GOLD - GOOD PRACTICES FOR OLD PEOPLE

DATA ON THE SITUATION AND NEEDS OF OLD PEOPLE IN BULGARIA

PREPARED BY: ASSOCIATIONS GENERATIONS

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LIFE EXPECTANCY

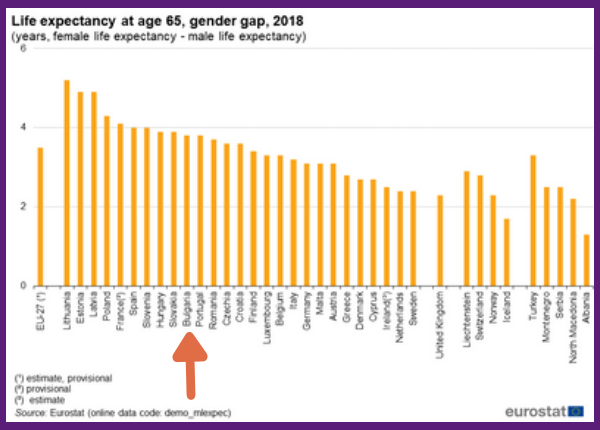
Life expectancy at birth has increased, but remains below the EU average

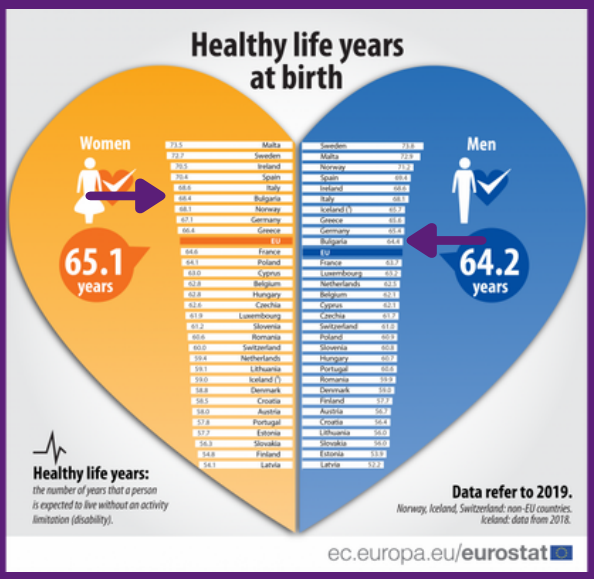
At 74.7 years, life expectancy at birth in Bulgaria is the second lowest in the EU (after Lithuania), and almost 6 years lower than the EU average. Furthermore, with 3.1 years gained, improvements in life expectancy since 2000 have not been as rapid as in most other countries.

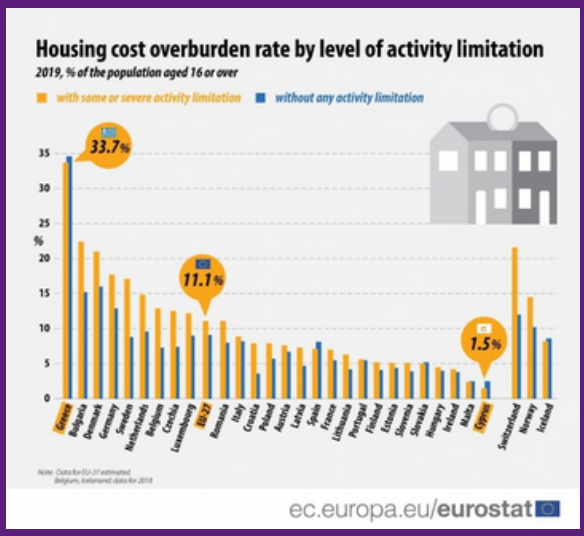
Life expectancy at birth for women remains the lowest in the EU, although women recorded a steeper increase than men. As of 2015, the gender gap is seven years. Bulgaria has relatively high maternal mortality rates (although the 12 deaths per 100 000 births recorded in 2013 seems to be an exception compared to other years). Infant mortality is over

A large part of the gains in life expectancy since 2000 have been after the age of 65, with the life expectancy of Bulgarian women at age 65 reaching 17.6 years in 2015 (up from 15.3 years in 2000) and that of men reaching 14.0 years (up from 12.7 years in 2000). At age 65, Bulgarian women can expect to live more than half (54%) of their remaining life years free of disability, while men can expect to live slightly less than two-thirds (62%) of them without disability. 80% higher than the European average (6.6 deaths per 1.000 births versus 3.6 in 2015). What is more, the worst performing region (Yambol) recorded an infant mortality rate that is six times higher than the best performing region (the capital Sofia) in 2016 (National Statistical Institute, 2017).

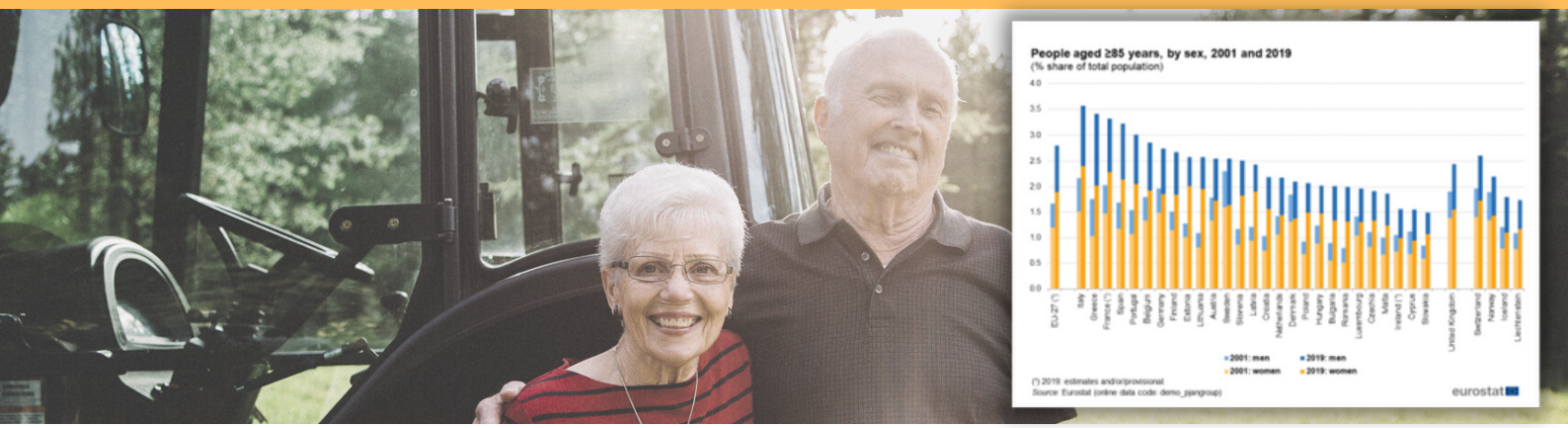
The difference in life expectancy by socioeconomic factors, such as level of education, is particularly large in Bulgaria. Life expectancy at birth for university-educated Bulgarians is seven years higher than for those with no more than lower secondary education.







POPULATION OVER 65 YEARS OLD



Bulgaria is undergoing a **profound socio-economic transformation** brought about by extraordinary demographic change. Between 1950 and 1988, its population grew from 7.3 million to almost 9.0 million and then fell in half the time to 7.5 million by 2010. Low birth rates, high mortality rates and significant emigration explained the slow population growth before the 1990s as well as its steep decline over the last 2 decades. Emigration alone has contributed to a 10% decline of the economically active population.

Bulgaria is heading for the steepest drop in working-aging population of any country. This will potentially impose a heavy burden on the economy. People over 65 years old compose the 20.06% (male 562,513/female 835,053) of population (2020 est.). According to UN projections, its labor supply is projected to decline by up to 40% by 2050. Its old-age dependency ratio, i.e., the share of elderly in the total population, is expected to double over the next four decades. By 2050, one in three Bulgarians is projected to be older than 65 and only one in two Bulgarians will be of working age. Since the proportion of the population that works is a key determinant of a country's income level, its decline is likely to depress growth.

The higher productivity grows, the easier it will be for Bulgaria to manage this demographic challenge. Given its declining working-age population, Bulgaria will have to rely on productivity growth to sustain growth in aggregate income. Productivity growth means that a country is able to produce more output with the same input factors, such as capital and labor. As output per worker increases, fewer workers will be effectively required to pay for existing health sector,pension and long-term care liabilities. Higher growth is also likely to generate better employment opportunities

	Bulgaria	EU
Population size (thousands)	7 178	509 394
Share of population over age 65 (%)	20.0	18.9
Fertility rate[1]	1.5	1.6
GDP per capita (EUR PPP$_2$)	13 600	28 900
Relative poverty rate$_3$ (%)	15.5	10.8
Unemployment rate (%)	9.2	9.4

inducing more workers to participate in the labor force and to stay in or move to Bulgaria. It is alsorequired to raise household savings, which are needed to ensure that the elderly can afford a decent standard of living.

CAUSES OF DEATH

More deaths are caused by cardiovascular diseases

Amenable mortality from **cardiovascular diseases** is exceptionally high for both men and women and is about twice as high as the EU average (or 19% of all deaths - much higher than the European average of 11%).

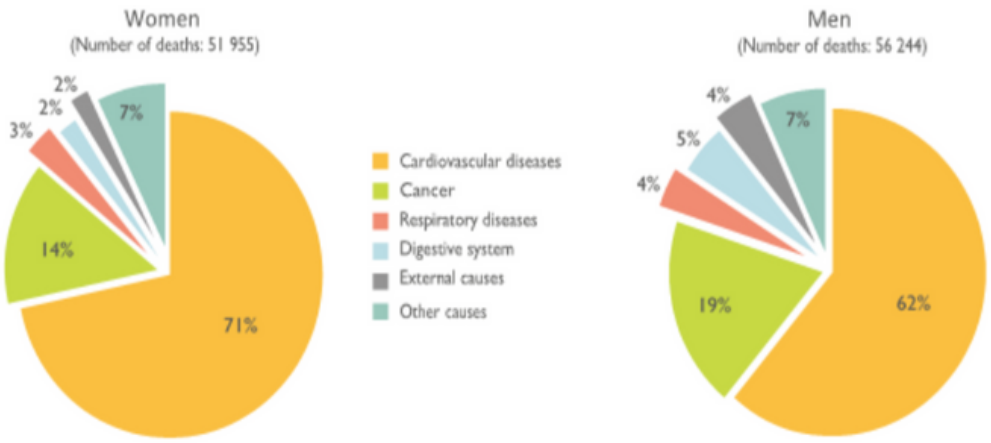
The standardised death rate from c**erebrovascular diseases (e.g. stroke) is more than four times** the EU average.

In addition, mortality rates from **hypertension** (almost four times the EU average) and ischaemic heart disease (1.5 times greater than the EU) are very high.

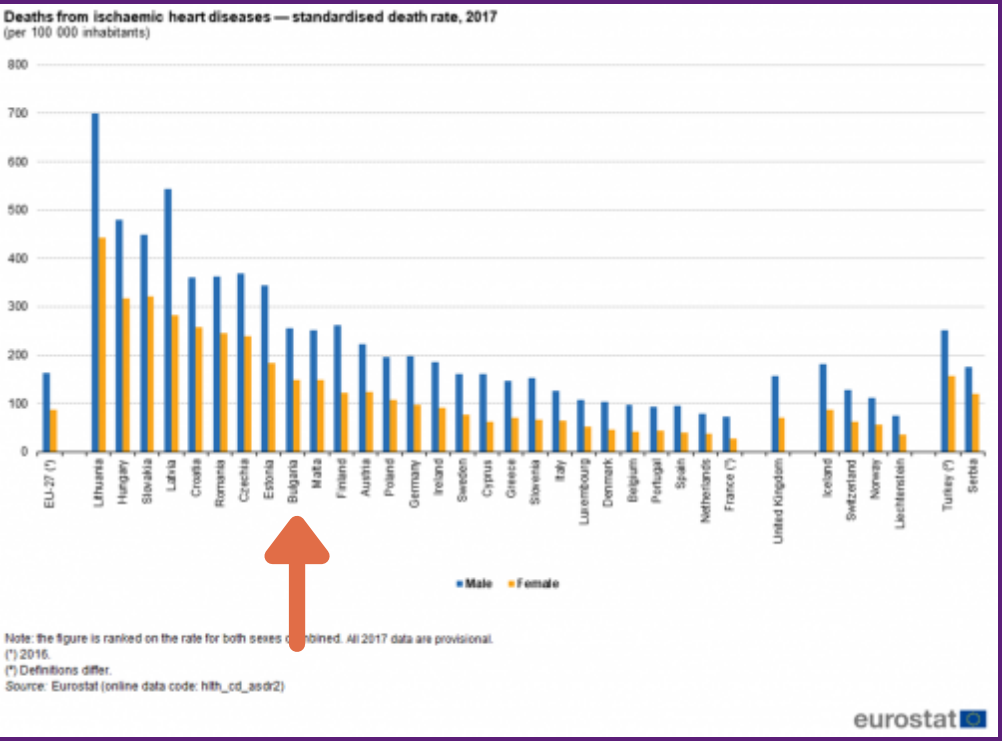
In 2014, smoking rates were the highest in the EU with 28% of adults in Bulgaria smoking tobacco every day. Levels of binge drinking (as a measure for excessive alcohol consumption), are lower than in other EU countries but overall per capita alcohol consumption is the fifth highest. Prevalence of obesity is low but rising quickly, in particular among male adolescents. Legislative efforts to mitigate risk factors have yet not been effective.

It is also important to underline that 1,6 % of old people suffers from dementia.

Figure 2. Over 80% of both men's and women's deaths are caused by cardiovascular diseases or cancer



In the tables you can see the position of Bulgaria in terms of causes of death of old people



Causes of death — standardised death rate, 2017
(per 100 000 inhabitants)

	Total									Females		
	Circulatory disease	Heart disease (*)	Cancer (*)	Lung cancer (*)	Colorectal cancer	Respiratory diseases	Diseases of the nervous system	Transport accidents	Suicide	Breast cancer	Cancer of the cervix	Cancer of the uterus
EU-27 (*)	370.5	119.4	257.1	52.9	30.7	75.0	40.3	6.0	10.8	32.7	4.0	6.7
Belgium	262.9	65.4	240.1	52.9	25.9	106.6	51.1	5.5	13.4	34.8	2.9	6.2
Bulgaria	1 115.8	194.8	232.8	43.7	32.3	67.7	13.0	8.2	9.8	29.4	6.9	9.1
Czechia	586.1	292.3	275.8	53.1	36.7	90.9	36.6	6.9	13.2	28.7	5.7	7.4
Denmark	242.3	70.1	287.9	66.8	33.7	123.5	48.4	3.6	10.5	37.2	3.1	5.2
Germany	383.7	139.1	248.0	49.7	26.5	75.2	34.9	4.2	10.6	35.8	3.3	5.2
Estonia	633.8	240.1	289.2	48.4	37.8	43.2	25.3	5.0	17.3	31.8	6.9	6.9
Ireland	290.1	133.0	270.9	56.5	30.8	125.5	49.5	3.1	8.4	37.8	4.3	6.9
Greece	368.1	105.5	246.7	61.0	21.8	107.5	29.6	5.1	4.5	32.2	2.1	5.8
Spain	238.3	63.7	228.5	47.9	31.8	100.5	51.3	4.4	7.5	33.7	2.6	5.9
France (*)	197.2	46.6	243.8	48.7	26.3	57.0	53.4	5.0	13.2	33.1	2.3	7.3
Croatia	637.0	301.6	323.3	66.4	48.4	82.8	30.8	9.9	14.8	34.9	4.6	8.0
Italy	306.5	89.9	239.3	46.5	26.8	70.0	40.7	5.7	6.0	32.1	1.3	6.8
Cyprus	356.7	107.4	211.6	43.4	21.1	116.3	40.1	7.1	4.1	34.0	2.5	4.1
Latvia	841.8	369.8	298.7	48.9	32.3	43.0	24.4	8.2	17.9	34.0	9.2	11.4
Lithuania	822.1	536.2	274.2	42.3	31.6	46.7	24.4	8.7	25.8	26.8	11.3	8.1
Luxembourg	265.6	74.4	238.3	50.8	25.1	71.1	41.6	3.4	9.5	40.3	1.4	5.8
Hungary	764.1	281.2	342.1	69.2	53.1	89.6	23.7	8.5	16.7	37.4	6.8	7.5
Malta	334.5	190.3	224.6	41.2	33.3	105.8	24.7	4.6	5.3	28.1	3.1	5.1
Netherlands	257.2	55.0	279.9	63.5	32.0	86.8	56.0	4.2	11.3	34.9	2.3	5.6
Austria	391.9	164.9	236.2	45.5	25.0	62.9	37.3	5.2	13.9	31.7	3.3	5.2
Poland	545.2	143.2	293.6	67.0	37.1	84.2	19.8	9.4	11.7	33.4	8.0	9.5
Portugal	269.8	64.6	245.2	38.0	34.2	116.2	33.8	7.8	9.6	27.5	3.4	6.6
Romania	699.6	296.7	276.5	54.1	34.6	87.3	24.6	12.5	9.9	33.2	14.6	6.2
Slovenia	430.0	101.3	306.1	56.9	33.7	66.8	31.6	6.7	19.6	36.1	3.7	8.4
Slovakia	652.9	375.3	314.9	49.5	46.9	93.8	27.5	7.5	7.2	40.7	7.4	10.1
Finland	340.0	177.5	219.2	39.1	24.0	36.8	168.7	5.2	15.0	28.7	1.8	6.2
Sweden	309.4	111.7	231.6	38.3	27.9	67.1	54.1	2.9	12.2	26.4	2.9	6.7
United Kingdom	249.9	108.8	273.6	58.1	28.0	136.0	62.2	2.5	7.5	33.6	2.6	7.1
Iceland	259.7	126.8	237.5	49.7	23.5	101.0	103.2	2.7	9.6	30.1	4.7	5.4
Liechtenstein	301.5	50.2	186.0	29.4	24.2	113.4	19.4	9.4	14.2	31.8	5.2	21.6
Norway	252.7	79.8	241.7	47.6	36.0	103.9	50.1	3.0	11.6	23.3	3.0	6.0
Switzerland	262.4	89.0	214.8	41.5	22.1	58.2	44.1	3.7	12.4	29.8	1.5	4.5
Serbia	662.3	144.9	296.6	69.3	37.7	81.6	42.6	8.3	14.3	44.5	12.3	8.1
Turkey (*)	519.5	195.8	196.1	56.9	19.1	158.6	67.5	10.5	3.6	15.9	1.9	4.4

(*) Ischaemic heart diseases.
(*) Malignant neoplasms.
(*) Malignant neoplasm of trachea, bronchus and lung.
(*) 2016.
(*) Definitions differ.
Source: Eurostat (online data code: hlth_cd_asdr2)

eurostat

IMPACTS ON THE ECONOMY

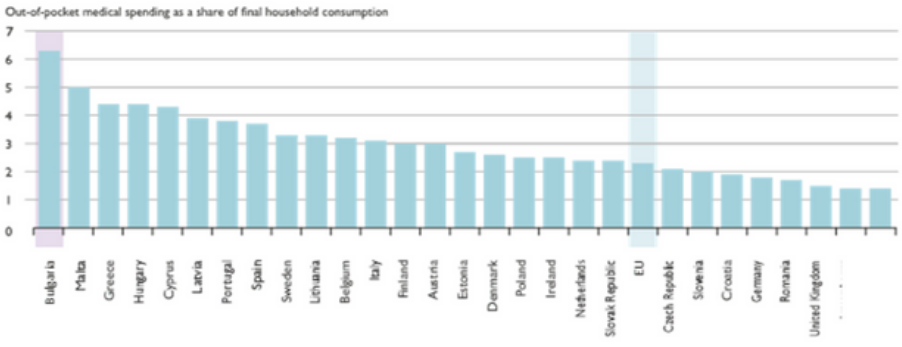
For every three Bulgarians in working age from 15 to 64 years old there is one retired person over 65 years of age, according to data from Eurostat analysis on the degree of dependence of the elderly in the EU towards the working population in the EU in 2017. This means that at about 4.4 million working-age Bulgarians there are respectively 1.4 million people over age 65 or 31.8%, according to European statistics. The EU average for the dependence of Europeans on 65 and over years to the adult population is 19.4%.

In 2015, Bulgaria spent EUR 1.117 per head on health care, less than half the EU average (EUR 2.797). Roughly half of total health expenditure is publicly financed and Bulgaria has exceptionally high out-of-pocket payments – 48% – the highest in the EU. Some 12% of the population lack insurance coverage. The revenue base for the Social Health Insurance (SHI) remains narrow due to low incomes, many uninsured individuals and a large informal sector

EURO CARERS

	OFFICIAL NUMBER		UNOFFICIAL NUMBER		1 - Legal recognition of carers	2 - Identification	3 - Needs Assessment	SUPPORT TO CARE			9 - SOCIAL INCLUSION/PROTECTION		
	Number of carers	% of population with caring responsibilities	Number of carers	% of population with caring responsibilities				5 - Access to information	7 - Respite care	8 - Training	Financial compensation (direct or indirect)	Carers' leave	Pension credits
AT	290.000	3,5%	457.000	5,2%	✓	...	...	...	✓	✓	✓	✓	✓
BE	870.000	9,4%	1.965.250	17,5%	✓	✓	✗	...	✓	✓	✓	✓	✓
BG	N/A	N/A	N/A	N/A	✗	✗	✗	✗	✓	✓	✓	✓	✗
CH	330.000	5,9%	1.047.168	10,8%	...	✗	✗	...	...	...	...	✗	✗
CY	N/A	N/A	N/A	N/A	✗	✗	✗	...	✓	...	✗	✗	✗
CZ	281.000	2,7%	1.263.600	12%	...	...	✗	...	✗	...	✓	✓	✗
DE	273.000	2%	18.079.600	22%	✓	...	...	✓	✓	✓	✓	✓	✓
DK	20.000	0,4%	100.000	7.7%	✗	...	✗	✓	✓	✓	✓	✓	✓
EE	N/A	N/A	100.000	7.7%	✗	✗	✗	✓	✗	✓	...	...	✗
EL	273.000	2,5%	3.665.200	34,0%	✗	✗	✗	...	✗	...	✗	...	✗
ES	7.232.310	15,3%	9.541.080	20,4%	...	...	✗	✓	✓	✓	✓	✓	✗
FI	N/A	N/A	700.000	12,6%	✓	...	...	✓	✓	✓	✓	✓	✗
FR	8.300.000	12,4%	11.000.000	19,6%	✓	...	...	✓	✓	✓	✓	✓	✗
HR	N/A	N/A	N/A	N/A	✗	✗	✗	✗	...	✗	...	...	...
HU	N/A	N/A	450.000	7%	✗	✗	✗	✗	✓	✗	...	✓	✗
IE	195.263	4,1%	391.260	8%	✓	✓	✓	✓	✓	✓	✓	✓	✓
IT	4.035.000	7,0%	16.119.600										
LV	N/A	N/A	125.497										
LT	N/A	N/A	236.980										
LU	4.752	1,0%	N/A										
MT	N/A	N/A	N/A										
NL	4.400.000	25,9%	N/A										
NO	N/A	N/A	800.000										
PL	1.214.000	3,2%	4.318.800										
PT	1.100.000	12,5%	N/A										
RO	N/A	N/A	1.580.800										
SE	1.300.000	13,7%	N/A										
SI	N/A	N/A	215.000										
SK	58.000	1,1%	N/A										
UK	6.500.000	10,4%	N/A										

Figure 13. Bulgarians spend the most in terms of final household budget on medical care



Sources: OECD Health Statistics, Eurostat Database, WHO Global Health Expenditure Database.

SOCIAL CARE

Social care policies in the field of health

Bulgaria is one of the lowest spenders on health in Europe. Bulgaria's Social Health Insurance system is highly centralised. In 1998, Bulgaria introduced a centralised SHI system, a decision that ran in parallel with the country's transformation from a centrally planned economy to a market economy. The Ministry of Health is responsible for overall organisation and policy formulation, while the National Health Insurance Fund (NHIF) is the core purchaser in the system. By law, all citizens are required to obtain insurance and have a right to access care.

A persistently high share of citizens remains uninsured

In 2013, an estimated 12% of the population did not have SHI coverage (Advisory Services Agreement, 2015). Moreover, if citizens fail to pay three monthly contributions in the previous 36 months, they lose coverage. This especially puts vulnerable groups, such as the long-term unemployed and the poor at risk. Furthermore, some may not be aware of their eligibility to receive government-funded SHI contributions.

Lack of insurance is particularly prevalent among the Roma population, of which 35% have no health coverage. (Advisory Services Agreement, 2015). These numbers need to be treated with caution, however, as registration systems are weak and many of those counted as uninsured may be living abroad.

Strengthening purchasing and care coordination are key aims

New reforms have aimed to strengthen the purchasing process in Bulgaria. The main purchaser of health services is the NHIF, which operates through 28 Regional Health Insurance Funds. A National Framework Contract signed with national provider associations governs the relationship between the NHIF and providers. Since 2015, there have been plans to allow selective contracting of hospitals if the capacity exceeds population needs as defined by National and Regional Health Maps.

Long-Term Care

Long-term care services and the other social and health services for older people and people with disabilities in Bulgaria are provided by two individual systems - **social services system and health care system**. Social services, defined as "activities that support and expand the possibilities of people to be independent in life, which are performed in specialized institutions and in the community" are regulated under the Social Assistance Act (SAA) and the Regulations for application of the Social Assistance Act (RALIPD). These regulatory documents establish as well the terms and conditions and the procedure for receiving financial social assistance or in-kind assistance by older people and people with disabilities. Pursuant to RALIPD social services are provided in the community and by specialized institutions. The social services in the community provide living conditions in a family-based environment, aiming to support the users and to promote their social inclusion

The system of **long-term care and social services for elderly people in Bulgaria** expanded considerably in the past few years due to recent reforms targeted at deinstitutionalisation and providing more community-based and family-based services such as day care centres for elderly people, centres for social rehabilitation and integration, protected homes, etc.

The number of community-based social services provided to older people at the end of November 2012 was 381, with total capacity of 8167 placements. Despite this, **the institutional type of care is still the prevalent one**. The social and economic efficiency of the provided services, mostly in the specialized institutions, is extremely low and has to be increased by applying contemporary and well-established work models. At the end of November 2012, the specialized institutions providing services to elderly people as an activity delegated by the state numbered 162 with a total capacity of 11.254 placements.

The geographical coverage of long-term care services is uneven in terms of regions in Bulgaria. **More institutions and higher-capacity services are usually located in administrative units with larger population**. On the other hand, there are institutions, which are located in extremely inaccessible regions, mostly institutions for people with disabilities, making people's access to basic services such as healthcare a challenge. Although community-based social services noticeably expanded in recent years, in terms of their variety and coverage, the needs are still not satisfied while the system of these services is not completely built all over the country and is geographically misbalanced. Its further development is a key priority with regard to the access to services.

The **main goal of the National Strategy for Long-Term Care is to create conditions for an independent and dignified life of elderly people and people with disabilities by improving the access to social services and their quality, enlarging the network of these services throughout the country, deinstitutionalisation, as well as promoting the interaction between health and social services.** The implementation of the Strategy will also help provide complex support to families which take care of persons with disabilities and of elderly persons.

Securing of finances is a key factor in the implementation of these activities, and in achieving the main goal of the deinstitutionalisation of care for people with disabilities and elderly people, i.e. ensuring access to services in family environment or to community-based services.

Institutional care

The institutional care in Bulgaria is provided mostly in homes for people with disabilities and homes for elderly people. The beneficiaries of these services are not covered by the scope of the community-based services. On the other side, the long-term health services are regulated by the Health Act and the Medical Establishments Act (MEA) and are provided in different kinds of specialized medical institutions as hospitals for further and continuous treatment, rehabilitation hospitals, hospitals for further care, continuous treatment and rehabilitation, state psychiatric hospitals, as well as centres for mental health and hospices. Some financial and in-kind benefits, aiming to support disabled persons are determined by the Social Insurance Code (SIC), Law on the integration of people with disabilities (LIPD) and the Regulations for application of the Law on the integration of people with disabilities (RALIPD)

Table No 1 Number of social services (specialized establishments and social services in the community) for elderly people and people with disabilities as at 31.October 2013

No	Type	Number	Capacity
	Specialized establishments		
1	Homes for adults with intellectual disability	27	2,137
2	Homes for adults with mental disorders	13	1,036
3	Homes for adults with physical disabilities	21	1,315
4	Homes for adults with sensory processing disabilities	4	133
5	Homes for adults with dementia	14	825
6	Homes for elderly people	81	5,593
	Total:	160	11,039
	Social services in the community		
1	Day care centres for adults with disabilities	65	1,740
2	Day care centres for elderly persons	50	1,304
3	Centres for social rehabilitation and integration of elderly people	71	2,277
4	Professional Education and Training Centres	7	447
	Total:	193	5,768
	Residential Social services in the community		
1	Protected housing	119	1,061
2	Supervised housing	17	104
3	Transitional housing	11	100
4	Centres for family type accommodation	53	677
5	Emergency Housing Centres	4	45
6	Temporary accommodation centres	13	625
7	Homeless shelters	2	70
	Total:	219	2,682
	Total number of the social services for elderly people and people with disabilities	572	19,489

Source: Social Assistance Agency (SAA)

Transition to community based activities

The transition from the institutional care, which is traditional for Bulgaria to community based services and family based services is mainly carried out through expanding the range of services such as day care centres, social rehabilitation and integration centres, protected housing, development of the model for services provided at home (personal assistant, social assistant, domestic assistant, domestic social patronage). With this regard, what is of crucial importance for the reform in the field of the services for elderly people and people with disabilities is the process of deinstitutionalization. Except for providing purposeful financial aid for closing institutions, a key priority in connection with this is the support for development of social services in the community, which shall also have preventive character in relation to the risk of accommodation in the institutions, increasing the capacity of the people employed in the field of social services and the development of integrated cross-sectional services.

Informal care

Informal care is care in family environment, provided by a family member. Traditionally care for the elderly persons is accepted as a responsibility of the family members and is provided within the family. After the restructuring of the social services system in Bulgaria in 2003 the share of the informal services provided in the community or at home has grown. Care for elderly people with acute health problems is often provided mostly by relatives. This to great extent limits the possibilities for professional realization of the persons taking care for elderly family members, for retaining their working place and creates a risk of their exclusion from the social insurance system, from the labour market and a risk of social exclusion.

MAIN ISSUES

Poverty

Bulgaria is the EU country with the highest rate of elderly people at risk of poverty, isolation and social exclusion.

According to Eurostat data (2017) **Bulgaria** is the EU country **with the highest proportion of elderly people at risk of poverty and social exclusion (48.9 %).**

Moreover according to a study (2014), 51% of Bulgarian citizens over 65 face serious material difficulties. An analysis of the Institute for Market Economy (IPI) in Sofia (2013 data) shows that 28% of the elderly live in poverty, with 8% in extreme poverty.

In addition to poverty, older people in Bulgaria experience isolation, alienation, and marginalisation. The situation is especially dramatic in cities, in the absence of the neighbourhood networks typical of smaller centres.

At-risk-of-poverty rate of older people

Survey year		2019
Income reference year		2018
age	gender	
60 years and over	total	31.0
	male	25.3
	female	35.0
75 years and over	total	41.1
	male	29.2
	female	48.0
Less than 60 years	total	19.4
	male	19.5
	female	19.2
Less than 75 years	total	20.8
	male	20.3
	female	21.4

PRIORITY: Improving the housing conditions for vulnerable groups and supporting the homeless people

MEASURES:

- Ensuring access to housing;
- Creating integrated cross-sectoral services for the homeless, including child/adult beggars.

PRIORITY: Working in partnership for overcoming poverty and social exclusion, and the related consequences

MEASURES:

- Improving information provision of the policy for combating poverty and social exclusion from the point of view of causes, dimensions and manifestations of poverty and social exclusion;
- Studying and exchanging good practice between EU Member States and stakeholders at national and local level for overcoming poverty and social exclusion;
- Strengthening dialogue and consultations with stakeholders on the issues of poverty and social exclusion;
- Introducing social impact assessment in all policy spheres, including regular performance of independent social impact assessment;
- Promoting the development and implementation of pilot practices and social innovations based on evidence.

PRIORITY: Ensuring sustainable and adequate social transfers

MEASURES:

- Providing material aid to disadvantaged persons and families;
- Supporting families with children;
- Increasing the amount of pensions in order to make them more adequate;
- Carrying out an impact assessment of the policy targeted at ensuring adequate and sustainable social payments.

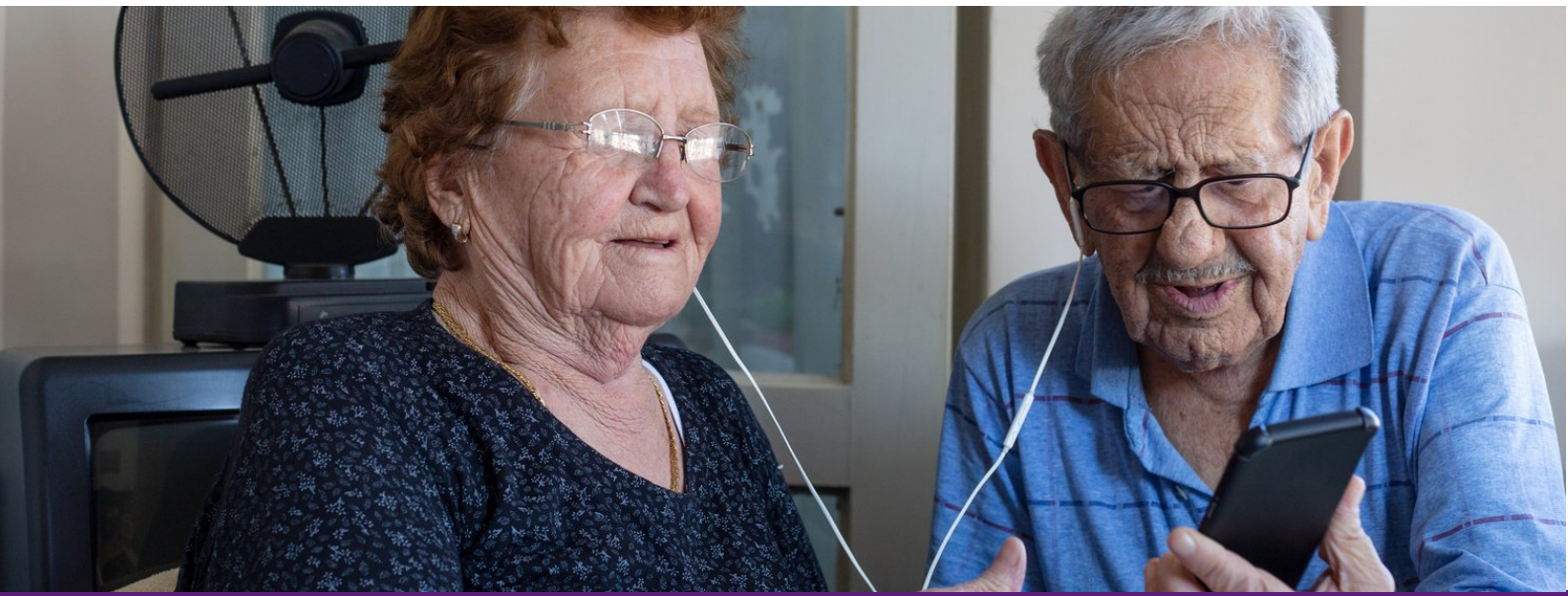
Participation in ICT

Currently, Bulgaria's elderly are lagging behind the EU for the use of the Internet: only 10% has access to the web (2018).

The political changes which have been taking place since 1989, the transition from planned to market economy and the restructuring of the Bulgarian society together with the economic crisis have led to **a massive degree of migration in the Bulgarian society**. It has been **mostly the young people who moved abroad or to the bigger cities** throughout the country looking for work. Around **10 % of the Bulgarian youth left the country to live, work and study abroad. These social phenomena have caused a breakdown in the communication between generations and the burning need of the elderly people to have the tools and the knowledge to communicate with their children and relatives who live and/or work or study away in the country or abroad.**

However, due to the poor economic status of the elderly in Bulgaria, the need for free special training on IT usage as well as some cheaper or free options to stay in touch with their children and grandchildren using new technology and tools like Skype.

So, currently, Bulgaria's elderly are lagging behind the EU for the use of the Internet: only 10% has access to the web. The lowest rate of Internet access among the EU Member States was observed in Bulgaria (64 %). However, Bulgaria, together with Spain and Greece, recorded a rapid expansion of the proportion of households having access to the internet with an increase of 19 percentage points between 2011 and 2016; this was the highest increase among the EU Member States. (Eurostat statistic) In 2015, use of the Internet by households across Bulgaria increased by almost 20% from 33,1% in 2010 to 59,1% in 2015 (National Comprehensive Strategy for Active Ageing in Bulgaria 2016 - 2030). The Southwest Region of Bulgaria (67,8%) is the top performer nationwide, while the Northwest Region ranks at the bottom (44,9%) in 2015. Some reasons for this include the fact that the capital city, which has the highest use rate, is in the Southwest Region. Other contributing factors include the standard of living and the level of economic activity of the population. The use of ICT became more widely for ten years - the relative share of households with internet access had increased more than three times, and the use of broadband had increased more than 5 times.



There has been observed a positive trend in the use of Internet by elderly people aged between 55 and 64 years, and the trend grows year after year (National Comprehensive Strategy for Active Ageing in Bulgaria 2016 - 2030). For instance, in 2009, 16,4% of elderly people used the Internet services, while in 2015 the numbers increased to 37,6%. From 2004 to 2014, the highest use rate is registered in the Southwest Region, with the difference between the regions decreasing year after year. The data for 2015 show that the top performer is North Central Region in terms of Internet uptake by people aged over 55 (48,7%), which is followed by the Southwest Region (46,1%). The lowest Internet uptake by elderly people in 2015 is registered in the Northwest Region (29,4%) and the South-Central Region (29,7%). On average, 22,2% of women and 21,8% of men aged 55 -74 years use Internet at least once a week, which means that there is little difference in the Internet uptake between women and men (National Comprehensive Strategy for Active Ageing in Bulgaria 2016 - 2030). **The Internet uptake by elderly people in Bulgaria increases, but the share of elder people using the World Wide Web remains low compared to the other EU Member States.** Eurostat data (Eurostat, Individuals - computer use, 2015) show that on average 59% of the population aged between 55 and 74 years in all Member States use the Internet whereas in Bulgaria only 27% do so. Besides, Bulgaria registers even lower rates on frequency of use -12% for Bulgaria against 46% for the EU use Internet at least once a week (Eurostat, Individuals -frequency of computer use,2015). The low level of use by elder people could be attributed to the absence of technologies at home – **only 18% of people aged between 55 and 74 years report using a computer at home** (Eurostat, Individuals - places of computer use, 2011).

Health care

Relating the level of amenable mortality to health expenditures shows that Bulgaria is performing in line with what can be expected with current spending levels. This suggests that to actually achieve improvements in health outcomes, besides polices that address risk factors and improve care, more resources are also likely needed. Indicatively, countries spending slightly more (e.g. Croatia and Poland) have much lower amenable mortality.

Health system performance

Effectiveness

Amenable mortality remains very high in Bulgaria. Together with other indicators (e.g. survival rates, avoidable hospitalisations), this indicates great scope to improve health service quality and coordination.

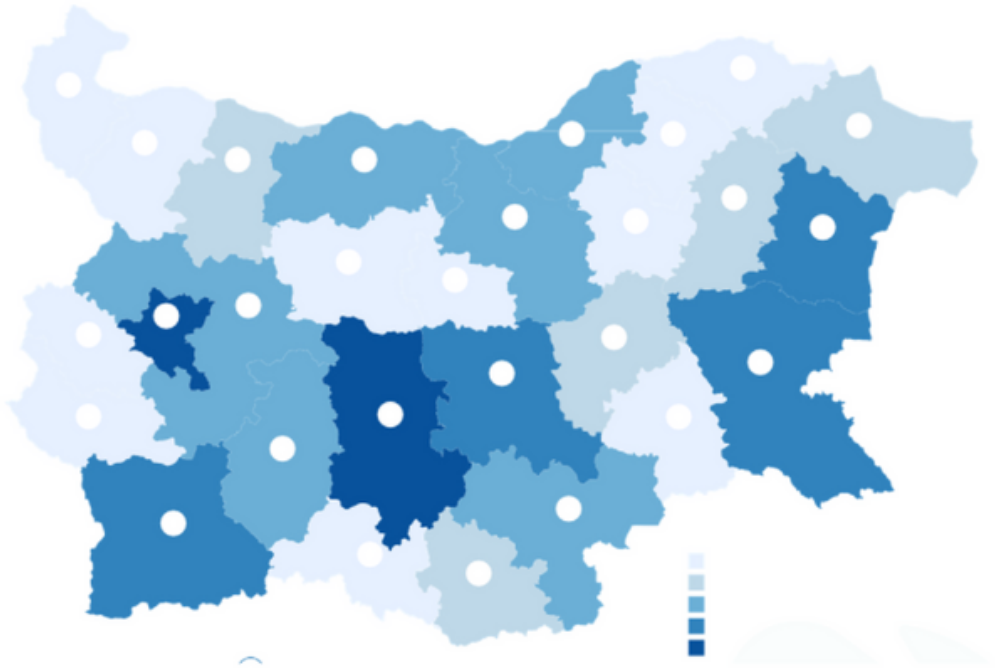
Access

Unmet needs for medical care point to access problems across all income quintiles for financial reasons. Travel distance and availability of doctors remain important barriers, especially for lower income groups

Resilience

Some progress has been made in terms of governance and accountability. Given the wide range of challenges – a fast ageing society, revenue mobilisation, professional migration and workforce shortages, to name but a few – the direction of recent reforms is encouraging, but these reforms need more time to become effective.

Medical personnel are mostly concentrated in more urbanised regions



4 cities with diagnostic centers
376 people under medical supervision
1000 places for long-term care

Health Technology Assessment for pharmaceuticals foreshadows better value for money.
Several mechanisms have been introduced or planned to reduce pharmaceutical-related costs since 2011. In addition, the introduction of Health Technology Assessment (HTA) in 2015 is expected to (further) increase the effectiveness of pharmaceutical spending. The implementation process started only in 2016, with the establishment of a special commission at the National Centre of Public Health and Analysis. HTA is now applied for medicines belonging to new International Non-proprietary Name groups that previously are not included in the Positive Drug List. Notwithstanding this, the root causes of Bulgaria's high share of pharmaceutical spending need to be better understood. It is most likely the result of high prices due to a lack of (centralised) purchasing power, an overconsumption of drugs paid out of pocket and perhaps still low generic penetration. Comprehensive studies and good data are lacking.

Structural reforms to contain costs and integrate care are in their early stages
Improving the efficiency of the hospital sector has been the focus of several recent reforms. These have sought to reduce inpatient capacity by allowing selective contracting, making changes to the benefit package, allowing more ambulatory treatments, and fostering cost-effectiveness and quality information. Additionally, recent plans to introduce integrated care into the health system are encouraging.

PRIORITY: Ensuring equal and efficient access to quality healthcare

MEASURES:
- Asserting the model of health mediators as a precondition for improved access to healthcare by vulnerable groups;
- Improving population's awareness of the key risk factors which are related to chronic non-communicable diseases;
- Expanding immunization coverage in the long run up to 95% of the persons who are subject of vaccination;

PRIORITY: Eliminating the institutional care model and developing cross-sectoral social inclusion services

MEASURES:
- Providing sustainable, quality and affordable social services in the community, which meet users' individual needs;
- Developing a network of services in family environment, or close-to-family environment, for children, people with disabilities and elderly people who depend on professional care;
- Designing integrated early child development services for children aged 0 to 7 years, and for their families;
- Developing innovative cross-sectoral services for children and families, and other vulnerable groups;
- Providing complex support to families which take care of people with disabilities and elderly people;
- Ongoing introduction of good practice for deinstitutionalisation of patients with mental disorders;
- Elaborating a financial mechanism ensuring sustainability of services funded under the Operational Programmes.

Social inclusion

Đeinstitutionalization in Bulgaria has to be understood as a bilateral process - both closing and reshaping of the existing institutions and opening services in the community, which shall serve as an alternative of the institutional care. In this sense deinstitutionalization of the care for elderly people and people with disabilities is directed to the development of a network of services in the community and at family with the purpose of ensuring elderly people and people with disabilities independent and dignified life and full social inclusion.

PRIORITY: Improving the capacity and interaction in the field of education, healthcare, employment and social services while implementing common social inclusion targets

MEASURES:

- Improving service planning in the various sectors, including at regional level, as well as the coordination of planning;
- Increasing capacity by introducing new approaches to service provision – multi-disciplinary approach, individualization of services, using complex evaluation, etc.;
- Creating and introducing systems for monitoring and control of the efficiency and effectiveness of offered services;
- Assessing policy impact in the field of employment, income, social, health and educational services;
- Building up the capacity of municipalities, non-governmental organisations, social partners and service providers to take part in the formulation and implementation of integrated policies for social inclusion.

PRIORITY: Ensuring accessible environment – physical, institutional and informational

MEASURES:

- Ensuring physical access to public buildings, homes, open spaces, etc.;
- Ensuring access to information and communication;
- Ensuring access to public services;
- Ensuring access to culture and sports.

CONCLUSION

The main priorities for empowering people over 65 years old are:

- Ensuring equal and efficient access to quality healthcare
- Eliminating the institutional care model and developing cross-sectoral social inclusion services
- Ensuring sustainable and adequate social transfers
- Improving the capacity and interaction in the field of education, healthcare, employment and social services while implementing common social inclusion targets
- Ensuring accessible environment – physical, institutional and informational
- Improving the housing conditions for vulnerable groups and supporting the homeless people
- Working in partnership for overcoming poverty and social exclusion, and the related consequences

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