

National report

COUNTRY SPECIFIC BACKGROUND

Country

Geographical size:

- Total 110,994 km² - 42,823 sq mi

<http://en.wikipedia.org/wiki/Bulgaria>

Population:

- 2011 census - 7,364,570

- 2019 estimate - 7,000,000

<http://en.wikipedia.org/wiki/Bulgaria>

Official language in the country:

- Bulgarian

- Other commonly spoken languages – Turkish, Romani language.

Socioeconomic profile:

Bulgaria has an open, upper middle income range market economy where the private sector accounts for more than 70% of GDP.

http://en.wikipedia.org/wiki/Economy_of_Bulgaria

Average income:

Average gross salary BGN 1,247 / €637 / \$714 monthly (March, 2019)

Average net salary BGN 968 / €495 / \$555 monthly (March, 2019)

http://en.wikipedia.org/wiki/Economy_of_Bulgaria

- % of population in different income brackets
- Population below poverty line
- Positive decrease - 22.0% in poverty (2017);
- Positive decrease - 32.8% at risk of poverty or social exclusion (2018).
- The number of people living in severe material deprivation remains almost five times greater than the Europa average and is the highest for European Union countries.

- Unemployed and unemployment rates of population of 15 - 64 years old for the fourth quarter of 2019.

	• Unemployed - thousand	• Unemployment rate -%
• Total	• 140.1	• 4.3

[Source](#)

- % of people receiving social benefits – We could not find trusted official information on this topic that we could cite. This kind of information is given upon request and after getting official permission by the authorities. And it seems it is paid.

Education

- % of population at different educational levels/achievements

Population aged 25-64 years of age by a degree of education - 2019

Bulgaria	Primary or lower education - %	Secondary education- %	Higher education - %
Total	17.5	54.3	28.1

[Source](#)

Health care

The Health care system in Bulgaria is a combination of state and private structures.

The state structures – Regional Health Centers administrate each of the 28 administrative districts of the country. They are under the supervision of the Ministry of Health (MH).

Health insurance contributions are mandatory for the working population. All insured Bulgarians are entitled to free or subsidized state medical care from a doctor, free referrals to a specialist, reduced price of medicines and certain type of dental treatment.

The unemployed, the citizens in poor condition, retired people, students, soldiers, civil servants and vulnerable categories, like the Roma population, are exempt from payment.

The Private structures offer much higher standard, but this is reflected in the fees private practitioners charge. Part of them have contract with the National health insurance fund. It is possible for the health care practitioners to have private practice and at the same time to have a contract with the National health insurance fund.

The cleft care is not a priority in our Health care system. The only treatment provided by the National Health Insurance Fund is the surgical treatment. There is no understanding of the crucial importance of the all other aspects of the cleft treatment and that only the multidisciplinary care can give optimal results, granting the fulfilled life of the patient.

The multidisciplinary care is provided by a NGO – Association facial anomalies-ALA. Thanks to its initiatives, work and the international partners ALA is organizing and partially funding the early cleft care involving cleft feeding support, specialized SL therapy, ENT follow-ups, orthodontic treatment and psychological support.

The specialized speech and language therapy is organized and supported by ALA through its network of trusted speech therapists all over Bulgaria. A speech therapist, member of the multidisciplinary team, is attending the Friday clinics and is assessing the patients' needs and refers the families to their local or to the closest possible specialists. ALA maintains the network organizing annual meetings and makes efforts to involve more speech therapists from different cities.

From 2016 the multidisciplinary team in Plovdiv includes a psychologist which attends the Friday clinics and works with families at the hospital unit when their child undergoes a surgical intervention.

Association facial anomalies - ALA is a non-profit, non-governmental organization of cleft patients, their parents and the health professionals involved in the cleft treatment. Our mission is to provide the best possible care of the cleft patients in order to grantee their complete life.

We are working in symbiosis with the St. George's hospital unit where 90 % of the cleft patients in Bulgaria are treated. ALA is supporting the specialists' work in many ways – providing funds for consumables, the organization of the multidisciplinary care organizing

educational seminars. ALA is funding partially the specialized speech therapy, the orthodontic treatment and the feeding support for the newborn with clefts. During the last 5-7 years at the Hospital Unit are treated patients from neighboring countries – North Macedonia, Albania.

There are different types of congenital facial anomalies treated at UMBAL St. George. The most frequent are the clefts of the lip and/or the palate – 1:700 childbirths), the cranio or craniofaciostenoses – 1:3000 childbirths and the otomandibular syndrome (hemifacial 4acrosomia, syndrome of the first and second branchial arc) – 1:3500 childbirths. Less frequent but socially important are the isolated cases of lack of ear, of eye-ball, lateral facial clefts, vessel malformations, etc.

Which disciplines are involved in providing care for patients and families affected by cleft in your institution; is speech and language therapy included? What about psychology?

The team of the Plastic surgery unit at St. George hospital together with ALA, provide comprehensive cleft care which includes - Plastic surgeons, Orthodontist, Speech pathologist, ENT specialist, Psychologist, Pediatrician, Nurse Specialists, Neurosurgeon and Ophthalmologist.

Does your team undergo any training in SLT and/or psychological aspects of care?

The SLT is provided all over the country by highly qualified specialists, graduated in the specialty. No one specialist from the team members is intervening when it is about speech issues. This aspect of the care is provided by SL therapist.

Thanks to ALA, being partner in some Erasmus+ projects as **Face value, IHEM, Cutting edge**, there were trainings for the team members and specialists educating the right psychological approach to the cleft patients and their families. Thus many of the trusted specialists and the team members received some education on the psychosocial aspects of the cleft treatment and their importance. We believe all this improves the whole

treatment process.

Current challenges faced in providing care for patients and families affected by cleft in your institution and across the country.

The lack of National policy, granting the multidisciplinary care of the cleft patients is the biggest challenge the families are facing. Thanks to the NGO – ALA all the aspects of the care are provided and partially funded but this is not the right organization of the comprehensive cleft care. Governmental decisions are needed to make the comprehensive care a standard of the cleft treatment process.

There are certain issues for the families, related with the lack of local specialists and the need to travel for periodic medical appointments and treatment sessions.

Are the challenges faced by people distressed by their appearance a priority for your government?

As mentioned above the problems of the people distressed by their appearance is not a priority of our government. Even worse, there is no understanding of the needs of the patients and most of the cleft treatment aspects are not covered by the National Health Insurance funds.