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BULGARIA

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Submitted by:

**Bulgarian Gender Research Foundation,
in cooperation with Compassion Alzheimer's Foundation- Bulgaria**

Introduction and general considerations

1. The Bulgarian Gender Research Foundation (BGRF) is a non-governmental organization based in Sofia, and with branches in the country, that promotes social equality and women's human rights in Bulgaria through research, education and advocacy program. BGRF works in the fields of gender equality, socio- economic rights more generally, prevention of domestic violence, reproductive rights and anti-discrimination by providing information, research, analyses and draft laws, conducting campaigns and lobbying for legislative changes, training and consulting with professionals, and working in networks with other organizations, public institutions and experts.
2. Compassion Alzheimer's Foundation is a non- governmental organization based in Varna and with office in Sofia, which works in the field of protection of persons with disabilities, with focus on Alzheimer's disease and Dementia, of elderly persons in general, through promotion of advanced strategies for treatment and care, adequate policy, legislation, social services for the affected persons and their families.
3. As a result of the Universal Periodic Review 2010, the Bulgarian government accepted a number of recommendations and undertook commitments for the period in course until the next review, and namely in the field of gender equality, Gender- based violence , trafficking in persons, persons with disabilities, elderly persons.
4. Since the UPR 2010, poverty and social exclusion continue to be dominant problems in Bulgaria. Local analysts estimate that 85 % of household monthly incomes are spent on basic necessities. Almost half of the Bulgarian people (44 %) experienced severe material deprivation in 2011, the highest percentage in the EU, which is 5 times higher than the EU average.
The other social indicators also highlight that Bulgaria was the poorest MS in 2011: 49 % of the total population and 52 % of the children were at risk of poverty or social exclusion compared to 24 % and 27 % on average in the EU15. The situation is even worse for pensioners aged over 65, some 61 % of whom are at risk of poverty or social exclusion.
5. The average salary in Bulgaria is the lowest among MS at BGN 768 (EUR 393) for September 2012. Twenty-two per cent of the labor force are employed on the minimum wage, amounting to BGN 310 (EUR 159), the second lowest in the EU.¹Against this background, the trends show that emigration, especially among people 25-35, is due poverty and social exclusion. Since the beginning of 2012, Bulgaria has been struck by political crisis and the instability is still a major characteristic of the country. This instability was combined with the inability of the government to tackle serious human rights issues and concrete situations of human rights violations.
6. In these conditions, the Bulgarian government failed to fulfill its obligations and commitments undertaken under the UN mechanisms and reviews. Namely, the

¹ - See more at:

<http://www.novinite.com/articles/148997/EC%3A+Poverty+Level+in+Bulgaria+Is+Alarming#sthash.aWtrqXAi.dpuf>

obligations for progressive implementation and irreversible progress in the realization of human rights were not met by the governments during the period following the first UPR.

7. Nevertheless, there are achievements in place, like the establishment in the end of 2013 of a Coordination mechanism on human rights and a Plan for the implementation of the recommendation of the CEDAW Committee. And their effect is still to be assessed in the future.
8. The general recommendations made during the UPR 2010 are still valid: there is need for ratification of the Optional Protocol to the Convention on ESCR, the Optional Protocol to the Convention on the Rights of Persons with Disabilities.
9. Bulgaria has to ratify also the Optional Protocol to the Convention on the Rights of the Child. The recommendations to the institutional framework include also the establishment of a Human Rights institution in accordance to the Paris Principles. Bulgaria has to strengthen further the institution of the Ombudsman and to establish an Ombudsman on the rights of the child.

Main issues of concern and recommendations

1. Gender equality and violence against women

As a result of the UPR process 2010, the Bulgarian government accepted a number of recommendations in this field, namely for adopting explicit gender equality legislation, for adopting affirmative action measures in order to accelerate substantive equality, for addressing gender segregation in the economy and the Gender Pay Gap.

In the meantime, and especially after the recommendations of the CEDAW Committee issued during its 52d session in July 2012, the government started taking some action at policy level. Namely, for the first time a National Plan for the implementation of the Recommendations of the CEDAW Committee was adopted in the end of July 2013. An attempt to draft a Gender Equality law and to strengthen the gender equality machinery followed, but it did not bring real results. No high level legislation was proposed and the changes in the competences of the Consultative committee on gender equality, enforced at regulatory level, remained weak and not implemented, and without potential on the strengthening process required.

Addressing the segregation and the GPG, and the adoption of affirmative action, remained commitments on paper in the mentioned Plan for the implementation of the recommendations of the CEDAW Committee, with no real perspective for implementation, especially in the absence of a gender equality law.

A special gender equality law is needed also for addressing the gaps in Bulgarian legislation and practice in the area of women's political participation and women in decision making process and for tackling consistently gender stereotypes.

The current statistics about women's political participation, for example, shows that in the last 42th National Assembly women took 25% of parliamentary seats; at local level

women mayors are 11% and women members of municipal councils are 26%.² In addition there is a clear territorial imbalance of political representation of women at local level- more women mayors in rural seats to 25 000 inhabitants; and lack of women in top positions in bigger towns and in Southern Bulgaria - a fact that requires special analysis and special measures.³ Effective measures for tackling gender stereotypes, including in media and advertising, were not taken by the government in practice. The decrease in overtly discriminatory and sexist advertisements is due to the fierce reaction by civil society, and namely by women's NGOs, to their legal action and exposure of these practices and impunity of the corporate sector. An example is the legal case of 13 women against Peshtera anisette advertisement- *13 women v Peshtera Winery and others*. Although the claim was rejected consecutively by the Commission for Protection from Discrimination and the Supreme Administrative Court, the case had big impact on national and international level. Despite that, the State institutions, the jurisdictions and the court have declined up to now all claims for discrimination based on sex due to gender stereotyping.

The lack of special gender equality legislation is also an obstacle for making the State accountable for public funding for gender equality and violence against women. A concrete example of that is the systematic cutting of public funds allocated for NGO projects for the implementation of the Law on Protection against Domestic Violence/ LPADV/. Since a major amendment of the Law in December 2009, each year EURO 250 000 were allocated to the Ministry of Justice for this purpose but until now less than 40% of the money had reached the beneficiaries. Due to delays in announcing the tenders and serious gaps in the funding schemes and budget cycles, a considerable share of the funds was not used for protection of victims but directed towards other needs of the ministry and government.

Preventing human trafficking, and increase the protection provided to victims, namely women and children, social and legal assistance and compensation of victims are still serious issues, as raised by the UPR 2010. The monitoring of the implementation of the Council of Europe Convention on Action against Trafficking in Human Beings⁴ reiterates these issues of concern, which were not tackled consistently in the reviewed period.

An alerting trend observed in the work of NGOs which are providers of services for children victims of trafficking is the prevalence of girls / mainly of Roma origin/ victims of early and forced marriages, and at risk of internal and external trafficking and exploitation, who are placed by State authorities in the crisis centres for victims of violence. For example, the NGO "Open door"- Pleven reports about more than half of its clients in the last year being such children. Representatives of NGOs complain of reluctance of the authorities to investigate these case, to prosecute and punish perpetrators who are very often part of the community. The Bulgarian government accepted the recommendation to guarantee effective access to justice, reparation and protection for women victim of Gender- Based violence.

Despite that, the government has not yet provided compensation and reparation to the women and girls victims of such forms of violence in the cases decided by the CEDAW

²http://ec.europa.eu/justice/gender-equality/gender-decision-making/database/politics/municipal-councils/index_en.htm

³ http://www.balkanassist.bg/files/11_12_13%20More%20women%20Baseline%20Resume%20Bg.pdf

⁴ Recommendation CP/2012/2 of the Committee of the Parties to the CoE Convention

Committee under the OP CEDAW- *V.K v. Bulgaria, Jallow v. Bulgaria and V.P.P. v. Bulgaria*. Thus the government does not comply with international standards for Due Diligence in cases of GBV but also does not respect its general international law obligations.

Recommendations:

The government needs to adopt a special law on gender equality, to implement the Due Diligence principle in the field of Gender - Based violence and trafficking, to ensure public funds for the work on gender equality and for GBV. R Bulgaria has to provide compensation and reparation for women and girls victims of violence under the communications decided against Bulgaria by the CEDAW Committee.

2. People with disabilities, elderly, those in need of long-term care

Despite the commitments undertaken as a result of the UPR 2010, the situation is as follows:

2.1. There is no database and official statistics on the number of people with disabilities. Elderly people and people with disabilities are a social group which will be growing in near future and will require long-term care. This will lead to growing need for development of related social services and care.

In spite of the ratification by Bulgaria of the UN Convention for the people with disabilities, a major problem of people with disabilities is the blocked access to labour marked because of lower education levels, unemployment, and subsequently, further exclusion from society.

2. 2. There is a lack of comprehensive medical and social services for elderly and disabled persons tailored for their needs, as well as a lack of funding for long-term medical care. Care and support provision is not adequate enough and frequently fails to support fundamental entitlements to an acceptable quality of life, and to be treated with respect for dignity and human rights. Respecting the rights of old people (to remain at home) requires also good quality home care and an enabling environment.

2.3. There is no system for remuneration of family members who provide long-term care for elderly and dependent people. Although the share of non-formal care provided at home by family members is rising in the last few years, this type of care constitutes a significant part of long-term care provided in Bulgaria. There is no special social security scheme for provision of care/caregiving. To afford and ensure of care for elderly or dependent person is a “luxury” or impossible condition for the most of Bulgarian families.

2.4. The high level of poverty (Bulgaria is ranked as the poorest country among all EU countries according to data by the European Commission for 2013) provokes serious difficulties for

accessing health services.⁵ The risk of poverty or social exclusion faced by people aged 65 or more in 2012 was 59.1 % in Bulgaria.⁶

Recommendations: The government has to ensure a high standards health and social care for persons with disability and elderly persons. It has to ensure adequate integration in the labour market of persons with disabilities with the respective legislation and policies, create the enabling work environment and conditions facilitating their access to employment.

Provide social support/measures and policies for (women) caregivers, for their social life integration. Support services for the families with responsibilities for caring for a dependent relative and enhancing the balance between personal and professional life, to enable them to remain active in paid employment and maintain a social life.

3. People with Alzheimer's disease and Dementia

3. 1. The quality of mental health care remains a stronghold of institutionalism. Care for people with mental diseases is provided mainly in outdated institutions (hospitals, dispensaries, social services and social care homes), falling under the jurisdiction of two separate ministries (Ministry of Health and Ministry of Labour and Social Policy). All institutions work in isolation from each other, observing their own internal rules. There is no network linking these institutions and allowing for comprehensive care for people with mental health problems.

3. 2. Psychiatric stigma towards the people with mental diseases is a major destructive factor, undermining the lives of both mental health service users and their families in the country. It is the cause for social isolation and discrimination, and leads to violation of their human rights. 100 000 people in Bulgaria suffer from Dementia and related disorders (50 000 suffer from Alzheimer's disease). There is still no specialised and adequate health and social care, nor programs and services for the sufferers from Dementia. There are no policies and services for the caregivers. For the half of the affected patients the time for proper diagnosis varies between 6 months and 3 years, due to the inadequate capacity of the public health system.

Recommendations: The identified gaps in this field in Bulgaria require efforts of the government to invest in health and social systems to improve care and services for people with Dementia and their caregivers. Establishing national policies, programs and legislation is also in accordance to the initiative of the World Health Organisation and Alzheimer's disease International "Dementia: a public health priority" that calls for making Dementia a national public health and social care priority worldwide.

⁵ Report for Bulgaria's economic development for 2013, Institute for economic studies of Bulgarian Academy of Sciences- <http://ideas.repec.org/s/bas/econst.html>

⁶ (*People at risk of poverty or social exclusion*, Eurostat, available at: http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/People_at_risk_of_poverty_or_social_exclusion). Among all EU member states Bulgaria is among the three countries with the highest risk of poverty rate for the population in general: 21.2 % (*People at risk of poverty or social exclusion*, Eurostat, available at: http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/People_at_risk_of_poverty_or_social_exclusion).

- Non-governmental organisations call for the adoption of National Alzheimer plan by the government, according to the example of many other countries in Europe and worldwide.

They insist that the government:

- Ensure access to timely diagnosis, commitment to good quality continuing care and services, caregiver support and research.

- Implement the necessary efforts to establish services such as day care centers for Dementia patients, information and consultation centers and to support financially the NGOs for the provision of services and social support.

- Make possible that people with dementia have the right to live in the community and to have access to health, social and other support services that enable them to lead full and meaningful lives within society. The State must ensure that people with dementia are accepted and are visible part of society.

4. Young people and access to education, employment and health

4. 1. According to data from a report produced by the Education, Audiovisual and Culture Executive Agency of the European Commission, the actual percentage of young people with poor education suffering from deprivation in Bulgaria are significantly above the EU average. The percentage of respondents (25-29) reporting a condition of severe material deprivation, by level of education is as follows: above 75% have poor pre-primary to lower-secondary education, 35% have poor upper-secondary general education and post-secondary non-tertiary education and about 18% have poor tertiary education.⁷

In the period 2010 – 2012 the employment rate in Bulgaria from for the age group 15 - 24 year reaches an average of 21.4%, while within the EU the employment rate for the same group is 33.5%.⁸

The **highest actual percentages of unemployed young people** lacking sufficient health care are found in Bulgaria.⁹ The share of employed young people experiencing barriers to accessing health services is also significant and is above the European average in Bulgaria.

Despite the numerous educational reforms that have been conducted during the transition to democracy period the share of school drop-outs in the secondary education is currently 14%.¹⁰ Young people who have left the education system have no professional qualification acquired and their options for reintegration within the education system are limited.

⁷ Youth Social Exclusion and Lessons from Youth Work Evidence from literature and surveys, Report produced by the Education, Audiovisual and Culture Executive Agency (EACEA), European Commission http://eacea.ec.europa.eu/youth/tools/documents/social_exclusion_and_youth_work.pdf, consulted September 10th, 2014

⁸ Report on youth (2010-2012), published in 2013 at: [www.parliament.bg/pub/cW/2013091804380413RH488-DOKL\[1\].doc](http://www.parliament.bg/pub/cW/2013091804380413RH488-DOKL[1].doc), consulted September 10th, 2014

⁹ Ibid.

¹⁰ National youth strategy, available at: <http://www.strategy.bg/StrategicDocuments/View.aspx?lang=bg-BG&Id=641>, consulted September 10th, 2014

Young people in Bulgaria, compared to the other EU countries, experience their insertion at the labour market at very late stage. Young people without professional experience are disadvantaged because of the increased offer of labor in the context of the global financial crisis. Young people with low education and skills are among the first affected by the negative economic conditions.

It is necessary to make efforts on the effective transition of young people from school to the labor market by expanding apprenticeships and practices in the real sector. Often young people experience a lack of access to the information necessary for their job placement. They become potential victims for employment in the grey economy. The lack of the needed professional skills and practices in a real environment and the impossibility to make career choices for the students from the earliest age force some school graduates to admit the 'the first offered job "that is mostly in the sector of services, trade and services without any requirements regarding the working conditions.¹¹

Young people, especially young women encounter difficulties in reconciling professional and personal life. Although measures for combining motherhood with career exist in the Bulgarian legislation, young women do not realise real reconciliation between professional and family life because of the absence of the corresponding attitudes and of flexible management of human resources on behalf of the employers.

Despite the massive influx of information technologies in the everyday life and at work, the access to information for young people still remains limited. Public services in support of young people still do not have the necessary quality and do not reach all groups in need, especially young Roma and young people living in small towns. The access of young people at risk (18 to 29 years) to quality social services in the community, remains limited especially in small settlements.

4. 2. On the other hand, the use of drugs and psychotropic substances by young people does not mark a decrease. The most common users of psychoactive substances are young people aged from 19 to 24 and they are 6% of all drug users. The prevalence of HIV / AIDS and sexually transmitted diseases is also growing. In the age group 15-19 years newfound HIV / AIDS cases are 14% and in group 20-25 years the newly discovered cases are 50%.

There is a tendency for raising the number of cases of antisocial and illegal activities done by young people in the lower age groups (Eurostat, *Youth in Europe. Statistical portrait 2009.*). The number of young people with judicial sentences (aged 14-29) is 17 500 every year, which is 57,7 % of all sentenced persons.

Recommendations: The government has to

- **Take measures for ensuring access to health, education and employment to youth, especially youth at risk**
- **Take special measures for combating social exclusion of disadvantaged youths (young people with disabilities, young people placed in and leaving the orphanage institutions, young people who experience drug dependencies, ex-prisoners etc.)**

¹¹ Ibid.

- **Develop social services (including support, mentoring) suitable for young people aged 18 to 25 years and corresponding to the needs of the groups at risk.**
- **Initiate and implement of legislative changes for effective prevention and action measures oriented to young offenders and procedures for respect of their rights.**

5. Right to health and healthcare

5.1. Bulgarian health system doesn't work effectively and there is a lack of state policy to provide new attitude to health, to motivate and ensure high quality of life. The health issues seem not to be among the general priorities of Bulgarian governments.

Expenditures for prophylaxis, prevention and control of public health according to the Constitution are the responsibility of the State. Despite that, almost one third of Bulgarians do not have real and equal access to qualified healthcare. Public expenses for health sector as a part of GDP are approximately 4% (in EU countries they are medium 7%), which falls a long way short of the money needed to guarantee security for the Bulgarian patients, high-quality services, prevention and access to modern treatment.

5. 2. Mortality rate in Bulgaria reached 15 % in 2012 , compared to 9.6% for 27 EU countries. The average mortality has gone up in the capital – 11.9% but in rural areas is more than 20%.

One of the factors that are serious barrier to health care treatment is corruption in the system that blocks the access to medical services. Over half million Bulgarians or a total of 582 809 people don't have the option of selecting a general physician in the village where they live and are forced to seek medical care in the closest town or city.¹²

5. 3. The financial sources of healthcare system are 1. Insurance contributions (paid by employers, employees, self-employed) and 2 – Republican budget but in the last ten years but there is a steady trend state consistently to withdraw to allocate the funds for health. The health budget is reduced with 51% for the period 2008-2013 – from 698,9 to 359 millions BGN. A very high range of medical treatments are not covered by insurance systems. One of the factors that are serious barrier to health care treatment is corruption in the system that blocks the access to medical services. As a result of that, expert opinions assess that the share of medical costs assumed by the citizens will reach about 50% in the years to come and the risks of the system will be more and more at the expense of the individuals.

This status of the health system in Bulgaria is defined as “stabilized crisis and systemic chaos¹³

Recommendations:

- **To protect the interests and ensure the rights of insured persons at all level of the system.**
- **To ensure justice, equality and accessibility of the insured to quality medical care;**
- **To improve the financial position and to increase the efficiency of the health system;**

¹² “Healthcare system 2014: conditions, issues, solutions, challenges”(published in Bulgarian), Bulgarian Industrial Association, March 2014

¹³ “According to Prof. Dr. Petko Salchev from the Institute of Economic research at the Bulgarian Academy of Sciences

- **To create conditions for achieving the quality of health services conforming to European standards;**

6. Maternal Mortality

There is lack of official statistic in Bulgaria about maternal mortality rate .The reported date in international resources as Word Bank and WHO indicate maternal mortality rate for Bulgaria: 11 deaths/100,000 live births¹¹⁴.

During the 1990's maternal mortality rates increased from 10.4 deaths per 100,000 live births to 21.2 in 1992. These rates have fluctuated up and down over the last decade, but have been on a downward trajectory for the last decade as increased attention has been focused on reducing maternal mortality. Part of the reason for the increase and decrease in any given year is the disparity between urban and rural rates and the more restricted access to health care services in rural areas. Additionally, generally decreasing birth rates also account for some of the decline. The level of birth rate in Bulgaria is about average for EU.

There are not any special measures taken by the State for prevention of maternal mortality and no mechanism for ensuring accountability and responsibility for such cases.

Recommendations:

- **Establishing statistics and a State unit responsible for every case of maternal mortality in Bulgaria and authorized to control over the medical units and medical team for maternity care**
- **Increasing care – including increasing the number and quality of health professionals and improving terms and conditions;**

¹⁴ Updated National Strategy for Demographic Development in the Republic of Bulgaria (2012 г. - 2030 г.)
Ministry of Labor and Social Policy