European Commission



State of Health in the EU

Bulgaria

Country Health Profile 2023

OECD
BETTER POLICIES FOR BETTER LIVES

European Observatory on Health Systems and Policies
a partnership hosted by WHO

The *Country Health Profile* Series

The *State of Health in the EU*'s *Country Health Profiles* provide a concise and policy-relevant overview of health and health systems in the EU/European Economic Area. They emphasise the particular characteristics and challenges in each country against a backdrop of cross-country comparisons. The aim is to support policy makers and influencers with a means for mutual learning and voluntary exchange. For the first time since the series began, the 2023 edition of the Country Health Profiles introduces a special section dedicated to mental health.

The profiles are the joint work of the OECD and the European Observatory on Health Systems and Policies, in co-operation with the European Commission. The team is grateful for the valuable comments and suggestions provided by the Health Systems and Policy Monitor network, the OECD Health Committee and the EU Expert Group on Health Systems Performance Assessment (HSPA).

Contents

1. HIGHLIGHTS 3
2. HEALTH IN BULGARIA 4
3. RISK FACTORS 7
4. THE HEALTH SYSTEM 8
5. PERFORMANCE OF THE HEALTH SYSTEM 11
   5.1 Effectiveness 11
   5.2 Accessibility 13
   5.3 Resilience 16
6. SPOTLIGHT ON MENTAL HEALTH 20
7. KEY FINDINGS 22

Data and information sources

The data and information in the *Country Health Profiles* are based mainly on national official statistics provided to Eurostat and the OECD, which were validated to ensure the highest standards of data comparability. The sources and methods underlying these data are available in the Eurostat Database and the OECD health database. Some additional data also come from the Institute for Health Metrics and Evaluation (IHME), the European Centre for Disease Prevention and Control (ECDC), the Health Behaviour in School-Aged Children (HBSC) surveys and the World Health Organization (WHO), as well as other national sources.

The calculated EU averages are weighted averages of the 27 Member States unless otherwise noted. These EU averages do not include Iceland and Norway.

This profile was finalised in September 2023, based on data that were accessible as of the first half of September 2023.

Demographic and socioeconomic context in Bulgaria, 2022

Demographic factors	Bulgaria	EU
Population size	6 838 937	446 735 291
Share of population over age 65 (%)	21.7	21.1
Fertility rate[1] (2021)	1.6	1.5
Socioeconomic factors		
GDP per capita (EUR PPP[2])	20 709	35 219
Relative poverty rate[3] (%)	22.9	16.5
Unemployment rate (%)	4.3	6.2

1. Number of children born per woman aged 15-49. 2. Purchasing power parity (PPP) is defined as the rate of currency conversion that equalises the purchasing power of different currencies by eliminating the differences in price levels between countries. 3. Percentage of persons living with less than 60 % of median equivalised disposable income. Source: Eurostat Database.

Disclaimers: This work is published under the responsibility of the Secretary-General of the OECD. The opinions expressed and arguments employed herein do not necessarily reflect the official views of the Member countries of the OECD. The views and opinions expressed in European Observatory on Health Systems and Policies publications do not necessarily represent the official policy of the Participating Organizations.

This work was produced with the financial assistance of the European Union. The views expressed herein can in no way be taken to reflect the official opinion of the European Union.

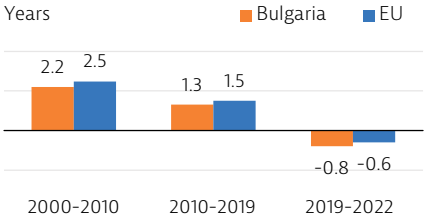
The names and representation of countries and territories used in this joint publication follow the practice of WHO.

Territorial disclaimers applicable to the OECD: This document, as well as any data and map included herein are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area. Additional specific disclaimers are available here.

Territorial disclaimers applicable to the WHO: The designations employed and the presentation of this material do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

© OECD and World Health Organization (acting as the host organisation for, and secretariat of, the European Observatory on Health Systems and Policies) 2023.

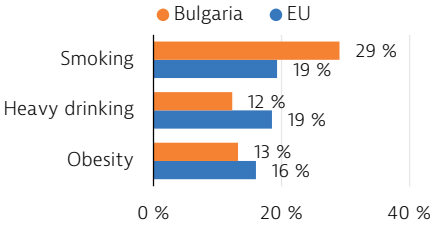
1 Highlights



Changes in life expectancy at birth

Health Status

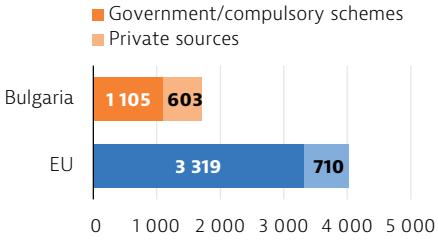
Life expectancy in Bulgaria grew between 2000 and 2019, corresponding to EU trends. A dramatic drop during the first two years of the COVID-19 pandemic set life expectancy back to pre-2000 levels, but it recovered and stood at 74.3 years in 2022. The gender gap is wider in Bulgaria than across the EU: Bulgarian men live on average 7.0 fewer years than women, compared to 5.4 years across the EU.



% of adult population, 2019

Risk Factors

Unlike the trend across the EU, smoking rates are increasing in Bulgaria. With 29 % of adults smoking daily, adult smoking rates were the highest in the EU in 2019. In contrast, rates of heavy drinking are relatively low. Self-reported obesity rates among adults are lower than the EU averages, despite poor nutritional and physical activity habits.



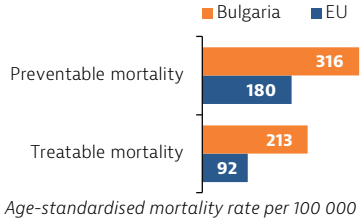
EUR PPP per capita, 2021

Health System

Although health expenditure increased substantially in 2021, at EUR 1 708 per capita, Bulgaria spent less than half the EU average (EUR 4 028). Public sources represent 65 % of spending compared to the EU average of 81 %. The majority of private spending comes from out-of-pocket payments (34 %) – a much higher share than the EU average (15 %).

Effectiveness

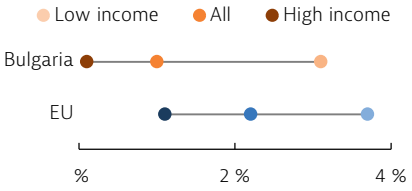
Preventable and treatable mortality rates are very high, suggesting shortcomings in prevention and promotion programmes, and insufficient financial and policy resources to improve diagnosis and treatment. Preventable mortality increased in 2020 as COVID-19 deaths are classified as preventable. However, unlike the trend across the EU, mortality from treatable causes in Bulgaria has been increasing since 2018.



Age-standardised mortality rate per 100 000 population, 2020

Accessibility

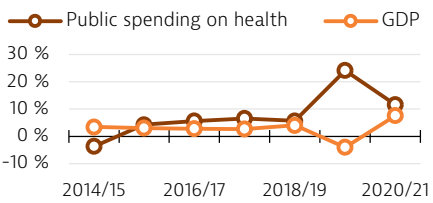
Unmet medical needs have declined markedly and were 1 % in 2022, which is below the EU average (2.2 %). Unmet needs reported by low-income households (3.1 %) are roughly 30 times higher than those among high-income households (0.1 %). The main factors include high out-of-pocket payments, insurance coverage gaps, referral quotas and uneven distribution of physical and human resources.



% reporting unmet medical care needs, 2022

Resilience

Despite steady increases since 2015, public spending on health in Bulgaria is among the lowest in the EU. With a 24 % growth rate between 2019 and 2020, the government made financing readily available to bolster its pandemic response, despite a decrease in GDP. Although not as significant, the growth rate in public funding for healthcare was sustained throughout 2020-21.



Annual change in real terms

Mental Health

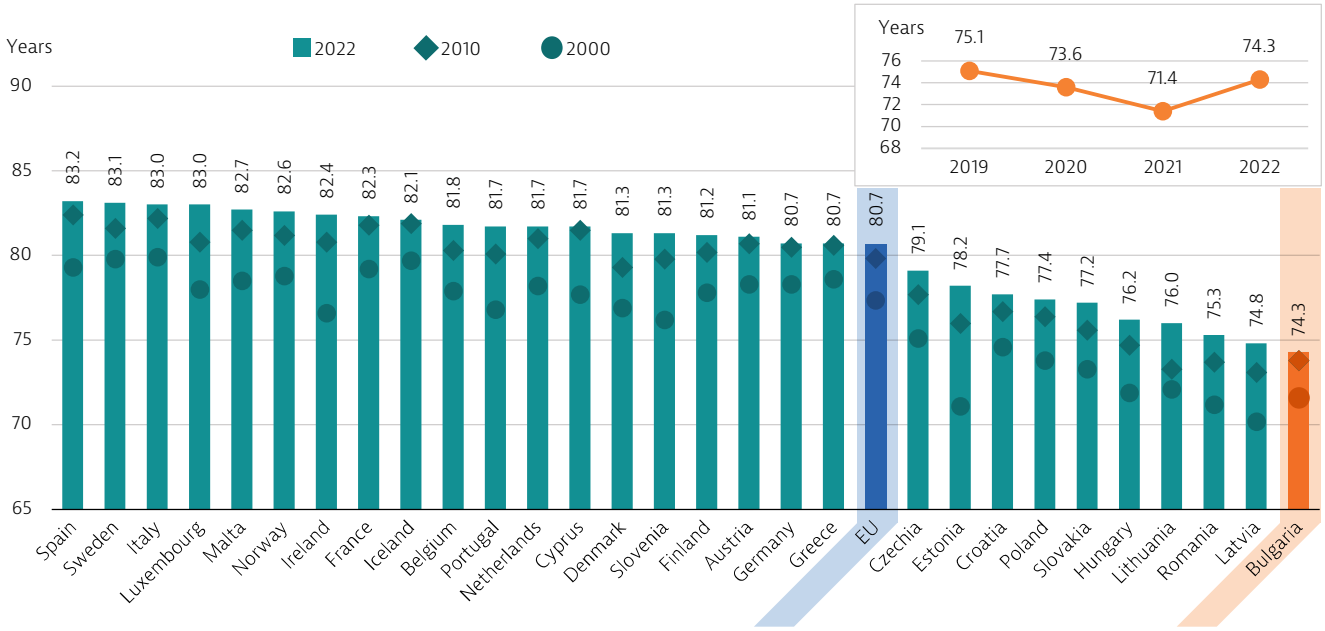
Approximately 13 % of people in Bulgaria lived with a mental health issue in 2019, with anxiety, depressive, alcohol and drug-use disorders the most common. While below the EU average of 17 %, stark income disparities exist: women on low incomes report depression over three times more than women on high incomes, and men on low incomes report depression nearly seven times more than those on high incomes. Recently, mental health has received increased political attention, marked by the launch of a new mental healthcare plan.

2 Health in Bulgaria

Life expectancy fell 3.7 years in 2019-21, the largest drop in the EU for this period

Historically, life expectancy at birth in Bulgaria is among the EU's lowest. While substantial improvements were made before the COVID-19 pandemic, a large drop of 3.7 years between 2019 and 2021 – the biggest in the EU – set life expectancy back to 71.4 years in 2021, the lowest level in Bulgaria in two decades. Although life expectancy recovered to 74.3 years in 2022, it remains the lowest among EU countries (Figure 1). Due to greater exposure to risk factors among men, the gender gap is wide: Bulgarian men live 7.0 fewer years than women, compared to 5.7 years across the EU.

Figure 1. Life expectancy at birth in Bulgaria was the lowest in the EU in 2022



Notes: The EU average is weighted. The 2022 data are provisional estimates from Eurostat that may be different from national data and may be subject to revision. Data for Ireland refer to 2021.
Source: Eurostat Database.

Circulatory diseases, driven by stroke and ischaemic heart disease, were the leading cause of death in 2021

In 2021, circulatory diseases comprised 54.5 % of all deaths, followed by COVID-19 (18.8 %) and cancers (11.6 %). Stroke (responsible for 15.9 % of all deaths) and ischaemic heart disease (11.0 %) were the leading causes of death from specific circulatory diseases (Figure 2). Lung (2.2 % of all deaths) and colorectal cancers (1.8 %) were the most frequent cause of death by cancer.

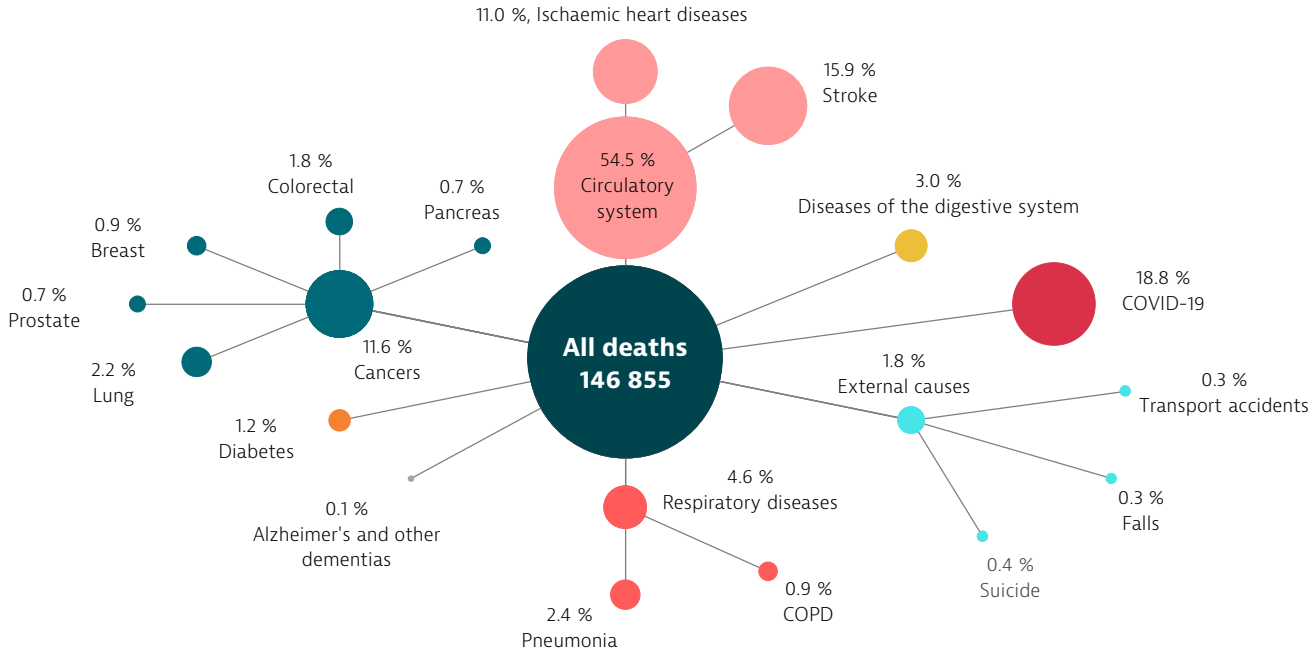
Excess mortality during the pandemic was high

Excess mortality, the number of deaths from all causes exceeding the average annual number of deaths in the five years preceding the pandemic (2015-19), provides a more complete picture of COVID-19's mortality impact. It represents a broader estimate of direct mortality due to COVID-19, including potential underattribution and underreporting, and indirect mortality that is likely to be due to disruptions in health services during the pandemic. Overall, more than 60 000 excess deaths occurred in Bulgaria between 2020 and 2022, 20.2 % above the historic baseline and higher than the EU average (12.6 %).

The same share of Bulgarians report being in good health as the EU average, but income disparities are larger

In 2022, 68 % of Bulgarians reported being in good health – the same as the EU average. However, there is a wider gap by income level: 84 % of Bulgarians in the highest income quintile reported being in good health compared to 53 % in the lowest quintile; in the EU, the rates were 79 % in the highest quintile and 58 % in the lowest. Gender disparities are also slightly wider than the EU

Figure 2. COVID-19 was the main single cause of mortality in Bulgaria in 2021



Note: COPD refers to chronic obstructive pulmonary disease.
Source: Eurostat Database (data refer to 2021).

average: 72 % of men reported being in good health compared to 65 % of women; in the EU, 70 % of men and 65 % of women viewed their health positively.

Bulgarians spend a substantial proportion of their lives after the age of 65 with disabilities

The share of people aged 65 and over in Bulgaria increased from roughly one in six (16 %) in 2000 to over one in five (22 %) in 2022. This share is projected to increase to almost one in three (31 %) by 2050.

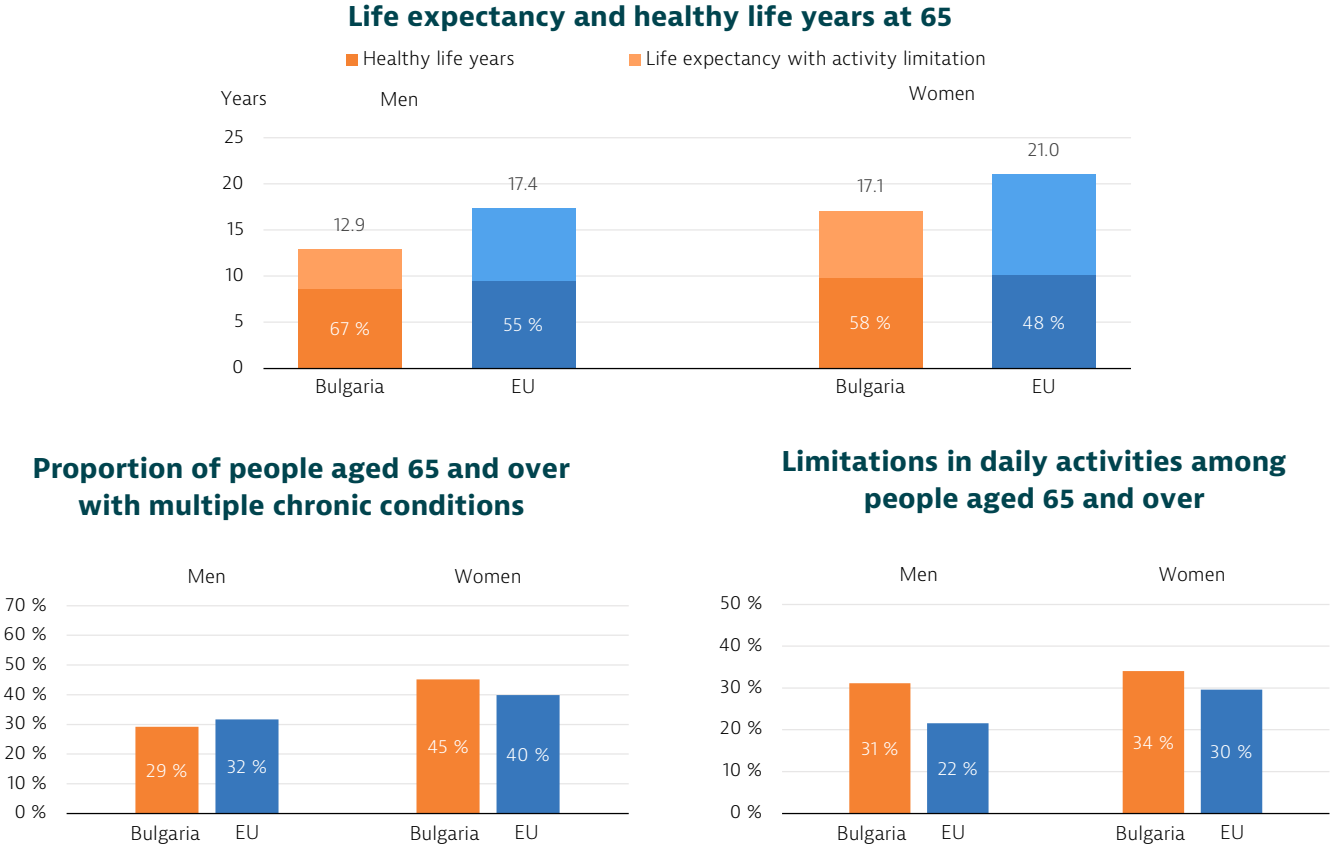
Both life expectancy and healthy life expectancy of Bulgarians at age 65 are lower than the EU averages. In Bulgaria people aged 65 years in 2020 could expect to live a further 15.1 years compared to the EU average of 19.3 years. Broken down by gender, 65-year-old women can expect to live a further 17.1 years, which is 4.2 more years than men, who can expect to live a further 12.9 years (Figure 3).

The gender gap in healthy life years (defined as disability-free life expectancy) was smaller at 1.3 years in 2020; however, this was roughly twice the EU average (0.6 years). Women in Bulgaria spend a higher proportion of their lives in old age with health issues that lead to limitations in their abilities to carry out the basic activities of daily life. For example, some 34 % of women aged over 65 years report limitations in daily activities compared to 31 % of men, while 45 % of older Bulgarian women report multiple chronic conditions (above the EU average of 40 %) compared to 29 % of men (below the EU average of 32 %) (Figure 3).

Prostate and breast cancers contribute significantly to the burden of cancer in Bulgaria

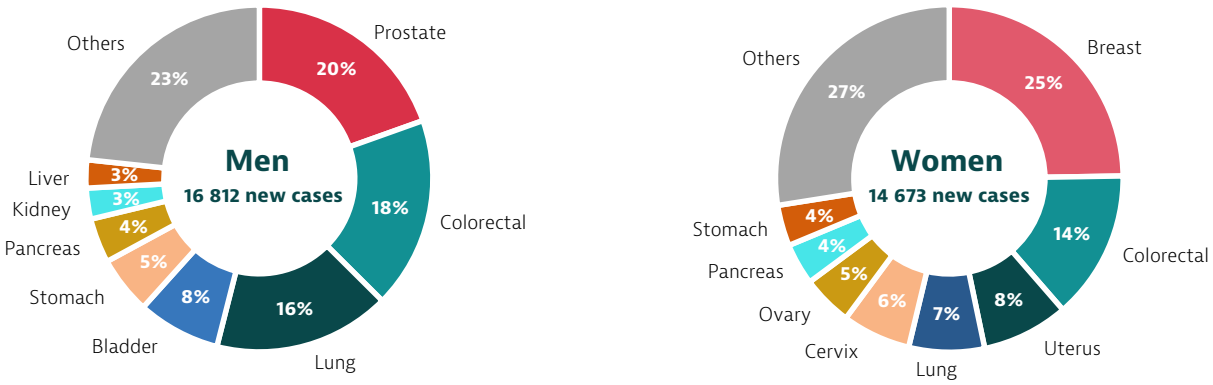
According to estimates from the Joint Research Centre, around 31 000 new cases of cancer were expected in Bulgaria in 2022. Overall, cancer incidence rates were expected to be lower than the EU averages for both men and women. Lower incidence in Bulgaria, together with low uptake of prevention services, may suggest a degree of underdiagnosis and challenges in providing effective treatment (see Section 5.1). Figure 4 shows that the leading cancers among men include prostate, colorectal and lung cancers. Among women, breast cancer is the leading cancer, followed by colorectal and uterine cancer.

Figure 3. A greater share of older Bulgarians report limitations in daily activities than across the EU



Sources: Eurostat Database (for life expectancy and healthy life years) and SHARE survey wave 8 (for multiple chronic conditions and limitations in daily activities). All the data refer to 2020.

Figure 4. More than 31 000 cancer cases in Bulgaria were expected to be diagnosed in 2022



Age-standardised rate (all cancer): 533 per 100 000 population
EU average: 684 per 100 000 population

Age-standardised rate (all cancer): 356 per 100 000 population
EU average: 488 per 100 000 population

Notes: Non-melanoma skin cancer is excluded; uterus cancer does not include cancer of the cervix.
Source: ECIS – European Cancer Information System.

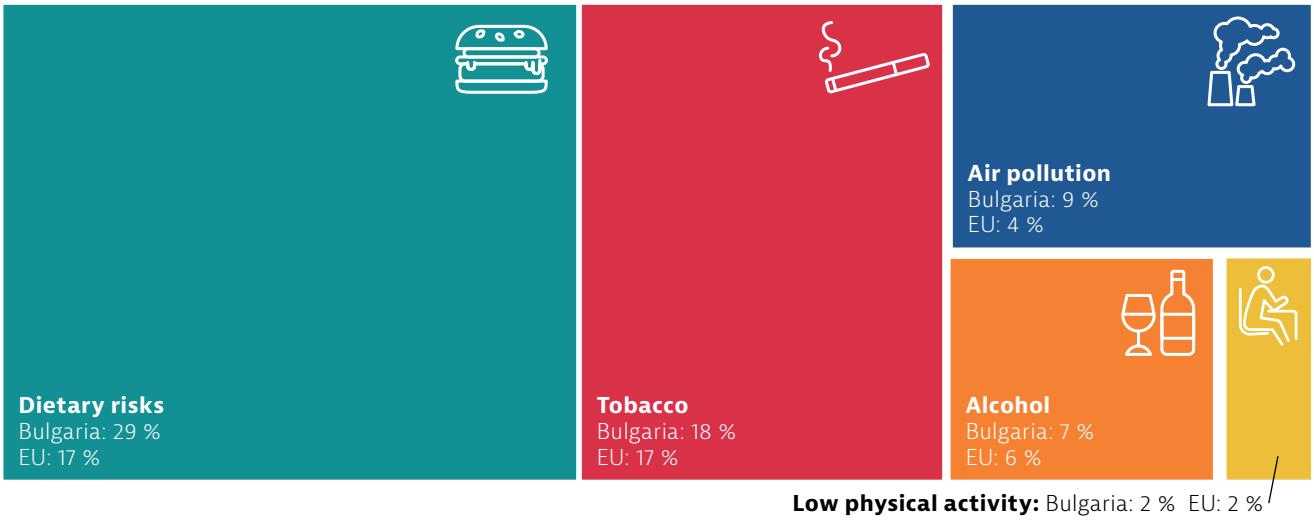
3 Risk factors

Behavioural risk factors comprise nearly half of all deaths

In 2019, almost half of all deaths in Bulgaria (48 %) could be attributed to behavioural or environmental risk factors (Figure 5). Poor diet, including low fruit and vegetable intake and high sugar and salt consumption, was linked to 29 % of all deaths, the highest proportion in the EU (17 %). Tobacco consumption contributed to around 18 % of all deaths, alcohol consumption to around 7 %, and low levels of physical activity to 2 %.

Fine particulate matter ($PM_{2.5}$) and ozone exposure account for about 9 % of mortality (over 11 000 deaths) in 2019, which is more than double the EU average (4 %). Air pollution contributes to mortality and morbidity from circulatory diseases, respiratory diseases and some cancers. Notably, Bulgaria has made improvements related to air pollution and its impact on population health in the last 15 years. For example, between 2009 and 2019, premature mortality from air pollution decreased at a faster rate than across the EU (OECD/EU, 2022), and since 2019, there has been a positive trend towards improved air quality.

Figure 5. Poor diet and tobacco are major contributors to mortality in Bulgaria



Notes: The overall number of deaths related to these risk factors is lower than the sum of each one taken individually, because the same death can be attributed to more than one risk factor. Dietary risks include 14 components, such as low fruit and vegetable intake, and high sugar-sweetened beverages consumption. Air pollution refers to exposure to fine particulate matter ($PM_{2.5}$) and ozone.
Source: IHME (2020), Global Health Data Exchange (estimates refer to 2019).

Smoking rates and alcohol consumption are high, including among adolescents

In contrast to EU trends, smoking rates for both adults and adolescents are increasing in Bulgaria. Adult smoking rates are the highest in the EU, with nearly three in 10 adults (29 %) smoking daily in 2019 (Figure 6). Smoking rates are almost two times higher among men (38 %) than women (21 %). Moreover, almost one third (32 %) of adolescents smoked daily in 2022 – the highest rate in the EU, along with Italy.

Overall alcohol consumption in litres per capita among adults in Bulgaria (11.2 litres) was 12 % higher than in the EU as a whole in 2019 (10 litres). However, only 12.3 % of adults reported heavy drinking[1] in 2019, compared to 18.5 % across the EU. Men were over three times more likely than women to be heavy drinkers (19 % compared to 6 %). With 36 % of 15-year-olds reporting in 2022 that they have been drunk more than once in their life, alcohol consumption rates among adolescents are among the highest in the EU, where the average is 18 %.

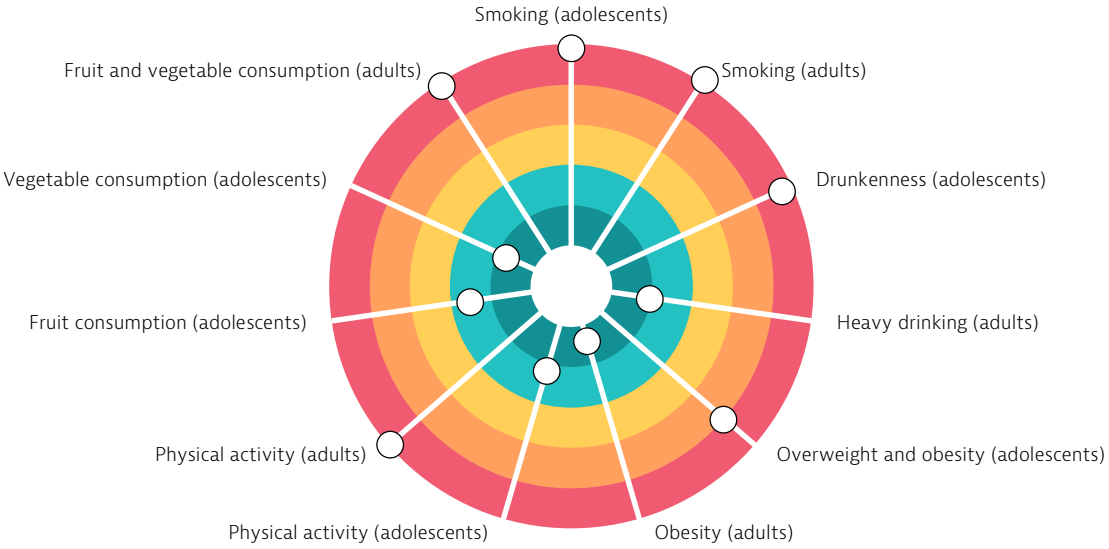
1 *Heavy drinking is defined as consuming six or more alcoholic drinks on a single occasion for adults.*

Obesity rates are low among adults, but poor nutritional and physical activity habits persist

At 13 %, the self-reported rate of obesity among adults in 2019 was the second lowest among EU countries, where the average was 16 %. Nonetheless, most adults report poor nutritional and physical activity habits. The proportion of adults reporting consuming at least five portions of fruit and vegetables per day was the lowest in the EU at 5.0 %, and far below the EU average of 12.4 %. The share of adults reporting engaging in at least 150 minutes of (moderate) physical activity per week was 11.3 % – the smallest in the EU in 2019 (Figure 6).

In 2022, the overweight and obesity rate among 15-year-olds in Bulgaria was 24 % compared to the EU average of 21 %. More than three times as many boys (36 %) as girls (12 %) self-reported that they were overweight or obese. Meanwhile, unlike adults, Bulgarian adolescents are among the most physically active in the EU, with 18 % reporting at least moderate physical activity each day in 2022, compared to a 15 % EU average. Additionally, with 40 % of 15-year-olds eating vegetables daily, vegetable consumption among Bulgarian adolescents is relatively high compared to their EU peers. In response to concerns about rising overweight and obesity in adolescents, Bulgaria has implemented programmes to promote healthy eating in school-aged children (see Section 5.1).

Figure 6. Smoking, as well as heavy drinking and rising obesity among adolescents, are important public health issues



Notes: 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 HBSC survey 2022 for adolescents indicators; and EHIS 2019 for adults indicators.

4 The health system

Bulgaria's social health insurance delivers services through a mix of public and private providers

The Bulgarian health system is centralised. The National Assembly approves the National Health Strategy, which is coordinated by the Council of Ministers. The Ministry of Health is responsible for overall system organisation and functioning, while the public benefits package is set through ordinances by the Minister of Health. Public health is overseen by regional health inspectorates at the district level.

The compulsory health insurance scheme provides a basic package of healthcare services through the budget of the National Health Insurance Fund (NHIF). According to national data, around 12 % of the population did not have health insurance in 2020 (Ministry of Finance, 2021) (see Section 5.2). Voluntary health insurance (VHI) plays a negligible role.

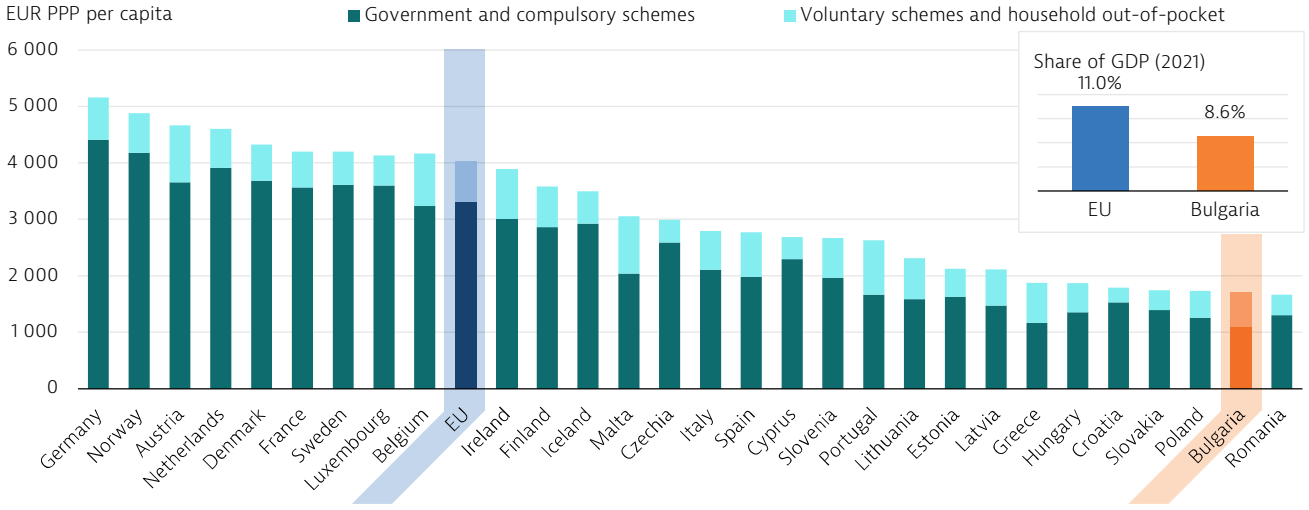
Hospital care is delivered by public and private providers. Most ambulatory care facilities, including most primary care providers, are registered under the Commercial Act, although municipality and state-hospital-owned outpatient facilities also deliver specialised medical services. General practitioners (GPs) are independent practitioners under the NHIF, operating in individual or group practices, and are gatekeepers to publicly-financed specialised care.

Healthcare spending remains low and out-of-pocket payments are the highest in the EU

Current health expenditure reached 8.6 % of GDP in 2021 compared to 11.0 % in the EU (Figure 7). Despite considerable increases in response to the COVID-19 pandemic (see Section 5.3), at EUR 1 708 per capita (adjusted for differences in purchasing power) in 2021, Bulgaria's health expenditure is the second lowest in the EU and about two fifths of the EU average (EUR 4 028) (Figure 7).

The share of public financing for health has increased by 4.1 percentage points since 2019 and stood at 64.7 % in 2021. Nevertheless, it is still one of the lowest shares in the EU, where the average is 81.1 %. Consequently, at 34 %, out-of-pocket (OOP) payments, primarily for pharmaceuticals and direct payments for services not in the benefits package, are the highest in the EU where the average is 15 %. Meanwhile, 6 % of respondents to a 2022 EU survey reported making an informal payment to a doctor, nurse or hospital. Although this level is higher than the 4 % average across the EU, it represents a decrease from 2019, when it was 10 % (EU, 2022).

Figure 7. The share of public spending on health is among the lowest in the EU



Note: The EU average is weighted.
Source: OECD Health Statistics 2023 (data refer to 2021, except Malta (2020)).

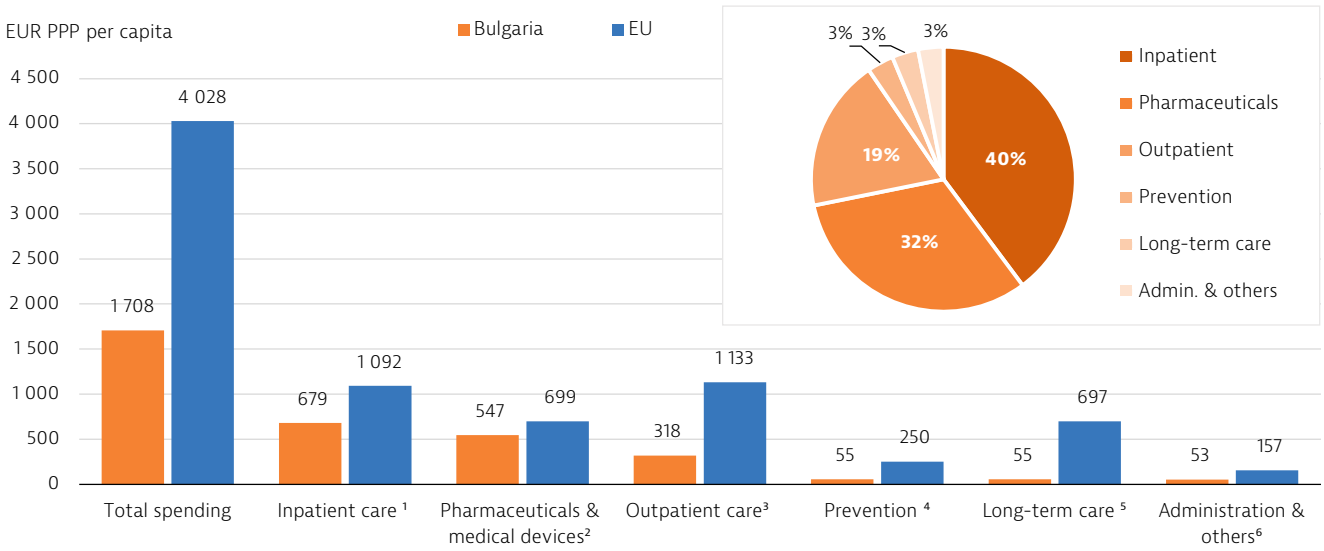
Inpatient care and medical goods (mostly pharmaceuticals) are the largest categories of health spending

Bulgaria allocated relatively large shares of its budget to inpatient care (40 %) which is well above the EU average (28 %) (Figure 8). Given that Bulgaria's total health expenditure is relatively low, outpatient pharmaceuticals and medical devices, whose prices tend to converge within the single market, absorb 32 % of health spending, which is also far higher than the EU average of 18 %. In contrast, Bulgaria spent relatively small shares on outpatient care (19.0 %) and long-term care (LTC) (3 %) in 2021, below the EU averages of 29 % on outpatient care and 16 % on LTC. The share of spending on prevention (3 %) was half of the EU average (6 %).

The density of hospital beds in Bulgaria has increased in the last 15 years

Bulgaria consistently has had more hospital beds than the EU average and, contrary to trends in other countries, the number has continued to grow over the years. In 2005 (the first year of full regional data), Bulgaria had 6.5 beds per 1 000, higher than 5.8 in the EU. In 2021, there were 7.9 hospital beds per 1 000 population, which is the highest in the EU. In 2021, around 84 % of hospital beds were curative beds, 12 % were rehabilitative and about 4 % were for LTC. Along with the relatively high spending levels on inpatient care, the increase in the number of beds reflects Bulgaria's hospital-centric healthcare delivery model.

Figure 8. Health spending per capita in Bulgaria was below the EU average for all types of care in 2021

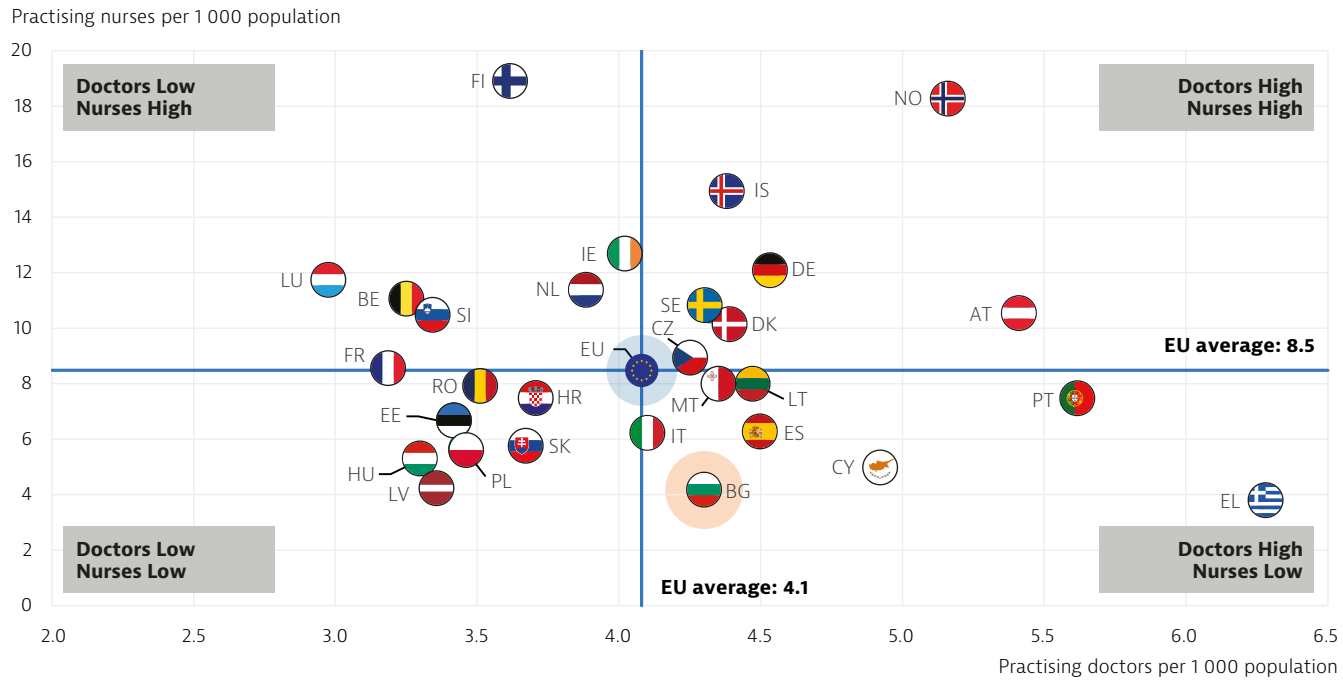


Notes: 1. Includes curative-rehabilitative care in hospital and other settings; 2. Includes only the outpatient market; 3. Includes home care and ancillary services (e.g. patient transportation); 4. Includes only spending for organised prevention programmes; 5. Includes only the health component; 6. Includes health system governance and administration and other spending. The EU average is weighted.
Source: OECD Health Statistics 2023 (data refer to 2021, except Malta (2020)).

Shortages of general practitioners and nurses threaten future health system sustainability

Physician density is comparatively high at 4.3 physicians per 1 000 population in 2021, slightly above the EU average of 4.1 per 1 000. Nevertheless, certain specialties and areas face shortages. Generalists comprised only 13.4 % of all physicians in 2021, down from 16.5 % in 2011, one of the lowest proportions among other EU countries. Bulgaria also has some of the lowest nursing densities in the EU. There are 4.2 nurses per 1 000 population, which is around half the EU average of 8.5 per 1 000 (Figure 9). Key workforce challenges, which threaten access, system resilience and sustainability, include emigration, ageing and dissatisfaction with working conditions (see Section 5.3).

Figure 9. Overall physician density is higher than the EU average while nursing levels are half the EU average



Notes: The data on nurses include all categories of nurses (not only those meeting the EU Directive on the Recognition of Professional Qualifications). In Portugal and Greece, data refer to all doctors licensed to practise, resulting in a large overestimation of the number of practising doctors (e.g. of around 30 % in Portugal). In Greece, the number of nurses is underestimated as it only includes those working in hospitals.
Source: OECD Health Statistics 2023 (data refer to 2021 or the nearest available year).

5 Performance of the health system

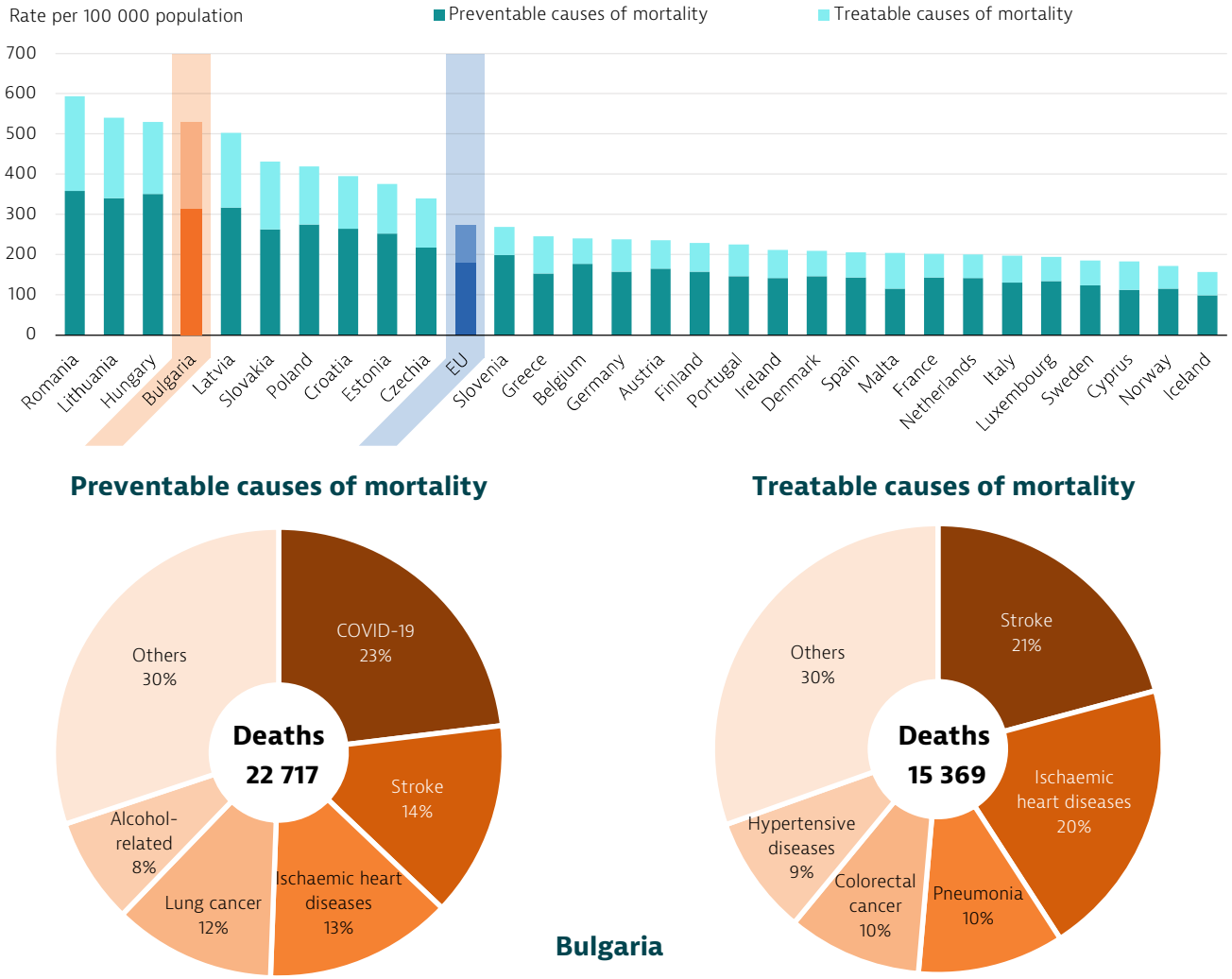
5.1 Effectiveness

COVID-19 surpassed stroke as the main cause of preventable mortality in 2020

Mortality rates from both preventable and treatable causes in Bulgaria are among the highest in Europe (Figure 10). In 2020, preventable mortality was 316 per 100 000 population, compared to the EU average of 180. As in other EU countries, preventable mortality increased in Bulgaria between 2019 and 2020 (by 37 %), mainly due to COVID-19 deaths being classified as preventable. COVID-19 was the main cause of preventable mortality in 2020, accounting for 23 % of all deaths, followed by stroke (14 %), ischaemic heart disease (13 %), lung cancer (12 %) and alcohol-related diseases (8 %).

Mortality from treatable causes in 2020 was 213 per 100 000 population, more than double the EU average of 92. Unlike the EU-wide decline, Bulgaria's treatable mortality rates increased between 2018 and 2020. Stroke (21 %) and ischaemic heart disease (20 %), considered equally preventable and treatable, comprised 41 % of deaths due to treatable causes, followed by pneumonia (10 %), colorectal cancer (10 %), and hypertensive disease (9 %). The renewed National Programme on Chronic Non-Communicable Diseases (2021-25) has yet to address the burden of circulatory system conditions. Meanwhile, new reforms, which are supported by the EU's Recovery and Resilience Facility, including a National Cancer Plan and a National Map of Long-term Health Needs, aim to minimise the burden of cerebrovascular diseases and cancers (see Section 5.3).

Figure 10. Avoidable mortality in Bulgaria is among highest in the EU



Notes: Preventable mortality is defined as death that can be mainly avoided through public health and primary prevention interventions. Treatable (or amenable) mortality is defined as death that can be mainly avoided through healthcare interventions, including screening and treatment. Both indicators refer to premature mortality (under age 75). The lists attribute half of all deaths from some diseases (e.g. ischaemic heart disease, stroke, diabetes and hypertension) to the preventable mortality list and the other half to treatable causes, so there is no double-counting of the same death.
Source: Eurostat Database (data refer to 2020).

The effectiveness of policy efforts to reduce risky behaviour has been limited

High rates of mortality from stroke, lung cancer and ischaemic heart disease are attributable to an elevated prevalence of behavioural risk factors, including poor diet and nutrition, lack of physical activity and high rates of smoking and alcohol consumption (see Sections 2 and 3). Although Bulgaria earmarks 1 % of excise duties on tobacco and alcohol products to fund national primary prevention programmes, resources for public health interventions are insufficient. Moreover, access to, and enforcement of, existing health promotive and preventive services and strategies face several challenges. Tobacco control measures, e.g. bans on public smoking and on cigarette sales to minors as well as guidelines for tobacco advertising and packaging, are characterised by weak institutional capacity to enforce regulations or deliver information campaigns.

Additionally, the effectiveness of national programmes to promote healthy lifestyles and tackle chronic conditions is unclear. Despite mixed evidence of their impact, the Healthy Kids Project and the National Strategy for Physical Education and Sports Development 2012-22, which were established to address the increasing numbers of overweight and obese children, have been renewed.

Uptake is low for seasonal influenza and human papillomavirus vaccinations

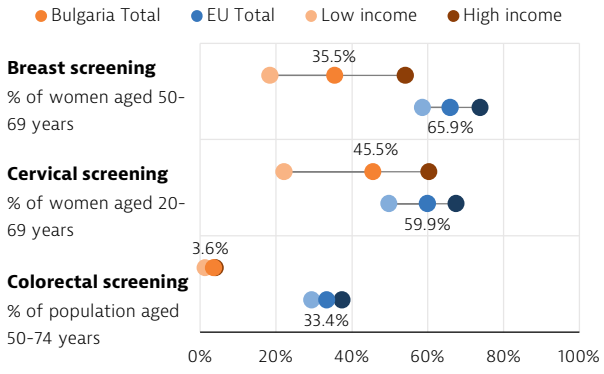
Bulgaria is encountering low vaccination rates. In 2021, 8.9 % of the population aged over 65 years was vaccinated against seasonal influenza. This percentage is far below the EU average of 50.8 % for that year but is substantially higher than Bulgaria's 2019 rates (5.8 %). This positive trend is in line with increases across Europe and follows the introduction of the National Programme for Improving Vaccine Prevention of Seasonal Influenza 2019-22, which provided free vaccines for the target population, though it failed to meet its coverage targets. A new National Programme for Vaccination against Seasonal Influenza and Pneumococcal Infections in Persons Aged 65+ (2023-26) was approved in early 2023 to expand on this Programme. Its vaccination coverage goals for Bulgaria's older population include achieving a 35 % influenza vaccination rate for people aged 65 years and older, and a 15 % vaccination rate for pneumococcal infections by 2026. In 2022, despite free human papillomavirus (HPV) vaccines for girls aged 10-13, only 9 % of all girls aged 15 had been vaccinated against HPV in Bulgaria, the same share as in the two previous years, and far below the EU average of 63.4 %.

Low population health literacy, lack of awareness of the existence of vaccines, and increasing vaccine reluctance and hesitancy, in part due to rising conspiracy theories related to the COVID-19 vaccine, contribute to low rates of vaccine coverage (see also Section 5.3).

Bulgaria has some of the lowest cancer screening rates in the EU

In 2019, the breast cancer screening rate among women aged 50-69 in Bulgaria was 35.5 % – far below the EU average of 65.9 %.[2] Colorectal cancer screening rates among the population aged 50-74 were the second lowest in the EU at 3.6 %, compared to the EU average of 33.4 %. Cervical cancer screening coverage among women aged 20-69 was 45.5 %, which is also well below the EU average of 59.9 %. Notably, there are significant differences in screening rates by socioeconomic status. In 2019, Bulgarian women in the highest income quintile reported higher breast cancer screening rates (54.1 %) than those in the lowest quintile (18.4 %), and 60.3 % of women in the highest income quintile had been screened for cervical cancer in the past two years, compared to only 22.1 % of women in the lowest quintile. These are the largest income-based gaps in the EU. For colorectal cancer, the gap is smaller than the EU average gap (Figure 11). There are also disparities by location, as most screening activities occur in urban centres, leaving those in rural areas with limited access to these important services.

Figure 11. Income-related disparities for breast and cervical cancer screening are much larger than in the EU



Notes: Low income is defined as the population in the lowest income quintile, whereas high income is defined as the population in the highest income quintile. The proportions refer to people who report having undergone a test in the two years preceding the survey.
Source: Eurostat Database (EHIS 2019)

2 *This rate was lower (20.6 %) based on programme data.*

Weak public understanding of national cancer screening challenges efforts

Implementation of cancer screening programmes is fragmented due to unsystematic organisation, a lack of financial support and no national programme for population-based cancer screening for specific at-risk populations. COVID-19 also undermined cancer-related primary prevention and early detection through people's fear of exposure, the implementation of lockdowns, the temporary suspension of preventive check-ups and screening programmes, and the subsequent decreases in demand for health services.

Several measures have been introduced to improve screening rates and cancer prevention more generally, including the adoption of Bulgaria's first National Cancer Plan in early 2023 and the inclusion, in 2022, of additional diagnostic tests (e.g. biannual breast ultrasounds for women aged 30-50 years) in prophylactic check-ups reimbursed by the NHIF (OECD, 2023). Additionally, Bulgaria's National Recovery and Resilience Plan (RRP) contains specific reforms related to investment in cancer prevention (see Section 5.3). However, low awareness of which diagnostic tests are covered by the NHIF and low rates of annual attendance at prophylactic check-ups remain challenging.

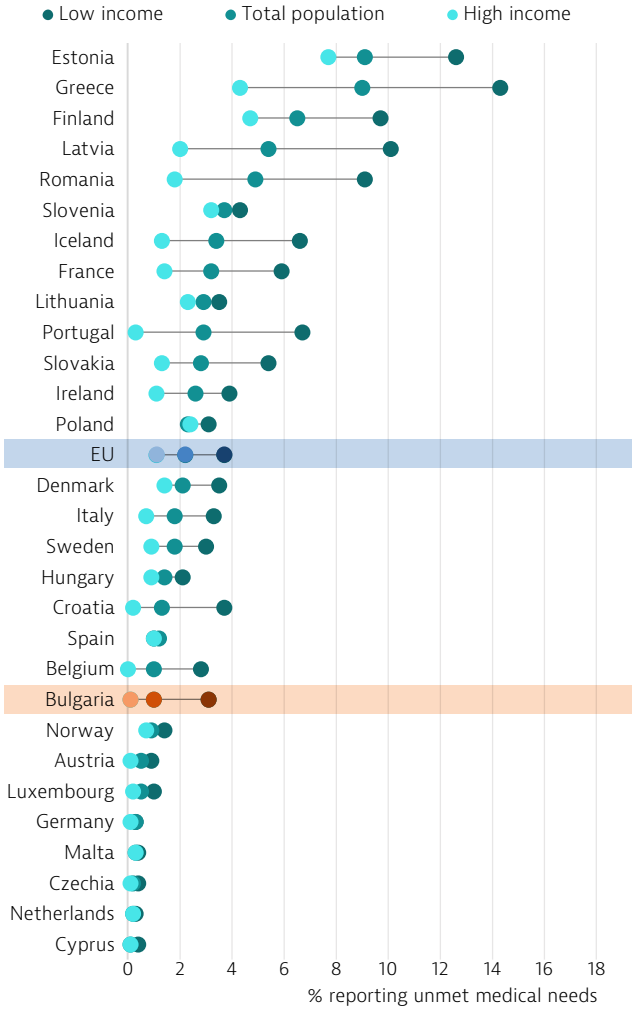
5.2 Accessibility

Bulgaria has reduced its levels of unmet needs for medical and dental care to below the EU averages

According to EU-SILC data, Bulgaria significantly reduced its levels of unmet needs for medical care due to cost, travel distance and waiting times from the highest in the EU in 2008, at 15.3 %, to 1 % in 2022, which is below the EU average of 2.2 %. Unmet dental care needs also fell from being the highest in the EU at 16.5 % in 2008 to 2 % in 2022, below the EU average (3.4 %). Cost and travel distance are the main drivers of unmet medical needs, the former largely due to direct payments. Consequently, there are significant disparities in unmet needs by income group: 3.1 % of those on the lowest incomes reported unmet medical needs compared to only 0.1 % of those on high incomes (Figure 12), a difference wider than the EU average.

A separate set of Eurofound surveys found higher rates of unmet needs for healthcare during the pandemic. In spring 2021, 24 % of the Bulgarian population reported having forgone a needed medical examination or treatment, compared to 17 % across the EU. The percentage in Bulgaria stayed at the same level one year later (spring 2022), when the EU average was 18 % (Eurofound, 2022).

Figure 12. The difference in unmet medical needs between low- and high-income groups is wider in Bulgaria than the EU average



Notes: 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 2022, except Norway (2020) and Iceland (2018)).

A large share of the Bulgarian population is not insured

Approximately 88 % of the population in Bulgaria was insured in 2020, according to the Ministry of Finance. According to estimations, the number of uninsured people increased by nearly 27 % between 2019 and 2020 (Ministry of Finance, 2021). However, it is important to note that the numbers of uninsured people include individuals who receive benefits elsewhere, such as Bulgarians living abroad who are entitled to care in their place

of residence, and people who are subject to health insurance in another EU Member State. The figures also include those not receiving benefits at all, such as long-term unemployed people, those who choose to not pay into the health insurance system and citizens without a valid identity card – a situation that primarily affects the Roma population and undocumented migrants.

Structured efforts to address specific coverage gaps include the National Strategy for People with Disabilities 2021-30 and the National Strategy for Roma Integration 2020, which aims to improve the acceptability of care and increase the number of preventive check-ups among the Roma population. The National Health Strategy for 2021-30 and the National Strategy for Reducing Poverty and Promoting Social Inclusion 2030 also strive to strengthen access and quality of health services.

The public benefits package is relatively broad but excludes long-term care and occupational health

The public benefits package includes primary and specialised outpatient medical care, laboratory services, hospital diagnostics and treatment, and highly specialised medical services. Emergency care, inpatient mental healthcare, in vitro fertilisation, and public health services are fully covered by the state budget, or other dedicated funds, and the government expanded the preventive benefits package and the package of obstetric care and medical diagnostics for uninsured women in 2022.

User fees apply for most services and are defined as a fixed fee for service. Additionally, copayments for medicines are prevalent. While most children's dental services are fully covered financially, percentage copayments of up to 20 % of the total cost of services apply for most adult dental care.

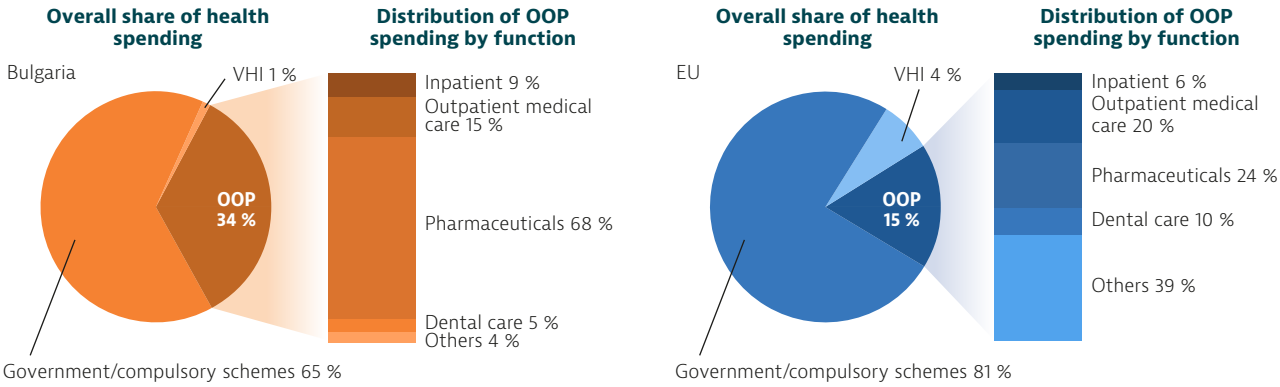
Some outpatient and home-based LTC services, occupational health services and elective cosmetic surgery are excluded from the benefits package.

Public spending on inpatient care accounted for 92 % of inpatient care expenditure in 2020, on a par with the EU average of 91 %. Shares of public spending on outpatient care, pharmaceuticals and therapeutic appliances were well below the EU averages, contributing to high rates of OOP spending. Despite largely being excluded from the public scheme, 55 % of dental care spending in 2020 came from public sources, which is above the EU average of 33 %, contributing to relatively low levels of unmet dental care needs.

Significant out-of-pocket spending contributes to the highest rate of catastrophic spending due to health in the EU

Historically, OOP payments have been very high in Bulgaria, hovering at above 40 % between 2006 and 2017 and then starting to decline in 2018. At 34 % of total health spending in 2021, OOP payments were still the highest among EU countries, and more than double the EU average of 15 %. High OOP spending is driven by copayments for services in the benefits package, direct payments for services and informal payments. Informal payments, which are not included in the OOP share, contribute to household spending on health and may add to financial pressures (Zahariev & Georgieva, 2018) (see Section 4). Pharmaceuticals accounted for the majority (68 %) of OOP spending in 2021, followed by outpatient care (15 %) (Figure 13).

Figure 13. Pharmaceuticals account for more than two thirds of Bulgaria's out-of-pocket spending



Notes: VHI also includes other voluntary prepayment schemes. The EU average is weighted.
Sources: OECD Health Statistics 2023; Eurostat Database (data refer to 2021).

The proportion of households in 2018 experiencing catastrophic spending[3] from medical expenses was 19.2 % – the highest in the EU (6.8 %). Driven by medical goods and medicines, this comprised 81 % of catastrophic spending in 2018, roughly two thirds (66.1 %) of which is concentrated in the lowest income quintile, a rate higher than the EU average of 62.3 %.

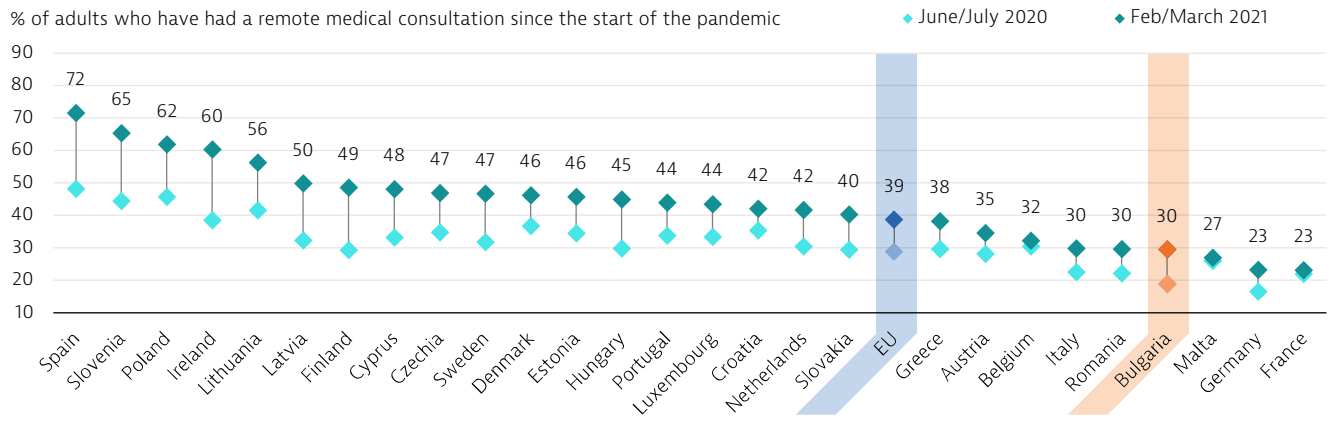
Quarterly quotas on the referrals issued by GPs and outpatient specialists to control service volumes can be a barrier to accessing specialist and diagnostic care. Patients seeking services once quotas are reached have been faced, to an extent, with longer waits, delaying care with a public provider or paying for a private visit out of pocket (WHO Regional Office for Europe, 2019).

A health information strategy aims to improve access and coordination

Bulgaria has advanced on its health information system to improve care coordination, access and continuity. The National Health Information System was supplemented with e-referrals for outpatient care and e-prescriptions in 2021, and with e-referrals for hospital admission and digitalisation of hospital records in 2022 (see Section 5.3). Remote consultations with GPs are also possible to support the provision of usual care, although these are not covered by the health insurance scheme.

A Eurofound survey highlights that the share of people in Bulgaria reporting that they had a medical consultation – either online or by telephone – since the start of the pandemic rose from 19 % in June/July 2020 to 30 % in February/March 2021 (Figure 14). However, most of these tend to be informal teleconsultations and are not paid for by the NHIF. As such, it is unclear whether they will continue to be used now that the acute COVID-19 phase is over.

Figure 14. The number of Bulgarians accessing health services remotely during the pandemic increased between summer 2020 and spring 2021



Notes: The EU average is weighted. Low reliability for 2021 data from Cyprus, Latvia and Malta, and for 2021 and 2020 data from Luxembourg because of low sample sizes.
Source: Eurofound (2022).

A national map of long-term health needs aims to address regional disparities in access

There are regional disparities in health services and workforce in Bulgaria. Physicians are concentrated in urbanised areas with higher economic activity and near medical universities. Combined with an oversupply of acute hospital beds and a shortage of GPs and nurses (see Section 4), this undermines access to outpatient care in more rural regions. In early 2023, a National Map of Long-term Health Needs was adopted to guide future investments towards more equitable and sustainable regional development and ensure improved access to healthcare in the long term. This aligns with Bulgaria's National Health Strategy for 2021-30 and reflects the reform programme envisaged in the National RRP (see Section 5.3). An additional map outlining the accessibility of pharmaceutical care is being developed. Further, the Ministry of Health and several districts initiated "Doctors in Small and Remote Settlements", a pilot in which specialists from the district hospitals provide services to underserved local communities; this initiative will be expanded

3 *atastrophic expenditure is defined as household OOP spending exceeding 40 % of total household spending net of subsistence needs (i.e. food, housing and utilities).*

through the National RRP via outpatient facilities staffed by a physician and a nurse in small communities (see Section 5.3).

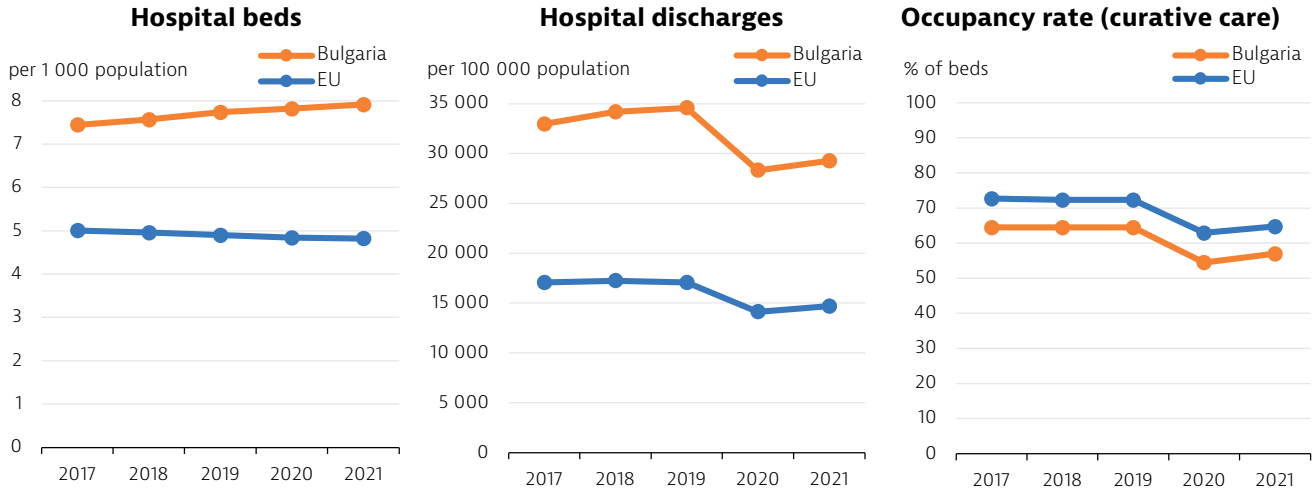
5.3 Resilience

The COVID-19 pandemic has proved to be the most significant disruption to health systems in recent decades. It has shed light on the vulnerabilities and challenges within countries' emergency preparedness strategies and their ability to provide healthcare services to their populations. In response to the enduring effects of the pandemic – as well as other recent crises, such as cost-of-living pressures and the impact of conflicts like the war against Ukraine – countries are implementing policies to mitigate the ongoing impacts on service delivery, invest in health system recovery and resilience,[4] improve critical areas of the health sector, and fortify their preparedness for future shocks.

Hospital activity was impacted by the COVID-19 pandemic

Bulgaria has some of the highest numbers of hospital beds and discharges per population in the EU. In 2021, the number of hospital beds reached 7.9 beds per 1 000, above the EU average of 4.8 per 1 000. Increasing since 2016, hospital discharges dropped markedly during the pandemic, from 34 585 per 100 000 to 28 322, but remained the highest in the EU and double the EU average of 14 343 per 100 000. Between 2020 and 2021, they increased slightly to 29 269 per 100 000 (Figure 15). Meanwhile, at 57 % in 2021, average bed occupancy rates are the fifth lowest in the EU, where the average is 65 %. These metrics suggest plenty of spare capacity in inpatient settings, which expanded during the pandemic due to suspensions and restrictions in planned hospitalisations, abstinence from hospital treatment by patients, and changes in bed numbers and resources.

Figure 15. Hospital discharges declined steeply during the first year of the pandemic



Note: The EU average is unweighted.
Sources: OECD Health Statistics 2023; Eurostat Database.

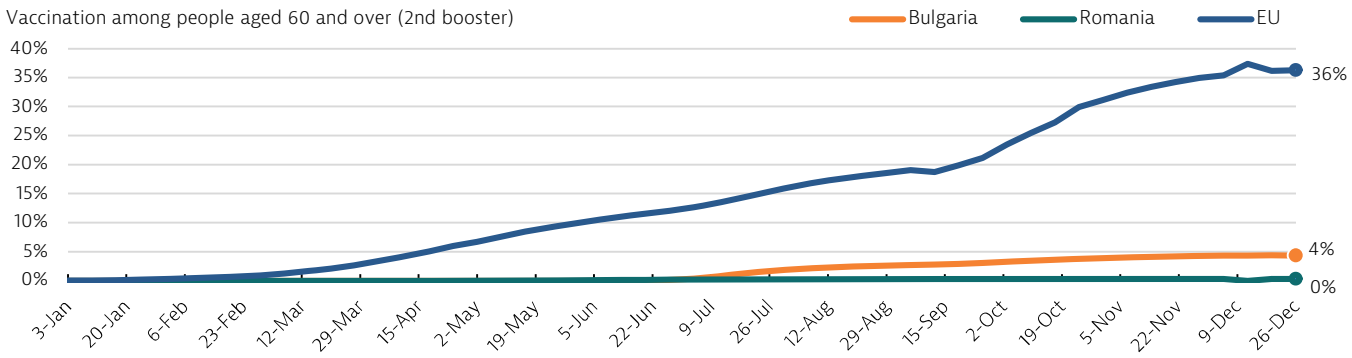
Efforts to improve second COVID-19 booster rates have lacked impact

In 2022, only 4 % of people over 60 years of age in Bulgaria had been vaccinated with their second COVID-19 booster shot, compared to 36 % in the EU (Figure 16). Although financial incentives for second boosters for older people were introduced at the end of 2021, these failed to increase vaccination rates significantly. The low levels correspond to the sluggish implementation of the COVID-19 vaccination plan overall: roughly 17 % of the Bulgarian population had received two COVID-19 vaccination doses (or equivalent) by August 2021, compared to 54 % across the EU. There are several contributing factors, including rising vaccine reluctance and hesitancy, shaped by increasing conspiracies about the COVID-19 vaccine; inadequacy of communication efforts; and the polarisation of scientific, community and political opinions.

To help address the health legacy of COVID-19, a new clinical pathway for inpatient care of patients with post-COVID-19 conditions was introduced in 2022, providing physical therapy, rehabilitation and specialised care for patients with post-COVID-19 syndrome, or "long COVID".

4 *In this context, health system resilience has been defined as the ability to prepare for, manage (absorb, adapt and transform) and learn from shocks (EU Expert Group on Health Systems Performance Assessments, 2020).*

Figure 16. Coverage of second booster vaccination among older people in Bulgaria is far below the EU average

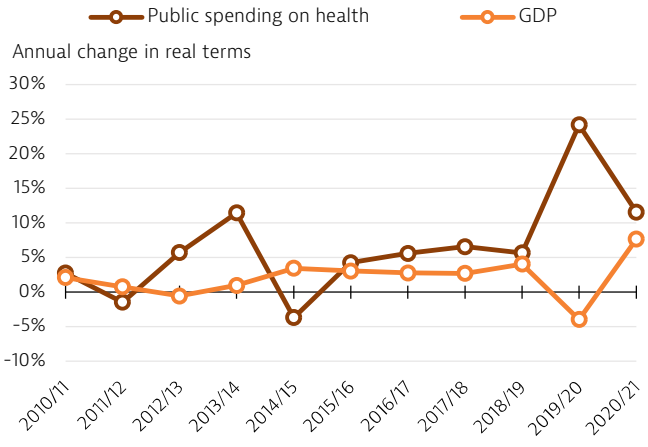


Source: ECDC.

Spending on health jumped in 2020 to bolster the government's pandemic response

Public spending on health in Bulgaria has steadily increased since 2014. However, with a massive 24.2 % year-on-year increase in public spending on health between 2019 and 2020 the Bulgarian government made financing readily available for COVID-19-health-related measures, including testing, treatment and vaccinations. At the same time, the downturn in economic activity during the pandemic saw a contraction in GDP of 4 % in 2020 (Figure 17). In 2020/2021 public spending on health once again outgrew GDP, although economic activity rebounded strongly and the gap was much smaller.

Figure 17. Despite fluctuations, public spending on health has increased overall since 2010



Source: OECD Health Statistics 2023.

Bulgaria's Recovery and Resilience Plan and the EU Cohesion Policy will enhance health sector investment in the coming years

Bulgaria is receiving EUR 6.9 billion (equivalent to 9.7 % of GDP) through the Recovery and Resilience Facility to sustain its recovery from the COVID-19 pandemic and to tackle its green and digital transitions. The National RRP, which sets out how the allocated funding will be spent to 2026, dedicates approximately 5.4 % of this funding for health, or EUR 371 550 000. The majority of the financing is intended for the modernisation of hospital facilities, improving the treatment of cerebrovascular disorders and the establishment of an air ambulance system. The construction of outpatient care units in remote areas and underserved regions, improving the national emergency communication system, digital health and the modernisation of psychiatric care are also priorities (Figure 18).

These investments will be complemented by the rollout of the EU Cohesion Policy 2021-27 programming, through which Bulgaria is set to invest a total of EUR 219.8 million in its healthcare system, 82 % of which will be co-financed by the EU exclusively through the European Regional Development Fund (ERDF).[5] Roughly two thirds of the funding is intended for health infrastructure (34 %) and the acquisition of medical equipment (31 %), while the remaining funds will mostly go to enhancing innovation in digitalisation and e-health services.

Digital health has been strengthened under the National Health Information System plan

Although plans to establish an integrated health information system (HIS) in Bulgaria began in 2006, in 2018, the HIS still comprised parallel systems with little interoperability. In 2019, an implementation plan for a national EU-funded HIS was presented. The COVID-19 pandemic became the catalyst for ramping up this reform: between 2020 and 2022, Bulgaria introduced e-referrals for inpatient and outpatient care, e-prescriptions, electronic patient records, registers for

5 *These EU Cohesion Policy figures reflect the status as of September 2023.*

Figure 18. A large proportion of Recovery and Resilience Plan funding will flow into improving hospital and outpatient infrastructure



Notes: These figures refer to the original Recovery and Resilience Plan. The ongoing revision of the Plan might affect its size and composition. Some elements have been grouped together to improve the chart's readability.
Source: European Commission – Recovery and Resilience Scoreboard.

vaccinations, and a COVID-19 green certificate (see Section 5.2). In addition, a few specialised systems were developed, such as an electronic system for tracking and analysing medicinal products, one for the purchase of medicinal products for healthcare providers, and an information system for management and monitoring of temporary working incapacity decisions. Bulgaria's RRP supports the implementation of the national HIS and the development of a platform for medical diagnostics.

Efforts continue to shift selected services from inpatient to outpatient settings

Several measures aiming to improve efficiency have been introduced in Bulgaria to varying degrees of success. In 2015, health technology assessment was introduced for the inclusion of new medicines (with new International Non-proprietary Names) on the positive drug list, and for medical devices and their pricing in 2021. Additionally, in 2016, Bulgaria began to shift selected services from inpatient to outpatient settings for specific conditions, amending some clinical pathways that previously required a hospital stay to ambulatory settings. Conditions affected included peritoneal dialysis, systematic drug treatment for malignant solid tumours and haematological diseases, most minor surgical procedures and invasive diagnostic tests. Despite these efforts, Bulgaria's hospital sector has grown, mainly due to private sector expansion.

EU support also focuses on Bulgaria's efforts to strengthen the role of primary and integrated care

Primary care is underfunded and underresourced, characterised by a shortage of GPs and nurses (see Section 4), and a lack of incentives for teamwork and coordination with secondary care. Previous efforts to strengthen primary care, such as fee-for-service payments for preventive examinations and financial incentives to provide prevention coverage in remote areas saw limited success. In 2023, to incentivise provision of prevention services, GP payments were linked to the number of individuals who receive annual preventive examinations in a GP practice.

Care integration efforts also have run up against governance and coordination challenges. For example, in 2015, a new type of healthcare establishment was created: state-owned centres providing comprehensive health and social services for children with disabilities and chronic conditions operating via contracts with other outpatient and inpatient facilities. So far, only 10 new centres have been established.

Bulgaria's RRP contains reforms to modernise and strengthen the provision of primary and outpatient care across the country, including by adopting a national strategy and associated action plan (Council of the European Union, 2022).

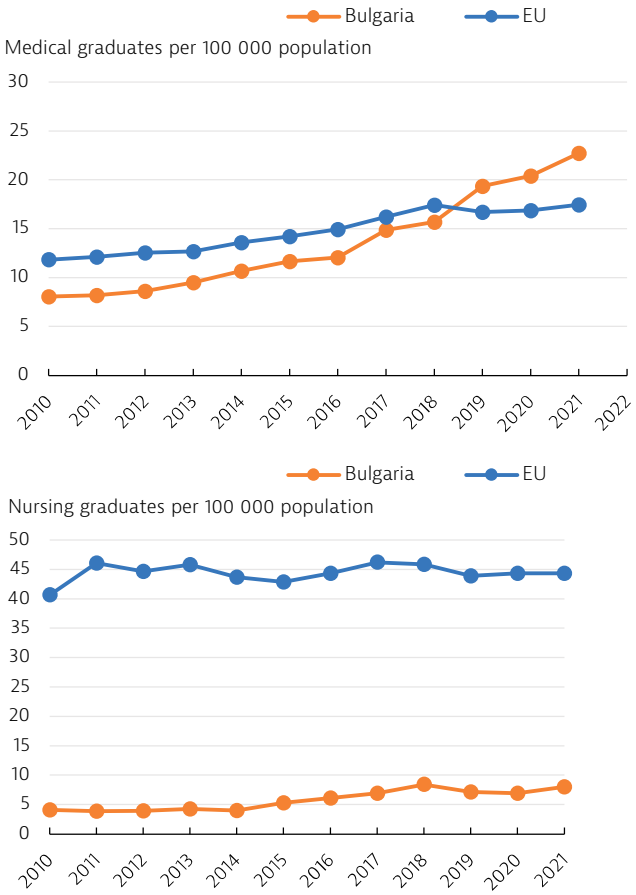
Uneven physician distribution across medical specialisations and low levels of nursing graduates challenge access to primary care

At 22.7 per 100 000 population in 2021, Bulgaria has more medical graduates per population than the EU average of 17.5 per 100 000 (Figure 19). These numbers have been increasing gradually since 2010, with a sharp uptick around 2018, due to increased capacities in medical schools and

population decline. Despite high levels, there is uneven distribution of medical graduates across specialisations, with shortages of residents and specialists in general practice, infectious diseases, anaesthesiology and intensive care (see Section 4). It is also difficult to recruit graduates to replace the ageing workforce in rural areas. To address this, working and financial arrangements for the state-financed medical specialisations mentioned above were adjusted to allow more flexibility in choosing employment. While the aim is to attract and retain young physicians to certain specialties, it may have ramifications for regional accessibility.

In 2021, the number of nursing graduates in Bulgaria was 8.0 per 100 000 population compared to the EU average of 44.3 per 100 000 (Figure 19). Besides small numbers of students admitted to universities, poor working conditions and low salaries make the nursing profession unattractive. In response, minimum starting salaries for nurses in state hospitals were increased in 2019. Additionally, independent practices of physicians' assistants, nurses, midwives, or rehabilitation therapists (with the required experience) were introduced in 2021 and may provide (individually or in groups) select nursing, health promotive and disease prevention services, including at patients' homes. This change aims to increase access to primary care and make these professions more attractive. With no dedicated budget line, however, few practices have been established and these are concentrated in larger cities.

Figure 19. Bulgaria produces more medical graduates than the EU average, while the numbers of nursing graduates are far smaller



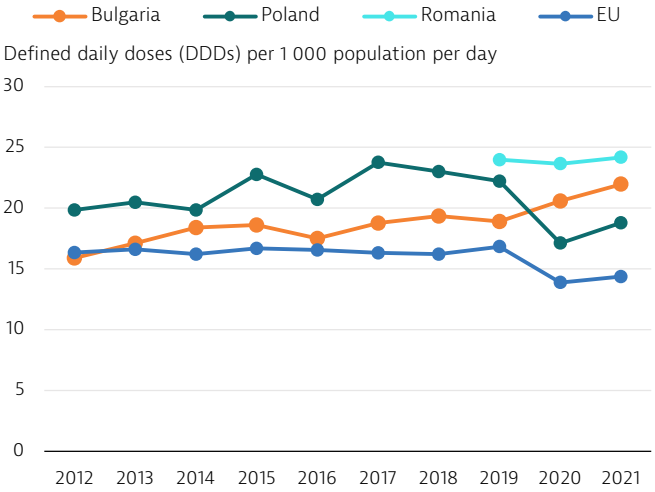
Sources: OECD Health Statistics 2023; Eurostat Database.

Antibiotic consumption in Bulgaria is among the highest in the EU

Antimicrobial resistance (AMR) is a major public health concern in the EU, with estimates of about 35 000 deaths in the EU/EEA due to antibiotic-resistant infections and healthcare-associated costs of around EUR 1.1 billion per year (OECD/ECDC, 2019). Because antibiotic over prescription and overuse in humans are major contributors to the development of antibiotic-resistant bacteria, antibiotic consumption data are a useful tool to evaluate the risk of AMR and the efficacy of programmes to promote their appropriate use.

In 2021, antibiotic consumption in the community stood at 22.0 daily defined doses per 1 000 population per day in Bulgaria, which is one of the highest levels in the EU (Figure 20). Moreover, just over 60 % of antibiotics consumed in Bulgaria are on WHO's Watch list – antibiotics that should only be used for a specific, limited number of indications. In 2017, a draft National Programme for the Rational Use of Antibiotics and Supervision of Antibiotic Resistance (2017-21) was developed but has yet to be updated and adopted.

Figure 20. Antibiotic consumption in Bulgaria is considerably higher than the EU average



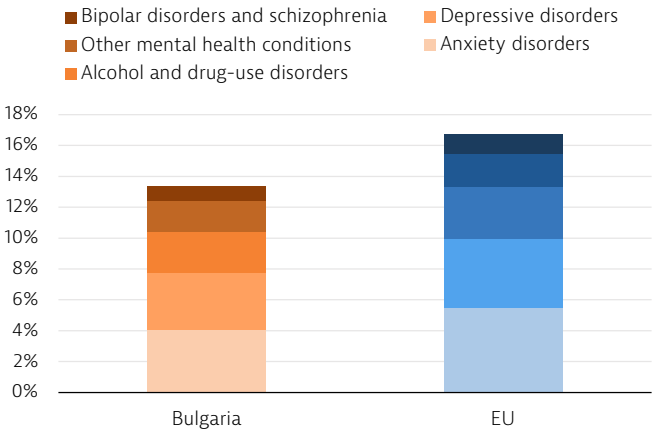
Notes: The EU average is unweighted.
Source: ECDC ESAC-Net.

6 Spotlight on mental health

The burden of mental health in Bulgaria is considerable

The economic costs of mental ill health in Bulgaria in 2015 were substantial, with direct and indirect costs estimated at 2.4 % of GDP (roughly EUR 1.1 billion), but below the EU average of 4.1 % (EUR 607 billion) (OECD/EU, 2018). According to estimates from the Institute for Health Metrics and Evaluation (IHME), 13 % of the population had a mental health disorder in 2019 (about 904 000 people), which is below the EU average of 17 %. The most common mental health disorders are anxiety and depressive disorders (each estimated to affect 4 % of the population) and alcohol and drug-use disorders (3 %) (Figure 21).

Figure 21. About one in eight people had a mental health issue in 2019

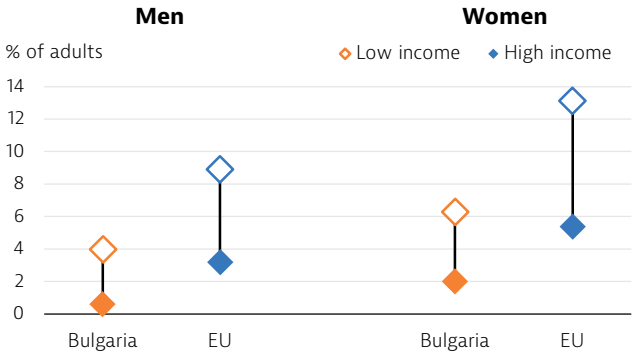


Source: IHME (data refer to 2019).

Adults reported lower rates of depression than the EU average before the COVID-19 pandemic

Data from the European Health Interview Survey (EHIS) in 2019 show that 2.7 % of Bulgarian adults reported experiencing depression, less than half of the EU average of 7.2 %. As across the EU, there are significant disparities by income and gender. In 2019, more women (3.5 %) reported having depression than men (1.9 %), while the rate reported by women in the lowest income quintile was over three times larger than that of women in the highest quintile. Among men, there was an almost seven-fold difference in the depression rate between those in lowest and highest income quintiles (Figure 22).

Figure 22. Depression is more commonly reported by women and people in the lowest income quintile



Note: High income refers to people in the top income quintile (20 % of the population with the highest income), whereas low income refers to people in the bottom income quintile (20 % of the population with the lowest income).
Source: Eurostat Database (based on EHIS 2019).

The links between low income and poor mental health persisted during COVID-19. According to Eurofound's Living, working and COVID-19 survey (Eurofound, 2021), almost 63 % of people living in Bulgarian households that reported financial difficulties were at risk of depression during the pandemic compared to compared to 62 % across the EU. In Bulgaria, 30 % of people in households that did not report such difficulties were at risk of depression compared to 37 % across the EU.

Bulgaria has comparably low and decreasing rates of suicide

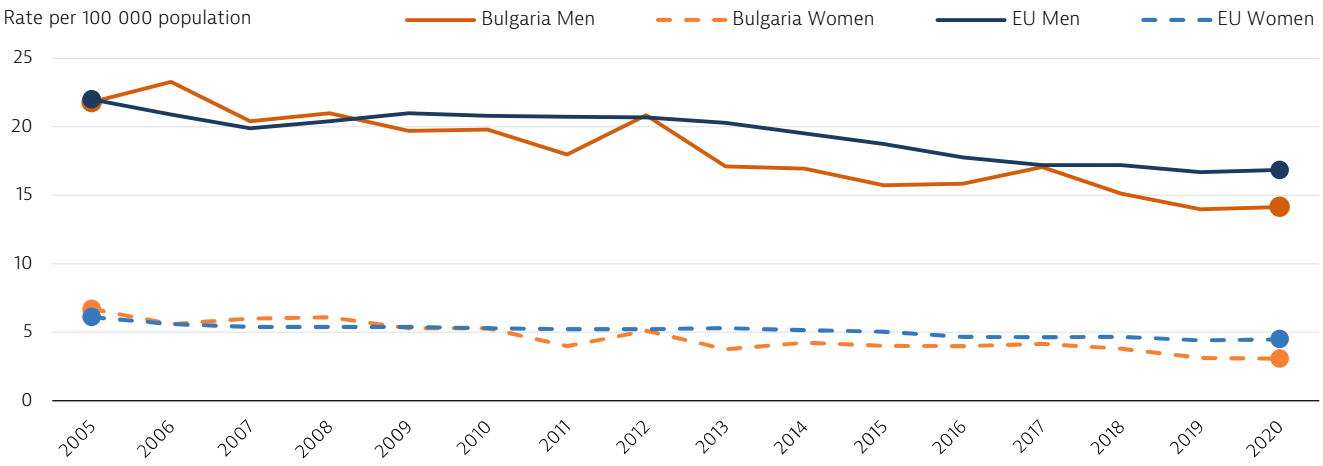
Since 2008, suicide mortality rates have largely been below the EU averages for both men and women (Figure 23), with higher rates among men than women. The National Programme for Prevention of Suicides in Bulgaria (2013-18) was introduced in 2013, in part due to increases in suicides in 2012. Concerns that suicide rates would increase during COVID-19 were not realised: they remained stable, at 3 deaths by suicide per 100 000 among women and 14 per 100 000 among men. About 80 % of suicides occur among those aged 45 and over.

Fragmentation and limited reimbursement undermine continuity and access to care

Mental healthcare in Bulgaria is highly institutionalised, with 12 psychiatric hospitals providing inpatient care mostly at a considerable distance from patients' homes. Outpatient specialist mental health services are provided by

individual or group psychiatric practices, and by psychiatrist's offices in diagnostic-consultative centres and medical centres. A network of 12 mental health centres has delivered comprehensive preventive, primary, outpatient and inpatient care and various social services since 2010, primarily in urban areas. Municipalities provide for psychosocial rehabilitation, and material and social support for people with mental health disorders. Non-governmental organisations treat people with substance abuse issues.

Figure 23. The suicide rate among Bulgarian men is significantly higher than the rate among women



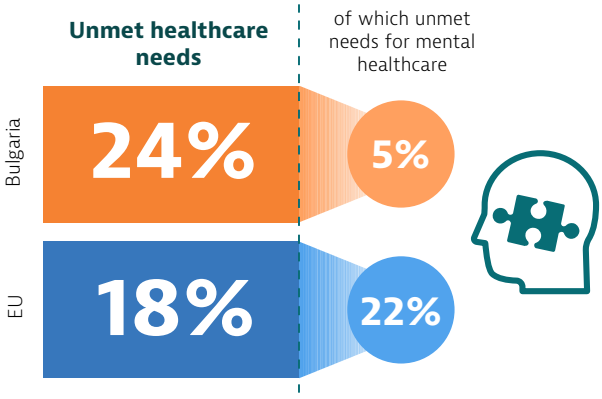
Source: Eurostat Database.

For specialist services funded by the NHIF, patients need a referral from a GP. Specialists certify medication protocols, which must be approved by a special committee when costly medications are required. When registered with a psychiatrist, patients receive between 4 and 12 consultations annually. In 2019, the state started to cover ambulatory mental health services for the uninsured. Select medicines are reimbursed by the NHIF; only a few are covered fully, e.g. for schizophrenia and bipolar affective disorder, while others are covered to either 50 % or 75 %. All psychological services are private.

According to a European-wide survey carried out in spring 2021 and spring 2022, 24 % of respondents reported unmet needs for healthcare; of the reported needs, 5 % were related to mental healthcare (Figure 24).

In 2021, Bulgaria adopted the National Strategy for Mental Health 2021-30, prioritising the integration of cross-sectoral policies to improve quality, access and coordination of care. The strategy proposes community-based, comprehensive services to treat severe mental illness, centres for eating disorder treatment, and measures to improve access for children and adolescents, and older people.

Figure 24. Around one twentieth of reported unmet healthcare needs during the pandemic were for mental healthcare



Note: Survey respondents were asked whether they had any current unmet healthcare needs and, if so, for what type of care, including mental healthcare.
Source: Eurofound (2022).

7 Key findings

- Life expectancy at birth in Bulgaria was increasing before the COVID-19 pandemic, but it dropped by 3.7 years between 2019 and 2021 to 71.4 years – the lowest level in the EU and the lowest in Bulgaria for two decades. Although life expectancy recovered to reach 74.3 years in 2022, it is still the lowest in the EU. Circulatory diseases, like stroke, ischaemic heart disease and COVID-19, were the main drivers of mortality in 2021. High rates of excess mortality in 2020-22 also suggest that direct mortality due to COVID-19 was underreported, and that indirect mortality due to COVID-19 occurred – probably because of postponed or forgone care.
- Bulgaria has high preventable mortality rates, driven by COVID-19, stroke, ischaemic heart disease, lung cancer and alcohol-related diseases in 2020. Behavioural risk factors – particularly high smoking rates and poor nutrition and physical activity habits – are contributing factors. In contrast to an EU-wide decline, mortality from treatable causes in Bulgaria increased between 2018 and 2020, and the rate is now more than double the EU average.
- Per capita spending on health has been growing but, at EUR 1 708 in 2021, is less than half the EU average of EUR 4 028. Public financing for healthcare is among the lowest in the EU at 65 %, meaning that out-of-pocket payments are very high: at 34 % of current health expenditure, they are the highest share in the EU.
- Beyond the implications of out-of-pocket payments on healthcare affordability, several other challenges hamper access to care. Roughly 12 % of the population does not have health insurance, and quarterly referral quotas to specialised care sometimes present a barriers to accessbility. There is also uneven distribution of services and workforce across locations and professions, with physicians and facilities concentrated in urban areas. Combined with an oversupply of acute hospital beds and a shortage of general practitioners and nurses, access to outpatient care in rural regions is undermined. The 2023 National Map of Long-term Health Needs aims to address regional inequities in health, including in accessibility.
- Bulgaria has some of the EU's lowest cancer screening rates, with significant socioeconomic and geographic disparities. These are related to weak public understanding, fragmented implementation and a lack of financial resources. COVID-19 also undermined cancer-related primary prevention. Low screening rates, cancer mortality rates and low attendance at preventive check-ups suggest a level of underdiagnosis and challenges to providing effective care. Bulgaria's first National Cancer Plan was adopted in early 2023 to improve cancer prevention and management.
- Catalysed by the COVID-19 pandemic, Bulgaria has bolstered its health information system to enhance care coordination, access and continuity. In accordance with a national EU-funded health information system, several elements of digital and e-health were introduced between 2020 and 2022, including e-referrals, e-prescriptions, electronic patient records and specialised systems for tracking and analysing medicinal products. Bulgaria's Recovery and Resilience Plan and the EU Cohesion Policy intend to provide further funding and structure to these efforts.
- According to the data, Bulgaria has a considerable but comparatively low mental health burden. The most common mental health disorders are anxiety, depressive and alcohol and drug-use disorders. Pre-pandemic prevalence of depression was lower than the EU average, but with significant disparities by income and gender. The Bulgarian mental health system is historically based on inpatient psychiatric care, but the National Strategy for Mental Health 2021-30 strives to strengthen community-based, comprehensive services, especially for vulnerable populations.

Key sources

Dimova A, et al. (2022), Bulgaria: Health System Summary, 2022. Copenhagen, WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies.

OECD/EU (2022), Health at a Glance: Europe 2022 – State of Health in the EU Cycle. Paris, OECD Publishing.

References

Ministry of Finance (2021), Minister of Finance's written answer to a parliamentary question of a member of Parliament regarding the number of uninsured people. Sofia, https://www.minfin.bg/bg/wreply/11448.

Council of the European Union (2022), ANNEX to the Council Implementing Decision on the approval of the assessment of the recovery and resilience plan for Bulgaria. Brussels.

EU Expert Group on Health Systems Performance Assessments (2020), Assessing the resilience of health systems in Europe: an overview of the theory, current practice and strategies for improvement. Luxembourg.

Eurofound (2021), Living, working and COVID-19 survey, rounds one, two and three (spring 2020, summer 2020 and spring 2021). Dublin, https://www.eurofound.europa.eu/surveys/living-working-and-covid-19-e-survey.

Eurofound (2022), Living, working and COVID-19 survey, rounds four and five (November 2021 and May 2022). Dublin, https://www.eurofound.europa.eu/surveys/living-working-and-covid-19-e-survey.

EU (2022), Special Eurobarometer 523 (March-April 2022): Corruption. Luxembourg, https://europa.eu/eurobarometer/surveys/detail/2658.

Health Behaviour in School-aged Children study (2023), Data browser (findings from the 2021/22 international HBSC survey): https://data-browser.hbsc.org

OECD (2023), EU Country Cancer Profile: Bulgaria 2023. Paris, OECD Publishing.

OECD/EU (2018), Health at a Glance: Europe 2018: State of Health in the EU Cycle. Paris, OECD Publishing.

OECD/ECDC (2019), Antimicrobial resistance: tackling the burden in the European Union. Paris.

WHO Regional Office for Europe (2019), European Health Information Gateway database.

Zahariev B, Georgieva L (2018), ESPN Thematic Report: Inequalities in access to healthcare – Bulgaria 2018. Brussels, European Commission.

Country abbreviations

Austria	AT	Denmark	DK	Hungary	HU	Luxembourg	LU	Romania	RO
Belgium	BE	Estonia	EE	Iceland	IS	Malta	MT	Slovakia	SK
Bulgaria	BG	Finland	FI	Ireland	IE	Netherlands	NL	Slovenia	SI
Croatia	HR	France	FR	Italy	IT	Norway	NO	Spain	ES
Cyprus	CY	Germany	DE	Latvia	LV	Poland	PL	Sweden	SE
Czechia	CZ	Greece	EL	Lithuania	LT	Portugal	PT		

European Commission

State of Health in the EU
Country Health Profile 2023

The *Country Health Profiles* are a key element of the European Commission's *State of Health in the EU* cycle, a knowledge brokering project developed with financial support from the European Union.

These Profiles are the result of a collaborative partnership between the Organisation for Economic Co-operation and Development (OECD) and the European Observatory on Health Systems and Policies, working in tandem with the European Commission. Based on a consistent methodology using both quantitative and qualitative data, the analysis covers the latest health policy challenges and developments in each EU/EEA country.

The 2023 edition of the Country Health Profiles provides a synthesis of various critical aspects, including:

- the current state of health within the country;
- health determinants, with a specific focus on behavioural risk factors;
- the structure and organisation of the health system;
- the effectiveness, accessibility and resilience of the health system;
- For the first time in the series, an account of the state of mental health and related services within the country.

Complementing the key findings of the Country Health Profiles is the Synthesis Report by the European Commission.

For more information, please refer to: ec.europa.eu/health/state

Please cite this publication as:
OECD/European Observatory on Health Systems and Policies (2023),
Bulgaria: Country Health Profile 2023, State of Health in the EU,
OECD Publishing, Paris/European Observatory on Health Systems and Policies, Brussels.

ISBN 9789264475250 (PDF)
Series: State of Health in the EU
SSN 25227041 (online)

OECD
BETTER POLICIES FOR BETTER LIVES

European Observatory on Health Systems and Policies
a partnership hosted by WHO