**Information by the Republic of Bulgaria on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal mortality and morbidity (A/HRC/39/10)**

**Question 1:** What steps has your Government or organisation taken to utilize a human-rights based approach in policies and programmes to eliminate preventable maternal mortality and morbidity, including in the context of humanitarian settings? How has the technical guidance assisted your Government or organisation in designing, implementing, revising and/or evaluating such policies and programmes?

**Answer to question 1:**

The Constitution of the Republic of Bulgaria proclaims an equal right to health insurance, guaranteeing accessible medical care and free use of medical care under conditions and in accordance with the procedure established by law.

The Government's policy is consistently aimed at creating better conditions and ensuring equal access for all citizens of the Republic of Bulgaria to healthcare services, regardless of their sex, age, ethnicity and social background.

Among the key strategic documents based on this principle in the field of health care are the National Health Strategy 2020, which is in line with the European Health Framework 2020; the updated National Demographic Strategy for 2030; The National Strategy of the Republic of Bulgaria for Roma Integration 2012-2020, in the part of healthcare and others.

The Health Act regulates the provision of health care regardless of age, sex, origin, language, national, racial or political affiliation, education, cultural level, sexual orientation, personal, social or material status, disability, type and cause of the disease. When developing and implementing general and specific measures related to both prevention and diagnosis and treatment, the principle of equal opportunities and equal access for all to health services is respected.

The Health Act guarantees the right of access to health services and medical assistance in applying the principles of timeliness, sufficiency, quality of care and equal treatment of children, pregnant women and mothers of children up to 1 year of age.

The right of access to quality and effective medical care is regulated and is based on medical standards, including in specialties relevant to reproductive health - obstetrics and gynecology and neonatology.

**Question 2:** Has the technical guidance assisted your Government or organisation in building enhanced understanding of the requirements of a human-rights based approach? If so, please expand upon the impact that such enhanced understanding has for the design and implementation of policies and programmes in this area.

**Answer to question 2:** Guaranteeing the rights of humans, their dignity, prosperity and security are among the main goals of the foreign policy of the Republic of Bulgaria. Bulgaria is a party to the main universal international treaties of the United Nations in the field of human rights and to the most important conventions adopted within the Council of Europe.

**Question 3:** What challenges does your Government or organisation face in implementing a human rights-based approach in policies and programmes to eliminate preventable maternal mortality and morbidity? Please elaborate on the nature of these challenges and steps taken to address them.

**Answer to question 3:**

The following challenges can be enumerated:

− Creating conditions for improving reproductive health;

− Provide universal access, including for all uninsured pregnant women to preventive examinations, examinations and obstetric care.

The following steps have been taken to address the challenges:

* The right to safe motherhood is legally guaranteed, including access to: high-quality healthcare before, during and after pregnancy; prevention of congenital fetal abnormalities; reducing the complications of pregnancy and childbirth and providing qualified obstetric and gynecological care when they occur; counseling on pregnancy, maternity, family planning.
* The payment of expenses for preventive examinations and examinations during pregnancy and the birth itself (regardless of the mode of delivery) is regulated from the budget of the Ministry of Health by transfers to the NHIF, in accordance with the Health Act and Ordinance No. 26/ 2007 on Provision of Obstetric care to Uninsured Women and on Conducting Examinations Beyond the Scope of Compulsory Health Insurance for Children and Pregnant Women.
* Improving access to and quality of health services is at the core of the policy to address the causes of "preventable maternal mortality", which is a reflection of the improvement of the legislative framework on the rules and control over the service delivery and promotion of the qualification of the specialist

**Question 4:** Please provide information on the main areas of concern specifically in relation to maternal morbidities in your country and/or context. Please elaborate on the main causes leading to maternal morbidities in your country and or/context?

**Answer to question 4:**

The analysis of data on the main health and demographic indicators shows challenges that affect also women's health, such as: deterioration of the demographic structure and aging of the population; high maternal, overall and premature mortality rates; low life expectancy compared to European countries; growing chronic lifestyle-related morbidity.

**Question 5:** Is there particular group of women and girls who are more at risk of maternal morbidities? (For instance, adolescents, women living with HIV, indigenous women, women of African descent, women from rural areas, etc.)

**Answer to question 5**:

The low socio-economic status, the early pregnancy associated with early marriages (considered traditional in the Roma community), and the low educational level pose the women and girls from the Roma ethnic community at relatively higher risk.

The Health Act regulates the right to prophylactic examinations, tests and obstetric care for all uninsured women outside the scope of compulsory health insurance, in accordance with an Ordinance of the Minister of Health. Each uninsured woman is provided with one prophylactic examination during pregnancy, which is performed by a specialist in obstetrics and gynecology, including ultrasound examination and clinical laboratory tests.

In addition, in accordance with Ordinance 8 of November 3, 2016 on Preventive Examinations and Dispensary Care, a HIV test for pregnant women is being conducted for the duration of pregnancy.

During the implementation of the National Strategy of the Republic of Bulgaria on Roma Integration 2012-2020, priority "Health care" in order to ensure equal access of vulnerable groups to services and activities, mobile units were set up in remote and difficult to access areas. These way gynecological examinations, mammograms, ultrasound examinations and laboratory tests on uninsured women and girls from the Roma community, have been conducted among other health prevention and promotion activities.

**Question 6:** What type of measures are in place to prevent maternal morbidity, including laws, policies and programmes? How has a human-rights based approach informed such measures?

**Answer to question 6:**

The health system implements policies and strategic documents which, according to their specificity, include activities for protection and promotion of women's health: the National Program on Improvement of Maternal and Child Health 2014-2020, the National Health Strategy 2020, the programs “Maternal health care” and “Children's health care” of the National Health Insurance Fund (NHIF), the Health Act, the Health Insurance Act, etc.

The responsibilities of GPs with respect to factors relevant to "preventable maternal mortality" are delegated by legislative acts. Ordinance 8 of November 3, 2016, provides for detailed regulations to ensure the type and frequency of prophylactic examinations and examinations for health insured pregnant women with normal ongoing pregnancy and at risk.

The rights of pregnant women are also included in the NHIF's “Maternal health care” program, which outlines the activities of an obstetrician and gynecologist. A package of services including observations of normal and high-risk pregnancy has been approved. The women in labor are entitled to prophylactic examinations and tests up to 42 days after birth. The clinical care pathways for pregnancy and childbirth are a kind of behavioral algorithm for physicians.

The main elements of the primary care health care include family planning and counseling services; post-natal care, breastfeeding, mother and child care up to 1 year; prevention of unwanted pregnancy, infertility, malignant diseases of the woman's reproductive system, sexually transmitted infectious diseases and AIDS.

Due to the fact that congenital abnormalities and genetic defects are a significant cause of infant mortality, genetic screening of pregnant women at high risk of genetic disease and mass screening of all newborns for three diseases - phenylketonuria, congenital adrenal hyperplasia and congenital hypothyroidism is legally ensured, including the necessary reagents are also provided. Activities are planned to optimize and expand the scope of screening programs for pregnant and newborns.

The National Program for the Improvement of Maternal and Child Health 2014-2020, adopted by Council of Ministers by the Decision No. 510/July 17, 2014, outlines comprehensive measures for improving maternal health by key indicators through improving the quality of care and medical care for young people, pregnant women, developing and implementing good practices and expanding access to healthcare. The main objectives of the Program are to raise awareness among young people and pregnant women on reproductive health issues, improve data collection mechanisms, assess and analyze maternal health status, improve health care through the provision of integrated health counseling services. New types of integrated services have been created and are operating to implement the priorities of the Program - Maternal and Child Health Counseling Centers (HCCs) that facilitate access for pregnant women, including uninsured, to qualified medical care for pregnancy monitoring, childbirth and child support. The teams of medical and non-medical specialists, including psychologists, social workers, etc., provide specialized counseling to vulnerable users of vulnerable groups, coordinating and providing medical care in pregnancy with pathology/risk. Though the HCCs additional consultations in cases of diseases that have occurred during pregnancy are being funded, including: additional examination by a specialist in obstetrics and gynecology besides the examination performed under Ordinance No. 26/2007 for the provision of obstetric care to uninsured women and for carrying out examinations beyond the scope of compulsory health insurance for children and pregnant women. The HCCs also organise home visits for children with disabilities and chronic diseases and premature children up to 1 year of age, for whom a specialist from the hospital has assessed the need for home consultation. Laboratory testing and consultations are also funded within the framework of biochemical screening for pregnant women to assess the risk of having a child with Down disease, other aneuploidy, spina bifida, anencephaly and severe abdominal wall defect.

The quality of the obstetric and gynecological care is subject to systematic control by fulfilling the introduced requirements to the medical establishments for the presence of medical specialists with the necessary qualifications and equipment.

The Medical Supervision Executive Agency exercises control over the medical care provided and monitors the activities of the healthcare facilities. The Agency works in cooperation with the NHIF in the field of prevention, control and quality assurance of medical care.

**Question 7:** What measures are in place to support women and girls affected by maternal morbidities, including targeted programmes aiming at addressing their specific needs?

**Answer to question 7:** The information has been provided in the answer to Question 6.

**Question 8:** Does your Government or organisation regularly collect and analyse disaggregated data and information on maternal morbidities? Please elaborate on good practices and challenges in this regard.

**Answer to question 8:**

 The National Statistical Institute collects and disseminates annual statistical information on deaths by causes and mortality by causes. The one-type data collection procedures, unified death certificate and WHO International Classification of Diseases, X Revision are used in all European countries and in Bulgaria as well. The object of the survey are all deaths in the country. The deceased persons who have the present address in the Republic of Bulgaria are included. Maternal mortality data refer to all cases of death with underlying cause of death from ICD-10 Chapter XV: Pregnancy, childbirth and puerperium. The data are disaggregated as single records up to the most detailed cause of death, the four-digit ICD-X revision code.

Health surveys conducted by the National Center for Public Health and Analyzes (NCPHA) are part of the National Statistical Program, approved annually by the Council of Ministers. The Program regulates the obligatory nature of the research, the parameters of the research, as well as the time limits for their conduct. The parameters include the following: ICD-10 diseases, age, sex, etc., and no denotation “maternal morbidity” has been defined. Over the past 10 years, on average the mortality rate in “the Pregnancy, Birth and Postpartum” class is 4 women for each year of the period. The number of hospitalized cases for 2018 in the “Pregnancy, Birth and Postpartum” class is 1799.2 per 100,000 people. In addition, for 2018, the maternal mortality rate is 6.4 per 100,000 live births. The Annual report on the health of the citizens of the Republic of Bulgaria and the statistical books of the NCPHA and the National Statistical Institute (NSI) annually publishes up-to-date data on maternal mortality.

Despite the desire for maternal health policies to be based on up-to-date analyzes that take into account disaggregated data, the data being analyzed is still not sufficiently disaggregated (e.g. by gender, age, city/village, ethnicity, marital status, number) children, educational level, geographical area, welfare - socio-economic status, etc.).

In 2019, a draft Pharmacotherapeutic Guide on Obstetrics and Gynecology was prepared and presented to the public. Some of the topics covered are the following: “Birth and Postpartum Hemorrhage”, “Dysfunctional Uterine Hemorrhage”, and “Preeclampsia and Hypertension”. The definitions of the limits of fetal viability and definitions of birth and abortion are not in line with international standards.

Placenta previa, placenta abruptio, and prenatal hemorrhage (NCPHA, 2018) - 1,467 cases, 20.9 per 100,000 rate.

Postpartum hemorrhage (NCPHA, 2018) - 186 cases, 2.6 per 100,000 rate

Perineum rupture (NCPHA, 2018) - 2063 cases, 36.2 per 1000 births rate

Uterine tear (NCPHA, 2018) - 8 cases, 0.1 per 1000 births rate.

There is no specific definition of prenatal hemorrhage. There are definitions of related conditions such as placenta previa, placenta abruptio.

According to the draft Pharmacotherapeutic Guide to Obstetrics and Gynecology, any blood loss greater than 500 ml is considered pathological, but there is no definition of postpartum haemorrhage.

Preeclampsia (NCPHA, 2018) - 1424 cases, a rate of 25.0 per 1000 births.

Severe preeclampsia - no specific data.

Ecmalpsia (NCPHA, 2018) - 24 cases, 0.4 per 1000 births rate.

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