

Current status and problems of the Health System Reform in Bulgaria

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Summary

This article summarises the first steps, current status, and problems of the health system reform in Bulgaria. At the present stage of the reform the emphasis is on establishing the legislative basis, definition of the structures and responsibilities for solving the different problems. In this context, the current situation in oncological health care requires

that the State, represented by the Parliament, the Ministry of Health and the National Health Insurance Fund (NHIF), defines clearly its responsibilities for and commitment to these socially important diseases.

Key words: Bulgaria, health reform, health system, National Health Insurance Fund, oncological health care

Introduction

It is well known that the strategic goal of each nationally responsible health policy is to improve the health status of the population. During the past 13-14 years, the development of the health system reform in Bulgaria has shown how hard it is to achieve wide political and public consensus in a country in transition from one socio-economic system to another.

The lack of consent and partnership on the one hand, and the need for significant investments on the other hand, are responsible for a multitude of problems and conflicts, that have delayed the process of health system change-from public financing to a health insurance-type.

Recent situation

As a consequence of these socio-economic changes, a significant worsening of the basic health

and demographic indicators has been registered in the country during the last years (Table 1) [1]:

- Aging of the population-there is a negative balance as a result of the decreased birth rate, increased mortality and emigration, against a background of an increasing average life expectancy.
- Rise in morbidity and mortality.
- Worsening of the reproductive health.
- Inadequate access to health services for the different groups of the population.

Besides the leading role of the social and economic changes for the results above, these indicators are also related to the organization, financing, quality of medical services as well as to everybody's personal responsibility for the protection of the individual and the public health.

In this context, the analysis of data shows that the

Table 1. Demographic indicators in Bulgaria for the period 1970-1998

Year	1970	1980	1990	1998
Total population	8,514,900	8,876,600	8,669,300	8,230,400
Live births	138,745	128,190	105,180	65,361
Deaths	77,095	97,950	108,608	118,190
Natural population increase	61,650	30,240	-3,428	-52,829

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structure of the health system in Bulgaria is mostly hospital-based and specialized care-oriented, which are characterized by over-capacity of hospital beds and professional labour resources, and uneven distribution in terms of medical specialists and regions. The existing financing system is centralized and based on state budget funds, which are more and more insufficient to guarantee quality and sustainable functioning of the health system.

Steps of the reform

Under these circumstances, the role of health insurance, which introduces the market mechanisms and alternative finance sources, becomes more and more important.

The real reform in the health sector in Bulgaria started after 1998, when the first laws providing the regulatory basis for the change were enacted. In 1999, the construction and start of function of the NHIF began; July 2000 was the startup date of the reform in the outpatient health care sector, and July 2001 in the hospital sector.

Up to the present moment, the following steps of the reform process have been completed:

- The legislative and regulatory frameworks for the co-existence and equality of the state, public, and private subsectors in the health system have been created.
- The health services users were given the right to choose their own health care provider, as well as the opportunity to create organizations for the protection of their interests.
- The professional structures of all medical specialists (doctors and dentists) were developed and legislatively regulated.
- An integrated national health insurance system was established with guaranteed collection of insur-

ance premiums (the current health insurance rates being 6% of the per capita income) and with unified budget (Table 2) [2].

- The structure of the outpatient care sector was changed, placing the general practitioner's (GP) system in the center.
- The hospital care reform started with the launch of the accreditation process and the introduction of medical standards for the different specialties and nosologic units.
- The legal and regulatory basis was created for the contracting principles in the relations between health care providers and the financing bodies, represented by the NHIF and the joint-stock insurance companies.

The role of the National Health Insurance Fund

In the above described process of reforming the health system in Bulgaria, the leading role of the NHIF is clearly outlined. Its main task is to promote the changes in different aspects, but the really important issue is related to the management and regulation of the compulsory health insurance system.

1. It is necessary to devise and update a modern set of instruments for financing, pricing, expense calculation, payment and accountancy, with the introduction of mechanisms for appropriate control.

2. In the outpatient ambulatory care sector, the initially adopted capitation principle of payment for the GP should be reassessed and replaced by the more market-oriented principle of payment for services provided.

3. The development and introduction of certain standards (algorithms), not only for the hospital services but also for the outpatient sector, should continue, reflecting a system that guarantees adequate quality of the diagnostic and therapeutic activities.

4. The hospital care delivery should gradually change from financing based only on clinical pathways to financing based also or only on diagnostically related groups.

5. The establishment of a unified information system is of utmost importance, as it provides the possibility for better planning, prognosticating, analysing and controlling of spending the financial resources, as well as for making the respective decisions in the management process.

6. The adopted reimbursement system in the pharmaceutical policy requires a restrictive approach in view of the limited resources and the strong social needs of the community. An alternative approach of partial introduction of a system of limited financing for nosologic units is currently being discussed.

7. The judicious management of the financial re-

Table 2. NHIF budget in its health insurance payments part for 2003

Indicator	Amount*	
	Leva	Euros**
Primary outpatient care	103,500	52,941
Specialized outpatient care	82,400	42,148
Dentist's services	39,800	20,358
Therapeutic and diagnostic services	39,300	20,102
Home care medications and medical products	162,753	83,250
Hospital health care	200,000	102,302
Total	627,753	321,101

*Thousands Leva/Euros; **1 Euro=1.955 Leva

sources, and especially of the operating cost balance, requires further an adequate investment strategy of the NHIF in compliance with the existing legal system.

In accordance with the above described parameters, further implementation of the health sector reform in Bulgaria is closely related to the role of the Ministry of Health as the main organizer and methodological supervisor of the processes which are regulated by the legal framework created by the Parliament's Health Commission. At this stage of the reform the emphasis is on establishing the legislative basis, definition of the structures and responsibilities for solving the different problems, mainly those related with the health care institutions for medical treatment.

In contrast, the reform of the health promoting and preventive care was restricted to the structuring of the Hygiene-Epidemiological Service (1999), through its 28 regional offices. Five operational structures were established: for public sanitary control, for epidemiological control, for prophylaxis and health promotion, for laboratory examinations and for organizational and information services.

Problems of the oncological health care

The oncological health care network in Bulgaria, established in 1952, comprises the National Oncological Center located in the capital city of Bulgaria - Sofia, and 13 regional oncological centers distributed by territorial principles. The problems related with the oncological diseases originated from the proclamation of all oncological medical centers for commercial partnerships with an unclear status of the regional oncological centers which are establishments for active cancer treatment on the one hand, but on the other hand they should also play a methodological role, i.e. have dispensary functions and control the implementation of the national oncological doctrine. The above statement is confirmed by the data from the National Cancer Registry, which evi-

Table 3. Distribution of the newly diagnosed cancer cases by stages; Bulgaria 1994-1998

Stage (%) Year	I	II	III	IV	Undefined stage
1994	18.19	25.29	19.97	22.02	14.53
1995	18.59	26.42	20.41	22.53	12.05
1996	18.63	26.54	20.60	22.63	11.60
1997	16.98	26.76	20.43	22.87	12.96
1998	17.28	23.56	22.61	23.90	12.65

dences worsening of the cancer control indicators during the past 10-15 years (Table 3) [3,4].

A change for the better of the current situation in oncological health care requires that the State, represented by the Parliament, the Ministry of Health, and the NHIF defines clearly its responsibilities for and commitment to these socially important diseases. This should involve the design of a system for quality control of all aspects of the health care sector in view of the expected weakening of the role of public institutions in the production and delivery of the respective preventive, diagnostic and therapeutic health services.

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