
Report on refugee health Assessment of the Bulgarian health system's needs within the context of the crisis in Ukraine



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Contents

Acknowledgements.....	v
Abbreviations and acronyms.....	vii
Executive summary	viii
Introduction	1
Scope of the health systems country review	1
Specific objectives and outcomes.....	1
Methodology	2
Members of the JRT	2
Country context.....	4
Geographical context.....	4
Demographic and socioeconomic context	4
Profiles of refugees, migrants and asylum seekers in Bulgaria	5
International migrant workers and their families living in Bulgaria.....	5
Ukrainian refugees from Ukraine	5
Non-Ukrainian refugees, migrants and asylum seekers in irregular situation.....	6
Legal frameworks and policies related to refugees and migrants	8
Asylum and refugee policy and governance.....	9
Asylum law, procedures and responsible agencies.....	9
Protection under the LAR	9
Temporary protection for Ukrainian refugees	10
Unaccompanied children	10
Migration policy and governance	11
Bulgaria's National Strategy on Migration 2021–2025	11
Assessing health system needs for refugees and migrants in Bulgaria.....	13
Health policy and governance.....	13
Organization of the health system	13
Health policy and planning	14
Policy for health service access for refugees and migrants	14
Health financing and health insurance for refugees, migrants and asylum seekers.....	15
Health insurance and its coverage	15
Health insurance for people with refugee status, humanitarian status or asylum.....	16
Health insurance coverage for Ukrainian refugees under temporary protection	16
Health insurance for migrants in irregular situations	17
Out-of-pocket payments and access to prescriptions, medicines and medical products	17

Health workforce.....	18
Shortage of GPs and nurses.....	18
In-service training for Bulgarian health workers.....	18
Integration and utilization of refugee health workers in the national health system.....	19
Service delivery and access to essential health services	19
Access to essential health services	19
MHPSS services for refugees, migrants and asylum seekers	21
Barriers to accessing essential health services for refugees, migrants and asylum seekers in Bulgaria	22
Health information system and health information management	23
Roles and responsibilities.....	23
Surveillance, notifiable conditions and data collection	24
Reporting of health data.....	25
Refugee health records.....	25
Absence of indicators for the health status of refugees, migrants and asylum seekers.....	26
Health promotion, disease prevention and control and social determinants of health.....	26
Vaccination.....	26
Preparedness and public health response to disease outbreaks, natural disasters and other emergencies	27
Health communication and social mobilization for health	28
Partners' support for RCCE.....	29
Main recommendations for consideration.....	31
Strengthen health leadership, health policy and governance.....	31
Support the provision of quality and people-centred health services, health finance and continuity of care	32
Strengthen health workforce capacity to provide people-centred health services to host and migrant populations	33
Support health promotion around communicable diseases and NCDs, including mental health.....	34
Provide MHPSS services	34
Strengthen health monitoring and the health information system	35
Build capacity for preparedness and public health response to emergencies, disease outbreaks and disasters	35
Strengthen RCCE, health communications and social mobilization	36
References	38
Annex 1. Joint review mission agenda.....	41
Annex 2. Weekly report on public health protection activities involving refugees, migrants and asylum seekers.....	44

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Abbreviations and acronyms

BRC	Bulgarian Red Cross
ECDC	European Centre for Disease Prevention and Control
EU	European Union
GP	general practitioner
IASC	United Nations Inter-Agency Standing Committee
IOM	International Organization for Migration
JRT	Joint Review Team
LAR	Law on Asylum and Refugees
MHPSS	mental health and psychosocial support
NCD	noncommunicable disease
NCIPD	National Centre of Infectious and Parasitic Diseases
NCPHA	National Centre of Public Health and Analysis
NGO	nongovernmental organization
NHIF	National Health Insurance Fund
NPIMCH	National Programme for the Improvement of the Maternal and Child Health
RCCE	risk communication and community engagement
RHI	regional health inspectorate
SAR	State Agency for Refugees
SARS-CoV-2	severe acute respiratory syndrome coronavirus 2 (causing COVID-19)
SHI	social health insurance
TB	tuberculosis
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund

Executive summary

The Government of Bulgaria has provided generous and significant support to Ukrainian refugees since the beginning of the Ukraine crisis in late February 2022. Bulgarian citizens have also shown solidarity and generosity to Ukrainian refugees. Over 800 000 Ukrainian refugees have transited through Bulgaria. As of 29 November 2022, 146 659 have been granted temporary protection and 51 516 still remain in Bulgaria; 92% of these are women and children. In addition, Bulgaria also hosted 10 999 asylum applicants in 2021 from people originating mostly from Afghanistan, north Africa and the Syrian Arab Republic; most of these applicants are men and a significant number are unaccompanied children or minors.

The Council of Ministers of the Republic of Bulgaria has adopted an Updated Action Plan on Temporary Protection in the Republic of Bulgaria (Decision 510/21.07.2022). Legislative amendments have been implemented, including amendments in the Health Act and in the Health Insurance Act, to ensure equal access to medical care for people granted temporary protection, identical to Bulgarian citizens, and statutory financing of the medical care provided. People with chronic diseases (such as cancer or diabetes) also receive medical care and medicines under the same conditions as Bulgarian citizens.

The Government has taken many actions since the outbreak of the crisis in Ukraine, including legislative actions that ensure access for Ukrainian refugees to the Bulgarian health system equal to the access that Bulgarian citizens enjoy (including access to vaccines). Moreover, in order to provide Ukrainian refugees with up-to-date information about their health rights and all the ways to receive medical care, the Government has established a website (<https://ukraine.gov.bg/ua/>) with information in Bulgarian, English, Russian and Ukrainian. An updated National Plan on Actions in Temporary Protection in the Republic of Bulgaria has also been adopted.

The Temporary Protection Action Plan, the Health Act, the Health Insurance Act and the Law on Asylum and Refugees (LAR) ensure people under protection have access to health services that is identical to that of Bulgarian citizens. This protection covers citizens of another country but permanently living in Bulgaria, foreign citizens or individuals without citizenship but with a long-term residence permit, individuals under temporary protection, and refugees and asylum seekers under international protection.

The rapid increase in the demand for health services has put strains on the Bulgarian health system. Within this context, an urgent review was needed of the health system and essential health services in providing health services to refugees, migrants, asylum seekers and host communities living nearby. It was critical to identify the current and emerging specific health needs and risks of these populations, and the opportunities to support Bulgaria in strengthening health system capacity and ensure continued access to health services for these populations.

WHO has actively provided support to the Ministry of Health to address the health needs of refugees, migrants and asylum seekers as well as that of the Bulgarian population. To further enhance the public health response in the country, WHO commissioned the Joint Review Team (JRT) to conduct a health system review mission in Bulgaria, which was carried out from 28 November to 2 December 2022. Led by the Ministry of Health and WHO, additional JRT members were provided by the European Centre for Disease Prevention and Control (ECDC), the International Organization for Migration (IOM), the United Nations Children's Fund (UNICEF) and the United Nations High

Commissioner for Refugees (UNHCR). The Country Assessment Tool from the Refugee and Migrant Health Toolkit, developed by the WHO Health and Migration Programme, was utilized.

The JRT's mission was to conduct an assessment of the current and emerging health needs and risks for refugees in Bulgaria and the opportunities to further support Bulgaria in both strengthening health system capacity and ensuring continued access to health services for refugees and host communities.

The mission focused on the following objectives and activities:

- to work alongside health authorities and partners in identifying strengths, challenges and opportunities to improve sustainable access to health services for refugees in the country and their integration in health programmes and systems;
- to support better understanding of the health status and health needs in compliance with the Bulgarian legal framework through use of semi-structured interviews or group discussions with diverse stakeholders, refugees and local actors as guided by the Refugee and Migrant Assessment Tool;
- to enhance multisectoral coordination by convening national and local health authorities, key national institutions, United Nations agencies, nongovernmental organizations (NGOs), civil society organizations (including community-based and refugee-led organizations) and other relevant partners working in the country;
- to develop a report on the key findings of the mission and a package of potential interventions based on opportunities identified and the needs for technical support and assistance; and
- to use the report and the outcomes of the review mission as a basis for future technical collaboration in the area of refugee health to address the health needs of refugees and third-country nationals fleeing from Ukraine.

The JRT concluded that while substantial progress has been made, there are also some challenges that need to be addressed. The JRT presents the following recommendations for consideration.

- The draft National Health Strategy for 2022–2030 refers to Bulgarian health workers and other workers migrating to European Union (EU) countries and how to ensure that the health needs of the vulnerable Bulgarian population are addressed. However, there is no provision for refugees, migrants and asylum seekers in Bulgaria nor on how to address their health needs. They should be mainstreamed in all Government policies, and the inclusion of a section on refugee and migrant health should be considered in the draft National Health Strategy. Additionally, the development of the national action plan on refugee and migrant health in Bulgaria, the integration of refugees, migrants and asylum seekers into Bulgarian society and the inclusion of the health component in the implementation of the National Migration Strategy 2021–2025 should be considered.
- There is no specific department within the Ministry of Health responsible for refugee and migrant health because of constraints of the State administration's optimization. However, it is critical to enhance health leadership and coordination capacity at the Ministry of Health to respond to refugee and migrant health. This could include establishing an official refugee and migrant health focal point within the Ministry of Health, with necessary provision of technical and financial support either from the Government or from donors, WHO and partners. A secondment of someone from WHO to act as a focal point at the Ministry of Health could be considered to bridge the gap until an official focal point is recruited.

- Refugee, migrant, asylum seeker and vulnerable Bulgarian populations have difficulties in accessing essential health services due to various barriers, including the inability to pay for health insurance and high out-of-pocket payments (39%). Health insurance coverage is lost if an individual fails to pay more than three monthly contributions in a 36-month period. Building on the study conducted by the WHO Country Office Bulgaria, it is recommended that a health economy expert should be recruited to identify alternative sustained health care financing options for those populations unable to pay for health services due to high out-of-pocket payments, lack of insurance or loss of health insurance through failure to pay contributions. In the short term, cash reimbursement assistance for treatment and prescription costs, with support from organizations such as the Bulgarian Red Cross (BRC), UNICEF or WHO, or from donors, can play a critical role in supporting refugees who are uninsured or unable to pay out-of-pocket payments. Additionally, longer-term and sustained solutions should be found to ensure their personal participation in the health insurance process, including exploring the option of making more extensive use of, and extending the scope of coverage of, Decree No. 17 of 31 January 2007, which establishes the conditions and procedures for the payment of diagnostics and treatment in hospitals for Bulgarian citizens who do not have income and/or personal assets. People granted international and temporary protection are already included in its scope.
- The different demographic (age, gender) and social profiles of refugees, migrants and asylum seekers from Ukraine and those from Afghanistan, north Africa and the Syrian Arab Republic pose a challenge to health systems and health workers, as they may require different specific health approaches and health priorities, including service delivery and health professional training tailored to their health needs and vulnerabilities. It is recommended that an assessment is conducted on the specific health needs and vulnerability of these populations that could form the basis of targeted interventions to protect and improve the health and well-being of women, children and adolescents living in refugee, migrant, asylum and displaced settings. Priority should be given to the provision of essential health services, such as a minimum initial service package for preventive and reproductive health; provision of sexual and reproductive health services; maternal and child health care; support for sexually transmitted infections, including HIV; mental health support; and to establish specialized care for survivors of violence including victims of sexual and gender-based violence.
- There is a high and increasing demand for the health workforce to meet the health needs of all populations, including refugees, migrants and asylum seekers. However, there is a severe shortage of health workers, in particular general practitioners (GPs) and nurses. Complicated registration and deregistration processes for GP services further heighten the problem. This challenge will need to be urgently addressed. This will include implementing activities in the National Health Strategy that can address the challenges of migration of Bulgarian health professionals to other EU countries, to scale up health professional training and to ensure a balanced geographical distribution of health professionals between rural and urban areas. In line with the European Commission recommendation EU 2022/554 on the recognition of qualifications for people fleeing Russia's invasion of Ukraine, utilizing these health professionals and integrating them into the national health system should be considered. Special emphasis needs to be put on child and reproductive health specialists because of the high number of children and women fleeing Ukraine, as well as on mental health specialists.
- There is no indicator for refugee and migrant status reported at the national level among the health data collected. The national health authorities are unable to disaggregate epidemiological data on refugee, migrant and asylum seeker health. This limits the ability to monitor their health status, trends such as morbidity and mortality, or other key health indicators. It is essential to strengthen national and decentralized health information systems and surveillance to better

capture the health status and needs of refugee, migrant, asylum seeker and host populations. It is also important to facilitate national coordination of data collection across agencies and ministries and to build national capacity for health data collection, analysis, dissemination and effective use. The new national digital health information system planned for Bulgaria should allow for individual-level health data that can be disaggregated by migratory status; once established the system should be monitored.

- A national outbreak preparedness and response plan with reference to migrant flows is in place, and the last update was at the onset of the Syrian refugee influx in 2016. There is no standardized process and/or methodology for assessing new public health risks in advance of an impending emergency or an emerging health or other threat. National emergency preparedness and response plans that meaningfully include displaced populations should, therefore, be updated. Recognition and assessment of signals indicating an emerging health or other threat should be a priority.
- The Government has established a one-stop website (information hub) to provide information to refugees, migrants and asylum seekers in Bulgaria in Bulgarian, English, Russian and Ukrainian. The website lists the health services available for Ukrainians living in Bulgaria, one of the first in the WHO European Region. The Government also hosts a national hotline. However, this only provides one-way communication and should be enhanced with interactive chatbot and feedback mechanisms, among other things, in order to facilitate more robust community engagement, real-time needs assessment and accountability for affected populations, including fighting misinformation. Ensuring that necessary information is available and understood by diverse populations is essential. It is also critical to improve communications with the public, counter negative perceptions of refugees, migrants and asylum seekers and dispel fears and misconceptions by providing fact-based information and evidence surrounding the public discourse.

Introduction

Since the beginning of the Ukraine crisis on 24 February 2022, over 800 000 refugees from Ukraine have entered Bulgaria. Temporary protection has been granted to approximately 146 659 people as of 29 November 2022, 92% of whom are women and children (1). In addition, Bulgaria also experienced an increase in asylum applications, originating mostly from Afghanistan, north Africa and the Syrian Arab Republic.

Since the onset of the crisis, WHO has supported Government-led efforts and initiatives alongside key partners on the ground. Building on efforts to date, and working alongside Bulgaria's health authorities to bring added value to existing mechanisms, the WHO Country Office Bulgaria, the WHO Regional Office for Europe and the WHO Health and Migration Programme, in close collaboration with the Ministry of Health of Bulgaria and key partners, undertook a joint review mission to support Bulgaria, with a focus on addressing the health system needs of refugees, migrants, asylum seekers and vulnerable host populations in Bulgaria.

Scope of the health systems country review

The JRT conducted an assessment on the current and emerging health needs and risks of refugees in Bulgaria and the opportunities to further support Bulgaria in strengthening health system capacity and ensuring continued access to health services for refugees and host communities.

Specific objectives and outcomes

Three specific areas of activity were identified:

- to work alongside health authorities and partners in identifying strengths, challenges and opportunities to improve sustainable access to health services for refugees in the country and their integration into health programmes and systems;
- to support better understanding of the health status and health needs in compliance with the Bulgarian legal framework through use of semi-structured interviews or group discussions with diverse stakeholders, refugees and local actors; and
- to enhance multisectoral coordination by convening national and local health authorities, key national institutions, United Nations agencies, NGOs, civil society organizations (including community-based and refugee-led organizations) and other relevant partners working in the country.

From the information derived in the mission, it was intended to:

- develop a report on the key findings and a package of potential interventions based on the opportunities identified and the needs for technical support and assistance; and
- use the report and the outcomes of the review mission as a basis for future technical collaboration in the area of refugee health to address the health needs of refugees and third-country nationals fleeing from Ukraine.

Methodology

The JRT utilized the Country Assessment Tool from the Refugee and Migrant Health Toolkit (2) as a basis for a five-day assessment in Sofia and field visits to Harmanli and Burgas (Annex 1). The first day of the assessment included high-level consultations with the MOH and key in-country partners, followed by 3 days of field visits, and concluded with a high-level presentation of findings to the MOH and key partners. The assessment was led by the Ministry of Health and WHO, with additional JRT members including representatives from the ECDC, IOM, UNHCR and UNICEF. The following technical areas were included in this assessment: Health policy and governance; Health financing and health insurance for refugees, migrants and asylum seekers; Health workforce; Service delivery and access to essential health services; Health information system and health information management; Health promotion, disease prevention and control and social determinants of health; Preparedness and public health response to disease outbreaks, natural disasters and other emergencies; and Health communication and social mobilization for health.

Information to support the review was provided by a desk review conducted prior to and during the mission; meetings with partners, stakeholders and local communities; and field visits. Contributors included the Bulgarian Ministry of Health; the Mayor of Harmanli; the Deputy Governor of Burgas and Harmanli; representatives from the Haskovo and Burgas Regional Health Inspectorate (RHI); GPs, nurses and social workers at the Harmanli Reception Centre and the Nessebar Medical Centre; and doctors and representatives from the BRC, National Centre for Infectious and Parasitic Diseases (NCIPD), the Chief State Health Inspector of the Ministry of Health, the Ministry of Health Medical Services, the State Agency for Refugees (SAR), and the National Centre of Public Health and Analysis (NCPHA).

The Refugee and Migrant Health Country Assessment Tool was developed by the WHO Health and Migration Programme in close collaboration with key stakeholders such as the IOM and UNHCR. The Country Assessment Tool includes a guide to carry out the assessment, templates for interviews with stakeholders and during focus group discussions, as well as key resources. These materials were used during interviews and field visits in Bulgaria. The results are summarized in this report.

Members of the JRT

Under the leadership of Dr Skender Sylva, WHO Country Representative and Head of the WHO Country Office Bulgaria, and Professor Angel Kunchev, Chief State Health Inspector, Ministry of Health, the review team members are given in Table 1.

Table 1. Members of the JRT

Areas of focus	Members
Leadership, health policy and governance	Katya Ivkova, Director of European Coordination and International Cooperation Directorate, Ministry of Health Kanokporn Kaojaroen (Jum), JRT Lead, Lead, Country Support and Capacity Building, Health and Migration Programme, WHO headquarters Mariya Samuilova, Protection and Development Officer, IOM Bulgaria

Table 1. contd

Areas of focus	Members
<p>Health service delivery, health workforce</p> <p>Health promotion, prevention and care for communicable and noncommunicable diseases, including mental health and psychosocial support services</p>	<p>Andreas Hoefler, Surveillance and Microbiology Expert, ECDC</p> <p>Angel Kunchev, Chief State Health Inspector, Ministry of Health</p> <p>Andrea Paiato, Mental Health and Psychosocial Support Expert, WHO Country Office Bulgaria</p> <p>Maria Samuilova, Protection and Development Officer, IOM Bulgaria</p> <p>Apostolos Veizis, WHO Consultant</p>
<p>Health information systems</p> <p>Preparedness and public health response to emergencies, disease outbreaks and disaster</p>	<p>Agoritsa Baka, Preparedness and Response, ECDC</p> <p>Radosveta Filipova, State Expert, Public Health Protection and Health Control Directorate</p> <p>Lauren MacDonald, Epidemiologist, Health Emergency Information and Risk Assessment, WHO Regional Office for Europe</p> <p>Radoslava Mechkyurova, Senior Protection Assistant, UNHCR Bulgaria</p> <p>Gebrewold Petros Yohannes, Senior Public Health Officer, UNHCR Regional Bureau Europe</p>
<p>Health communication, risk communication, community engagement and social mobilization for health</p>	<p>Jonathan Ewing, Risk Communication and Community Engagement Expert, Refugee Health Extension, WHO Regional Office for Europe</p> <p>Georgi Georgiev, Social and Behavioural Change Officer – Emergency Response, UNICEF Bulgaria</p> <p>Jenny Melgaard, Consultant, Technical Specialist Health, WHO Country Office Bulgaria</p> <p>Michail Okoliyski, Public Health Officer, WHO Country Office Bulgaria</p> <p>Ivaylo Spasov, Communication for Social Change Officer, UNICEF Bulgaria</p>



Members of the JRT. © ECDC / Andreas Hoefler

Country context

Geographical context

The Republic of Bulgaria is bordered by Romania to the north, Greece and Türkiye to the south, Serbia and North Macedonia to the west, and the Black Sea to the east (3). The land borders have a total length of 1806 km: 472 km with Greece, 162 km with North Macedonia, 605 km with Romania, 344 km with Serbia and 223 km with Türkiye. The coastline of the Black Sea measures 354 km.

Demographic and socioeconomic context

Bulgaria is facing one of the world's most rapid population declines, with an 11.5% reduction in population during the decade 2010–2020 (4). This has been driven by ageing, fertility reduction and emigration. In 2017 the number migrating out of Bulgaria was over eight times the number of migrants entering the country (5). Out of necessity, Bulgaria is transitioning from being a country of transit migration and emigration to one in need of immigration and foreign labour (Table 2).

Table 2. Demographic, socioeconomic and migration factors in Bulgaria

Demographic factors	
Total country population ^a	6.84 million
Official language	Bulgarian
Share of population over 65 years of age (%)	21.6
Fertility rate (2019) ^b	1.6
Socioeconomic factors	
Income status ^c	Upper-middle income
Gross domestic product per capita (Europe purchasing power parity) ^c	16 268
Relative poverty rate (% , 2019) ^d	22.6
Unemployment rate (%)	5.1
Migrant factors	
Net migration rate per 1000 ^e	-1.4
Total number of international migrants ^f	184 363
Female migrants	92 778 (50.3%)
Male migrants	91 585 (49.7%)
Total number of migrants from Bulgaria ^f	1 683 074
Female migrants	990 218 (58.9%)
Male migrants	692 856 (41.1%)

Table 2. contd

Refugees and asylum seekers ^g	155 053
Ukrainian refugees registered for temporary protection (9/11/2022) ^h	146 659
Refugees from Ukraine recorded in Bulgaria ^h	51 516

Sources: ^aNational Statistics Institute, 2022 (4); ^bOECD, 2023 (6); ^cWorld Bank, 2022 (7); ^dOECD, 2023 (8); ^eUNDESA, 2022 (9); ^fUNDESA, 2022 (10); ^gUNHCR, 2021 (11); ^hUNHCR, 2023 (12).

Profiles of refugees, migrants and asylum seekers in Bulgaria

Because of its geographical location, Bulgaria is both a transit and a destination country for refugee and migrant flows from different regions of origin (including migrants in irregular situations who enter the country illegally). It is one of the main gateways to Europe for migrants as well as a destination for those fleeing Ukraine during the Ukraine crisis.

International migrant workers and their families living in Bulgaria

Since 2018 Bulgaria has ranked fifth in the world of countries facing the most difficulties in filling job positions: specifically in trade, tourism, construction, agriculture and other high-skilled trades such as information technology, engineering and economic sectors. This has heightened the need for foreign labour recruitment.

Of 184 363 international migrants living in Bulgaria in 2020, 81 000 were resident non-EU foreigners, about 1.15% of the total population (13).¹ The Russian Federation, Syrian Arab Republic and Türkiye are the major source countries for those migrating into Bulgaria. Seasonal work permits are issued for a period of up to nine months for work in hospitality, forestry, fisheries and agriculture. Work permits are generally issued for one year, with the possibility of extension to three years. Non-seasonal migrant workers cannot stay in Bulgaria beyond three years unless they have an EU blue card or can claim citizenship on the grounds of Bulgarian origin (13). Otherwise, they are obliged to leave the country and apply for a new work and/or residence permit. Another point of entry is through the higher education system, although graduates find entry into the labour market challenging and face the same challenges as migrant workers at the end of a three-year cycle.

There are no statistics available on how many migrants in irregular situations are living in Bulgaria. In addition, there is no information on how migrants in irregular situations can access health services in Bulgaria.

Ukrainian refugees from Ukraine

According to the presentation by the Ministry of Health during the stakeholders meeting, Bulgaria has received over 800 000 refugees at its borders since the start of the conflict in Ukraine, and has granted temporary protection under the EU's Temporary Protection Directive to approximately 146 659 Ukrainian refugees; 51 500 Ukrainian refugees remained within the country as of 29 November 2022. Temporary protection enables them access to social protection, health care, employment and other public services.

¹ Bulgarian origin is defined as having a first-, second- or third-generation Bulgarian relative in direct line.

According to the presentation by RHI director during the field visit, most Ukrainian refugees stay around the Black Sea: in Burgas, Ruse, Sofia and Varna. The UNHCR estimates that 70% of Ukrainians who remain in Bulgaria do not currently reside in the Government-subsidized hotels or State-owned accommodation centres. While there was a reduction in the number of Ukrainian refugees remaining in Bulgaria over the few months before the mission, it is estimated that those who will remain during the winter months will be among the most vulnerable, and will be in need of both material and financial support to be able to survive the winter. At the writing of this report, 9783 Ukrainian refugees were currently accommodated in State and municipality housing in Burgas, and this was planned to continue at least to the end of February 2023. The long-term accommodation of Ukrainian refugees remains the primary challenge.

Of the Ukrainian refugees in Bulgaria, 92% are women and children. They are in need of basic and life-saving health services; child health, sexual and reproductive health services; education; and mental health and psychosocial support (MHPSS) services.

Health profiles of Ukrainian refugees

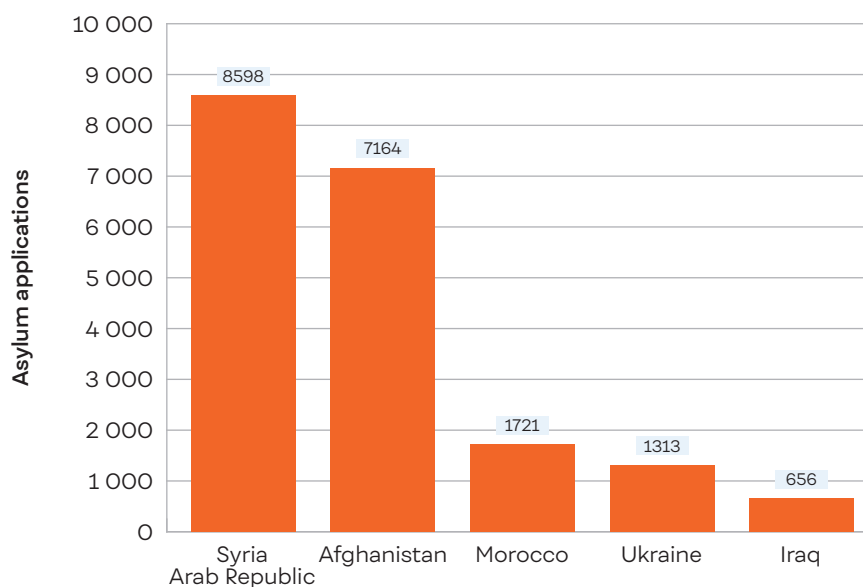
Prior to the crisis, the WHO conducted a Public Health Situation Analysis – Refugee-hosting countries 17 March 2022 which stated that there existed a high prevalence of chronic noncommunicable diseases (NCDs) in Ukraine such as cardiovascular diseases, diabetes, cancer, chronic respiratory disease and mental health condition, accounting for 84% of all mortality. Ukraine also has some of the highest burdens of chronic infectious diseases in the WHO European Region, particularly HIV, tuberculosis (TB) and multidrug-resistant TB, all requiring continuity of care. Since the onset of the crisis, medical supply shortages have been reported in Ukraine, causing challenges to accessing essential health services, and interruptions to prevention, diagnostic and treatment services. Childhood immunization and COVID-19 vaccination uptake have also been well below the EU average. The last nationwide outbreak of measles in Ukraine started in 2017 and continued to 2019, reflecting the prolonged and persisting suboptimal vaccination coverage.

During the field visit to Burgas, the RHI reported a few cases of intestinal parasites (107), rotavirus (81), COVID-19 (119, of which 62 were admitted into the University Hospital) and HIV (26). As a polio test is obligatory before Ukrainian children can enrol in school, 277 polio tests were conducted, none of which was positive. There were no reports of TB or multidrug-resistant TB from the RHI during the visit. The burden of psychological stress and trauma among Ukrainian refugees due to their recent experiences cannot be underestimated. The population is considered at high risk of adverse mental health outcomes, which will require MHPSS services.

Non-Ukrainian refugees, migrants and asylum seekers in irregular situation

The majority of refugees, asylum seekers and migrants in irregular situations enter Bulgaria through the Turkish land border. The Ministry of Interior logged 16 767 people apprehended for illegal entry in 2022. Of these, 44% were from Afghanistan, 40% were from the Syrian Arab Republic and 10% were from Morocco.

The data provided by SAR on asylum applications similarly indicated that, of a total of 20 407 asylum applications in 2022, the majority were from Afghanistan, Morocco and the Syrian Arab Republic. Fig. 1 indicates the top five countries of origin among the asylum applications submitted to SAR in 2022.

Fig. 1. Top five countries of origin of 2022 asylum applications in Bulgaria

Source: data supplied by UNHCR Bulgaria.

Of the applicants for international protection in 2021, 88% were men, of whom the majority (66%) were aged 18–34 years; 16% of all applicants were unaccompanied children (Table 3) (14). At the time of the JRT visit, there were no statistics on the number of migrants in irregular situations living in Bulgaria.

Table 3. Gender and age of applicants for international protection, Bulgaria 2021

Applicants	Number (%)
Male (including children)	18 020 (88)
Female (including children)	2 387 (12)
Children (excluding unaccompanied children)	9 404 (46)
Unaccompanied children	3 348 (16)
Total number of applicants	20 407 (100)

Source: European Council on Refugees and Exiles, 2023 (14).

Health profiles of non-Ukrainian migrants

As these population groups are young, the majority appear to be in good health. During the JRT visit to Harmanli, where most refugees from Afghanistan, Iraq, north Africa and the Syrian Arab Republic are hosted, the RHI reported that 19 055 tests for infectious diseases had been carried out between February and November 2022. These included tests for salmonella (8874), other intestinal pathogens (5036), malaria (1524), syphilis (429) and HIV (2086). During the field visit, the RHI did not disclose how many tests were positive for each disease category. It is unclear, therefore, how many children or unaccompanied children are in need of medical assistance, including MHPSS.

Legal frameworks and policies related to refugees and migrants

Bulgaria is a signatory and has endorsed the conventions, strategic frameworks and protocols that are relevant to migration and displacement, as outlined in Box 1.

Box 1. International, regional and national legal frameworks, law and strategies

International conventions and protocols

- 1951 Convention relating to the Status of Refugees (accession 1993)
- 1967 Protocol relating to the Status of Refugees (accession 1993)
- International Convention on the Elimination of All Forms of Racial Discrimination (signed 1966, ratified 1966)
- International Covenant on Civil and Political Rights (signed 1968, ratified 1970)
- Optional Protocol to the International Covenant on Civil and Political Rights (accession 1992)
- Second Optional Protocol to the International Covenant on Civil and Political Rights, aiming at the abolition of the death penalty (signed 1999, ratified 1999)
- International Covenant on Economic, Social and Cultural Rights (signed 1968, ratified 1970)
- Convention on the Rights of the Child (signed 1990, ratified 1991)
- Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (signed 2001, ratified 2002)
- Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (signed 2001, ratified 2002)
- Convention on the Elimination of All Forms of Discrimination against Women (signed 1980, ratified 1982)
- Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women (signed 2000, ratified 2006)
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (signed 1986, ratified 1986)
- Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (signed 2010, ratified 2011)
- Convention on the Rights of Persons with Disabilities (signed 2007, ratified 2010)
- Optional Protocol to the Convention on the Rights of Persons with Disabilities (signed 2008, not ratified)
- International Convention for the Protection of all Persons from Enforced Disappearance (signed 2008, not ratified)

Key regional frameworks and treaties

- 2001 EU Temporary Protection Directive 2001/55/EC (triggered for the first time by the Ukrainian crisis)
- 2016 EU Migration Partnership Framework
- 2022 Directive on the temporary protection of Ukrainian citizens entering the territory of the Member States of the EU (automatically grants temporary protection to Ukrainian citizens entering EU countries, including Bulgaria)

Key national frameworks and laws

- 1998 Foreigners in the Republic of Bulgaria Act SG 153/1998, amended, SG 70/6.08.1999 (establishes basic procedures for entry and exit of the country for third-country nationals; incorporates seasonal work visas for a maximum period of nine months)
- 1998 Act on Bulgarian Citizenship SG 136/ 1998, last amendment SG 77/18.09.2018 (facilitates access to people of Bulgarian heritage or origin to simplified naturalization processes; Bulgarian origin is defined as having a first-, second- or third-generation Bulgarian relative in direct line)
- 1998 Health Insurance Act SG 70/1998, amended 2022 (extends compulsory health insurance coverage to permanent residents and those under humanitarian protection)
- 2002 Law on Asylum and Refugees SG 4/2002 (establishes processes for asylum applications and protections extended to recognized refugees)
- 2002 Law on Aliens in the Republic of Bulgaria
- 2003 Protection against Discrimination Act SG 86/2003 (prohibits discrimination on multiple bases including nationality, ethnicity and region of origin)
- 2016 Act on Labour Migration and Labour Mobility SG 33/2016 (prohibits unequal treatment of employees on the basis of citizenship; supports access of non-EU citizens to the Bulgarian labour market; introduces penalties for employers who hire illegal immigrants)
- 2021 National Strategy on Migration of the Republic of Bulgaria 2021–2025 (focuses on facilitating immigration of skilled migrants, preventing undocumented migration and ensuring adequate protection specifically for recognized asylum seekers)

Asylum and refugee policy and governance

Asylum law, procedures and responsible agencies

The Bulgarian SAR is the central coordination body for responses to refugee crises. It is funded by the State budget and is responsible for all asylum applications and the granting of refugee status and humanitarian status, which are subsidiary forms of protection under EU law. It manages, coordinates and controls the implementation of State policies relating to granting refugee status to people seeking international protection in Bulgaria. In addition, SAR has responsibilities towards temporary protection holders, including for the issuance of the registration card for those granted temporary protection. The overall responsibility lies with the Council of Ministers.

Asylum applications can be submitted on the territory, at borders with the Border Police or in detention centres with staff of the Migration Directorate; all are required to refer immediately to the SAR (LAR, Art. 58(4)). The SAR is required to formally register the referred applications no later than six working days from their initial submission before another authority.

Among other cooperation and support mechanisms, a tripartite agreement concluded in 2010 with the Border Police and the Bulgarian Helsinki Committee allows the UNHCR to monitor borders, provide legal assistance and track protection-related incidents. SAR also conducts Border Police training several times a year. The UNHCR in Bulgaria provides support to the authorities and civil society bodies that deal with the protection of refugees and asylum seekers. It regularly audits the quality of the asylum procedure, provides guidance in the form of materials and training on European and national asylum case law and works with the Government, NGOs and community organizations to promote a positive environment for the protection and integration of refugees in the country.

In response to the ongoing increase in arrivals of refugees and asylum seekers in Bulgaria, the Bulgarian Government formed a Task Force chaired by the Deputy Prime Minister and the Minister of the Interior and comprising all deputy ministers, including the Deputy Minister of Health, the State Health Inspector and the Director of Medical Services. However, at the time of this review, the Task Force was not meeting regularly.

The JRT noted that, while there is generous legal and structural support at all levels of the Government, challenges remain in terms of limited resources, low staff salaries and high staff turnover, which create delays in processes. Additionally, there is political uncertainty as there are frequent changes at the higher level of many governmental agencies.

Protection under the LAR

The LAR was adopted in May 2002. It defines the conditions and procedures for granting international protection to foreigners, as well as their rights and obligations. The UNHCR supports operational processes to help refugees to apply for international protection in Bulgaria, where there are two different types of protection:

- international protection, which is refugee status and humanitarian status (subsidiary protection under EU law) granted by SAR; and
- asylum, a separate, national form of protection that may be granted by the President of the Republic of Bulgaria.

Refugees and migrants can apply for international protection at the immigration centres in Busmatsi and Lyubimets and receive legal assistance from the Bulgarian Helsinki Committee.

The LAR ensures that refugees and asylum seekers can access the Bulgarian health system in an identical way to Bulgarian citizens, including access to vaccines.

Temporary protection for Ukrainian refugees

The Government has taken many actions since the onset of the crisis in Ukraine, including legislative actions. The LAR regulates the reception of asylum seekers, the assessment of their claims and their rights during the procedure, as well as upon recognition as international protection beneficiaries.

On 4 March 2022, the EU Council of Ministers adopted the Decision for Granting Temporary Protection for people displaced from Ukraine for a period of one year from 24 February 2022 (15). Upon entering Bulgaria, refugees from Ukraine have the right to apply for either temporary protection or international protection, which includes granting refugee or humanitarian status or the right to stay in Bulgaria without a visa at their own expense for up to 90 days (with a possibility of extension for up to six months). The Temporary Protection Directive also defines access to employment, accommodation, medical care, social welfare, banking, education for minors and freedom of movement under prescribed conditions to other EU countries.

The Council of Ministers of the Republic of Bulgaria has adopted an Updated Action Plan on Temporary Protection in the Republic of Bulgaria (Decision 510/21.07.2022) and signed an agreement between the EU Agency for Asylum and the Republic of Bulgaria. The Operating Plan (16) is being implemented in partnership with SAR and has two main objectives:

- to strengthen the capacity of authorities to implement the Temporary Protection Directive by supporting the provision of agreed-upon information; and
- to provide specialized training and workshops for national personnel for the effective implementation of the Temporary Protection Directive and the rules of the Common European Asylum System, including training on communication to be used with children and victims of trauma.

Once registered, Ukrainian refugees have rights to access health care through the National Health Insurance Fund (NHIF). Based on a decree passed on 5 May 2022, registered Ukrainian refugees can register with a GP in the area they are living. The distribution of core relief items such as pillows, mattresses, kitchen sets, nappies, baby food and formula, in addition to women's and children's clothing, is currently provided by various organizations and individuals depending on location. People accommodated at hotels and Government-run centres were provided with meals during the first phases of the response but not by the end of 2022.

SAR operates two types of collective reception facility: transit centres and reception and registration centres. Both can be used for registration, accommodation, medical examination and implementation of the asylum procedure, and 9783 Ukrainian refugees had been accommodated under the State-sponsored accommodation scheme by 14 December 2022.

Unaccompanied children

Unaccompanied children or children accompanied by a non-family member are at heightened risk, particularly of trafficking and separation. Zones for unaccompanied children were recently opened in mid-2019 and 2020. They are located in the reception and registration centres in Sofia at the Voenna Rampa and Ovcha Kupel shelters, where children are provided with round-the-clock care and support tailored to their specific and individual needs. The safe zones with total capacity to accommodate 288 unaccompanied children are operated by the IOM in Bulgaria, and funded by the European Commission's financial instruments.

None of the other reception centres, including the biggest one in Harmanli, provides a safe zone for unaccompanied children. This presents a challenge due to the significant increase in new arrivals of unaccompanied children. In such cases, children are accommodated in mixed dormitories without proper care, safety and security measures. Accommodation outside the reception centres in individual dwellings is permitted but is accessible only to asylum seekers who can afford to pay rent/utilities.

Migration policy and governance

Bulgaria's National Strategy on Migration 2021–2025

Bulgaria adopted its National Strategy on Migration of the Republic of Bulgaria 2021–2025 (the Strategy) in 2021 (17). The term integration has notably not been included in this title –as it was in the previous document, the National Strategy on Migration, Asylum and Integration for 2015–2020.

The Strategy outlines the major goals for the country, including improving reception for migrants, identifying ways to integrate highly skilled workers; strengthening the internal processes preventing undocumented migration; and coordinating with the EU and major source countries to prevent undocumented migration flows. It also includes some provisions on refugee protection. The objectives of the Strategy include:

- to provide conditions for the reception of migrants who arrive legally in the country for the purposes of work, study or other reasons and have legal grounds to stay (considering the needs of the labour market), in particular highly skilled workers, and to establish a facilitated regime for entry and residence under the conditions of mobility as a way of attracting highly qualified third-country nationals to work;
- to strengthen the processes of return for foreigners residing in the country without legal grounds, in accordance with the established standards for the protection of human rights, as well as to strengthen the measures for prevention of illegal migration and for the establishment of illegal residence on the territory of the country;
- to contribute to the adoption of the Common European Asylum System in accordance with the principles of solidarity and responsibility, which ensures adequate reception of people who need protection while preventing the unequal distribution of the burden of refugee flows, abuses of the system for asylum and secondary movements; and
- to participate in the processes of developing and strengthening partnerships with third countries and to actively contribute to partnerships with key third countries of origin and transit, a source of illegal flows to the Republic of Bulgaria.

The Strategy has a dedicated chapter on unaccompanied children (pp. 17–19) and recognizes the need for improvement of coordination and establishment of a multisectoral working group. In May 2022, the Ministry of Labour and Social Policy approved a coordination mechanism for interaction and joint work between institutions and organizations for unaccompanied children or foreign children separated from their families, which included establishing a Permanent Expert Group to monitor the mechanism of implementation.

It is important to note that the Strategy does not have an action plan for its implementation with a clear monitoring and evaluation framework and costing. In addition, it does not have a health component.

Currently, Bulgaria does not have a national integration programme for refugees, migrants and asylum seekers, and integration is not part of the Strategy. In the past, such programmes were provided on a limited basis for a specific target group, such as asylum seekers under international protection. No action plan has been adopted and no funding has been allocated for integration. In addition, while municipalities are nominally in charge of promoting refugee integration, they are not assigned a budget to implement this, thus limiting the effectiveness of this provision. While there are ongoing efforts to review this situation, at the time of writing (early 2023) the policy does not include a provision on how to integrate migrants in irregular situations into services. This likely impacts overall sentiment towards these groups. During the field visits, it was reported that negative sentiments towards refugees and migrants is rampant among host populations.

Bulgaria is a signatory of the Global Compact on Refugees but not the Global Compact for Safe, Orderly and Regular Migration.

Assessing health system needs for refugees and migrants in Bulgaria

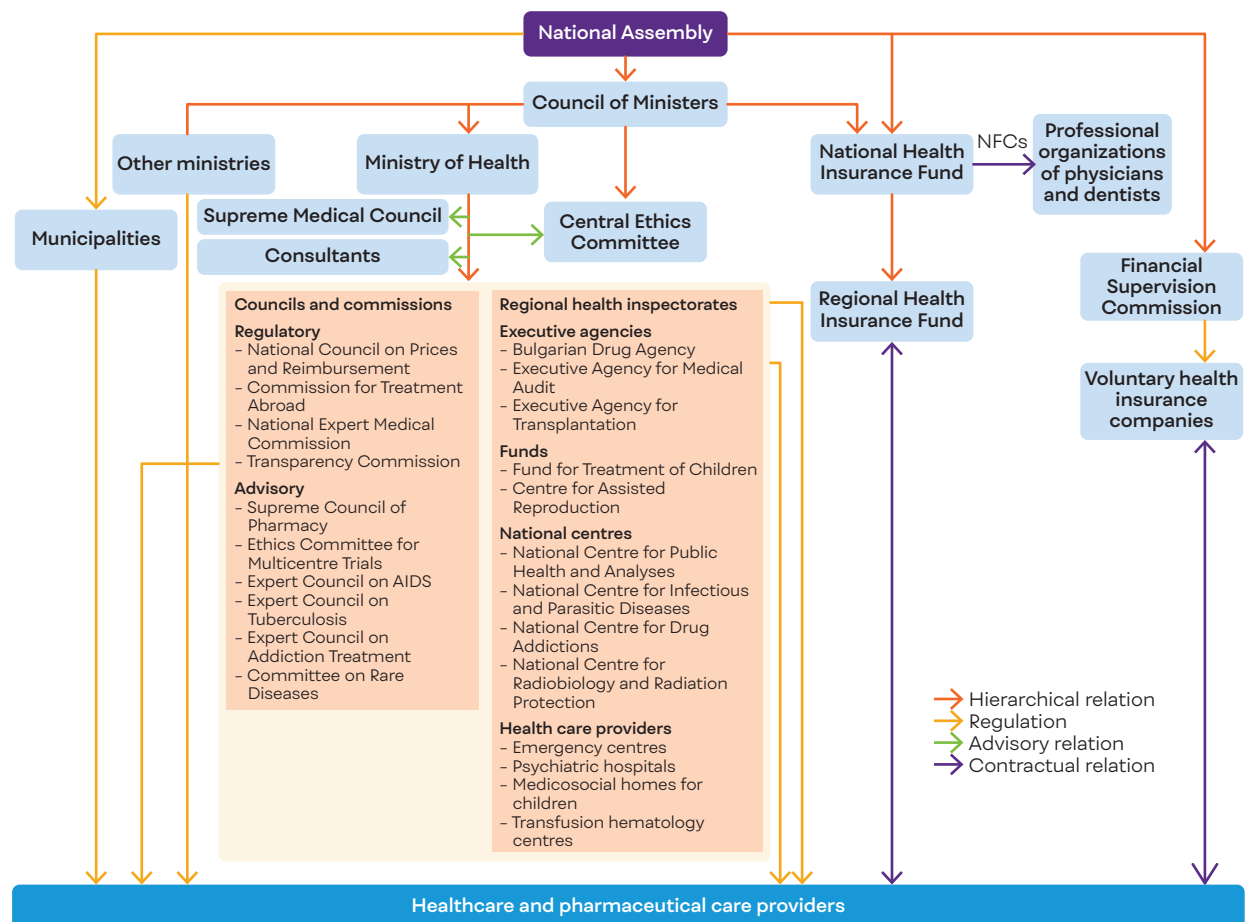
Health policy and governance

Organization of the health system

The main actors in the system are the National Assembly and its Parliamentary Health Care Committee representing the legislative power; the Council of Ministers and the Ministry of Health representing the executive power; the NHIF; and the professional organizations of physicians and dentists, representing the public and nongovernmental sector. Health policy priorities are determined by the Council of Ministers and the Ministry of Health through the Government Programme and the national health strategies. At the district level, state health policy is organized and implemented by the RHIs (Fig. 2).

There is no specific department within the Ministry of Health responsible for refugee and migrant health. Responsibilities are shared between the Department of Medical Services and the State Health Inspector on an ad hoc basis.

Fig. 2. Organization of the health system in Bulgaria



Source: Dimova et al., 2018 (3).

Health policy and planning

National Health Strategy 2030

The Ministry of Health is responsible for strategic planning in the Bulgarian health system. Health policy priorities are defined in the national health strategies. The draft National Health Strategy for 2022–2030 (18,19), which has yet to be endorsed by the National Assembly, is built on the following six priority areas.

Priority 1: sustainable development and strengthening of the public health protection system

Priority 2: improve the quality, efficiency and control of medical activities

Priority 3: effective medicine policy

Priority 4: electronic health care

Priority 5: human resources, improving training and working conditions in the health care system

Priority 6: ensure financial sustainability of the health care system.

The National Health Strategy 2030 has reference to the migration of Bulgarian health workers and other workers to EU countries and the health needs of vulnerable Bulgarians in the country and how to address them. However, it does not make references to refugees and migrants in Bulgaria nor on how to address their health needs.

The National Programme for the Improvement of the Maternal and Child Health 2021–2030

The National Programme for the Improvement of the Maternal and Child Health (NPIMCH) 2021–2030 (20) is an important tool with the main objective of ensuring the sustainability of policies in the field of maternal and child health, and building on the results achieved from the implementation of the measures set out in the NPIMCH 2014–2020 (21).

The NPIMCH 2021–2030 was developed to improve maternal and child health care under the Management Programme of the Government of the Republic of Bulgaria for the period 2017–2021. This Management Programme includes measures such as updating the NPIMCH 2014–2020, the development of integrated health and social services for children, and finalization of the process of deinstitutionalization of children up to 3 years of age by closing all homes for medical and social care for children. The implementation of the planned measures will provide conditions for active health promotion and disease prevention, improving the quality and scope of timely and comprehensive health services, strengthening the competencies of medical and nonmedical specialists, and developing of health and integrated health and social services for women and children.

The specific activities envisaged for the implementation of the priorities of the NPIMCH 2021–2030 are detailed in an Action Plan, which should be reported annually and updated over a period of three years. The Action Plan for the period 2021–2023 is currently being implemented.

Policy for health service access for refugees and migrants

According to the Health Insurance Act (1998), all Bulgarian citizens are covered by the compulsory social health insurance (SHI) system. In addition, the following groups are covered: citizens who are also citizens of another country but permanently live in Bulgaria; foreign citizens or individuals without citizenship but with a long-term residence permit; and individuals under temporary

protection or asylum seekers and refugees under international or humanitarian protection. Under the law, the SAR has the obligation to cover the health insurance of asylum seekers who apply for refugee status.

Health financing and health insurance for refugees, migrants and asylum seekers

Health insurance and its coverage

A health insurance system, with compulsory and voluntary health insurance, was established in Bulgaria by the 1998 Health Insurance Act. The key players in the insurance system are the insured individuals, the health care providers and the third-party payers, which are the NHIF, the single payer in the compulsory SHI system, and voluntary health insurance companies. Health financing consists of a public–private mix. Health care is financed from SHI contributions, taxes, out-of-pocket payments, voluntary health insurance premiums, corporate payments, donations and external funding. Within the SHI system, the NHIF, through its branches of 28 regional health insurance funds, is the sole purchaser of health services (Box 2).

Box 2. The basic benefit package of health services covered by the SHI (NHIF, Ministry of Health)

The basic benefit health insurance package covers the following:

primary outpatient medical care: health promotion and prophylaxis, health risk assessment, screening services, immunization, diagnostic and treatment services specified by type, home visits and medical expertise;

specialized outpatient medical care: consultations, prophylactic examinations, ambulatory screening services, medical specialists and 64 predefined highly specialized activities;

outpatient diagnostic services: 184 tests in eight specialties (clinical laboratory, clinical microbiology, medical parasitology, virology, imaging diagnostics, general and clinical pathology, clinical immunology and immunohaematology);

outpatient dental care: 17 services (primary, specialized and surgical) for children up to 18 years of age, eight services (primary and surgical) for people over 18 years of age and one additional service for children with mental health issues; and

inpatient services: 267 clinical pathways (hospital stays of over 48 hours), four clinical procedures (length of stay up to 24 hours) and 42 ambulatory procedures (not requiring hospitalization).

In addition to the services provided by hospitals, the NHIF pays for medicines for hospital treatment for cancers.

The basic benefit package does not cover long-term nursing care, long-term care for elderly people, occupational health care and prevention, elective termination of pregnancy and contraception.

Health services and medicinal products beyond the scope of the basic benefit package are funded through transfers from the Ministry of Health's budget to the NHIF. Prophylactic examinations and dispensary services included in the basic benefit package are covered by the Ministry of Health. These services and products include compulsory vaccines and vaccinations, outpatient treatment of dermatovenereal diseases, intensive care for uninsured individuals, and prophylaxis, diagnostics and maternity services for uninsured women.

Health insurance for people with refugee status, humanitarian status or asylum

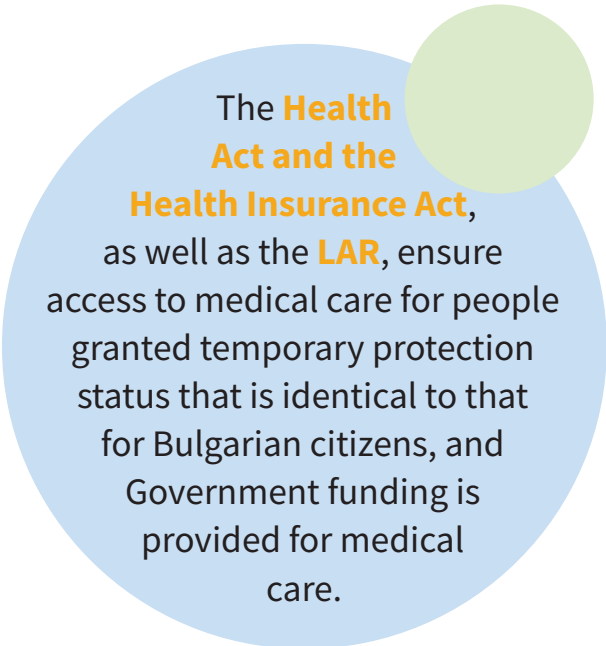
According to the Health Insurance Act, health insurance is mandatory for people within the procedure for granting international protection, humanitarian status, subsidiary protection or asylum. The payment of health insurance for people who apply for asylum status is guaranteed by SAR with funds from the Government budget. Their entitlement to health care services arises from the date of initiation of a refugee or asylum procedure. After a procedure for granting status has been opened, a mandatory medical examination is carried out and treatment (if needed) is provided. These activities are free of charge for individuals who have sought protection and are carried out at the reception and registration centres of the SAR. Following disclosure of the procedure for granting status and obtaining a registration card under the Asylum and Refugees Act, people who have applied for protection have the right to make a choice of GP. They have health insurance and have the right to access a basic package of medical activities paid for by the NHIF.

GPs are the entry point for accessing health care services for refugees, migrants and asylum seekers in Bulgaria. GPs are responsible for making referrals when a consultation is needed for people who are in the procedure for granting status and obtaining a registration card under the Asylum and Refugees Act.

From the day after the recognition of refugee status, health insurance covered by SAR ceases with respect to international protection and patients must contribute a monthly health insurance payment, with a minimum fee of 28.4 BGN (US\$ 15.8) (22), unless covered by their employers. Refugees and migrants, similar to the host population, lose their SHI coverage if they fail to pay more than three monthly contributions within a 36-month period. To restore their health insurance rights, they have to settle all contributions for the last five years.

There are no official data on the exact number of refugees insured or how many are excluded from the health insurance system because of their inability to pay after SAR no longer covers their health insurance costs.

Health insurance coverage for Ukrainian refugees under temporary protection



The **Health Act and the Health Insurance Act**, as well as the **LAR**, ensure access to medical care for people granted temporary protection status that is identical to that for Bulgarian citizens, and Government funding is provided for medical care.

The Health Act and the Health Insurance Act, as well as the LAR, ensure access to medical care for people granted temporary protection status that is identical to that for Bulgarian citizens, and Government funding is provided for medical care. Health insurance coverage for temporary protection holders is limited to three months except for children, women older than 63 years and men older than 65 years. Upon the expiry of this period, temporary protection holders are responsible for making the monthly health insurance payment as outlined above. Failure to pay the instalment for three months results in exclusion from the national health insurance system. Some medical interventions and medications are not fully covered, with only partial reimbursement from the NHIF, and require additional payment.

It is also important to note that not all areas of social benefits automatically apply to temporary protection holders. For example, children with disabilities who are temporary protection holders are not covered by the Law on Family Benefits for Children and so do not have access to financial

support for their disabilities, apart from medical equipment. People with NCDs who are registered under temporary protection in principle have access to health services and medicines under the same conditions as Bulgarian citizens.

Despite legislative amendments that are intended to ensure access to health care on the same basis as Bulgarian nationals, Ukrainian refugees, in practice, face obstacles both in accessing the necessary medical care – due to an insufficient number of GPs or their unwillingness to register temporary protection holders as patients – and in purchasing medicines, as many medicines are not reimbursed fully or partially by the NHIF.

Health insurance for migrants in irregular situations

Access to health insurance requires formal identity documents and a permanent address, which can be difficult for migrants in irregular situations, who are also not included under the scope of the Law on National Health Insurance. As a result migrants in irregular situations may not be able to access health services or may decide not to seek health care through concerns about their documentation or fear of deportation or detention.

Out-of-pocket payments and access to prescriptions, medicines and medical products

Out-of-pocket payments

In 2019 out-of-pocket payments accounted for 39% of current spending on health, the second-highest share in the EU (EU average, 15.5%). Data from household budget surveys carried out between 2005 and 2018 (23), data on unmet need for health services up to 2020, and information on coverage policy (population entitlement, service coverage and user charges) up to 2022 indicate that:

- the incidence of impoverishing or catastrophic health spending in Bulgaria is high compared with other EU countries, with 8% of households experienced impoverishing health spending in 2018 and 19% experienced catastrophic health spending;
- catastrophic spending is heavily concentrated among poorer households, older people and people living in rural areas and is almost entirely driven by out-of-pocket payments for outpatient medicines;
- the incidence of catastrophic spending has grown over time, pushed up by a large increase in the poorest quintile; the share of households in the poorest quintile with catastrophic spending grew from 55% in 2015 to 64% in 2018; and
- unmet need for health care and dental care has declined over time, reaching the EU average in 2018, but unmet need for prescribed medicines due to cost is higher than the EU average.

The factors that undermine financial protection, with a disproportionate impact on poorer and older households as well as refugees, migrants and asylum seekers, include the following.

- There are significant gaps in all three dimensions of health coverage. A relatively large share of the Bulgarian population (15%) is uninsured and can only access a few publicly financed health services. This is because access to NHIF benefits is based on payment of contributions; the Government pays contributions only for people in extreme poverty and many people living below the poverty line cannot afford to pay contributions.
- People lose NHIF coverage if they fail to pay more than three monthly contributions in the previous three years; to restore their health insurance rights they must pay any unpaid contributions accrued in the previous five years, a level of debt that many are unable to repay.

Access to medicines and medical products

Medicine prices have fallen in response to efforts to control prices introduced in 2011 and 2013 but remain high compared with other EU countries. All medicines are subject to one of the highest value-added tax rates in the EU (20%). Physicians prescribe branded medicines and generic substitution by pharmacists is not allowed. As a share of gross domestic product, public spending on health is low compared with most EU and western Balkan countries. Although it has increased in recent years, it has not grown as fast as out-of-pocket payments.

A complex system of user charges (co-payments), involving a heavy percentage of co-payment for outpatient prescriptions, fails to provide sufficient protection for poorer people and people with chronic conditions. Although medicines for severe chronic conditions are available free of charge at the point of use for people covered by the NHIF, more than half of all NHIF-financed prescriptions incur a percentage co-payment of 50% or more of the reference price. There are no exemptions from these co-payments, which is particularly problematic for poorer households and people with chronic conditions. There is no overall annual cap on co-payments.

In response, the BRC with support from WHO provides some financial support to refugees when seeking access to over-the-counter medicines. In addition, there are a few smaller NGOs which, through WHO and other partner funding, also provide financial and logistical support to refugees and migrants to access medicines.

Ukrainian prescriptions are not valid in the country and only 40% of psychiatric medicine is covered under the NHIF. The essential psychotropic drug list is not cross-checked with the Ukrainian list, which may cause problems accessing necessary medicines, particularly for people with chronic mental health disorders.

Health workforce

Shortage of GPs and nurses

There is significant pressure experienced in Bulgaria in the provision of health care services for refugees, migrants and asylum seekers, as well as for the host population, due to a shortage of human resources including medical and nonmedical staff.

The number of physicians per 1000 population has been steadily growing, from 3.17 in 1990 to 4.06 in 2015, which put Bulgaria above the EU average (3.5 per 1000 population). However, the number of GPs has been steadily decreasing. There are far more medical specialists than GPs, with the latter making up only 16.6% of the total physician workforce; this is the second-lowest ratio in the EU. Rapid ageing (the average age of GPs in Bulgaria is 58 years) and an outward migration of physicians has resulted in large regional discrepancies and insufficient coverage in some specialties. Although the number of nurses has stayed comparatively stable, albeit at a very low level, Bulgaria still records the lowest nurse per physician ratio of all EU Member States, with 1.1 nurses per physician in 2018 (3).

In-service training for Bulgarian health workers

Health professionals working with refugees and migrants need ongoing awareness-building and continued education on refugee and migrant health needs, particularly as these needs will shift from short- to longer-term care needs.

Continuous medical education in Bulgaria is organized by the Bulgarian Medical Association in accordance with the Health Act. Training can include courses, workshops, seminars, conferences, congresses, presentations, distance learning and support to attend specialized courses. A credit system is used to assess medical specialists' performance based on different categories (such as conferences or distance learning) with each having a certain number of credit points over a period of three years (3).

Language and cultural barriers have been reported by GPs and nurses during the JRT visits. Currently, there is no specific training on the provision of refugee- and migrant-sensitive health services. Some GPs and health workers reported difficulties in finding health mediators or translators and some refugees are used to provide translation services.

Integration and utilization of refugee health workers in the national health system

Under EU directives 2005/36/EC (Recital 10) on the recognition of professional qualifications, refugee health workers are unable to work as medical personnel in Bulgaria, as their diplomas and certifications are not recognized unless they also meet minimum training requirements. It imposes an obligation on Member States to not recognize any qualification held by EU or non-EU citizens relating to the professions such as doctors, certain specialized doctors, nurses responsible for general care, dental practitioners, veterinary surgeons, midwives, pharmacists and architects.

On 5 April 2022, the EU issued Commission recommendation EU 2022/554 on the recognition of professional qualifications for people fleeing Russia's invasion of Ukraine (24). It stated that it does not create an obstacle to the possibility of Member States recognizing, in accordance with their rules, the professional qualifications acquired outside the territory of the EU by third-country nationals. It recommends that, where professionals fleeing Russian aggression do not meet these minimum training requirements, it is essential to identify solutions as to how they can obtain the missing competences, or how an appropriate and quick integration in the labour market can be achieved. At present, Bulgaria has not implemented the recommendations and no Ukrainian health workers have been integrated into the national health workforce or utilized to provide health services to refugees and migrants, despite the shortage of doctors and nurses in the country.

Service delivery and access to essential health services

Access to essential health services

Communicable disease treatment and screening

- **TB.** Bulgaria is considered one of the 18 high-priority TB countries in the WHO European Region. While the national TB programme in Bulgaria has been largely effective, the recent transition from external to domestic funding has raised some concerns surrounding long-term sustainability (25). Collaborations between the Government and NGOs have historically led to good coverage for TB services targeting refugees, migrants and migrants in irregular situations (26). These services are particularly important in the context of the high rates of TB in Ukraine, although there are limited data available addressing infection and treatment rates among Ukrainian refugees.
- **HIV.** Bulgaria has a relatively low prevalence of HIV and has been generally successful in controlling the epidemic (27). Free HIV testing and antiretroviral treatment are available for refugees, although associated costs may vary for migrants based on their documentation/registration (28).

- **COVID-19.** Bulgaria was severely impacted by the spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and the resulting COVID-19. According to the WHO Coronavirus (COVID-19) Dashboard, by 11 November 2022, there were 1 282 284 confirmed cases with 37 936 deaths. By 16 October 2022, a total of 4 566 807 vaccine doses had been administered, with just over 30% of the eligible population vaccinated against SARS-CoV-2. Despite a free national immunization programme, vaccine uptake has remained low in both the host population and refugees, migrants and asylum seekers due to misinformation, lack of trust and logistical issues. Refugees, migrants and asylum seekers received COVID-19 vaccines at the RHIs and BRC but these populations have not been incorporated into the national COVID-19 vaccination strategy. WHO has provided support to update vaccination guidelines to consider the refugee and migrant communities.
- **Health screening.** Refugees, migrants and asylum seekers are required to have five mandatory tests (TB, HIV, malaria, syphilis, intestinal helminths and protozoa) upon entering Bulgaria without necessitating informed consent. These tests are not required for Ukrainian refugees or Bulgarian nationals, leading to an increase in stigmatization and discrimination. A lack of cultural mediation raises additional issues of regarding the quality of the screening service provision and confidentiality.

Maternal and child health, reproductive health

Maternal and child health is one of the main priorities of public health policy. Every pregnant woman is eligible for health services from the beginning of pregnancy to the 42nd day after childbirth. Prenatal and postnatal services include promotion and training in nutrition and newborn care, regular check-ups and prenatal diagnosis and prevention of congenital disorders; these are provided by primary and specialized ambulatory care facilities, as well as by hospital services during the delivery. Antenatal care is free under the compulsory SHI, while those without insurance are entitled to only one free antenatal appointment in addition to delivery itself. There are extremely few data available addressing the rates of antenatal care attendance, including among refugee, migrant and asylum seeker populations. A range of contraceptive methods are available in cities, but fewer options are available in rural areas. No contraceptives are reimbursed, fully or partially, under SHI. Abortion is legally available on request before 12 weeks of gestation but not covered by the SHI.

Children up to 18 years of age are entitled to free access to paediatric care and are encouraged to attend regular medical check-ups conducted by GPs and paediatricians.

Children up to 18 years of age are entitled to free access to paediatric care and are encouraged to attend regular medical check-ups conducted by GPs and paediatricians. The establishment of a National Paediatric Hospital, the expansion of the activities of the health consultative centres for maternal and child health and the establishment of centres for comprehensive services for children with disabilities and chronic diseases in all districts of the country will contribute to the realization of the NPIMCH goals. It is also envisaged that 26 residential integrated health and social services facilities will be constructed for children with disabilities who need permanent medical care, as well as for children with high-risk behaviour.

In addition, six Blue Dot Hubs, operated by UNHCR, UNICEF and other partners in the cities of Burgas, Sofia and Varna, as well as in Ruse and Dobrich, provide a safe space, support and referrals for health care, legal, education and psychosocial support, with a particular focus on

children and those at greatest risk, including unaccompanied and separated children, people with

disabilities, cases of suspected trafficking, survivors of sexual or gender-based violence and refugees from the lesbian, bisexual, transgender, intersex and queer community.

MHPSS services for refugees, migrants and asylum seekers

Mental health challenges remain a great concern among the refugee and migrant populations in Bulgaria. The JRT at the time of the mission found that no systematic assessment had been carried out to evaluate the prevalence of mental illness among refugees, migrants and asylum seekers. The WHO estimate of the global prevalence of mental disorders (depression, anxiety, post-traumatic stress disorder, bipolar disorder and schizophrenia) is 22.1% at any point in time in conflict-affected populations (29). According to WHO estimates, more than 11 000 Ukrainian refugees currently recorded in Bulgaria will likely experience symptoms of mental illness.

In Bulgaria, specialized mental health services are available, including 12 state psychiatric hospitals, 12 mental health centres and 21 psychiatric clinics and wards at multidisciplinary hospitals, which have a total capacity of about 4000 beds across the country (30). There are also 22 child psychiatrists in Bulgaria and three inpatient wards for children (in Plovdiv, Sofia and Varna), with a total of 29 beds. There are some outpatient facilities for children in Rousse and Sofia. Outpatient services are run by the state psychiatric hospitals, mental health centres and university psychiatric clinics (31). For those speaking English or Ukrainian, contact information for psychologists and neurologists active across the country are listed online in a Government website (32).

Access to these specialized services appears to be challenging, if not impossible, for refugees and migrants, particularly for those who do not speak English, Russian or Ukrainian, due to significant barriers related to limited information and awareness about the availability and nature of the services, difficulty in accessing GPs and other linguistic, cultural and economic barriers. In general, cultural mediation capacity – including both language and cultural aspects in reception, triage and care – seemed to be unavailable across the services visited.

The NHIF partially covers psychiatric services, but not services provided by psychologists. Only 40% of psychotropic drugs are covered under the NHIF scheme and the essential psychotropic drug list is not cross-checked with the Ukrainian list, which, therefore, forces refugees, migrants and asylum seekers to rely heavily on emergency health care centres and facilities, which are more accessible and free of charge. The capacity of health operators to timely identify signs and symptoms of mental, neurological and substance abuse disorders within these centres is to be further assessed.

Continuity of care in MHPSS services in Bulgaria

Continuity of care is very challenging and complex for Bulgarian residents requiring MHPSS services as well as for refugees, migrants and asylum seekers, as those with MHPSS needs require sustained psychiatric treatment and psychotropic medications. Integrated specialized community-based recovery-oriented rehabilitation services are extremely rare and are a good example of where future scalability and eventually pilot projects would be advantageous for improved referral systems for refugees, migrants and asylum seekers (31).

In Harmanli, psychosocial services seemed insufficient, as several agencies, including United Nations agencies, reportedly ran out of funds in the second half of 2022. Information on available services was lacking. A centre for informal learning and therapeutic play for refugee children is run by international volunteers living in Bulgaria, who use crowd-funding for support. These spontaneous initiatives are invaluable, but technical support and supervision for case management and referral of children are needed for additional specialized psychological services.

According to interviews with nurses and GPs in Hamanli, they are able to identify the signs and symptoms of mental, neurological and substance abuse disorders. When needed, referrals are made to a psychiatrist in Haskovo, the nearest city. However, the clinical setting seemed uncondusive for proper confidential mental state assessments due to a lack of cultural mediators. Additionally, compliance and access to further specialized services for refugees, migrants and asylum seekers, when prescribed, was unclear, because of a lack of available data on access to health care services including for MHPSS.

Access to MHPSS services by Ukrainian refugees

According to the RHI in Burgas, there are both public and private inpatient and outpatient specialized facilities for mental health care, including psychiatrists and psychologists trained in trauma-focused clinical approaches and the support of survivors of gender-based violence. These facilities also function as referral services for Ukrainian refugees hosted in Nassebar, Sunny Beach and the surrounding locations along the Black Sea coast. However, in case of referrals, refugees would have to travel more than 30 km to visit MHPSS specialists in Burgas. Similar to Harmanli, access to MHPSS, satisfaction and appropriateness were not verified during the assessment in Burgas.

A **toll-free helpline** run by Ukrainian/Russian-speaking psychologists is active to provide **tele-health and online psychological first aid**, counselling and linkages for refugees to humanitarian aid.

A toll-free helpline run by Ukrainian/Russian-speaking psychologists is active to provide tele-health and online psychological first aid, counselling and linkages for refugees to humanitarian aid. Other options for psychological assistance, including assistance from a qualified psychologist, are available, such as in the six Blue Dot Hubs established by the UNHCR and UNICEF and operated in coordination with the BRC with support from WHO and other partners. During the visit to the accommodation centre for Ukrainian refugees in Sunny Beach, information on available mental health services, accessibility and focal points was lacking.

MHPSS training for health workers

Nurses and GPs in Harmanli and Sunny Beach primary care centres appear to have the capacity for identifying signs and symptoms of mental, neurological and substance abuse disorders; however, their training had been provided long ago and likely not refreshed or adapted to the new and different groups of clients, such as refugees and migrants from very different cultural contexts.

Additionally, health workers seem to operate in isolation. Interconnection between the medical, social and psychological aspects of support networks is fundamental to meet the different needs of groups and individuals, particularly if they are migratory. Hence, training focused on MHPSS as a multidimensional and cross-sectoral field, in accordance with the United Nations Inter-Agency Standing Committee (IASC) guidelines, would be highly beneficial.

Barriers to accessing essential health services for refugees, migrants and asylum seekers in Bulgaria

During the field visits, the JRT were briefed regarding several barriers experienced by refugees, migrants and asylum seekers (Box 3).

Box 3. Barriers to accessing essential health services for refugees, migrants and asylum seekers

A number of barriers were identified by GPs, the BRC, representatives of the RHIs and migrants themselves.

- There is often a lack of understanding of the health system and how to navigate it, as well as administrative and language barriers. Many GPs and nurses reported difficulties in finding health mediators or translators.
- Rapid movement of refugees, migrants and asylum seekers from one location to another within Bulgaria, or transit through multiple countries, can result in GPs needing to deregister patients. As this is a complicated process, many GPs are reluctant to enrol these patients in the first place. Movements also create a rupture in health service continuity and patients may find it hard to adhere to recommended treatment through uncertain daily living conditions.
- Prescribed medications, assistive devices (such as for eye health, hearing or other disabilities) and other health products may be unaffordable under the current temporary protection and national health policy for the provision of health services to refugees.
- Indirect costs such as transport or loss of a working day can also make it hard for patients to take up referrals.
- Lack of access to complete medical history records can influence the appropriateness and quality of services provided and introduce significant delays if diagnostic tests must be redone or a person revaccinated.
- Shortage of health workers and a limited number of GPs, with resulting long waiting times, have a negative impact on the ability to access health care as do limitations in the referral systems between primary, secondary and tertiary health services. Refugees, migrants and asylum seekers may also have difficulty navigating referral systems or in accessing needed specialized health care.
- Lack of full understanding and competency on refugee and migrant health and their specific health needs and vulnerability among national health workers can make it more difficult for them to provide health services to these populations. Lack of translators and cultural mediators may also weaken provider–patient communications.
- Experiences of stigmatization, discrimination by providers or worries about confidentiality not being kept by providers with regards to diagnoses can make migrants hesitant about seeking health care.

Health information system and health information management

Roles and responsibilities

A coordinated public health surveillance system is in place within Bulgaria, which connects 28 surveillance entities (RHIs) to the national level. As the coordinator of public health in Bulgaria, the Ministry of Health is responsible for the overall planning and supervision of public health services, as well as state sanitary control. The public health network in Bulgaria also includes several national centres, which are engaged in public health protection: the NCIPD and the NCPHA, among others. The 28 RHIs, which represent the Ministry of Health at the district level, are responsible for the coordination and provision of public health services. Their functions include monitoring health status of the population and health determinants; health promotion and integrated disease prevention; laboratory testing of environmental factors and assessment of their impact on population health;

consultation and expertise in the field of public health protection; coordination of implementation of national public health programmes at the local level; elaboration of public health programmes and projects; control of communicable diseases; and sanitary control of public places, products and activities pertinent to human health and environmental health.

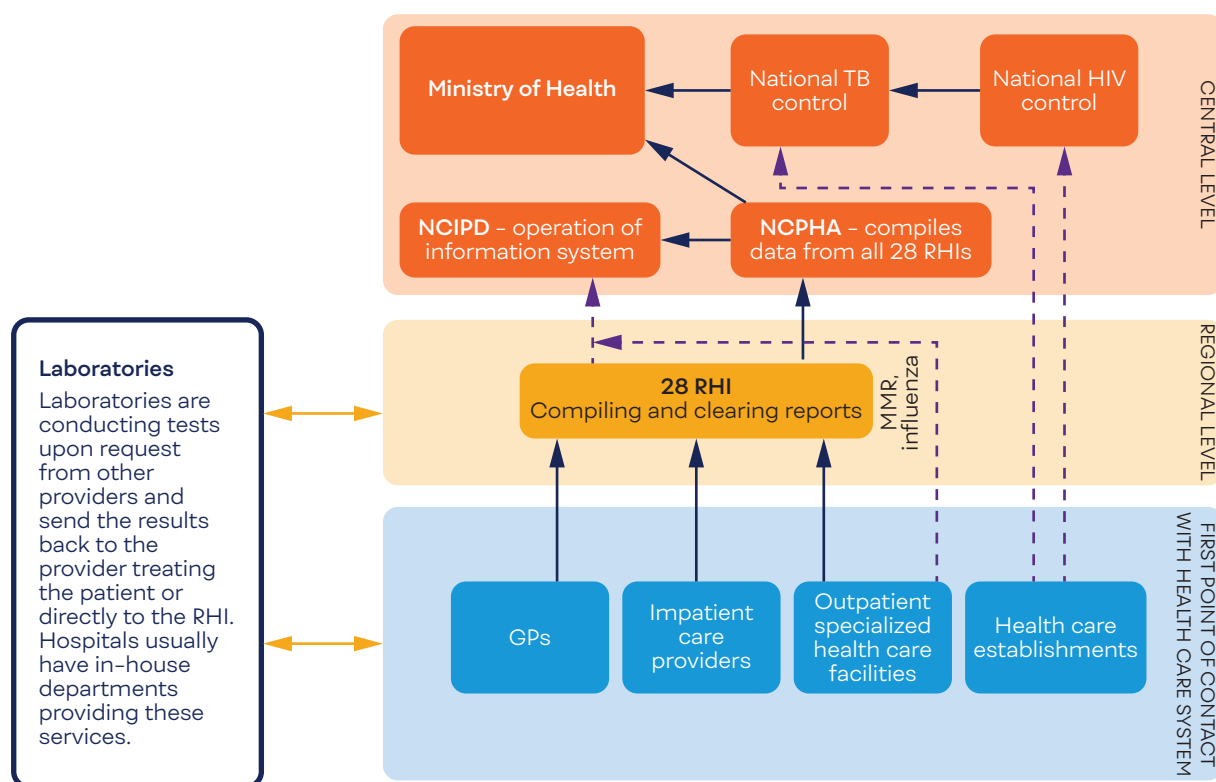
Surveillance, notifiable conditions and data collection

Reception and registration centres fall under the jurisdiction of RHIs. Depending on the organization and/or infrastructure, refugee and migrant accommodation centres may have health care providers available onsite during set business hours. For example, Harmanli reception centres offered GP, nursing and specialist dermatology services to refugees, migrants and asylum seekers within set office hours. If a refugee, migrant or asylum seeker visits a health care provider, their information will be recorded in the health information system operated by the establishment, including at accommodation or reception centres. Across Bulgaria, health service establishments operate parallel information technologies and databases and exchange data electronically with the various national health stakeholders (NHIF and NCPHA, among others); each consolidates this information in databases.

However, there is no unified system in place that enables communication between different information systems and databases. Focus groups with key technical experts from the Ministry of Health and NCIPD reported that a national electronic public health information system has been in development for some time, without a known completion date as yet.

According to the interviews with GPs at health centres in Harmanli and Burgas during the mission field visits, some sites use only paper-based health records, which limits centralization of the information into any electronic system without significant resources for digitization. Paper-based records create difficulties in tracking, assimilating, reporting and transferring health information. For arriving refugee and migrants, GPs in Burgas reported that under some circumstances health records (such as vaccination records) are retained as paper-based or electronic images by the patients themselves and never officially recorded into an electronic health record system by the health care provider.

Under Ordinance No. 21, a list of notifiable conditions is available in Bulgarian (33). Interviews with representatives from the RHIs, the NCIP and local GPs indicated that infectious disease surveillance and early warning functions are in place for health care providers to notify of specific suspected and confirmed cases of epidemic-prone infections to the RHIs; in turn, this information is reported nationally (Fig. 3) and where needed to the EU and at international level (WHO). Under Ordinance No. 21, every possible, probable and confirmed case of any notifiable disease within a list of 65 diseases must be immediately notifiable, including every case of nosocomial infection. This applies to every person residing in the territory of Bulgaria, not only Bulgarian citizens. However, not every communicable disease included under Ordinance No. 21 may be of epidemic or pandemic potential and require immediate early warning. Consequently, review of the Ordinance could be considered, together with capacities of the national and regional early warning systems, to ensure that the listed conditions are based on an adequate disease prioritization exercise to avoid undue burden on the health system and to ensure that a rapid response is focused where needed, in particular considering outbreak risks within refugee and migrant settings.

Fig. 3. Information flow in the communicable diseases surveillance system

Notes: dashed lines indicate information flows for specific diseases; MMR: measles, mumps and rubella.

Source: provided by the NCIPD.

Reporting of health data

RHIs collate information on public health protection activities carried out for refugees, migrants and asylum seekers staying at reception and accommodation centres every week and share these reports with other ministries (Annex 2). The reports outline the number of individuals screened for communicable diseases; the number immunized and type of immunization provided; the number of site health and environmental inspections carried out; and the findings and actions taken to remedy any health risks. These reports from the RHIs are collated at the Ministry of Health and forwarded to the Migrant Task Force for information and/or discussion. Although these reports are useful, each one only presents a cross-sectional assessment of these health or operational indicators at a given time, with, as yet, no description or assessment of the temporal trends required for monitoring of improving or worsening health conditions in the population. Immunization records are documented at the regional level and submitted to the NCPHA, NHIF and the Ministry of Health. As for other health information, immunization records do not indicate refugee or migrant status, preventing health authorities from analysing immunization coverage and effectively planning for vaccine procurement or wider immunization activities as needed.

Refugee health records

At a GP clinic in Burgas, the health care provider indicated that refugees, migrants and asylum seekers may arrive with their health care records from their country of origin saved as pictures on their mobile phones. The JRT was informed that these records, once reviewed by the physician, are not consistently recorded on file. Further, there does not appear to be a clear mechanism to transfer health information between providers. This creates significant challenges for continuity of care among mobile populations whether moving within the country or onwards to other

countries. Mandatory screening for HIV and other diseases is being conducted for non-Ukrainians, possibly without informed consent. Further, it was difficult to ascertain the confidentiality of health information collected on refugees and migrants.

Absence of indicators for the health status of refugees, migrants and asylum seekers

A significant finding from the mission was the absence of an indicator for refugee and migrant status as a discrete data field in the health information system at the national level. This means that national authorities (NCIPD, NCPHA) are unable to disaggregate epidemiological data on refugee, migrant and asylum seeker health indicators. This prevents any monitoring of trends in morbidity, mortality and key health indicators, including health service utilization, in these populations. Monitoring of the water, sanitation and hygiene at the accommodation centres and food safety controls appear to be in order under the remit of the local health inspectors, and inspections are carried out regularly.

Health promotion, disease prevention and control and social determinants of health

Many refugees present with chronic diseases, such as cancer, cardiovascular diseases or diabetes, and face disruptions in treatment and care, while others are in urgent need of MHPSS. As defined in the Regional Refugee Response Plan, strengthening the health sector will be crucial going forward: a shortage of medical supplies, stretched capacity for service delivery and limited health insurance coverage afforded through temporary protection constitute important barriers to refugees' access to preventive health information and service delivery for preventive health.

At the time of this assessment, there was no specific health promotion prevention campaign targeting the specific needs of the refugee and migrant population.

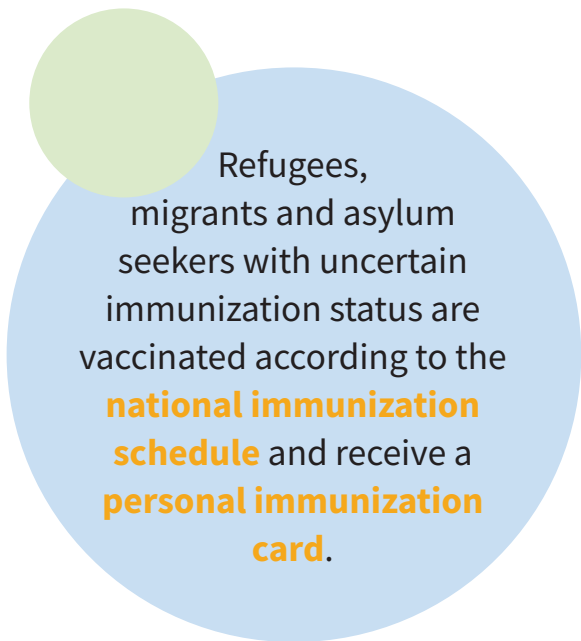
Vaccination

Childhood vaccination is mandatory in Bulgaria. Compulsory immunization provided by GPs free of charge covers vaccination for TB, hepatitis B, diphtheria, tetanus, pertussis, poliomyelitis, rubella, measles, mumps, *Haemophilus influenzae* B and pneumococci. Participation in these vaccinations is compulsory for the target population. All children under 18 years in Bulgaria are covered by SHI, which provides routine childhood immunizations at no cost. In the case of noncompliance there are sanctions; for example, parents who refuse to have their children vaccinated cannot use kindergarten and must pay penalties as regulated in the 2004 Health Act. Targeted immunization against rabies, Crimean–Congo haemorrhagic fever and abdominal typhus are provided only in certain cases. Vaccines for targeted immunization are paid through the State budget and provided free of charge. Recommended immunizations against yellow fever, hepatitis A, rotaviruses, human papillomavirus, influenza, meningococci and pneumococci are possible. Some of the noncompulsory vaccinations recommended by the Ministry of Health for certain high- risk populations are free of charge, such as vaccines against rotaviruses, human papillomavirus and influenza. Noncompulsory vaccinations can be requested and paid for by the patients and are delivered through the health care establishments and the RHIs.

Vaccines are allocated by the Ministry of Health's central vaccine store to each of the 28 RHIs, distributed to GPs, hospitals and maternity services (in particular Bacillus Calmette–Guérin vaccine for TB and HBV1 vaccine for hepatitis B). Most immunizations are administered free of charge by GPs,

apart from immunization of neonates, which is carried out in hospitals. Immunizations are provided by RHIs, with some health centres at refugee and migrant accommodation facilities providing mandatory immunizations to new arrivals.

Refugees, migrants and asylum seekers with uncertain immunization status are vaccinated according to the national immunization schedule and receive a personal immunization card. During this assessment mission, there were no reported shortages of vaccines or gaps identified in the vaccine cold-chain systems. The greatest challenge with accessing vaccines lies in vaccine hesitancy, as well as with the difficulty of accessing GPs on a longer-term basis to support continuation of vaccination for children under 5 years of age and follow-on COVID-19 vaccination for age-eligible populations. Moreover, among the multiple barriers refugees may face, many who are not covered by a health insurance system may face financial barriers or other organizational barriers for accessing care. An example that was described to us during the joint review was that Ukrainian refugees not registered with nearby GPs in Sunny Beach would be referred to the RHI in Burgas to get vaccinated. This may lead to not seeking care or delaying treatment due to high out-of-pocket payments.



Refugees, migrants and asylum seekers with uncertain immunization status are vaccinated according to the **national immunization schedule** and receive a **personal immunization card**.

Vaccine hesitancy can be found in both refugee and host populations. In addition, there is suboptimal childhood immunization coverage among the Ukrainian refugee community prior to arrival in Bulgaria. The Ministry of Health reported that there are ongoing efforts to harmonize immunization schedules to ensure proper coverage for children.

Preparedness and public health response to disease outbreaks, natural disasters and other emergencies

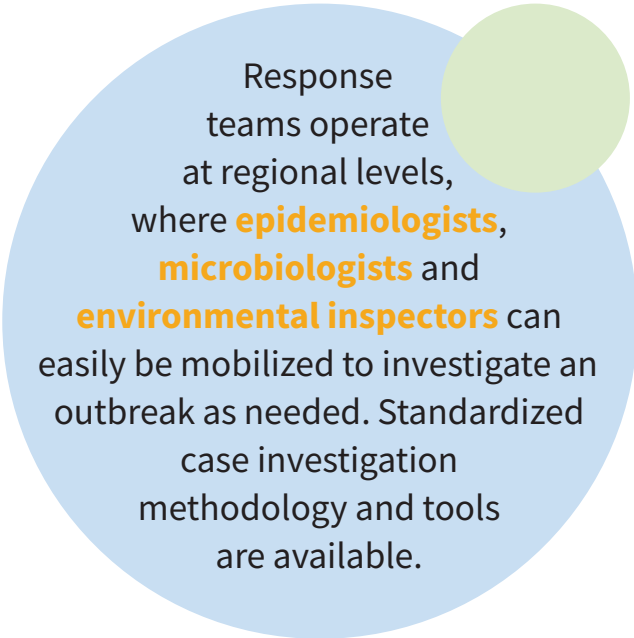
There is a long-standing national framework for emergency preparedness planning that incorporates regions and outlines roles and responsibilities, as outlined by the European Commission (34). Regions are mostly responsible for preparedness planning and response to disasters in their areas of responsibility and each region has a multisectoral council/committee responsible for local emergency preparedness and response. The JRT learned in Burgas that the RHI is chairing this council, which shows that the health inspector position has an important role in the local preparedness activities; overall, this is a positive finding because it means that people with a public health background play an important role in this process. However, migrant populations in their jurisdiction are not meaningfully included in those plans (for example with plans to evacuate migrant facilities in an emergency).

The Region of Burgas reported that their emergency preparedness and response plans are currently under review, particularly after the Ukraine crisis in February 2022. They reported that radiation and nuclear emergencies have been prioritized and that guidance and training will be provided to local actors, including hospitals. When discussed at the debriefing, the process for the prioritization of threats for preparedness planning was not completely clear, but it was stated that it is a combined approach by regional and national authorities, including the health sector.

A national outbreak preparedness and response plan with reference to migrant flows is in place and the last reported update was completed at the onset of the Syrian refugee influx in 2016. Response teams operate at regional levels, where epidemiologists, microbiologists and environmental inspectors can easily be mobilized to investigate an outbreak as needed. Standardized case investigation methodology and tools are available, but support to strengthen operational use of these by responders was requested during the JRT visit.

The main challenges identified during the mission included:

- national emergency preparedness and response plans have yet to be updated to meaningfully include displaced populations; and
- a lack of a standardized process and/or methodology for the recognition and assessment of signals indicating an emerging public health or other threat in advance of impending emergency or newly emerging emergency.



Response teams operate at regional levels, where **epidemiologists**, **microbiologists** and **environmental inspectors** can easily be mobilized to investigate an outbreak as needed. Standardized case investigation methodology and tools are available.

The NCIPD specializes in research and practical activities in the field of communicable disease surveillance, prevention and control and is responsible for national level epidemiological surveillance, microbiology, training and scientific advice. In 2011 the NCIPD was appointed by the Ministry of Health to serve as the National Coordinating Competent Body, working with the ECDC.

The principal activities of the Department of Epidemiology and Communicable Disease Surveillance include research, postgraduate training, infectious disease surveillance, development and evaluation of new programmes for surveillance, and prevention and control of infectious diseases. Their website (www.ncipd.org) is in both Bulgarian and English; however, their annual plan is in Bulgarian only. Additional national level statistics can be found from the National Statistics Institute (www.nsi.bg) but data have not been disaggregated for refugees and migrants.

Health communication and social mobilization for health

The Bulgarian Government was one of the first in the WHO European Region to establish a one-stop website (information hub) for Ukrainian asylum seekers in the country. The website provides systemically holistic information on multiple sectoral responses, including health information and contacts in four languages (Bulgarian, English, Russian and Ukrainian). It also hosts a national hotline. However, these are both one-way communication systems and must be improved with interactive chatbot and feedback mechanisms, among other solutions, in order to facilitate more robust community engagement, real-time needs assessment and accountability for affected populations, including in fighting misinformation.

Additionally, the UNHCR runs the Help Website (35) with integration support services and information and links to the Bulgarian Helsinki Committee dashboard (36). The dashboard provides information about international protection in English and Ukrainian, as well as a hotline (359 2 980 20 49; +359 2 981 33 18). Through WHO support, the BRC also hosts a hotline for health and medical issues

and advice, including for psychosocial support (0800 20 101). Additionally, there are email addresses for the BRC (help@redcross.bg) and the UNHCR (bulso@unhcr.org) where Ukrainian refugees can write with questions on medical issues. The BRC also disseminates information online through Facebook and Telegram in Russian and Ukrainian, and both are widely used by the Ukrainian refugee community in Bulgaria.

At the time this joint review was conducted, there was no national risk communication and community engagement (RCCE) strategy in place in Bulgaria and no survey had been conducted on a national or regional level to understand the needs facing this population. During the JRT field visits in Harmanli and Burgas to the RHI and clinics, limited RCCE materials (such as posters, brochures, leaflets or QR codes) were seen advertised in the shared spaces. The joint review found that some RCCE information is available through websites and hotlines for Ukrainian refugees seeking health and mental health services.

It is unclear how many refugees use these websites and/or hotlines or if they accessed the services they identified from these sources or from another source (word of mouth, Facebook, posters, Blue Dot Hubs, etc.). There may be a need for tracking the number of visitors/calls and the duration of stay on the website/length of calls and source used (personal computer, smartphone, tablet); there may also be a need to create more engaging content (infographics or videos), more or varied information or better demographic targets to enhance usability and to develop supportive media campaigns.

Partners' support for RCCE

Additional efforts are being made by multiple stakeholders to support Government endeavours to reach refugees, migrants, asylum seekers and the communities supporting them with RCCE.

- The WHO Country Office Bulgaria has provided training and awareness-raising for mobile health care workers regarding vaccinations for refugees, migrants and asylum seekers. To support this and national efforts, WHO also adapted and disseminated vaccination guidelines to support the Ukrainian refugee community.
- The UNHCR has distributed posters about the prevention of sexual exploitation and abuse at crisis centres and entry points, working with United Nations agencies to map reporting of sexual exploitation and abuse. A risk assessment on sexual exploitation and abuse will inform the future development of a joint plan of action.
- The IOM supports Government efforts by providing information for all refugees, migrants and asylum seekers in Burgas, Busmantsi, Sofia and Varna, in Ovcha Kupel Reception and Registration Centre and in Harmanli. They also run a safety zone for unaccompanied asylum-seeking children, working closely with the SAR.
- The Blue Dot Hubs, with support from the BRC, UNHCR and UNICEF, provide information on how to access legal advice, psychosocial support and referral to services for children, women, families and other groups. All communications materials (such as posters, brochures and online communications) are produced in Bulgarian, Russian and Ukrainian. The UNHCR has developed leaflets and posters outlining the risks of trafficking, working in partnership with the National Commission for Combating Trafficking of Human Beings. The UNHCR and UNICEF have also created digital Blue Dot Hubs, which are online one-stop shops for Ukrainian refugees arriving or transiting through any of the host countries of the Region, including Bulgaria (37). Refugees can find additional information and services at the Blue Dot Hubs for a larger number of organizations providing medical, MHPSS and disability support services.

- UNICEF Bulgaria, with RHIs and NGOs such as Astra Forum Foundation, has held community-awareness sessions with Ukrainian refugees about the importance of childhood routine immunization for enrollment in kindergarten and schools. The organization has trained GPs and other health workers on interpersonal communication for vaccination via “vaccination schools” and has rolled out the Bebbio mobile application for parenting (including information on breastfeeding and nurturing care, which are key to children’s health), both supported by the Ministry of Health. To boost RCCE, UNICEF has started a social listening initiative to track needs, rumours, misinformation and to generate relevant messages to counter these and provide the right information, including for access to health and for refugee communities. UNICEF has held vaccine hesitancy surveys among refugees to inform a Ministry of Health-led national immunization strategy for all children in Bulgaria, including refugee children, which is being currently developed.
- The UNHCR and UNICEF have trained Blue Dot staff and are also in the process of deploying the KoBo26 Collection and Monitoring Tool for monitoring, identifying and referral of people with specific needs. Collectively, nearly 50 000 people were supported by the Blue Dot Hubs between May and December 2022.
- Both the BRC and UNICEF employ Ukrainian citizens living in Bulgaria to assist with development of outreach materials that have cultural resonance, as well as to work with grassroots organizations of Ukrainian citizens. In addition, language courses are being conducted through partners such as UNHCR in several locations. The IOM provides online Bulgarian language courses for adults at A1 and A2 level.
- Customer satisfaction surveys are conducted at the BRC offices and an email address is also available for protection issues, particularly if someone would like to file a complaint about BRC staff. Findings from BRC surveys found that there have been several recurring complaints about medical service delivery, the lack of availability of GPs and family doctors, as well as poor communication skills from these medical providers, particularly when discussing serious medical issues with patients and their families. The JRT identified a lack of customer satisfaction surveys (feedback or complaint mechanisms) on a national or regional level to identify gaps in service delivery, accessing services or to evaluate trust among the population, medical providers and administrators.

Main recommendations for consideration

The Government of Bulgaria has provided generous support to refugees, migrants and asylum seekers living in the country. Despite limited funding and human resources, substantive progress has been made by the Ministry of Health, United Nations agencies such as the IOM, UNHCR and UNICEF, and WHO with other partners to address the health needs of refugees, migrants, asylum seekers and vulnerable host populations.

To strengthen and build the resilience of the health systems for the Bulgarian population and for refugees, migrants and asylum seekers in the country, the JRT recommends the following priority areas for consideration.

Strengthen health leadership, health policy and governance

1. Enhance health leadership and coordination capacity within the Ministry of Health to improve multisectoral, interdepartmental and interministerial action on refugee and migrant health at all levels, as well as close collaboration with external partners that provide technical and operational support in this area. The following activities could be considered:
 - establishing an official focal point at the Ministry of Health on refugee and migrant health and mechanisms to support cross-sectoral and intragovernmental coordination and collaboration with external partners; someone from WHO could be seconded to act as a focal point until an official person was recruited; and
 - mobilizing necessary technical, operational and financial support, including from the EU, to ensure that the Ministry of Health and the focal point have the necessary human resources, funding and technical guidance and tools.
2. Mainstream refugee and migrant health in all government policies, which could include activities such as:
 - having a refugee and migrant health section in the draft National Health Strategy 2030 and identifying the strategies and measures needed to better reach these populations in its implementation;
 - developing a national action plan on refugee and migrant health in Bulgaria that avoids discriminatory policies; this could be supported by considering health responses needed for refugees, migrants and asylum seekers in Bulgaria and the experience and lessons learned from the implementation of the National Strategy of the Republic of Bulgaria for Roma Integration, which was aimed at integration of the Roma community into the national health care system;
 - advocating for the integration of refugees, migrants and asylum seekers into Bulgarian society through the implementation of the National Migration Strategy 2021–2025, plus advocating for the inclusion of a health component in this Strategy as all people regardless of migration status have the right to health;² and

² As declared in the preamble to the WHO Constitution. Also supported by the International Covenant on Economic, Social and Cultural Rights (Art. 2.2 and Art. 12), which recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. International legal frameworks applicable to refugees include the 1951 Convention relating to the Status of Refugees and its 1967 Protocol, and relevant resolutions and conclusions of international bodies relating to the rights of refugees in respect of health, including the conclusions adopted by the Executive Committee of UNHCR.

- implementing community engagement activities widely, particularly in areas hosting migrants or refugee centres.

Support the provision of quality and people-centred health services, health finance and continuity of care

1. Conduct an assessment on specific health needs and vulnerability of Ukrainian and non-Ukrainian refugees, migrants and asylum seekers. Differences in sociodemographic profiles of refugees, migrants and asylum seekers from different countries may require variation in the specific approaches and health priorities tailored to their health needs and vulnerability, including for service delivery and health professional training.
2. Assess the current screening testing policy, which is applied in a different way for Ukrainian refugees and for those from other countries. Therefore, safeguards should be in place for health screening to ensure the avoidance of stigmatization and to ensure privacy and dignity. Screening procedures should be carried out based on informed consent and to the benefit of both the individual and the public and it should also be linked to risk assessment, treatment, care and support.
3. Address health insurance costs and high out-of-pocket payments. Recruitment of a health economy expert would help in identifying alternative sustained health care financing options (38), including:
 - building on the study conducted by the WHO Country Office Bulgaria to identify financing options for refugee, migrant and vulnerable host populations who do not have, or have lost, health insurance or are unable to meet out-of-pocket costs for health services;
 - providing, in the short term, cash reimbursement assistance for treatment and prescription costs (such as WHO support to the BRC) for those who are uninsured or unable able to pay out-of-pocket payments to meet health needs; and
 - reviewing the system of registration with a GP and deregistration as it affects the ability of refugees, migrants and asylum seekers to get GP support.
4. Review the current system that requires people to show proof of identity and a permanent address to enrol into health insurance schemes. This can be difficult for migrants in irregular situations and may prohibit them from accessing to health services through lack of documentation or fear of deportation or detention. There are examples of exemptions to such regulations adopted for COVID-19 vaccination that could be considered.
5. Protect and improve the health and well-being of women, children and adolescents living in refugee, asylum, migrant and displaced settings. Priority should be given to the provision of essential health services such as a minimum initial service package for reproductive health, sexual and reproductive health information and services; maternal health care, including emergency obstetric services, pre and postnatal care; child health activities; prevention, treatment, care and support for sexually transmitted infections, including HIV; and establishing specialized care for survivors of violence including victims of sexual and gender-based violence. A coordinated approach is required to ensure that protection risks are identified and responded to in a timely manner.
6. Promote continuity and quality of care for refugees and migrants, whether delivered by public or private institutions and providers, non-State actors or other service providers, particularly for people with disabilities, people living with HIV/AIDS, those with TB, malaria, mental health or other chronic health conditions as well as those with physical trauma and injury. It is important

to ensure that adequate information on continuity of care is provided and is adhered to, particularly during mobility and for the management of chronic health needs.

7. Strengthen service delivery that is culturally and linguistically sensitive to the needs of refugees, migrants and asylum seekers. Consider the circumstances that may increase their health risks and the barriers they may face in accessing treatment and care. Employing cultural mediators, particularly in primary care and screening settings, could be considered.

Strengthen health workforce capacity to provide people-centred health services to host and migrant populations

A severe shortage of GPs and nurses, among other health workers, will need to be addressed both in the short and long term. This would include activities to strengthen the National Health Strategy 2030 (not yet approved by the National Assembly) around the challenges of migration of Bulgarian health workers to other EU countries and the implementation of innovative measures to enhance motivation and ensure a balanced distribution of health workers between rural and urban areas.

There is a high and increasing demand for health care professionals to meet the immediate and longer-term needs of refugees, migrants and asylum seekers, including those people fleeing from Ukraine. Skilled refugee health professionals could contribute to meeting these health needs while also supporting the elimination of barriers such as differences in language and culture and distrust. Special emphasis is needed for paediatrics and related medical specialties due to the high number of children. This also applies to MHPSS services. The following activities could be considered.

1. Assess the availability of Bulgarian health workers providing health services to refugees, migrants and asylum seekers in addition to the host population in catchment areas. Their training needs should be identified and assessed.
2. Provide training on the Refugee and Migrant Health Competency Standards for health workers providing health services to refugees and migrants and for other priority health areas such as mental health (clinical management of mental, neurological and substance use conditions in humanitarian emergencies, as outlined in the mhGAP Humanitarian Intervention Guide (39)), gender-based violence, epidemiology and outbreak response. Initiatives for training could include:
 - providing in-service continuing education courses with a certain number of credit points; this could be explored with the Bulgarian Medical Association, which leads continuing medical education in the country;
 - using innovative forms of training such as e-learning courses that can be used on mobile phones and distance learning through online workshops, seminars, conferences, congresses and presentations; all would reduce time pressures for health workers with very busy day-to-day duties; and
 - providing support for the translation and adaption of the global and regional guidance and tools into Bulgarian language, such as WHO's Global Competency Standards and the IASC's MHPSS guidelines.
3. Integrate refugee health workers into the Bulgarian health system to provide health services for refugees, migrants and asylum seekers. In line with European Commission's recommendations, the following activities could be considered:
 - identifying good practices where non-EU health professionals can participate in fast-track programmes to facilitate their accreditation to work in their professions;

- using good practices in other countries that utilized migrant health professionals to provide health services, including EU countries hosting Ukrainian refugees, to enable Ukrainian health workers to work in health facilities or with GPs and provide health services to Ukrainian refugees; and
- assessing Ukrainian training curricula for medical professions and, where feasible, use these as a basis for developing short-duration up-skilling programmes to meet the minimum training standards required for certain professions.³

Support health promotion around communicable diseases and NCDs, including mental health

The health needs of refugees, migrants and asylum seekers cannot be separated from those of the Bulgarian population. However, they may also have vulnerabilities to communicable diseases and NCDs that require specific integrated health care services and continuity of care within the Bulgarian national health system. The following activities could be considered.

1. Enhance the capacity to prevent, detect and respond to communicable disease outbreaks through surveillance, strategic preparedness, administration of essential vaccines and the continued access to emergency and long-term health services.
2. Build capacity of health workers in the identification and reporting of communicable diseases, particularly with a focus on non-endemic pathogens that may be common in areas where refugees and migrants originated or have travelled through. TB diagnostic pathways and access to treatment and care should be reviewed and training provided for health workers at reception centres in screening, TB recognition and case management.
3. Adapt/translate and develop national guidance, models and standards for the prevention and management of communicable diseases, NCDs and mental health conditions, strengthening priority areas as needed, including situation assessments, screening, diagnostics and treatment. Conduct a systematic review of data obtained from past screening efforts to analyse its usefulness and how the data are utilized.
4. Address stigma and discrimination against refugees and migrants as this may prevent them from accessing services, such as for TB, HIV, hepatitis, sexually transmitted infections and mental health conditions.

Provide MHPSS services

1. Include refugees, migrants and asylum seekers in the implementation of the National Recovery and Resilience Plan and the National Mental Health Strategy for 2021–2031. The actions and investments outlined in 2021 should be monitored and implemented within a cross-sectoral perspective.
2. Establish an MHPSS networking mechanism/technical working group to strengthen coordination, communication and common practices among stakeholders providing MHPSS services to refugees, migrants and asylum seekers. It is recommended that the sessions be

³ For professionals with qualifications not meeting the minimum training requirements set out in Directive 2005/36/EC, the European Commission encourages Member States to apply the same approach as in the guidance note for the COVID-19 crisis for the recognition of health professionals with qualifications from outside the EU/European Free Trade Area. Member States may still allow people enjoying temporary protection to perform certain activities, with a different status to that of a full member of the profession.

translated and widely disseminated, along with international MHPSS guidelines and tools, such as those from the IASC.

3. Provide training such as the mhGAP Humanitarian Intervention Guide (39). The engagement of the Ministry of Health on the development of joint training packages for the health and social workforce is essential.
4. Ensure that the Ministry of Health and partners with involvement in frontline services for refugees, migrants and asylum seekers are supported with adequate financial and human resources. The application of the IASC guidelines, psychological first aid and culturally sensitive health communication could be used to assist vulnerable groups such as survivors of gender-based violence, torture or human trafficking. It is recommended to strengthen activities focused on primary prevention, self-care, informal community care and referral pathways for children in need of specialized MHPSS care.

Strengthen health monitoring and the health information system

Strong health monitoring and a health information system are essential in order to assess and analyse health trends in refugees, migrants and asylum seekers, and to collate and provide appropriate, accurate, timely and user-friendly health information to support evidence-informed health policy development and decision-making. It is also important to facilitate national coordination of data collection across agencies and ministries and to build national capacity for health data collection analysis, dissemination and effective use. The following activities could be considered.

1. Monitor the development of the new national digital health information system (currently under development). The digital health information system should allow for individual-level health data that can differentiate records and be disaggregated by migratory status. This would ensure the ability to monitor trends in morbidity and mortality in this vulnerable population.
2. Analyse health care utilization as a basis to shape policy and public health action. One proposal from the regional level is to have a multisectoral centralized database for the refugee, migrant and asylum seeker populations that all regions can access and enter relevant information at the individual level, including immunization record data.
3. Develop and share comprehensive profiles on the health status of refugees, migrants and asylum seekers, including health risks in their countries of origin, in transit and in Bulgaria, to support the adaptive capacity of health systems and guide evidence-informed health interventions to address specific health needs.
4. Develop a short list (maximum 10–15) of core health indicators for routine monitoring of refugees and migrant health. This should be informed by a public health risk assessment. The Ministry of Health could develop clear guidance on the confidentiality of health records for displaced populations.

Build capacity for preparedness and public health response to emergencies, disease outbreaks and disasters

1. Conduct further assessment to strengthen event detection and response, building on the JRT initial assessment, which identified some components of an early warning, alert and response system.
2. Use, adapt and translate the ECDC/WHO quick guide for refugee-hosting countries to assess their early warning systems considering the influx of Ukrainian refugees (40). The early warning,

alert and response system in Bulgaria may currently be challenged by difficulty in accessing the health system by both refugees and migrants and the host population. The WHO Regional Office for Europe can also support Bulgaria in a deep assessment of their early warning system for all hazards and across sectors.

3. Update the national and regional emergency preparedness and response plans to (i) be multisectoral and multihazard; (ii) incorporate lessons learned from the COVID-19 pandemic and other emergencies; and (iii) include refugees, migrants and asylum seekers. It should be reviewed and updated regularly. These national emergency plans are usually regulated by the Ministry of the Interior; however, the health sector should make sure that the health-related points are addressed.
4. Update the national and regional outbreak preparedness and response plans to include (i) refugees, migrants and asylum seekers; and (ii) standardized case investigation procedures and tools that can be used across all populations. In this case, both the ECDC and the WHO Regional Office for Europe can provide training.
5. Develop a standardized national process and methodology for public health risk assessment to inform emergency response activities. The ECDC and the WHO Regional Office for Europe can provide training and guidance on this process. Consider using/adapting and translating the WHO Manual on Rapid Risk Assessment of Acute Public Health Events (41), targeting primarily national departments with health protection responsibilities. WHO will launch in 2023 a project to enhance the capacity of Member States to conduct harmonized, systematic and accurate risk analysis and assessment to support evidence-informed decision-making during public health emergencies. Under this initiative, WHO could work in partnership with the Ministry of Health in Bulgaria to strengthen these functions. In addition, the ECDC has online training materials on their risk assessment methodology, which can also be translated/adapted to the national needs in Bulgaria.
6. Conduct training on refugee and migrant health for emergency responders and rapid response teams. The ECDC and WHO can provide training and guidance. For longer term, to build the country capacity in epidemiology and disease surveillance, consider participating in the WHO/ Centers for Disease Control and Prevention training on field epidemiology. Similar training has already been conducted in the Republic of Moldova.

Strengthen RCCE, health communications and social mobilization

Ensuring that necessary information is both available and understood by diverse populations is essential for public health planning, preparedness and response. It is also critical to improve communications with the public, counter negative perceptions of refugees, migrants and asylum seekers and dispel fears and misconception. The following activities could be considered.

1. Develop an RCCE policy and framework to include a national communication plan under the leadership of the Ministry of Health. Necessary budget and human resources should be allocated to RCCE activities. The establishment of an RCCE working group could be considered.
2. Embed RCCE into all building blocks of the health system as an overall guiding principle for health system strengthening; this is essential to match the supply and demand sides and to achieve a better human-centred design.
3. Engage refugees, migrants and asylum seekers and their community leaders in the development of RCCE campaigns. This will enable tailored communication to flow within their communities and host communities and among government departments, United Nations agencies, NGOs and other partners.

4. Conduct a targeted health information campaign on the health rights of refugees, migrants and asylum seekers and their civil obligations to the host society they live in. This could be delivered through appropriate channels as a unified effort under Ministry of Health leadership, with the support of other line ministries and partners such as the BRC, NGOs, United Nations agencies, the media and community leaders.
5. Organize health education at schools and media literacy among the general population. Provide ethical reporting training for journalists on how to sensitively report about refugee, migrant, asylum seeker and host populations. Such efforts will collectively decrease mistrust and misinformation and increase health literacy and resilience of these populations and host communities.
6. Plan and regularly execute RCCE research activities (social listening, surveys, feedbacks, focus group discussions) to generate data to support evidence-informed decision-making.

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Annex 1. Joint review mission agenda

The following is the agenda as provided to the JRT.

JOINT REVIEW TEAM MISSION AGENDA 28 November – 2 December 2022		
DAY 1: 28 November 2022		
TIME	DETAILS	KEY INFORMATION
9:00–9:30	Welcome by Dr Skender Sylva, WHO Country Office Representative, Bulgaria Introduction of Joint Review Team (JRT) to WHO WR Bulgaria and WHO Country Office Team	
9:30–10:00	Final internal review and preparation	
10:00–10:15	Coffee break	
10:15–11:30	Review instrument contd	
11:30–12:15	Preparations for afternoon meeting	
12:15–13:45	Lunch break – Largo Bar and Dinner; bul. Maria Luiza 2	
13:45	JRT meet in the hotel lobby to walk to the Ministry of Health Travel to Ministry of Health, pl. Sveta Nedelya 5, 1000 Sofia Center, Sofia	
14:00	Ministry of Health and partner kick-off meeting –Welcome by Chief State Health Inspector, Professor Dr Angel Kunchev –Welcome by Dr Skender Sylva, WHO Country Office Representative, Bulgaria –Welcome by Dr Santino Severoni, Director, WHO Health and Migration Programme	Partners: Ministry of Health Ministry of Labour and Social Policy National Centre of Public Health and Analysis National Health Insurance Fund National Centre for Infectious and Parasitic Diseases Key United Nations, NGO and medical community partners
14:15–14:30	Scope and objective of mission, official introduction of the JRT (Katya Ivkova)	
14:30–15:30	Partner update on refugee and migrant health programmes (facilitated by Michail Okoliyski)	
15:30–15:55	Facilitated discussion and Q&A	
15:55–16:00	Closing statements	
16:00–16:30	Take stock of the day; set plans for additional bilateral follow-up meetings	
19:00	Dinner	
Day 2: 29 November 2022 PROVISIONAL AGENDA		
7:00	–Meet with the Head of the Regional Health Inspectorate, Dr Stanimira Tananova, and local officials	
10:00	Coffee break	
10:30 – 3:30	Meet with local municipality leaders, health facility leaders, relevant local officials, and local refugee community members	
15:30	Drive from Harmanli to Burgas; check in at hotel	

Day 3: 30 November 2022 PROVISIONAL AGENDA		
8:30	Drive from Burgas to Sunny Beach (around 30 minute/hour drive) –Meet with the Head of the Regional Health Inspectorate, Burgas, Dr Georgi Pazderov, and local officials –Visit centres in Burgas and Sunny Beach (tbc)	
9:00/9:30–1:30	Meet with local municipality leader(s), health facility leaders and relevant local officials, and local refugee community members (tbc)	
1:30	Return to Sunny Beach	
2:00	Lunch, check out, drive back to Sofia (around 3–4 hours)	
Day 4: 1 December 2022		
Verify findings	Location: SOFIA HOTEL BALKAN	JRT
8:30–9:00	Taking stock: main findings from stakeholder meetings and field visit	Open discussion plus/minus
9:00–15:00	Additional bilateral meetings between subteams and partners	For those not attending bilateral meetings
9:00–15:00	JRT subteam to discuss findings	
15:00–17:00	JRT subteam discuss findings	Identify key findings by technical area
17:00	END	
Day 5: 2 December 2022		
Present findings	Location: SOFIA HOTEL BALKAN	JRT
8:30–9:00	Recap + open discussion	JRT
9:00–9:45	Overall findings and recommendations for Group 1 –Leadership, health policy and governance	Kanokporn Kaojaroen (Jum), Lead, Country Support and Capacity Building, Health and Migration Programme, WHO headquarters Mariya Samuilova, Migration Health Officer, IOM Bulgaria
9:45–10:30	Overall findings and recommendations for Group 2 –Health service delivery/primary health care, including health workforce that supports service delivery –Health promotion, communicable diseases and NCDs prevention and care (including immunization, MHPSS), and social determinants of health	Angel Kunchev, Chief State Health Inspector, Ministry of Health Andrea Paiato, MHPSS Expert, WHO Country Office Bulgaria Apostolos Veizis, WHO Consultant Andreas Hofer, Surveillance and Microbiology Expert, ECDC Georgi Georgiev, UNICEF Bulgaria
10:30–10:45	Coffee break	

10:45–11:30	<p>Overall findings and recommendations for Group 3</p> <ul style="list-style-type: none"> –Health information systems –Preparedness and public health response to emergencies, disease outbreaks and disaster 	<p>Radosveta Filipova, State Expert, Public Health Protection and Health Control Directorate</p> <p>Lauren Macdonald, Epidemiologist, Health Emergency Information and Risk Assessment, WHO Regional Office for Europe</p> <p>Gebrewold Petros Yohannes, Senior Public Health Officer, UNHCR Regional Bureau Europe, and RHE Krakow, Poland</p> <p>Agoritsa Baka, Preparedness and Response, ECDC</p>
11:30–12:15	<p>Overall findings and recommendations for Group 4</p> <ul style="list-style-type: none"> –Health communication, risk communication, community engagement and social mobilization for health 	<p>Michail Okoliyski, National Programme Officer, WHO Country Office Bulgaria</p> <p>Jonathan Ewing, Health Emergency Information and Risk Assessment, WHO Regional Office for Europe</p> <p>Ivaylo Spasov, Social Change Communication, UNICEF Bulgaria</p>
12:15–12:30	<p>Way forward, closing remarks</p> <p>END</p>	

Annex 2. Weekly report on public health protection activities involving refugees, migrants and asylum seekers

RHIs collate information on public health protection activities carried out for refugees, migrants and asylum seekers staying at reception and accommodation centres every week. These are shared with other ministries.

ДЪРЖАВНА АГЕНЦИЯ ЗА БЕЖАНЦИТЕ

МИНИСТЕРСКИ СЪВЕТ

КАРТА

На болния

Дата на раждане ЛНЧ:

Адрес: РПЦ Харманли , ж.к. „Дружба“ №23

Дата на влизане Дата на регистрация

Лекарят изпраща болния:

Диагноза за изпращащото заведение

Предварителна диагноза

Резултати от предварителни изследвания на №

HIV

W-S

Чр. п-ти

Чр. н-во

Malaria

WHO Country Office, Bulgaria

c/o National Center of Public Health and Analysis,
15 Akad. Ivan Ev. Geshov blvd floor 5, office 26, 1431
Sofia, Bulgaria

Health Emergencies Programme

WHO Regional Office for Europe | UN City, Marmorvej 51, DK-2100
Copenhagen Ø, Denmark

Health and Migration Programme (PHM)

World Health Organization | 20, avenue Appia, 1211 Geneva 27, Switzerland

