

**The Republic of Bulgaria**

# **Youth Friendly Health Services**

*CONCEPT PAPER*

2006



## Foreword

This Concept Paper reflects the commitment and priorities of the Government of the Republic of Bulgaria in the area of young people's health, development and protection. The development of the Concept Paper was made possible through the financial support from the UNICEF Regional Office for CEE/CIS/the Baltic states in Geneva and Development Cooperation Ireland (DCI), as well as with the technical support rendered by Dr. Hilary Homans (UNICEF regional consultant on Youth Friendly Services), Dr. Tzveta Timcheva (consultant to UNICEF Bulgaria) and Christina Popivanova, UNICEF APO. Administrative and logistical support was provided by UNICEF Bulgaria.

The Draft Concept Paper was developed by the Working Group on Youth Friendly Health Services:

- Dr. Nichola Subev, Director of National Health Policy, Ministry of Health (MoH)
- Dr. Simeon Darakchiev, Senior expert in directorate of National Health Policy, MoH
- Dr. Irina Kovacheva, Senior expert in directorate of Protection and Control of Public Health, MoH
- Dr. Elvira Foteva, Senior expert in directorate of International Cooperation and European Integration, MoH
- Julia Ilieva, Junior expert in directorate of International Cooperation and European Integration, MoH
- Vanya Stavrova – senior expert, in Directorate of Legislation, MoH
- Anina Chileva, Senior expert, National Centre for Protection and Control of Public Health

With support from the following resource persons:

- Prof. Dr. Stanka Markova Stankova, Director of Bulgarian Association Offering Health Care
- Manoela Grozdanova, UNAIDS Programme analyst
- Pepa Vasileva Pencheva, Senior specialist in directorate of National Health Policy, National medical nurse
- Dr. Irina Djikova, Director of directorate Prevention of Public Health, RIOKOZ, Pleven
- Dr. Rositza Dencheva, Department for Dermato-venerology, Medical University, Sofia
- Dr. Viara Ivanova, Coordinator of laboratory, National Centre for Parasitic and Infectious Diseases
- Preslava Lilova, Assistant, Component 7, Bulgarian Red Cross
- Dr. Anna Assenova Kostova-Konstantinova, Centre for Sexual Health
- Dr. Pavlina Zdravkova Pavlova, Centre for GPs
- Dr. Emilia Vasileva Dimitrova, Sofia, RIOKOZ
- Violeta Pavlova Kandjikova, Centre for Health and Social Development
- Teodora Rumenova Mateeva, Foundation Initiative for Health
- Vania Stavrova, Chief expert of Legal directorate, MoH

- Martina Pavlova, student / peer educator
- George Georgiev, student / peer educator
- Svetoslav Popov, student / peer educator
- Vesela Veselinova, student / peer educator
- Gencho Genchev, peer educator

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## I. Introduction

Young people (10-25 years) are the resource of each country that guarantees its future. Their age group is usually considered to be the group of best health status among all age groups. World studies reveal, however, that young people's health is exposed to threats. The world evidence shows that the main threats to young people have to do with a number of behavioral factors, the following being the more important of them:

- risk sexual behavior with high incidence of sexually transmitted diseases, unplanned pregnancy and strongly increasing HIV/AIDS incidence, which results in deteriorated sexual and reproductive health;
- Increasing use of psycho-active substances, in particular use of alcohol, drugs (most often injecting) and tobacco;
- poor mental health (WHO, 2002).

On a worldwide scale the major adolescents' health problems have to do with traumas (caused deliberately or unintentionally); sexual and reproductive health (including HIV/AIDS); and substance use.

According to the World Health Organization unprotected sex, which is the main reason for HIV, STDs, unplanned pregnancy and unsafe abortion, is the third major risk factor for the diseases occurring in all population groups, followed by the use of alcohol (ranking fourth) and the use of tobacco (ranking sixth). Other risk factors typical for developing countries are poor nutrition, water and sanitation, and polluted air. (WHO, 1995).

## II. Young people, healthcare system and healthcare reform in Bulgaria

### *Young people's health and development*

No data differentiated by age and gender is available, therefore it is difficult to assess accurately the adolescents' and youth's health status<sup>1</sup>. Nevertheless the available statistical data and the data available at the MoH from surveys held in the recent years show that a number of trends having a negative impact on young people's health are observed. Some of the more important among them are:

- High unemployment rate in the group of 18-24 years <sup>2</sup>
- High relative share of children who do not enroll in school or do not finish school
- Decreasing lower age of first sex.
- Low level of use of protection in sex

<sup>1</sup> Requirements of the International Conference on Population and Development, 1994, 1995 and the IVth Conference for Women, 1995

<sup>2</sup> The detailed data are presented in the YFS mapping Report of UN Interagency group on health, development and protection of young /2005e./

- High pregnancy and abortions rates among the 15-19 year olds
- High relative share of births by single mothers of age below 20 years
- Adolescents' risks sexual behavior
- Increased incidence of syphilis in the group below 17 years of age
- Real threat of spread of HIV infection.
- Unsatisfactory level of awareness and knowledge about the ways of protection against unplanned pregnancy, sexually transmitted diseases, HIV/AIDS.
- Widely spread substance use ( drug use, alcohol consumption, tobacco smoking)
- Relatively high level of diagnosed chronic non-communicable diseases

The analysis of the above mentioned data shows that Bulgaria is facing a number of challenges related to knowledge, attitudes and behavior of the young people mostly regarding reproductive and sexual health and substance use.

The observed negative trends have an extremely unfavorable impact on the youth health and development.

The healthcare reform and young people

The health reform that started in 1997 changed the legal framework and the system for healthcare financing, and launched a fast structural reform in the healthcare sector.

The legal framework of the reform included the adoption by the National Assembly of the following acts: Health Insurance Act (HIA) in 1998, the Act on Professional Associations of Medical Doctors and Dentists of 1998 and the Healthcare Establishments Act of 1999; these acts regulate the organization of medical and dental care. In fulfillment of the requirements of the HIA in April 1999 the National Health Insurance Fund (NHIF) was established.

In July 2000 a structural reform of out-hospital care started which introduced the system of GPs (GP) as the main provider of primary healthcare services and entry point to the healthcare system. The obligations of GPs are specified in the National Framework Agreement

The National Health Insurance Fund covers a basic package of healthcare activities, which includes prevention of sexually transmitted diseases and drug use..

Healthcare services for children of age up to 18 years and young people of age over 18 years, who are students are covered from the state budget. However, the young people of age from 19 to 24 years, who do not work or have no special protection (i.e. are not registered as unemployed, are not socially disadvantaged, do not have a disability) are not covered by the NHIF or the state budget.

The population health depends on the availability, quality and affordability of healthcare services. In the course of the reform several problems related to the existence of financial, administrative – organizational and statutory barriers to using healthcare services by the young people have been outlined (Report on the Health of the Nation in the Beginning of 21<sup>st</sup> Century, MoH, 2004). The major of them are:

- Health insurance: As a matter of fact health insurance is not comprehensive. Health insurance does not cover the people over 19 years who are long-term unemployed and who are not entitled to social assistance. .
- Additional pocket money payments: The required user fee for a visit to a GP, a specialist, for tests and for in-hospital treatment is another barrier to access to the system.
- Additional payment in out-hospital care: These payments are required because of the existence of “limits” to specialists' visits and for conducting of tests paid by NHIF.
- Poor infrastructure and transport network: It limits the access of the young people living in rural and border areas to qualified and specialized healthcare.
- Insufficiency or overall lack of treatment and healthcare facilities offering youth friendly health services and lack of sufficient information about the available treatment facilities and the services offered by them(YFS mapping report of the UN Interagency Group, 2002)

- Existence of territorial imbalances in the distribution of healthcare establishments and remote location of healthcare facilities (YFS mapping report of the UN Interagency Group, 2002)
- Required parent consent for minors for conducting of medical activities for them. Therefore the child has to be accompanied by a parent to the healthcare service, and this fact may hinder the young people from using healthcare services, especially in the case of the high-risk groups and particularly so in the case of suspected STD, and for testing for HIV and unplanned pregnancy.
- Lack of possibility for involvement of NGOs in conducting healthcare activities as a sub-contractor for healthcare services under contracts with the NHIF.
- Lack of standards and rules for practical work with young people and with most at-risk adolescents

### III. Determinants and approaches to the health and development of young people

Young people include the persons of age 10-24 years, the age 10-19 being the period of getting mature and transition from childhood to adulthood. This is the most important age period in the development of every individual because physical, emotional and physiological changes take place, which are very important to the individual's future health and development.

WHO has estimated that 70% of premature deaths amongst adults are largely due to behaviors initiated during adolescence (WHO, 2002). In addition, many of the lifestyles adopted during adolescence, such as, unsafe sex and substance abuse and unhealthy eating habits in Bulgaria are of crucial importance to the health of the young person. They can facilitate the transmission of HIV, result in unplanned pregnancy and STIs, and long term addictions, or dependency on unhealthy substances, or development of chronic non-communicable diseases, related to the nutrition.

Nowadays young people live in a dynamic and fast changing world, filled not only with opportunities, but also with dangers. They face risks and pressures that their parents did not meet. The transition process in the former socialist countries has accelerated changes in society, while the structures that protected previous generations have eroded. The transition is accompanied by considerable stress caused by the deep changes of the social economic life and by the threat of HIV infection, rising substance abuse, alcohol and tobacco consumption, sexual violence and sexual trafficking, and others.

In this respect it is extremely important influence to be exerted upon the development of attitudes and behavior for preventing and avoiding these risks because the habits and lifestyles that are established during adolescence have a profound effect on future health and development.

According to the WHO there exist a number of factors that affect the formation of behavior in young people. Depending on the type of their impact those factors are either protective, or risk factors. Depending on the level of impact the factors, which play a crucial role in the formation of a behavior for HIV/STDs prevention, unplanned pregnancy, substance abuse, may be grouped under three categories, namely:

#### *Determinants at individual level*

- Information and knowledge among the most at-risk adolescents and young people on HIV, STI and substance use prevention
- Skills of young people to protect themselves against HIV/STI and substance use
- Information and skills of young people who inject drugs to do so safely (using sterile equipment)

- Self esteem and positive support structures
- Attitudes of peers and sexual partners
- Economic pressure to sell sex

### *Determinants at the supportive environment level*

- Information from parents, teachers, health workers and others on HIV, STI and substance use prevention
- Skills of teachers, health workers and other professional on HIV, STI and substance use prevention, treatment and care
- Family/parental support
- Attitudes of adults and communities towards young people's sexual behavior, substance use and most at-risk adolescents and PLHIV

### *Determinants at institutional level*

- Policies and legislation
- Coordination of government, NGO and private sector services
- Quality and coverage of information, commodities, and services (includes acceptability, accessibility, anonymity, confidentiality, appropriateness, effectiveness, efficiency and equity)

### *Sustainability of services and commodities*

The protective factors against engaging in early sex and substance use are a positive relationship between the young people and their parents, a positive school environment, having spiritual beliefs, and a positive relationship with adults in the community.

Young people not living in a supportive family environment, or not going to school regularly, are more exposed to risk factors such as conflict in the family and having friends, who are negative role models. It is also known that if a young person engages in a risky behavior such as taking drugs, then they are more likely to engage in other risky behaviors (WHO, 2002).

To protect young people against HIV, STIs and unplanned pregnancy the behavioral patterns need to be changed to be as follows:

- Delay of the first sexual intercourse, but if they are already in sexual relations they should avoid non-regular sexual partners and should use condoms and contraceptives.
- Prevention of the use drugs, but if they are injecting drugs they should use clean needles, syringes and equipment
- Early and prompt treatment for STIs, HIV testing and care for prevention of pregnancy

In a similar manner it must be acted to protect young people against the dangers of alcohol abuse, tobacco and other substance use and of other risk behaviors, which can cause health problems.

In order to help young people through the optimal/normal transition from adolescence to adulthood, the young people need access to information, life-skills based education, youth friendly services (YFS) and commodity security.

Youth friendly health services (YFHS), combined with information and skills are viewed as important strategies to protect and promote their health, prevent ill-health, and increase their access to prompt and effective diagnosis and treatment of priority health conditions.

## *Definition of Youth Friendly Health Services*

According to the regional United Nations (UN) Interagency Group (IAG) Youth Friendly Health Services (YFHS) are ones that respond positively to young people's needs for correct and up-to-date information, provide a full range of accessible and affordable services and quality care in the most appropriate way for young people. They have to ensure an environment that guarantees privacy and confidentiality for the young person, and services provided by unbiased professional staff, so that the young people can make free and informed choices about their health and sexuality.

YFHS contain seven components:

- General health (endemic diseases, injuries, tuberculosis)
- Sexual and reproductive health (STIs, contraceptives, management of pregnancy)
- HIV testing and care (voluntary confidential counseling and testing)
- Management of sexual and domestic violence
- Mental health services
- Substance abuse (alcohol, tobacco, illicit substances and injecting drug use)
- Information and counseling on a range of issues (sexual and reproductive health, substance use, nutrition, hygiene)

## *Principles of Youth Friendly Services*

The principles underpinning YFHS are based on principles espoused in the Convention of the Rights of the Child (CRC) that young people have the right to health and a safe environment. According to these principles:

1. The young people have the right to:
  - a full range of accessible and affordable services
  - privacy
  - confidentiality
  - be treated with dignity and respect
  - be treated by people who are trained and knowledgeable
  - continuity of care
  - non discrimination
2. Young people have the right to participation, information and self-expression:
  - information – to seek, receive and impart information
  - express views on services received and to complain about unsatisfactory services
  - make free and informed choices in matters relating to their health and sexuality
  - freedom of association
  - participation and involvement in decisions that affect them
3. Young people have the right to special protection:
  - against deprivation of parental care
  - against abuse and violence, or neglect

- against exploitation
- when in conflict with the law

## *Features of YFS*

The key features of YFS have been defined by the IAG and they are as follows:

- full participation of young people
- linkages with peer education<sup>3</sup> and life skills based education HIV/AIDS prevention programs
- integrated with other services and sectors
- service providers trained in youth friendly approaches, counseling and communication, and evidence based protocols for the prevention, detection and treatment of diseases
- privacy
- confidentiality
- quality of care

## *Models of YFHS*

Youth Friendly Health Services can be provided on a static facility basis (either as an out-patient or in-patient), or they can be provided on an outreach or mobile basis (where health services, information and commodities are taken to the people most in need of them and who are not likely to come to static facilities). The aim is find innovative and effective modes of service delivery through two complementary approaches to ensure:

- Access of all young people to information and essential services
- The targeted interventions reach the most at-risk adolescents and young people

There is no ideal model of YFHS, but they should:

- contain the seven key features of YFS
- be part of health and local government reform
- respect the rights and needs of young people of different ages, gender and minority status

“The challenge is to find a mode of service delivery which is responsive to the adolescent group to be served and makes best use of whatever resources are available” (WHO, 2001).

## *Existing youth friendly services in Bulgaria*

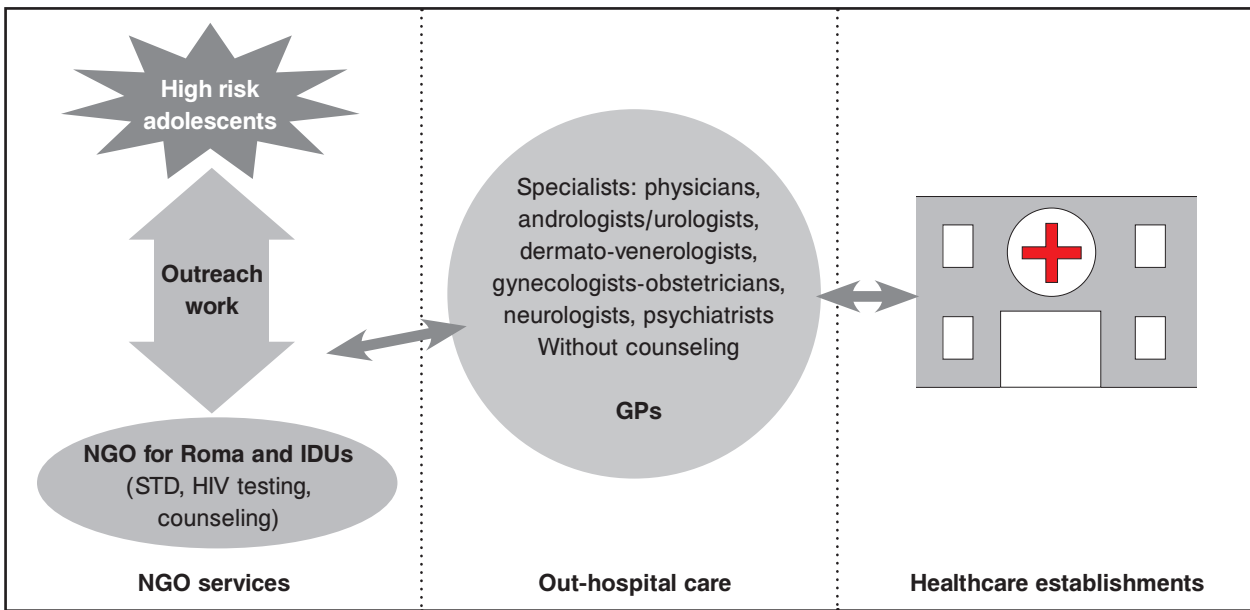
The National Survey for mapping the situation conducted in 2002 identified the existing youth friendly services (YFS) in Bulgaria. Such services are delivered mainly by NGOs based mostly in Sofia, however there is a NGO network, which operates throughout the whole country. Figure 11 shows the health services delivered by NGOs, which can be used by all young people and the most at-risk adolescents and young people, as well as the connections to the healthcare system. Under the current situation the coverage of YFHS is narrow, but adequate, the YFHS being focused mostly on the most at-risk young people.

There exist examples of good YFHS delivered by the Bulgarian Family Planning and Sexual Health Association (Sofia), The Center for Sexual Health (Sofia), the Family and Drugs Foundation (Sofia), Hot-line for Children and Adolescents - 177 (Blagoevgrad), Initiative for Health Foundation (Sofia) and National Union for Voluntary Work (Plovdiv).

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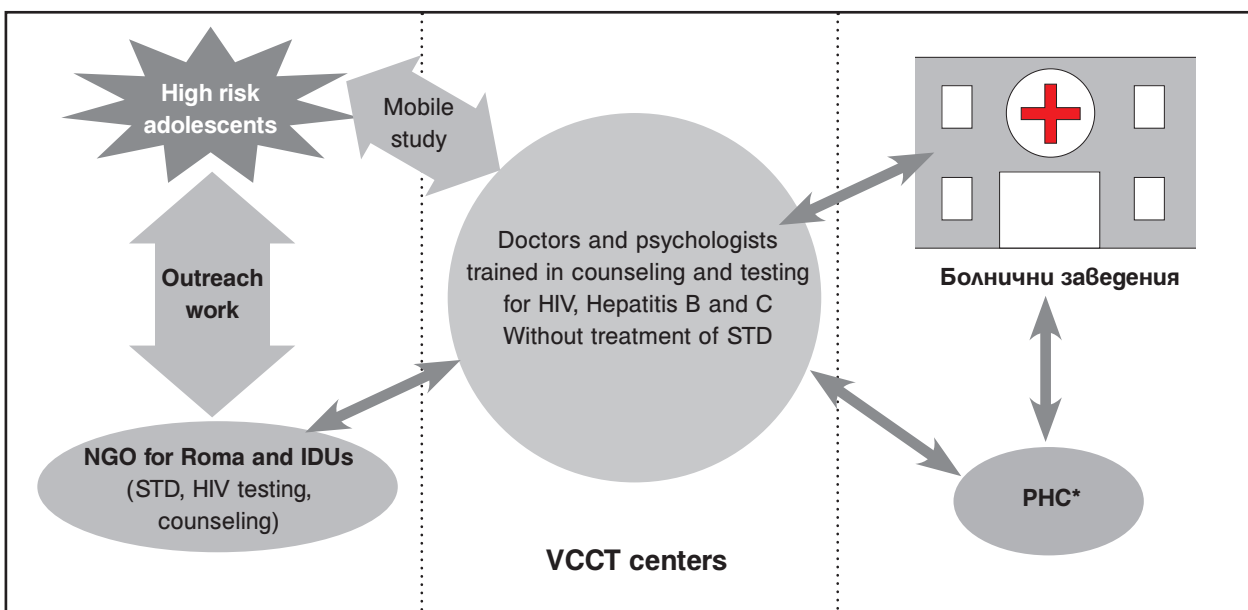
<sup>3</sup> Peer education is an effective way of providing young people with information and skills about healthy lifestyles. However, national standards (based on the Y Peer program) need to be agreed for peer education so that there is agreement on the methodology and length of training and quality of information services provided.

**Figure 11: Existing organization of health services for young people showing only the YFHS in the non-governmental sector**



With the support of the Global Fund for Fighting Aids, Tuberculosis and Malaria the healthcare system is establishing centers for voluntary counseling and testing for HIV (VCCT) on the basis of the Regional Inspectorates for Protection and Control of Public Health (RIPCPh). The plan is 25 such VCCT centers to be established, which will cover almost all the RIPCPhs. The support from the GFATM is used also for developing connections with NGOs, which deliver services to the most at-risk adolescents u young people. Fifteen healthcare centers have been established in the Roma community and five low-threshold centers for IDUs. The HIV VCCT centers deliver services (health promotion for counseling and testing) and outreach services by means of 10 mobile units. Figure 12 shows the organization of these services.

**Figure 12: HIV voluntary counseling and testing centers**



\* Primary Health Care – GPs and specialists, physicians, urologists/andrologists, obstetrics/ gynecologists, neurologists, psychiatrists (without counseling)

## *Problems with the delivery of healthcare services to young people*

The definition given by the UN IAG of the health, development and participation of young people, which is included in the Plan for Change document of the WHO, gives the best presentation and summary of the youth friendly services: "The golden standard for youth friendly health services is such services to be efficient, safe and affordable, to meet the individual needs of the young people, and the young people to come back whenever they need and recommend these services to their friends".

The delivery of health services to the young people in general and to adolescents especially at risk – male and female sex workers, men having sex with men and IDUs, is accompanied by a number of problems. Some of these problems are described in the section Healthcare Reform Impact on Young People; they are related to the access and coverage of young people related to legislative and administrative – financial barriers. Alongside with these, however, there is another major problem related to the fact that the existing YFHS are generally delivered by NGOs, therefore their sustainability is questionable. In many countries this matter is settled by mechanisms for sub-contracting the delivery of such services with NGOs through funding from the government or from the health insurance system and through including YFHS components in the package of basic services. As it has been stated above, the representative survey by the UNDP/MoH conducted in 2002 has shown that almost no youth friendly health services have been identified in the out-patient care system (primary and specialized). It has been only in the past two years that with the support of the Global Fund YFHS have started developing also in the public healthcare system – the AIDS VCCT with the RPHPCI.

## *Challenges*

The analysis of the young people health and development and of the healthcare services for them and for adolescents at particular risk outline a number of challenges that the society should tackle. First of all, some of them are related to the observed negative trends such as lower age of sexual relations onset, spreading of risk sexual behavior – unsafe sex, frequent change of partners, etc., reduced age of starting drug use and in particular, increasing numbers of IDUs. All of these are factors bearing a strong risk of STD/HIV infections and unplanned pregnancy. Alongside with them the survey conducted by the UNDP/MoH in 2002 on the conditions of healthcare services for young people identified a number of other problems that have a negative impact on the use of healthcare services by young people and also challenges, which the society and the healthcare system in particular have to tackle. The following are the more important ones:

- The lack of data differentiated by age and sex about young people's health status, which is an obstacle to monitor the basic health tendencies in order to adjust the measures and policies.
- Healthcare professionals' lack of sufficient skills and knowledge to consult and communicate with young people and to create a good atmosphere of trust and cooperation, as well as to observe confidentiality, which restrains young people to visit them. Only health care staff working with NGOs has received special training to work with young people. This way health problems of young people may become chronic and their health condition may worsen as a result of failure to seek medical advice.
- There are discrimination elements in the behavior toward some especially vulnerable young people's groups – Roma, sexual workers, injecting drug users etc.
- Most of the services provided for young people are vertical or sectoral whereas most of the young people's needs are cross cutting and complex.
- Most services for young people are based in urban areas where the majority of them live. Young people living in rural areas find it most difficult to access information and services, which are responsive to their needs.
- Lack of sufficient outreach services<sup>4</sup> for especially vulnerable adolescents and young people in rural areas.

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<sup>4</sup> *Outreach services are services, which take health information and services to the communities where the most at-risk adolescents and young people live, or the places where they gather (shooting grounds, meeting places for sex). The outreach health services, information and materials may be delivered by health workers with mobile vehicles. Further on outreach "peer educators" (members of the same risk group) may provide condoms, sterile needles and health information and advice where health services are available.*

- Limited knowledge of young people about the services offered and how to access them, which is more strongly manifested in rural areas and among the especially vulnerable adolescents.
- Low level of health care services use by the young members of the Roma community because many of them are not covered by health insurance, they do not have a traditions of seeking health care, and some face stigma.
- Low level of satisfaction with health services amongst young people due to lack of confidentiality, low levels of information on health and services, and negative attitudes from service providers (UNDP, USAID and OSF, 2001).
- Lack of young people involvement in the design, management and implementation of services and many of them feel that existing services are not geared to their needs.

## IV. Objectives, coverage, key areas and tasks of the concept paper for youth friendly health services

### *Objectives*

Strategic objective of the national framework: To offer a conceptual basis for development and integration of youth friendly health services in the national healthcare system

#### **Operational goals:**

1. Establishing a legal framework for introduction, development and sustainable implementation of youth friendly health services into the national healthcare system
2. Establishing optimal conditions for development and sustainable implementation of YFHS throughout the whole system, the quality of which meets the international standards.
3. Establishing of coordination and partnership for YFHS among the healthcare system, NGOs, private sector and youth NGOs.

### *Coverage*

The strategy for development of youth friendly health services is based on the knowledge about the behavior and health condition of the young people, the factors that precondition them and the required actions for introduction of such healthcare services.

As it has been stated above, one of the strongest challenges faced by society on a worldwide scale is the spread of unsafe sexual behavior and injecting drug use among young people. Bulgaria is no exception to the world trends and it faces the same problems. Therefore, given the above described trends in the behavior and health status young people in Bulgaria, the existing challenges and problems, the strategy coverage is targeted to the following:

1. Development of youth friendly health services, healthcare for adolescents, information and counseling, HIV/AIDS, sexual and reproductive health, STDs, use of substances, targeting such services to all young people.
2. Development also of health services for the most at-risk groups of adolescents and young people – female and male sex workers, men having sex with men, IDUs, as well as the groups that are more vulnerable to risk factors – homeless children, adolescent Roma, orphans / adolescents in institutions, young people without health insurance, migrating young people and adolescents in specialized children institutions and detention centers and prisons.

## *Key intervention*

On the basis of the analysis of the behavior and health status of young people and the challenges ensuing from the discrepancy between the healthcare services and the needs of young people, the following key interventions have been identified for development of youth friendly health services, which are to encompass the problems related to STD/HIV/AIDS prevention, prevention of unsafe sexual behavior and the consequences of it, reduce of harms on drug users, etc.:

1. Adapting the legislative framework in order to facilitate the introduction of youth friendly health services and increase the access of young people and the most at risk adolescents to targeted interventions suitable for the young people.

In this respect an analysis of the existing legislation and secondary statutory instruments should be made and adequate changes should be suggested with a view to the following:

- Possibility for the minors of age 16-18 years to have the right to private and free of charge HIV/AIDS and STD testing without the requirement for parent consent;
  - Establishing mechanisms for financing non-governmental organizations as sub-contractors of certain health services with funds from the NHIF, MoH or municipalities;
  - Inputting into the national health information system of data about morbidity and death rate of young people by age and gender
  - Ensuring for all young people access to health information services and health counseling services
  - Introduction of services for reduction of the health and social consequences in the most at-risk groups – IDUs, men having sex with men and others, as a part of the healthcare services in the healthcare system;
  - Adaptation of the bylaws settling the matters of HIV and STDs prevention, diagnostics and treatment so as to make them meet the needs of young people, too;
2. Achieving sensitiveness, mobilization and orientation of the institutions in the public, non-governmental and private sectors on the matters of health promotion and protection and young people development by means of delivery of YFHS.

The following is necessary for the above-mentioned purpose:

- Lobbying among the key managers/leaders of public and municipal institutions, public and private foundations and managers in the private sector with regards to the importance of protection of young people health and the need of interventions among the most at-risk groups;
  - Conducting various events devoted to specific problems of the young people relating to prevention of HIV/STD infections, unplanned pregnancy and substance use, including injecting of drugs;
  - Attracting the media for conducting regular information campaigns with a view to raising the level of knowledge and fostering attitudes for pursuing targeted policy towards development of youth friendly health services.
3. Capacity building for delivery of youth friendly health services, as well as for targeted outreach interventions for the most at-risk young people.

Preparation of human resources able to deliver health services that meet the criteria of the WHO is one of the most significant tasks which the society should fulfill. This task requires:

- To train and establish a resource of trainers on adolescent health and development, communication and counseling skills, children rights and protocols for STDs treatment and HIV testing and care for the purposes of YFHS
- To develop a national standard for training and preparation of students at medical universities and colleges and for post-graduate qualification of health professionals. The national standard should be based on the WHO Orientation Program for healthcare providers, who work with adolescents, as well as on programs for

communication and counseling skills for working with adolescents.

- Special attention to be attached to the preparation and education of health and other professionals, volunteers and peer educators for targeted interventions regarding STDs, HIV/AIDS, communication and counseling skills and outreach work with the most at-risk groups of adolescents. In this respect advantage should be taken of the experience gathered by non-government organizations in conducting targeted interventions and education. A part of the healthcare providers should be trained also for outreach work with the most at risk groups of adolescents.

**4. Introduction of a national norm and standards for ensuring the quality of the delivered health services.**

It is necessary national standards and norms to be developed by the MoH jointly with healthcare workers associations, NHIF and beneficiaries. The national norms and standards should clearly outline the following:

- The types of services, which should be delivered at each level of the healthcare system;
- The requirements to professional competencies of the service providers. For example, in the out-hospital care the GPs and the medical doctors in specialized care establishments can deliver a basic package of YFHS after they complete the relevant training.
- The systems of referral among the different levels of services in the healthcare sector, between the healthcare sector and NGOs applying youth friendly approaches for health programs implementation (such as harm reduction programs), as well as between the healthcare sector and the services offered outside it by other institutions (such as services for children in institutions for minors);
- The interaction with different sectors and the cooperation with the local schools/educational establishments, Youth Clubs, community centers, prisons for minors and peer educators in the implementation of health services.

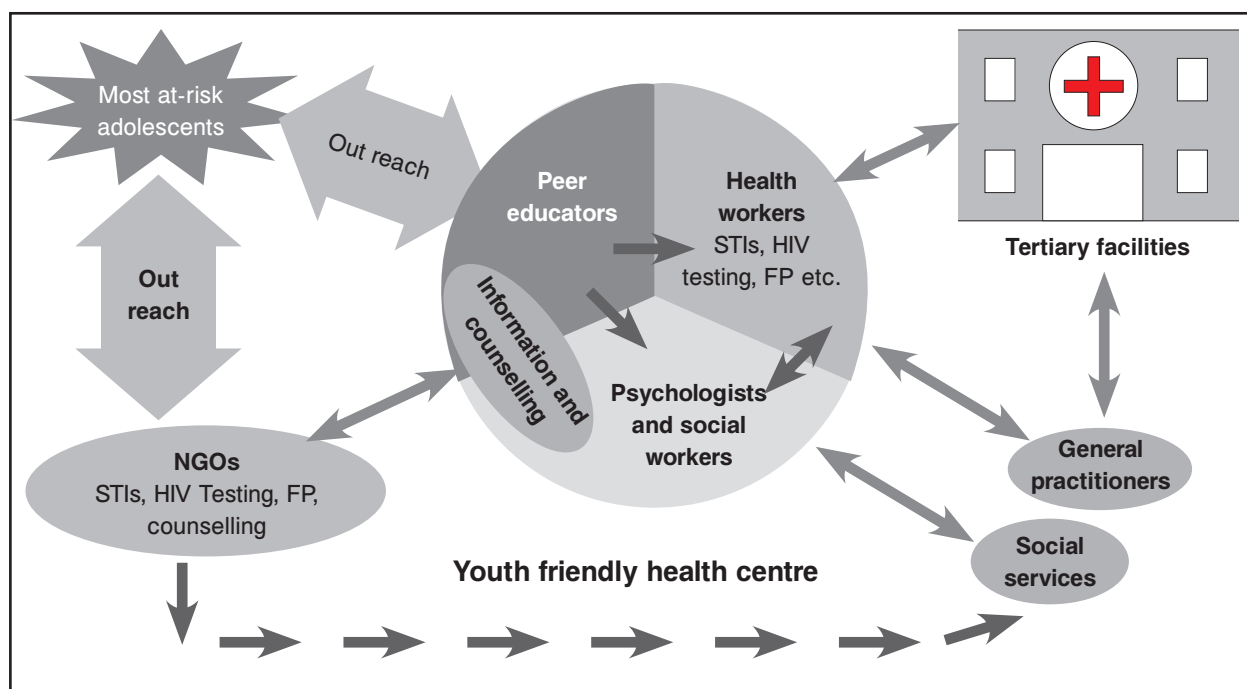
The Ministry of Health jointly with the Bulgarian Medical Association (BMA) and the NHIF should exercise control over the enforcement of the YFHS standards in public and other establishments (NGO and private sectors) so as to ensure an equal volume and quality of the health services.

**5. Achieving sustainability of youth friendly health services, the quality of which meets the international standards**

The sustainability of youth friendly health services may be ensured only provided that they are a part of the services delivered within the healthcare system. In this respect several significant activities need to be implemented. First, a model or models should be selected for the delivery of health services and a choice should be made of the basis on which they are to be delivered. For this purpose either the model introduced by NGOs, shown in Figure 11, or the model of the AIDS VCCT (Figure 12) being introduced in stages in the RPHPCI may be used.

Alongside with the foregoing when selecting a model consideration should be given also to the model shown in Figure 13, which has been developed by young educators (peer educators). According to the young people this is the perfect model, which combines all components of youth friendly health services.

**Figure 13: Center for YFHS suggested by the youth**



In order to achieve sustainability of the delivery of health services for young people all the three models might be used depending on the young people's needs, availability of NGOs, the attitudes of the health professionals, the available financial resources and after assessment of the advantages and disadvantages of the three model for the respective region to be serviced (number of young people, contingent of high-risk groups, needs of services on the basis of the incidence of HIV/STDS, abortions at wish, injection drug use, trained human resources, opportunities for funding, etc.). As a part of the model that will be adopted also a main package of interventions should be suggested, which includes information and counseling (on all health related matters), offering condoms, HIV testing and counseling, fast diagnostics and treatment of STDs, harm reduction (exchange of syringes and methadone therapy), sexual and reproductive health (contraceptives), and approaches for outreach work for those young people, who are exposed to the highest risk.

The main rule that should be observed when developing youth friendly health services is the YFHS to meet the criteria – acceptability, accessibility, privacy, confidentiality, appropriateness, efficiency, effectiveness and equality.

**6. Increasing the access to commodities and medical equipment for prevention of STDs/HIV/unplanned pregnancy and for rehabilitation of injecting drug users**

In order to ensure access to commodities and services for the young people and the most at-risk adolescents a program strategy should be developed with a view to ensuring condoms for the most at risk adolescents in coordination with the UNFPA, and such a program strategy should include interventions for:

- Change in the attitudes of adolescents towards condom use.
- Facilitating the access to condoms by installing condom vending machines at schools and public places visited by young people.
- Provision of harm reduction services for IUDs by expanding for the needles exchange program and the access to methadone therapy

**7. Achieving a change in young people's attitudes and behavior for seeking sexual and reproductive health services in case of problems resulting from unsafe sexual behavior and injecting drugs.**

The main factors for the formation of attitudes and behavior of young people are the family, group behavior, the school and information environment.

One of the major factors for change in the attitudes and behavior of young people is their education at school to be based on building up life skills. In this respect it is necessary emphasis to be laid down on good quality education at schools by means of:

- Putting an emphasis on the school education for formation and development of life skills including skills for prevention of HIV/AIDS/STDs, unplanned pregnancy and substance use.
  - Regular increase of the teachers' qualification level for delivery of good quality education for formation and development of life skills;
  - Standardization of the training for formation and development of life skills and introduction of monitoring and evaluation criteria
  - Alongside with the foregoing all health service providers for young people should:
    - Encourage the young people to undertake more responsibility for their own health;
    - Inform the young people and their parents about the health services existing in the area;
    - Work in close cooperation with the local schools/educational establishments, Youth clubs, community centers, prisons for minors and peer educators.
8. Achieving a change in the behavior of the public with a view to reducing the stigma and discrimination to the most at risk adolescents and for development of safe and supportive environment to encourage delay of first sex, avoiding random sex partners, use of condoms and prevention of HIV, STDs and substance use.

For this purpose a consistent policy should be pursued for raising the awareness and knowledge of the population about the factors that form and predetermine the behavior of young people and what needs to be done in each particular case. The main workload in implementing the change in public attitudes should be borne by the health professionals and the media.

9. Development of coordination and partnership for YFHS among the healthcare system, NGOs, the private sector and youth NGOs.

The sectors (public, non-governmental and private) should establish partner relations and coordinate the health services for young people. Thus the needs of the young people and the most at-risk adolescents will be better met by means of profiles of the activities and mutually complementary services. This will further on result in improved quality of the services, saving on resources, and better meeting the needs. The output will be sustainability of the offered services, risks prevention and resolving of the health problems of young people.

## *Strategic role of the Ministry of Health*

The Ministry of Health as one of the main government bodies is conducting the national health policy for the development of Youth friendly health services (YFHS) and ensures for all young people access to them by developing the policy, strategy and legal framework, Norms and standards for ensuring the quality of the service provided And suggests financial mechanisms for ensuring equality of the young people with regards to the health services friendly for them The mechanisms for inter-sectoral coordination with other government bodies, the private and non-governmental sector.

## *Financing of youth friendly health services*

The exacts costs within each of the suggested YFHS models will be identified in the course of the suggested activity for costing, which will be focused on targeted interventions for HIV prevention. At present no methodology for costing of a wider range of YFHS is in place. The main costs for the enforcement of the strategy for development of sustainable youth friendly health services should include funds for:

- training of health professionals in adolescent health and development, youth friendly skills for communication and counseling, and where necessary, methodologies for outreach work
- training of young people as volunteers and peer educators;
- equipment and materials for implementation of the main package of efficient interventions for young people and the most at-risk adolescents and young people;
- functioning of the identified model/models by costing each type of activity.
- Development of national norms and standards for YFHS.

## **V. Partnership and inter-sectoral cooperation for implementation of the national health strategy for development of youth friendly health services**

For the implementation of the concept paper strategy it is of utmost importance to strengthen the partnership and inter-sectoral cooperation between government and non-government bodies with clear distinction of the obligations and responsibilities

### *National partners*

The Bulgarian Medical Association together with the National Health Insurance Fund are the primary partners of the Ministry of Health for development of sustainable youth friendly health services.

The National Health insurance Fund (NHIF) as an independent organization with a major function to manage the financial means for out-hospital and in-hospital care for the citizens should ensure meeting the needs and providing accessible and good-quality medical care paid for by the health insurance fund.

The National Health insurance Fund and the Bulgarian Medical Association prove out to be one of the major factors for development and sustainability of youth friendly health services and the most at-risk groups. In this respect they should also guarantee access to the health services for prevention, diagnostics and treatment of HIV/STDs, unplanned pregnancy and injection drug use for all young people and the most at-risk adolescents by means of relevant changes in the main package of services, inclusion of non-governmental organizations as sub-contractors of activities such as outreach work and others as well participation in the monitoring of the provided services for young people.

With a view to fulfillment of the strategy for development of health services and the action plan for its implementation it is of substantial importance the establishment of close cooperation with the local authorities, non-governmental organizations, which provide services to young people, medical universities and colleges and media.

Active and consistent interaction with the organizations is especially needed for gaining sympathy and support from the public at large for the enforcement of the strategy and responding to the health needs of young people.

### *International partners*

The international partners in the fulfillment of the strategy for development of youth friendly health services may provide support in various areas – from ideas, guiding principles and instruction to financing and international recognition. Many of them give Bulgaria support in the policy for young people.

The United Nations AIDS Program supports Bulgaria in its efforts to apply a comprehensive approach to HIV prevention and treatment and to promote a multisectoral response to HIV/AIDS. UNAIDS has provided financial and conceptual support to the national strategic planning exercise and the development and adoption by the Government of the National HIV/AIDS Strategy and National Programme. These documents identify the Government actions needed to limit the HIV/AIDS transmission in Bulgaria.

The Global Fund for fighting HIV/AIDS, Tuberculosis and Malaria has been supporting the MoH since 2003 by means of considerable financing for prevention and treatment of HIV/AIDS. The main objective of the HIV/AIDS prevention and control funded by the Global Fund is to maintain a low incidence of HIV by strengthening the infrastructure and building the capacity of governmental organizations on the HIV/AIDS related matters, taking active measures to limit risk behaviors in the vulnerable groups, ensuring access to care and good quality treatment for the target groups and the people living with HIV/AIDS. The supported activities include establishing a network for epidemiological survey, ensuring accessible services for voluntary confidential counseling and testing, capacity building, providing suitable facilities in the municipalities, implementation of activities for covering the target groups, life skills based education of the young people, youth friendly health services and access to care and good quality treatment for people living with HIV/AIDS.

The UN Population Fund has been helping Bulgaria since the year 2000 with financial and technical assistance for further development of the national policy for protection of the reproductive and sexual health. With the project "Improvement of the sexual and reproductive health of the young people in Bulgaria" aims within the period 2004-2007 to improve the sexual and reproductive health of the young people in Bulgaria by means of facilitating the access to services and information and by development and introduction of information –educational strategies for prevention of behavior, which constitutes a health risk. The project is being implemented jointly by the Ministry of Health, the Ministry of Education and Science of the UNFPA in four districts (Vratsa, Lovech, Sliven and Targovishte).

UNICEF is granting technical and financial support to the Government of the Republic of Bulgaria in the country's policy for children and young people. The support for Bulgaria is a part of a program (2003-2005), which covers four countries. Within this program strategies have been developed for education, capacity building, studies of the policies and advocacy at national and municipal level.

In the area of children protection UNICEF has given support for the conducting of the national evaluation of the cares for children in Bulgaria and has ensured technical support for the drafting of the Child Protection Act. UNICEF and the World Bank have supported the development of "set of tools" for assessment of the conditions in the social homes for children and adolescents within the project Change in thinking, policy and life ".

The UNICEF Country Program for the period 2006-2009 foresees a support in the strengthening of the intersectoral coordination at national level in order that a more integrated national policy framework for children comes into place, capacity development of district and municipal governments for the support and adoption of new approaches to promote child protection and development programmes, identification and dissemination of best practices models in child protection, young people's development and participation, and early childhood development (ECD) with a view to national scaling-up. A special emphasis will be put on the most vulnerable include Roma and other minority groups.

Under the project „Youth friendly health services" UNICEF is rendering assistance to the MoH for the development of a strategic framework and action plan for development of sustainable youth friendly health services, for adaptation of the WHO Orientation Program and training of trainers.

World Health Organization is providing technical support to the Government of Bulgaria in the national policy implementation. The European regional office of WHO in the framework of the biennial programs supports with the priority the following thematic areas: mental health, health promotion, reproductive health, food and nutrition, blood safety, health technology and pharmaceuticals, communicable diseases surveillance including tuberculosis and STIs, environmental health, hospital reform etc.



## List of References

- European Union. *European Ministers Dublin Declaration on HIV/AIDS prevention in young people, Dublin, 2004.*
- European Union. *Vilnius Declaration on HIV/AIDS in Europe, Vilnius, 2004.*
- Global Fund *to fight HIV/AIDS, Tuberculosis and Malaria, 2003. Portfolio of grants in Bulgaria. Geneva, 2003.*
- Republic of Bulgaria. *National Health Strategy: Better health for a better future of Bulgaria. Sofia, April 2001a.*
- Republic of Bulgaria. *Action Plan of the National Health Strategy for the period 2001 to 2006. Sofia, 2001b.*
- Republic of Bulgaria. *People are the wealth of the Nation for the period 2002 to 2005 Government of the Republic of Bulgaria Programme, Sofia, Date.*
- Republic of Bulgaria. *Act for Child Protection,*
- Republic of Bulgaria. *Act for Encouraging Employment,*
- Republic of Bulgaria. *Act for Welfare and government strategies and action plans.*
- Republic of Bulgaria. *National Strategy for Prevention and Control of AIDS and Sexually Transmitted Diseases*
- Republic of Bulgaria. *National Programme for Reproductive Health, the Strategy and Action Plan for Protecting Children's Rights 2000-2003*
- Republic of Bulgaria. *National Employment Plan.*
- Republic of Bulgaria. *The National Centre for Drug Addiction (NCDA) National Centre for Drug Addiction, Sofia, n.d.*
- Republic of Bulgaria. *National Centre for Public Health Protection and Regional Inspectorates for Public Health Protection and Control, Sofia, 2004.*
- Republic of Bulgaria. *National AIDS Centre, 2005*
- Taskov, H. *'Establishment of a Network for Voluntary Counseling and Testing in Bulgaria to Control HIV/AIDS'. Presentation made to the UN IAG Inter Country Consultation on Youth Friendly services, Sofia, September 2003.*
- United Nations. *General country assessment. Bulgaria, 2000.*
- United Nations. *International Conference on Population and Development, United Nations, New York, 1994.*
- United Nations. *Fourth World Conference on Women. United Nations, New York, 1995.*
- United Nations. *International Conference on Population and Development (ICPD) plus 5. United Nations, New York, 2000.*
- United Nations. *UN General Assembly Special Session (UNGASS) on HIV/AIDS, United Nations, New York, 25 to 27 June 2001.*
- United Nations. *UN General Assembly Special Session (UNGASS) on Children – World Fit for Children (WFFC) - objective on HIV/AIDS. United Nations, New York, May 2002.*
- United Nations. *Millennium Development Goal (MDG) on HIV/AIDS. United Nations, New York,*
- UNAIDS. *Bulgaria: Outreach work on HIV/AIDS prevention among out-of-treatment injecting drug users. UNAIDS Best practice collection, Geneva, 2001.*

United Nations Development Programme. *HIV/AIDS related knowledge, attitudes and practices: Poll conducted amongst high school students. Sofia, 2000.*

United Nations Interagency Group on Young People's Health Development and Protection. *Terms of Reference for the IAG in Europe and Central Asia. IAG Geneva, December, 2002.*

UNICEF. *Regional Strategy on HIV/AIDS prevention, Geneva, 2003.*

UNICEF, GfK, ODIHR/OSCE. *Young Voices opinion survey of children and young people in Europe and Central Asia. Data from the Bulgarian sample. UNICEF in partnership with the*

Organization for Security and Cooperation in Europe, Office for Democratic Institutions and Human Rights (OSCE/ODIHR), *Geneva, August 2001*

UNICEF/UNOHCHR/OSCE-ODIHR. *Trafficking in human beings in South Eastern Europe: Current situation and responses to trafficking in human beings in Albania, Bosnia and Herzegovina, Bulgaria, Croatia, the Federal Republic of Yugoslavia, the Former Yugoslav Republic of Macedonia, Moldova and Romania. UNICEF Area Office for the Balkans, Belgrade, June 2002.*

UNICEF/MONEE. *Innocenti Social monitor 2004: Economic growth and child poverty in the CEE/CIS and the Baltic States. UNICEF Innocenti Research Centre, Florence, 2004.*

UNICEF/UNOHCHR/OSCE-ODIHR. *Trafficking in human beings in South Eastern Europe: 2004 – Focus on Prevention in Albania, Bosnia and Herzegovina, Bulgaria, Croatia, the Former Yugoslav Republic of Macedonia, Moldova, Romania, Serbia and Montenegro, and the United Nations Administered Province of Kosovo. UNDP, 2005.*

World Bank. *Health sector reform project. Project appraisal document, Washington, 2001.*

World Health Organization and UNICEF. *A picture of health? A review and annotated bibliography of the health of young people in developing countries. Adolescent Health Programme, Division of Family Health, WHO Geneva and Health Promotion Unit, Programme Division, UNICEF, New York.. WHO/FHE/ADH/95.14*

World Health Organisation Regional Office for Europe. *Smoking, drinking and drug taking in the European Region. WHO Regional Office for Europe, Copenhagen, 1997.*

World Health Organisation. *Broadening the horizon: Balancing protection and risk for adolescents. Department of Adolescent Health and Development, Geneva, 2002b.*

*WHO/FCH/CAH/01.20*

World Health Organisation Regional Office for Europe. *European regional strategy on sexual and reproductive health, WHO Regional Office for Europe, Copenhagen, 2001.*

World Health Organisation Regional Office for Europe. *Declaration of WHO European Ministerial Conference on Youth and Alcohol, WHO Regional Office for Europe, Copenhagen, 2001.*

World Health Organisation Regional Office for Europe. *WHO European Ministerial Conference, Tobacco Free Europe, Copenhagen, 2002.*

World Health Organisation Regional Office for Europe. *Global Youth Tobacco Survey. WHO Regional Office for Europe, Copenhagen, 2002.*

World Health Organisation Regional Office for Europe. *European regional strategy on Child and Adolescent Health, WHO Regional Office for Europe, Copenhagen, 2005.*

World Health Organisation/UNICEF/UNFPA/UNAIDS/UNDP/UNDCP. *Consultation on Youth Friendly Health Services. Report of UN Inter Agency Group on Young people's health, development and protection in Europe and Central Asia written by Hilary Homans. Vilnius, Lithuania, 5-8 February 2002.*