

# BULGARIAN HEALTH SYSTEM AT THE ROAD TO BETTER PERFORMANCE AND BETTER HEALTH

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# REPUBLIC OF BULGARIA



EU member since	2007
Eurozone member	No
NATO member since	2004
Population	7,351,234 (2011)
Urban population (%)	72.9
Area	110,993.6 sq.km.
GDP per capita	4,700 euro (2008)
GDP total	35,897.6 million euro (2009)
GDP growth	0,2% (2010)

Internet users as % of population	33% of individuals (2010)
Employment	62,6% (2009)
Gini index	33,4 (2009)
Life expectancy at birth	73 years (2009)
Freedom of the Press	Partly Free
Economist Democracy Index	Flawed Democracy
Satisfaction with democracy	25% (2009)
Trust in the EU	69% (2009)

# During the years of socio-economic transition Bulgaria has to master major changes in its economic, social and political systems:

- Dramatic drop in Gross National Product
- Considerable decline in income and assets affecting large parts of populations
- Increased level of unemployment
- Tremendous burden on the system of social security
- Restructuring and reorganization of important social systems and the way of their public financing

Economy	
GDP per capita in PPS with EU27 average =100 as a basis	44.00
General government debt (% of GDP)	14.70
Sovereigns credit ratings (10 is best and 0 is worst)	6.80
Employment rate %	62.60
Patents granted by USPTO per capita	0.47
High-tech exports as % of manufactured exports	6.56
Information and Communication Technology (10 is best and 1 worst)	4.37
Energy intensity of the economy (e.g. over 900 is a bad coefficient , below 100 is a very good one)	944.16
Motorways per area 1000 km2	3.77
Motorways per 100000 inhabitants	5.50
Other roads per 1000 km2	171.51
Other roads per 100000 inhabitants	250.01
Doing Business rank (e.g. 1 is best and below 180 worst)	51.00
Economic Freedom score (100 is maximum and 0 minimal freedom)	63.30

Data for Bulgaria, 2010

[www.thecatchupindex.eu](http://www.thecatchupindex.eu)

The vast societal changes produced health impact that resulted in deteriorated health status and quality of life for more than a decade :

- Increasing mortality and morbidity with excess deaths in the age groups 35-59 and in men up to year 2000
- Decreasing or stagnating life expectancy
- Low self-rated health and physical functioning
- Poor psychological and mental health
- High frequency of life-style risk factors
  - smoking
  - alcohol consumption
  - unhealthy diet
  - low physical activity
  - high level of stress

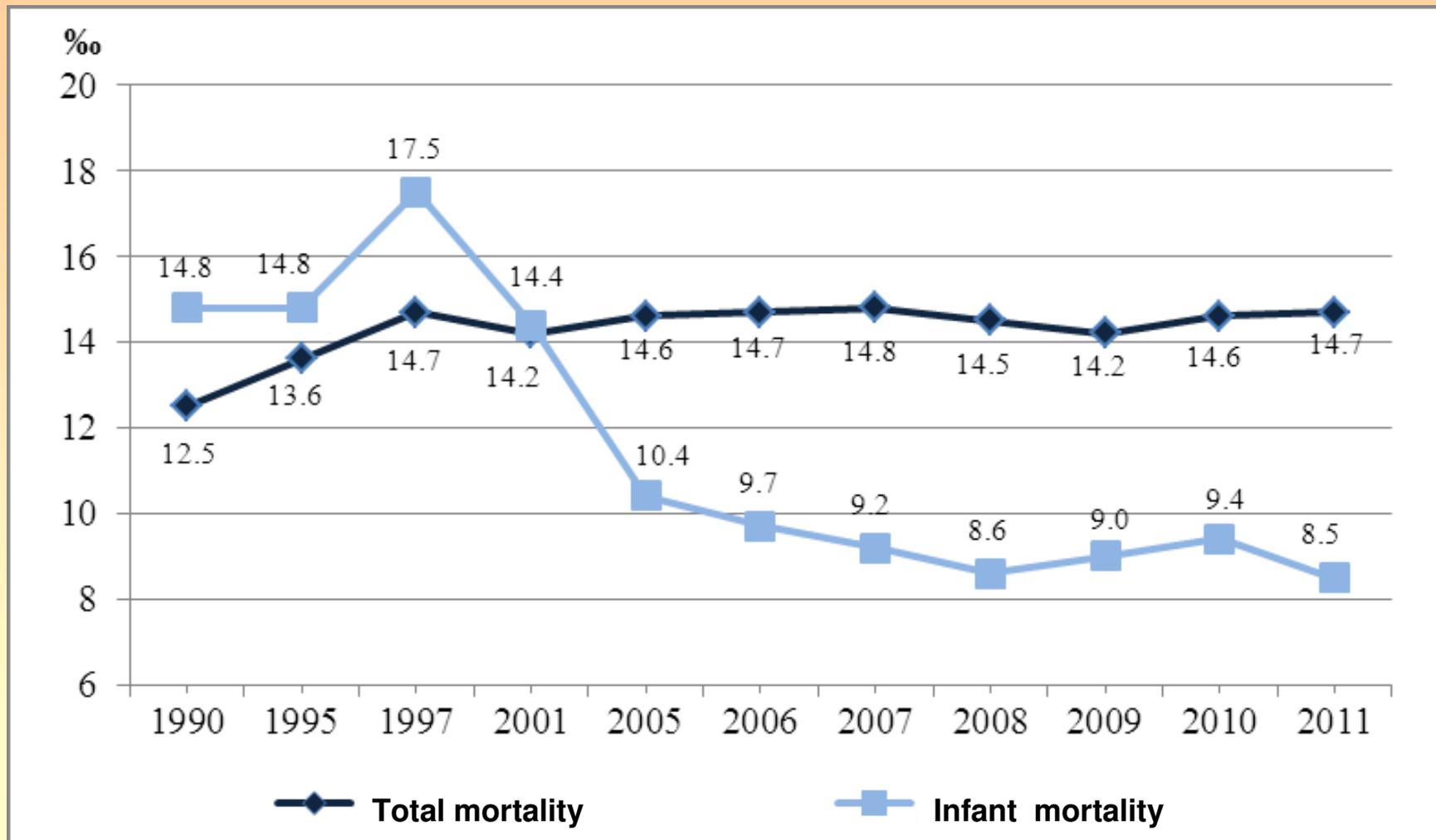
Since late 1990s the key health indicators of Bulgaria have slightly improved, but the differences with the health of old EU members still exist

Quality of Life	
Actual individual consumption with EU27 average =100 as a basis	44.00
Gini coefficient (e.g. over 35 is high inequality and below 25 is low inequality)	33.40
Relative median at-risk-of-poverty gap (%)	27.40
Long term unemployment rate	3.00
Share (%) of early school leavers	14.70
Share of population (%) with university degree	23.00
PISA score in reading literacy (e.g. over 500 is very good and below 300 is a very poor result)	429.00
PISA score mathematical literacy (e.g. over 500 is very good and below 300 is very poor result)	428.00
PISA score in scientific literacy (e.g. over 500 is very good and below 300 is very poor result)	439.00
Healthy life expectancy at birth in years (e.g. about 74 is very good and about 63 is bad)	66.00
Life expectancy in years (e.g. about 82 is very good and about 71 is bad)	73.00
Infant mortality by age of 5 (e.g. 3 is very good and below 10 is a very poor result)	11.00
EuroHealth Consumer Index (e.g. over 850 is very good and below 450 is very poor)	448.00
Human Development Index (1 is best and 0 is worst)	0.84

Data for Bulgaria, 2010

[www.thecatchupindex.eu](http://www.thecatchupindex.eu)

# TOTAL AND INFANT MORTALITY, BULGARIA, 1990-2011



National Statistical Institute,  
2012

## LIFE EXPECTANCY BY SEX, BULGARIA 1935-2006

PERIODS	TOTAL	MALES	FEMALES
1935 - 1939	51,75	50,98	52,56
1956 - 1957	65,89	64,17	67,65
1960 - 1963	69.59	67.82	71.35
1969 - 1971	71.11	68.58	73.86
1989 - 1991	71.22	68.02	74.66
1993 - 1995	70.60	67.10	74.90
1995 - 1998	70.50	67.10	74.30
1997 - 1999	71.00	67.60	74.60
1999 - 2001	71.80	68.50	75.20
2000 – 2002	71.87	68.54	75.37
2001 - 2003	72.07	68.68	75.59
2003 - 2005	72.60	69.00	76.30
2004 - 2006	72.60	69.10	76.30
2006 -2008	73.00	69.50	76.60
2009-2011	73.80	70.40	77.44

# Health system reforms

- Started in the middle of 1990s
- From Semashko's model to insurance-based financing system
- National health insurance fund (NHIF) with 28 regional funds – established in 1999 as an independent public institution separated from the structure of the social healthcare system
- Mandatory health insurance with monthly payment – 8% of the income
- Health care provision - financed by NHIF on the basis of contracts with general practitioners and hospitals



Regional Health Insurance Fund in Sofia

# Health system reforms

- The Ministry of Health (MOH) is responsible for the development of national health policy, health legislation and the planning of health services
- MOH has 28 regional health inspectorates which also have a role in implementing national policy and ensuring communication between local and central authorities
- MOH provides direct funding to emergency health services, blood transfusion centres, psychiatric and phtysiatic hospitals, establishments for medical and social care



- Preventive programmes and schemes are financed by the government
- Recently the MOH initiated a free immunisation programme against HPV among girls at age of 12 in order to decrease the incidence of cervical cancer

# PRIMARY HEALTH CARE

- Positioned at the core of health system with a new role for the primary health care physicians.
- Since 1 July 2000 the doctors have private property over the health practices and are directly interested in the outcome of their activities.
- General practitioners provide integrated curative and preventive outpatient care. Health promotion and disease prevention are defined as main activities in general practice by the Contract with the NHIF.
- GPs fail to offer health promotion and effective preventive services to the population. The coverage with obligatory health check-ups by GP for the adult population is between 30% and 65%.



# OUT-PATIENT SPECIALISED HEALTH CARE

- Provided by private practices, medical centres and diagnostic-consulting centres for specialised care.
- Specialised care is accessible by referral (paid by the NHIF) or directly (paid by the patient).
- High demands for specialised care and diagnostic services are observed for the rural population. The problem remains especially difficult for the elderly and limits their right to health.



# HOSPITAL CARE

- Provided by 260 hospitals (mainly of general type) with about 44 000 beds.
- Hospital admissions are based on referral by general practitioners or emergency centres.
- Hospitals are funded on fee-for-service basis for the completion of clinical pathways contracted with the NHIF.
- Hospital care faces severe problems with chronic lack of money and staff shortages. This jeopardise the quality of care, facilitates medical malpractice and corruption of professionals.



# BULGARIAN HEALTH PROFESSIONALS

- Well trained, highly qualified and experienced medical doctors and health care professionals.
- In 2011 Bulgaria has about 28 000 physicians, 6 500 dentists, 32 000 nurses, 3 300 midwives and 13 000 other health care specialists.
- Recently 500 young doctors and 1000 nurses have migrated per year mainly to Germany, France, England, Denmark and Sweden.
- Health professionals migrate because of low payment, poor organisation and unsafe working conditions, diminished standards of professional practice, delay in implementation of new medical technologies, lack of perspective for professional development.



# LIFE STYLE FACTORS AND HEALTH

- About 40% of men smoke, with increasing proportion of smoking women. Full ban on smoking in closed public areas was introduced on 1 June this year.
  - The average alcohol consumption in Bulgaria is 12 liters per person a year, with 45% of adult population drinking hard liquor, 22%-wine and 33% - bier.
- Unhealthy diet and limited physical activity affect about one third of children and more than 50% of adult population. Only 6% of people aged 18-65 are actively engaged with sports. The diet lacks enough fish, fresh fruits and vegetables, and is rich of saturated fats and carbohydrates.



# PATIENTS' RIGHTS

- About half a million do not experience their right to free choice of general practitioner due to lack of physicians interested to work in remote places
- Similar amount of people in the villages have restricted access to specialised and diagnostic medical services
- Over 1,5 million population does not have health insurance, and get limited access to health services
- High medication prices prevent most of old age pensioners to follow the prescribed treatment
- Increasing number of patients' complaints for poor treatment and low quality of medical help
- The large majority of Bulgarians are unaware of their patient rights



## PATIENTS' RIGHTS (2)

- Several patients' organisations act as defenders and catalysts of civil movements for patients' rights.
- In February 2011 was launched a Public Council on Patient's Rights. It aims at analysing all activities related to patients' rights and proposing legislative amendments when needed.
- In September 2012 Bulgarian Patients' organisations discussed the right to health and ways to overcome the inequalities in health in Bulgaria



# ECONOMIC CRISIS AND HEALTH

- Unemployment rate is the same as the average for EU, but for several very poor communities goes over 25%
- Unemployed people and Roma population face an extremely high risk of poverty and poor health
- The poverty line in Bulgaria remains twice lower compared to the newly accessed countries and about five times lower compared to the old EU member states
- The high share of the grey economy in the country affects all monetary indicators
- Rural and urban disparities constitute a major problem
- Regional and ethnic disparities continue to hold back total economic growth



## **Bulgarian health system in 2012 is marked by:**

- Low healthcare budgeted – 4,1% of GDP on health
- Health policy not oriented enough towards social determinants of health, health promotion and intersectoral collaboration for health
- Poor condition in healthcare facilities
- Understaffing due to increased migration of health professionals
- Critical shortage of some medical specialists – anesthesiologists, pathological anatomy specialists, virologists, infectious diseases specialists, even general practitioners in mountain areas
- High cost of medication
- Out-of-pocket payment (up to 50%) to get better health care
- The lowest in Europe level of satisfaction with health care
- 75% of the population distrust the health system, and 48% consider the health system as bad



## **PRIORITIES AHEAD:**

Interventions and reforms have to be continued in several main priority areas:

- Health system financing
- Health system organization
- Primary health care
- Hospital services
- Drug policy
- Human resources in health



## PRIORITIES AHEAD (2):

- Re-prioritise health care spending of the society and increase the funding for health care from different sources, including external donors and funds
- Implement effective health system quality assurance and monitoring systems
- Monitor the performance of health system against social priorities and available resources
- Speed up the implementation of modern medical technologies and e-health
- Further development of health care infrastructure and improved access to health care in rural areas
- Improve the payment of professionals by new approaches relating the payment to the outcomes
- Establish a new system for continuing education and specialisation of health professionals and a system for professional development
- Increase the participation of society in policy development, planning and control of health services and resources
- Improve the public awareness about health issues with focus on health inequalities in a sensitive and acceptable way
- Strengthen the institution General practitioner and improve the implementation of preventive programs and health promotion in general practice



## CONCLUSION

Bulgarian health system demonstrates severe deficiencies and problems in its performance. It does not contribute effectively to improving of population health. It also fails to fulfill the population expectations about the quality of health care. The cost of health is rather high and unaffordable for vast majority of the population.

A long way of immediate reforms and effective changes is still ahead to achieve the European health care standards and to improve significantly the health of Bulgarian population!



**THANK YOU!**