



European
Commission

State of Health in the EU

Bulgaria

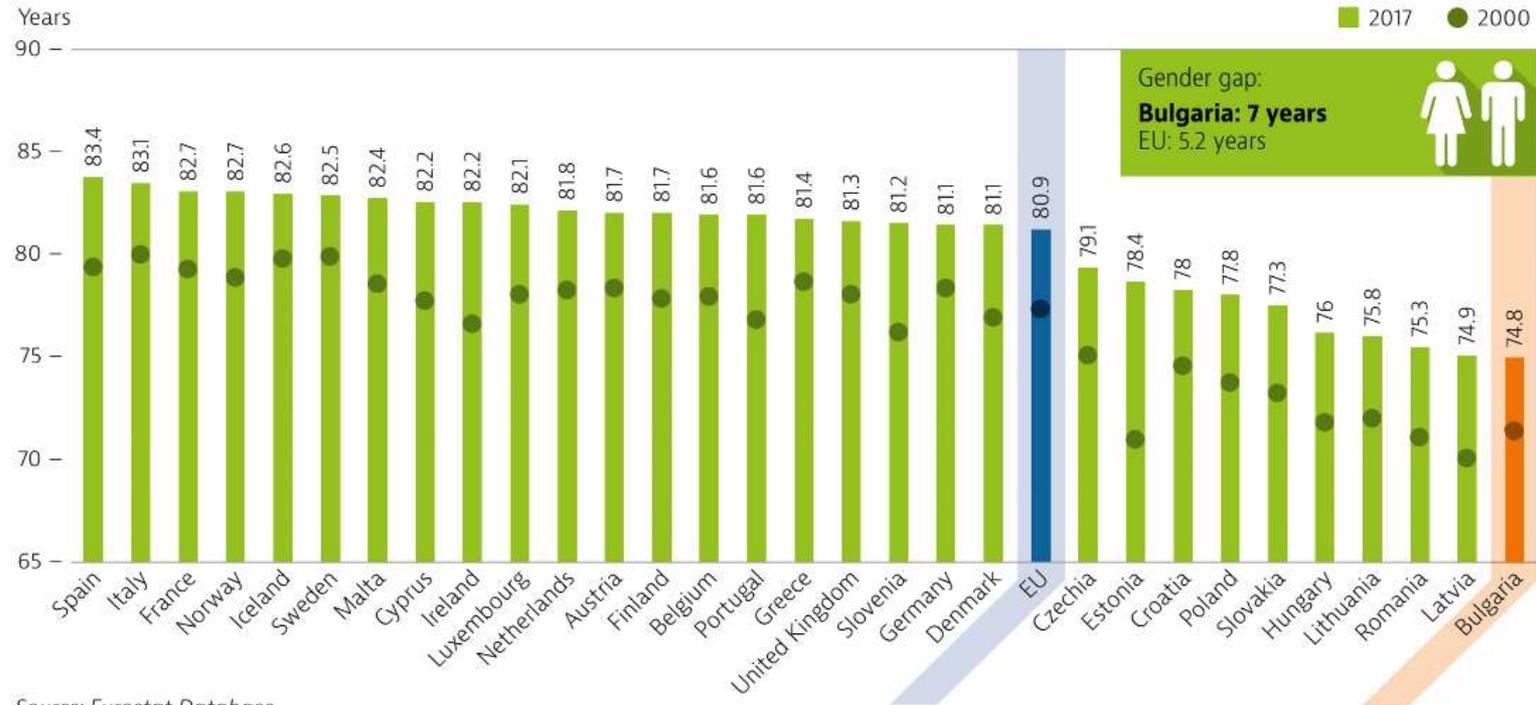
Country Health Profile 2019



Agenda

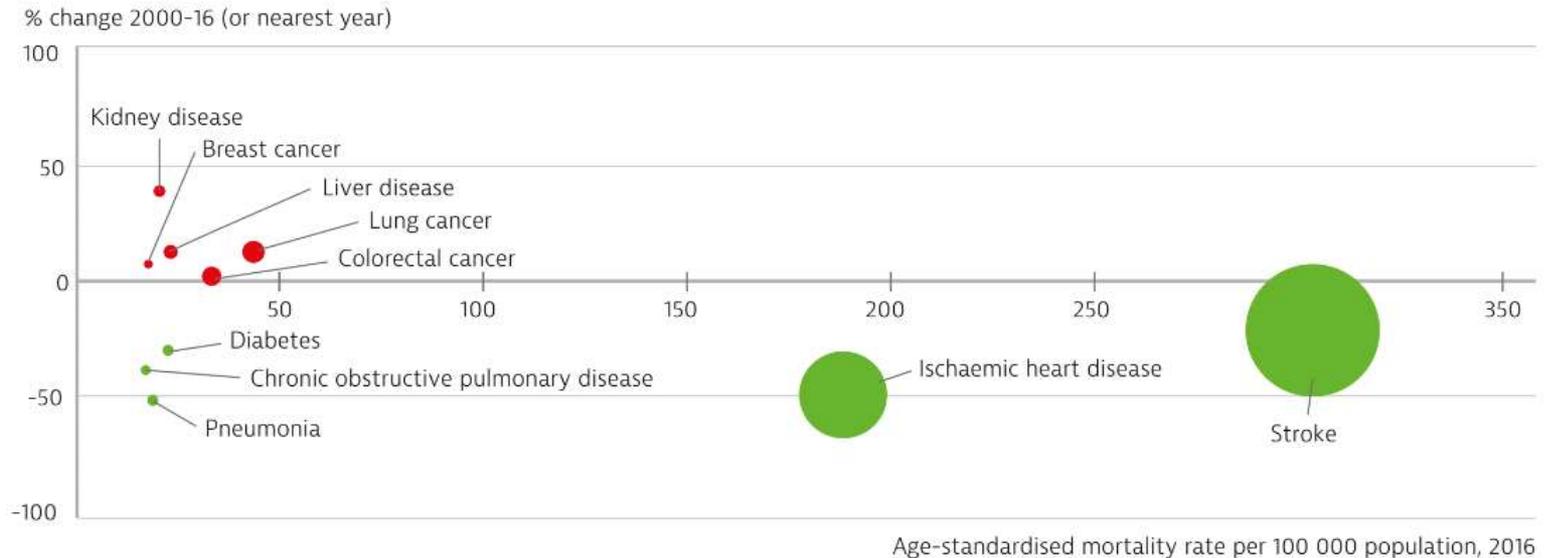
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Bulgaria recorded the lowest life expectancy in the EU



- Life expectancy in Bulgaria increased by more than three years between 2000 and 2017
- Also inequities in life expectancy e.g. between gender as are inequities along lines of regions and incomes

Deaths due to circulatory system diseases were high, but dropping



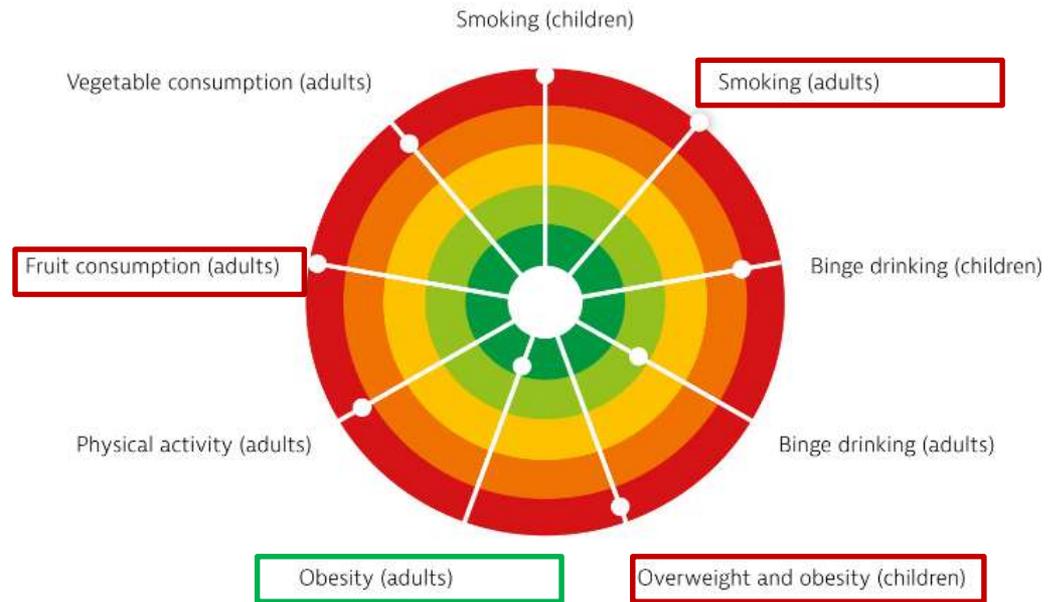
Note: The size of the bubbles is proportional to the mortality rates in 2016.
Source: Eurostat Database.

- Circulatory system diseases account for the highest number of deaths in Bulgaria, out of which ischaemic heart disease and stroke were principal causes of death
- Rising cancer-related mortality (esp. lung cancer) is a point of concern

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Behavioural risk factors remain high

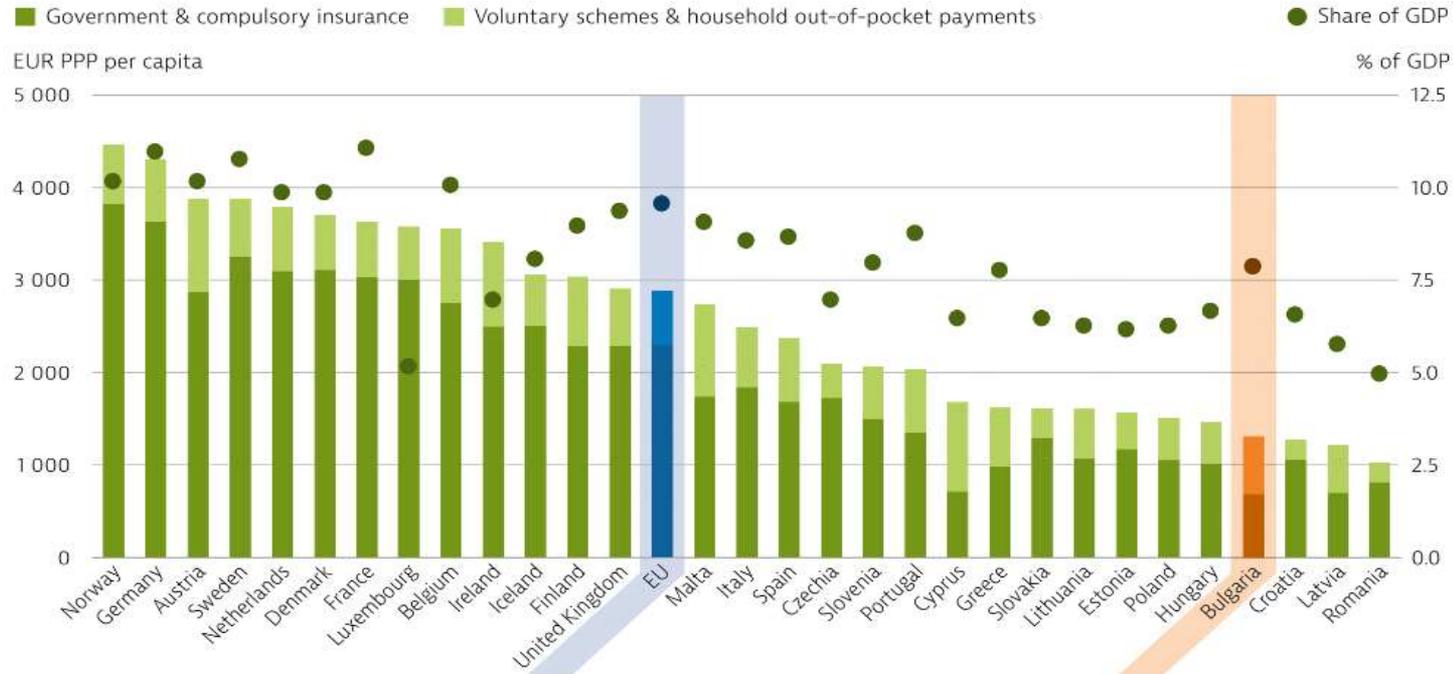
- The rate of adult smoking is the highest in the EU, with more than one in four adults smoking daily in 2014
- Nearly two thirds of the adult population do not consume at least one piece of fruit each day



Note: The closer the dot is to the centre, the better the country performs compared to other EU countries. No country is in the white 'target area' as there is room for progress in all countries in all areas. Sources: OECD calculations based on ESPAD survey 2015 and HBSC survey 2013–14 for children indicators; and EU-SILC 2017, EHIS 2014 and OECD Health Statistics 2019 for adults indicators.

- Obesity in adults was just below EU average, but one in five Bulgarian children was obese in 2014 (marked increase since 2005-2006)

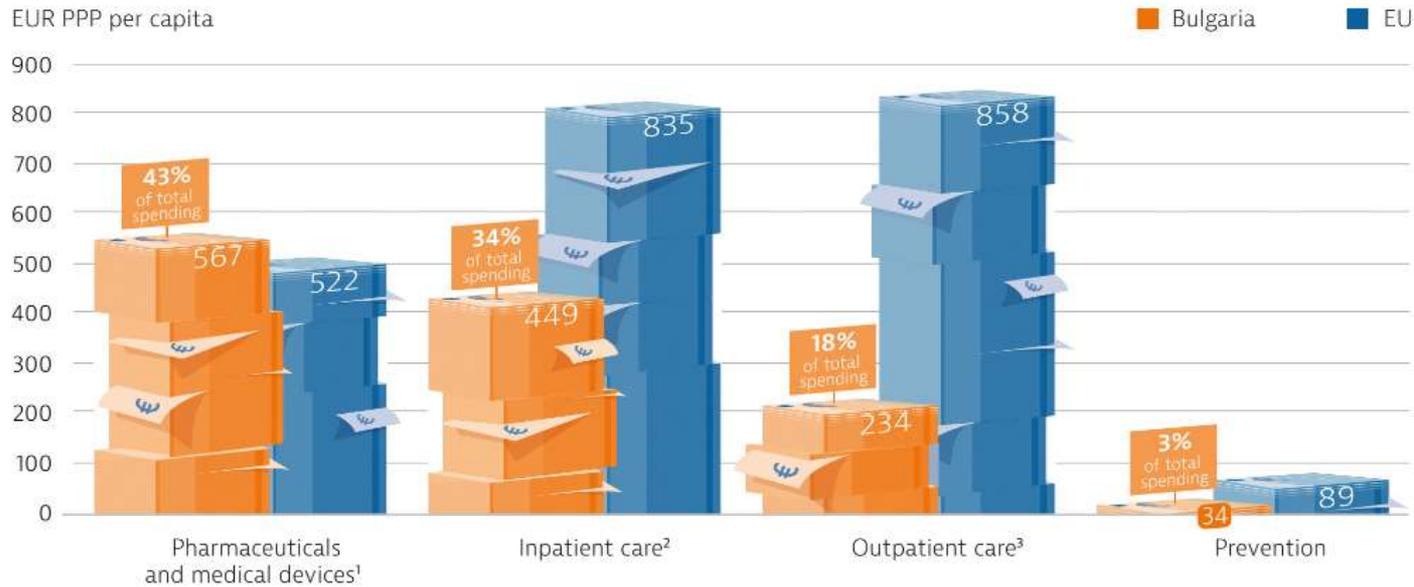
Highest annual growth rate in health expenditures



Source: OECD Health Statistics 2019 (data refer to 2017).

- Bulgaria spent EUR 1 311 per capita or 8.1% of its GDP on health
- continuous growth in health expenditure since 2009, outpacing the growth rate of every other EU Member State except Romania
- Public financing of the health system accounted for 52.1 % of total health spending in 2017 (and lowest level for Bulgaria since 1998)

Pharmaceuticals absorb highest share of health expenditure



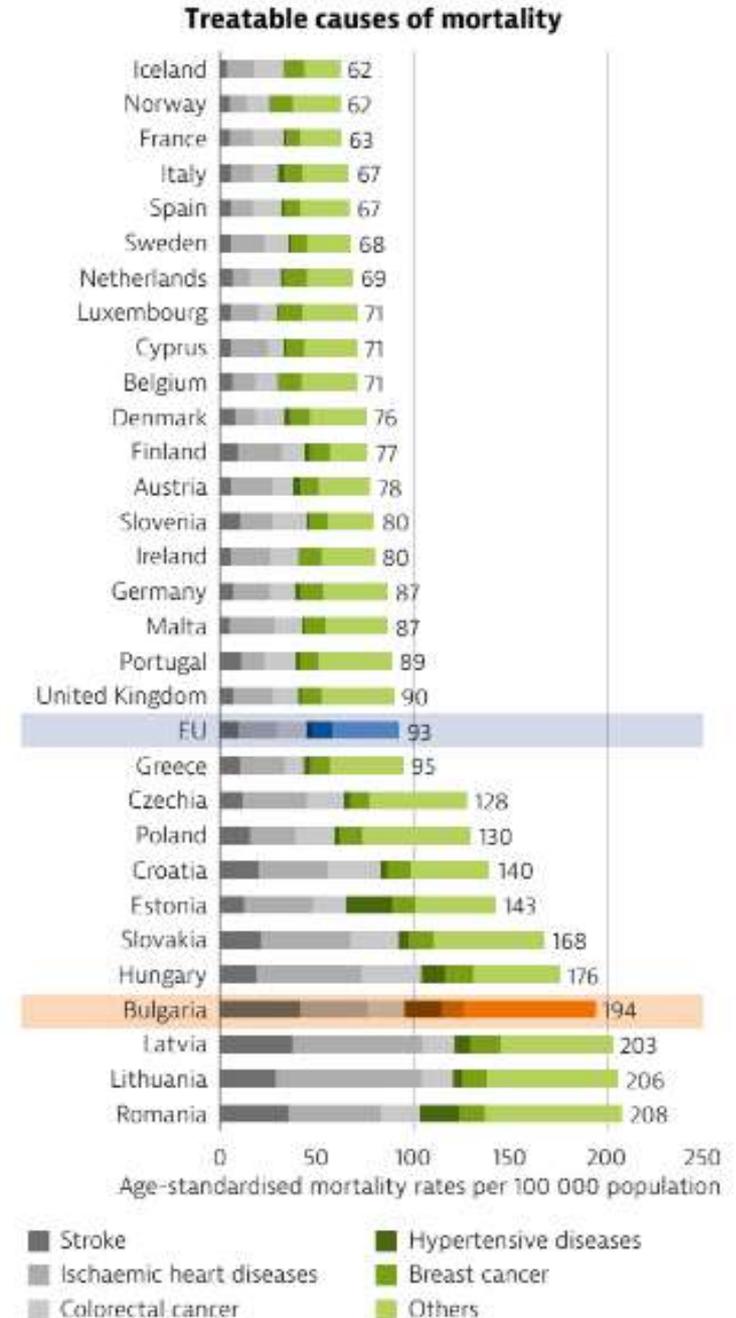
Notes: Administration costs are not included; 1. Includes only the outpatient market; 2. Includes curative-rehabilitative care in hospital and other settings; 3. Includes home care.

Sources: OECD Health Statistics, 2019; Eurostat Database (data refer to 2017).

- Expenditures for pharmaceutical are higher than the EU average and over 40% of total health expenditure
- Inpatient care causes the second highest budget item in health expenditure
- Health expenditure for outpatient care, prevention (and long-term care) are below EU average

Reduction in treatable mortality

- Mortality from causes that deemed treatable was fourth-highest in the EU
- Preventable mortality is slightly worse; lung-cancer, stroke, ischaemic heart disease and hypertension contributed to a majority of preventable mortality
- Tackling high behavioural risk factors is underway, but there is room for improvement in early diagnosis and treatment
- Vaccine-preventable mortality is challenged by declining coverage rates

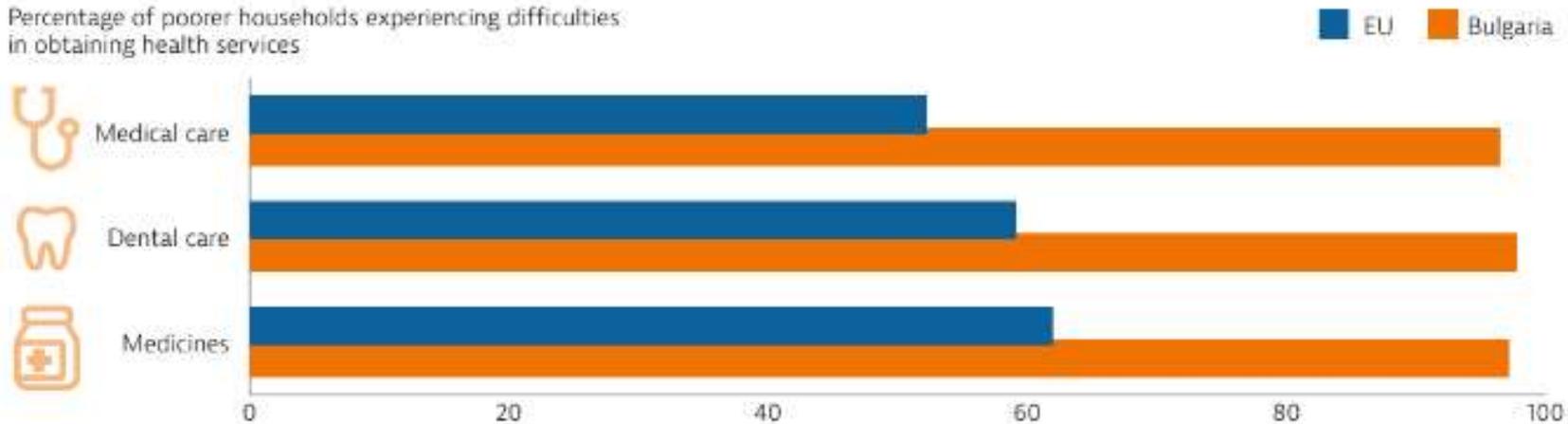


Note: Preventable mortality is defined as death that can be mainly avoided through public health and primary preventive interventions. Mortality from treatable (or amenable) causes is defined as death that can be mainly avoided through health care interventions, including screening and treatment. Both indicators refer to premature mortality (under age 75). The data are based on the revised OECD/Eurostat lists. Source: Eurostat Database (data refer to 2016).

Gaps in coverage and high private costs deteriorate accessibility

- A significant share of the population has no coverage (estimates varies between 10-14% of the total population) and have to pay directly for care
- The gap in population coverage disproportionately affects the long-term unemployed, the Roma population and those living in disadvantaged areas
- Bulgaria reported the highest share of private health spending in the EU in 2017 (46.6%), which was almost three times the EU average

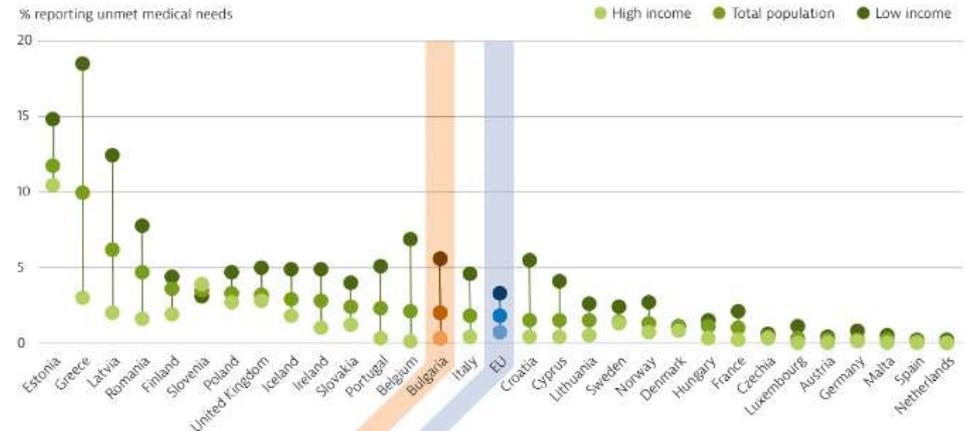
Percentage of poorer households experiencing difficulties in obtaining health services



Note: Only households below 60 % of median equivalised income are shown, aggregated by high and moderate burden in obtaining care.
Source: Eurostat Database (data refer to 2017).

Uneven availability of providers is marked

- Bulgaria has a relatively high density of doctors..
- ... but high regional disparities and few General Practitioners
- there are only few nurses



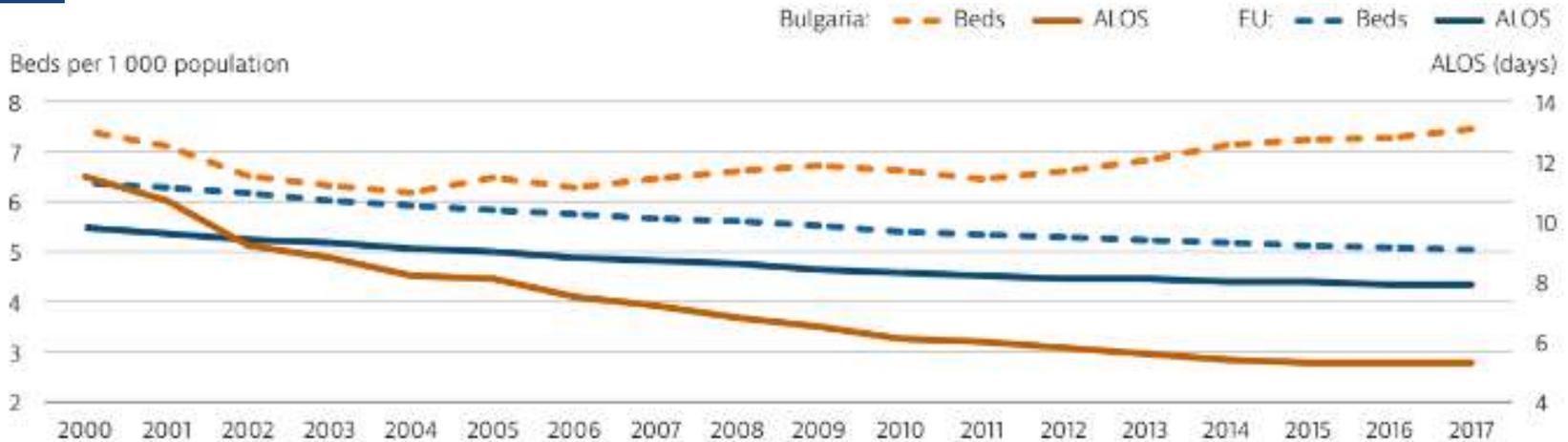
Note: Data refer to unmet needs for a medical examination or treatment due to costs, distance to travel or waiting times. Caution is required in comparing the data across countries as there are some variations in the survey instrument used.
Source: Eurostat Database, based on EU-SILC (data refer to 2017).



Note: The national average is calculated by taking into account the total number of doctors including those attached to other offices and includes practitioners working in individual or group practices under a contract with the NHIF in more than one district.
Source: National Statistical Institute, 2019.

- Self-reported unmet needs for medical care was 2 % in 2017 and only slightly above EU-average (a drop by 13 percentage points compared to 2008)

A growing (private) hospital sector with much activity

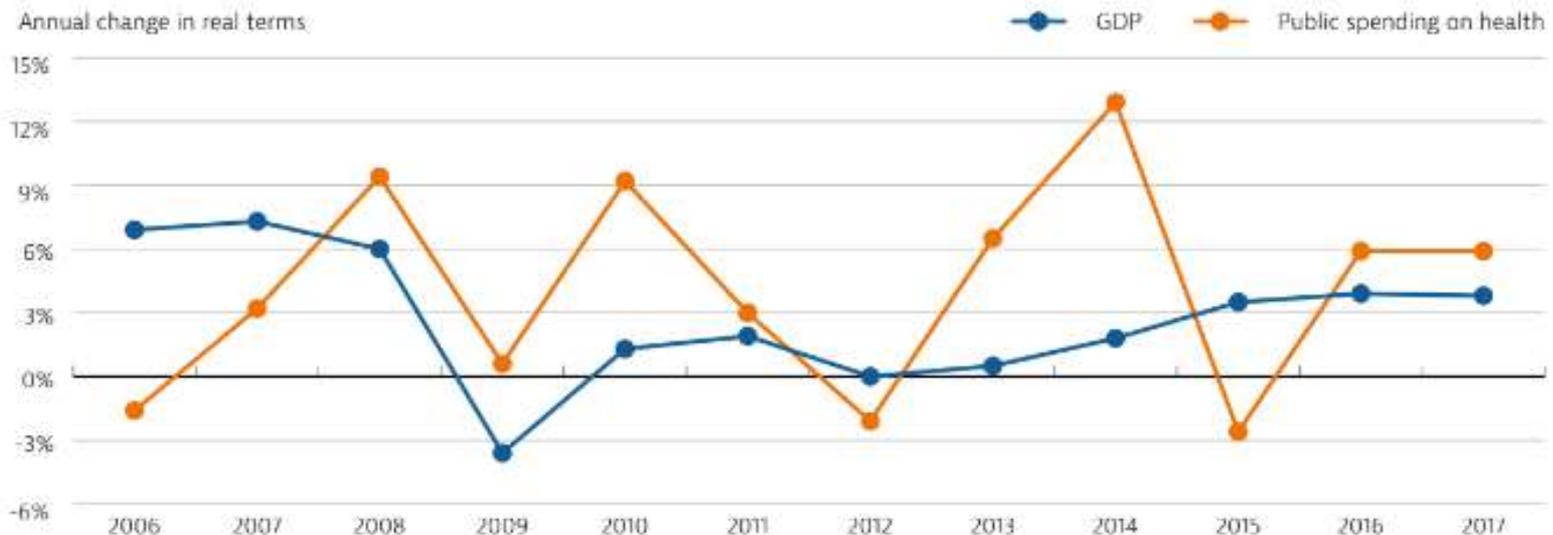


Note: ALOS: average length of stay
Source: Eurostat Database

- Bulgaria has the highest hospital admission rate in the EU (double the EU average)
- Number of private hospitals increased six-fold between 2000 and 2016 (while number of public hospitals decreased)
- Also admission rates for heart failure, diabetes and asthma can be avoided through a strong outpatient care setting that account for a tenth of all hospitalisations, where other hospitalisations could be avoided altogether

Resilience of the health system challenged

- Growth in health expenditure outpaced growth in GDP except for 2012 and 2015
- The increase in health expenditures is mainly driven by private expenditures which deepens problems of inequity and affordability
- Ageing of the medical workforce and general population will cause further challenges (e.g. providing long-term care in health system not yet included)



Key Findings

- The increase in spending for primary prevention and health promotion is encouraging but implementation is weak and does not yet materialise into declines in e.g. preventable mortality
- Strengthen outpatient care can help to contain hospital activity if services are accessible and provide high quality, assuming that the uneven distribution of health professionals and facilities can be overcome
- Shortages of general practitioners and nurses are barriers to delivering outpatient services; strategies to increase the number of graduates and the National Health Map seek to address these shortages
- Primary care is bypassed by a third of patients by calling an ambulance or visiting an emergency ward of a hospital: uninsured being among them

6 Key Findings (II)

- Containing hospital activity is vital to the health system and has been in the focus of many reform initiatives (e.g. selective contracting, stricter licencing regime, ban on new hospitals). But notably, the past few years have been marked by challenges to policy implementation and the rising influence of the national courts in this
- Savings in spending on pharmaceuticals can be possible and the introduction of Health Technology Assessment is an important milestone to achieve this aim
- Bringing down pharmaceutical prices is also important for private health expenditure, which are the highest in the EU (46.6%)
- Gaps in coverage for around 10-14% of population is also a major concern to affordability and accessibility of care

