

Bulgaria

Highlights on Health and Well-being



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Bulgaria

Highlights on Health and Well-being

Abstract

Highlights on health and well-being give an overview of a country's health status, describing data on mortality, morbidity and exposure to key risk factors, along with trends over time. They are developed in collaboration with WHO European Member States. When possible, each report also compares a country to a reference group, which in this report is the whole WHO European Region and the countries that joined the European Union after 1 May 2004. To make the comparisons as valid as possible, data as a rule are taken from one source to ensure that they have been harmonized in a reasonably consistent way. Whenever possible, the data in the report are drawn from the European Health for All database (HFA-DB) of the WHO Regional Office for Europe. HFA data are collected from Member States on an annual basis and include metadata that specify the original source of data for specific indicators.

Keywords

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Overview

Bulgaria has made significant advances in the health of its population, particularly since the 1990s. In spite of the obvious improvement in the country's overall health status, however, challenges remain in many areas related to both communicable and noncommunicable diseases. While all-ages and premature mortality are both decreasing, fluctuating mortality rates from cancers and diseases of the digestive system are generally on the rise. Recent trends also show a pattern of general increase for the incidence of HIV infection in Bulgaria, though it is still much lower than the average for the WHO European Region.

For Bulgaria to attain a health status similar to the best in the Region, it will need to adopt a multisectoral approach that strengthens collaboration among key stakeholders in both civil society and government. The country has demonstrated a genuine commitment to improving population health, and has aligned its recently adopted national health policy (2014–2020) with the European policy framework Health 2020. Such commitment has the potential to improve the country's health profile in the years ahead.

Introduction

This highlight on health and well-being summarizes the more detailed profile of health and well-being in Bulgaria (1). It sets out to show how Bulgaria is progressing towards the shared health goals of the WHO European Region as set out in the health policy framework Health 2020 (2). It then describes some specific features of health and health policy in Bulgaria. Unless stated otherwise, the data in the report are drawn from the European Health for All database (HFA-DB) (3) of the WHO Regional Office for Europe.

Health 2020

Health 2020, the Region's health policy framework, aims to support action across government and society to significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality (2). Member States in the Region agreed on a set of core and additional indicators to monitor progress towards Health 2020 policy targets (4).

Bulgaria has made progress in most of the 19 core Health 2020 indicators (Table 1). It has succeeded in improving life expectancy at birth, reducing premature mortality (for people aged 30–69 years) from the four main noncommunicable diseases and external causes of death, and maintaining high levels of child immunization against preventable illness such as measles, rubella and poliomyelitis (with a slight decrease in 2014 and 2015 for both measles and poliomyelitis). While Bulgaria has achieved considerable reductions in infant mortality, its rate remains higher than that for the Region as a whole.

The country also made progress in several indicators linked to the social determinants of health, including the reduction of unemployment rates for both men and women and the development of a set of policies addressing inequalities. In spite of this, however, the international inequality indicator (Gini coefficient) had increased in Bulgaria by 2014.

Key messages

1. Improving health status requires cooperation across government sectors and efforts from all levels and sectors of society.
2. Monitoring the implementation of Bulgaria's national health strategy is essential for improving country health.
3. Bulgaria should address:
 - (a) high levels of alcohol consumption and tobacco smoking;
 - (b) the increased prevalence of obesity;
 - (c) the growing burden of noncommunicable diseases; and
 - (d) the high share of private household out-of-pocket payments for health.

In terms of well-being measurement, 83% of people aged 50 years and over in Bulgaria reported that they had relatives or friends on whom they could count when in trouble. This value is equal to the average for the countries that joined the European Union after 1 May 2004 (EU13) (82.8%), yet slightly under the average for the Region (85.3%). Life satisfaction (a measure of subjective well-being), measured on a scale from 0 (least satisfied) to 10 (most satisfied), was rated as 4.4 in Bulgaria. This is also below the average for the Region.

Bulgaria's leaders have shown a genuine commitment to improving population health. By 2014, the country had documented a process for target-setting and adopted a national health strategy (2014–2020) (5) aligned with Health 2020 (4) and encompassing targets and indicators. This strategy includes an accountability mechanism (defining responsible institutions) as well as an implementation plan and timeline (6), also in accordance with the recommendations of Health 2020.

Table 1. Core indicators for monitoring the Health 2020 policy targets in Bulgaria, most recent years available

Target	Indicator	Value			Year
		Male	Female	Total	
1. Reduce premature mortality^a	Premature mortality rate from cardiovascular disease, cancer, diabetes mellitus and chronic respiratory diseases, among people aged 30 to under 70 years (age-standardized estimate)	783.6	338.9	547.4	2013
	Prevalence of tobacco use among adults aged 15 years and over (age-standardized estimate) ^b	44.3	29.8	36.8	2013
	Pure alcohol consumption per capita among adults aged 15 years and over (recorded data)	-	-	12.0	2014
	Prevalence of overweight and obese (body mass index ≥ 25) adults aged 18 years and over (age-standardized estimate) (7)	64.1	54.4	59.1	2014
	Mortality rate from external causes of injury and poisoning, all ages (age-standardized estimate)	52.8	12.3	31.7	2013
2. Increase life expectancy	Life expectancy at birth, in years	71.4	78.7	75.0	2013
3. Reduce inequities^c	Infant deaths per 1000 live births	8.3	6.3	7.3	2013
	Proportion of children of official primary school age not enrolled (net enrolment rate)	3.5	3.5	3.5	2013
	Unemployment rate (percentage) (8)	12.3	10.4	11.4	2014
	National policy addressing reduction of health inequities established and documented	NA	NA	Yes	2014
	Gini coefficient	-	-	35.4	2014
4. Enhance well-being^d	Overall life satisfaction among adults aged 15 years and over (9)	-	-	4.4	2014
	Availability of social support among adults aged 50 years and over	-	-	83.0	2013
	Percentage of population with improved sanitation facilities (10)	-	-	86.0	2015
5. Universal health coverage and "right to health"	Private household out-of-pocket expenditure as proportion of total health expenditure	-	-	44.2	2014
	Percentage of children vaccinated against measles (1 dose)	-	-	92.0	2015
	Percentage of infants vaccinated against poliomyelitis (3 doses)	-	-	91.0	2015
	Percentage of children vaccinated against rubella (1 dose by second birthday)	-	-	94.0	2013
	Total health expenditure as percentage of gross domestic product (GDP)	-	-	8.4	2014
6. National targets	Establishment of process for target-setting documented	NA	NA	Yes	2014
	Evidence documenting:				
	(a) national health strategy aligned with Health 2020	NA	NA	Yes	2014
	(b) implementation plan	NA	NA	Yes	2014
	(c) accountability mechanism	NA	NA	Yes	2014

NA: not applicable.

^a Health 2020 target 1 includes percentage of children vaccinated against measles (1 dose), poliomyelitis (3 doses) and rubella (1 dose).

^b Prevalence includes both daily and occasional (less than daily) use among adults aged 15 years and over.

^c Target 3 includes life expectancy at birth.

^d Target 4 includes Gini coefficient, the unemployment rate and the proportion of children not enrolled in primary school.

Source: WHO European Health for All database (3), unless otherwise specified.

Life expectancy: adding years to life and life to years

Life expectancy in Bulgaria has roughly followed the observed trends for the Region and the EU13 since the late 1990s. Between 2000 and 2013, the country's life expectancy at birth increased by 2.9 years for males and 3.6 years for females to reach 71.4 and 78.7, respectively (Fig. 1, 2). Despite this increase, life expectancy in Bulgaria is lower than the average for both the EU13 (by 1.6 years for males and 1.8 years for females) and the Region (by 2.8 years for males and 2.2 years for females).

Healthy life expectancy increased in Bulgaria by around three years between 2000 and 2015, reaching 66.4 years (63.8 years for males and 69.2 years for females). This is below the averages for the Region (68.3 years) and the EU13 (68.1 years).

Fig. 1. Life expectancy at birth for males, Bulgaria, WHO European Region and EU13, 1985–2013

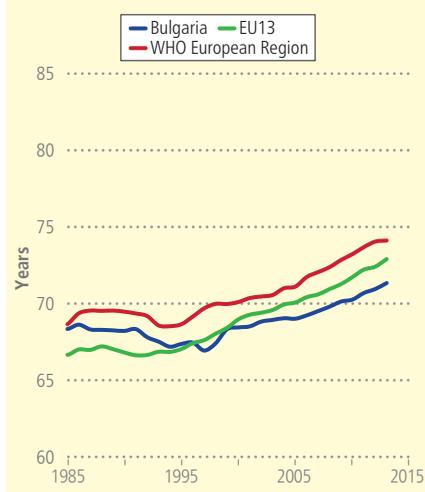
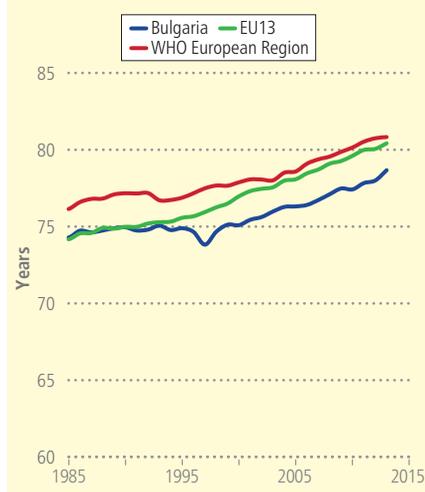


Fig. 2. Life expectancy at birth for females, Bulgaria, WHO European Region and EU13, 1985–2013



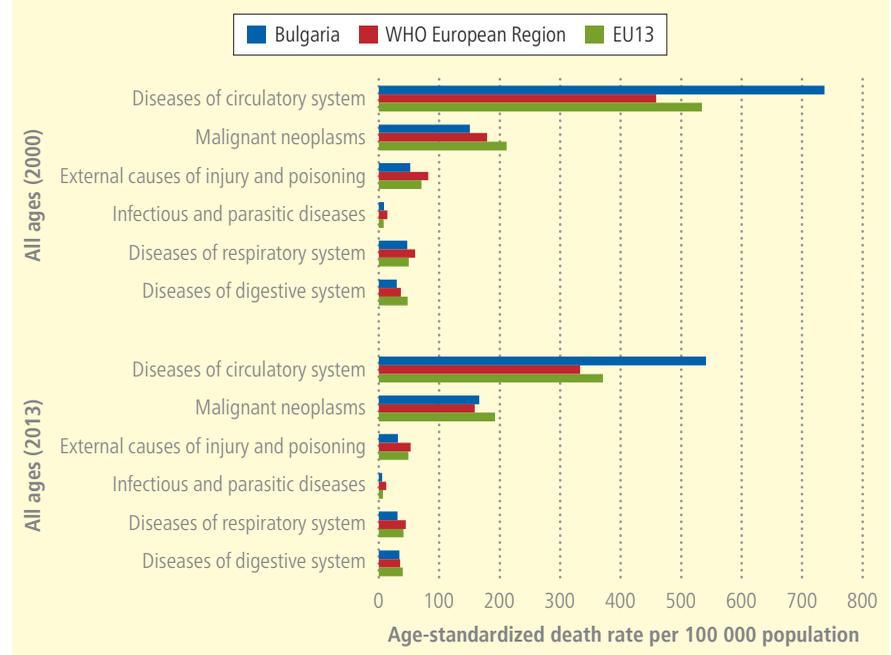
Main causes of death

Major causes of death

The main causes of death in Bulgaria are the same as those in most European countries, and include common noncommunicable diseases (diseases of the circulatory, respiratory and digestive systems, and malignant neoplasms (cancers)).

Since 2000, there have been substantial decreases in deaths from a wide range of causes in Bulgaria and the Region (Fig. 3). Several factors could be behind these decreases in Bulgaria, including changes in lifestyle and new health policies that facilitate the adoption of innovative health technologies and the provision of improved evidence-based treatments (11). Fluctuating mortality rates from cancers and diseases of the digestive system form the main exception to this positive trend; these are on the rise both in Bulgaria and the Region as a whole.

Fig. 3. **Mortality profile from leading major causes of death**, Bulgaria, WHO European Region and EU13, 2000 and 2013.

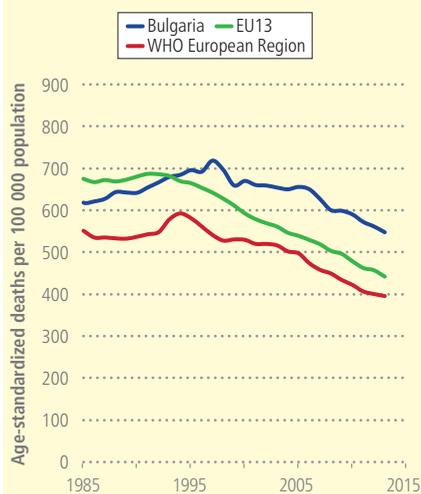


In 2013, the age-standardized mortality rate from all causes and for all ages in Bulgaria (883.9 per 100 000 population) was higher than that for both the Region and the EU13 (738.2/100 000 and 773.8/100 000, respectively). Bulgaria's gender gap increased in all-ages mortality rates: it was 1.5 and 1.7 times higher for males than for females in 2000 and 2013, respectively. These figures parallel the slight increase in the EU13's gender gap: on average, the rate of mortality for males in the EU13 was 1.7 and 1.8 times higher than that for females in 2000 and 2013, respectively. The gender gap in the Region remained the same for these years.

Premature mortality

In 2013, Bulgaria had a higher rate of premature deaths (for people aged 30–69 years) from major noncommunicable diseases than the reported values for both the Region and the EU13 (Fig. 4). There has been no sign of a reduction in this gap for the past decade and a half.

Fig. 4. Deaths from major noncommunicable diseases, 30–69 years, Bulgaria, WHO European Region and EU13, 1985–2013



Infant mortality

The infant mortality rate per 1000 live births in Bulgaria declined by almost half over the past 15 years. Despite this success, the 2013 rate (7.3/1000) was still significantly higher than the average for both the EU13 and the Region (5.2/1000 and 6.7/1000, respectively). Nevertheless, the overall gap between Bulgaria and the Region has been narrowing since 2000.

Maternal mortality

The maternal mortality ratio has also decreased in Bulgaria. The moving average for 2010–2012 shows that the country's rate (5.0 per 100 000 live births) was one of the lowest in the Region – below the average for the EU13 (8.1/100 000) and significantly below that of the Region as a whole (11.8/100 000).

Morbidity and common risk factors

As WHO Director-General Dr Margaret Chan said in her speech at the 2011 United Nations General Assembly, “the worldwide increase of noncommunicable diseases is a slow-motion disaster, as most of these diseases develop over time. But unhealthy lifestyles that fuel these diseases are spreading with a stunning speed and sweep” (12).

A high burden of communicable and noncommunicable diseases represents a threat to population health, adding pressure to the health care system and to state resources, increasing mortality rates and influencing quality of life. Well structured and delivered national health interventions can help to mitigate the threats of common risk factors linked to lifestyle, infectious diseases and the social determinants of health (13).

In 2014, Bulgaria adopted a national, multisectoral programme to address communicable and noncommunicable diseases (14). This section presents several health indicators related to the incidence and prevalence of key communicable and noncommunicable conditions over the recent decade and a half. More indicators are covered in the profile of health and well-being for Bulgaria (1).

Child immunization

In comparison with the Region as a whole, child immunization rates in Bulgaria were historically higher for conditions such as measles, rubella and poliomyelitis. The most recent data show that Bulgaria's rates are now roughly similar to those of the Region.

In 2014, Bulgaria's measles vaccination rate was 93%, slightly lower than the average for the Region (94.6%) and for the EU13 (96.5%). In the same year, its poliomyelitis vaccination rate was 88%, also slightly lower than the average for the Region and the EU13 (95% for both).

Tuberculosis and HIV

Between 2000 and 2014, the incidence of tuberculosis decreased in Bulgaria by 38% to 25.3 per 100 000 population. This was below both regional and EU13 averages for 2014 (Fig. 5).

The incidence of HIV infection in Bulgaria increased 5.7-fold between 2000 and 2014 (Fig. 6). Despite this increase, the incidence in 2014 (3.4/100 000) remained in line with the average for the EU13 (3.5/100 000) and substantially below the average for the Region (13.7/100 000).

Cancer

The incidence of cancer has increased in Bulgaria, as in the EU13 and the Region. In 2013, Bulgaria's incidence of cancer (461.9/100 000) was below the average for the EU13 (508.3/100 000) and higher than that for the Region (426.3/100 000). The steady increase in the incidence of cervix uteri cancer in the country between 2000 and 2013 (despite a decrease in 2008–2013) requires urgent action. By 2013, it was substantially higher than the averages for the Region and the EU13 (Fig. 7).

Fig. 5. Incidence of tuberculosis, Bulgaria, WHO European Region and EU13, 1985–2013

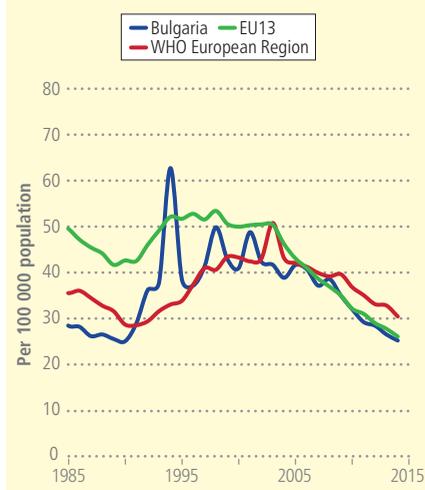


Fig. 6. Incidence of HIV infection, Bulgaria, WHO European Region and EU13, 1986–2013

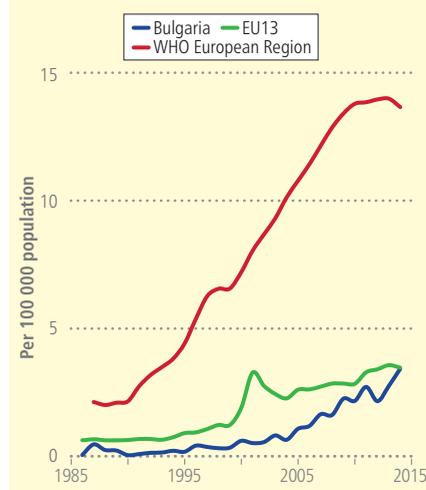
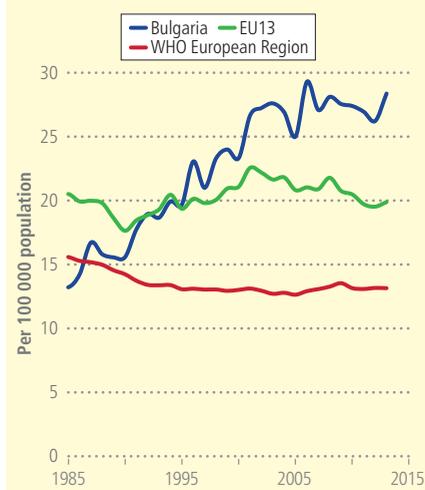


Fig. 7. Incidence of cervix uteri cancer per 100 000, Bulgaria, WHO European Region and EU13, 1985–2013



Causes of highest burden of disease

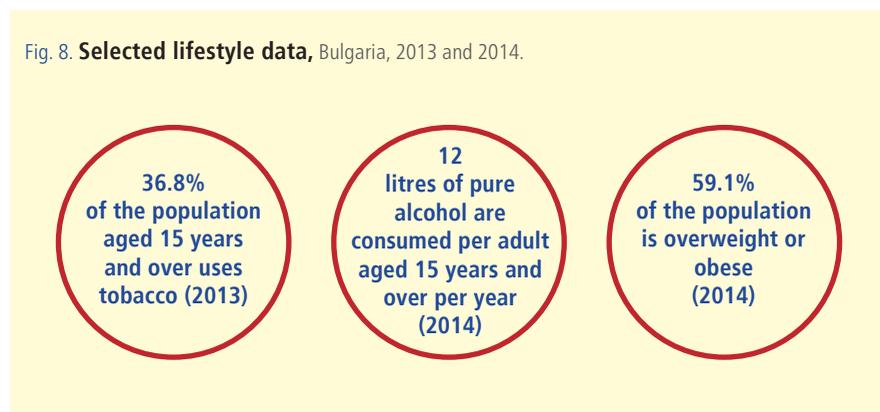
The Institute for Health Metrics and Evaluation estimates that Bulgaria's highest burden of disease, as expressed in disability-adjusted life-years, is caused by high systolic blood pressure and dietary risks. These are followed by high body mass index, tobacco smoking, high fasting plasma glucose and alcohol consumption (15).

Tobacco use, alcohol use and diet

In 2013, the age-standardized prevalence of regular tobacco use (36.8%) was the fifth highest in the Region. In 2014, the recorded figure on pure alcohol consumption per capita for the adult population in Bulgaria (12 litres) was the seventh highest in the Region (Fig. 8). This level represents an increase of around 24% in Bulgaria since 2000. According to Global Health Observatory estimates, however, the unrecorded consumption of alcohol in Bulgaria is quite moderate: 1.1 litres per capita in 2010 (7). Heavy consumption of tobacco and alcohol, along with an increase in the prevalence of overweight, may be partially responsible for the increase in premature death rates from major noncommunicable diseases.

The amount of fruits and vegetables available per person per year in Bulgaria in 2009 (105 kg) was less than half the WHO recommendation of 400 g/day, and much lower than the averages for the EU13 (187.1 kg) and the Region (228.3 kg).

Fig. 8. **Selected lifestyle data**, Bulgaria, 2013 and 2014.



Health system

Health expenditure and private out-of-pocket expenditure on health

Bulgaria's leaders have shown serious commitment to strengthening the country's health system in the past years (11). This is indicated by the increase in total health expenditure as a percentage of GDP between 2000 (6.2%) and 2014 (8.4%) (Table 2). However, this is still below the most recent levels for both the Region and the EU13. Over time, Bulgaria has experienced a substantial decline in the public share of total spending on health (Table 2); it fell from 61% in 2000 to 54% in 2014.

Private household out-of-pocket payments are higher in Bulgaria than in most of the other countries in the Region. Between 2000 and 2014, the already very high share of out-of-pocket payments grew even further, rising from 39% to 44% of total spending on health. This likely creates financial hardship for many households, especially poorer households, which may exacerbate poverty and have a negative impact on health. The very high and increasing share of out-of-pocket expenditure on health (44.2%) could also challenge many peoples' ability to access essential health services.

Health resources and their use

The number of hospital beds remains high in Bulgaria, but nevertheless fell by 4% between 2000 and 2014. The 2014 rate (713/100 000) was around 11.9% higher than the EU13 average and 28.7% higher than the average for the Region (Table 2).

The number of inpatient care discharges almost doubled from 2000 (15.4 per 100 inhabitants) to 2014 (32.2/100). Bulgaria's 2014 rate is the second highest in the Region, and exceeds the averages for both the Region (17.9/100) and the EU13 (19.7/100).

Bulgaria has maintained a high level of availability in the health workforce (physicians, dentists and midwives). This availability continued to increase between 2000 and 2014 and exceeded numbers for both the Region and the EU13 (Table 2). The availability of nurses, however, was substantially below regional and EU13 averages (– 34.5% and – 21.1%, respectively).

Table 2. Comparison of key indicators on health resources, use of health services and health expenditure, Bulgaria, WHO European Region and EU13, 2014

	Bulgaria			WHO European Region	EU13
	2000	2014	Change since 2000		
Hospital beds per 100 000	741.1	713.0	– 4%	553.9	637.3
Physicians per 100 000	336.9	398.7	+ 18%	322.3	283.6
Dentists per 100 000	83.0	97.7	+ 18%	53.4	58.0
Nurses per 100 000	435.9	485.0	+ 11%	740.4	614.6
Midwives per 100 000	50.6	45.2	– 11%	39.9	38.0
Inpatient care discharges per 100	15.4	32.2	+ 109%	17.9	19.7
Average length of stay, all hospitals (days)	11.5	5.4	– 53%	8.7	7.5
Outpatient contacts per person per year	5.4 ^a	5.9	+ 9%	7.6	7.5
Total health expenditure as percentage of GDP ^b	6.1	8.4	+ 38%	8.2	6.8
Total health expenditure, PPP\$ per capita ^b	384.2	1398.9	+ 264%	2574.7	1595.9
Public-sector health expenditure as percentage of total health expenditure ^b	60.9	54.6	– 10 ^c	67.9	72.9
Private household out-of-pocket payments as percentage of total health expenditure ^b	39.1	44.2	+ 13 ^c	26.6	23.2

^a The reference year is 1999 as there are no available data for 2000.

^b WHO estimates.

^c Change in percentage points.

Source: WHO European Health for All database (3).

Conclusions

We are all challenged ... with the task of making sense of and integrating the many different actors and sectoral services ... needed to keep ourselves, our families and our populations healthy and happy.

Dr Zsuzsanna Jakab,

WHO Regional Director for Europe (2)

Improving the health status of a country requires a collaborative, multisectoral approach that combines efforts from all levels and sectors of society, including government and citizens. In this regard, Bulgaria has made progress over the past three decades. Nevertheless, some improvements have been slower in Bulgaria than in other countries in the Region and the EU13.

The country's all-ages and premature mortality have both decreased, and yet fluctuating mortality rates from cancers and diseases of the digestive system as well as the incidence of HIV infection are all generally on the rise. Bulgaria's incidence of HIV infection is, however, still substantially lower than the average for the Region and slightly lower than that of the EU13.

In addition to these challenges in population health, Bulgaria must address high levels of alcohol consumption and tobacco smoking, the increase in the prevalence of obesity and the growing burden of noncommunicable diseases. This is particularly critical given the large increase in the already very high share of private household out-of-pocket payments in the country, and the shrinking working-age population.

Bulgaria has made progress in a number of core Health 2020 indicators. It has improved life expectancy at birth and maintained high levels of child vaccination, and has also made efforts to address the social determinants of health by, for example, reducing unemployment rates. Measures of inequality had increased by 2014, however, and Bulgaria's life satisfaction index remained below the Region's average.

As part of its national health strategy (2014–2020), which is aligned with Health 2020, Bulgaria developed a set of comprehensive health programmes. Careful implementation of these programmes and close monitoring of progress towards achieving policy goals are essential to improving the country’s health profile in the coming years.

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The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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Belarus	Hungary	Poland	The former
Belgium	Iceland	Portugal	Yugoslav
Bosnia and Herzegovina	Ireland	Republic of Moldova	Republic of Macedonia
Bulgaria	Israel	Romania	Turkey
Croatia	Italy	Russian	Turkmenistan
Cyprus	Kazakhstan	Federation	Ukraine
Czechia	Kyrgyzstan	San Marino	United Kingdom
Denmark	Latvia	Serbia	Uzbekistan
Estonia	Lithuania	Slovakia	
	Luxembourg		

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