

Bulgaria Inter-Agency Meeting Minutes – Health sector discussion

Date	24 January 2023	Location	Hybrid – in person at UNHCR premises and online on Teams
Chair & Co chair	UNHCR	Note taking / minutes	Aleksandra Vicheva-UNHCR
Participating organizations and members	UNHCR (Hayoung Kim, Shoira Ruzybaeva, Aleksandar Naskov, Boris Cheshirkov, Yana Dodnikova, Rukiya Abdul Aziz, Dr. Gebrewold Petrus, Radoslava Mechkyurova, Nicolas Rodrigues Serna); UNICEF (Carole Vignaud, Elena Atanassova, Nina Sorokopud; Denitsa Krasteva, Snezhana Radeva, Simona Yankova, Elena Zlatanova); WHO (Andrea Paiato, Michail Okoliyski); IOM (Maria Samuilova); BHC (Iliana Savova) BRC (Dr. Sofia Stoimenova, Nela Vamporova, Dr. Pencho Penchev); USRF (Natalia Ellis); Reachout Foundation (Nikol Karapeeva); Situation Centre Open Doors (Joana Bestuic); Aid for Ukraine ; Caritas (Yanitsa Nedelcheva); FAR (Rositsa Atanasova); CRW (Nina Charles); Center Nadia (Dr. Rossanka Venelinova); Sofia Municipality ; State Agency for Refugees		
Agenda	<ul style="list-style-type: none"> • Introduction of 2023 RRP Health sector key activities <i>WHO, IOM, UNICEF, BRC, Pituary Foundation, Za Dobroto, Situation Centre Open Doors, AKNO</i> • AOB 		
Agenda Point	Summary of Discussion	Agreed Decisions / Follow-Up Actions	
Introduction of 2023 RRP Health key activities	<p>Agencies and NGOs that have activities related to health were invited to share their key activities and issues of concern.</p> <ul style="list-style-type: none"> • <u>WHO/Andrea/Michail</u>: <ul style="list-style-type: none"> - MHPSS Technical Working Group is a work in progress, it aims to build cooperation with local authorities, and other NGOs, working in the field of health. - Outcomes of the JRM- country health assessment includes key identified issues and recommendations for the Government/Ministry of Health (MoH); The preliminary findings have been shared with MoH. - WHO continues to support reforms in the country, e.g. Government with the mental health reform, as well as recovery/integration; access to rehabilitation; psychosocial services; advocacy for the inclusion of UKR medical professionals in Bulgarian practice; - Joint WHO-IOM project in the health sector that focuses on access to health care system, assessing the national health system (identifying barriers), increasing vaccinations, supporting health mediators, establishment of health promotion programs, prevention of diseases etc. • <u>UNICEF/Carole/Snejana</u>: <ul style="list-style-type: none"> - UNICEF has longstanding partnerships and liaison with the MoH, Ministry of Labor and Social Policy, and municipalities. 	<p>Key findings and recommendations of the joint health needs assessment to be further discussed within the inter-agency group, together with the Ministry of Health.</p>	

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	<p>- Work in the area of early child development, MHPSS, community engagement; UNICEF aims to strengthen the system and respond to the needs of refugees and migrants; build on the strength of the health care system and provide technical support;</p> <p>- “Razkaji mi” initiative - the first online platform for self-support and mental health of teenagers and young. The mobile app helps young people overcome the negative emotions, such as anxiety, loneliness, sadness, fear and anger.</p> <p>- Partnership with Diagnostic Consultative Center to provide mobile services for pregnant women and children (0-8 years), predominantly the Black Sea Area where most refugees are located; escorting to a medical facility if needed for the performance of lab tests. The initiative started in January and will continue in the next several months;</p> <p>- Partnership with Astra who provides training for health specialists and provides key health messages to the community;</p> <p>- European Association for Children with Disabilities – parental stress, support for children with disability, referral, and services;</p> <p>- In 2022, UNICEF focused efforts on the capacity building of health workers; vaccination/immunization campaigns; and parental counseling for parents with young children.</p> <p>- Community mobilization for access to health; information and referral for children and caregivers; supporting parents/caregivers who have experienced distress through a free-of-charge mobile app (Bebo); addressing issues of breast feeding.</p> <ul style="list-style-type: none"> • <u>IOM/ Mariya</u> shared that IOM has a health program in Bulgaria since 2014. Activities include: <ul style="list-style-type: none"> – capacity building, services through 3 psychologists, MHPSS services in reception centers and detention centers; group work with women, children, single men; collaboration with Nadya center for referrals to specialized care; preparing statements on asylum procedure; support on vaccination, COVID response, medicines, hospitalization; interpretation; 2 safety zones in Refugee Reception Centres (RRC); General Practitioner registration; payment for specialized care; - For the Ukrainian response – support with medicines with a medical prescription; medical appointments; interpreters; translation of documents; hospitalization coverage; psychosocial activities; addressing gaps in the healthcare provision to refugees. • <u>BRC/Dr. Penchev</u>: BRC has an agreement with MoH for efforts in the prevention of HIV, sexual abuse, trafficking of children; provision of health information; vaccinations. BRC plans to continue First Aid trainings, medical payment support to cover the payment of medicine not covered under the National Health Insurance 	
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	<p>Fund (NHIF), procurement of First Aid equipment – as well as psychosocial support, helpline, COVID immunization.</p> <ul style="list-style-type: none"> - BRC also has agreements with IFRC – WHO, and other organizations on health interventions. - Roma mediators – BRC undertakes promotion of health-related practices among the Roma population in the country, with the assistance of the National Network of Health Mediators. - Reproductive health association partnership - Liaison with SAR and directorates of Ministry of Internal Affairs; present in RRCs and detention centres <ul style="list-style-type: none"> - <i>BRC elaborated that as a result of a change in legislation as of April 2022, UKR refugees have the same rights as Bulgarian citizens in terms of social support. Medicine is not fully covered by the national health insurance plan, so chronically ill cases and mothers with children, persons with disabilities and those who cannot pay health coverage installments will be supported by BRC – BRC will support the reimbursement for medicine for refugees who have first used the national health insurance fund/social support options provided by the Government. “TELK” and “LKK” – LKK is the fast track process to obtain certification from a medical commission on disability that enables refugees to obtain medical appliances/assistive devices and other provisions. With the Temporary Protection document, the General Practitioner can assign the individual to a ‘fast track’ process for persons with disabilities. There is no electronic form submission, as the form must be submitted through the regional health insurance fund offices. The website of NHIF (https://www.nhif.bg) has a medical aid application form that can be downloaded and submitted to a regional office. Regional health insurance fund office contact numbers are also available on the webpage. Organizations can reach out to BRC/Dr. Penchev (p.penchev@redcross.bg) should they have additional questions.</i> <ul style="list-style-type: none"> • <u>AKNO</u> has a dedicated team of medical professionals who provide vital services to refugees, such as basic medical care, acute and chronic wound treatment, and accompaniment in the Bulgarian health system. AKNO also provides mobile equipment and vehicles to visit the refugees in shelters, as well as various medical rooms in selected shelters. AKNO works closely with local coordinators, other NGO's and other agencies to ensure that the needs of the refugees are met and that they receive the best possible care. AKNO is committed to providing high-quality services to refugees and believe that our expertise and dedication can make a real difference in the lives of those in need. • <u>Pituary Foundation</u> focuses on access to medical care. <p>Challenges shared by participants:</p> <ul style="list-style-type: none"> • Refugees’ access to General Practitioners • Available health information for persons with disabilities as well as for non-Health service providers/actors 	
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	<p>- <u>USRF/Natalia</u> shared a case of a refugee with a stroke whose mobility is impaired and would like to apply for disability assistance from the Government. When coming across persons with disabilities, non-health actors also have questions on representation of their rights, procedures for disability certification, provision of information etc.</p> <p>- <u>IOM/Mariya</u> stated that the “TELK” process is complicated and it takes time, social workers can provide guidance for the specific cases – referrals can be made to IOM for support.</p> <p>Inter-Agency Coordinator officer pointed out that health actors/participators should outline what else would they like to collaborate on. One proposal is to create a consortium of information that is available both to refugees and health and non-health (e.g. Protection, Education, Basic Needs etc.) actors and identify referral pathways.</p> <p><u>UNHCR/Senior Public Health Officer, Gebrewold</u> shared observations:</p> <ul style="list-style-type: none"> • There is a need to enhance the understanding by healthcare providers and refugees of the legislative and policy aspects re implementation of the Temporary Protection Directive; how partners can support local government and decision makers; legislation is there but how to health care providers interpret it - A proposal would be to have a roundtable event bringing together all actors (decision-makers and health service providers) to discuss challenges and solutions. • Ensuring access to information in the language that refugees understand and increasing awareness of where to look for information is also important (platform, Q&As etc.). • Inclusion of UKR health care workers – this would decongest the national health system and overcome the language barriers, and strengthen the healthcare system. Find ways, for example, to work under BGR doctors and receive accreditation. This way UKR doctors can keep their professions and contribute to Ukraine’s recovery plan. This would also convey to the host community that refugees are an asset, not a burden. • Our role and advocacy to the Government is not to have a parallel system, but for refugees/refugee health program to be meaningfully included in the national strategy and policy and funding streams. UNHCR specifically looks into the protection-related aspects of access to health; no discriminatory practice should take place. The level of access for refugees should be at the same level as the host community. • The main aim is to support the Government. Capacity in Europe not a major issue; however, gaps can be identified and support offered to governments. 	<p>Sharing/circulating key health information/key messages etc. with non-Health actors.</p>
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