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REGION: Øst-Europa

LAND: BULGARIA

TEMA: Eldreomsorg

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PROBLEMSTILLING / SPØRSMÅL: Har Landinfo noe kunnskap om helsevesenet i Bulgaria, og da mer spesifikt eldreomsorg?

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1. Eldre i Bulgaria

I en rapport fra "European Foundation for the Improvement of Living and Working Conditions" vises det til hvilken utfordring et land som Bulgaria har i forhold til at en økende andel av befolkning er over 65 år.

Between 1990 and 2003, for example, the elderly population (aged 65 years and over) increased by 38% in Romania (from 10.3% to 14.2% of the total population) and by 31% in Bulgaria (from 13% to 17% of the total population).

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A significant proportion of older people aged 65 years and over also live alone: about one third of elderly people in Bulgaria and Romania live in single-person households, usually as a result of the death of their spouse. A higher life expectancy among women largely explains the reason why about half of elderly women live alone, compared with 25% of men in the same age group in Bulgaria and around 20% of elderly men in Romania.

Ansvar og omsorg for eldre er vanlig for mange familier i Bulgaria.. Samme kilder viser bl.a. til:

Caring for elderly and disabled people is a relatively common activity among householders in Bulgaria and Romania: 14% and 18%, respectively, of the respondents who live in a household with at least one older person (aged 65 years and over) reported that they care for an elderly or disabled person on a daily basis.

Mange eldre har en svært vanskelig økonomisk situasjon i Bulgaria, pensjonene strekker ikke til og blant landets bostedsløse finnes det også mange gamle. Caritas har et eget støtteprogram for eldre med bl.a. matutdeling.

2. Generelt om Bulgarias helsesystem

Når det gjelder generell informasjon om helsesystemet i Bulgaria, vil Landinfo vise til *Health Systems in Transition 2007* fra Verdens helseorganisasjon¹:

The health reforms undertaken at the end of the 1990s have brought significant improvements to the health care sector. As mentioned earlier, life expectancy has increased and standardized death rates, maternal and infant mortality have been decreasing throughout the 2000s. However, it is unclear how much of an impact the health sector reform alone has made on these improvements, as there have also been concomitant increases in economic and social living conditions.

Most health reforms currently undertaken are still at an early stage, so it is difficult to objectively assess the impact on the health status of the population. Such reforms are also intended to improve health status over the longer term, as they assure better primary care, encourage preventive and health promotion activities, especially for children and women of reproductive age, and assure better care for elderly people.

I rapporten ”Mänskliga rättigheter i Bulgaria 2007” gir det svenske utenriksdepartementet følgende beskrivelse av helsevesenet i Bulgaria:

Bulgarien har förhållandevis många läkare och sjukhus. Jämfört med Sverige har Bulgarien fler läkare per 1000 invånare. Tillgången till sjukvård och kvalitén på vården varierar dock kraftigt mellan olika regioner i Bulgarien. Den allmänna sjukförsäkringen är obligatorisk för bulgariska medborgare och alla som är stadigvarande bosatta i landet. Besök på lokal poliklinik kostar mycket lite, omkring tio kronor, men kan innebära så lång väntetid att de som har pengar väljer privatläkare i stället. Även om avgiften är mycket låg för de allra flesta bulgarer, finns det grupper som inte klarar av att betala avgiften. Detta gäller främst de fattigaste romerna. Läkare är i en europeisk jämförelse mycket lågt betalda. Många läkare driver privat mottagning vid sidan om sitt arbete inom den offentliga vården.

Sjukvården har länge ansetts vara en av de sektorer där korruption är mest utbredd. Korruption inom sjukvården förekommer fortfarande och är ett problem. Det finns möjlighet att via mutor få förtur till vård och många patienter tvingas även betala en extra, otillbörlig kompensation till läkaren för att få adekvat vård. Detta påverkar i stor utsträckning de fattigas tillgång till vård.

Hälsosektorns andel av statsbudgeten uppgår till 4,2 procent. Denna siffra har varit oförändrad sedan 2006 och förblir, trots en ökning av anslaget till hälsosektorn med 175 miljoner euro, oförändrad även 2008. De ökade

¹ Denne rapporten er også tilgjengelig fra Landdatabasen.

*anslagen till hälsosektorn hindras delvis från att nå full effekt av det för visso förbättrade men fortfarande ineffektiva systemet.
Det förekommer diskriminering i vården och utsatta grupper ,exempelvis romer, har en markant sämre hälsa än genomsnittet för den bulgariska befolkningen.*

Health System in Transit 2007 gir følgende generelle beskrivelse av tilbudet til de eldre:

Long-term care includes social and medical services provided to the elderly and people with physical and mental disabilities. Long-term care is provided by long-term care facilities, which can be categorized as inpatient facilities and/ or home care facilities. Such services are state-funded and are run by the Ministry of Labour and Social Policy according to the 1998 Social Assistance Act. Elderly care is organized by municipal social assistance services. Eligibility for assistance is based on a survey and a recommendation of a physician and a social worker. Health care for retired people is provided by a physician and a nurse.

3. Strategi for eldreomsorg

Det bulgarske “Ministry of Labour and Social Policy” har utarbeidet en egen strategi for sosial beskyttelse og sosial inkludering. Under rapportens punkt fire sies følgende om Bulgarias statsingsområder knyttet til helse og langtidsomsorg:

The priorities of Bulgaria in the field of social services, as an inseparable part of the policy for development of long term care, include:

- *Expanding the range of services, specifically designed for elderly people, lone people, people with disabilities, etc. and the improvement of the quality of already existing services;*
- *Transition from institutionalized care towards services that let the person stay with his/ her own community and family environment;*
- *Decrease of the number of people using services in the specialized institutions for provision of social services and decrease of the number of institutions themselves through the development of a modern network of community based services.*

4. Tilbud til eldre

Strategirapporten fra bulgarske myndigheter inneholder også beskrivelser av hvordan situasjonen rent faktisk er med hensyn til tilbudet for eldre borgere². I rapporten heter det bl.a.:

The concept for development of long term care in Bulgaria includes the provision of social services. The social services are activities that support and extend the opportunities for persons to lead an independent way of life and such are performed in the specialized institutions and in the community. The community based social services are services provided in the family environment or in environment close to the family one. The following services could be given as examples: personal assistant, social assistant, home assistant, domestic social patronage, day care centre, centre for social rehabilitation and integration, etc. The specialized institutions are homes of the boarding-house type where people are separated from their home and family

² Rapporten er datert september 2006.

environment. These services are provided after exhausting all the opportunities to provide services within the community. The specialized institutions in Bulgaria are a traditional form of delivering social services. Examples of such services designed specifically for the people with disabilities and the elderly people are: homes for people with disabilities and homes for elderly people. Irrespectively of the fact that in the period 2003 – June 2006 the total number of specialized institutions decreases yet some increase is still registered solely in the case of homes for elderly people. However, it is accompanied by modernization and reconstruction of the existing housing fund and the opening of micro-houses with capacity of 20 - 25 places which are meeting the standards and criteria for material base, as regulated by the actual legislation. This increase is demographically predetermined, there is also a tendency of ageing of the population and increasing the number of people in retirement age. For the period December 2003 – June 2006 a total of eight homes for elderly people were opened meeting the new requirements for building up homes for provision of social services.

Rapporten har også en god del statistisk informasjon bl.a. om forventet levealder, og fattigdomsutbredelse blant befolkningen under og over 65 år.

I en presentasjon fra ”The Bulgarian Center for Not-For-Profit Law” (BCNL) gis det en oversikt over det rettslige rammeverket knyttet til sosial tjenester i Bulgaria og nærmere redegjørelser for ulike begrep som anvendes i regelverket fra 2004. Det gis for eksempel følgende avklaring med hensyn til spesialiserte institusjoner:

Specialized institutions for social service provision are: homes for children or young people with disabilities, homes for adults with disabilities, social educational and professional establishments, homes for the elderly, asylums, temporary shelters.

Private aktører har også tilbud til den eldre befolkningen. Bulgarske Røde Kors driver bl.a. egne institusjoner:

Home Care Program

The first Home Care Center of the Bulgarian Red Cross was opened in 2003 in the region of Lozenetz, Sofia. The objective of the Home Care Program is to improve the quality of life of older people, people with chronic diseases and people with disabilities. The main activities within this Program comprise provision of qualitative medical and social services to older people by means of regular visits to their homes.

At the beginning of 2005 four new Home Care Centers started functioning in Montana, Plovdiv, Blagoevgrad and Lovech and in 2006 a center was opened in Varna.

The beneficiaries of the center are:

- *People over the age of 65;*
- *People with disabilities, unable to leave their homes, left in a desolate situation;*
- *People, recommended by the GPs taking care of them.*

The Home Care Centers are equipped with all necessary medical and other consumables necessary for the accomplishment of qualitative services. The staff of the centers consists of nurses and home-helpers trained

in the specific aspects of home cares. The nurses provide medical cares such as: injections, taking blood pressure, control of heart activity, bandages. The cares provided by the home-belpers include: maintenance of personal and home hygiene, shopping, feeding, administrative services like paying bills, etc.

The Home Care Centers are functioning in co-operation with the GPs and the Diagnostic Consultative Centers. Very strict documentation and statistics is kept in each Center, giving evidence of the cares provided and the status of the patient.

Except for medical and social services, the teams at the Home Care Centers provide valuable emotional and psychological support to the patients. An important element of the program is the organization of periodical social activities with the participation of the patients thus creating an opportunity for them to leave their homes, establish social contacts and discuss problems of their concern.

This project is based on the experience of the Swiss Association "Spitex", this model being adapted to the living conditions in Bulgaria. The project is supported by the Swiss Red Cross, German Red Cross - Baden - Wuerttemberg, German Red Cross - Braunschweig, Italian Red Cross and the "Erinnerung, Verantwortung und Zukunft" Foundation, Germany.

KILDER:

Bulgarian Red Cross

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