

Bulgaria



This map is an approximation of actual country borders.

The Republic of Bulgaria is located in south-eastern Europe. The country covers 110 993.6 km², and consists mainly of mountainous terrain with lowlands in the north and southeast. Bulgaria enjoys a mild continental climate. The population is estimated in 2005 at 7 726 000 with 69.8% living in urban areas (Human Development Report 2005). The ethnic composition (a contested estimate) is Bulgarian 83.9%, Turk 9.4%, Roma 4.7% and other 2% (including Macedonian, Armenian, Tatar, Caucasian), according to World Fact Book 2001. The Bulgarian language comes from the Slavic group of languages and is written in the Cyrillic alphabet. By the Constitution of July 1991, the Republic of Bulgaria is a multi-party parliamentary democracy, governed by a single chamber (National Assembly) of 240 parliamentarians directly elected for four years based on proportional representation. The head of state is the president, directly elected for a term of five years and a maximum of two terms. Bulgaria has moved from a command to a market-oriented economy; the economic situation is still difficult, although over the last years the country has achieved a high degree of macro-economic stability with substantial economic growth rates, with relatively low inflation and falling unemployment. The country is a European Union (EU) member state as of 1 January 2007.

HEALTH & DEVELOPMENT

- The sharp deterioration of the macroeconomic conditions in the beginning of the 1990s and the severe economic crisis in 1996-1997 substantially deteriorated the living standards of a large number of households. In 2001, Bulgaria reported that **12.8% of its population was living below a national poverty line**, whereas the World Bank, through a household survey, estimated that 53.1% of the population were living below an absolute poverty line of 4.3 \$US per day.
- This initial economic decline has negatively affected health and health care in the country, and substantial investment will be needed to reverse this trend. **Investment in health remains well below the EU average.** Government expenditure as % of GDP has decreased, and the health system has not fully benefited from the positive economic developments. Corruption and organized crime are serious social problems.
- The population of Bulgaria has been declining throughout the 1990s because of **ageing**, but also due to **emigration, low birth and high mortality rates** of the population.
- Health system functions are addressed predominantly in the part of service provision, without enough attention on evidence-based policy and health system performance assessment.
- **Noncommunicable diseases represent significant disease burden**, especially cardiovascular diseases (68% of mortality rates). Lifestyle factors like tobacco, alcohol and drug use attribute to the high burden of disease; cancer is on the rise, as well as mental health issues and road traffic injuries.
- **Communicable diseases have relatively stable figures** due to the constant improving of the surveillance system. Tackling tuberculosis is still challenging. Vaccine preventable infections are on the decline due to stable immunization coverage. Sexually transmitted infections and HIV/AIDS also represent a challenge; however, the HIV infection is still below 0.1.
- **The environment** in Bulgaria has a clear and profound influence on the health of the nation, and **continues to affect negatively the countries' health situation.** This is addressed through development of a National Environmental Health Action Plan (NEHAP).

Total population (2005) ¹	7 726 000
% under 15 (2005) ¹	13.8
Population distribution % rural ¹	29.5
Life expectancy at birth (2000-2005) ¹	72.1
Under-5 mortality rate per 1000 (2000-2005) ¹	17
Maternal mortality ratio per 100 000 live births (2000) ²	32
Total expenditure on health % GDP (2002) ²	7.4
General government expenditure on health as % of general government expenditure (2003) ³	10.1
Human Development Index value (2003) ²	0.808
Gross National Income (GNI) per capita Atlas Method (2005) ⁴	3,450
Adult (15+) literacy rate (2003) ²	98.2
% population with sustainable access to an improved water source (2002) ²	100
% population with sustainable access to improved sanitation (2002) ²	100

Sources:

¹ United Nations Population Division

² Human Development Report 2005

³ WHO data on National Health Accounts

⁴ World Development Indicators database, World Bank

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • EU accession • Poverty Reduction Strategy and Action Plan • Update of the national health strategy • Adoption of Demographic strategy and plan • Development of Reproductive health strategy • Commitment to the United Nations Millennium Development Goals (MDGs) • Collaborative agreement with WHO on health system 	<ul style="list-style-type: none"> • Strengthening the health information system for improved patient information • Improving coordination between the different levels of care for more efficient use of services. • The decreasing access due to decreasing public funding and poverty • Patient safety and safe technology • Lack of system for National Health Accounts or similar mechanism for tracking financial flows in the system • Lack of system/methodology/mechanism for estimating the actual costs of health services • Adaptation of the human resources to the new economic and demographic environment • To facilitate structural reforms that aim to rationalize the health care system, improve the effectiveness and efficiency of health care provision and at the same time increase the resources available

PARTNERS

The main external contributor to the health sector reform, through substantial funding was the World Bank. The other UN agencies represented are ILO, IMF, IOM, UNDP, UNFPA, UNAIDS, UNICEF, UNHCR, UNODC and WHO. Most of the agencies are having their country programs until 2009 (two years after accession of the country to the EU). Substantial aid has also been received through the PHARE programme, Instrument for Structural Policies for Pre-Accession (ISPA) and the Special Accession Programme for Agriculture and Rural Development (SAPARD) of the European Commission.

USAID has also been a major player, however they plan to leave the country in 2008 and have already stopped the grants schemes.

As the country progresses to EU accession, the development agencies and bilateral/multilateral donors are leaving the country.

There are more than 200 nongovernmental organizations working in the area of health.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> Large funds to be available after 2007 from EU funds 	<ul style="list-style-type: none"> Lack of country capacity to absorb substantial funds Decrease of funding, if the country does not meet set requirements

WHO STRATEGIC AGENDA

The strategic priorities for WHO collaboration continue to be in line with the WHO EURO strategy “Matching services to needs” and Health of the Nation plan, and take into account an array of factors, like continuity in service provision, from evidence based policy and system development to implementation and capacity building, sustainable financing, health security, etc. Challenges, arising from the changing regional and global health agenda will be taken into consideration, while developing/ delivering WHO assistance to the country through regular updates.

- WHO support for **stewardship** in the coming biennium will focus principally on enhancing the health policy development process and supporting initiated process of health system reform, focusing on a set of areas, while continuing the development of strong partnership with major players in the health field. This will involve long-term consultancy work orienting the detailed design of the reforms. Improving the quality of health services and use of information/intelligence to better manage a decentralized health system is also a particular need.
- WHO will also devote considerable staff time to continue partnership with the government (and other partners) on the implementation of the national health **financing** policy. The main emphasis will be focused on the protection of vulnerable groups of population from financial risks related to health services, as well as the links between the provider payment system and any changes that need to be introduced to the organization of service provision.
- In terms of support to **service delivery** WHO partnership will focus on supporting the MoH on strengthening the links between the different levels of care; quality of healthcare. Special emphasis should be made on mental health and patient safety.
- Resources generation** will be addressed through rational use of medicines and evidence based planning for human resources needs.



Opening of first community mental health centre



WHO assessment of flooded areas in 2005



WHO training local staff on use of Personal protection Equipment



WHO training of regional multidisciplinary teams on pandemic preparedness

ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/bul/en/>

EURO country page <http://euro.who.int/countryinformation/CtryInfoRes?COUNTRY=BUL&CTRYInputSubmit>

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