Bulgaria

Population
6,951,000

Area
110,372 km^2

Capital
Sofia

3 largest cities
Sofia (1,243,000)
Plovdiv (348,000)
Varna (336,000)

Neighboring countries
Greece, North
Macedonia, Romania,
Serbia, Turkey

1. Migration history

2. Estimated number of people with a migration background with dementia

3. National dementia plan

4. National dementia care and treatment guidelines

5. Services and information for people with a migration background with dementia

6. Professional qualification and people with a migration background in healthcare

7. Support for family caregivers

8. References

1. Migration history

Between 1880 and 1988, 808,600 people immigrated to Bulgaria and about 1,283,000 people emigrated from Bulgaria. The people who came to Bulgaria during this period were mainly ethnic Bulgarians from neighbouring countries [1]. The first immigrants were refugees from Armenia (1915–1917) who fled the Armenian genocide in the Ottoman Empire. The next wave of immigration occurred during the socialist period (1944–1989) when large groups of students came from the Third World. To meet labour demand, immigrants from Vietnam were admitted in the late 1970s. From 1989, immigration increased and large groups from China and Arab-speaking countries came to Bulgaria. After Bulgaria joined the EU in 2007, the number of immigrants from the former Soviet Union and former Yugoslavia increased. New large immigrant groups were formed (people from the Russian Federation, Ukraine, Arab-speaking countries, Albania, Armenia, Serbia, Turkey, etc.). Bulgaria's accession to the EU, its geographical location on the south-eastern external border of the EU and the Syrian War have transformed Bulgaria from a traditional net emigration country to a transit country [2] with a reduced net emigration [3]. Especially from June 2013, the number of migrants who arrived in Bulgaria in search of international protection increased significantly. These migrants were mainly from Iraq, Afghanistan, Syria, Pakistan, and Iran and most of them migrated undocumented to Northern and Western Europe. In 2016, people from Afghanistan represented 40% of the new asylum seekers [4]. In 2013, the largest migrant groups were from the Russian Federation (19,700), Romania (6,400), Ukraine (6,200), Greek (5,200), and Turkey (4,200) [5]. Between 1990 and 2019, the migrant population (born abroad) has increased almost eightfold (21,500 to 168,500) and the proportion of migrants in the total population has increased twelvefold (0.2 to 2.4%) [6]. Overall, Bulgaria's migrant population is smaller and its migration history is shorter than most other EU countries [2]. As of 2020, the net migration rate is -0.7 [7].

2. Estimated number of people with a migration background with dementia
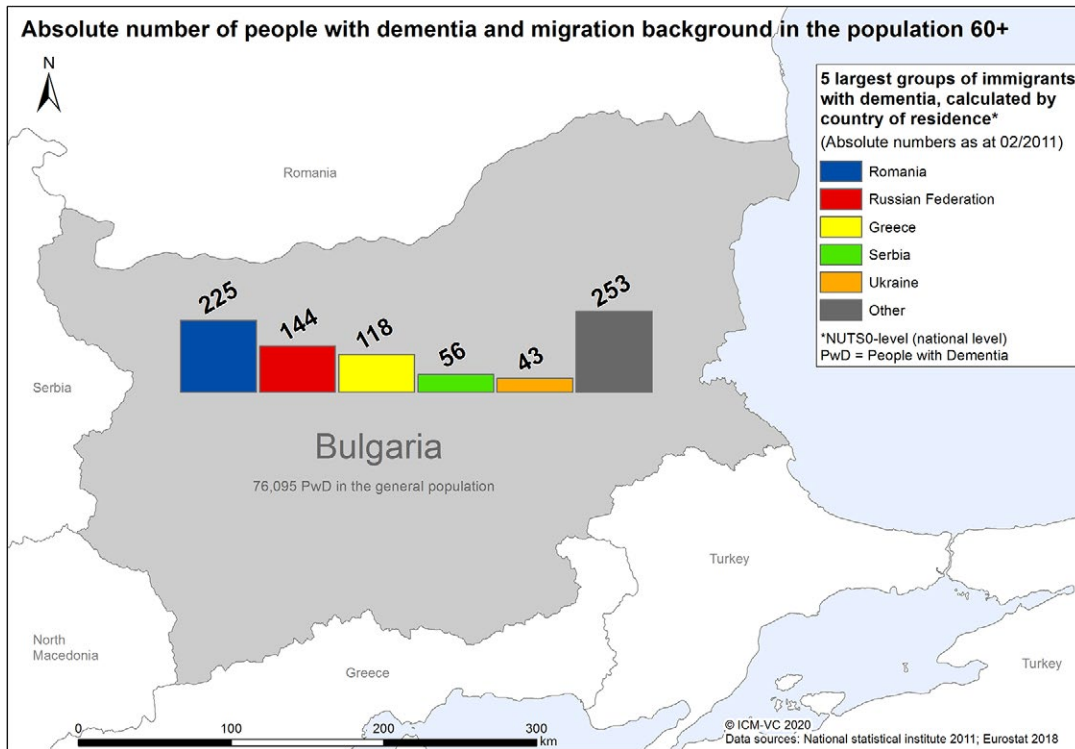

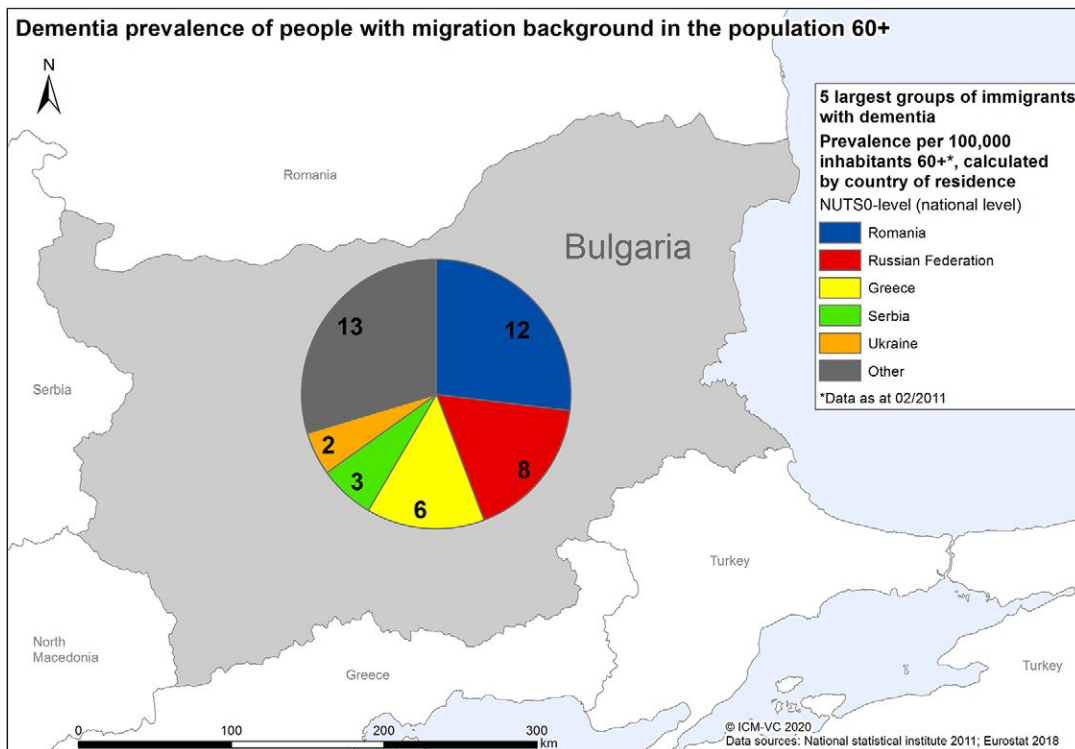Fig. 3.7.3.1: Absolute number of PwM with dementia aged 60+ (Bulgaria – Nation)

Fig. 3.7.3.2: Prevalence of PwM with dementia among the population aged 60+ (Bulgaria – Nation)

Tab. 9: PwM with dementia: Absolute numbers, prevalence among PwM aged 60+, and prevalence among overall population aged 60+ (Bulgaria – Nation)

NUTS	Total	BG	1. largest group	2. largest group	3. largest group	4. largest group	5. largest group	Other
Absolute Numbers								
Bulgaria	76,095	75,256	RO 225	RU 144	GR 118	XS 56	UA 43	253
Prevalence/10,000 inhabitants with migration background 60+								
Bulgaria	36,282	-	RO 107	RU 69	GR 56	XS 27	UA 21	120
Prevalence/100,000 inhabitants 60+								
Bulgaria	4,000	3,956	RO 12	RU 8	GR 6	XS 3	UA 2	13

Data source: National statistical institute (2011)

There are 21,000 PwM aged 60 or older. Of those, approx. 800 are estimated to exhibit some form of dementia. Figure 3.7.3.1 shows the most affected migrant groups presumably originate from Romania (approx. 200), the Russian Federation (approx. 100), Greece (approx. 100), Serbia (approx. 60), and Ukraine (approx. 40). The second graph highlights the number of PwM with dementia in Bulgaria per 100,000 inhabitants aged 60 or older (figure 3.7.3.2). Table 9 displays the values depicted in the maps on the national level. The following maps show the distribution of non-migrants with dementia and PwM with dementia from Romania, the Russian Federation, Greece, Serbia, and Ukraine throughout the country in the NUTS 2 regions (figures. 3.7.3.3 – 3.7.3.8).
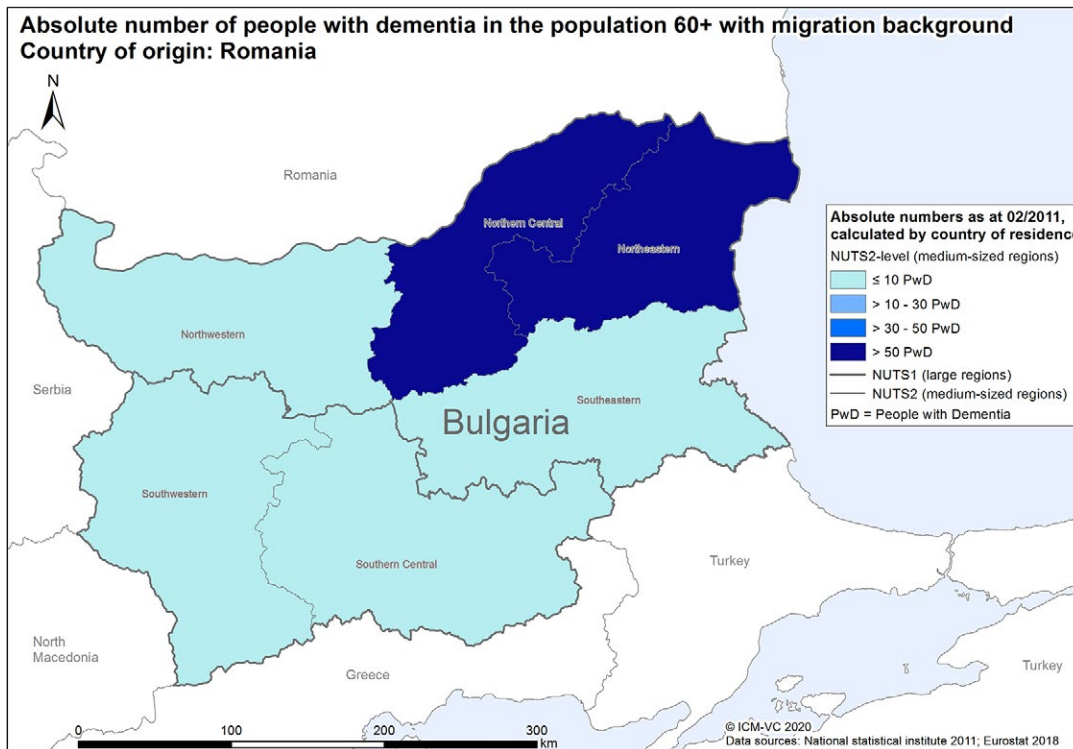
Fig. 3.7.3.3: Absolute number of PwM with dementia aged 60+.
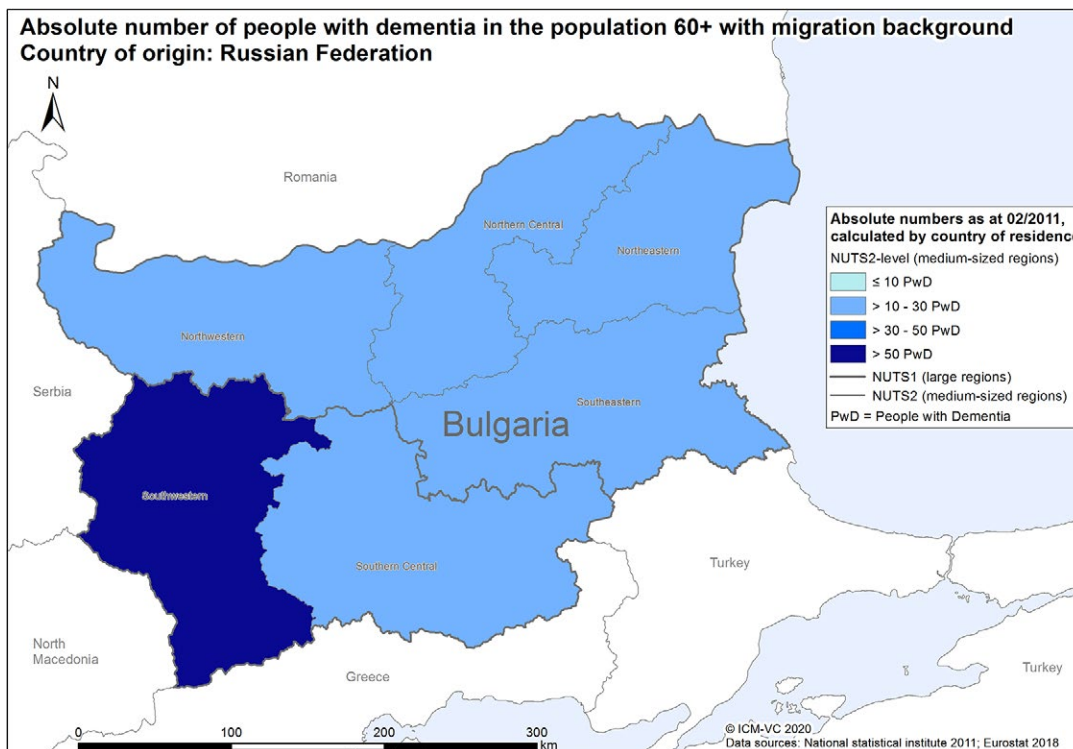Country of origin: Romania (Bulgaria – NUTS 2)

Fig. 3.7.3.4: Absolute number of PwM with dementia aged 60+.
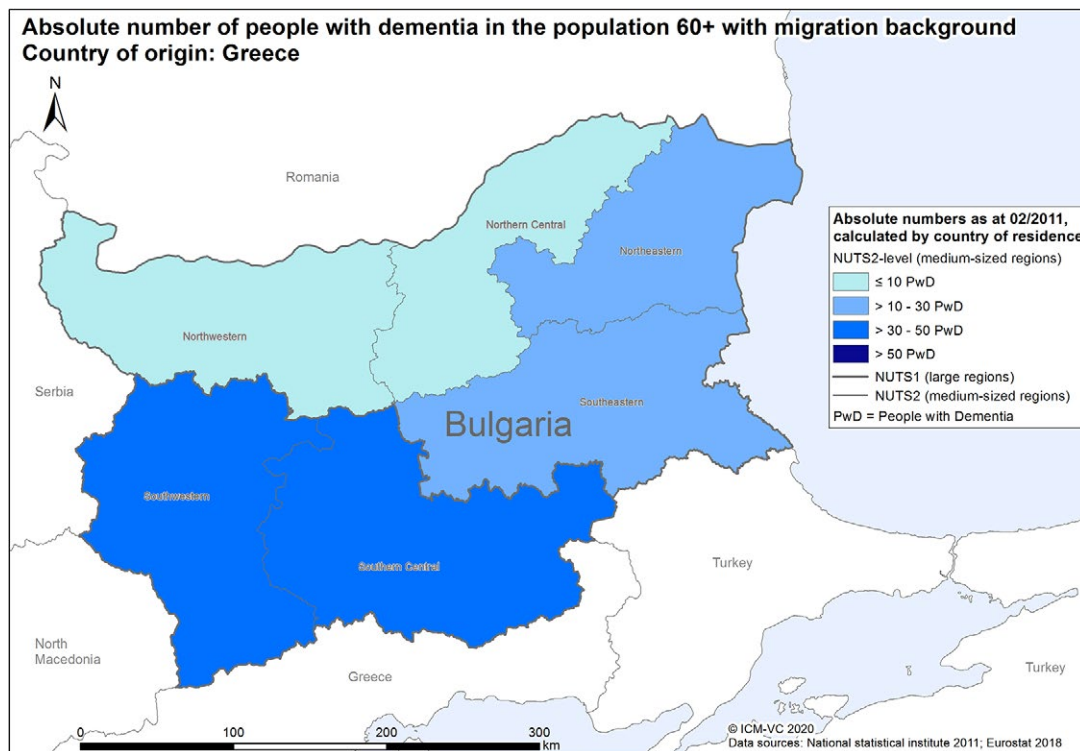Country of origin: The Russian Federation (Bulgaria – NUTS 2)

Fig. 3.7.3.5: Absolute number of PwM with dementia aged 60+.
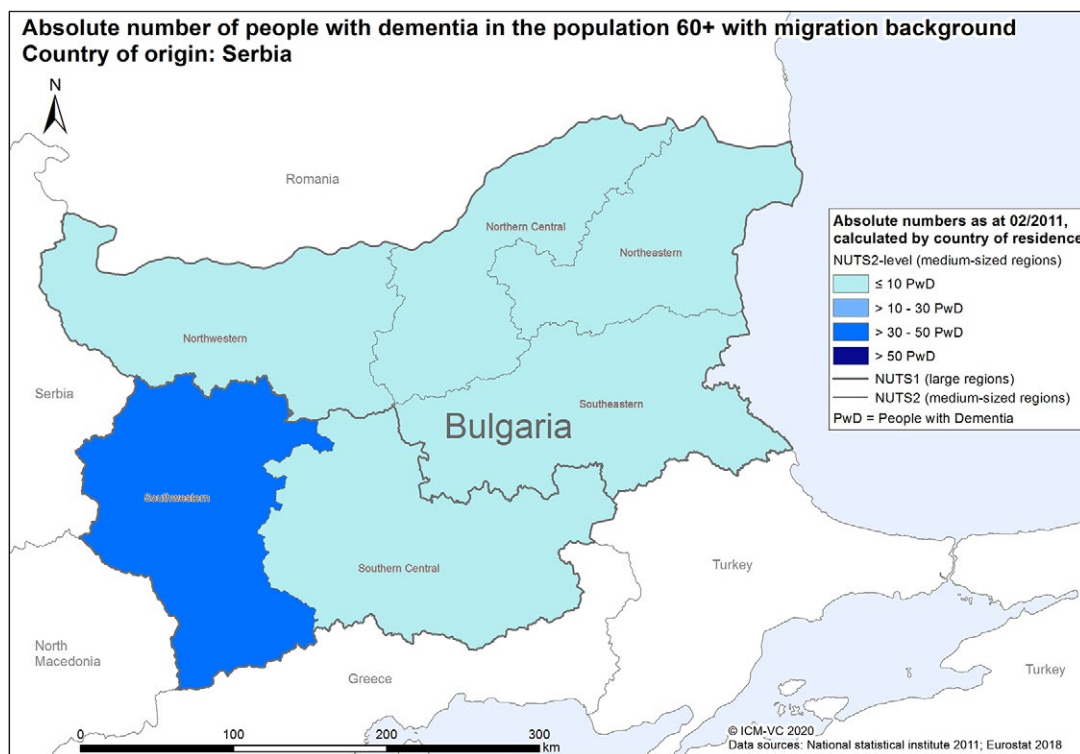Country of origin: Greece (Bulgaria – NUTS 2)

Fig. 3.7.3.6: Absolute number of PwM with dementia aged 60+.
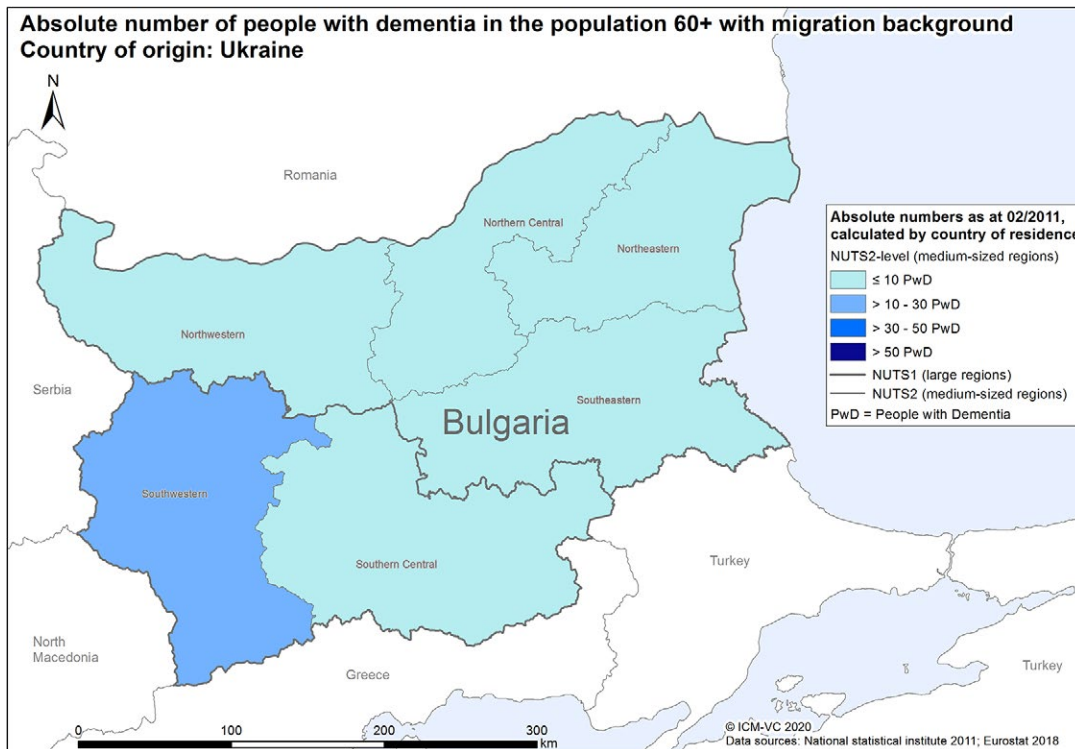Country of origin: Serbia (Bulgaria – NUTS 2)

Fig. 3.7.3.7: Absolute number of PwM with dementia aged 60+.
Country of origin: Ukraine (Bulgaria – NUTS 2)
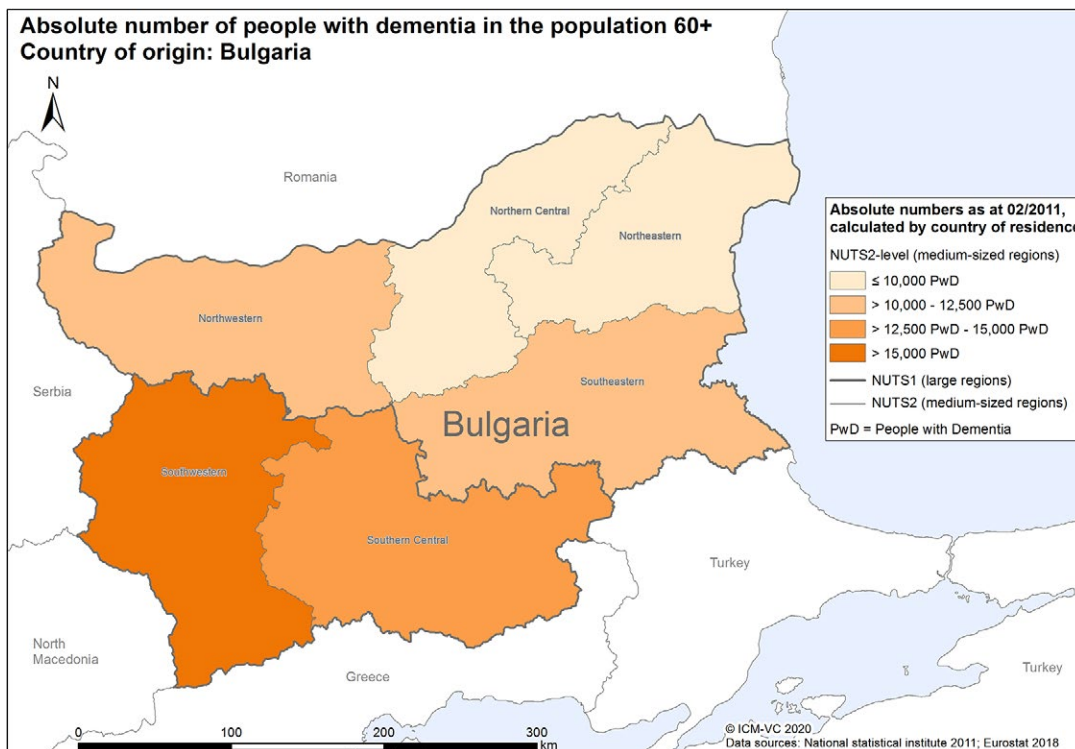
Fig. 3.7.3.8: Absolute number of PwM with dementia aged 60+.
Country of origin: Bulgaria (Bulgaria – NUTS 2)

The graphics below highlight which immigrant groups are estimated to be the most affected at the NUTS 2 level. The first map illustrates the absolute numbers of PwM with dementia in the NUTS 2 regions (figure 3.7.3.9). The second graph shows the number of PwM with dementia per 100,000 inhabitants aged 60 or older in the NUTS 2 regions (figure 3.7.3.10). The vales from the NUTS 2 level can be found in table 10. [8-10].

Fig. 3.7.3.9: Absolute number of PwM with dementia aged 60+ (Bulgaria – NUTS 2)

Fig. 3.7.3.10: Prevalence of PwM with dementia among the population aged 60+ (Bulgaria – NUTS 2)

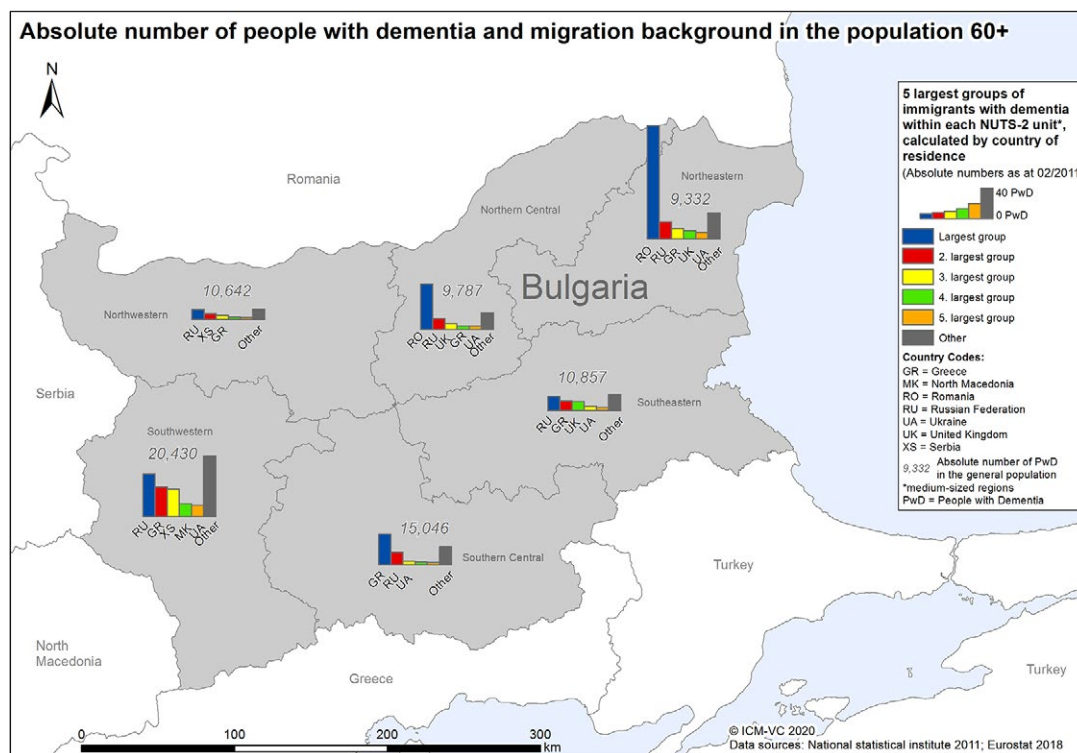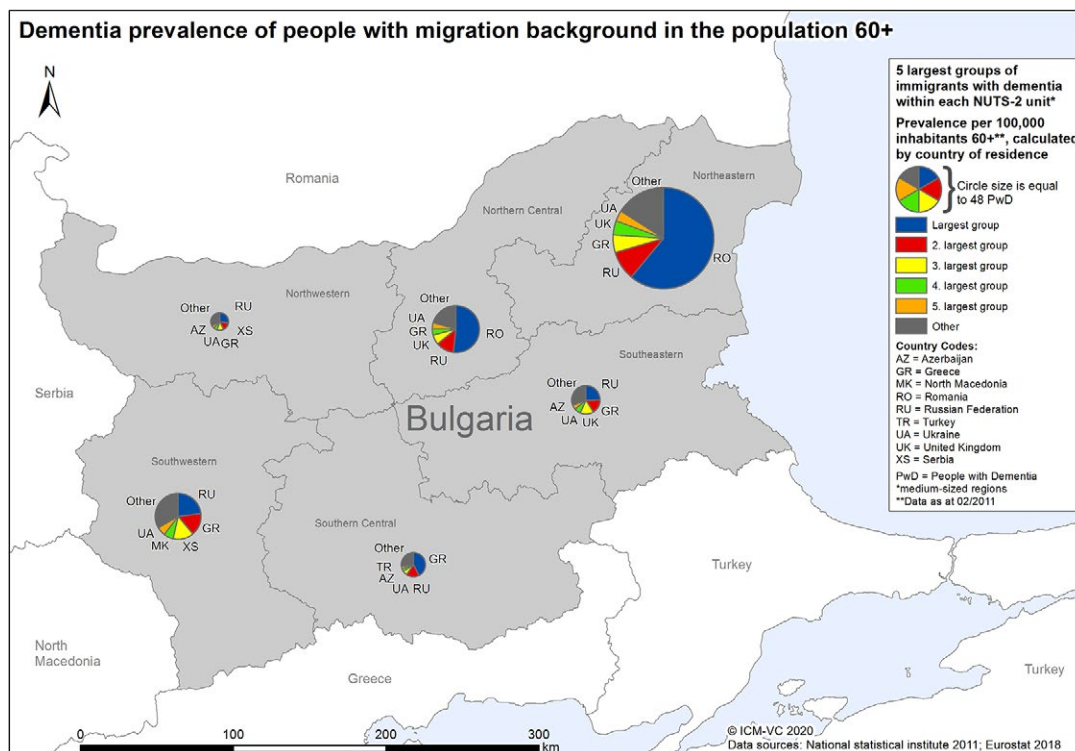**Tab. 10: PwM with dementia: Absolute numbers, prevalence among PwM aged 60+, and prevalence among overall population aged 60+ (Bulgaria – NUTS 2)**

NUTS	Total	BG	1. largest group	2. largest group	3. largest group	4. largest group	5. largest group	Other
Absolute Numbers								
Northwestern	10,642	10,593	RU 13	XS 8	GR 6	<5	<5	16
Northern Central	9,787	9,668	RO 62	RU 15	UK 8	GR 5	UA 5	24
Northeastern	9,332	9,085	RO 152	RU 23	GR 14	UK 11	UA 9	38
Southeastern	10,857	10,777	RU 19	GR 13	UK 12	UA 6	<5	26
Southwestern	20,430	20,185	RU 56	GR 39	XS 36	MK 17	UA 15	82
Southern Central	15,046	14,948	GR 41	RU 17	UA 5	<5	<5	28
Prevalence/10,000 inhabitants with migration background 60+								
Northwestern	87,015	-	RU 109	XS 62	GR 47	UA 26	AZ 20	136

NUTS	Total	BG	1. largest group	2. largest group	3. largest group	4. largest group	5. largest group	Other
Northern Central	32,668	-	RO 205	RU 49	UK 26	GR 17	UA 17	86
Northeastern	15,089	-	RO 245	RU 38	GR 23	UK 18	UA 14	62
Southeastern	54,585	-	RU 98	GR 65	UK 60	UA 29	AZ 19	129
Southwestern	33,334	-	RU 92	GR 64	XS 59	MK 27	UA 25	133
Southern Central	61,388	-	GR 168	RU 70	UA 22	AZ 16	TR 13	111
Prevalence/100,000 inhabitants 60+								
Northwestern	4,000	3,982	RU 5	XS 3	GR 2	UA 1	AZ 1	6
Northern Central	4,000	3,951	RO 25	RU 6	UK 3	GR 2	UA 2	11
Northeastern	4,000	3,894	RO 65	RU 10	GR 6	UK 5	UA 4	16
Southeastern	4,000	3,971	RU 7	GR 5	UK 4	UA 2	AZ 1	10
Southwestern	4,000	3,952	RU 11	GR 8	XS 7	MK 3	UA 3	16
Southern Central	4,000	3,974	GR 11	RU 5	UA 1	AZ 1	TR 1	7

Note: Absolute numbers < 5 are not given for data protection reasons.
Data source: National statistical institute 2011

3. National dementia plan

Currently, no publicly available NDP could be identified for Bulgaria. In February 2015, Alzheimer Bulgaria published a report on national policies and practices in Bulgaria. This report has a volume of three pages and contains information about dementia diagnosis, treatment, and care services concerning the main barriers for adequate care of people with dementia. There is also a one-page draft with basic goals for a national dementia strategy. Both documents do not refer to migration [11].

4. National dementia care and treatment guidelines

The 'National Consensus on Early Diagnosis and Treatment of Alzheimer's Disease and Other Forms of Dementia' from 2015 is 32 pages long and includes the topics of socio-medical significance of dementia, principles of the dementia diagnostic algorithm (criteria for dementia), concretisation of the activity (diagnostic activity in outpatient conditions, diagnostic activity in hospital conditions), and medicines used for the treatment of dementia. This consensus document also makes no reference to migration at any point [12].

The following parts on services and information for PwM with dementia, professional care and support for family caregivers are based on two conducted interviews and reflect the experience and opinion of the experts. A selection bias in information and a discrepancy to results from the previous sections might ensue.

5. Services and information for people with a migration background with dementia

Both experts state that the healthcare strategy for inpatient and outpatient care in Bulgaria is an integrative one, but PwM with dementia are only partly included in it. Information on dementia is available almost nationwide and therefore technically available to PwM. However, there is neither information with a special focus on the needs of PwM with dementia nor any state supported services providing information on dementia in other languages, according to the first expert interviewed. In the 'Foundation Compassion Alzheimer' (a non-governmental organization to help and support older people with Alzheimer's disease and dementia and their families as well as their friends) there are team members who speak other languages than Bulgarian and if asked they are able to provide information in English, French or Italian. The second expert said that, in general, services and information are more readily available in bigger cities than in other regions. Services for inpatient and outpatient care for people with dementia have almost nationwide availability for PwM—that is, if they have documents and are entitled to social security and healthcare benefits—since they are entitled to the same healthcare and social rights as non-migrants in Bulgaria. There are eight dementia expert centres for diagnosis, detection, and referral in different cities in Bulgaria, where people from small towns and settlements are being referred to as well. The experts agree that existing services are suitable for people with and without a migration background. As long as individuals can afford these services, they will be taken

care of, regardless of migration background. Health laws prohibit discrimination based on age, sex, origin, language, nationality, ethnicity, political affiliation, education, beliefs, cultural background, sexual orientation, personal/social/material status, disability, and type and cause of the disease. According to the experts, there is currently no intercultural care available for PwM with dementia and there are no measures implemented or in development to provide such care. Although there are no options for intercultural care for PwM with dementia and no other specialised services for this population there is the 'Health mediator project' aimed at facilitating access to social and health services for people from the Roma community. PwM with dementia and their families are also rarely consulted when it comes to designing information material or healthcare services for PwM with dementia according to the second expert.

6. Professional qualification and people with a migration background in healthcare

The experts assume that administrative staff and professional care providers might not be qualified on culturally sensitive care. Additionally, there seems to be no training in intercultural care available. However, there are trained social workers, cultural mediators, and Roma mediators providing support for intercultural needs. They facilitate Roma community and refugees' access to social services and healthcare. Another concern reported by the experts is that, personnel in centres for refugees who directly work with PwM and refugees lack knowledge about different groups of ethnicities.

7. Support for family caregivers

According to both experts, service providers play an important role in supporting family caregivers. The first expert rated the importance of family, religious communities, and migrant organisations to be moderate while the second expert rated it high.

The second expert assumed no differences in information and services for family caregivers of people with dementia with and without a migration background since PwM are entitled to the same rights as the non-migrant population. Migrants and some ethnic communities may experience language barriers; nevertheless, social mediators exist to facilitate their access to information. It seems that neither on a national nor a municipal level are training opportunities for family caregivers provided. Organisations like the 'Foundation Compassion Alzheimer' provide information and guidance on dementia to family caregivers. However, the second expert assumed a very high need for specialised information and services for family caregivers, particularly in terms of how to deal with the health and social system, disease information, care and management of the disease, support opportunities available, and prospects on how to live well within the community.

8. References

1. Guentcheva R, Kabakchieva P, Kolarski P: The social impact of seasonal migration In., vol. 1: International Organization for Migration; 2003.

2. Nikolova NN: Migration policies of Bulgaria and the European Union towards third-country nationals: Opportunities for Institutional Development.

3. International Organization for Migration: International migrant stock as a percentage of the total population at mid-year 2019: Bulgaria; 2019.

4. International Organization for Migration: Bulgaria. [https://www.iom.int/countries/bulgaria]. (2016). Accessed 27 Mar 2020.

5. United Nations: Migration Profiles: Bulgaria; 2013.

6. International Organization for Migration: Total number of international migrants at mid-year 2019: Bulgaria; 2019.

7. International Organization for Migration: Net migration rate in the 5 years prior to 2020: Bulgaria; 2019.

8. Esri: World Ocean Background; 2010.

9. Eurostat: Nomenclature of Territorial Units for Statistics (NUTS) 2016; 2018.

10. National statistical institute: Sonderanfertigung; 2011.

11. Alzheimer Europe: National Dementia Strategies. [https://www.alzheimer-europe.org/Policy/National-Dementia-Strategies/Bulgaria]. (2017). Accessed 01 Jun 2019.

12. Bulgarian Society of Dementia: National Consensus for early detection and treatment of Alzheimer Disease and other forms of Dementia; 2015.