

The Health Mediator Programme in Bulgaria

Providing efficient assistance...

The Ethnic Minorities Health Problems Foundation was established in 1997 as a non-government private volunteer organisation in Sofia. Our team is interdisciplinary and includes doctors of medicine, psychologists, pedagogues, social workers and activists, and representatives of various ethnic groups. We have been working towards resolving the Roma health problems since 1994. We successfully co-operate with Roma co-ordinators all over Bulgaria as well as with local Roma NGOs. We involve and train Roma medical personnel. In the process of our work during the period 1994–1997 related to solving the Roma health problems, our team reached the conclusion that many of the social problems of the minority groups have to be resolved in parallel in order to achieve sustainable long-lasting and positive results. With the establishment of the Ethnic Minorities Health Problems Foundation, our team began to implement various medical-social projects.

Our mission is to improve Roma health and social status, raising their quality of life and their wholesome participation in all spheres of the public life. Our aims are the following: organising and supporting research, diagnostic and prevention activities in the field of socially significant diseases among the Roma and other minority groups; improvement of minorities access to the healthcare and social services; social integration of chronically ill and disabled people from the Roma and other ethnic minority communities; development and establishment of the citizen's society values; implementation of wholesome educational, health, social and cultural projects and programmes; social integration and personal realisation of disadvantaged Roma;

overcoming discrimination in health and social services to Roma; maintaining information system for the support of medical and ethnological research and for raising the public awareness of the minority groups' health and social problems.

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Our main activity in the last seven years was the development of a Health Mediator Programme in Bulgaria. Our partners in this Programme are the Ministry of Health Care, the National Council of Ethnic and Demographic Issues, local authorities as well as some non-governmental organisations such as the Foundation 'Institute Sofia Open Society', the Bulgarian Association of Family Planning and Sexual Health, the Foundation 'CARE Bulgaria' and the Balkan Foundation for Intercultural Education and Understanding 'Diversity', and many Roma NGOs.

The introduction of the position of the Health Mediator (HM) is a successful measure for the improvement of the ethnic minorities' access to healthcare.

The HM is an individual who facilitates the access of disadvantaged persons and groups to healthcare and social services. This individual possesses the necessary knowledge and skills and enjoys the respect and trust of the people from the community. He/she has passed a special training programme, approved by the Ministry of Health Care. The HM is a key figure for the

implementation of the Health Strategy for Disadvantaged Persons Belonging to Ethnic Minorities. His/her role is to: provide health information, to organise and conduct health awareness raising discussions; to provide information related to resolving social problems; to collect and submit information connected with the needs of the community to health and social workers; to assist the activities of general practitioner doctors, nurses and social workers on the spot; to accompany disadvantaged persons to healthcare and social institutions; to provide assistance for filling in of the required documentation; to provide psychological support; to participate in preventive programmes – immunisations, cervix and breast cancer, tuberculosis, hepatitis, etc.; to help families with chronically ill or disabled family members.

Thus far, more than 90 health mediators have been trained. During 2007, 57 HMs from 30 municipalities were employed, while for 2008, 111 job positions for HMs throughout the country were approved.

On 23rd April 2007, the National Network of Health Mediators was established, with more than 90 members. The health mediators work in the Roma quarters with various risk groups, they speak Roma or Turkish, and are aware of the health and social legislation as well as specific problems of each community. The HMs have built good partnership relationships with municipal and regional experts on ethnic and demographic issues, local authorities, and they are recognised and accepted by the local health institutions – the Regional Health Care Centres (RHC), Regional Inspectorates for Public Health Protection and Control (RIs for PHPC, etc.).



The HMs, united in the national network, contribute to: assisting and facilitating the access of all disadvantaged citizens to health and social services; improvement of the quality of health and social services in Bulgaria; raising the health culture of disadvantaged ethnic minorities; raising the public awareness on health related issues; strengthening and development of European practices and approaches for facilitation of the access of disadvantaged groups to health services; increasing the efficiency of general practitioner doctors and healthcare services on the spot.

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Our next goal will put special efforts in further developing the Health Mediator system in Bulgaria by:

- Improving the knowledge and skills (capacities) of HM in terms of health education, and developing the job from mediating to education as well. Empowering patients from ethnic communities. Bridging language and cultural gaps;
- Capacity building: training in health education. HM training programmes should include concrete ways for mediators to co-operate with physicians in order to enhance

patients' health autonomy; regular retraining of HMs on the informational and educative aspects of their job; provision of additional professional support to HMs; provision of additional training in order to address some of the special needs of groups facing multiple marginalisation (such as Roma women, people with physical or mental disabilities, children living on the street, sexual minorities and others identified by HMs);

- Institutionalising HM training, according to the job description, within the medical colleges;
- Strengthening the position of HMs in the reformed health system. Organisation and 'embedment': specification of the roles of the National Public Health Institute, the Regional Inspectorates for Public Health Protection and Control (RIs for PHPC), and other stakeholders; the Consultant shall advocate for the issuance of a regulation on the position of HMs within Bulgaria's healthcare system;
- Increasing coverage: we must reach consensus on the number of HMs per region by assessing local needs in different regions of the country;
- Elaborating standards and criteria for HM monitoring, evaluation and supervision;
- Upgrading and, where necessary, establishing sound monitoring and feedback mechanisms as regards HMs;

- Increasing the involvement of GPs. Initial training will make GPs more open to working with mediators, while training in patient health empowerment will make them more efficient in addressing Roma health needs;
- HMs must work together with specialists on National Prevention Programmes so that each programme develops its own action plan, addressing the specific problems of Roma communities;
- Elaboration of information strategy and organising campaigns for the popularisation of the HMs and the network among various health and medical experts. Creation of a webpage of the health mediators and opportunities for exchange of experience and information;
- Increasing the commitment of the Ministry of Health for the consolidation of the new profession. Incorporation of the HM as a job position/profession in government subsidised programmes. Promoting the municipalities to include mediators in their structures.

The work of the HMs is missionary. An increasing number of municipalities and institutions express their support for this new profession. The HMs have already been proven to the communities among which they work, as well as to the institutions and health experts that they can provide efficient assistance.



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