

Bulgaria



General data

POPULATION, 2023
6,446,596
PHYSICIANS / 1,000 INH, 2021
4.29

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income
GDP PER CAPITA (US\$), 2023
15,885
HEALTH EXPENDITURE (% GDP), 2021
8.56
UNIVERSAL HEALTH COVERAGE, 2021
73



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ⑥ POLICIES
- ③ RESEARCH
- ⑥ USE OF ESSENTIAL MEDICINES
- ⑥ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC

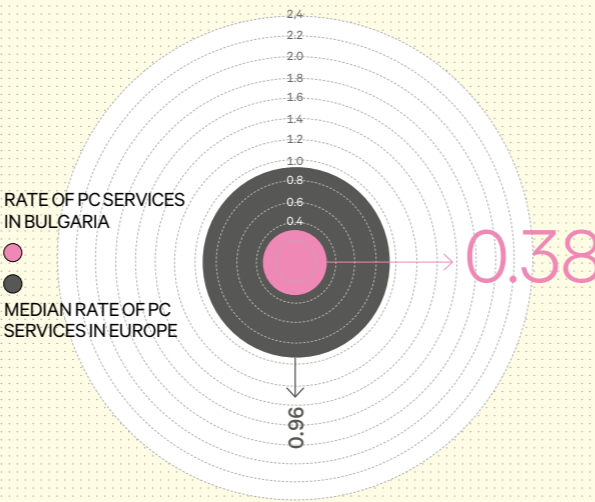


Consultants: Nikolay Radev Yordanov.
National Association: Bulgarian Long-term and Palliative Care Society.
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: Yes
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

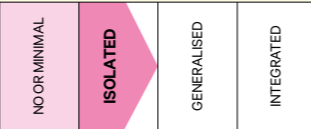
Provision of PC (Specialised Services)

Total number of Specialised PC services
25
Rate of PC services per 100,000 inhabitants
0.38

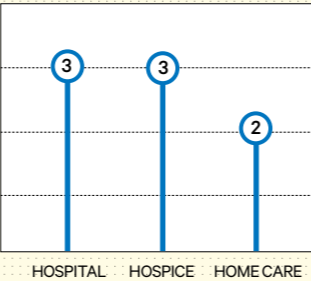
Bulgaria in the context of European region



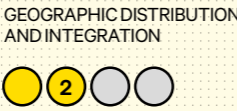
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services



TOTAL NUMBER

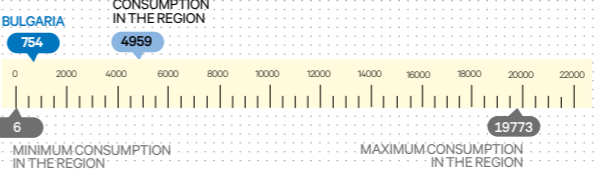
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Bulgaria

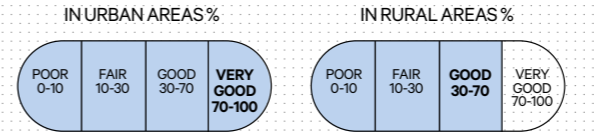
Use of essential medicines

Opiods consumption (excluding methadone)
754
S-DDD/MILL INHABITANTS/DAY

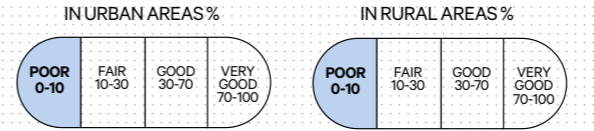
Bulgaria in the context of European region



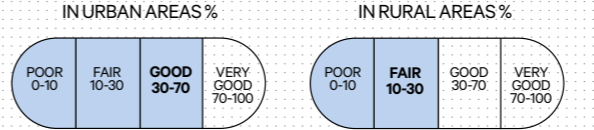
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



Research

PC-related research articles
1



Inclusion of PC topics in National Research Calls
1



Existence of PC congresses or scientific meetings
1



Education & Training

Medical schools with mandatory PC teaching
0/6

Nursing schools with mandatory PC teaching
0/10

PC Full Professors
1

Recognition of PC specialty
1

Policies

National PC plan or strategy
1

Responsible authority for PC in the Ministry of Health
1

Inclusion of PC in the basic health package at the primary care level
4

Empowerment of people and communities

Groups promoting the rights of PC patients
2



Advanced care planning-related policies
1



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Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	 Pioneers, champions, or advocates of palliative care can be identified, but without a formal organisation constituted.	The Bulgarian National Association for Long Term Care and Palliative Medicine remains an active entity in the country. Support groups advocating for patients' rights to palliative care are primarily located in oncology hospitals and centres nationwide. In accordance with Articles 95 and 96 of the Health Act, all Bulgarian citizens diagnosed with incurable diseases are entitled to palliative care. However, individuals with other conditions do not benefit from this legislatively guaranteed right due to the lack of funding from the National Health Insurance Fund (NHIF) for such services. Instead, the responsibility for providing care to terminally ill patients is delegated to general practitioners by the NHIF, as specified in the National Framework Contract for Medical Activities (2023-2025). There are also the Health Act; and the NHIF - National Framework Contract for Medical Activities 2023-2025.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	 There is no national policy or guideline on advance care planning.	The clinical pathway Palliative Care for Cancer Patients has a mandatory requirement to prepare an advance care plan, but it is not legally binding and can always be challenged by a relative.
Ind3 3.1. There is a current national PC plan, programme, policy, or strategy. 3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	 Not known or does not exist. There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.	Currently, a plan for the development of palliative care has been formulated as part of the National Plan for Combating Cancer in the Republic of Bulgaria 2021-2027, which was adopted in January 2023. However, this plan is not comprehensive, as it primarily addresses cancer patients and does not extend to individuals suffering from other incurable diseases. Similar indicators have been developed for the palliative care section of the National Plan against Cancer, but they are not part of a universal plan for providing palliative care, despite the fact that the legal right to palliative care for every Bulgarian citizen suffering from an incurable disease is guaranteed by Articles 95 and 96 of the Health Act of the Republic of Bulgaria.

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3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented.	
Ind4 PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	 Palliative care is included in the list of health services provided at the primary care level in the General Health Law.	Article 96, items 2 and 3 of the Health Act stipulate that "Palliative medical care is provided by general practitioners, medical institutions offering outpatient and inpatient care, and hospices". Additionally, "The requirements for the provision of palliative medical care are specified by an ordinance issued by the Minister of Health".
Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health? 5.2. The national authority has concrete functions, budget and staff.	 There is no authority defined. Does not have concrete functions or resources (budget, staff, etc.)	There is no similar structure responsible for the development of palliative care within the Ministry of Health nor dedicated person.



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<div>Ind6</div> <div>Existence of congresses or scientific meetings at the national level specifically related to PC.</div>	<div>1</div> <div>There are no national congresses or scientific meetings related to palliative care.</div>	<div>There are no regular congresses held on the subject; the most recent ones, such as those in 2013 and 2017, are considered outdated.</div>
<div>Ind7.1</div> <div>Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.</div>	<div>1</div> <div>Minimal or nonexistent number of articles published on the subject</div>	<div>Limited evidence is available.</div>
<div>Ind7.2</div> <div>Inclusion of PC topics in national research calls.</div>		<div>No evidence found.</div>
<div>Ind8</div> <div>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</div>	<div><div>754</div><div>S-DDD PER MILLION INHAB /DAY</div></div> <div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div> <div>COUNTRY VS REGION</div> <div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div><div>BULGARIA</div><div>754</div><div>0</div><div>2000</div><div>4000</div><div>6000</div><div>8000</div><div>10000</div><div>12000</div><div>14000</div><div>16000</div><div>18000</div><div>20000</div><div>22000</div><div>6</div><div>19773</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div>	


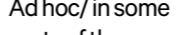


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<p>Ind9</p> <p>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.</p> <p>9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.</p>	<p>4</p> <p>3</p>	<p>Under current legislation, every hospital department is required to maintain a certain stock of pain relief medications, including NSAIDs and opioids, for use in emergency situations. Opioid analgesics are provided free of charge and can be prescribed without dosage restrictions for a period of 30 days to patients with oncological diseases. However, for PC patients with other diagnoses, opioids are subject to payment, and access to these medications is hindered by specific regulatory requirements for pharmacies handling opioids. These regulations create reluctance among pharmacies to work with opioid analgesics due to concerns over security and surveillance protocols, significant investments with no financial return, fears of break-ins by drug addicts, and the risk of administrative penalties.</p>
<p>Ind10:1</p> <p>10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p> <p>10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</p>	<p>1</p> <p>1</p>	<p>At present, only parenteral morphine is available for pain management. For oral formulations, the country provides fast-acting oxycodone, modified-release oxycodone, and the oxycodone/naloxone combination.</p>
<p>Ind10:2</p> <p>10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations.</p> <p>10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.</p>	<p>3</p> <p>2</p>	<p>Parenteral and oral tramadol, parenteral morphine, fentanyl patches, sublingual fentanyl tablets, and both fast-acting and modified-release oxycodone are available in the country. However, hydromorphone is not registered, and due to technical reasons, there has been no import of buprenorphine patches since the beginning of 2024. Codeine is available only in combination tablets with paracetamol or metamizole, while dihydrocodeine (DHC) has not been imported into the country for several years. Buprenorphine tablets and methadone solution are licensed and used exclusively for substitution therapy. Opioid analgesics are provided free of charge and can be prescribed without dose restrictions for cancer patients. However, for palliative care patients with other diagnoses, opioids are subject to payment.</p>

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<p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11. 5. PC Full Professors</p> <p>11. 6. Legislation/ regulations concerning PC education</p>	<p>0/6</p> <p>6/6</p> <p>0/10</p> <p>9/10</p> <p>1</p> <p>Yes</p>	<p></p> <p>The training of students in the field of Palliative Nurse Care is governed by the Instruction of the Ordinance on Uniform State Requirements (OUSR). The subject of Palliative Nurse Care is incorporated as a mandatory component in the curriculum of the 7.5.1 Nurse programme within the professional field 7.5 Health Care, as part of the Bachelor's degree in higher education under the Healthcare and Sports sector. The course consists of a total of 30 class hours, including 15 hours of lectures and 15 hours of practical exercises, and is studied during the sixth semester.</p> <p>The country has a full professor in palliative care, Associate Professor Nikolay Yordanov, MD, PhD; affiliated with the Medical University of Pleven, in the Department of Healthcare Management, Medical Ethics, and Information Technology.</p>
<p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p>	<p></p> <p>There is no process on specialisation for palliative care physicians.</p>	<p>No evidence found.</p>

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<p>Ind13</p> <p>13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>13.4. HOME CARE teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p>	<p> Isolated provision: Exists but only in some geographic areas.</p> <p> In a growing number of private hospitals.</p> <p> Found in many parts of the country.</p> <p> Ad hoc/ in some parts of the country.</p>	<p>There are 25 services offering PC for cancer patients. PC for cancer patients remains uneven, uncoordinated, insufficient, and poorly integrated into the healthcare system. This is primarily due to limited public investment and low service capacity. A total of 25 hospitals in Bulgaria have signed contracts with the National Health Insurance Fund (NHIF) to provide PC for patients with oncological diseases (MoH, 2021a). This provision is mandatory within the services offered by comprehensive oncology centres, of which there are 11 across the country. Recent amendments to the national framework agreement with the NHIF have made funding for PC for cancer patients more attractive, with the expectation that this will encourage more hospitals to provide these services. While hospices for terminal care exist in nearly every regional centre, they are categorized rather as social institutions. Among the 28 administrative districts in Bulgaria, 10 lack any hospice services, and nine have only one hospice per district. Of the remaining 9 districts, only Sofia and Varna have over three hospices.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>BULGARIA 0.38</p> <p>0 1 2 3 4 5 6</p> <p>MINIMUM RATE IN THE REGION</p> <p>MAXIMUM RATE IN THE REGION</p> <p>3.68</p> <p>25</p> <p>← SPECIALISED PALLIATIVE CARE SERVICES</p>
<p>Ind14</p> <p>14.1. There is a system of specialised PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p>	<p> Isolated provision: palliative care specialised services or teams for children exist but only in some geographic areas.</p> <p> PPC TEAMS</p>	<p>There are no dedicated specialised services for pediatric palliative care. Children with oncological diseases receive treatment in specialised hospital facilities within university hospitals, where palliative care is also provided for pediatric patients. Specialised pediatric oncology care, including palliative services, is available at university hospitals in major cities such as Sofia, Varna, Plovdiv, Stara Zagora, and Pleven. Additionally, pediatric oncohematology clinics, which also offer palliative care, are present at each of the seven medical universities in Bulgaria.</p>