



Bulgaria

Obesity Health System Country Report Card

Economic Classification

Upper middle income¹

Health System 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 (NHIF). The NHIF runs alongside the Social Health Insurance (SHI) and individuals are required by law to purchase insurance. If individuals miss payments (3 in 36 months), they lose coverage. These puts the long term unemployed and poor particularly at risk. The government does cover payments in some instances, but many individuals are not aware they are eligible for this. In 2015 it was estimated that Bulgaria had the third lowest healthcare spending in the European Union. In 2017 it was estimated that out of pocket spending was approximately 48%².

Overall summary

Where your country's <u>government</u> in the journey towards defining 'Obesity as a disease'? (●: Defined as disease, ●: Partial, ●: No, ● Not known)	●
Where is your country's <u>healthcare provider</u> in the journey towards defining 'Obesity as a disease'? (●: Defined as disease, ●: Partial, ●: No, ● Not known)	●
Is obesity treatment largely covered by government funding, insurance or out of pocket expense? This indicates how the obesity treatment financing mechanisms facilitate equitable access to care. (●: Government, ●: Insurance, ●: Out of pocket expense, ● Not known)	●
At what level of obesity are people usually eligible access healthcare? (●: BMI ≥30, ●: ≥ 35, ●: ≥35 + co-morbidities or ≥ 40 kg/m ² , ●: not defined or not known)	●
Is there a system for training health professionals in recognising obesity its prevention and management? (●: Yes, ●: Partial, ●: No, ● Not known)	●
Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas (e.g. endocrinologists, bariatric surgeons)? (●: Yes, ●: Partial, ●: No, ● Not known)	●

¹ World Bank economic classification by GNI per capita (June 2018)

<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>
(last accessed 09.11.2018)

² State of Health in the EU, Bulgaria, Country Health Profile 2017

Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas (e.g. endocrinologists, bariatric surgeons)? (●: Yes ,●: Partial, ●: No, ● Not known)	●
Have any fiscal measures have been put in place to protect/assist/inform the population around obesity? (●: Yes ,●: Partial, ●: No, ● Not known)	●
Has any government body published any obesity-related treatment recommendations or guidelines for adults? (●: Yes ,●: Partial, ●: No, ● Not known)	●
Has any government body published any obesity-related treatment recommendations or guidelines for children? (●: Yes ,●: Partial, ●: No, ● Not known)	●

Findings from stakeholders³

Overview 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. The Government has yet to introduce any fiscal measures designed to protect, assist and inform the population despite significant pressure from the scientific community.

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 a clinical care path 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.

Obesity specialists exist in terms of paediatric obesity but Bulgaria has a shortage of obesity specialists for adults. 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 in adults.

The unregulated diet industry is said to be particularly popular in Bulgaria.

Top barriers to be obesity treatment

Stakeholders believed the following to be the top barriers to obesity treatment in the Bulgaria⁴:

1. Obesity not perceived as a disease
2. Lack of qualified health care professionals (especially for treatment of adults)
3. Inadequate hospital governance
4. Lack of engagement by the government and other stakeholders
5. Lack of finance

³ Note that this section is based on interviews and/or survey returns from 2 stakeholders.

⁴ In no particular order