

**NATIONAL
DEMOGRAPHIC STRATEGY
OF THE REPUBLIC OF BULGARIA
2006 - 2020**

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INTRODUCTION

The demographic development of the country is a key national and social priority. It requires the government's commitment and active, focused and consistent policy, as well as properly co-ordinated joint efforts of authorities, institutions and civil society structures at national, regional and local levels. The present National Strategy is a fundamental document that formulates priority areas and tasks related to the demographic policy. These priorities and tasks are oriented to **slowing the population decrease rate, bringing about a stabilisation trend in the long run, and making possible the high quality of the human capital, which refers to the health condition, education level, capabilities and skills of the people**. In the context of a demographic transition from a situation of population increase to a situation of stabilisation (decrease) and aging, this Strategy is based on the "population balance" concept, the leading element of which is better quality of life and well-being for every Bulgarian citizen and every Bulgarian family, and ensured conditions for the nation's best development while maintaining its integrity and unity.

The Demographic Strategy addresses the entire population of the Republic of Bulgaria. The strategy takes into consideration all characteristics and specific needs typical for each of the three phases of a human life (youth, working age and pension age). Each age group has a special place and a particular role to play in the social and economic development and in the intergenerational relations.

The Demographic Development Strategy is the national response to the demographic change that Europe is facing: declining birth rate, aging population, and large migration flows. It reflects and develops in the national context the European Commission's recommendation that for policies be initiated in response to the demographic change (the Green Book of the European Commission "Meeting the Demographic Change: a New Intergenerational Solidarity" (2005) and the Action Plan adopted at the Cairo International Conference on Population and Development - Sept. 13-15, 1994. The achievement of the goals of the Demographic Development Strategy of Bulgaria up to 2020 will make it possible to also achieve the Millennium Goals, stated in the United Nations Millennium Declaration, ratified by 189 United Nations member-states on September 8, 2000 in New York.

The strategy is based on a thorough analysis of the key demographic parameters of the situation in the country and the factors on which such parameters depend in the late 20th and early 21st century. It contains demographic development estimations through 2020. The strategy is in conformity with the key legislation documents and research in the demographic development area: the Constitution of the Republic of Bulgaria, the Program of the Government for European Integration, Economic Growth and Social Commitment, the 2007-2013 Human Resources Development Operational Program, the National Regional Development Strategy of the Republic of Bulgaria for 2005-2015, the Joint Memorandum on Social Inclusion, etc.

The Strategy covers the period between 2006 and 2020, and comprises two main sub-periods: The first sub-period is through 2010; the actions and priorities will be oriented to laying the foundations of an active demographic policy, including amendments and further development of the legislation; establishment of new governance structures and strengthening and co-ordinating the existing ones; funding and reforming the systems directly related to demographic development (the education system, the health system, the family and child social protection system). The remaining period of 10 years through 2020 will be a time of systematic implementation of all components of the active demographic policy proposed in this Strategy.

The Demographic Development Strategy identifies goals, priorities and actions that are directly dependent on the performance of the macroeconomic framework of the Program of the Government of the European integration, Economic Growth and Social Commitment. At the same time, the performance of the Strategy goals will enable the achievement of the planned economic growth parameters.

The Demographic Development Strategy serves as the basis for the development of National Demographic Development Action Plans. The Demographic Development Strategy will provide the vision for the future legislative amendments and the changes in the practices of national authorities and other organisations. It is the fundamental document that consolidates different intentions and actions, contributes to their concord and to synchronised actions on the way of demographic development.

The Strategy is structured in 4 main sections:

Part 1 provides analyses of the condition of demographic development and its trends. This is the basis of the challenges that will shape the demographic policy orientation through 2020. **Part 2** explains the strategic population development goals and priorities, formulates the main areas in which measures and actions will be implemented in order to attain the goals. The content of these areas is specified in **Part 3**.

Part 4 covers the implementation of the strategy and the assessment of this implementation. It includes: improvement and development of the institutional capacity needed for the strategy implementation; provision of funding; development and improvement of the monitoring system.

Part 5 formulates the expected outputs and estimated quantity indicators for the population development in the Republic of Bulgaria once the National Strategy is realized.

PART I. DEMOGRAPHIC DEVELOPMENT OF THE REPUBLIC OF BULGARIA

1. Demographic Development Situation and Trends

1.1. Decrease in the Total Number of the Population

The existing demographic condition of the Bulgarian population is the outcome of the prolonged working of a variety of factors. Some of these factors are related to the general demographic trends of the European countries, while others are connected with Bulgaria's specific historic, economic and cultural development.

The demographic development is influenced by the demographic processes that are typical for developed countries - low marriage and birth rates and increased urbanisation, and by the processes specific to developing countries and countries in transition - increased mortality rate and intensive emigration. The overall result of these processes is the severe demographic crisis that Bulgaria is facing at present.

Population growth stopped, and a decrease began, before 1989; the decrease was accelerated in the period that followed.

On Dec. 31, 2005 the number of people who resided in Bulgaria on a permanent basis was 7 718 750. Compared with 1990, the number of the population had decreased by 950,519¹.

¹ The data from the National Institute of Statistics for 2005 are preliminary.

The country's decrease of population is resultant both from the balance between births and deaths and of the balance between immigration to and emigration from the country.

1.1.1. Birth Rate Decrease

The declining birth rate trend in Bulgaria started in 1925, when the country began its so-called "demographic transition". The negative trend was generally well expressed all through this 80-year period, regardless of certain compensatory effects after 1950 and fluctuations between 1968 and 1974. The declining birth rate was provoked by the effect of a variety of demographic, social and economic factors. The social and economic changes after 1989 accelerated the decrease in the birth rate and led to a drop to 7.7% in 1997. After this minimum was registered, the process began stabilizing; the goal for 2020 is to come to the level typical for most of the West European countries (probably between 9‰ and 11‰.)

In the recent 15 years, decreased birth rate has been registered among all major ethnic communities; however, it is not the same for all of them. The Roma and Turkish communities have had a relatively higher birth rate than the average rates in the country. The considerably younger age structure of these two groups of the population is an important factor for the preservation and even for the growth of their relative share in the younger age categories in a not distant future.

From a demographic point of view, the dropping birth rate in the country is caused by the lower fertility rate of the women in fertile age and their decreased number.

The total fertility rate (the average number of children a woman bears through her fertile period) fell to 1,12 children in 1997. That was the lowest point of this indicator ever reached in the entire demographic history of Bulgaria. **The theoretic minimum for simple reproduction of the population is 2,1 live-born children.**

In 2005, the total fertility rate was 1,31; notwithstanding its low value, this was the highest rate achieved after 1995.

In the period between 1990 and 2004, the number of women in fertile age dropped by 187 000, and that was the main cause for the lower birth-rate (Fig.1.1).

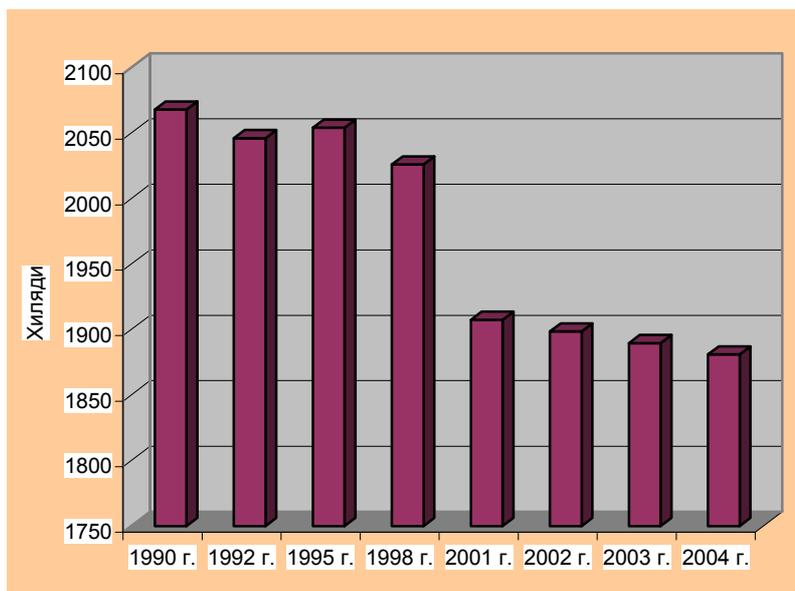


Fig.1.1. Number of women aged 15-49 in the Republic of Bulgaria in the period 1990 – 2004; Source: National Institute of Statistics

The negative effect of the decreasing number of women in fertile age registered today, will have an impact on the reproduction of the population in the decades to come. The causes for this are the negative changes of the age structure of women aged 15-49 and also the decreasing absolute number and relative share of girls aged 0-14 who will take part in the reproduction process in the next decades (Fig. 1.2).

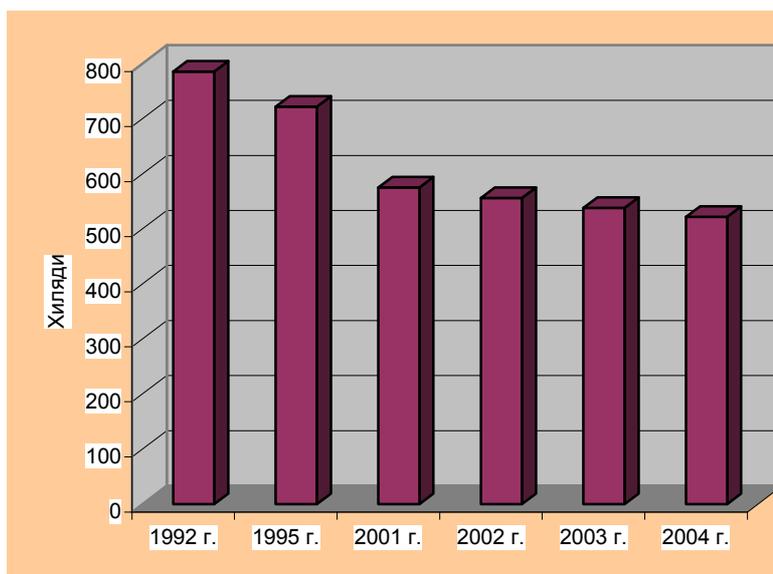


Fig.1.2 Number of girls age 0-14 in the Republic of Bulgaria in the period 1992 – 2004; Source: National Institute of Statistics

Among the explanations for the low birth rate level are the recent changes in the family philosophy concerning the optimal number of children. **A family with two children is the perfect reproduction model in the views of modern Bulgarians.**

The data of the sample birth-rate survey conducted in 2001 show a significant discrepancy between the concept of a perfect size of a family and the performance of the reproductive intentions of the women aged 45-49. The survey indicated that most of the Bulgarian families (70%) were willing to have two children. However, economic problems had prevented 60% of them from doing so. The conclusion is that **there are reserves that can be used to increase the birth rate. In the short-term, these reserves lie in providing conditions to reduce the number of postponed births, while the mid-term and the long-term reserves are connected with bringing about an adequate social and economic environment for the fulfilment of the Bulgarian family ideal – a family with two children.**

In the recent decades, the typical childbirth age has been relatively low for the first child as well as for any child on the average. Recently, a slight shift toward a higher childbirth age has been observed; the share of women aged 25–29 has reached nearly 32%, while the women aged 30–34 amount to 16,4%. The causes for this change lie in the changing social and economic conditions, hence in the priorities of women. Better education level and pursuing a career have become top priorities. **Therefore, the state should focus its efforts on building adequate conditions for childbirth, raising and educating children, and ensuring their material well-being and social performance.**

Bulgaria holds one of the top positions among the East European countries with regard to the number of children born out of wedlock of all children born within a calendar year. Although the predominant share of children is still born in wedlock, the number of extra-marital children has been growing in the recent years. Their relative share has grown from 12,4% in 1990 to 48,8% in 2004. This is largely due to the new type of family that is emerging in the country – cohabitation with a partner without an official marriage. In 2005, the number of live-born children out of wedlock was 34 858, which was 49% of all children born in that year. There are extant data about the fathers for about 60% of such births, and this information confirms that the great number of children born out of wedlock is largely due to the growing number of family couples not formally married.

The estimated fertility trends are mainly based on the development in the recent twenty years. Considering the social and economic changes after 1989, it can be expected that the model that was developed in this period will have the biggest impact on fertility. **The fertility decrease in the last years of the preceding century is expected to continue in the first years of this century** in correspondence with the existing economic and demographic situation in the country (Fig. 1.3.)

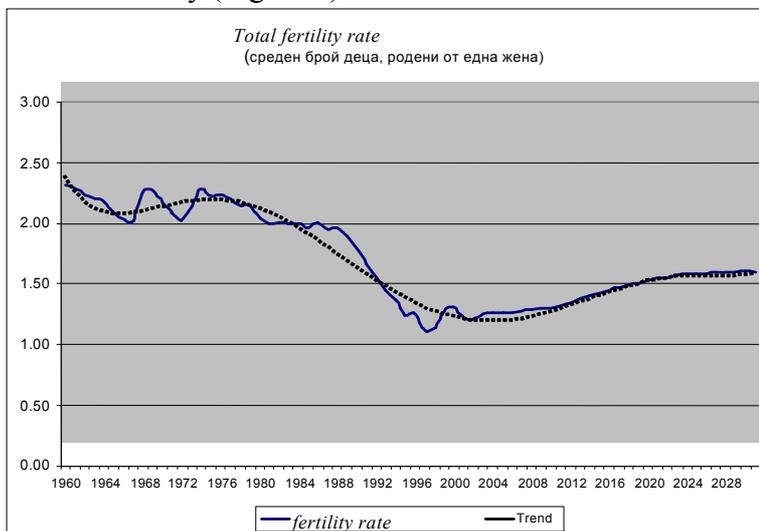


Fig.1.3 Total fertility rate of the women in the Republic of Bulgaria between 1960 and 2030 – actual and estimated rates.

Source: National Institute of Statistics

It can be expected that, now that the rapid decrease trend of the fertility rate until 1997 has been overcome and the level has stabilised at about 1,25 children per woman, a gradual growth of the total fertility rate will begin in 2007–2010. This will partly be the outcome of the compensatory behaviour of women who are able to have children but have postponed this in the preceding decade. Women’s fertility at the end of the assessed period (2020) is eventually expected to recover the rate it had in the early 1990s (1.5 children per woman in fertile age, a figure that matches the UN forecast), and after 2025 it is expected to stabilise at about 1.6 children per woman for a long period of time. **Therefore, the measures for enabling simple reproduction and growth of the population in Bulgaria should be accompanied by active measures for improving the quality characteristics of the population.**

The issue of the birth rate decrease is not only a demographic problem. As the **European Commission’s Green Book “Confronting Demographic Change: a New Solidarity between the Generations” (2005)** indicates with anxiety, the birth rate decrease has been so large and long-lasting that it will be difficult to prevent a significant drop in the size of the workforce and sustain economic growth afterwards.

Therefore the governments and the civil societies need to reconsider their national policy on birth rate and families.

1.1.2. Rising Mortality Rate

Currently the high mortality rate – total, early and child mortality - is one of the most disturbing demographic problems in Bulgaria. After 1964, when the lowest mortality rate, 7.9 ‰, was registered in Bulgaria, the number of deaths gradually rose, until the mortality rate reached 14,6 ‰ in 2005. Compared with 2004, the number of deaths in that year had risen by 3 264.

The main cause of the total mortality rate development is the demographic aging process. This process can be described in terms of a changing population age structure and consists in a smaller percentage of young people and a larger one of aged people. **The demographic forecasts indicate that the objective aging processes are precisely why the total mortality rate in the country is expected to remain high and unchanged in the period through 2020.**

The impact of the process of aging on the rising total mortality rate can be seen in the early mortality indicator, which represents the ratio of deaths of people under the age of 65 out of the total number of deaths. After 1990 (when it was 29,7%) this indicator started falling, and in 2005 it was 24.6%, i.e. nearly every fourth death in the country was the death of a person under 65. The earlier mortality (super-mortality) among men is higher in all age groups; however, it is most disturbing in the age interval between 40 and 59. **The mortality of men in different age sub-groups in this interval is twice to three times higher than the mortality of women.**

The super-mortality of men is a regular phenomenon. It is caused by their lifestyle, higher risk at work, and greater stress. The unusual rise of this super-mortality in our country is also provoked by the significant economic and social changes in the transition to a market economy. **The diminishment of the risk factor effects leading to super-mortality among men in the age interval 40-59, and in all ages in general, will contribute to a reduction of the general mortality rate in Bulgaria.**

The deteriorated age structure predetermines the higher mortality rate of the rural population related to the urban population. **Even though the growth of the urban population mortality rate is greater, equal levels cannot be expected to come about soon, mainly because of the larger percentage of aged people in villages, the more difficult access to health establishments and the worse living conditions in rural areas.**

Some of the key factors leading to high mortality in Bulgaria in 2004, were cardiovascular blood circulation disorders - in 67,5% of the cases; neoplasms – in 14,8%; symptoms, indications and unclear conditions – in 4,1%; traumas and poisoning – in 3,5%; and lung system diseases – in 2,9%. **These are the five groups that caused 92,8% of the deaths in the country; therefore the efforts to reduce the total mortality rate should be predominantly focused on preventive measures to reduce the impact of these particular causes.**

In the period between 1991 and 2005, the child mortality rate showed a downward trend - from 16,9‰ live born children to 10,4‰. **Even so, the child mortality rate in Bulgaria is twice to three times higher than the average in the EU countries - 4,7‰ in 2002. This rate is particularly high among two of the biggest minority groups – the Turks (17,8‰) and the Roma (25,0‰).** The main causes for the high child mortality rate among these ethnic groups can be found in the poorer material and economic living

conditions, the more difficult access to health services and health resources and, particularly in the case of the Roma community, the lower education level, etc.

The more intensive deterioration of the economic and social conditions in the villages, the limited access to health services and health resources, and the lower education level of the rural population, result in a higher child mortality rate. In 2004, its level was 15,3‰, compared with 10,2‰ for the urban population. **It is noteworthy that in recent years the child mortality rate in towns has been falling, while it has remained nearly unchanged in rural areas.**

There are considerable reserves for reducing child mortality in the age group of children under 5. In 2000 in Bulgaria it was 15,8‰, which was two and a half times higher than the average in the European Union - 6,4‰.

The total and late-life mortality rate development reflects on the life expectancy. In the period between 2002 and 2004, the average life span in the country was 72,4. **The average life expectancy in Bulgaria is considerably lower than in many countries of the European Union. In some of them in 2000 it was as follows: Italy – 75,9, Greece – 75,4, Spain – 75,3, France – 75,2.**

The rate of life expectancy growth in Bulgaria, especially after 1990, has been extremely slow. Throughout the whole period between 1990 and 2003, the total growth of the average life span was only 0,88 years. **It can be expected that after the health system reform is stabilised and the lifestyle and behaviour of people change with the adoption of a West European lifestyle, a gradual growth of the life span will start after 2005. The reserves lie in the reduction of child mortality (by approximately twice at the end of the estimated period) and middle age (40-60) mortality – here the difference compared with EU values is greatest.**

The issue of the life expectancy of people in good health needs to be addressed. An assessment of the World Health Organisation shows that in 2000 the levels for this indicator in Bulgaria were 61,0 for men and 65.8 for women. The same source indicates that the levels of this indicator were by 5 to 9 years higher in the European countries.

The expected development is that the life expectancy will be the same in the first 5 years of the estimated period, after which there will be a moderate growth of about 1.5 years over a decade. Therefore, by 2020 life expectancy among men is expected to grow to 70,5 while for women the expected average life span will be 77. **The general life expectancy growth through the whole estimated period will be nearly the same for men and women (by about 2 years). A more significant compensation of the low level can be expected only after 2020.**

The slow life expectancy growth, combined with the generation effect, will lead to a higher mortality level by 2010 and then, along with the generation reduction, it will be falling as well, and in 2020 it will be equal to the number of deaths in 2002 – about 112 per thousand per year.

Even providing that the forecasts of the National Institute of Statistics concerning the birth and mortality levels materialize, the natural growth will still be negative. The absolute number will be under 50 000 people per year through 2010; however, by the end of 2020 it will exceed 55 000, which means that even if there is zero migration, our population will continue to decline.

1.1.3. Migration Processes

The democratisation process in Bulgaria has led to waves of large-scale emigration. **For the whole period between 1989 and 2002, the process of external migration led to an overall reduction of the permanent population by more than 715 000 people.**

A sample survey of the National Institute of Statistics, conducted in parallel with the 2001 census, showed that nearly half of the potential emigrants were aged 20-35 and 75% of them had a secondary or higher education, **i.e. the people leaving the country are young and well educated; the state has made investments in them and they will easily adapt to the market economy requirements.** The emigration of young and well-educated people has significant economic and social effects on the future development of the country.

Emigration has a strong negative impact on the reproduction of the population, because **the “export” of women in fertile age leads to lower levels of the future birth rate expected not only for the next 10-15 years, but for a much longer period to come, probably 40-50 years.**

The causes of emigration in recent years are related to employment, to expected opportunities for achieving higher income and a higher living standard by emigrating. This motivation is combined with the aspirations to a better education and career development.

The latest census provided data on the people who had immigrated from foreign countries to Bulgaria. The total number of immigrants is 18 688; only 2700 of them have settled in villages and 16 000 have settled in towns. **The immigration level is still limited but it has an upward trend, determined by people coming from countries with a poorer economic and social development.** There are certain groups of immigrants for whom this immigration is temporary, and they look upon Bulgaria as a country where they will prepare for further emigration.

The comparison between the two opposite migration flows for the period between 1989 and 2001 shows that the balance of the external migration of the Bulgarian population is negative; its level is about 670 000 people.

In general, the future development of the external migration processes will be influenced by a variety of limiting conditions. **The emigration development will continue, but its level will be more limited.** The reason for this is a certain “emigration exhaustion” in the country. The point is that a large part of the young population, which is the main source of emigration, has already left the country. Moreover, the demographic situation in Bulgaria – the low birth rate and the aging of the population – will have a further limiting effect on these processes in the future. The expected changes in the social and economic environment in the country and its integration into the European structures may have a positive effect on the external migration. On the basis of the evaluation made in a variety of studies on the emigration scope and the attitude to emigration, a certain fall in the number of emigrants can be expected to occur by the time Bulgaria becomes an EU member. **It is possible that a certain rise in emigration will occur in connection with the new possibilities for the Bulgarian citizens to be part of the European labour market.** Considering the protection systems and restrictions of the EU labour market, free movement of labour resources from Bulgaria cannot be expected to occur earlier than 2015. **According to the forecasts of the National Institute of Statistics, the emigration flow will be stabilised at about 6000-8000 people per year after 2010.**

In recent years, there has been a **growing trend of immigration to Bulgaria.** An enhancement of this trend can be expected especially after Bulgaria joins the EU, and it will result in mutual compensation between the two flows in the period between 2013 and 2015. After that, along with the expected positive economic developments, Bulgaria may gradually turn from a country of prevailing emigration flows into a country of predominant immigration processes. This process will lead – even though in a limited scope – to a positive migration balance even before 2020.

1.2. Population Aging

The population aging process has been deepening in Bulgaria in recent years. This is a direct consequence of the “demographic transition”. The European Union countries that have been through a similar transition have low birth and mortality rates and a high life expectancy level. **Population aging is one of the most serious problems of the EU member countries.**

Our country is not an exception among other countries in Western and Central Europe (Fig.1.4) with regard to birth and mortality rates and population aging. The age structure in our country was further aggravated by the large-scale migration processes in which people from the young age groups were predominantly involved. This resulted in a rise of the share of aged people among the population. The emigration of whole young families together with their children, led to acceleration of the aging process. At the same time, due to the rising total mortality and the lower rate at which life expectancy is rising, the population aging process is not developing as rapidly as in the EU member-states.

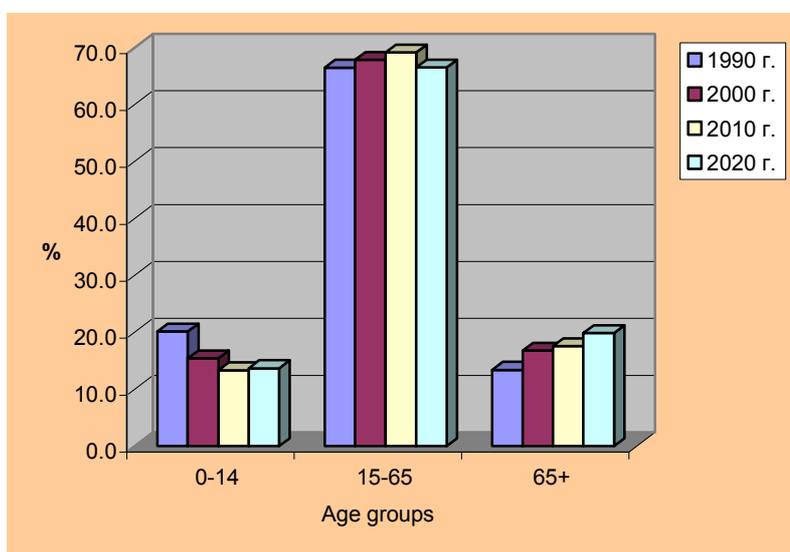
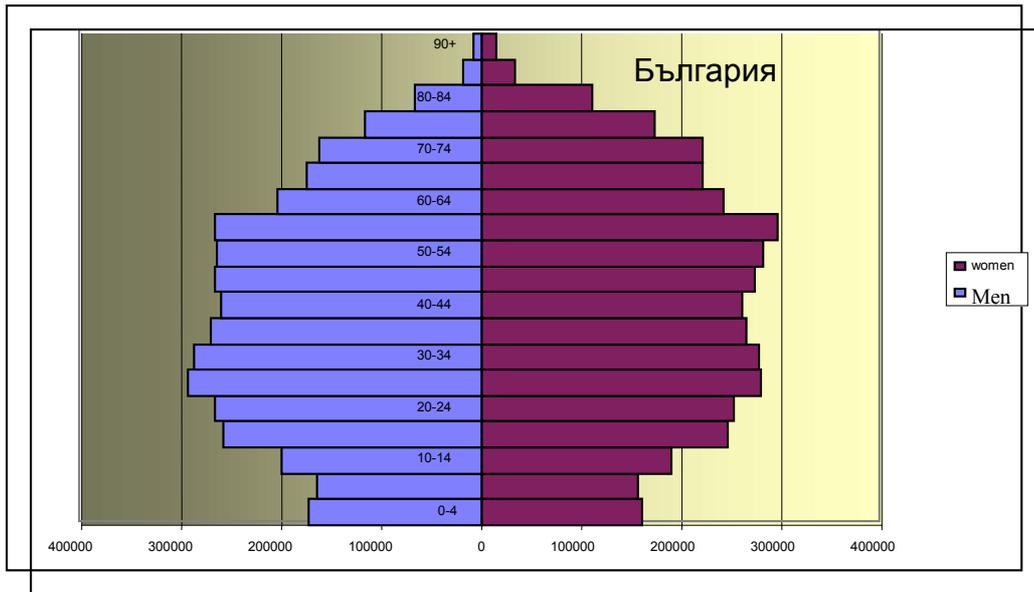


Fig.1.4 Population of the Republic of Bulgaria in the period 1990-2020 shown by age groups; Source: National Institute of Statistics

As a consequence of the demographic population aging, the population distribution in the three age groups – under, of and above working age – has undergone significant changes. This has had a direct impact on the economic and social areas. Fig. 1.5 shows the age structure of the population of Bulgaria in 2004.



*Fig. 1.5. The age structure of the population of the Republic of Bulgaria in 2004.
Source: National Institute of Statistics*

Regardless of the forecasted rise of fertility through 2020, as an outcome of the prolonged fertility rate decrease there will be significant changes of the population age structure. The share of the population of working age will keep growing through 2010 due to the effect of the many accumulated generations after World War Two. This effect is related to the fertility rise that took place in two periods of time. The first one was between 1942 and 1945, when the total fertility rate in the country was about 19‰, whereas it was 17,7‰ in 1941. The second compensation rise was between 1945 and 1950 when the fertility rate reached 24,9‰. Due to the mentioned growths of fertility, the relative share of people born between 1942 and 1950 (and even up to 1955) is higher. After the generation effect is exhausted, it will be followed by a fast decrease of the share of people of working age, and in 2020 this percentage will be at the level of 2002 (Fig.1.6). **The age dependency ratio (people aged under 15 and above 65 related to the population aged 15-64) in 2004 was 44,9%.** Because of the generation effect, the age dependency ratio will have favourable values in the period 2005-2010; it will subsequently deteriorate, and in 2020 it is expected to be 50,4%. **Within just 20 years, the ratio between the young people (aged under 15) and the people above 65 will deteriorate from 85,6% to 67%.**

Estimated population age structure indicators

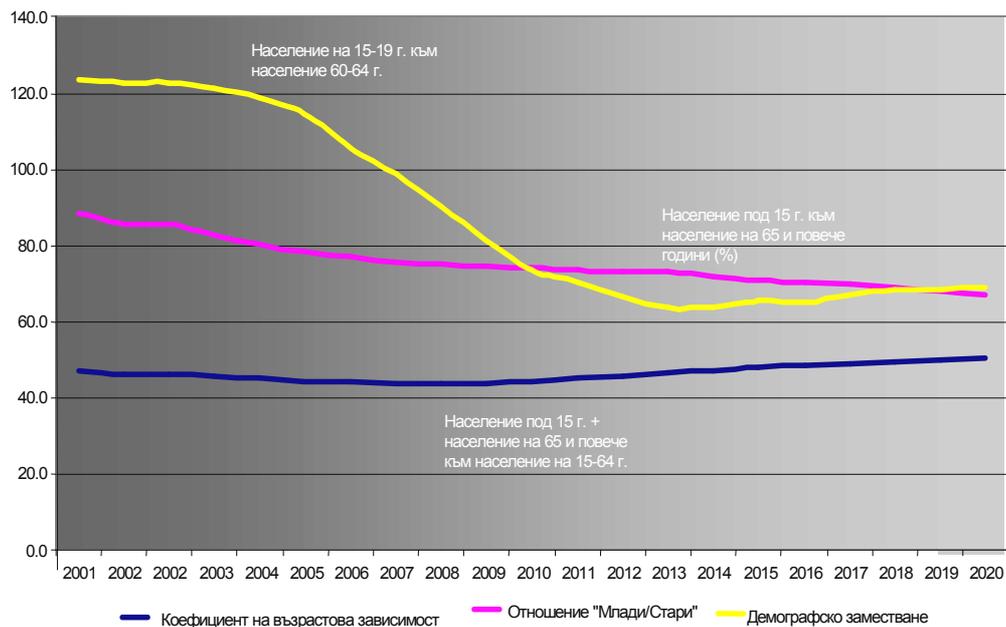


Fig. 1.6 Estimated population age structure indicators for 2001-2020;
Source: National Institute of Statistics

An exceptionally unfavourable trend is emerging in the changing demographic replacement ratio (the ratio between the population of the age of 15-19 to the population of the age of 60-65), which describes the reproduction of the population of working age. It is estimated that after 2006 even simple reproduction of the population of working age will not be ensured, and this situation will have an impact on the nation's economic development. This problem is particularly serious in rural areas, where even in 2004, 100 people going out of working age (60-64) were being replaced by 80 people aged between 15 and 19. **Obviously, if there are no changes in the state policy on rural areas in the immediate future, their contribution to the economic development will keep declining.**

Population aging is a process with a serious impact on various areas of public life: on economic growth, savings and investments, the workforce and employment, the pension system, the health services and the services for elderly people, the transfers between generations, the formation of families, life plans, etc.

The negative natural growth, combined with population aging, strongly aggravates the reproduction capabilities, as evident in the levels of the key demographic indicators.

The deteriorated population age structure is reflected in the quantity and quality of labour resources. The aging of the workforce, in the environment of a very dynamic labour market with constantly changing demands on the employees' qualification and professional skills, generates the need to continuously improve the total capabilities and the pursuit of lifelong learning of the workforce.

The growing number and percentage of aged people (65+) raises serious challenges before the social insurance system, the social support system and the health services. In general, social transfers to people above 65 will grow. The increased mortality rate after 1990 retarded, to a certain degree, the population aging at a level close to the top of the life pyramid. In the near future, however, when mortality – child and general mortality – will stop rising and start declining, there will be a much greater need for services for aged people, especially for people above 75. In the UN estimates, by 2025 their percentage in Eastern Europe is expected to reach 26.2% of the adult population. This brings about the

challenge to build an adequate network of specialised institutions and a wide range of social services related to medical care.

The problem with Bulgaria's aging population and distorted age structure is exceptionally acute and critical. This assessment is based on the circumstance that the existing structure will determine the reproduction of our population in the coming decades.

1.3. Territorial Distribution of the Population

Because of the migration processes, the low birth rate and the increased mortality rate in the period between 1990 and 2004, the territorial distribution of the population has also kept changing. The urbanisation process, which lead to a rise in the percentage of urban population, resulted in a growth from 67,1% in 1990 to 70,0% in 2004 (Fig.1.7). **The territorial redistribution of the population that is going on now in Bulgaria is an indicator of the deepening differences between the living conditions in cities and villages. The absence of any active investment policy will enhance these differences.** The negative impact of urbanisation is many-sided. It is evident in a number of areas, such as the demographic, economic and social ones, and the fact that it has been neglected so far, is one of the causes of Bulgaria's demographic crisis.

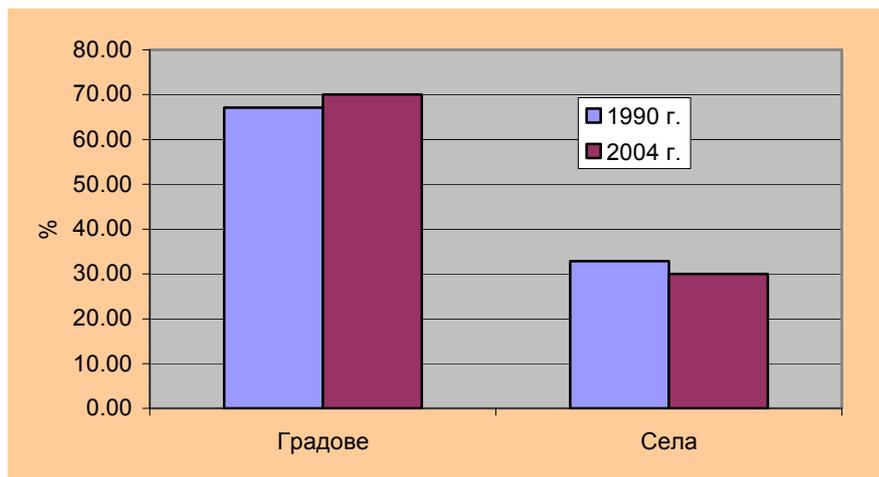


Fig.1.7. Urban and rural population in the Republic of Bulgaria on 31.12.1990 and in 2004; Source: National Institute of Statistics

The depopulation process in the villages, which is strongest in the border regions (especially the north-west and south-east borders), will create a serious problem for Bulgaria's economic development. The high depopulation level in some semi-mountainous and mountainous regions that occurred in the second half of the 20th century has stabilised, and this has led to a significant disproportion in the territorial distribution of the population. In the last 15 years, due to the deteriorated social and economic conditions, the total number of population in such areas has been falling. Fig. 1.8 illustrates the internal migration flows in Bulgaria in 2003, shown by planning regions.

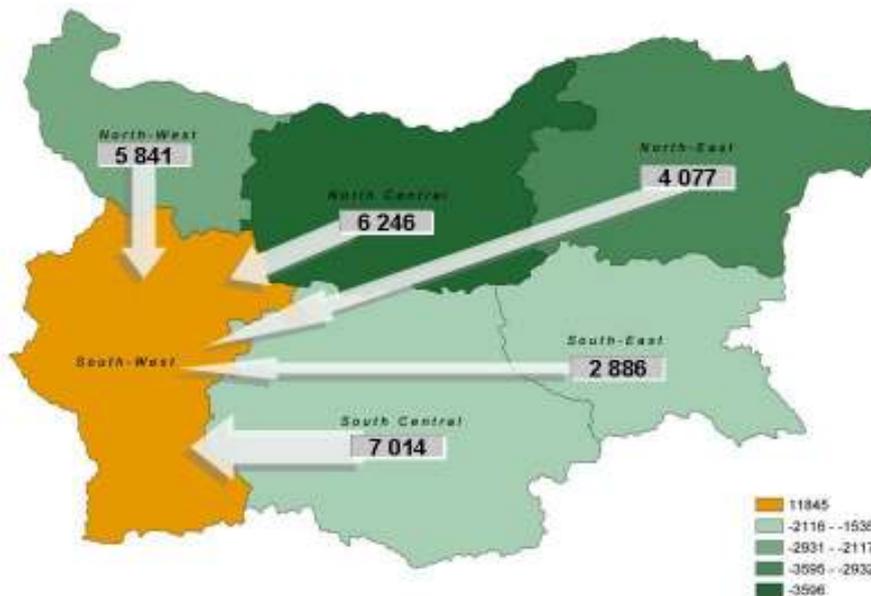


Fig. 1.8. Migration flows in Bulgaria in 2003 shown by planning regions

Source: National Institute of Statistics

The map in Fig. 1.9 shows the population density in the municipalities of the Republic of Bulgaria in 2004. The regions that are facing the risk of depopulation can be clearly seen (Northwest and Southeast Bulgaria, Dobrudzha, and some mountain regions).

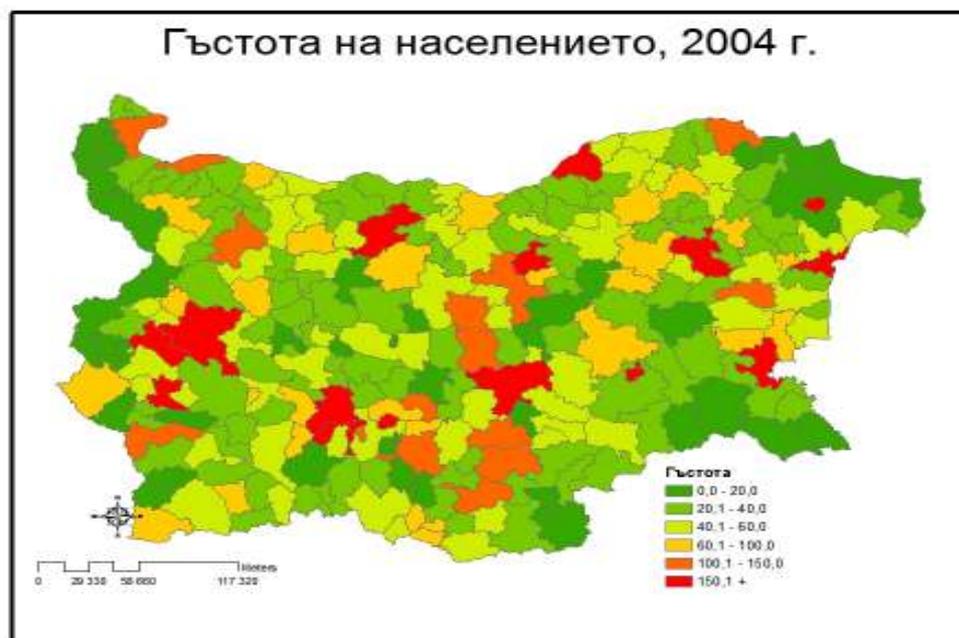


Fig. 1.9. Population density in the municipalities of the Republic of Bulgaria in 2004.

Source: National Institute of Statistics

The age structure is strongly distorted and can ensure neither population reproduction nor labour resource reproduction (Fig.1.10). Depending on the policy that the state will

implement regarding such regions, it is possible for the country to face a variety of problems in the near future.

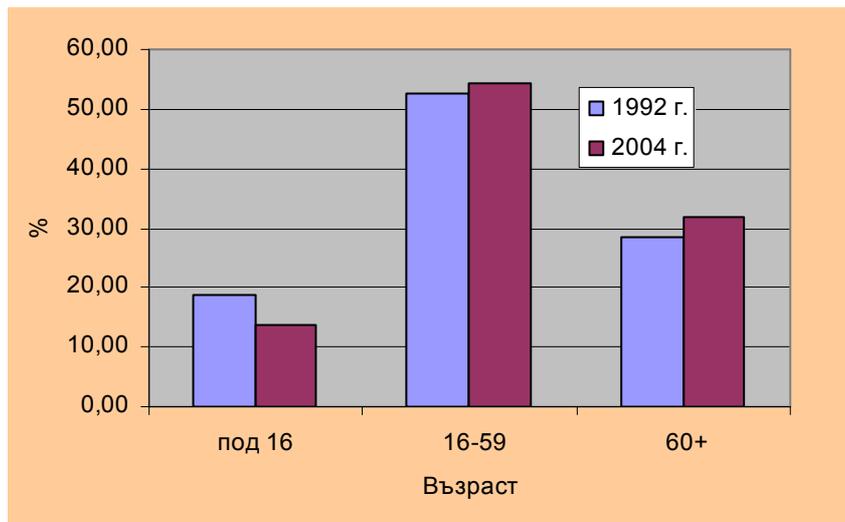


Fig.1.10. Rural population in the boundary regions of the Republic of Bulgaria shown by age on 31.12. 1992 and in 2004.

Source: National Institute of Statistics

With regard to sustainable development, the social demographic processes in Bulgarian villages are characterised by a various problems. There is a clear population-aging trend in the villages. In 2002, every fourth rural inhabitant was above 65. The average age of rural residents, 44,6, is 6 years higher than that of urban residents, which is 38,6.

The rural population's education level is much lower than that of the urban. This trend remains the same among the younger generations. The 2001 census data show that only 69,1% of rural children complete primary school, as compared with 89,5% of urban children. The unfavourable trend of early dropping out of school among many village children is aggravated by the poorer quality of education and the unfavourable education infrastructure in village schools. The rural housing environment and infrastructure have indicators with poor values. Only 2,1% of the rural population have a sewer system, as compared with 70,2% of the urban population. The access to quality medical services in villages is difficult because of the condition of the infrastructure and the higher poverty level of the rural population.

A large part of the ethnic communities is concentrated in villages. In 2001, 46,2 % of the Roma and 63,0 % of the Turks lived in villages.

The existing condition of the Bulgarian villages requires alternative employment possibilities based on natural resources, tourism and local services. Further options should be provided through better access to jobs in neighbouring towns, for thus the population will remain in the villages, and rural areas will become an attractive option for living and working.

The migration processes have led to diverse changes of the size of different towns. The relative share of the urban populations in cities with between 2000 and 10 000 residents – i.e. small towns - (Fig.1.11) and of the population of Sofia, are growing. The capital city has the greatest attraction, for it offers better employment possibilities to people of low education level and better career opportunities for the highly educated. Therefore, the share of the population living in Sofia has grown by 2.3 points – from 18,7% to 21,0%.

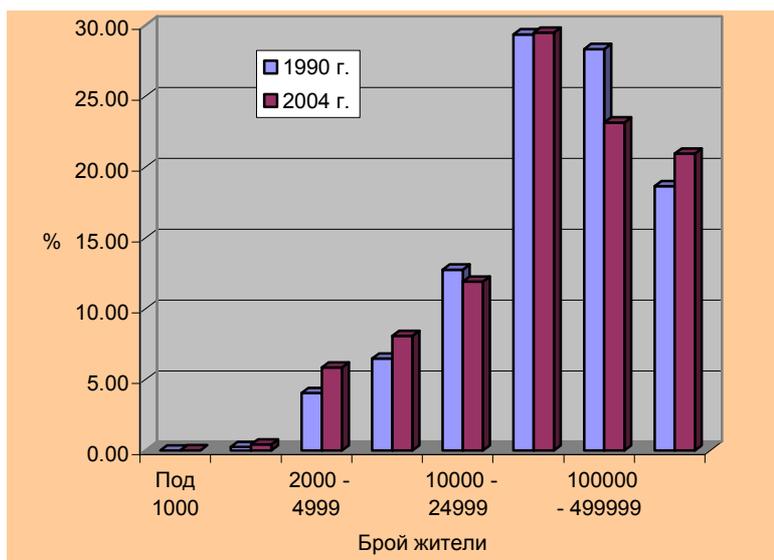


Fig.1.11. Relative share of the urban population in cities of various sizes in the Republic of Bulgaria in the period 1990 – 2004.

Source: National Institute of Statistics

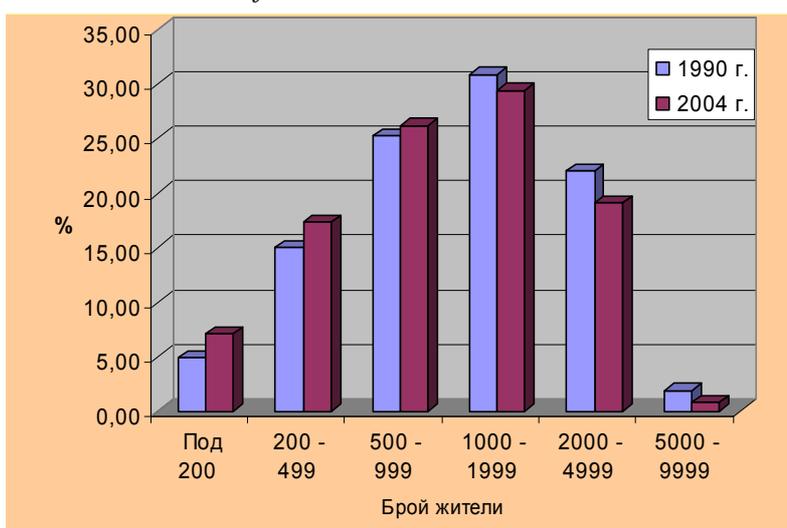


Fig.1.12. Relative share of the rural population in villages of various sizes in the Republic of Bulgaria in the period 1990 – 2004.

Source: National Institute of Statistics

The relative share of the population residing in villages of less than 1000 inhabitants is also growing (Fig.1.12).

Negative changes have taken place in cities of between 100,000 and 500,000 inhabitants; the total share of people living in such cities has fallen by 5,2%.

The population changes in villages of above 1000 inhabitants are also negative; worst affected are the settlements with between 2000 and 5000 residents.

A particularly noteworthy fact is that, at the end of 2004, 144 settlements were becoming depopulated or were entirely without inhabitants.

If the existing trends of population development in the rural areas continue, leading to the shrinking of their demographic and economic potential, the contribution of these rural areas to the future development of the country will get correspondingly smaller.

The effect of the existing migration processes in our country is predominantly negative – the population is concentrated in a small number of settlements while a big number of settlements are depopulated. This trend results in the country's unbalanced demographic and economic development, which will certainly lead to major problems that the national and regional governments will have to face in the near future.

2. Factors Influencing the Demographic Processes

2.1. Macroeconomic Environment, Income and Living Standard

Macroeconomic environment, labour market and the standard of living, play an important role for the demographic development of the country. The radical economic changes and the social transformations in the years after 1989 sharply aggravated the negative demographic trends (negative natural growth) that had been continuing since the middle of the 20th century, and caused huge emigration waves. The period through 1997, when the GDP dropped by more than 30% and the real income decreased to one third of its 1990 level, had an especially negative influence on the birth rate and emigration rate.

Unemployment reached 15%². The growing inflation, the bank crisis of 1996, and the last financial destabilization of the country additionally contributed to the sharp shrinking of the reproductive attitudes of the population and motivated a great number of young and educated people to look for jobs abroad. As a result of the economic instability and the lack of a clear perspective for development, in 1997 Bulgaria reached some of the most unfavourable values of demographic indicators in Europe and the lowest birth rate level in its history. As a result of the short and long-term emigration, the number of women in fertile age (15-49) decreased, which limited the possibilities for birth rate increase in the future.

The macroeconomic stability achieved through the introduction of the monetary board in 1997 and the following years of economic growth and continuous decrease in unemployment, created prerequisites for positive changes in family development, childbirth and child raising. In 1997 the impact of fiscal policy on economic processes in the country increased. State interference in the economy was restricted and the process of price system liberalization continued. Privatization was speeded up, including that in the banking sector. Reforms in the social security and tax systems of the country are ongoing and aimed at improving the conditions for business and the gradual harmonizing of the national laws with the EU legislation.

The GDP annual growth of the Bulgarian economy gradually increased, and in 2000 and 2001 it reached some of the highest levels among the countries in transition - respectively 5,4% and 4%. The high rate of economic growth continued in the following years, mostly because of the increase in domestic demand. The annual inflation level was brought down to below 7%. As a result of the stabilisation of prices and the consistent policy for increasing the income of the population, the real income level rose. In the period 1998 – 2004 the minimum and the average wages increased by more than 50%. In 2005 the guaranteed minimum income on which all payments in the social assistance system were based, was increased by 37,5%. In 2001 there was a trend of lasting decrease in unemployment in

² According to data of the National Institute of Statistics representative survey of the working force.

Bulgaria, and by the end of 2005 it went down to 10,8%. This is one of the lowest unemployment rates in the new EU member-states.

Despite the average annual economic growth of about 5% in the period 1998-2004 and the decrease in unemployment, the income level has been lagging behind that of the EU countries. In terms of GDP per capita, Bulgaria ranks at the bottom of the scale in Europe. In 2003 the average total gross monthly income per capita for households in Bulgaria was only 28,1% that of the 15 EU member states according to data of the Multi-purpose Household Survey (MPHS). The poverty level in the country was 14,1%³ in 2003 (MPHS) and poverty was a real problem for almost 400 thousand households or more than 1100 thousand people. Poor people are mostly those who are not educated, or have completed only elementary or primary school, or are unemployed. Especially vulnerable are single mothers. The poverty level among them is nearly 3 times higher than the average for the country. The poverty level is very high among families with children, especially those with three or more children. This is a very alarming fact for the future demographic development of the country. Every 5th child, or 20% of children under the age of 14, live in poor households, i.e. with limited possibilities for obtaining healthy food and quality education.

The as yet comparatively limited job opportunities, especially for young people, and the low wages indicated by the poverty rate, continue to determine the continuing low income level in Bulgaria, and hence the demographic behaviour. The level of investments in the country, coming from both local and foreign investors, remains low. This directly affects the capital adequacy of the economy and the creation of new jobs. In recent years the average working salary growth has been lower than labour productivity. This situation is restricting domestic consumption and deteriorating conditions for reproduction of the working force, although in the short run employers are benefiting from the lower cost of labour. The phenomenon of the so-called “working poor” still exists. Bulgaria ranks 43rd among the European countries with regard to labour payment. Low payment strongly affects women – a group that is faced with inequality on the labour market in a number of aspects.

Despite the achieved decrease in unemployment and lasting trend to additional job creation, it is still difficult for young people to find a job immediately after completing their education. Approximately every 5th young man or woman aged 15 – 24 was unemployed in 2004. Given the limited job opportunities, a great number of young people accept to work in the non-formal sector with no insurance, for low wages or under unfavourable working conditions. Regardless of their continuous improvement and extension, active programs and measures on the labour market do not sufficiently involve the young generations. No profound assessment has been made of how these policies are contributing to sustainable youth employment after participation in them is discontinued. No solution has been found for the contradiction existing on the labour market, whereby employers prefer to hire young people and at the same time require professional experience. The contradiction between these two requirements leads to an imbalance on the labour market and aggravates intergenerational relationships. Unemployment and unsatisfactory employment, which young people are confronted with right after they finish their education, make them seek for a solution by continuing their education (if they can afford it), by combining work and study, or, in many cases, by emigrating. **All possible variants of behaviour suggest that the difficulties in finding a job and ensuring a reasonable living standard and education, induce people to postpone starting a family, having and raising children.**

Overall the economic growth that started after 1997 has not fully resulted in employment growth. Evidence of this are the extremely low values of the employment rate

³ Calculated by Eurostat methods – poverty line equal to 60% of the median income of an equivalent person in a household.

in Bulgaria – 52,5% in 2003 for people aged 15-64, a rate significantly below the corresponding values in the EU countries (their average was 62,9% in 2003) and one of the lowest among the Central and East European countries (Hungary -56,7%, Poland - 53,8%, Romania – 63,9% in 2003). The number of discouraged people is also significant – nearly 400 thousand in 2004, although their number has started to decrease in the last two years as a result of the favourable conditions recently created for economic growth and improvement of the labour market situation. **The increase of economic activity and the transformation of economic growth into a generator of employment remain priority goals in the policy for raising the living standard of the population and hence for creating more favourable social and economic conditions that would encourage childbirth and child-raising.** Sociological studies clearly show that material status and quality of life underlie the decision as to when and how many children to have.

The search for solutions to the serious demographic issues through purposeful and active demographic policy is not possible without macroeconomic stability, sustainable economic growth, enhanced economic activity and employment, decreased unemployment, increased income, improvement of the social and territorial infrastructure and the environment. The favourable living, working and natural environment will contribute to achieving long and quality lives of the population and will make the country attractive not only for the national but also international labor force.

2.2. Education Level and Education System

The education system plays a leading role in improving human capital quality characteristics in harmony with the goals and the objectives of the EU Lisbon Strategy for the transition to a knowledge-based economy. The education level of the population as well as all education opportunities that the education system provides for children, also have a significant impact on the reproductive behaviour.

Compared with the EU member countries, the Bulgarian population has a favourable education structure. According to the 2001 census, 11,6% of the people have a university education in Bulgaria and their number has been continuously growing in recent times. In the 25-64 age group the share of people with university education is 21%, while 27,4% of the Bulgarian population are with primary and lower education, the average of EU-15 being 39%. **Despite the satisfactory general education level, illiteracy is increasing and the number of school dropouts is growing, especially with regard to high school students.** These negative trends directly affect the current demographic situation in the country as well as the future reproductive behaviour of the population and its quality reproduction. **Especially alarming is the fact that the increase in the number of illiterates and school dropouts is concentrated in low-income and specific ethnic groups.** According to the 2001 census the proportion of illiteracy among the Roma was 13,9% and dropouts from primary school were 18,3%, while for Bulgarians these shares were respectively 0,7% and 4,7%; and for Turks, 6,1% and 9,6%. The relative share of dropouts from primary and secondary school has increased from 2,6% in 1999/2000 to 3,2% in 2003/2004. Statistics show that school dropouts and children who do not attend school are children at risk, who mostly come from families living on welfare, Roma children or children without parental supervision. **The increase in illiteracy and the deterioration of the education structure among young people aged 24 and younger, have a very unfavourable impact on the future demographic development.** Every 5th of them has less than a high school education. Low education status makes it difficult to acquire self-control

and a sense of responsibility in reproductive behaviour. Illiteracy often goes together with social risks – unemployment, poverty, lack of or insufficient care for children’s health and education, in some cases with deviant behaviour. All this has a negative impact on children and their development. Low education level and low sexual culture are direct factors for the negative parameters of the demographic situation – deteriorated reproductive health, high child and maternal mortality, a great number of abortions, etc.

Ensuring access to education in general and improving demographic and sex education in particular seem to become priority tasks of the reform of the education system, and are directly related to demographic development. The presence of significant differences between the education level of different ethnic groups in the country requires a differentiated approach for meeting their education needs with regard to reproductive behaviour and sexual development in each and every period of their family, community and professional realization.

According to data of the Multipurpose Household Survey (2003) poverty is the main reason for dropping out of school and for children never starting school. **Nowadays, low income is an insurmountable obstacle for parents not only to provide their children with training and a profession but also to ensure their good health.** On one hand young people have higher requirements for raising their children, for their education and opportunities for professional development. On the other hand the financial difficulties they face as parents in key areas such as education and healthcare, make them hesitate or choose not to have children. Studies⁴ show that education expenses increase also due to the expansion of the grey economy in education, a trend that violates the principle of “equal access to education”. Access becomes possible and real according to the material situation of the family and its income. **Therefore finding a balance between ensuring support for poor households and personal parental responsibility for children’s education is becoming not only a major challenge for improving population education structure but also a factor influencing the decision whether to have and raise children.**

Ensuring financial support to families for children’s education is a component of the more general issue of the overall financial provision for education. It is now functioning under the conditions of a permanent financial deficit. It is caused by the comparatively low relative share of funds of GDP allocated for education. In 2003 3,9% of GDP were allocated. In 2004 this share went up to 4,1% but was still insufficient. The EU experience shows that more funds are needed in response to the specific conditions for achieving quality education. **Given the increased state budget restrictions and the restricted amount of private investments in education, it is necessary: 1) to overcome the understanding that funds allocated for education are expenses and not social investment that returns; 2) to reassess the existing financial instruments, to develop new ones and test them.**

The reform in education, which is objectively needed yet not fully consistent with the reality, has led to another negative feature – **education institutions and specialists employed in them maintain a distance between themselves and children, parents and families.** This makes it even more difficult to form mechanisms for conscientious and **responsible parenthood.**

The devaluation of education as a value in the transition to a market economy sets the need for **a purposeful policy to be pursued among the rising generation (future parents) for restoring the traditional Bulgarian family’s “reverence for children’s education”,**

⁴ According to data from a study on “Market and non-market defects in the social and cultural area” – University for National and World Economy (year of study not mentioned), nearly 30% of the respondents take private lessons.

and for promoting the effort for acquiring personal professional qualification and sexual and reproductive knowledge.

The complex services of a number of institutions are required to ensure accessible quality education as a means for solving the strategic task of achieving high quality of human capital, a task emerging from the present conditions of economic and social life and from the criteria for European integration. Policies and measures for reforms in the education system developed in the Human Resources Development Operative Program 2007 – 2015, the Employment Strategy 2003-2010, etc., will also lead to meeting the objectives of the demographic development in the middle and the long term. **Reconsideration of education as a social investment of the family, the state and the society, without which neither economic, nor social prosperity can be achieved, will lead to improving human capital quality and will encourage in the long term the decision for having and raising children.**

2.3. Reproductive Health and Healthcare System

The issue of reproductive health was first raised at the International Conference on Population and Development in Cairo (1994) and has been in the center of discussions at all following international forums; it has been basic for all action plans and recommendation documents presented by international organizations concerned with demographic development. **Reproductive health has been defined as a state of complete physical, mental and social well-being in all areas related to the reproductive system and its functions and processes.** It recognizes that people have the ability to reproduce and the freedom to decide if, when, and how often to do so. Men and women have the irrevocable right to be informed and have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other legal methods of their choice for regulating fertility, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth. **Reproductive healthcare includes also sexual health, the purpose of which is to prolong life and improve interpersonal relations.**

Reproductive health depends on the general health of the population. The values of some general demographic indicators clearly show that the general and particularly the reproductive health of the population have been getting worse in the last 15 years. Bulgaria has some of the highest values among European countries for important demographic indicators such as perinatal mortality (number of still-born infants and those live born who died in the first 6 days after birth per 1000 births) – 12,2 per thousand births (2004), child mortality 11,6 per thousand (2004), mortality by age, general mortality 14,2 (2004), maternal mortality 10 per 100 000 pregnant women, women in childbirth and immediately after that (2004). Our country ranks in the lowest positions of the scale in Europe with regard to life expectancy, and the increase of this value is extremely slow (0,5 years for the period 1989 - 2004).

An important characteristic of the population's health are the indicators of frequency and structure of registered illnesses. The rate of registered illness is still high (13.36‰ in 2002). Existing difficulties related to access to healthcare services, self-imposed restrictions in using them, and lack of mass screening, justify the assumption that there is a significant number of unregistered ill people, and this fact has grave consequences for individual and social health.

There is a continuous trend for increase in the number of registered cases of active tuberculosis (from 106 per 100 000 in 1990 to 145 per 100 000 in 2004). Especially alarming is the trend for continuous increase in this indicator among children up to the age of 17. Another very clear trend is the continuous increase in the number of registered cases of new

malignant formations, including those among children (from 1709,1 per 100 000 in 1990 to 2982,9 per 100 000 in 2004). The absence of reliable and regular information is an obstacle to accurately tracing the problems related to HIV/AIDS and drug abuse. These issues concern not only the population in young age groups but directly affect demographic development. There has been increasing **mortality related to chronic diseases – cardiovascular (cardiac ischemia and cerebrovascular disorders), as well as to traumatic injuries.**

Surveys of self-evaluation regarding health condition also show an increase in the relative share of people with deteriorated health (from 33,6% in 1990 to 40,5% in 2001).

Current population health condition and existing trends are a result of a number of factors – the demographic situation, social and economic development, life-style related cultural traditions, healthcare system, working conditions, etc. The healthcare reform carried out, has allowed certain issues to arise and develop that have an unfavourable impact on the access to healthcare services and resources. **In general, access to healthcare services for socially weak people is also limited, regardless of their place of residence, because healthcare expenses are unaffordable for their family budgets.** The relative share of healthcare expenses in household budgets of low-income groups is almost 4 times higher than that of high-income groups. This means that the burden and the failures of the healthcare reform have been shifted to the most vulnerable and risk-laden population groups.

Especially critical appears to be the situation of the Roma population in the country, due to a multiple risk it is facing – high unemployment level, poverty, poor sanitary and hygienic living conditions, low general education level, presence of specific socio-cultural traditions. All the above-mentioned factors have a strong negative impact on health – teenage pregnancy, numerous and frequent pregnancies and births, births of underweight babies (under 2500 gr.), high child mortality, high maternal mortality, high rate of ill newly born babies.

The system of patronage services and care for pregnant women and children up to the age of 3, people that cannot otherwise be provided with adequate quality care by general practitioners and their nurses, was abolished with the restructuring of pre-hospital care. As a result, risk groups, pregnant women and children were deprived of systematic care and health promotion. The lack of such patronage care is an obstacle to implementing the recommendations for “Measures for prevention, identification and control of high-risk pregnancies and births, especially among teenagers and women who conceived late in life” of the Cairo Action Plan for Population and Development (1994).

Despite the progress achieved in restructuring the healthcare system and improving work effectiveness, a number of issues remain. The financial provision is one of the most serious issues that the healthcare reform is facing. According to data of the World Health Organization, the total healthcare expenses in Bulgaria as a relative share of GDP for 1995-2000 have decreased by 0,5 points (from 4,4% to 3,9%). Such a share of expenses is twice lower than the average share of healthcare expenses of GDP of the EU countries (8,7% for 2001). The approved Action Plan of the National Healthcare Strategy (2001) envisages healthcare expenses to be 5,8% of GDP in 2005. However in the Budget Act for 2005 these expenses are 4,3% of GDP. Despite the existing good will, at this stage the ensuring of public participation in healthcare policy planning is at a very low level, and there is practically no social control over the healthcare system

The causes of the deteriorated health of the population are also rooted in the unhealthy way of life. Significant factors in this aspect are the lack of a balanced diet, smoking, insufficient physical activity, and the growing number of alcohol consumers among teenagers.

The restricted access to healthcare services, the often unsuccessful organizational and structural changes, the insufficient financial resources, and the financially

motivated restrictions people impose on themselves in the use of healthcare services, all contribute to high morbidity, general and child mortality rates, the lack of increase in life expectancy, deterioration of the quality of life of the Bulgarian population, and they are obstacles to its demographic development.

2.4. Sexual Culture and Risky Sexual Behaviour

Measured by European standards, the Bulgarian population demonstrates low sexual and contraceptive culture, which is connected with the use of low-effective traditional contraceptive methods and the wide-spread practice of abortion.

Bulgaria ranks among the countries with the highest number of abortions, including average number of abortions per woman. In the course of more than 3 decades abortions have exceeded the number of births in absolute number. A trend for decrease appeared only after 1998.

Abortion is the main means for discontinuing unwanted pregnancy. Data show that it has been practiced by women of all age groups and especially by those of young age groups (20-35). The number of abortions among the youngest - girls and women up to the age of 20, is very high. Here Bulgaria has some of the highest values for European countries.

The causes for the wide-spread practice of abortion in Bulgaria as a means of birth control and discontinuing unwanted pregnancy, lie in the low contraceptive and sexual culture of the population, the reproduction of moral norms that accept abortion and the absence of moral sanctions against abortion, the reproduction of old-fashioned stereotypes and norms of responsibility and guilt in the intimate relationships between sexes, financial unaffordability of modern contraceptives, etc.

The state's pro-natal policy carried out until 1989 included restriction of abortions, but with lack of access to and information about modern contraceptives. In 1990, in the spirit of the democratic changes, a new act liberalizing abortions was passed, as a result of which in the first half of the 1990s the number of abortions increased. Other reasons for the increase are the gradual lowering of the age at which teenagers start having sex, the greater number of sexual partners and promiscuous sexual contacts that a person has, and the insufficient knowledge about protection of reproductive health.

Education level influences abortion prevention, sexually transmitted diseases prevention and sterility prevention. People with a completed lower education (primary) prefer traditional pregnancy prevention methods, while those with high school and university education use modern contraceptive methods.

Trends going counter to the above-mentioned facts have been registered according to data from recent studies. They come to show that the number of young people using modern contraceptives, mostly condoms, is increasing. There has been a trend of decrease in the number of abortions in the last 5 years, although some specialists question this assertion. A representative survey shows that people who have an education level of completed 4th grade and use contraceptives, amount to 33,2%; those who have not completed primary or secondary education and use them are 36,4%; those who finished high school – 50,9%; those with college or university degree – 54,7%. The higher percentage of people using contraceptives during sexual contacts, including at the very first time, is a sign of change with respect to the risks for reproductive health during sex, prevention of sexually transmitted diseases, and avoidance of unwanted pregnancy.

In the 1990s the cases of sexually transmitted infections, and mostly syphilis, increased several times. In Bulgaria the number of people who have HIV/AIDS and those

who died of it is smaller compared with some former socialist countries like Romania and the Ukraine, but the risk of increase in the number of cases remains.

Studies carried out in the last years register a younger age for initial sexual contacts. Many 16-17-year-old teenagers already have sexual experience⁵. Early start of sexual activity of young people is often accompanied by and connected with forms of deviant behaviour, poorer grades in school, deteriorated relationships with parents, more active interaction with friends and the outside environment.

Despite the positive recent changes and some education and media campaigns focusing on health promotion and modern contraception advertising, the conclusion is there is need for adequate forms of healthcare education in school, including sex education. Sex education of teenagers needs to be a component of the general health education of students, aiming at forming healthy habits, communication skills and responsible behaviour. Adolescence is on the one hand a vulnerable age to risky sexual behaviour and, on the other, characterized by free sexual norms and sexual contacts at a young age. **These trends require development of a health-education policy addressing students of different age groups and cultural communities.**

3. DEMOGRAPHIC POLICY

3.1. Measures for Family and Child Protection

Active demographic policy is very important for increasing the number of the population, for optimal territorial distribution of population, and for ensuring quality reproduction and human resources development. **The Republic of Bulgaria has long years of experience in leading a demographic policy focused on encouraging births and supporting women to fulfill their major function, motherhood combined with professional life.** The active pronatal policy was started in 1967 and was developed step by step in the following years. Direct measures for stimulation of demographic development were used, such as a system of financial compensation (paid maternity leave, single childbirth allowances and child benefits) with amounts encouraging families to have a third child. Until 1990 the so-called bachelor's tax⁶ was part of the pronatalistic policy of the state. A well-organized net of nursery schools and kindergartens for raising and educating pre-school age children was created. Significant measures for improving mother and child healthcare were undertaken. The introduction of legal norms aiming at protection of women's reproductive health – labour safety regulations, prohibitions on performing hard and hazardous work, labour readjustment and other forms of protection of pregnant women and nursing mothers, had an indirect positive impact on the birth rate.

Many of the birth incentives were continued after the beginning of the democratic changes of 1989. The years of high inflation, drop in production, and growing unemployment that followed, led to devaluation of family benefits for children and reduction of their incentive effect.

Changes were made in 2001 regarding pregnancy and child raising leave. The period of the leave is now set at 135 days in all and does not depend on the successive number of the

⁵ Kotseva, T., D.Kostova (2003), Factors and trends in the sexual debut of young people in Bulgaria, Population, book1-2, p.68-85

⁶ Every citizen age 21 and older without children, paid a tax to the amount of 5% from the taxable income. The tax amount increased in direct proportion to age and reached 15% for people over 35 not married and/or without children.

child in the family. Leave is paid and amounts to 90% of the average remuneration or insurance income for the last 6 months preceding the beginning of inability to work.

The Act on Family Benefits for Children, which has been in force since April 1, 2002, brought significant demographic policy changes. The single allowance for the birth of a live child is 200 BGN for first, second and third child. For a fourth and every following child the allowance is 100 BGN. Allowance is paid regardless of the family income, provided that the child is not in a specialized institution and is being raised by the family. Changes were brought also to the **approach for paying monthly child allowances** – from a universal one that assured the right to allowance for each child, to a differentiating one that took into consideration the family material status and other criteria such as the child's attending school. In 2004 and 2005 the amount of the monthly allowance for children up to the age of 18 was 18 BGN for each child, with an income limit of 200 BGN. Since 2006 a monthly allowance of 20 BGN for a second and every following child has been envisaged. The Act on Family Benefits for Children makes provision for paying a double monthly child allowance for disabled children and an additional single allowance in cases of permanently reduced ability for social adaptation of children until the age of 2.

The Act preserves the right to paid leave for a parent to the amount of the minimal monthly salary in Bulgaria⁷ (160 BGN in 2006) for a 2-year period for first and second child, and for another 6 months for every following child. Provision is made for incentives for working mothers with children up to the age of 2: these mothers have the right to paid maternity leave – when they do not use it or discontinue it they are paid compensation to the amount of 50% of the country's minimum salary.

The Act on Family Benefits for Children regulates the right of a **monthly allowance of 100 BGN** for raising a child up to the age of 1 in case the mother (the adoptive mother) is not insured. The right has also been preserved of the father or the grandparents, providing they have a contract of employment, to use a paid child-raising leave with the mother's consent. When a working woman uses the entire paid child-raising leave, she has the right to non-paid leave until the child turns 3, providing it does not go to a nursery school.

Overall the Act on Family Benefits for Children creates legal prerequisites for purposeful spending of family support funds for child-raising in a family environment and for encouraging school attendance. The purpose of introducing the income criterion for access to monthly assistance is to better address and direct the payments for children to those who really need them. The improved flexibility will allow annual updating of the amount of monthly payments for children and of the access criterion for receiving them in accordance with the positive social and economic changes.

Social-economic changes and the increasingly negative demographic trends require that demographic policy go beyond birth incentives. The need for further efforts for improving the sexual culture of the population and the sex education of teenagers, practically introducing family planning, developing and applying measures for influencing the rest of the population natural movement processes (mortality and migration processes), is becoming of increasingly topical importance. **The introduction of the market economy, is changing the character of labour relationships and the forms of employment, and this requires corresponding changes of the legal normative system, above all in the part that regulates the combining of personal and professional life and gender equality.**

⁷ Introduced in 1968 with the Birth Encouragement Decree.

3.2. Employment and Motherhood

The labour market situation and the forms and character of employment are some of the main factors that define the demographic situation in the country. Sociological studies clearly show that employment and material status are the most important factors for young people to decide as to whether to have children or not.

The transition to a market economy led to radical changes of the conditions for women's professional development and of the opportunities for combining it with motherhood and family responsibilities.

The level of economic activity of Bulgarian women is traditionally high. There is some experience in creating a normative base and practices of combining family and professional life. Despite this, women continue to postpone having and raising children because of the difficulties and the economic uncertainty they face on the labour market.

Combining motherhood and a professional career is included in the legal normative system of the country but is not fully applied due to the lack of the necessary attitudes among men and women on one hand, and employers on the other. The control over the application of labour legislation is not effective enough. There are a number of cases when pregnant women and mothers with young children have been refused employment or were dismissed when such circumstances occurred. Under the pressure of uncertainty at work, some women resort to self-restrictions and compromises, which has an effect on their personal and family life already at the stage of preliminary negotiations for getting a job. Especially alarming is the trend of not using one's legal rights of prohibition on overtime work, hard physical labour or night shifts, as well as prohibition on work under hazardous conditions for pregnant women and mothers with children up to the age of 3. **The unfavourable working conditions have an impact on the reproductive health of Bulgarian women.**

The widespread employment of women in the non-formal economy also has a negative impact on their reproductive health. Although it ensures some income when there is no other alternative, the non-recognition of length of service and the absence of social insurance and of employment accident compensation lead to violation of the right to use the birth incentives provided by the Act on Family Benefits for Children. **That is why incentives for having and raising children need to include, as a priority, incentives for women's employment regulation and their social protection at work.**

The trends for longer working hours and working on weekends, especially in family businesses and the private and service sectors, also makes it difficult to combine professional career and family. All this unfavourably affects working women's health and their reproductive adjustments, and limits the available time for raising children and being a parent. In the last decade public sensitivity towards not regulated working hours has intensified also due to the fact that in many cases overtime is not paid and longer working hours are not compensated for, which is in contradiction with labour legislation.

Young families' access to services provided by nursery schools is definitely an important factor for the existing imbalance between employment and motherhood. The prices and quality of these services have lately become an issue for many families. Adequate use of available infrastructure and additional construction of new infrastructure corresponding to the new forms of raising and educating children out of public nursery schools, kindergartens and schools for general education, will help overcome the conflict between motherhood and pursuing a professional career.

The potential of implementing flexible forms of employment, part-time work, half-position work, work at home, etc., has not been fully used. The implementation of such practices can make a positive change in the structure of women's employment under

favourable working conditions and regimes. It can also preserve young women's general health and reproductive abilities as a prerequisite for having and raising children.

The imbalance between employment and motherhood has also been maintained by the centuries-long division of labour in the family. Continuing the tradition, women with 2 children still spend approximately 4 hours a day on house work, and they consider themselves more busy at home than men. Lack of modern household facilities, difficult access to utilities, and low income create difficulties and tension for most young families. These circumstances create uncertainty and make families and women hesitate about having children. On the other hand women doing most of the housework have limited education and qualification possibilities, hence are less competitive on the labour market; their social contacts and recreation opportunities are restricted. **The situation of working single and divorced mothers and mothers with disabled children, is especially difficult, as they have extremely limited mobility and possibilities for flexible employment.**

Therefore an important element in overcoming the imbalance between employment and motherhood is to ensure gender equality in raising children. This is an issue that requires not only changes in legislation but also changes in attitudes through civil education and consistent media policy.

3.3. Equal Opportunities

Equal opportunities have been guaranteed by the creation of prerequisites for prevention and elimination of unequal treatment based on sex, age, physical disabilities, ethnicity, religion, etc., as well as with developing and applying an integrated approach combining mainstreaming with specific political activities (temporary incentives) for elimination of the existing inequality of vulnerable groups.

3.3.1. Gender Equality

The effective gender equality is an issue that has a direct impact on the quality of human resources. Equal participation of men and women in labour division both in society and in the family, creates a basis for complete participation of both men and women in performing professional and family roles. **Guaranteeing gender equality includes not only equal participation of women in social labour but also equal participation of both parents in child raising and education.**

A number of measures have been undertaken recently to harmonize Bulgarian legislation with the European standards in the area of equal opportunities for men and women, and preventing discrimination in labour relationships. **The formal gender equality before the law is actually still accompanied by significant imbalance such as:** discrimination practices on the labour market related to some groups of women (for example, young women with short professional experience, pregnant women and women with young children, women aged over 45); lower average remuneration for women than for men; horizontal segregation of the economy by gender, as a result of which certain branches have been feminized and the average remuneration there is far lower; vertical segregation by gender, as a result of which the percentage of women in management and government positions is lower than that of men; the number of women employers and self-employed is much smaller; women have lower requirements when looking for a job and starting work; a lower percentage of women working for pay in family business.

Despite the parity between men and women on all education levels (in fact in certain periods more women have graduated from universities than men) men have better opportunities than women to find a job in their field and to grow in a professional career.

There are significant differences between men and women regarding division of labour in the family. Women are more occupied than men with house work. The reasons for this can be lack of household facilities, the fact that utilities are unaffordable for most young families, existing stereotypes of a traditional division of house work into “men’s” and “women’s”.

Domestic violence has been another issue in Bulgarian society. It produces and reproduces inequalities in relationships between men and women. In the National Action Plan for Encouraging Gender Equality for 2005 measures are provided for eliminating domestic violence and creating an integrated system for support of victims of domestic violence.

Feminization of poverty as a global issue also has its Bulgarian dimensions – women from minorities, single women and mothers, unemployed, elderly women, and women living in agricultural and rural areas are among the poverty risk groups.

Applying the gender equality policy involves systematically considering the gender differences in conditions, status and needs in all policies and activities. The main worldwide trend related to gender issues is a shift from protection of women to gender equality. State policy incentives for gender equality that guarantee equal opportunities for access to economic activities, to healthcare and the protection of women’s reproductive functions, to education, etc., have been provided in the Beijing Action Platform, a basic document for gender equality, adopted at the UN 4th World Conference on Women’s Issues in 1995. **An important trend for future activities is the development of mechanisms and actions for encouraging the policy of combining professional and family responsibilities for parents raising young children or taking care of dependent family members.**

4. Main Challenges Facing the Demographic Policy

The analysis of the state and trends of demographic development outlines some major challenges that set the priorities for the population policy for the next 20-25 years.

The first group of demographic problems is related to the birth rate, mortality, marriage rate, divorce rate, and migration of the population:

A permanent decrease in the number of born infants caused by a drop in the general fertility rate and decrease of the number of women in birth-giving age;

High child mortality;

High premature death rate for men;

A changing family model with increasing preference for living together without marriage;

Intensive migration of mostly young people and families in active reproductive and working age;

Greater disproportions in the territorial distribution of population and intensified depopulation processes in some regions and rural areas.

According to prognoses, the birth rate will remain below the value needed for simple reproduction of the population regardless of its expected increase. As a result the natural population growth will remain negative regardless of the expected mortality rate decrease and life expectancy increase. This trend and the prognosis for negative outside migration up till 2015 outline a continuing decrease of population up to the year 2020. It is impossible for sharp changes in the population reproduction regime to occur in such a short period of time.

Managerial mechanisms cannot compensate for the legacy of the unfavourable development to date, because demographic processes have a significant inertia. Even if expectations for a turn in the migration processes are realized, the total positive migration growth will not compensate for the negative development of the natural reproductive processes. **Hence the main realistic challenge for demographic policy in regard to the above-mentioned issues is to delay the negative development of the demographic processes and then stabilize them.**

The second group of problems related to the deterioration of the quality parameters of population reproduction, are:

Accelerated aging and decreased number of the population in active working age;

Unsatisfactory reproductive health condition;

Increased number of illiterate young people especially of the Roma ethnic community.

Increasing the values of quality parameters of population reproduction in Bulgaria is becoming a major challenge for the country's demographic policy in the context of the world conception of sustainable development in the process of European integration and building a knowledge-based economy. Overcoming the consequences of population aging and meeting the challenges it raises, is becoming very important. The process of demographic aging will become more intense and bring even more serious challenges to the social insurance system, the labour market, the state budget, the healthcare and education systems, etc., because of the significant population concentration in the median age intervals.

Challenges of a more general character can be added to the problems concerning population reproduction. They are expected to have an impact on demographic development. These challenges are:

Integration of Bulgaria in the European Union: The integration of Bulgaria in the European Union and the country's active participation in the European knowledge-based economy, will set new requirements for the education and qualification level of the working force. The process of accession to the European Union will influence the size and intensity of migration processes.

Changes in the character of working life: Creating and developing a legal and institutional framework to guarantee optimal combining of family and professional life is becoming a strategic priority for the demographic development of the population.

Globalization and introduction of new information technologies: The development of a knowledge-based economy demands continuous improvement of professional knowledge and skills. It requires reconsidering conditions, labour organization and study possibilities during one's entire life and combining professional career and family responsibilities.

The existing unfavourable demographic trends and their impact on social development require mobilization of state institutions and civil society, and a purposeful managerial influence to stimulate a balanced and quality development of the national human capital, which includes people, their health, education, abilities, and skills. This could gradually lead to stabilizing the number of the population and ensuring conditions for its development, balanced in sex and age, as well as to directly binding the demographic processes to the nation's health condition and education structure. It is very important that these influences have a long-term and complex character, so that sustainable results be achieved in the next 20-25 years.

PART II. STRATEGIC GOAL, PRIORITIES AND TRENDS IN THE DEMOGRAPHIC POLICY

1. Vision and Main Principles of the Strategy

People are the most important and precious resource of Bulgaria. They have the right to a worthy existence and adequate participation in society, to good health and productive life in harmony with nature. The right of development is also an integral part of their basic human rights.

All Bulgarian citizens enjoy the full rights and liberties proclaimed in the Constitution of the Republic of Bulgaria, the laws of the state, and the international human rights treaties to which the Republic of Bulgaria is a signatory. Effective equality is achieved by implementing the relevant legal regulations, without discrimination based on gender, race, ethnicity, origin, language, religion, education, convictions, political affiliation, property status, personal or social status.

The policy of demographic development of the population is an integral part of the overall policy of economic, cultural and social development of the country. Sustainable development is a means of ensuring the prosperity of the Bulgarian citizens – both of the present population and of the future generations. Sustainable development can be achieved by creating a rational and balanced management of population, resources and environment.

The vision of the Strategy includes ensuring conditions and opportunities for each and every individual for an adequate reproductive life in good health.

The Demographic Development Strategy is based on the following main principles:

- Lawfulness – conformity of the goals, priorities, measures and specific activities with the Constitution of the Republic of Bulgaria, the laws and other legislative acts; exact and identical application of the law for everyone.

- Prevention – planning measures and activities for overcoming and/or limiting the action of factors that have a negative influence on the process of demographic development.

- Continuity – ensuring the continuous action of the strategy, regardless of changes in government or other social changes.

- Equality – no groups of the population should be excluded and privileged.

- Efficiency – achieving optimal results at minimal cost.

- Efficacy – correspondence of the goals, priorities, planned measures, specific programs and expected results to the real social demands.

- Coherency – ensuring coordination, mutual commitment and synergism of the effects of the specific demographic policies.

- Public-private partnership - active and coordinated participation of the government bodies, citizens and businesses in the demographic policy implementation.

- Transparency and control of performance.

- Sustainability of results – ensuring a continuous and long-term influence of the results achieved.

The goals, priorities and tasks of the demographic policy set in the strategy, are based on the following **specific principles**:

- **All couples and individuals have the right to freely manage their reproductive life and behaviour.** People freely and independently make decisions about the number of children they will have and the time of their birth; they are supported in this by the state which ensures information and conditions for their acquiring an education adequate to the realization and planning of their reproductive life. The state takes care to provide opportunities for maintaining a standard of living favouring the decision of child-bearing and raising children.

- **The family is a basic component of the social system and has to be supported.** In the Bulgarian traditions, way of life and culture, the family keeps and preserves the basic values of society. It is responsible for child-bearing, child-raising and upbringing. Taking pains to prepare young people for living together, forming their consciousness for responsible parenthood, and the provision of adequate living conditions, are fundamental to the demographic policy set in the strategy.

- **Children are a priority of the state and the families.** Each child has the right to a high standard of living, guaranteeing its well-being, as well as the right to the highest achievable standards of health and education. The child has the right to be taken care of and supported by its parents, the family, and society, and to be protected against any forms of physical or mental violence, lack of care, maltreatment or exploitation.

- **Spouses have equal rights and responsibilities in child-raising and upbringing.** Ensuring effective equality of women and men in the family is a basic condition for increasing the birth rate and for giving a chance for complete personal development and high quality of life of children.

2. Strategic Aim

The main goal for the period 2006-2020 of the Demographic Development Strategy is to slow down the rate of decrease of population and achieve its stabilization in the long run; to ensure high quality of the human capital, including people with their health condition, level of education, abilities and skills.

For centuries the growth of population has been considered a main goal of the demographic policies, because the defensive, military and economic power of the state depended on it. In recent years scientists and politicians have begun to emphasize not only increasing the size of the population, but its structure and balance according to age, gender and education. This new emphasis is a result of the development of information technologies, globalization and ecological changes, which must be taken into consideration by modern society, as well as of the discovery of the complex correlations between quality of life and population growth.

In present-day conditions, what is of great importance for achieving good quality of life for all citizens is not the size of the population, but the state of human resources, namely people's abilities, skills and health condition, i.e. the human capital. The provision of quality health care and education, of effective equality between genders, and of opportunities for complete personal development, is regarded as an end in itself and not just as a means for achieving demographic objectives.

The analysis of the demographic situation in the country categorically shows that, due to the great inertia characterizing the demographic processes, the growth of population size cannot be a well-grounded policy for Bulgaria in the period through 2020. The future decrease and aging of population has already been programmed, given the existing age distribution and the low number of women at fertile age. **The realistic goal of the demographic policy up to the year 2020 is to slow down the rate of decrease of the population by purposefully influencing the processes of natural movement (birth rate, mortality, and migration) and to achieve an optimal balance of the population.** Optimizing the balance of the population involves establishing such proportions of age, education, health condition and gender which can lead to a significant improvement of people's quality of life. In this paradigm the three determinants of the population size and age structure, namely birth rate, mortality and migration, are still considered to be of key importance, but education and health are added to them.

3. Priorities

The Demographic Development Strategy sets the following parameters:

- Slowing down the negative demographic processes and the decrease of population size.
- Overcoming the negative effects of population aging, and improving the quality characteristics of human capital.
- Achieving social cohesion and creating equal opportunities for an ample reproductive life for all social groups.
- Limiting the disproportions in the territorial distribution of the population and the depopulation of some of the regions and villages.

The accomplishment of the first priority will be achieved through the implementation of a set of measures and means for encouraging the birth rate, increasing average life expectancy, decreasing child and premature mortality, adoption of the two-child family model, creating conditions for reversing the migration processes and strengthening the processes of repatriation of the Bulgarian diaspora. The implementation of this priority will find expression in specific quality parameters adopted in the world practice for measuring the general demographic status of the population in separate countries.

The accomplishment of the second priority includes taking measures to meet the challenges created by the aging of population. The measures are directed to overcoming the negative effects of the growth of unfavourable changes in age, e.g. the decreasing size and aging of the active population, the growing burden on the social insurance system and the state budget. The measures help increase the requirements concerning quality and extend the scope of health care and social services for elderly people. Providing better opportunities for education and formal and informal learning as a basis for professional realization on the labour market and a means of development of human resources in the process of life-long education; conducting a consistent policy for encouraging the labour activity of the elderly.

The accomplishment of the third priority envisages measures and means for creating equal opportunities for the realization of the desired reproductive conduct and equal access to all information, health care, educational and other services connected with the demographic development of all social groups. Ensuring conditions for complete integration of vulnerable groups (children at risk, social groups at risk, disabled people, etc.) and strengthening solidarity among generations with regard to developing and maintaining equality among different generations, are basic components of the policies for achieving social cohesion in society.

The fourth priority is directed towards achieving a more even territorial distribution of the population and equalizing the social and economic conditions and quality of life in different regions, as well as in cities and villages. The efforts and the measures will be directed towards slowing down the processes of depopulation in the frontier regions and in a

considerable number of villages; optimizing the concentration of the population in the capital and several district centers, optimizing the natural habitat and environment. The accomplishment of this priority is closely connected with enhancing the role of regional policy and binding the plans for social and economic development with the tasks of the demographic strategy.

The realization of the priorities of demographic development of the country through 2020 is possible in the conditions of macroeconomic stability, continuous economic growth, increasing economic activity, employment, and income of the population. The measures and activities for demographic development proposed are regarded as an element of the general sustainable development concept, according to which the population, environment and economy are tied together and in constant interaction. It may be expected that favourable changes of these conditions in the future will lead to favourable changes of the reproductive processes of the population.

4. Basic Directions of the Demographic Policy

The specific tasks, measures and activities for the accomplishment of the strategic priorities lie in the following main directions:

- Encouraging the increase of the birth rate through the creation of conditions favourable for child-raising and upbringing.
- Increasing the average life expectancy.
- Significantly decreasing the number of migrating people at reproductive age.
- Elaborating an adequate immigration policy.
- Overcoming the effects of population aging.
- Improving the reproductive health of the population and preventing sterility.
- Increasing the general educational level, knowledge on demographic issues, as well as sexual and reproductive culture of the population.
- Ensuring equal opportunities for an adequate reproductive life in good health for all social groups.
- Developing solidarity among different generations.
- Limiting the disproportions in the territorial distribution of the population and the depopulation in some regions and in rural areas.
- Improving and synchronizing the legal basis of the demographic development.

PART III. TASKS BY MAIN DIRECTIONS

1. Encouragement of Births by Creating Conditions Favourable to Child-Raising and Upbringing

In the conditions of sustainable economic growth and improvement of the situation on the labour market, the increase of the birth rate in the near future will sought to be achieved in the short term through postponed childbirths, increasing the fertility of women, and decreasing sterility among women and men. For middle- and long-term planning the efforts will be directed towards the creation and development of conditions favourable for childbirth and raising children. The establishment of conditions covering all components of the

development and realization of adequate parenthood (family planning, safe pregnancy and parturition, raising, education, health care, social development of children, combining maternity with labour, housing conditions etc.), will give the couples and individuals a chance to have the desired number of children. The fact that nearly two-thirds of the Bulgarian families consider the two-child family as the ideal reproductive case, but have either not achieved it or do not believe they will due to economic difficulties, provides grounds for encouraging the birth rate. With the accumulation of positive effects from the incentives introduced and the improvement of the conditions for child-raising and upbringing, it may be expected that general fertility will grow and will reach a stable average value of approximately 1.5 children per woman in childbearing age. The concrete tasks and measures for the creation of conditions encouraging natality may be grouped in the following sub-directions:

- Development of responsible parenthood and equality between genders.
- Financial incentives for bearing and raising children, especially a second child.
- Combining labour and family duties.
- Services supporting child-raising, upbringing and the development of children in a family environment.
- Education of children.
- Housing conditions, living conditions, and infrastructure.
- Access to information services, consultations on family planning and health care services for pregnant women, nursing mothers, newborn babies and children.
- Promoting general recognition that the family is a basic component of society by supporting and helping parents raise their children in a family environment through adequate changes in the legal basis.
- Cultivating the two-child family model.

1.1. Financial Incentives for Child Bearing and Raising:

- Reconsidering the policy on the types and amount of financial compensations and social aid for child-bearing and child-raising up to three years of age.
- Evaluation of the effectiveness and efficacy of the differentiated approach for monthly family allowances for children in the poorest households.
- Introduction of tax concessions for families with children.
- Crediting preferences for young families.
- Covering the greater part of the costs for children in poor families, giving priority to covering the costs in preschool institutions, free meals in canteens, support with free textbooks, clothing etc.
- Providing access to free of charge consultations and medical health care for pregnant women, women in child-birth and newborn babies.
- Expanding the approaches to providing housing for young families (buying homes at alleviated financial terms, social housing market, etc.).

1.2. Combining Parenthood with Labour/Professional Realization through:

- Broader use of the flexible forms of employment (part-time work, modern IT ways of remote exercising of professional duties, etc.).
- Introduction of alleviations for returning to work after maternity (decreased working time, work at home, etc.), for participation in training and re-qualification courses.
- Encouraging employers to actively participate in the policy of ensuring safety and protection for pregnant women and mothers at work.

- Expanding the control system over employers regarding the observing of labour laws in the parts referring to protection of pregnant women and young mothers, as well as prevention of child labour abuse.

- Encouraging the equality between genders with regard to labour realization and the responsibilities of the family in child-raising and upbringing.

1.3. Education, Health Care and Social Development of Children

- Introduction of preferences in using public services for children.
- Improving the social infrastructure and directing it towards ensuring favourable conditions for child-raising and the social development of children.

- Providing an accessible and widespread net of crèches and kindergartens, compatible with the modern character and forms of employment.

- The concern for children's upbringing and development, education and health care for youngsters, is to become a state policy and an investment of the state and society through the creation of a broad range of services as delegated state activities, without thereby diminishing the role of responsible parenthood.

1.4. Making the Family a Basic Component of Society and Encouraging Parents for Child-Raising in a Family Background

- Creation of conditions for cohesion of the reproductive models of women with different education status, of the rural and urban women, of women of various social and ethnic backgrounds, with special attention to responsible parenthood.

- Providing social child-raising and upbringing in cases when parents are not able to perform these duties (due to disease, alcoholism, drug abuse, serving prison terms, etc.).

- Protection of children and women against all forms of violence, including domestic violence, and exploitation.

- Decreasing the number of children in specialized institutions and encouraging the raising of children in a family background.

- Closer binding the access to social allowances with the encouragement of responsible parenthood.

- Developing positive public attitudes to the family and children.

2. Increasing Life Expectancy

Overcoming the demographic crisis and transition to demographic prosperity require measures to be undertaken for a purposeful impact on the rest of the processes of natural population dynamics. Together with the encouragement of natality, the strategy also envisages a set of measures for positive influence over the basic factors for the average life expectancy. A significant increase of the average life span will be pursued through:

- Decreasing child mortality.
- Decreasing early male mortality.
- Decreasing maternal mortality.
- Improving the quality of life.

The decrease of mortality in the above-mentioned groups is closely connected with the health care system reform and the expansion of access to quality health care services for all Bulgarian citizens.

The following concrete measures and tasks are extremely important for decreasing child mortality, maternal mortality and early male mortality:

- Improving the curative-diagnostic and expanding the prophylactic-preventive medical health care services for the population.
- Emphasizing promotion and prophylactic activities.
- Creating conditions and purposeful programs for decreasing the socially significant diseases that have become the main causes for premature mortality.
- Limiting the risk factors leading to cardiovascular diseases, which are the main causes for men's premature mortality, especially at the age of 41 – 59.
- Introducing effective control over the respect for labour legislation and more complete implementation of the requirements for safe and healthy labour conditions.
- Opening female and child health centers, legal and financial provision for expanding the functions and range of and introducing compulsory free of charge examinations of pregnant women, nursing mothers, and newborn babies.
- Introducing measures for ensuring access to quality medical services for pregnant women, young mothers, and children living in rural areas.
- Undertaking action for providing mobile medical assistance to the population in remote regions and to specific groups.
- Overcoming and stopping the negative trends in the health condition of disadvantaged people.
- Elaboration of a National Program for a healthy way of life of the nation.

3. Significant Decrease in the Number of Emigrating Young People at Reproductive Age

The prevention of future emigration of young people at reproductive age requires the united efforts of many institutions and the implementation of a complex approach directed towards improvement of the quality of life of young people in all aspects – education and qualification, labour and professional realization, family and children, housing and living conditions, personal development and participation in civil society, etc. In this sense the creation of conditions encouraging young people to seek their realization inside the country, will also be accomplished through by accomplishing the tasks and measures envisaged in the government documents such as The Employment Strategy (2004-2010), The Joint Memorandum on Social Inclusion between Bulgaria and EU (2005), The National Health Care Strategy – Better Health for a Better Future of Bulgaria (2001), The National Housing Strategy (2004), and The Strategy for Fighting Poverty and Social Isolation (2004). The importance of the problem, however, raises the question of elaborating a National Youth Strategy/Treaty (a National Youth Policy Strategy exists for 2003-2007, elaborated by the former Ministry of Youth and Sport, at present the Youth and Sport State Agency), which should offer a vision, set the priorities and propose concrete measures and future activities of the government bodies, local government authorities, employers, social partners and NGOs, for the creation of opportunities for adequate labour and social realization of the young people in Bulgaria. Such a document would meet EU recommendations on solving the problems of young people in the member states, included in the draft European Youth Treaty (2005).

The concrete measures and tasks for decreasing the number of emigrating young people at reproductive age will be in the following directions:

- Providing employment and reducing unemployment among young people.
- Improving working conditions, remuneration and quality of employment.
- Ensuring equal access to quality education and opportunities for life-long learning.

- Creating opportunities for alleviations in crediting for the purchase of housing, furnishing and improving dwelling conditions.
 - Creating conditions for overcoming poverty and social isolation among disadvantaged youngsters.
 - Creating conditions for adequate social development of young people (incl. family formation, child-raising and upbringing and active participation in civil society).
- Major emphasis will be put on the implementation of policies connected with solving the problems of labour realization of young people up to 30 years of age, such as:
- Providing conditions for moving from school to a job without a period of unemployment in between.
 - Expanding the active programs and measures on the labour market aimed at overcoming and preventing continuous unemployment among youths under the age of 30 (incl. disabled young people).
 - Instructing secondary education graduates about their labour/insurance rights and duties and the ways of searching for a job.
 - Encouraging the interaction between the institutions of education and employers for expanding the opportunities for pupils and students to gain on-the-job experience and their subsequent appointment.
 - Elaborating specialized policies and programs of social skills and capacity for certain activities aimed at ensuring employment, social integration and realization of the groups of disadvantaged youths on the labour market (young people, marginalized groups, homeless children, children coming from social institutions, and children with limited opportunities for social adaptation).
 - Elaborating measures and programs for encouraging the return of young people who have graduated from universities abroad and appointing them to state administrative positions (especially in units working on European integration matters).
 - Elaborating measures and programs for encouraging foreign companies, banks, and international institutions to appoint young people who have graduated abroad.

4. Elaboration of an Adequate Immigration Policy

There are expectations that in the near future, with the accession of Bulgaria to the EU, the flow of immigrants, most of whom will be at an active age, will grow. Given the present unfavourable demographic trends of decreasing and aging of the labour resources, immigration might have a positive effect on the labour market and on economic growth. The vision of the state and society about the place and role of immigrants in the social and economic development of the country, expressed in an adequate immigration policy, has a determining significance for the immigration flow rate and the results it will have. This is why the following tasks in the area of immigration have priority:

- Holding public debates on the place and role of immigrants in the social and economic development of the country.
- Developing immigration policy for attracting Bulgarians living abroad.
- Revising the existing legislation and creating a unified legislative basis, regulating the immigration problems.
- Improving the supply of information and creating an administrative registry of immigrants in the country.
- Creating conditions for cultural and social integration of the immigrants along with preserving their identity.

- Regulating the procedures for granting legal recognition of the education and professional qualification of the immigrants.

- Conducting information campaigns among the population for spreading knowledge about the manners and customs, traditions and culture, and the problems of immigrant communities residing on the territory of the country.

The measures and activities directed towards ethnic Bulgarians living abroad, will have a special place in the immigration policy:

- Facilitating the procedures for obtaining Bulgarian citizenship.

- Providing scholarships for children of ethnic Bulgarian origin from other countries, wishing to study in Bulgaria.

- Activating and expanding the spheres of cooperation with Bulgarian emigrants abroad.

- Elaborating a policy for returning of ethnic Bulgarians and encouraging their entrepreneurship within Bulgaria.

5. Overcoming the Effects of Population Aging

In order to attain this goal, measures and tasks have to be undertaken in the following directions:

- Developing a policy for active aging.

- Adapting the social insurance system.

- Developing the system of social and health care services and improving the quality of life of the elderly.

5.1. Developing an Active Aging Policy

Active aging has become a strategic notion in the policy of united Europe for social and economic development, drawn in the Lisbon Strategy adopted by the extraordinary European Council in Lisbon in March 2000 as an immediate response to the demographic challenge of aging of the population in the EU. The active aging policy aims at life-long learning, prolonging work life, economic and social activity after the formal retirement, and longevity in good health. The concrete tasks include:

- Elaborating measures for preserving and developing the labour potential as an element of the overall concept for the development of human resources in the country.

- Encouraging life-long learning and accelerating the activities of vocational training at the place of work.

- Introducing flexible forms of employment for retired persons without the creation of disproportions on the labour market and intergeneration conflicts.

- Overcoming the negative adjustments of employers towards older people and encouraging the longer implementation of their working experience and skills.

- Stimulating the voluntary participation of the retired people in the social life of the community and the development of a civil society.

5.2. Adapting the Social Insurance System

- Improving the insurance culture of workers and officials.

- Increasing the collection rate of insurance payments.

- Encouraging the voluntary insurance of the population in covering the insurance risks.
- Improving the control on the insurance payments and preventing the unlawful receiving of pensions (especially disability pensions due to a general disease).
- Enlarging the range of insured persons and limiting the informal employment.
- Improving the Bulgarian pension model and ensuring financial stability of the pension system through the introduction of more just and flexible forms of participation in the pension system.
- Creating a Silver Demographic Investment Fund for financial support to the pension system.
- Strengthening the role of the second and third pole of the pension system.

5.3. Development of the Social and Health Care Services System and Improving the Quality of Life of the Elderly

- Priority development of social services in the institutions for the elderly and in the community instead of services in specialized institutions.
- Improving the quality of life of elderly people living in specialized institutions.
- Ensuring elderly people's opportunities for recreation, sports, tourism, and participation in cultural life.
- Priority development of the tuition of social workers specialized in taking care of the elderly.
- Encouraging the participation of NGOs in caring for and rendering social services to old people.

6. Improvement of the Reproductive Health of the Population

The creation of a highly effective health care system, adapted to the health requirements of the individual, the family, and the nation, is the main goal of the health reform. The positive results of its implementation will inevitably contribute to the improvement of the general health condition of the population and will positively influence reproductive behaviour. The concrete directions and activities for improving the health care system in Bulgaria are the subject of the National Health Care Strategy "Better Health for a Better Future of Bulgaria" (2001) and of the Health Care Strategy for Disadvantaged People Belonging to the Ethnic Minorities (2005). The policies and measures, envisaged in the present strategy, are focused on the reproductive and sexual health of the population. The concrete tasks and measures for improving the reproductive and sexual health of the population can be grouped in the following directions, corresponding to the basic priorities in the First Global Strategy of Reproductive Health adopted by the World Health Organization (May 2004):

- Improving the health care and health condition of pregnant women and young mothers.
- Encouraging and developing family planning.
- Significantly decreasing the number of abortions and extramarital childbirths at an early age.
- Prevention and treatment of infections of the reproductive organs and limiting the risk of spreading AIDS in the country.
- Providing treatment for desired pregnancy.
- Prophylactic of cancer diseases of the reproductive system.

6.1. Improvement of Health Care and the Health Condition of Pregnant Women and Nursing Mothers:

- Ensuring safe pregnancy and childbirth through compulsory, regular free-of-charge examinations during the period of pregnancy (medical consultation centres for women and children), regardless of the social-insurance status of the pregnant woman.
- Ensuring free-of-charge post-natal medical assistance, especially concerning breastfeeding and health condition of newborn babies and mothers.
- Increasing the control over how labour legislation is observed and ensuring safe working conditions for pregnant women, nursing mothers, and young mothers.
- Conducting information campaigns for acquainting young women (even those attending school) with their rights and the measures taken for protecting motherhood and ensuring safe labour conditions for pregnant women, nursing and young mothers, provided for in the labour laws.
- Prevention and treatment of barrenness in women.

6.2. Encouraging and Developing Family Planning:

- Introducing a national program for family planning in the whole health care system and creating a network of adequate structures for family planning (clinics, centres);
- Training general practitioners and teachers in family planning.
- Actively including and supporting NGOs, encouraging and implementing family planning.
- Including training in family planning in secondary schools.

6.3. Significant Reduction of the Number of Abortions and Extramarital Childbirths:

- Increasing the contraceptive culture and meeting the demands of the population for contraceptive means and methods.
- Providing easy access to contraceptives through the family doctors.
- Subsidizing or introducing other measures for keeping the prices of the contraceptives at an affordable level for the prevailing part of the population.

6.4. Prevention and Treatment of Infections of the Reproductive Organs and Limiting the Risk of HIV Spreading in the Country

- Introducing good practices and standards in the medical activities, consistent with the directives of the World Health Organization and the Council of Europe.
- Preserving the low level of HIV spreading in the country by creating a capacity for the prevention of HIV in the health care and social sector.
- Elaborating and functioning of a National System for Second Generation Epidemiologic Surveillance and Sanitary Control.
- Consolidation and promotion of the services for voluntary consultations and examinations.
- Prevention of HIV and other sexual infections among risk groups (intravenous drug addicts, representatives of ethnic communities, prostitutes, and youngsters in and out of school).
- Providing adequate and accessible treatment and care for people living with HIV/AIDS.

7. Increasing the General Level of Education, Demographic Knowledge, and Sexual Culture of the Population

Overcoming illiteracy even at the lowest levels of education among the young and future generations and especially among women is a prerequisite for a change in their demographic conduct. This is also an important condition for overcoming the social isolation of whole groups, for their adequate integration, for the consolidation of society, for creating a less risky and conflict-ridden society as a result of higher cohesion of the population. In order to solve the problems of education in the aspect of demographic development, it is necessary to unite the efforts of the specialists working in education, as well as of the institutions engaged with organization and management of the economic and social areas. For ensuring modern quality of human capital is a basic prerequisite for attaining economic and social prosperity. The activities and measures for encouraging life-long learning, improvement of the vocational training and the reform of the system of education, are the subject of the Employment Strategy (2004-2010), the National Strategy for Continuous Vocational Training (2005-2010), the National Program of School Education and Preschool Upbringing and Training (2006 – 2015) and the Human Resources Development Working Program (2007-2013). Achieving the goals set forth in these and other government documents on education will also contribute to the realization of the aims of the Demographic Development Strategy.

The present Strategy includes tasks and measures related to education and having a direct impact on the demographic development in the following directions:

- Improving the general level of education;
- Increasing the knowledge on demography and sexual culture of the population.

7.1. Improving the General Level of Education:

- Creating conditions for broader inclusion of children in kindergartens and preschool forms of training.
- Ensuring equal access of all children to all levels of education regardless of ethnicity, gender, origin, religion, social status, etc.
- Broader inclusion of pupils in the mandatory levels of education and prevention of their dropping out of the education system.
- Overcoming illiteracy among the poor and the disadvantaged groups.
- Ensuring high quality of education through improvement of the contents of the educational process and the necessary equipment, improving the qualification of teachers and providing schools with IT facilities.
- Creating firm habits of life-long learning, ensuring maximum good conditions for continuous vocational training, and developing the system of qualification, re-qualification, and continuous training.
- Undertaking measures aimed at socializing and ensuring conditions for integration of pupils with special educational needs and specific disabilities in a general education school.
- Creating conditions for bringing closer the models of education of the inhabitants of towns and the people residing in small towns and villages, especially the ones in the poor rural regions.
- Increasing the effectiveness of the specialized schools for mentally retarded children.
- Overcoming social isolation through educational programs.
- Restructuring and reforming the correctional boarding-schools and the social educational boarding schools.

- Redirecting the existing capacity and resources to alternative social services.
- Undertaking special measures for the development of a feeling of national identity and belonging to the Bulgarian nation.
- Priority implementation of measures for the development of cultural centres as centres of spiritual growth and development of cultural identity.

7.2. Increasing the Demographic Knowledge and Sexual Culture of the Population

- Providing support to the families and enhancing parents' capacity, with a view to broader engagement of parents in the preparation of their children for sexual partnership, family life, and responsible parenthood.
- Introducing special training programs in the mandatory level of education for acquiring systematic knowledge on the sphere of human intimacy.
- Systematic inclusion of demographic problems, incl. those concerning sexual culture, in the programs of the national electronic media, the daily and periodic press.

8. Ensuring Equal Opportunities to All Social Groups for Adequate Reproductive Life in Good Health

This priority will be realized through measures and activities in two main directions:

- General measures, aimed at improving the legislative, institutional and resource basis so as to guarantee equal opportunities to all social groups.
- Specific measures addressed to separate disadvantaged social groups.

The specific measures for ensuring equal opportunities will be oriented to the following target groups:

- Women and men.
- Children and the disadvantaged among the growing generation.
- Disabled people.
- Marginalized representatives of ethnic minority groups, especially the Roma.

The concrete tasks and measures include:

- Elaborating and implementing a system of factors for observing the status and trends related to equality.
- Preventing the risk of social isolation.
- Encouraging effective functioning, eliminating disadvantages and integrating the vulnerable groups on the labour market.
- Creating conditions for improving the well-being of children and de-institutionalization of children, of disabled and old people residing in institutions, by providing services in the community.
- Creating conditions for improving the quality of life of the people with mental problems living in specialized institutions.
- Conducting a purposeful active policy on the labour market aimed at social and economic integration of disadvantaged groups in Bulgaria by implementing a purposeful active policy on the labour market.
- Ensuring the introduction of higher criteria and standards in the social services for the vulnerable groups of the population, a measure aimed at improving the quality of life of these people and their successful inclusion and realization.

- Elaborating an effective media strategy for reaching zero tolerance for acts of prejudice, segregation, and discrimination based on gender, age, ethnic affiliation and disability.
- Improving the mechanism of social aid and realizing a transition from social aid to social investment in training, qualification, and creation of new jobs.
- Decentralizing the provision of social services.
- Elaborating and implementing a unified state policy of support for the risk families with children.

9. Developing Intergenerational Solidarity

The number of elderly people, and especially those over 70 years of age living alone, will rise with the increase of life expectancy. Thus, the number of old people that have lost their self-dependence and need intensive care at the end of their life, will rise. As a result of the extension of working life and high mobility, many of the families will have limited possibilities to care for their old parents. And the necessity of developing the social services and networks for solidarity and care will increase. The measures for developing solidarity among generations will be aimed at:

- Distributing the responsibilities connected with the long-term care for elderly people.
- Active inclusion of people at retirement age in volunteer networks for solidarity and caring for the very old.
- Elaboration of schemes for passing on the experience of the elderly to younger people.
- Cultivating social sensitivity to the problems of the elderly.

10. Limiting the Disproportions in the Territorial Distribution of the Population and the Depopulation of Some Regions and Villages

Overcoming territorial imbalance requires mobilizing serious institutional and organizational resources aimed at optimizing housing policy, urban design, etc. The implementation of this priority is closely connected with increasing the role of the regional policy and binding together the regional development plans for overcoming the inner migration processes. The concrete tasks related to this include:

- Reducing the regional disproportions by decentralization and creation of regional capacity for dynamic economic development.
- Mobilizing the regional and local institutional capacities and resources in the realization of the regional development policy.
- Rational distribution of local infrastructures and services for ensuring balanced growth of the regions.
- Conducting differentiated regional policy in the underdeveloped regions.
- Elaborating an integral programme of economic and social development of the borderline and semi-mountainous regions, in which attracting investments and development of cross-border co-operation between towns and villages on both sides of the frontier should have a leading role.
- Developing sustainable, dynamic and united city centres, bound together and contributing to the prosperity of the surrounding, less developed urbanized territories.
- Optimizing the population concentration in the large cities and the capital.

- Elaborating a programme for solving the problem of "ghettoization" through urban planning in the neighborhoods with concentrated poverty, rehabilitation of these neighborhoods, ensuring their technical infrastructure, etc.
- Sustainable improvement of the housing conditions for the Roma in the Republic of Bulgaria by guaranteeing the implementation of the Action Plan to the Programme of Improving the Living Conditions of the Roma .
- Encouraging employment and investments in the rural areas in order to prevent young people from leaving; overcoming the trend of population aging.
- Improving the transport, commercial and other service infrastructures in the rural and border regions in order to prevent their population from leaving.
- Preserving and maintaining an ecological and ergonomic living environment.

11. Improving and Synchronizing the Legislative Basis Related to Demographic Development

- Reviewing of legislation and care for children, and introducing the necessary changes for creating a unified legislative basis for conducting active policy for child and family protection.
- Harmonizing Bulgarian law with EU law in the area of safety and health at work.
- Improving the legislative and method regulations so as to create conditions for continuous vocational training and life-long learning.

PART IV. DEMOGRAPHIC STRATEGY IMPLEMENTATION AND REPORTING

1. Development of Institutional Capacity for the Implementation of the Demographic Development Strategy

One of the most important conditions for accomplishing the aims of the strategy is the developed capacity of all institutions and partners on a national, regional, and local level. This is why concrete actions should be undertaken for aiding the capacity growth and improving the co-ordination among separate institutions.

According to the legislative regulations in force, the competent institutions in the sphere of demographic problems and their powers are as follows:

1. The National Council of Co-operation on Ethnic and Demographic Matters (NCCEDM) at the Council of Ministers is a consultative and co-ordinating body assisting the Council of Ministers in the implementation of the state policy related to ethnic and demographic matters. The Council discusses and proposes measures to the Council of Ministers and, upon approval, observes, analyses and co-ordinates the measures adopted, aiming at regulating the demographic processes in the Republic of Bulgaria. NCCEDM activity is administratively supported by the Department on Ethnic and Demographic Matters at the Council of Ministers specialized administration. The National Council collaborates in realizing co-operation and co-ordination between government bodies and Bulgarian civic associations working in the area of interethnic relations and/or demographic development with a goal to formulate and implement the national policy in this area. According to the Internal Regulations of the Council of Ministers and its administration, the Department on Ethnical and Demographic Matters:

- 1) provides information, analyses and assessments of the demographic processes.

2) ensures the elaboration of strategy projects and programmes for implementing the government policy related to demographic development and works in the area of interethnic relations, protecting the rights of people belonging to ethnic minorities and the social integration of these people.

2. Ministry of Labour and Social Policy (MLSP). MLSP directs, organizes, co-ordinates and controls the implementation of the state policy in the area of demographic development, social investments and equal opportunities. Together with other state bodies the Ministry of Labour and Social Policy elaborates regulators and mechanisms for improving the demographic indicators of the country. It also directly organizes, co-ordinates and takes part in the elaboration of the National Plan for Demographic Development, and monitors its implementation; it elaborates financial plans and budget prognoses for active policy in the area of demographic development.

3. Ministry of Education and Science (MES). MES plays a leading role in the realization of those elements of the Demographic Development Strategy that are connected with education and training, including teaching elderly people to read and write, life-long learning, acquiring the necessary and higher qualification and additional skills, determining the future demands for working force with specific qualifications and respectively directing the capacities of the education system to training the needed specialists.

4. Health Ministry (HM). HM monitors the implementation of the programmes and measures for promoting health care and prevention of diseases, including the improvement of women's health condition before childbirth, programmes for reducing child mortality, HIV/AIDS prevention among children and youngsters, measures directed to restoring the system of school health care.

5. Ministry of Regional Development and Public Works (MRDPW). MRDPW contributes to the activities related to overcoming regional differences and territorial imbalance. MRDPW distributes the biggest investment potential in the country and by doing this becomes an important internal investor with a mobile dislocation of sites.

6. Ministry of Economy and Energy (MEE). MEE plays a basic role for encouraging investment, in promoting small and middle business, thus raising the quality of human capital.

7. Ministry of Finance (MF). MF has a basic role in forming the budget policy of the country and in improving the tax system. MF co-ordinates the programming, management, monitoring, and assessment of the financial aid provided for the Republic of Bulgaria by the pre-accession financial tools of the EU.

8. National Statistics Institute (NSI). NSI plays a leading methodological and co-ordinating role in information gathering and processing and in elaborating prognoses and comparative analyses of demographic development (especially in the area of the specific ethno-demographic matters). Another essential function of NSI is the dissemination of information about the demographic events and processes.

2. Mobilizing the Efforts of All Stakeholders in the Implementation of the Demographic Policy

Reaching the goals of the National Strategy of Demographic Development will require significant financial, institutional and human resources, active work on behalf of the government and partnership among different state institutions, local government authorities, employers' organizations, syndicates and the structures of civil society.

Non-governmental organizations have an important function as a helpful corrective with regard to the intentions and action of the state. They could actively contribute to

increasing the sensitivity of society to the issues of demographic development, to carrying out civic control over the institutions whose activity is connected with the implementation of the demographic policy; they themselves could contribute in this direction.

Employers' organizations will play a crucial role in realizing the aims of the Strategy connected with employment, respecting labour legislation, and creating conditions encouraging the combining of work and family duties.

Workers' and employees' organizations have the needed capacity to actively participate in the realization of a great number of the components of the Strategy connected with protecting the rights of the employed pregnant women and mothers, ensuring safe working conditions, bringing together work and motherhood, life-long learning, and guaranteeing equal opportunities on the labour market.

The successful changes in demographic development are inconceivable without the active and effective participation of the **media**. The media will contribute to broadening public awareness and discussions on the need for the demographic strategy, the policy of its implementation, the aims and the desired results, as well as the means for realizing them. Thus, social interests will be synchronized and the efforts of all members and groups of society will be consolidated. The important and responsible role of the media requires the creation of an adequate capacity and a system for practical support to the new demographic strategy.

3. Financing

The implementation of the goals set in the Strategy requires significant financial resources. During the yearly drafting of policy and budget planning, all ministries (MLSP, MES, HM, MEE, MRDPW, MF etc.), agencies and public institutions will also provide the necessary financial means for implementing the main priorities of the National Strategy of Demographic Development according to the deadlines it sets. In this way financing through the state budget will be effectively used to the maximum for attaining the goals of the Strategy.

Besides financing through the state budget, funds for the implementation of the Strategy will be accumulated by:

- Municipal budgets and non-budget funds of municipalities.
- Financial resources of non-governmental organizations.
- International (foreign) sources.

4. Providing Information, Monitoring and Reporting on the Implementation of the Strategy Goals and Tasks

A key factor in the implementation of the Strategy is the availability of timely, complete, and reliable information about the demographic status and the trends in its development, about the impact and causes of the negative demographic processes. Only the availability of adequate information provision makes it possible to focus public attention on the problems of demographic development, to provoke a discussion in society, and to reach consensus on the policies necessary for bringing about a turn in demographic development. The following measures will be undertaken for the optimum provision of information:

- Reviewing the existing system of providing information for demographic development (including demographic policies) with regard to the scope and content of the indicators monitored, the periodicity of observations, and their institutional synchronization

and co-ordination aimed at pinpointing the information blanks and planning measures for satisfying the latest information demands.

- Elaborating a programme for carrying out special empirical surveys on the problems of demographic development in addition to the current statistical information, which would reveal in depth the demographic processes and the causality behind them.

- Bringing scientific research activity in the field of demographic development to correspond to the practical needs of demographic policy planning and its implementation on a national and international scale.

PART V. EXPECTED RESULTS

The following results and quantitative indicators for the development of the population in Bulgaria can be expected after the implementation of the Strategy:

- Teaching the illiterates among the young generations to read and write, especially girls and young women of vulnerable ethnic communities.

- Reaching a high level of education among the youngest - 85% of the Bulgarian youths aged between 19 and 24 should have graduated secondary school by 2015.

- A significant reduction of child mortality – from 2.3 per thousand in 2003 to 9.5 per thousand in 2015, with a trend of reaching a level below 7 per thousand in 2020.

- Obligatory immunization of all children with the basic vaccines used up till the age of 1, and increasing the coverage of the vaccinated from 93.6% in 2001 to 99% in 2015, and to 99.5% in 2020.

- Increasing the average life span by 2 years until 2020.

- Reducing maternal mortality from 19.1 per 100 000 live births in 2001, preserving the levels below 12 per 100 000 until 2015, and below 10 per 100 000 by 2020.

- Increasing the total fertility rate to 1.5 in 2020.

- Increasing the share of pregnant women covered by the health care system and monitored during pregnancy, from 82% in 2001 to 90% in 2015.

- Sharply reducing the number of abortions – from 750 per 1000 live born children in 2001, to 550 in 2015, and below 350 per 1000 by 2020.

- Reducing youth fertility by half – from 41 per thousand to 20 per thousand by 2015.

- Stabilizing the migration losses at a low level by 2010 and reaching a positive migration balance by 2015.

- Limiting the process of depopulation of the underdeveloped rural regions.

APPENDIX 1

GLOSSARY

Crude birth rate	Shows the number of new-born children per 1000 people of the population. It is calculated by dividing the number of the new-borns alive during the year by the average yearly amount of the population during the same year.
Fertility rate	Shows the number of new-born children per 1000 women at birth age (15-49). It is calculated by dividing the number of the new-borns alive during the year by the average yearly number of women at childbearing age during the same year.
Total fertility rate	The sum of the age-dependent fertility rates during the respective year. It shows the average number of children who would be born by a woman during her whole birth period according to the age-dependent fertility rate during the year of reporting.
Fertility	The average number of a woman's new-born children during her whole reproductive period.
Crude mortality rate	Shows the number of the deceased people per 1000 people of the population. It is calculated by dividing the number of deceased people during the year by the average size of the population during the same year.

Infant mortality rate	Shows the number of the deceased children under the age of 1 per 1000 new-born babies. It is calculated by dividing the number of the deceased children under 1 during the year by the number of the new-borns alive during the same year.
Life expectancy at birth	It measures the average duration of the forthcoming life of the new-born babies with the assumption that mortality will remain the same as it is at present. It is a basic line of the mortality table.
Life expectancy in good health	Number of years in good health condition that a new-born child is expected to live, taking into account the present mortality factors and bad health condition.
Morbidity	It is calculated by dividing the number of newly appeared cases of a certain disease for a certain period of time by the size of the population among which these cases have appeared.
Marriage rate	It shows the number of marriages per 1000 people of the population.
Natural increase	This is the difference between the number of new-born and deceased people.
Dependency ratio	It shows the number of persons of the population in "dependent age" (0-14 and 65+) per 100 persons of the population at "independent age" (15-64).
Urbanization	The growth (concentration) of the

Agglomeration	<p>population in towns. It is measured by the relation between the urban population size and the size of the whole population.</p> <p>This is a process in which the relative share of the population, living in different places, changes. It is expressed through the changes taking place in the structure of the total population according to the characteristic 'size of the settlement where the person permanently resides'.</p>
Gender	<p>Social gender. A notion referring to the social differences between women and men which change in time and vary significantly in and between different cultures (social differences between women and men).</p>
Gender equality	<p>The possibility for all people, regardless of their gender, to have equal rights to develop.</p>
Gender mainstreaming	<p>Taking into account the equality of women and men in all spheres of politics and social life.</p>
Synergism	<p>Acting together.</p>
Social cohesion	<p>Social co-ordination, unity, solidarity, interdependence.</p>

ANNEX 2

BASIC INDICATORS FOR MONITORING THE NATIONAL DEMOGRAPHIC STRATEGY 2006 – 2020

Education indicators:

Illiteracy rate (%),
Ratio of the pupils reaching 5th year of education (%),
Gross ratio of secondary school enrollment (%),
Ratio of the secondary school graduates at the age of 19-24 (%),
Ratio of school dropouts – primary, secondary school (%),
Ratio of the people with higher education (%).

Health condition indicators:

Relative share of parturition in the presence of qualified medical personnel,
Number of abortions per 1000 live-born babies,
Yearly number of children deceased under the age of 5,
Maternal mortality,
Average life span in good health,
Number of people who have entered hospital per 100 persons of the population,
Tuberculosis morbidity – newly discovered cases per 100 000 persons of the population,
Number of people living with HIV/AIDS.

Urbanization and agglomeration indicators:

Population density,
Relative share of urban population per 1000 persons,
Communication,
Access to basic services.

Demographic indicators:

Natural growth - per 1000 persons,
Birthrate - per 1000 persons,
Total fertility rate - number of children,
Total mortality rate - per 1000 persons,
Child mortality rate - per 1000 persons,
Maternal mortality per 1000 born alive,
Average life expectancy at birth – in years (men/women),
Number of abortions per 1000 live-born babies,
Net migration (immigrants-emigrants),
Dependency ratio (%).