



**HoCare**  
Interreg Europe



European Union  
European Regional  
Development Fund

**Current situation regarding Home Care R&I support**

Generation of innovation through addressing unmet needs identified by  
citizen / user helix of quadruple-helix approach

**BULGARIA**

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# Innovations in Bulgaria

*Bulgaria is the other „modest innovator“ in EU from this category of only two countries, ranking second to the last in the annual comparative analysis of innovations in EU for 2016. According to the report's authors the strength of Bulgaria lies in the relatively high share of highly educated young people.*

*Weaknesses are mainly related to the lack of sustainable funding, as well as the weak pace of development of entrepreneurship related to innovations.*

*Bulgarian innovative projects are mainly in the field of marketing and organisational development and there are almost none in home care. Another problem is the lack of a structured dialogue and cooperation between the formal and informal providers and innovative businesses and research actors – a problem that finds a working solution in the implementation of HOCARE project.*

# The point of view of representatives of stakeholders:

## **Dobrichka Municipality, home care service provider:**

*“The consumers are not aware about the countless opportunities to receive any other type of home care they have been offered so far. As most of them are elderly people they do not use internet, the majority of them do not use smartphones (even they use mobiles), they receive most of the information about the innovations from TV and TV is not promoting any kind of innovations related to social services, so they can not ask for services they do not know about.”*

# Formal carers

## **National association of social care providers:**

*“The initiative for implementing innovations in home care is sporadic, mainly driven by a single organisation and in most known cases is funded outside the operational funds in Bulgaria. It consist mainly in transferring a good idea that is always dependable on a one-time funding and is far for being sustainable for a long time. The rare innovative projects that are implemented might be used as models but do not receive further funding or option for replication. The consumers are not asking for innovative services as they do not know about them. There is no active dialogue between developers of innovations and social services providers. Nor there is a vice-versa communication so far.”*

# Formal carers

## Dolni Chiflik Municipality

*“To be able to implement innovations in the home care we first need to know about them. There is no operating “channel” of information for the opportunities to be implemented directly. Secondly, we deal mostly with people that are far from being pro-innovative due to their age or restricted capabilities to reach innovations, they simply can not ask for services they do not know they exist. Thirdly, the home care delivery, especially out of the big cities, is mediated, I mean directly delivered to elderly patients at home by people with low level of education and is usually a low-paid work – thus the carers themselves they are not capable to be pro-innovative. So to implement innovations in home care we will also need to add some kind of supplementary education for the carers to help them implement the possible innovation.”*

# Formal carers

## NGO Vision

*“There are few initiatives of single organisations for developing innovative services in home care but they stay isolated in the large image nationally as they did not influence the politics implemented. The initiatives are welcome and promoted but they need to be supported institutionally by a higher governmental/regional level in terms of financing and in long-term perspective in terms of sustainability.”*

# Academia and research

## Technical Universities Varna and Sofia:

*”The home care delivery institutions – the municipalities and the governmental institutions that are responsible for financing the home care, and the social care providers also – they are not active in communicating with the research entities and the universities. Some NGOs are cooperating with us but mainly at the concept or design level, not at the implementation level, as they are not deliverers of home care. We are cooperating within the academia, ensuring cross-disciplinary outputs with medical universities and designing solutions to be offered to the formal home care providers and there is where the link is cut. On the other hand we are facing a growing interest from the side of ICT companies for cooperating with academia in the field of applied research and common projects implementation.”*

# Academia and research

## Varna Free University

*“We have settled up many initiatives related to start-ups in innovations and we attract and support numerous young entrepreneurs part of which might be interested to be involved in innovative projects related to home care but the formal/informal carers should initiate possible partnership as only they could formulate the relevant needs for innovations. At the moment there is a gap between the possible innovations’ developers and the carers, and we may serve as a bridge between them.”*



# Academia and research

## New Bulgarian University

*”The developers of innovations might be invited in a kind of regional innovations centres together with home care stakeholders to stimulate the dialogue and exchange of information, based in universities. The pro-innovative business should regularly inform the carers about the new opportunities and help them test new services and products that could be developed as prototypes in universities. The regional government and municipalities will be more willing to pilot the result of similar centres rather more than single projects’ outputs in the home care field.”*

# Business

## Chamber of commerce:

*“The social care providers are not initiating any kind of dialogue with innovative businesses to start discussing possible innovations in home care. There are few initiatives between business and academia mainly in the field of applied technology of health and with hospitals but not with formal carers oriented towards home care. Even if any initiatives exist it is very rare to hear about them rather to promote them.”*

# Business

## ICT cluster Varna:

*In fact there are many Bulgarian companies that are developing innovative products, services, applications, even platforms for home care services but only for out-of-Bulgaria market or contractors. There are no offers, even inquiries for designing or developing innovative solutions in home care delivery.*

# Business

## ”Newmark”

*“Many Bulgarian companies possess the assets to design and develop innovative solutions for home care and they work mainly for outsourcing. They are not nor aware of the sector needs neither of possible partners from academia. There is a need for a specific platform, a hub for innovation where service providers and the related stakeholders might put their needs and possible contractors might answer with ideas and offers. “*

# Business

## “Triada”

*“We design and develop many innovations in the field of social services and offer them intensively to municipalities in their role of entities responsible for social care delivery. None of our proposal has met any interest so far despite the innovative character and the easy implementation of the products. We prefer to sell our ideas and products abroad. The explanations for deferral we receive are mainly related to the lack of support at policy level for innovations, the fear for implementing new ideas there, where the consumers are not oriented towards innovations, and partly because of the complex tender procedures required – one can not open tender procedures for acquiring unknown products/services, right?”*

# Government

## **Regional administration of Varna:**

*“There is a discrepancy between different kind of strategies and politics that are driving the home care as a whole and especially the Hospital-to-Inpatient Rehabilitation. The same discrepancy concerns also the socially significant disease that require home care. To ensure the implementation of innovations in home care Bulgaria needs to improve the health care delivery politics related to home care.”*

# Government

## Ministry of Economy:

*We implement many instruments to receive feedback from all sides involved in the quadruple-helix regional innovation chains, there are numerous open public discussions, related to the specific conditions for financing innovations, regular meetings at regional level for updating RIS3 or other important strategic documents. From our point of view the first need is to intensify the dialogue between those who know the needs and those who could offer the solutions in the field of home care and to keep exchanging ideas and solutions between them as the operational funds offer different instruments to make the change happen. In fact we are interested in any kind of good practices that could improve the competitiveness of Bulgarian companies in line with answering the needs of different groups of Bulgarian citizens – like the elderly people in need for home care.*

# Government

## **Ministry of Labour and Social policy:**

*“We apply the same instruments for receiving feedback. There have been many opportunities for financing innovations in social care, mainly in terms of “mild measures” and service, not product innovations, but the interest shown was weak. The service providers are not very active in searching for support in developing innovations – especially in the procedures set under the ESF in the previous programming period. “*



## GENERAL SITUATION WITH IDENTIFICATION OF NEEDS BY FORMAL AND INFORMAL PROVIDERS

- many organizations in informal care are operating at national level, they are active and initiate and develop many projects, however not for innovative solutions though, mostly related to the delivery of integrated care, specific education and further support
- Formal providers are not pro-innovation oriented, but are ready to take part in implementing innovative solutions in integrated care
- Innovation is driven by business, research is focused on health issues, not on home care and concentrated in universities and their networks
- There is a discrepancy between different policies and applicable strategies that is on the way to be changed
- The unmet needs are formulated more clearly by the pro-innovative participants in the helix, and not by the end users/carers as they are not aware of the numerous opportunities the innovations offer for the home care improvement
- To implement innovations in home care the carers need to be largely informed about them
- The ICT business in Bulgaria is aware of the innovations in home care but to start develop new tools they need the carers to accept the ideas and pilot them in practice in larger cities first
- The main focus is put on telemedicine and telecare, emergency care, sensor monitoring of vital signs, beds and equipment
- Networking of quadruple-helix, innovations hubs and home care hubs

## HOW CAN FORMAL AND INFORMAL PROVIDERS COULD BE INVOLVED IN THE OPIC?

- The OP is oriented to business with options for universities and NGOs
- Practically no involvement of social services' providers in OPIC
- Home care is not in the scope of specific economic activities concerned by the programme
- There is no specific procedure for integrated care financing
- Carers neglect the opportunities for improvement of their operations the innovations provide, the government and the municipalities as contractors of social services do not stimulate the introduction of innovations in home care
- The end users of home care do not require improvement in the field of innovations as they are not aware of them
- Carers are focused on their operations, they are not eligible as main beneficiary, they do not participate in long-term networks with other organizations, they are sceptical on implementation of innovations if not based on user needs and piloted before massive implementation
- Innovations might be financed AS A RESULT of defining unmet needs by carers/researchers/NGOs/regional government/quadruple-helix
- Involvement of co-beneficiaries, carers can become part of clusters or technological platforms, they can set up or become members of associations, supported activities of some intervention programmes can be edited in favour of their inclusion
- other helixes see their involvement very positive and support quadruple-helix cooperation
- Innovation hubs with information/developers that ANTICIPATE the needs of the users in home care CROSS-SUPPORTED by ESF OP procedures for education and support