knowledge and capacity for taking responsibility for one’s own health in the region and increasing his/her motivation to participate in area-related activities.

- **Aim 2**: Enhancing the capacity of the community in the health field
  - **Objective 2.1** Improving the network in support of health formed by local institutions, NGOs and individuals.
  - **Objective 2.2** Encouraging stakeholders and key players to involve community members in the decision-making process related to their lifestyle and health.
  - **Objective 2.3** Enhancing the capacity of health professionals and non-medical professionals in health promotion.
Action plan for overcoming health inequalities in Lovech municipality, Bulgaria

- **Aim 3:** Reducing health inequalities in the region through health promotion activities
  - *Objective 3.1* Healthy lifestyle promotion.
  - *Objective 3.2* Improving early diagnosis of non-communicable diseases (NCDs).

- **Aim 4:** Reducing health inequalities in the region by supporting groups at risk
  - *Objective 4.2* Promoting healthy eating during pregnancy and childhood.
  - *Objective 4.3* Promoting social contacts, mobility and autonomy of older people.
  - *Objective 4.4* Supporting the improvement of health of persons with special needs.
  - *Objective 4.5* Promoting healthy behavior in ethnic and minority groups.
  - *Objective 4.6* Improving the demand and access to health services for disadvantaged persons belonging to ethnic minorities.

- **Aim 5:** Maintaining a clean and healthy environment
  - *Objective 5.1* Promoting positive behavior of people towards physical environment.
  - *Objective 5.2* Promoting an environmental protection policy at local level.
Recent policies


- **Strategic Objective 1** - Improving the health, safety and welfare of the population to EU average levels

- **Task A**: Increase the number of Bulgarians who are healthy at every stage of life:
  - Increasing life expectancy in good health with two years
  - Reducing of infant mortality by 30%
  - Reducing of inequalities by 30%

- **Policy 6**: Providing effective care for vulnerable populations
  - Policy 6.1: Community living for each child through the policy for deinstitutionalization of children under 18.
  - Policy 6.2: Modern psychiatric care for people with chronic mental disorders
  - Policy 6.3: Creating the conditions for a decent life through effective forms of care for the elderly
  - Policy 6.4: Decent care for people with disabilities
  - Policy 6.5: Targeted efforts to improve the health and well-being of vulnerable groups in society

- **Policy 7**: Effective functioning of the mother, child and school health care
Recent policies

- **Strategic goal:** To promote population’s health and improve quality of life by reducing premature mortality, morbidity and health outcomes (disability) due to major NCDs (cardiovascular diseases, malignant neoplasms, chronic lung diseases, diabetes) associated with risk factors - tobacco use, alcohol abuse, unhealthy diet and low physical activity.

- Special activities targeted vulnerable population like
  - Infants, Children;
  - Women of childbearing age, pregnant and lactating women;
  - Individuals with low socioeconomic status;
  - Older people
Thank you for your attention