

Bulgaria: assessing health-system capacity to manage large influxes of migrants



REPUBLIC OF BULGARIA

Joint report on a mission
of the Ministry of Health
of Bulgaria and the WHO
Regional Office for Europe



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Abstract

Health 2020, the European health policy framework, provides a comprehensive framework for action to respond to public health needs in the field of migration. The large numbers of migrants entering the WHO European Region from North Africa and the Middle East are posing new challenges to health systems in recipient countries, which must strengthen their capacity to respond appropriately to the needs of migrants and the resident population. An efficient policy dialogue is needed between the main stakeholders involved in the field of health and migration, who should share experiences and identify best practices. The WHO Regional Office for Europe provides technical assistance to countries in this area through the project Public Health Aspects of Migration in Europe (PHAME). An assessment mission to Bulgaria took place in February 2015, intended to strengthen the country's capacity to address the public health implications of sudden large-scale influxes of migrants. The WHO toolkit for assessing health system capacity to manage large influxes of migrants in the acute phase was used during interviews and field visits, and the results are summarized in the present report.

Keywords

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Abbreviations

GP	general practitioner
PHAME	Public Health Aspects of Migration in Europe
UNHCR	Office of the United Nations High Commissioner for Refugees

Executive summary

In response to the recent increase in migration to the WHO European Region and the adoption of World Health Assembly resolution WHA61.17 on the health of migrants, the WHO Office for Investment for Health and Development of the WHO Regional Office for Europe launched the project Public Health Aspects of Migration in Europe (PHAME) in 2011. The project aims to address the challenges posed by migration to the Region in response to emergencies. To assist in strengthening capacity within European countries to receive large influxes of migrants, a toolkit for assessing health system capacity to manage large influxes of migrants in the acute phase has been developed. The Toolkit was produced in a consultative process involving experts from various European countries during the first half of 2013, in collaboration with the International Centre for Migration, Health and Development, a WHO collaborating centre based in Geneva. The toolkit was piloted in six countries (Cyprus, Greece, Italy, Malta, Portugal and Spain) and was then revised during a workshop in Palermo, Italy in February 2015. The revised version was piloted in a mission to Bulgaria on 23–26 February 2015.

In the second half of 2013, Bulgaria was affected by an influx of approximately 15 000 migrants crossing the land border with Turkey. The country was not prepared for an influx on this scale, and the initial response was poorly organized. Delays in the administration of basic services and appalling conditions at reception centres were widely reported by national and international organizations (1). With European Union and other bilateral funding, the Government was able to renovate the migrant reception centres in 2014 in order to improve living conditions. At the time of the mission, it was reported that poor management and lack of structural funding remained problems.

The Bulgarian response mechanism is highly dependent on external donors, with a shortage of investment in structural, sustainable interventions. In addition, the national plan responding to the migrant influx focuses overall on strengthening border security measures rather than improving the reception mechanism.

The State Agency for Refugees has recently reported that migrant centres in Bulgaria currently provide shelter for 3800 migrants, including 700 people who have been granted refugee status. Additionally, many of the migrants who crossed the border in 2013 continued their journey to other countries such as France and Germany.

Under the biennial collaborative agreement between the Government of Bulgaria and the WHO Regional Office for Europe, the PHAME project can play a technical advisory role in addressing challenges identified during the assessment. Specific attention will be paid to the revision of the health component of the national response plan; developing training curricula for health staff and cultural mediators; and facilitating links and exchanges of experience between countries dealing with similar emergencies.

Introduction

Context

The Republic of Bulgaria is bordered by Romania to the north, Greece and Turkey to the south, Serbia and the former Yugoslav Republic of Macedonia to the west, and the Black Sea to the east. The land borders have a total length of 1806 km: 472 km with Greece, 162 km with the former Yugoslav Republic of Macedonia, 605 km with Romania, 344 km with Serbia and 223 km with Turkey. The coastline measures 354 km (Fig. 1).

Fig. 1. Bulgaria and its borders



Source: United Nations Geospatial Information Section/Esri/Natural Earth/OCHA.

In recent decades, Bulgaria has traditionally been a country of origin of migrants; however Bulgaria's accession to the European Union on 1 January 2007 resulted in a gradual rise in the number of both regular and irregular immigrants coming mainly from Afghanistan, Armenia, Iraq and sub-Saharan Africa (1).

More recently, in the second half of 2013, as a consequence of the further deterioration of the security situation in the Syrian Arab Republic and the strengthening of border controls at the Greek–Turkish land border, an estimated 15 000 asylum-seekers started to cross into Bulgaria from Turkey. Influx peaks were reported during the months of October and November, when hundreds of migrants crossed the border every day, the majority being Kurdish Syrians. This represented a dramatic increase compared with the 1700 migrants who crossed the border in the entire year 2012 (1).

The influx was unprecedented, and the Bulgarian authorities were unprepared. Asylum-seekers and migrants were accommodated for weeks in overcrowded reception centres that reportedly failed to meet minimum standards for shelter, individual space, food, water, sanitation, protection or basic health care (1, 2). Reception facilities were significantly overstretched, and UNHCR therefore requested the temporary suspension by the European Union of the Dublin Regulation (3, 4) relating to transfers of asylum-seekers back to Bulgaria.

During 2014, with European Union and other bilateral funding, the Government renovated the migrant health centres and gradually improved living conditions in the buildings. However, poor management and lack of structural funds are still reported.

The number of refugees and migrants entering Bulgaria dropped dramatically in 2014, to approximately 4000 by October, following the decision of the Bulgarian Government to build a 3-metre-high wire fence in the Elhovo border region with Turkey. However, the construction of the fence has been heavily criticized by a number of national and international organizations, including Amnesty International and UNHCR, as it encourages migrants to take more dangerous routes (5, 6). Despite this criticism, the Government plans to extend the existing 33 km fence by a further 82 km.

The State Agency for Refugees has recently reported that refugee centres in Bulgaria provide shelter for 3800 migrants, including 700 who had been granted refugee status. In line with the overall trends in migration in the WHO European Region, many of the migrants entering Bulgaria in 2013 continued their journey to France, Germany and Sweden (7).

It is worth mentioning that, in August 2014, Bulgaria's Border Police intercepted 63 refugees, including 18 women and 16 children, in Bulgaria's Black Sea territorial waters, attempting to enter the country in an overcrowded sailing boat. The boat was intercepted near Shabla in north-eastern Bulgaria, close to the border with Romania. This has been one of the rare cases of refugees reaching Bulgaria by sea.

Scope of the mission

The mission's aims were:

- to assess the ongoing preparedness and response activities of the local Bulgarian health system to respond to sudden, massive influxes of migrants;
- to test the revised version of the WHO Toolkit for assessing health-system capacity to manage large influxes of migrants in the acute phase.

Method

A stakeholder meeting was organized in Sofia on the first day of the mission (Fig. 2). At this meeting, members of the assessment team received an overview of Bulgaria's pre-existing health system preparedness and response plans, as well as presentations from key representatives of Bulgarian ministries.

Members of the assessment team undertook site visits at migrant centres and carried out semistructured interviews with managers and health staff working in these centres, guided by the revised draft of the assessment toolkit. The interviews considered in detail the response to a large influx of migrants, including the chronology of the response and the involvement of various levels of the health system. The present report groups the assessment findings according to the six functions (building blocks) of the WHO health system framework, namely: leadership and governance; health workforce; medical products, vaccines and technology; health information; health financing; and service delivery.

Meetings were organized with: Bulgarian Red Cross; International Organization for Migration and UNHCR representatives; Ministry of the Interior, Border Police Directorate-General; Bulgarian Council on Refugees and Migrants; Medical Institute of the Ministry of the Interior; State Agency for Refugees; Regional Health Inspectorate, Haskovo.

A debriefing session was held at the State Health Inspectorate on the final day of the assessment.

Fig. 2. Stakeholder meeting in Sofia on the first day of the mission



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Site selection

The assessment locations selected were migrant reception centres (Fig. 3). The following sites were visited: Centre for Temporary Accommodation of Foreigners, Harmanli; Transit Centre for Refugees, Pastrogor; Special Home for Temporary Accommodation of Foreigners, Lyubimets; Registration and Reception Centres for Refugees, Voenna Rampa and Ovcha Kupel, Sofia.

Overall findings and recommendations

Type of emergency

The humanitarian emergency due to the influx of migrants in the autumn of 2013 lasted for approximately six months. At the time of writing, a manageable number of migrants is crossing the Bulgarian–Turkish border every month, but the authorities in Sofia warned that an increased migrant flow could be expected when temperatures rise in the spring. The current Dublin Regulation states that a refugee who has been registered in Bulgaria but chooses to move to another European Union country is to be sent back (3). This makes it likely that countries such as Germany, Austria and Hungary, which receive many of the refugees initially registered in Bulgaria, will send high numbers of refugees back, potentially putting additional pressure on the response system. If the above scenarios are realized, the resulting large influx of migrants will challenge the existing fragile response mechanism, despite the improvements that have been implemented in the existing centres. This may result in a new humanitarian crisis, the possibility of which necessitates the assessment and strengthening of the current response system. In addition, the extension of the fence at the Bulgarian–Turkish border could foster arrivals via the Black Sea, although this scenario is currently considered unlikely.

Public health risk assessment

Turkey is the transit country where migrants from the Afghanistan, Iraq and the Syrian Arab Republic, and to a lesser extent, Africa, remain for weeks and even months in precarious accommodation, lacking minimum standards of hygiene and health care. Migrants wait in these facilities until smugglers direct them to routes across the border. These are often through difficult terrain and migrants have little knowledge of the route, meaning it can take hours or days to reach the border. Once in Bulgaria, they are likely to be accommodated in overcrowded settlements with cultural, administrative and economic barriers hampering access to the available health services.

In this scenario, health risks are related to:

- outbreaks of vaccine-preventable diseases in a population coming from countries where, for various reasons, immunization coverage is low;
- physical and psychological trauma, the consequences of post-traumatic stress disorder, dehydration, nutrition disorders and hypothermia because of protracted, unsafe journeys;
- various infectious diseases, including acute respiratory infections and diarrhoeal diseases, because of accommodation in overcrowded reception centres;
- absence or interruption of treatment for chronic diseases because of various cultural and economic barriers;
- particularly high health risks faced by vulnerable groups of migrants, including the elderly, people with disabilities, pregnant women and young children.

Fig. 3. Grounds of migrant centre



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Leadership and governance

Findings

Bulgaria grants international protection in line with European Union Council Directive 2004/83/EC, which regulates refugee status and humanitarian status (subsidiary protection), and with Council Directive 2001/55/EC which regulates temporary protection status.

The Bulgarian Law on Asylum and Refugees stipulates that “Temporary protection shall be given in the event of a mass influx of aliens who have been forced to flee their country of origin due to an armed conflict, civil war, foreign aggression, large-scale violations of human rights or violence in the territory of the respective country or in a separate area thereof and who, for those reasons, are unable to return there” (8).

Immigration policy in Bulgaria is the responsibility of the Migration Directorate of the Ministry of the Interior. The Migration Directorate is in charge of the management, maintenance and security of facilities used to detain foreign nationals awaiting deportation because they entered the country illegally without asking for asylum; overstayed their permit; stayed using false or forged documents; or represent a threat to public order or national security.

There are two migrant detention centres in Bulgaria; one is Busmantsi detention centre in Sofia, and the other is Lyubimets situated close to the Turkish–Bulgarian border (9). The conditions and health-care provision within these centres have been criticized by human rights groups, and there is a high rate of reported deterioration in the health of migrants due to psychological stresses and poor living conditions (9).

The National Service Border Police, which is part of the Ministry of the Interior, is a specialized agency responsible for securing and managing Bulgaria’s borders. Its main duties are the prevention, detection and investigation of crimes related to illegal immigration. In addition to the detention centres detailed above, the Border Police operates a small facility at the Turkish–Bulgarian border checkpoint of Kapitan Andreevo. By law, migrants can be held here for up to 24 hours, before being released or moved on to one of the detention centres (9).

The Migration Directorate and the Border Police work in cooperation with the State Agency for Refugees on matters concerning asylum-seekers. The Agency comes under the Council of Ministers and is responsible for managing facilities for asylum-seekers, including transit centres, registration and reception centres and integration centres. In addition, it manages, coordinates and controls the implementation of State policies related to the granting of refugee status and humanitarian status to aliens.

The State Agency for Refugees is responsible for the management of two registration and acceptance centres: one in the village of Banya, Nova Zagora Municipality, with a capacity of up to 50 people, and the other in Sofia with a capacity of up to 500 people (10). These centres organize registration, accommodation, medical checks and social and medical assistance for the persons seeking protection. The Pastrogor transit centre is also managed by the Agency and is located in the region of Svilengrad, because the main inflow of illegal immigrants comes via Turkey and close to Svilengrad (10).

During the 2013 influx, the Agency was unable to process the high volume of applications, so part of the work was delayed until 2014. Health insurance contributions for migrants within the status determination process were supposed to be paid by the Agency; however, as a consequence of the processing delay in 2013, many migrants were left without basic health-care coverage (11).

The Ministry of Health, through the National Health Strategy, determines health policy priorities. At the district level, State health policy is organized and implemented by the regional health inspectorates.

According to Bulgarian legislation on health insurance, access to public health services requires the regular payment of health insurance contributions. These are funded by the State for certain population groups, including asylum-seekers and people applying for refugee status, who are funded by the State Agency for Refugees. Once granted refugee status or the right to asylum, migrants are expected to pay health insurance contributions in order to access the basic package of health care to which Bulgarian citizens are entitled under the insurance system (12).

When they receive a temporary refugee certificate, asylum-seekers are referred to a general practitioner (GP). In practice, the number of asylum-seekers with an assigned GP is limited because of language barriers and the reluctance of many GPs to take on patients whose residence is likely to be temporary.

Basic health screening at the border, along with health services in the migrant reception and detention centres, are the responsibility of the Medical Institute of the Ministry of the Interior. The Medical Institute is situated in Sofia and primarily provides health care for Ministry of the Interior staff and their families. It was reported that, in 2013, most health services were provided by non-governmental organizations, including Médecins Sans Frontières and the Bulgarian Red Cross, but that in 2014 control of food and medical services was handed over to the State Agency for Refugees (9) (13).

Bulgaria, in its capacity as a European Union Member State, is bound by the European Union minimum asylum standards, collectively referred to as the European Union asylum acquis (13). The Bulgarian Helsinki Commission reported in its annual report on status determination procedures that Bulgaria had breached European directives during the migrant influx of 2013, as a consequence of the delay in processing of applications by the State Agency for Refugees (13), and that in 2014 the Agency had violated the right to access to the status determination procedure, regulated in article 6 of Directive 2013/32/EU of the European Parliament and of the Council of 26 June 2013 on common procedures for granting and withdrawing international protection (13).

During the migrant influx of 2013, the Council of Ministers adopted the Plan for the Management of the Crisis resulting from Stronger Migration Pressure on the Bulgarian Border. The main goals of the plan were: 1. to reduce the number of illegal immigrants entering and residing illegally on Bulgarian territory; 2. to contain the risks of terrorism and radical extremism, pandemics and epidemics, ethnic, religious and political conflict, and criminality associated with illegal immigrants; 3. to maintain order, security and humane conditions at reception centres; 4. to reduce the number of persons seeking protection on the territory of Bulgaria; 5. to ensure fast and efficient integration of refugees and beneficiaries of humanitarian status; 6. to obtain additional external resources; and 7. to ensure efficient communication with society.

The initiatives described in the Plan to reduce the number of asylum-seekers and migrants in an irregular situation included the construction of the 33 km wire fence along the border with Turkey and an increase in the number of border patrols, with the deployment of an additional 1500 police officers. At the time of writing, it was planned to extend the fence by a further 82 km (5). Health issues are addressed in section 14 of the Plan, and are mostly related to control of communicable diseases, providing basic health care in the migrant centres and protection for the staff working there.

The mission team members were not able to study the health sector plan, which should be an integral part of the overall strategy, giving more details of health sector interventions.

It is worth mentioning that, during 2014, the country had three different governments, three different ministers of health and three chairpersons of the State Agency for Refugees. The Chairperson who headed the Agency during the period 2009-2013 was reappointed a few months before the present assessment took place.

Health workforce

Findings

The number of physicians in Bulgaria has been consistently above European Union averages; however, the number of nurses is particularly low and consistently falls below these averages. According to the Bulgarian National Center of Public Health and Analyses, the number of physicians per 10 000 of the population was 39.9 at the end of 2013 (14).

In addition to the shortage of nurses, there is a dramatic shortage of cultural mediators. There are 160 cultural health mediators, trained and appointed by the Ministry of Health, but they provide services mostly for the Roma ethnic group and do not have the capacity to provide services for migrants as well because of language barriers. This was particularly evident during the acute phase of the migrant influx in 2013, and is still the case in all migrant centres visited during the assessment.

While projects funded by the European Union have provided resources for interpretation services for limited periods, no permanent arrangements or qualified personnel are available for proper interpretation or cultural mediation. For these reasons, the Minister of Health has recently requested support from the WHO Regional Office for Europe in the form of technical advice on training for cultural mediation.

At the beginning of the migrant influx in 2013, there were no surge mechanisms in place for the rapid mobilization of health personnel. All centres providing health care were initially reliant on assistance from Médecins Sans Frontières and Red Cross Bulgaria, until the State Agency for Refugees was able to recruit physicians and nurses for three centres, in Sofia, Banya and Pastrogor (15). Other centres continued to rely entirely on temporary assistance from Médecins Sans Frontières. The situation has gradually improved, and physicians and nurses from the Ministry of Health and the Ministry of the Interior are now working in primary health care clinics in the migrant reception and detention centres. The limited number of qualified medical personnel working in the clinics, alongside restricted working hours and the existing language and cultural barriers, hamper migrants' access to effective services. In addition, if there were a new large influx of migrants, administrative procedures for the rapid mobilization of health staff have not yet been clearly defined.

No specific training on migrant health is currently available for physicians or nurses in Bulgaria.

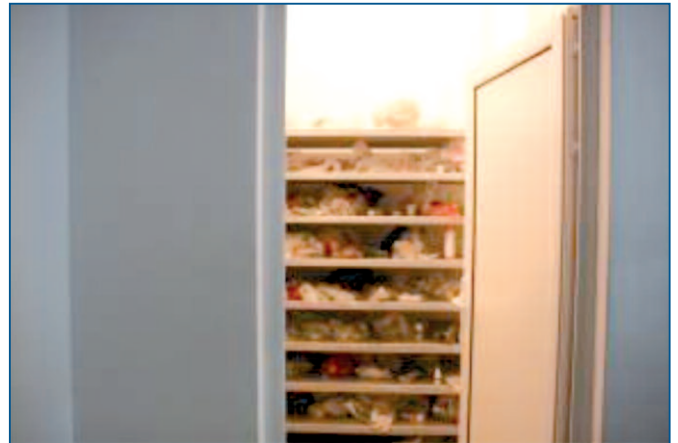
Medical products, vaccines and technology

Findings

A total of 28 domestic pharmaceutical manufacturers and 15 third-country importers (based outside the European Union) were registered by the Bulgarian Drug Agency in 2010 (12). Local producers mostly manufacture generic products and account for an estimated 30-40% of the pharmaceutical market (12). Insured individuals have access to pharmaceutical products by virtue of their coverage by the National Health Insurance Fund. Many of these products also require an out-of-pocket payment on the part of the individual.

The State budget subsidizes pharmaceuticals for inpatient care of cancer patients, those with certain infections (for example, tuberculosis) and rare diseases, as well as dialysis and pharmaceuticals for transplant patients. Shortages of essential medicines were not reported during the migrant influxes: however, cultural, economic and administrative barriers often hampered access to essential medicines. See Fig. 4 for examples of medical equipment and pharmaceutical supplies in a migrant centre.

Fig. 4. Medical equipment and pharmaceuticals in the migrant centre



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The Ministry of Health, working from WHO recommendations, defines the immunization programme. The immunization schedule is updated periodically in accordance with epidemiological data and the international scientific literature.

Vaccines are allocated by the Ministry of Health central vaccine store to each of the 28 regional inspectorates for protection and control of public health (regional health inspectorates). The vaccines are then distributed to GPs, hospitals and maternity services (in particular BCG vaccines (against tuberculosis) and HBV1 vaccines (against hepatitis B)). Most immunizations are administered free of charge by GPs, except for immunization of neonates, which is done in hospitals.

Migrants with uncertain immunization status are vaccinated according to the national immunization schedule and receive a personal immunization card. During the influx in 2013, regional health inspectorates sent out dedicated immunization teams to vaccinate children in migrant centres; 1890 migrant children were reportedly vaccinated in total. Immunization cards and informed consent papers were translated into Arabic, Farsi and English. No shortages of vaccines or gaps in the cold chain were reported.

In the period 2013/2014, regional national and regional health inspectorates are reported to have carried out over 27 000 medical laboratory tests on migrants. No shortages of laboratory consumables were reported.

Health information

Findings

The Public Health Directorate of the Ministry of Health is responsible for collecting, processing, analysing and disseminating health data, in collaboration with the Regional Health Directorates and the National Center of Public Health and Analyses, the National Center of Infectious and Parasitic Diseases, and the National Center of Health Information.

Sixty infectious and parasitic diseases are subject to compulsory registration, notification and reporting on a daily, weekly or monthly basis according to the type of disease.

No emergency syndromic surveillance system is reported in Bulgaria at this time. During the 2013 influx, only the routine surveillance system was in place, under the supervision of the Communicable Diseases Surveillance Directorate of the Ministry of Health. Data on chronic diseases among migrants are not systematically collected.

According to the Ministry of Health National Health Strategy 2008–2013, the overall quality and reliability of the health information system deteriorated following 1989 and, in particular, after the introduction of the health insurance system.

There is no risk-communication strategy currently in place; the burden of media communication normally falls on the Communicable Diseases Surveillance Directorate and the Ministry of Health press centre.

Health financing

Findings

Funding for health care in Bulgaria is provided by compulsory health insurance, administered by the National Health Insurance Fund. However, financial resources are very limited and the response to migrant influxes has been highly dependent on European Union funds.

In 2010-2013, the European Refugee Fund allocated almost €3 000 000 to the State Agency for Refugees to support the country's efforts in receiving refugees and displaced persons and improving asylum procedures (16). During the same period, the External Borders Fund allocated the Ministry of the Interior more than €38 000 000 to strengthen border control, including the development of IT systems, moving cameras and motion sensors covering a 58 km stretch along the southern part of Bulgaria's border with Turkey (16).

In November 2013, The European Commission provided €5 656 000 in emergency funding from the European Refugee Fund for Bulgaria in order to support the country in managing the influx of migrants (16). This financial support has reportedly been used to increase the capacity of the registration and acceptance centres and provide basic medical and psychological assistance.

In 2015, the European Commission planned to provide approximately €5 000 000 to strengthen emergency preparedness and response in the light of a possible new increase in influxes of migrants to Bulgaria. Funds will be used for renovation and maintenance of the existing migrant centres. The construction of one new centre is also planned.

Service delivery

Findings

The private sector covers all primary medical and dental care, the pharmaceutical sector, most specialized outpatient care and some hospitals. The State owns all university hospitals and national medical centres, specialized hospitals at national level, emergency medical care centres, psychiatric hospitals and centres for transfusion haematology and dialysis, as well as 51% of the capital of district hospitals (12).

Emergency care and public health services are organized and financed by the Ministry of Health. There are 28 regional centres for emergency care, one in each district, with branches in the smaller towns (12).

Migrants detected by the Border Police are moved to a first reception centre, managed by the Ministry of the Interior, where they are registered and have their fingerprints taken. Migrants requesting protection are then moved to open centres. Migrants not requesting protection are moved to detention centres. The State Agency for Refugees provides clinical health services in the migrant centres, assisted by Médecins Sans Frontières and the Bulgarian Red Cross. The Medical Institute of the Ministry of the Interior provides clinical health services in detention centres. Ministry of Health regional health inspectorates are responsible for public health and environmental health interventions.

The State Agency for Refugees opened four new migrant centres in the period September–October 2013, bringing the total to seven (15). The aim was to address the lack of reception capacity to deal with the large migrant influx. Unfortunately, the facilities identified as migrant centres were in very poor condition, lacking electricity, heating or proper sanitation systems. Essential services such as food and health care were not systematically delivered (1).

Médecins Sans Frontières teams provided medical and mental health care, distributed essential aid and made improvements to buildings and facilities to assist in the response to the 2013 influx.

During the assessment, the overall structural and infrastructural conditions of the migrant centres appeared to have been substantially improved. Premises had been restored and refurbished with functioning power, heating and water supply systems; however, sewage blockages were still reported. Meals were served regularly. A dramatic shortage of the funds required to cover the long-term running costs of the facilities was reported in each centre visited. The situation at the migrant centre in Voenna Rampa provides a good example of the lack of sustainable funding. The centre is equipped with a modern kitchen, able to serve approximately 1500 meals per day, but it could only fund the purchase of food for a few more weeks. Recently, the State Agency for Refugees has announced that Bulgaria intends to build two new refugee centres in the south of the country.

Health care for migrants is provided either by health staff working in small clinics within the centres, or by local GPs chosen by the migrants. Clinics in migrant centres are poorly equipped, and physicians do not systematically attend every day in all centres. Very few migrants have chosen a local GP, because of language barriers and/or GP reluctance; thus, in practice, there are significant failings in the delivery of health services to migrants.

The State Agency for Refugees pays health insurance contributions for asylum-seekers, in accordance with legislation governing the health insurance system (12). There are, however, some medicines, laboratory tests and diagnostic procedures that are not covered by the National Health Insurance Fund, and migrants are obliged to pay for these out of their own pocket. Al-

though the Bulgarian Red Cross is currently covering some of the costs, funds for this purpose are very limited.

Similar budget and staff restrictions exist in the clinic located in the migrant detention centre in Lyubimets, managed by the Medical Institute of the Ministry of the Interior. For instance, a dentist's chair was observed to be available, but no dentist. As far as medicine supplies are concerned, there is a small pharmacy in this centre. An application form requesting the required medicines is sent to the Institute of Medicine of the Ministry of the Interior up to twice a month, depending on the number and needs of patients.

National nongovernmental organizations provide interpretation services and psychosocial support in migrant centres and migrant detention centres. However, these activities are carried out using short-term project funds, so it is impossible to guarantee the continuity of the interventions (Fig. 5). Consequently, psychologists, psychiatrists, cultural mediators and/or qualified interpreters are not consistently available in all centres.

Fig. 5. Interpreting service at migrant centre



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The regional health inspectorates are responsible for public health interventions in migrant centres, including immunization, water testing, food safety measures, monitoring of overall hygiene and disinfection and disinfestation of premises. The regional health inspectorates are also responsible for disease outbreak control, emergency health care, parasitological and microbiological laboratory tests, specialist health care and hospital referrals. Small-scale outbreaks of scabies, chickenpox and gastroenteritis have been reported by the regional health inspectorates in various centres, although the quality of the epidemiological data needs to be better analysed.

HIV/AIDS prevention and control activities among refugees are implemented within the national programme for prevention and control of HIV/AIDS. Voluntary testing and counselling are available, although language barriers hamper the proper utilization of these services.

Bulgaria is among the 18 high-priority countries for tuberculosis control in the WHO European Region. Tuberculosis prevention and control activities among refugees are implemented within the national tuberculosis control programme. According to the Public Health Directorate, very few tuberculosis cases were detected in 2015 among the migrant population.

Tuberculosis and HIV/AIDS prevention is funded almost entirely by the Global Fund to Fight AIDS, Tuberculosis and Malaria. The Global Fund will not continue its financial support in the field of HIV/AIDS, but the Ministry of Health of Bulgaria, with the technical and expert support of the WHO Regional Office for Europe, has successfully developed a concept note on investing for impact against tuberculosis, covering financial support for three years (17). The needs of migrants are included as one of the key areas of work. The main strategies for work with high-risk groups (refugees and migrants, injecting drug users, alcohol-dependent persons, homeless people, street children) are to provide tuberculosis screening, treatment and care and to sustain the effective cooperation between the staff of the nongovernmental organization and the national tuberculosis programme at national and local level, which was established under previous Global Fund grants. Major concerns include the sustainability of financing for the provision of specific drugs, as well as health promotion and outreach by nongovernmental organizations once the Global Fund grant has finished.

Testing the assessment tool

Findings

Once again, the toolkit was not used as a questionnaire asking for “yes” or “no” answers, but rather as a standard framework to follow during the interviews.

After the toolkit had been piloted in six countries (Cyprus, Greece, Italy, Malta, Portugal and Spain), it was revised during a workshop in Palermo, Italy in February 2015. The revised version was piloted immediately afterwards, during this mission to Bulgaria. The new version focuses on the chronology of events and the different levels of the health system required to engage in preparing and responding to influxes of migrants. It is easy to use and addresses all major issues related to preparedness and response to influxes of migrants, although some questions are still redundant.

Guidance and instructions on the way to conduct the assessment should be added to facilitate self-assessment by the local health authorities.

Conclusions

The overall level of assistance provided by the Bulgarian Government to the migrants who arrived in the country during the influx in 2013 has clearly improved in 2014–2015. However, the response system is still very fragile, and it is not fully prepared to respond to a possible new, and potentially larger, influx of migrants. Dysfunctions in the system and deficiencies in the reception conditions are still reported, and are mainly due to funding limitations and the shortage of qualified staff.

Indeed, the response system is highly dependent on external donors and is lacking investment in structural, sustainable interventions. Key psychosocial activities, for instance, are carried out by nongovernmental organizations and are financed by time-limited external funding.

The provision of primary health care through clinics in migrant centres or alternatively, assigning GPs to migrants does not seem to work effectively because clinics are understaffed and interpretation services are not always available.

Public health activities, including immunization and environmental health interventions in migrant centres, are reportedly considered sufficient to cover present needs.

The national plan drafted to respond to the migrant influx in 2013 recognizes the need for an interministerial approach in dealing with such events. Priority actions, overall responsibilities, deadlines and resources have been defined. Strategies for service delivery and allocation of resources appear to emphasize strengthening border security measures, with the aim of limiting the influx of migrants, rather than planning effective and sustainable adaptations to the health system to allow it to cope with the possibility of increased pressure from future influxes.

Recommendations

1. Review and revise the existing Plan for the Management of the Crisis Resulting from Stronger Migration Pressure on the Bulgarian Border, focusing on reorganizing primary health care services and rationalizing the use of the available resources.
2. Review and revise the disease surveillance early-warning and response system, introducing syndromic surveillance to increase early detection of outbreaks and effectively monitor selected disease trends.
3. Organize training in risk communication, targeting health authorities and local media.
4. Define curricula for cultural mediators and develop a cultural mediator programme.
5. Organize study tours and workshops to expose Bulgarian professionals to knowledge, attitudes and practices in other countries which are dealing with influxes of migrants.

Possible collaboration between the Ministry of Health and WHO

Priorities for joint work between Bulgaria and the WHO Regional Office for Europe are set out in the biennial collaborative agreement for 2014–2015. The aim of the agreement is to improve the level of health in the country and reduce inequity in the distribution of access to health care within the population.

The 2014–2015 priorities for collaboration are: control and prevention of noncommunicable diseases; control and prevention of communicable diseases; promotion of health throughout the life-course; strengthening of preparedness, surveillance and response; and health systems strengthening.

Within this framework, the WHO Regional Office for Europe PHAME project can play a technical advisory role in addressing challenges identified during the assessment, specifically the revision of the health component of the national response plan; developing training curricula for health staff and cultural mediators; and facilitating links and exchanges of experience between countries dealing with similar emergencies.

Eventually, the Regional Office should consider advocating at European Union level for a more balanced allocation of resources to Bulgaria, focusing not only on border security but also on improving the reception mechanism in the country.

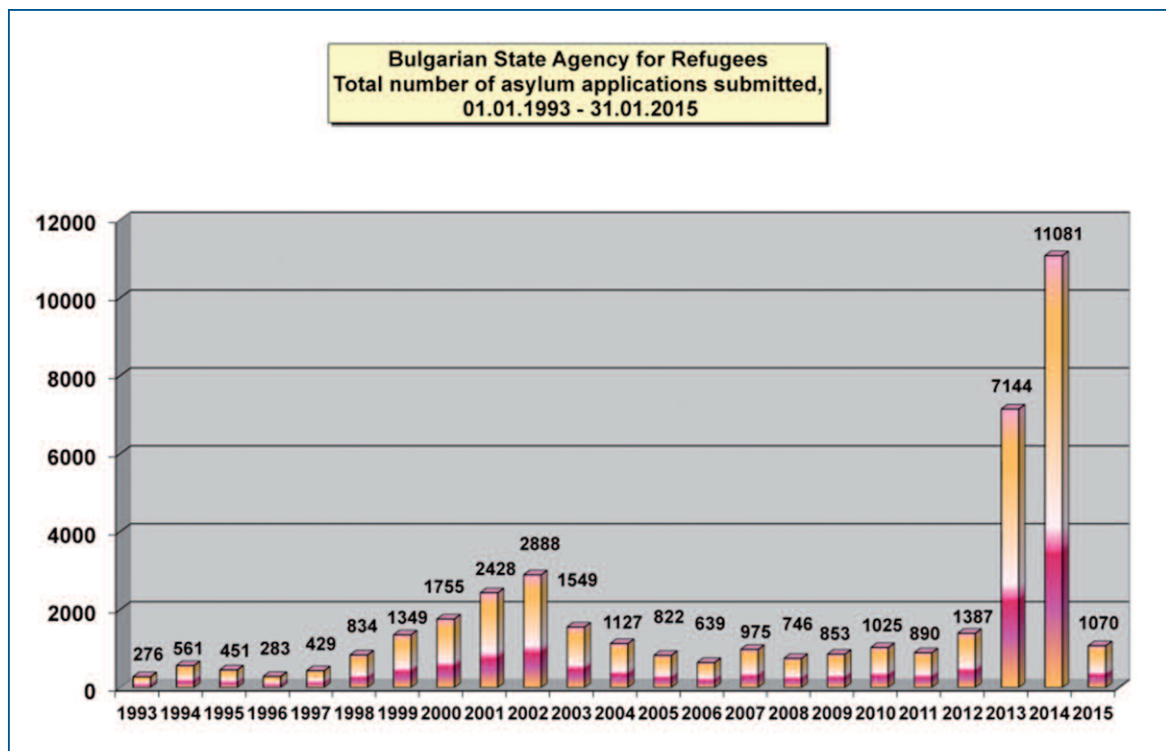
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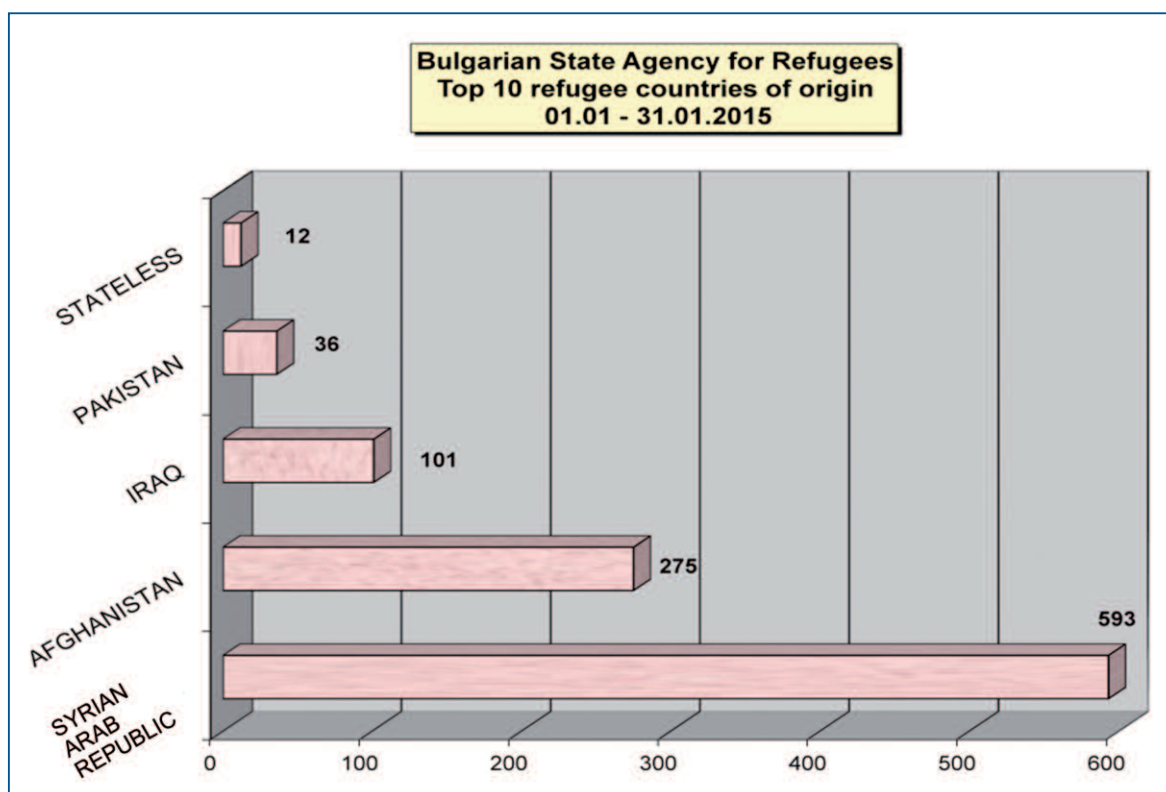
Annex. Statistical information

Fig. A1. Asylum applications, Bulgaria, 1993-2015



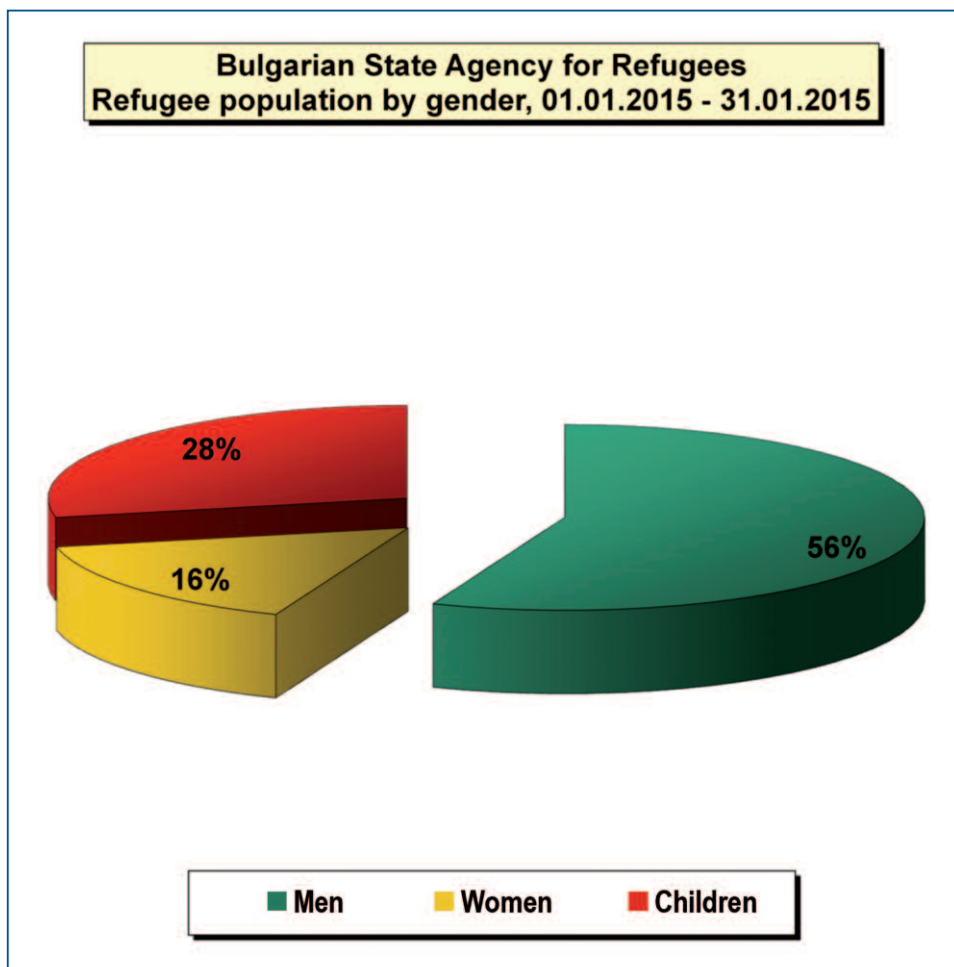
Source: Bulgarian State Agency for Refugees.

Fig. A2. Main countries of origin of refugees, Bulgaria, January 2015



Source: Bulgarian State Agency for Refugees.

Fig. A3. Refugee population, adults by gender and children, Bulgaria, January 2015



Source: Bulgarian State Agency for Refugees.

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