

**Bulgarian Family Planning and Sexual Health Association – individual UPR submission – Bulgaria –
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SURVEILLANCE AND TREATMENT OF SYPHILIS FOR ALL IN BULGARIA

Executive Summary

In the process of the health reform in Bulgaria state funding and support for the treatment and care for syphilis decreased significantly, meaning that individuals with syphilis must pay for their treatment out of pocket. This creates financial barriers and especially for the most in need people to access adequate and quality healthcare services, and treatment of the disease becomes very difficult. As consequence the official data on the rates of syphilis is incorrect, known cases are not tracked and the financial limitation in treatment suggests that there are a large number of hidden cases. This violates the human rights related to access to health and could be considered as risk for the public health.

Key words: access, health, infections, syphilis, significance, poor, marginalized, funding, regulation

The groups most affected are teenagers, young people – men and women, minority groups, and the it is the responsibility of the Ministry of Health; Government; Parliament to address this situation.

Information on the situation

In 2001 the list of socially significant diseases of the Bulgarian Ministry of Health was changed and syphilis was removed from it, meaning that the state will no longer fund its treatment; patients affective must pay for care out of pocket. Currently the list of socially significant diseases includes cardio-vascular diseases, oncologic diseases, diabetes, and chronic diseases of the respiratory system, traumatic damages and neuro-psychiatric disorders. The main rationale behind this is the spread of the certain disease and its economic, social and demographic consequences. Most of these diseases are covered by the public health system.

Since 2010 the dispensaries dealing with syphilis have been reorganized. Following the reform of the healthcare system these dispensaries were transformed as healthcare centers within the municipality system and major part of them stopped implementing the function of dispensaries. This dramatically decreased the financing of the centers. There used to be 28 dispensers that treat syphilis (one per region) and currently only 4 centers in the country have possibility to treat infected with syphilis persons and this only if they are able to cover the cost of treatment. Free of charge treatment is possible in one case: when a woman is pregnant and infected with syphilis. This treatment is covered by the National Health Insurance Fund.

The National Statistics Institute (2014) reports decline of the cases of syphilis from 43.9 per 100 000 in 2010 to 26.5 per 100 000 in 2013 (for the age group aged up to 18 respectively 12.0 and 9.9). Meanwhile the financial barrier (especially relevant for marginalized poor people) hinders infected from syphilis persons to receive adequate treatment. Therefore the quoted figures underestimate the real spread of syphilis and this lead to 1) inadequate treatment for the public health and 2) violation of human rights (access to healthcare) due to legal changes.

In practice BFPA observed and was informed about number of such hidden cases and small epidemics of syphilis in the country. All the reported cases were related to marginalized communities

and often for sex workers. In number of hospitals are registered newborns with inherited syphilis or deliver of dead foetuses due to syphilis.

Another area of concern is related to the used drugs as penicillin is no longer used in the centers for prevention of sexually transmitted infections and syphilis. Instead is used substitute, which is (according to health professionals there) less effective and more expensive. Treatment is not covered by the system and major part of the affected are, as a whole, out of the health insurance system.

Recommendations

- Include syphilis in the list of infectious diseases that need compulsory treatment and hospitalization as in this way the treatment will be assured for everyone including poor and non insured.
- Assure appropriate funding for the dispensers for the screening, diagnosis and treatment of syphilis and STIs.
- Include syphilis in the list of socially significant diseases as the consequences of syphilis responds in full to the legal definition in Bulgaria for socially significant disease.