BULGARIA

Health profile

Bulgaria is situated in South Eastern Europe, neighbouring Romania, Serbia and Montenegro, the Former Yugoslav Republic of Macedonia, Greece, and Turkey. Originally one of the countries of the Communist Block, Bulgaria changed its political and economical orientation after 1989 with the disintegration of the Communist Block, and became instead a multi-party liberal democracy. It is classified by the World Bank as a 'heavily indebted lower middle income country' although social and educational indicators are more favourable than the average for countries in this income group. However, Bulgaria's transition to a market economy has to date been less successful than the average in Central and Eastern Europe[1].

The total population of Bulgaria is 7.8 million inhabitants. In addition to the ethnic-Bulgarian majority, the country's population includes 760, 000 ethnic Turks (9.5% of the total population) and 366 000 Roma (4.6%), according to the 2001 census, although the Roma are commonly thought to constitute a much larger share of the population.

Poverty

In the late 1990s, almost two out of three Bulgarians earned less than the official minimum, and around half of the population lived below the official minimum subsistence level. In 1997, 60% of all incomes were spent on food, an increase from 32% seven years earlier.[2] In 1999 the official unemployment rate in Bulgaria was 16%, which was reported by WHO[3] as the second highest among the EU candidate countries after Slovakia and much higher than the EU average of 10.6%[4]. In total 17% of those unemployed had been without a job for between two and three years, and 28% had been jobless for more than three years.[5]

The groups most vulnerable to poverty have been identified as:

- Pensioners
- Those with few or no academic qualifications
- Roma population[6]

Bulgaria's gross domestic product, adjusted for purchasing power parity, was US $5,110 per capita in 1988. In 1992, it fell to a low point of US $4,250, but by 1999 this had increased by 19% to US $5,071. However, the figure remains among the lowest for the Central and East European (CEE) EU candidate states, some 23% of the EU average. Between 1989 and 1996 real wages in Bulgaria halved and inequalities in the distribution of earnings increased remarkably[7].

Between 1989-1998 the economic crisis in Bulgaria led to a sharp fall in living standards. Real

household incomes declined dramatically and the general decrease in incomes was accompanied by increasing income inequality. The Gini co-efficient in Bulgaria in the late 1990's was the highest among CEE and Baltic countries.

According to UNICEF[8] the decline in real income was particularly severe for families with several children where the situation has been exacerbated by the shrinkage of public social benefits, particularly child benefits which once provided an important source of income for families with children. The economic deterioration was accompanied by deterioration in a number of health indicators. Infant mortality rates stagnated during the 1990's, premature mortality remained at a high level and the incidence of several severe illnesses rose. The cost of health care was often reported by families to be a main reason for not seeking medical help for children.

To date no Living Standard Measurement Survey has been carried out in Bulgaria, although there are plans to undertake such a study in the near future. Bulgaria has a Poverty Reduction Program that is managed by the Social Affairs Ministry. Its main target group is identified as unskilled workers who have been unemployed for some time.

Key Health Indicators

Health and demographic data are collated from annual reports submitted by all health facilities. The Regional Health-Care Centres and the National Centre of Health Information produce data on health indicators at national, regional and institutional levels. These bodies are responsible for the production of national statistics.

During the last two decades the number of live births per 1,000 population has decreased from 14.5 in 1980 to below 8.6 in 2001. Despite a slight increase in the late 1990s, it is still one of the lowest birth rates in Europe. Since the crude death rate increased during the same period, the natural growth rate became negative in the 1990s, and it is now one of the lowest among European countries in transition.

Bulgarian life expectancy at birth for men was relatively high in the early 1970s, equalling the EU average. A slowly declining trend accelerated in the early 1990s, when life expectancy decreased by 1.5 years. Though most of this decline had been regained by 1999, the figure remains lower than in the 1970s and well below the average of the European Union and the Eastern EU candidate countries. In 1999, Bulgaria had the second lowest female life expectancy at birth.[9]

Since the mid 1980s mortality rates in Bulgaria have increased. In 1999 Bulgaria had the highest incidence of mortality from cardiovascular disease[10]. Mortality rates for men have increased by some 20%, the highest increase in the Balkan region. Mortality rates for women, despite having been stable for some 25 years, have also increased at a time when a declining trend has been observed in the other eastern EU candidate countries.[11]

Child Health

Following 15 years of improvement from 1970, the Bulgarian infant mortality rate has stagnated since the mid-1980's, and Bulgaria had the second highest rate amongst Eastern European EU candidate countries in 1999[12]. The main causes of infant mortality in Bulgaria are associated with malformations and perinatal conditions, a pattern seen elsewhere in Western Europe and in other countries in the region[13].

Immunization in Bulgaria is not yet universal. Estimated rates for 2001[14] were 94% for Polio, 93% for DPT and 92% for Measles and Rubella. TB vaccination for the newborn was estimated at 98%. The most common reported health problems for children under 1 year of age are respiratory complaints, skin complaints, diseases of the nervous system and sensory organs and infectious diseases[15].

Tobacco

In the mid-1990s, 41% of Bulgarian men and 17% of women smoked regularly. According to data from 1997 the proportion of male smokers has decreased, but among women the proportion of smokers has remained unchanged[16]. However, smoking rates are higher than in Western Europe. For example, the reported number of consumed cigarettes in Bulgaria in 1999 was 40% higher than the EU average[17].

HIV/AIDS

In Bulgaria, the incidence of HIV/AIDS (0.1/100,000 population in 1999) is among the lowest in the WHO European Region, and it is significantly lower than the EU average (2.5/100,000)[18]. However, HIV/AIDS surveillance and reporting mechanisms are underdeveloped in Bulgaria and little is known about vulnerable groups in the country[19]. Nationally reported data should therefore be treated with caution.

Recent data identifies an increase in the incidence of sexually transmitted disease in Bulgaria, for example the incidence of syphilis was relatively low in the early 1990's but this has increased rapidly from 5 to 32 cases per 100,000 population, which is

more than 30 times higher than the EU average[20]. Such rises could be considered indicative of a potential increase in the incidence of HIV/AIDS in the future. Reported HIV transmission in Bulgaria is primarily through heterosexual contacts (75%). Homosexual and bisexual contacts (15%) and blood products (3%) were reported as the other leading modes of transmission.

According to the Ministry of Health's Family Act and Regulation No.4, HIV testing is mandatory only for blood donors and blood products. The media has been used to raise public awareness of HIV/AIDS but the level of public knowledge about HIV/AIDS has not been formally assessed. Bulgaria has a National Program for HIV/AIDS and Sexually Transmitted Diseases for the period 2001-2007.

Health Service Structure and Provision

The health care reform processes started in the early-1990s prioritised the development of primary health care services and included the separation of primary and secondary care, the introduction of a general practitioner system, the development of guidelines and standards for good medical practice, as well as the decentralization, corporatisation and privatisation of medical facilities.

In-patient services include both general and specialized hospitals, emergency medical care centres (EMCC), transfusion haematology centres (THC), dispensaries, nursing homes and hospices, which provide acute care, chronic and long-term care, and rehabilitation services. According to the geography of the area served, hospitals may be district, inter-regional or national facilities.

Funding for both basic and specialized primary care is covered almost entirely by health insurance. A system of co-payment exists for in-patient care, primarily for surgical operations and materials. It is widely recognized that this has an impact on vulnerable groups; however there have been no reliable studies to evaluate this.

Staffing levels in the health sector in Bulgaria are slightly lower than in the EU, but favourable in comparison to other countries in the Balkan region[21].

Health Care Financing

A health insurance system for outpatient care was introduced in 2000 and for in-patient in 2001. In this system, the National Health Insurance Fund (NHIF) is a single statutory insurer and compulsory contributions are paid based on a payroll tax. The insured pay a percentage of their gross income with contributions divided equally between the employer and the employee (currently 3% from each). An additional percentage of income has to be paid by the individual if dependent family members are to be covered by the insurance. The self-employed are responsible for paying their own insurance contributions, whilst the contributions of those who do not belong to the work force are paid either by the state (eg for pensioners) or by the municipalities (eg for the unemployed).

A key feature of the system is the legal contractual system between caregivers, the NHIF and the public limited companies providing voluntary health insurance. All Bulgarian citizens have mandatory insurance covering a specified medical care package, paid for by the NHIF. The statutory independence of the three parties to health care – service user, service provider and funding agency – along with the introduction of the contractual relations, is considered by the government to be a prerequisite for a health-care market, introducing elements of competition amongst providers in the interest of the patient. The system aims to relate the funding of hospitals to their performance and the quality of the services they provide, whilst ensuring their independent operation. However, in common with other countries within the region, there is evidence of patients having to make informal payments to staff in order to access a reasonable quality of health care[22].

According to data from 1998, the share of health expenditure in total GDP was 4.7%, which was below the EU average of 8.6%

Key Health Policies

The Ministry of Health (MOH) is responsible for the development of health policy, health legislation and the planning of health services. It is supported in its health planning function by the medical universities, the Higher Medical Council and the National Association of Hospitals. The MOH has 28 regional centres which collect health related data on behalf of the National Health Information Centre. These regional health centres also have a role in implementing national policy and ensuring communication between local and central authorities. Regulation of the health sector is not strong since standards and regulatory means have not been established.

A National Health Strategy was produced by the MOH in 2001. The Strategy identifies a number of key aims:

1. To improve:
   - The health of pregnant women;
   - The health of newborn infants and children;

- The health of adolescents and young people;
- The health of individuals from risk groups threatened by poverty-related factors;
- The rehabilitation of physically handicapped individuals

2. To discourage high-risk behaviour such as smoking, alcohol and drug abuse; unhealthy diets and sedentary lifestyles
3. To reduce the number of premature deaths from coronary heart disease; strokes; malignancy and accidents
4. To reduce the incidence and severity of diabetes mellitus, bronchial obstructive conditions and mental disorders
5. To reduce the incidence of, and mortality from communicable diseases; diseases resulting from contaminated food and sexually-transmitted diseases, including HIV/AIDS.

The MOH is preparing a new health policy document and an action plan for implementation. The MOH directly manages its national agencies. It administers other services through its 28 regional health centres and through hospital directors appointed by the regional centres in cooperation with the municipalities.

The municipalities, as the owners of most health facilities, have yet to develop capacity to manage the health reform process. Managers of health facilities have little financial discretion since budgetary allocations from the municipalities are earmarked for specific purposes. The 1999 Law on Health-Care Institutions allows them to convert themselves into legally and financially self-governing entities with managerial autonomy. The Health Insurance Fund, when fully functioning, should also provide new planning and regulatory levers.

Multilateral/Bilateral Assistance

Multilateral agencies and bilateral donors providing support to the health sector include the World Bank, EU PHARE, the World Health Organisation, the Global Fund for HIV/AIDS, TB and Malaria, the United Nations Population Fund, the United States Agency for International Development, the South African Development Community, and the Directorate-General for International Cooperation (Netherlands).

Notes

1 Georgiera L, Powles J et al, Bulgarian Population in Transitional Period, Croatian Medical Journal, 43(2):240-244,2002
2 Ministry of Health 2001
3 Highlights on Health in Bulgaria WHO 2002. This report compares data from 10 EU accession candidate countries namely; Bulgaria, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia and Slovenia
4 Highlights on Health in Bulgaria, WHO 2001.
5 Ministry of Health 2001
6 NSI Statistics, April 2002
7 United Nations Economic Commission for Europe 1999
8 UNICEF Children in Bulgaria: Growing Impoverishment and Unequal Opportunities 2001
9 Highlights on Health in Bulgaria, WHO 2001
10 Highlights on Health in Bulgaria, WHO 2001
11 Highlights on Health in Bulgaria, WHO 2001. This report refers to Standardised Death Rates (death rate per 100,000 population adjusted to the age structure of a standardised European population)
12 Highlights on Health in Bulgaria, WHO 2001
13 Highlights on Health in Bulgaria, WHO 2001
14 WHO-UNICEF 2001
15 Data for 1999, National Centre for Health Informatics, Bulgaria
16 WHO Regional Office for Europe 1997
17 WHO Regional Office
18 European Centre for the Epidemiological Monitoring of AIDS 2000
19 National Strategy on HIV/AIDS and STI 2001-2007, MoH Bulgaria
20 Highlights on Health in Bulgaria 2001
21 Highlights on Health in Bulgaria, WHO 2001
22 Balabanova B and McKee M, Understanding informal payments for health care: the example of Bulgaria 2002

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Other elements of the project including a database of identified references, an in-depth information review of published studies, health statistics and reports from governments and other agencies, and a summary report can be found at http://www.lshtm.ac.uk/ecohost/see

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