



BULGARIA

DEMOGRAPHIC & SOCIO-ECONOMIC INDICATORS		2012	2013	2014
A1	Mid-year population	7,305,888	7,265,115	7,201,308
A2	Area (square km)	111,000	111,000	111,000
A3	Average population density per square km	66	65	65
A4	Live births per 1,000 population	9.5	9.2	9.4
A5	Crude death rate per 1,000 population	15.0	14.4	n.a.
A6	Estimated life expectancy	73.9	74.1	74.3
A6a	Estimated life expectancy, female	77.4	77.7	77.8
A6b	Estimated life expectancy, males	70.6	70.7	70.9
A7	Gross domestic product (GDP) US\$ per capita	7,333.0	7,657.0	7,851.0

HEALTHCARE SYSTEM		2012	2013	2014
B1	Healthcare coverage of population			Universal coverage. However, the 12% of the population is not covered by social health insurance because of poverty and unregistered unemployment (Roma population) negligence or lack of interest of the people or the imperfection of the registration systems accounting for uninsured persons living and having their insurance abroad.
B2	Gate keeping system			Not effective. Access to outpatient care in some regions is limited; limitations of directions for some diagnostics in the outpatient care. To solve health problems GPs and patients prefer hospital care to outpatient care.
B3	Total health expenditure, PPP\$ per capita, WHO estimates	1,131.0	1,271.0	1,399.0
B4	Public sector health expenditure as % of total health expenditure	56.3	52.0	54.6
B5	Total health expenditure as % of GDP, WHO estimates	7.1	7.9	8.4
B5a	Public-sector expenditure on health as % of GDP, WHO estimates	4.0	4.1	4.6
B5b	Private-sector expenditure on health as % of GDP, WHO estimates	3.1	3.8	3.8
B6	Expenditure on inpatient care, PPP\$ per capita	n.a.	n.a.	n.a.
B7	Public inpatient expenditure as % of total inpatient expenditure	n.a.	n.a.	n.a.
B8	Total inpatient expenditure as % of total health expenditure	n.a.	n.a.	n.a.
B9	Public funding			Social insurance contributions of employed, self-employed and employers for cover approximately 2 million people. State transfers for pensioners, unemployed, children and students, socially vulnerable, others (including civil servants) cover approximately 4 million people. The health insurance system is highly unbalanced.

HOSPITAL GOVERNANCE		2012	2013	2014
C1	Administration and management			Hospitals are economically independent and operate entirely as a result of their revenues. State and municipal hospitals have management elected or appointed by policy makers and, in some cases, they receive financial support from them.
C2	Surveillance authority			Legal Regulation - Ministry of Health issues work permits, regulatory acts, conducts audits, develops strategies and plans for healthcare development. Financial Regulation - Parliament sets the NHIF (National Health Insurance Fund) budget. NHIF determines the budgets of the districts and hospitals, the volumes and prices of hospital care and the parameters of the implementation contracts.

HOSPITAL FINANCING		2012	2013	2014
D1	Hospital financiers			Hospital activities are financed almost entirely by NHIF, except for emergency aid, which is funded by a budget of the Ministry of Health. Voluntary health insurance funds are few and with low budgets and their role as hospital financiers is negligible. In many cases of hospital treatment, patients pay all or part of the value of the implants or pay small sums for improved living conditions in hospitals to considerable sums for choosing an operating team. Direct patient payments account for 48% of total healthcare expenditure, with the share of medicines being the largest, followed by hospital services.
D2	Modes of payment			Global budget based on the expenses of the previous year. But: these budgets are indicative; no funds are provided in advance; hospital activities are divided into Clinical Paths (CP), Outpatient Procedures (OP) and Clinical Procedures (CLP); CP, OP and CLP have fixed prices. No additional costs are paid for them; only activities performed are paid and up to the amount of the predetermined budget; no activities above the predefined indicative budgets are paid.
D3	Use of DRGs			No DRGs are used. The Implementation of DRGs has been postponed several times since 2001
D4	Hospital investments			State and municipal funding of hospitals is very limited and is done as an exception or under European and other research or development programs. Hospitals in Bulgaria are self-supporting. Private hospitals are not funded by the state and the municipalities in any way. There are no not-for-profit hospitals, and there is no funding for hospitals from charities. Not-for-profit organisations or charity campaigns fund single cases of rare, complex or severe cases of treatment of individuals.

TOTAL HOSPITAL CARE PROVISION		2012	2013	2014
E1	Public/private ownership	n.a.	n.a.	n.a.
E1a	% of hospitals private for profit			
E1b	% of hospitals private not for profit			
E2	Categories			
E3	<u>Total number of hospitals</u>	344	339	342
E4	<u>Hospitals per 100,000</u>	4.6	4.7	4.8
E5	<u>Total number of hospital beds</u>	48,308	49,522	51,505
E5a	<u>Number of public inpatient hospital beds</u>	40,917	41,054	41,256
	<u>Public inpatient hospital beds as % of all hospital beds</u>	84.7	82.9	80.1
E5b	<u>Number of private inpatient hospital beds</u>	7,380	8,485	10,273
	<u>Private inpatient hospital beds as % of all beds</u>	15.3	17.1	19.9
E6	<u>Hospital beds per 100,000</u>	661.0	682.0	713.0
E7	<u>Number of all hospital discharges</u>	2,041,507	2,224,520	2,326,318
E8	<u>Inpatient care discharges per 100</u>	27.9	30.6	32.2
E9	<u>Average length of stay, all hospitals</u>	5.8	5.6	5.4

There are no not-for-profit hospitals including state and municipal hospitals. The exception being only three departmental hospitals that are not commercial companies. These are the Military Medical Academy (Ministry of Defense), the Medical Institute of the Ministry of Interior and the Transport Hospital at the Ministry of Transport.

There are no not-for-profit private hospitals.

In the scope of their activities the hospitals are multi-profile (with two or more wards) and specialised (with one ward in the specialty). Multi-profile hospitals are for active treatment. Specialised hospitals may be for active treatment or for further treatment and rehabilitation. By kind of ownership the hospitals are state-owned, state-and-municipally owned, municipal and private. According to the Law on the medical establishments, the medical establishments are equal, regardless of the form of ownership. The form of ownership has no relation to the provision of medical care - all medical establishments can work with NHIF funds and every health-insured citizen can use medical services on the territory of the whole country (there is no zoning). Each ward has a level of care called "level of competence". The levels of competence are three, the first being the lowest and the third the highest. Hospitals generally have no levels of competence.

ACUTE CARE HOSPITAL PROVISION		2012	2013	2014
F1	<u>Number of acute (short-stay) hospitals</u>	168	170	176
F2	<u>Acute (short-stay) hospitals per 100,000</u>	2.3	2.3	2.4
F3	<u>Number of acute care hospital beds</u>	40,883	41,625	42,851
F3a	<u>Acute care hospital beds as % of all hospital beds</u>	84.6	84.1	83.2
F4	<u>Acute care hospital beds per 100,000</u>	560	573	593
F5	<u>Number of acute care hospital discharges</u>	n.a.	n.a.	n.a.
F6	<u>Acute care hospital discharges per 100</u>	n.a.	n.a.	n.a.
F7	<u>Average length of stay, acute care hospitals only</u>	n.a.	n.a.	n.a.
F8	<u>Bed occupancy rate (%), acute care hospitals only</u>	n.a.	n.a.	n.a.

HEALTHCARE WORKFORCE		2012	2013	2014
G1	<u>Number of general practitioners</u>	4,900	4,572	4,525
G1a	<u>General practitioners per 100,000</u>	67.0	63.0	63.0
G1b	<u>Population per one GP</u>	1,491.0	1,589.0	1,591.4
G2	<u>Number of physicians</u>	28,599	28,891	28,801
G2a	<u>Physicians per 100,000</u>	391.0	398.0	399.0
G3	<u>% of physicians working in hospitals</u>	53.9	54.2	55.9
G4	<u>Number of nurses</u>	35,350	35,731	35,035
G4a	<u>Nurses per 100,000</u>	484.0	492.0	485.0
G5	<u>% of nurses working in hospitals</u>	66.6	67.2	n.a.
G6	<u>Number of nurses per physician</u>	1.2	1.2	1.2

* Quantitative information has been extracted in January 2018

** Last updated qualitative information has been provided by HOPE LO in 2018