

Bulgaria



Health systems

Economic classification: **Upper Middle Income**

Health systems summary

Over the last 30 years, the healthcare system in Bulgaria has undergone significant change. In 1998, the Government introduced the National Health Insurance Fund, a mandatory social health insurance that is primarily sustained by contributions from employers and employees. All individuals are required by law to purchase insurance and have a right to access care, but insurance coverage is lost if 3 payments are missed in 36 months. The Government makes contributions on behalf of much of the non-working population such as the elderly, the unemployed and their dependents, but many are not aware of their entitlements.

Overall funding for the health system is insufficient. Bulgaria has one of the smallest healthcare budgets in Europe and in 2017 it was estimated to have fourth lowest healthcare spending per capita in the EU. This means that in practice, much healthcare is paid for directly by the patient. In 2017, it was estimated that out of pocket spending was approximately 46.6% (the highest in the EU).

Indicators

Where is the country's government in the journey towards defining 'Obesity as a disease'?	No
Where is the country's healthcare provider in the journey towards defining 'Obesity as a disease'?	No
Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?	No
Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?	No
Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?	No
Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?	No
Are there any obesity-specific recommendations or guidelines published for adults?	No
Are there any obesity-specific recommendations or guidelines published for children?	No
In practice, how is obesity treatment largely funded?	Out of pocket

Perceived barriers to treatment

Lack of financial investment by government and health system

High cost of out of pocket payments

Lack of evidence, monitoring and research

Summary of stakeholder feedback

Stakeholders suggest that while the government and healthcare providers recognise that obesity should be classified as a disease, it is not formally, and it is certainly not acted upon. There is limited financial support provided for obesity prevention, treatment and management and the government has yet to introduce any fiscal measures designed to protect, assist and inform the population despite significant pressure from the scientific community. Overall, there are no significant prevention policies of note except state initiatives such as free meals at school.

There are few state-run treatment options in Bulgaria. However, stakeholders suggest that obesity treatment and management is significantly more advanced in paediatrics compared to adults. There are specialist units with clinical care pathways in place for those up to 18 years of age, with many affiliated outpatient facilities. Paediatric treatments are covered and therefore not subject to significant out of pocket expense. For adults however, it appears that most treatment is covered out of pocket.

There appears to be enough obesity specialists for child obesity, but a shortage of specialists for adults. There is also no national programme for streamlined obesity training for health professionals and no recognition of obesity specialisation. This combined with a failure to provide clinical treatment guidelines (with an implementation strategy) leave Bulgaria lagging behind its European counterparts in terms of obesity treatment and management.

Based on interviews/survey returns from 3 stakeholders

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