



№ 520

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The Permanent Mission of the Republic of Bulgaria to the United Nations Office and other International Organizations in Geneva presents its compliments to the United Nations Office of the High Commissioner for Human Rights and referring to the letter under Ref: AL BGR 1/2020, dated 11 March 2020, regarding communication by the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, has the honour to transmit herewith the information provided by the competent national authorities.

The Permanent Mission of the Republic of Bulgaria avails itself of this opportunity to renew to the United Nations Office of the High Commissioner for Human Rights the assurances of its highest consideration.

Attachment – according to text (8 pages)



**UNITED NATIONS OFFICE OF THE
HIGH COMMISSIONER FOR HUMAN RIGHTS
Special Procedures Branch
GENEVA**

Contribution of the government of the Republic of Bulgaria with regard to the joint communication sent by the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health

Question 1:

The state policy for persons with disabilities of the Republic of Bulgaria is an essential part of the overall policy for the protection and promotion of human rights and fundamental freedoms. People with disabilities benefit from the state and society's specific care, and Bulgaria attaches great importance to the full implementation of the obligations arising from the Convention on the Rights of Persons with Disabilities.

Bulgaria is carrying out a second Action Plan under Horizon 2015-2020 on the implementation of the Convention on the Rights of Persons with Disabilities (the Convention), setting out specific steps and the role of individual public authorities and stakeholders. The Action Plan sets out parameters for the adjustment of the regulatory framework to the requirements of the Convention with the active collaboration with organizations of and for persons with disabilities.

Bulgaria is implementing the 2016-2020 National Strategy for Persons with Disabilities, formulating national goals and priorities in accordance with the European Disability Strategy 2010-2020. "A Renewed Commitment to a Barrier-Free Europe." The objectives and priorities are also in line with the 2020 National Health Strategy, which pays particular attention to this group of citizens: Policy 1.6 "Best possible health for people with disabilities". The 2016-2020 National Strategy for Persons with Disabilities was developed in connection with the fulfilment of national commitments on the implementation of the ratified UN Convention on the Rights of Persons with Disabilities. A new national strategy for the period 2021-2030 shall be set up by the specially created Interdepartmental working group.

The Ministry of Labour and Social Policy is primarily focused on community life and resident care is only provided by exception to care-dependant people with serious disabilities who need transition and a place to live due to long-term institutionalization, unconcerned or disinterested relatives, or the lack of own home. In this regard, we would like to express our disagreement with the stated in the Annex on page 7, i.e. that the deinstitutionalization process occurs without the development of support services in the community. There are a number of examples of support provided in the community and in the home environment to persons with disabilities on various legal grounds, both in the field of social services – via the provision of social services in the community and in the home environment (for information as of the end of February 2020, 239 daily centers and centers for social rehabilitation and integration operate in the country, with a capacity to accommodate 6,414 people) and in the field of disability policies – under the Law on the integration of people with disabilities, etc. As a specific example, it can be pointed out that nearly 650,000 adults with permanent disabilities receive financial support under the Law on the integration of people with disabilities, while nearly 5,000 adults with permanent disabilities currently live in specialized institutions. In addition to financial support, people with disabilities are also provided with personal assistance funding, employment security measures and many other incentives for their full inclusion in society.

It is important to emphasize that the above-mentioned scheme, which is implemented under Operational Programme "Regions in Growth" (OPRG) 2014-2020, only supports one of the many measures set out in the Action Plan 2018-2021 for the implementation of the National

Strategy for Long-term Care. It is related to the indisputable necessity to replace all inefficient and obsolete services with services that provide much better living conditions. Nevertheless, European Structural Funds resources are not allocated exclusively for the establishment of resident services. According to the Community Support Services Map of the Action Plan for the period 2018-2021, approved by the Interdepartmental working group for management and coordination of the deinstitutionalization of care for the elderly and the disabled, the operational programmes provide funds for the construction/reconstruction of 32 community social services to support around 1,120 users. For comparison, the 68 resident services envisaged (Care centers for the Disabled and the Elderly) will cover 1,020 users. Moreover, the construction of the infrastructure under OPRG 2014-2020 is based on functional requirements and guidelines, taking into account both national strategy papers and the relevant European documents on deinstitutionalization and life in the community.

In this regard, all new resident services (Care centers for the Disabled and the Elderly) with infrastructure funded under OPRG 2014-2020 shall be subject to an objective evaluation whether the necessary material conditions for the provision of community care will be created following the implementation of the relevant construction and/or repair activities and the supply of equipment/furniture, i.e. whether the following conditions are cumulatively met: (1) the provision of a high quality social service, (2) social inclusion of the accommodated persons in the community (including physical proximity to the community and to supportive and accompanying services) and, last but not least, (3) independent living of the accommodated persons. Funding of any form of institutional care, including the so-called “smaller institutions”, shall not be allowed.

Operational Programme “Human Resources Development” (OPHRD) 2014-2020 encourages multiple projects aimed at empowering people with disabilities, providing more opportunities for employment and training inclusion, as well as providing social and integrated support services and life both in the community and in the home environment. OPHRD 2014-2020 carries out the following support operations in terms of care deinstitutionalization for the elderly and the disabled in accordance with the plan: “Support for persons with disabilities”, “New long-term care for the elderly and the disabled – Stage 1” (due to the state of emergency in the country, Stage 2 of the operation will be announced in June 2020), “Patronage care for the elderly and the disabled”, “Personal development of persons with mental disorders and intellectual disabilities”, “Social inclusion of persons with mental disorders and intellectual disabilities”, “Social enterprises for persons with mental disorders and intellectual disabilities”. The implementation of the operation for the development of patronage care aimed at providing support in the home environment to more than 17,000 people has been very successful. The service aims at improving access to integrated services for the elderly who are unable to self-serve, as well as for persons with disabilities, including chronic diseases and permanent disabilities. Currently, a significant number of municipalities that have a contract under OPHRD 2014-2020 according to the patronage care procedure are providing social and health services at the homes of users. In the country’s state of emergency for the prevention against spread of COVID-19, a supplementary budget is being provided under the procedure in order to enable municipalities to hire additional staff for the provision of hourly services at the home of users, such as purchasing necessity goods, funded by the persons themselves, or by funds other than those of the project. The scope of users who have access to integrated services is expected to expand substantially.

The Agency for Persons with Disabilities utilizes the European Structural and Investment Funds solely for the implementation of the “Development of the instruments for the formation and implementation of policies for the integration of people with disabilities” project under Grant Contract BG05M9OP001-3.013-0001. The total eligible expenditure allocated to

the operation amounts to BGN 500,000.00 and it is implemented with the financial support of Operational Programme “Human Resources Development” 2014-2020, Priority Axis 3, co-financed by the European Social Fund. The project will result in the development of detailed tools for the collection and reporting on the results achieved with regard to the implementation of the rights of persons with disabilities, in line with the provisions of the UN Convention on the Rights of Persons with Disabilities.

Question 2:

The adoption of the Action Plan 2018-2021 for the implementation of the National Strategy for Long-Term Care by the Council of Ministers in 2018 initiated the process of deinstitutionalization of people with disabilities and the elderly. The plan covers measures for the first four-year phase of care deinstitutionalization for the people with disabilities and the elderly, which is to be completed by the end of 2034.

Deinstitutionalization is taking place via the development of social services in the home environment and in the community, as well as through the promotion of an integrated approach for care provision, thus ensuring the conditions for the full participation, better and independent living of persons with disabilities.

The Action Plan 2018-2021 for the implementation of the National Strategy for Long-term Care includes four large groups of measures, the first of which is related to the support of people with disabilities and the care-dependent elderly. The second group of measures is related to the provision of quality social services in the community for persons accommodated in specialized institutions with unsatisfactorily living conditions and quality of care, as well as to the phased closure of institutions. The third group of measures is related to the increase of the long-term care system’s effectiveness, while the fourth one is related to the construction of the necessary infrastructure for the provision of social services in the community and integrated health and social services for people with disabilities and the care-dependent elderly. It includes all necessary activities for infrastructure construction or repair, the supply of furniture and equipment, as the construction of infrastructure itself is not a deinstitutionalization measure, but only supports the implementation of the process. The provision of long-term care and deinstitutionalization of the care for people with disabilities and the care-dependent elderly can only be ensured by the entirety and coherence of the above-mentioned four main groups of measures.

Regarding the recommendation in the letter that the strategic policy planning process in this area should be consulted by organizations of and for persons with disabilities, we would like to clarify that the National Strategy for Long-term Care and the Action Plan 2018-2021 for its implementation (the two documents outlining the policy on care deinstitutionalization for the people with disabilities and the elderly) have been prepared and agreed with the broad involvement of all stakeholders. The Action Plan 2018-2021 for the implementation of the National Strategy has been developed by a working group that broadly represents the relevant responsible state institutions, the National Association of the Municipalities in the Republic of Bulgaria, representatives of non-governmental organizations engaged in social services activities for the elderly and the disabled, representatives of nationally represented organizations of and for persons with disabilities. The above-mentioned strategy papers are in line with the Common European Guidelines for the transition from institutional to community-based care, as well as with the UN Convention on the Rights of Persons with Disabilities. The plan was approved by the Coordination Council for the Management of EU Funds and adopted by Decision No 28 of 19 January 2018 of the Council of Ministers. The Strategy also places a strong emphasis on care deinstitutionalization for people with disabilities and the elderly, the development of domestic services and the support of families with increased responsibility to

cares provided for dependent family members. Priorities of the Strategy also include the promotion of interaction between social and health services, including the development of innovative cross-sectoral services as well as the implementation of an integrated approach.

In 2019, the Social Services Act was adopted, enters into force as of 01.07.2020, and one of the main objectives of the law is to ensure the right of every person to support for life at home and in the community. The benefits of home and community support are regulated and the use of social services for residential care is allowed only if the possibilities of supporting people through social services in the home environment and in the community are no longer available and organized in a way that prevents the isolation of persons from the community. Aiming at the implementation of the process of care deinstitutionalization for the elderly and the persons with disabilities, the law provides that all specialized institutions for people with disabilities are to be closed down by 1 January 2035 and that existing nursing homes are to be reformed by 1 January 2025 in order to meet quality standards.

Question 3:

In relation to the implementation of Priority “*Ensuring effective access to quality health services*”, it should be noted that the access to health services for people with disabilities is reflected in the National Health Strategy 2020 which pays special attention to this particular population in Policy 1.6 “Best possible health for people with disabilities.” The policy is based on the understanding that for ensuring better quality of life and equal access to all levels of the health system for people with disabilities there must be a comprehensive and integrated approach to health, social, educational and other needs.

The basic principle of the health policy as regards people with disabilities is associated with the fact that medical activities related to primary and secondary prevention of disabilities are essential to ensure equal access to quality medical care for people with disabilities.

The envisaged measures include:

- To raise awareness among physicians and medical practitioners with respect to human rights, dignity, independence and needs of persons with disabilities through training and the promulgation of ethical standards in healthcare.
- To provide people with disabilities with health services they need in view of the type and degree of the disability, early detection and appropriate intervention, leading to the reduction and prevention of further disability.
- To build logistics networks for diagnosis, treatment and rehabilitation of children and people with disabilities within the existing healthcare system.
- To improve coordination between different health professionals, as well as social and other services for people with disabilities.
- To apply integrated approaches and community services to meet the needs of supportive care of people with disabilities, both general and specific inpatient or outpatient care, social rehabilitation, educational and vocational training and guidance, individual programmes for social inclusion.
- To enter the assessment of the disability and functioning using the International Classification of Functioning, Disability and Health (ICF) of the World Health Organization, through the use of objective criteria consistent with international standards for the evaluation of disability by competent specialists. The disability is a complex phenomenon, which reflects the problems of the human body and environmental factors.

The *Law on the integration of people with disabilities* which entered into force on 01.01.2019 guarantees the rights of persons with disabilities in a way that ensures respect for their human dignity and equal treatment in private, social and political life by applying an individual approach and assessment of their individual needs, structured as an assessment of the need for financial support, provision of social services, use of personal assistance or other type of support, under conditions and in accordance with the procedures laid down by law.

The Law on the integration of people with disabilities is based on the following basic principles: 1) personal choice and independence of the disabled and their families; 2) equality and non-discrimination; 3) social inclusion and full and effective participation of persons with disabilities and their families in society; 4) accessibility.

Chapter five “Support for social inclusion”, section I “Medical, professional, social, occupational and psychological rehabilitation” of the Law on the integration of people with disabilities regulates the adoption of prevention and rehabilitation programmes defining the objectives, measures and means of disability prevention, as well as sets out which authorities shall implement the measures and be responsible for assessing the capacities of persons with disabilities.

Medical rehabilitation is a therapeutic activity carried out by multidisciplinary teams under the conditions and in accordance with the Medical Establishments Act and the Health Insurance Act, and includes: identification of disabilities; medical and functional diagnostics; physical therapy; speech and visual therapy; kinesiotherapy; hydrotherapy; ergotherapy; psychotherapy; supportive medical therapy; prescription of facilities, aids and medical devices for persons with disabilities.

Social rehabilitation is the creation of skills to lead an independent life in society through vision, hearing and speech rehabilitation, motor rehabilitation, psychological assistance, psycho-social counseling, employment and occupation, provision of social and rehabilitation services and other activities. Activities carried out in the field of social rehabilitation relate to the following: 1) building skills and abilities to cope with life activities; 2) building a supportive environment for people to lead an independent life; 3) creating conditions for social interaction, creativity and artistic performances, recreational activities, information and others.

As of 01.01.2019, the *Personal Assistance Act* has been in force, regulating the terms and conditions for the provision and use of personal assistance by persons with disabilities. The law considers independent living as the ability of a person with disabilities to make life decisions independently, receiving the necessary support.

Personal assistance is a mechanism to support people with disabilities in exercising their rights, to participate fully in society, to carry out activities responding to their individual needs of a personal, domestic or social nature, and to overcome the barriers to their functional limitations. The mechanism ensures that people with disabilities are able to choose by whom, when, where and how to carry out these activities. The provision of personal assistance shall be based on the principles set out in the Law on the integration of people with disabilities, as well as on the principles of effectiveness and efficiency of assistance provision and respect for the privacy, dignity, autonomy and independence of people with disabilities.

Personal assistance is provided by personal assistance providers. A personal assistance user is a person with a disability that leads to limitations in his/her ability to self-serve in everyday life and to dependence on assistance aimed at compensating for the functional deficit and at providing support for the exercise of his/her fundamental rights and full participation in society. In case the user of personal assistance is a minor or a person under full guardianship, he or she

shall be represented by his or her legal representative and, in case he or she is a minor or a person under full guardianship, the consent of his or her legal representative shall be sought.

Question 4:

In relation to the involvement of people with disabilities and the elderly in the decision-making process regarding their health care, it is important to emphasise that taking persons with disabilities out of specialized institutions will be accompanied by individual assessment of their support needs by trained teams. This assessment foresees an inquiry of the wishes of persons accommodated in specialized institutions which are to be closed down, psychological counselling and explanation of the change and preparation for the acceptance of this change, assessment of specific medical needs, social circle and opportunities for reintegration into the home environment, assessment of the need for intensive support from specialized personnel, etc. The development of an individual support plan for each person is also envisaged, taking as fully as possible into account the person's preferences, their established emotional ties, individuality and distinction. The evaluation and preparation of support plans will involve the participation and the personal choice of the persons who are to be taken out of institutions.

The *Social Services Act* aims at improving the mechanisms for planning, provision, financing, control and monitoring of services, as well as at improving their quality, efficiency and sustainability. It supports the adoption of the concept of social services as a tool for the creation of social competence, enabling people to implement their rights, promotes self-empowerment and prevents dependence on the support system. Social services are not defined as establishments or buildings but as activities to support prevention and/or overcoming social exclusion, implementation of rights and improving the quality of life. The types of social services are defined according to the main groups of activities. Thus, all people are enabled to use universally accessible social services and not only vulnerable groups. Under the law, social services are organised and provided in accordance with the following principles: availability of various types of social services, accessibility of social services, individual approach in terms of support, comprehensiveness, integration and continuity of support, prevention of institutionalisation, respect for the rights of social service users and ensuring their active participation in decision-making, flexibility and transparency in the management of social services and participation of all stakeholders and use of all available resources.

For the first time, the Act regulates assistance support, substitution care, supplementary standards for financing social services to supplement some of the activities in specific support services, flexible approaches to service delivery, integrated approach and integrated health and social services, etc. It also introduces for the first time an entirely free support and training service for family members who provide informal care in home environment for people with permanent disabilities and for people over working age who are unable to self-service. For persons under guardianship, the law provides additional guarantees to prevent permanent institutionalization and considering their will related to the provision of a service. Service planning will be implemented through the National Social Services Map, which will be developed based on municipalities' analysis of the social services needs at municipal and regional level. For the first time, the Social Services Act introduces provisions regarding employees engaged in the provision of social services. These employees are entitled to introductory and advanced training, as well as to supervision. Social service providers will develop an introductory and advanced training programme. An Agency for the Quality of Social Services is being set up in order to enable stricter quality control of social services.

Questions 5, 7:

The Agency for People with Disabilities (APD) implements the state policy regarding the employment, rehabilitation and full social integration of people with disabilities into the public life of the country by funding various projects and programmes aimed at people with permanent disabilities. The funding of the winning project proposals comes entirely from the state budget, as allocations are in the form of a grant and represent minimal state aid.

1. With the “Rehabilitation and Social Integration of Persons with Disabilities” programme, the APD funds non-governmental organisations registered for the public benefit of and aimed at persons with disabilities, as well as nationally represented organisations of persons with disabilities registered under the Cooperatives Act. This programme implements training projects, projects for development of independent living skills, rehabilitation, art therapy and public events of and for people with disabilities, funds the development and publication of textbooks, manuals and materials to help people with disabilities, as well as activities aimed at changing societal attitudes towards people with disabilities. Each year the number of beneficiaries covered under the projects funded under this programme exceeds 3,600 persons with disabilities.

2. The website of the Agency for People with Disabilities maintains public registers for specialized enterprises and cooperatives of and for persons with disabilities and a register of persons carrying out activities related to the provision of medical devices and facilities, accessories and equipment for persons with disabilities, set up entirely to assist people with disabilities.

3. In its public part, the system allows the additional publication of data regarding the accessibility of sites owned by governmental, municipal, private and other organizations and companies and in particular: : parking spaces provided, services provided for blind people, gesture services, accessible tourist routes, adapted entrance, sanitary facilities, pay desks/places, etc. Thus, people with disabilities have permanent access to useful information related to urgent needs of pharmacies, medical facilities, service, etc. They can organise their leisure time in relation to accessing cultural, tourist, sports sites, etc.

Furthermore, we would like to underline that the Social Assistance Agency is implementing the “New long-term care for the elderly and people with disabilities” project, which is being realized under the Action Plan 2018-2021 to the National Strategy for Long-Term Care and is part of the overall process of deinstitutionalization of care for people with disabilities, as well as for the establishment of alternative support for people in the community by providing quality and affordable long-term care services. The project is in line with the key priorities for deinstitutionalization of care for people with disabilities and is intended to implement a Communication Strategy, mainly aimed at targeted work for a positive change in public attitudes towards the deinstitutionalization process of persons with mental disabilities and mental retardation by organizing and carrying out of an information campaign.

Question 6:

According to the *Protection Against Discrimination Act*, a refusal to provide goods or services, as well as the provision of goods and services of a lower quality or on less favourable terms on the above-mentioned grounds shall not be allowed.

The above-mentioned law established a Commission for Protection against Discrimination as an independent specialised state body for prevention of discrimination, protection against discrimination and ensuring equal opportunities. It shall exercise control over the implementation of, and compliance with, this or other Acts regulating equal treatment. The Commission for Protection against Discrimination shall:

- ascertain violations of this or other Acts regulating equal treatment, the perpetrator of the violation and the aggrieved person;
- require prevention and termination of the violation and restoration of the original situation;
- impose the sanctions envisaged and implement administrative enforcement measures;
- issue mandatory directions for compliance with this or other Acts regulating equal treatment;
- issue opinions on the conformity of draft statutory act with the legislation on prevention of discrimination, as well as recommendations for adoption, revocation, amendment of and supplement to statutory acts;
- provide independent assistance to victims of discrimination filing complaints against discrimination;
- conduct independent research on discrimination;
- publish independent reports and make recommendations on all matters relating to discrimination;
- inform the public through the mass media about the current provisions in the field of protection against discrimination, etc.

In addition, since 2019, a Persons with Disabilities Profile has been developed on the website of the Agency for Persons with Disabilities, which provides an integrated solution for administrative and social services for people with disabilities and related administrative services. The profile displays data from various institutions about each person, as access is only provided to the specific person with disabilities.

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