



REGIONAL OFFICE FOR

**World Health
Organization**

Europe

Biennial Collaborative Agreement

between

the Ministry of Health of Bulgaria

and

**the Regional Office for Europe
of the World Health Organization**

2024–2025

Signed by:

For the Ministry of Health

Signature

Name Dr Galya Kondeva

Date

Title Minister of Health

For the World Health Organization

Signature

Name: Dr Hans Henri P. Kluge

Date

Title Regional Director for Europe

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Introduction

This Biennial Collaborative Agreement (BCA) between the World Health Organization (WHO) Regional Office for Europe (WHO/Europe) and the Ministry of Health of the Republic of Bulgaria on behalf of its Government for the biennium 2024–2025 constitutes a practical framework for collaboration, agreed through a process of successive consultations between national health authorities and WHO/Europe on behalf of WHO. The overall aim is to achieve the targets of WHO's Thirteenth General Programme of Work, 2019–2025 (GPW 13), the European Programme of Work, 2020–2025 – “United Action for Better Health in Europe” (EPW) and the national health policies of Bulgaria.

GPW 13 provides a high-level strategic vision for the work of WHO and its Member States, and an overall direction for the current seven-year period that started in January 2019. WHO's Programme budget 2024–2025, as approved by the Seventy-six World Health Assembly, aims to turn the vision of GPW 13 into reality by delivering positive health impacts for people at country level. The GPW 13 Results Framework (see Annex 1) demonstrates how its inputs and outputs translate into, and are crucial for achieving, the Triple Billion targets of GPW 13 (shown in Annex 1) and for maximizing the impact on people's lives at country level.

The BCA, grounded in GPW 13 and the 2030 Agenda for Sustainable Development, delivers on the concepts, principles and values underpinning the EPW, which was adopted by the WHO Regional Committee for Europe at its 70th session in 2020. Thus, in line with the EPW, the BCA aims to support Bulgaria in promoting universal access to quality care without fear of financial hardship, offering effective protection against health emergencies and building healthy communities where public health actions and appropriate public policies secure a better life in an economy of well-being.

Description of the BCA

Through a consultative process, WHO and Bulgaria agreed on the broad prioritization of areas for collaboration. These areas were reviewed and refined in the preparation of this document, which further details the collaboration programme, including the prioritized outcomes, proposed outputs, and product and service deliverables.

Achieving the prioritized outcomes identified in this BCA is therefore the responsibility of both the WHO Secretariat and Bulgaria.

BCAs will be implemented through optimal modes of delivery, ranging from country-specific (for outputs that are highly specific to the needs and circumstances of individual countries), to intercountry (addressing countries' common needs using approaches across the WHO European Region) and multicountry (for subregional needs).

Terms of collaboration

During the biennium, the collaborative programme may be revised or adjusted by mutual agreement, where prevailing circumstances indicate a need for change.

The biennial programme budget outputs for 2024–2025 may be amended by mutual agreement in writing between WHO/Europe and the Government of Bulgaria as a result of, for example, changes in the country's health situation, changes in the country's capacity to implement the agreed activities, specific needs emerging during the biennium, changes in WHO/Europe's capacity to provide the agreed outputs or changes in funding. Either party may initiate amendments.

The Ministry of Health will nominate WHO national counterparts and national technical focal points. The national counterparts will be responsible for the overall coordination of the implementation of the BCA on behalf of the Ministry of Health and will liaise with all national technical focal points on a regular basis. The WHO Representative, the Head of the WHO Country Office in Bulgaria will be responsible for implementing the BCA on behalf of WHO, in close coordination with and overseen by WHO/Europe, and will coordinate any required support from WHO headquarters.

Implementation will start at the beginning of the biennium 2024–2025.

WHO will allocate a baseline budget for the biennium as an indicative estimated cost of delivering the planned work. To the extent possible, this budget allocation will encompass the total expenditure for implementation of the BCA, regardless of which level of WHO will deliver the work, and this budget can be revised upwards if WHO receives more voluntary contributions to implement a wider range of activities agreed with Bulgaria. Funding will come from both WHO corporate resources and other resources mobilized through WHO. These funds will not be used to subsidize or fill financing gaps in the regular operations and delivery of services of the health sector, to supplement salaries or to purchase supplies. Activities and purchases of supplies and donations as part of crisis response operations or demonstration projects will continue to be funded through additional mechanisms, in line with WHO rules and regulations.

Expenditures on WHO staff based in WHO headquarters, WHO/Europe and the Country Office in Bulgaria are not reflected in the indicated budget.

The value of the Government's input, other than that channelled through the WHO Secretariat, is also not included in the BCA or the indicated budget.

This BCA is open to further development and contributions from other sources, to supplement the existing programme or to introduce activities that have not been included at this stage.

This Agreement shall enter into force on the date of its signature.

PART 1. Strategic outlook on collaborative priorities

1.1. Health situation analysis

Bulgaria is a European country in the eastern part of the Balkan peninsula with a population of 6 447 710 million inhabitants according to the national statistical data as of 31/12/2022¹. The country is a parliamentary republic with a multiparty system and free elections. Bulgaria has been undergoing a dramatic demographic crisis fueled by negative population growth and negative net international migration, leading to a steady and continuous population decline and drop of the working-age population. The last decade has witnessed significant changes in the population's age structure, with an insignificant increase in the share of the population up to the age of 15 years, and an increase in the share of the population aged over 65 years, a common problem among other Member States of the European Union (EU). Bulgaria has an ageing population, similar to other EU Member States².

Bulgaria became a member of the EU in 2007 and this has given a strong impetus to the country's development. Bulgaria's macroeconomic profile is very stable with continuous Gross Domestic Product (GDP) growth of +3.2% projected growth in 2024 by the International Monetary Fund (IMF³), a low level of unemployment (4.4% in 2022 according to the World Bank⁴), inflation rates which got significantly impacted by the COVID-19 pandemic and the war in Ukraine (15.3% in 2022⁵), but which are stabilizing⁶ (8.5% in 2023 and projected 3% in 2024). Bulgaria is also having strong fiscal discipline with a low deficit at 2.9%⁷, below the EU Member States average and the second lowest debt in the whole EU at 22.6% in 2022⁸.

Regardless of this stable and strong macroeconomic picture, Bulgaria is nonetheless facing serious economic and social challenges, that have serious impact on the health system:

- Despite significant health system improvements over the last decade, the impact of persistently high risk factors⁹, high out-of-pocket payments¹⁰, very high hospital-centred care and low community-care and outpatient care culture¹¹, and an ageing and diminishing healthcare workforce¹² hamper the system's performance and risk posing increasingly complicated challenges to national authorities if not addressed.
- The COVID-19 pandemic has temporarily reversed years of progress in life expectancy among Bulgarians, for whom life expectancy was already the lowest in the EU in 2019 and which remains the lowest to date: the EU regions with the lowest life expectancy at birth were all in Bulgaria: North-West (69.7), North-Central (70.4), South-East (71.0) and North-East (71.2)¹³ and the two other regions of Bulgaria (South-West and South-

¹ <https://www.nsi.bg/en/content/2975/population-districts-municipalities-place-residence-and-sex>

² https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Population_structure_and_ageing

³ Bulgaria and the IMF

⁴ Bulgaria | Data (worldbank.org)

⁵ Bulgaria | Data (worldbank.org)

⁶ Bulgaria and the IMF

⁷ Statistics | Eurostat (europa.eu)

⁸ Government finance statistics - Statistics Explained (europa.eu)

⁹ [c1a721b0-en.pdf](https://www.oecd-ilibrary.org/docserver/c1a721b0-en.pdf) (oecd-ilibrary.org)

¹⁰ Bulgaria's high out-of-pocket payments for health care undermine progress towards universal health coverage (who.int)

¹¹ <https://www.oecd.org/publications/bulgaria-country-health-profile-2021-c1a721b0-en.htm>

¹² <https://www.statista.com/statistics/892784/population-per-healthcare-personnel-bulgaria/>

<https://www.oecd.org/publications/bulgaria-country-health-profile-2021-c1a721b0-en.htm>

<https://www.euractiv.com/section/health-consumers/news/bulgarian-healthcare-suffers-from-severe-dysfunction-lack-of-staff/>

¹³ Life expectancy at birth down to 80.1 years in 2021 - Products Eurostat News - Eurostat (europa.eu)

Central) following closely as the 9th and 10th lowest in the whole EU¹⁴. The COVID-19 pandemic and the sudden influx of Ukrainian refugees adding to the pre-existing influx of Afghan and Syrian refugees crossing into the EU from Türkiye also highlighted the need for additional investment in the health sector, including better preparedness for future health system shocks.

- The performance of directly life-saving areas such as emergency medical services (in a country with abundant mountainous hard-to-reach environments), stroke care, or cancer care and of life-improving areas of care such as mental health, rehabilitation care, and long-term care suffers from both a low efficiency of prevention and prophylaxis and from emergency and elective care systems that could be further optimized.

Bulgaria has adopted a comprehensive policy framework with the National Development Programme Bulgaria 2030 as part of its strategy towards the Sustainable Development Goals (SDGs). The National Development Programme Bulgaria 2030¹⁵ adopted by Protocol No. 67 of the Council of Ministers of 2 December 2020 is a strategic framework of the highest order in the hierarchy of national programming documents. The document is based on the vision, goals and priorities of the National Development Programme Bulgaria 2030¹⁶ approved by Decision No. 33 of the Council of Ministers of 20 January 2020. Three strategic goals have been determined – accelerated economic development, demographic upswing, and reduction of inequalities. The implementation is envisaged through targeted policies and interventions, grouped into five interconnected and integrated development axes and 13 identified national priorities. The National Development Programme Bulgaria 2030 consists of detailed strategies for the priorities, an indicative financial framework, a preliminary impact assessment, as well as a mechanism for monitoring implementation. Priority 12 “Health and Sport” is dedicated to improvement of the health characteristics of the population and improvement of the human capital of the country. The policy focus is on ensuring equal access to quality health services for all. Achieving the objectives will play a key role in achieving Goal 3 “Ensure healthy lives and promote well-being for all at all ages” from the UN Sustainable Development Goals.

The government has taken steps to mobilize multisectoral or whole-of-government action on health and the Ministry of Health (MoH) has finalized the National Health Strategy 2030¹⁷ as well as a number of specific strategic reform agendas in the health sector such as the National Strategy for Mental Health of the Citizens of the Republic of Bulgaria 2021-2030 and the National Strategy for Child and Adolescent Health and Pediatric Care 2030¹⁸. The MoH interacts with all ministries in the development and implementation of strategies and programmes. There are permanent cooperation bodies such as national councils, interagency councils, advisory councils, expert groups and working groups.

Key intergovernmental partners that are supporting health system developments apart from WHO are the European Commission (EC), the World Bank (WB), the European Investment Bank (EIB), and the UN Children’s Fund (UNICEF). Other UN Agencies with residential presence in Bulgaria are the International Organization for Migrations (IOM), the International Monetary Fund (IMF), and the UN High Commissioner for Refugees (UNHCR). The Red Cross movement is very active in Bulgaria through a well-developed national red cross society which manages a wide health portfolio, including first aid and rescue in the mountainous territories. And civil society is very vibrant and engaged in Bulgaria and a wide network of associations and non-governmental organizations are present and engaged with health programmes and active advocacy programmes on health topics.

¹⁴ Life expectancy at birth down to 80.1 years in 2021 - Products Eurostat News - Eurostat (europa.eu)

¹⁵ <https://www.minfin.bg/upload/46720/National%2BDevelopment%2BProgramme%2BBULGARIA%2B2030.pdf>

¹⁶ https://www.minfin.bg/upload/43546/Bulgaria+2030_EN.pdf

¹⁷ <https://www.bta.bg/en/news/bulgaria/530602-national-health-strategy-until-2030-focused-on-prevention-diagnosis-and-compreh>

¹⁸ <https://www.mh.government.bg/bg/politiki/strategii-i-kontseptsii/strategii/nacionalna-strategiya-za-detsko-i-yunoshesko-zdrave-i-pediatric/>

1.2. Strategic priorities and key interventions

Towards realization of national health and development goals in Bulgaria WHO can support specific activities that could contribute to mental health services and health financing transformation.

A. Promotion of Universal Health coverage throughout the lifecourse

i) *Expansion of outpatient care and primary healthcare services*

Hospitalisation rates in Bulgaria are high and are partly due to the underdevelopment and underfunding of both preventive health services and primary care. In 2021, the hospital discharge rate stood at 26 295 per 100 000 population - higher than the EU average¹⁹. Efforts are being made to develop outpatient services and to reinforce primary care level and high political and financial attention is directed towards developing the network of general practitioners, who are effective gate-keepers towards specialized care services.

WHO will support with strategic and technical assistance this strategic effort to optimize the care structure and to document and improve the clinical outcomes of the reforms.

ii) *Immunization:*

Immunization coverage is over 90% for all mandatory immunizations of the national immunization calendar (BCG vaccine against tuberculosis - 96%, diphtheria-tetanus-pertussis (DTP) vaccine third dose - 91% coverage, Hepatitis B (HepB) vaccine third dose - 91 %, Haemophilus influenzae type B (HIB) vaccine third dose - 91 %, Polio vaccine third dose - 91 %, Measles, Mumps, Rubella vaccine - first dose at 13 months of age. - 91 %) ²⁰. Targeted efforts are being made to reach hard-to-reach populations, such as Roma communities, through health mediators who act as intermediaries between these communities and the health authorities. However, Bulgaria is still lagging behind the WHO recommended coverage of 95% , but there is an upward trend following the decline during the COVID-19 pandemic. In addition, recommended vaccines against rotavirus gastroenteritis, human papilloma viruses and seasonal influenza are being purchased and administered free of charge to willing target groups through the implementation of prevention programmes with public funds. From 2024, free immunisation against pneumococcus is also provided for persons aged 65 and over under the National Programme for Improving Vaccination of Seasonal Influenza and Pneumococcal Infections in Persons Aged 65 and Over, 2023-2026. The influenza immunisation coverage of 2.4% in 2018 before the programme came into effect has been increased to 12.6% in 2022, taking into account the pandemic situation.

Since 2017, the National Programme for the Prevention of Rotavirus Gastroenteritis in the Republic of Bulgaria 2017-2021 continued by Programme 2022 - 2025 is being implemented, the main objective of which is to reduce the morbidity and mortality of rotavirus gastroenterocolitis (RGE) in children under 1 year of age. As a result of the implementation of the programme, cases of RGE have decreased from 2,310 cases in 2017 to 112 cases in 2020, with an immunization coverage achieved in the target group of 40.4% and 40% in 2022. In 2012, the implementation of the National Programme for Primary Prevention of Cervical Cancer in the Republic of Bulgaria was also initiated, with a target group of 12 -13 year old

¹⁹<https://www.oecd.org/publications/bulgaria-country-health-profile-2021-c1a721b0-en.htm>
database

²⁰<https://immunizationdata.who.int/pages/profiles/bgr.html>

girls and an achieved coverage in 2013 of 23.83% and in 2014 of 19.6%, which, despite the expansion of the target group to 10 -13 year old girls and the continuation of the programme until 2024, has a declining coverage to 1% in 2022.

WHO will support Bulgaria's efforts to reach people who cannot be covered by the national immunization calendar and national programmes due to various reasons such as remote location of GPs, poverty, lack of understanding of the importance of vaccines, etc.

iii) *Maternal and child health*

Bulgaria still lags behind the EU average regarding infant deaths per 1000 live births (4.8 for 2022) which is approximately 1.5 times higher than the EU average (NCPHA, 2022; OECD/EU, 2021)²¹. There are significant regional differences in the infant mortality rate per 1000 live births: ranging from the lowest in Kardzhali (0.9) and Pernik (1.3) and the highest in Yambol (11.6) and Dobrich (10.2). In general, the infant mortality in rural areas (7.4) has been nearly double the rate in urban areas (4.0) (NCPHA, 2022).

The neonatal mortality rate which is more sensitive to the quality of medical care, and roughly halved from 7.5 in 2000 to 2.4 per 1000 live births in 2022, which is below the EU average (2.5). The post-neonatal mortality rate (from day 29 to day 365 per 1000 live births), which reflects, to a large extent, socioeconomic conditions, demonstrates an even more impressive decline, from 5.9 per 1000 in 2000 to 2.4 per 1000 in 2022 (compared with an EU average of 1.2). A similar situation exists for perinatal mortality rates (the sum of stillbirths plus the deaths before day six inclusive), which decreased from 12.2 in 2000 to 7.3 in 2022, but are higher than the EU average (6.1 in 2015 WHO estimate). The maternal mortality ratio per 100 000 live births shows a steady downward trend and stood at 5.1 in 2021²²

WHO will pursue actions to improve access to quality and integrated health services that meet the specific needs of children and families and to address health inequalities such as technical assistance in developing a model and implementation of a home care service for pregnant women and young children (0-3 years), the development of guidance for healthcare professionals providing home care (nurses, midwives), capacity building for medical professionals providing home care for infants, for children with disability and for breastfeeding mothers. WHO will also support the development of information campaigns and the promotion of modern early childhood interventions in partnership with UNICEF.

WHO will also review with the Government of Bulgaria opportunities to adapt to the Bulgarian context the Handbook on Primary Health Care for Children and adolescents in Promotion of Health and Disease Prevention.

WHO will finally support activities to improve the system for collecting and analysing data on maternal and child health and prevention of violence against children and their use in policy development and impact reporting.

iv) *Rehabilitation and Long Term Care*

In alignment with the objective of the National Health Strategy 2030 and of the EU recovery and resilience plan for Bulgaria, WHO will also provide technical assistance to Bulgaria to optimize the rehabilitation care system, to modernize long term care and practices, and to promote disability inclusion in the healthcare system and more widely throughout society. The

²¹ <https://eurohealthobservatory.who.int/monitors/health-systems-monitor/countries-hspm/hspm/bulgaria-2021/introduction/health-status/>

²² [Годишен доклад за състоянието на здравето на гражданите в Република България за 2021 г..pdf \(government.bg.\)](#)

Bulgarian Government will also explore opportunities to support an expansion of WHO's technical assistance in these fields.

B. Transformation of Mental Health Services.

Bulgaria still relies on the traditional psychiatric services and 90% of the budget for mental health is spent on inpatient treatment. Psychiatric treatment is carried out in institutions that are often separated by a considerable distance from the patient's home. The ability of the system for psychiatric help to provide psycho-social rehabilitation is far from what is necessary to meet the identified needs. Moreover, there is a lack of continuity of care and coordination between the different professionals involved with patients suffering from severe mental disorders. In the Strategy for Mental Health (Decision No 388, of the Council of Ministers, as of 23 April 2021) several measures are envisaged to overcome these challenges.

WHO will technically support the strengthening and expansion of the Mental Health Coalition; the development of community mental health services and evidence-based innovative methods of care; ensuring interconnection and coordination of structures for mental health services; improving coordination with other health and social programmes; analysis of the services offered to patients with dementia in connection with the Alzheimer's Europe report prevention of mental disorders through programmes for reducing stress in daily life and in the workplace; development of campaigns and actions against stigmatization in society to promote the integration of persons suffering from mental disorders. WHO will also provide recommendations and practical support for the development of human resources and increase of the capacity and motivation of the employees in the system and will support the establishment of a specialized bibliotherapy.

A specific investment from the European Union's Recovery and Resilience Plan for Bulgaria (A46: "Modernization and development of psychiatric care in Bulgaria") is providing dedicated resources to the MOH to realize this objective and WHO shall, as appropriate and if necessary, provide technical assistance to the Government of Bulgaria within the financial limits under this BCA.

C. Optimization of health financing

Bulgaria's health expenditure per capita has doubled overall since 2005. However, it remains lower than that of the EU and than the Western Balkan countries, both in absolute terms and as a share of GDP. Although it has increased, it has not grown as fast as out-of-pocket payments.

Public financing of the health system accounted for 61 % of the total health spending in 2019. Out-of-pocket spending (39 %), driven mainly by costs for outpatient pharmaceuticals, was more than 2.5 times the EU average.²³ Although the national health insurance system in Bulgaria is mandatory and based on the principle of universality, a significant proportion of the Bulgarian population remains uninsured. The proportion of Bulgarian citizens lacking health insurance is around 13% of the population (Ministry of Finance, 2020). This would represent over 800,000 people and leads to very high health spending (among poorer households, older people and people living in rural areas and is almost entirely driven by out-of-pocket payments for outpatient medicine²⁴.

²³ [c1a721b0-en.pdf \(oecd-ilibrary.org\) / https://iris.who.int/bitstream/handle/10665/349200/9789289056212-eng.pdf?sequence=3](https://iris.who.int/bitstream/handle/10665/349200/9789289056212-eng.pdf?sequence=3)

²⁴ <https://iris.who.int/bitstream/handle/10665/349200/9789289056212-eng.pdf?sequence=3>

WHO will continue to support with health financing advice and analysis to improve coverage and financial protection of Bulgaria citizens for accessing healthcare²⁵

D. Health workforce

While the total number of physicians in Bulgaria (4.6 physicians per 1 000 population in 2022,NCPHA, 2022) was above the EU average of 3.9²⁶, there are shortages in key specialities and shortage of general number of caring personnel (lowest ration per 1000 population in the EU with Greece, Poland, and Croatia)²⁷, which significantly affected patient management during the COVID-19 pandemic. Bulgaria currently has 29,599 doctors and 28,827 nurses²⁸, figures that show a decrease from 2020 for nurses (29,160 nurses²⁹) and slight decrease for physicians (29,717 physicians³⁰) and which differ from the European norm, with usually more nurses than doctors in national health systems. With 4.4 nurses per 1 000 population³¹, together with Latvia and Greece, Bulgaria is one of the EU countries with the lowest densities of nurses. Several factors contribute to this nursing shortage, including the low number of nursing graduates (6.9 per 100,000 population, second lowest in the EU after Romania³²), a loss of trained nurses due to emigration, an ageing workforce (the average age of nurses is over 50 and 53.6% of physicians are older than 55) and dissatisfaction with salaries leading to emigration or job reconversion. Emigration of young doctors and nurses and the ageing of all health professionals - especially pronounced with nurses and general practitioners - is a real threat to the health system.

WHO will support Bulgaria with technical and strategic advice in tackling this challenge with health workforce.

E. Emergency and pandemic preparedness

Bulgaria had the second global highest death rate per capita during the COVID-19 pandemic, second only to Peru, despite Bulgaria being third in the EU in terms of the number of beds for hospital treatment. Specific efforts will be provided by WHO to support the Bulgarian authorities in health emergency preparedness, epidemiology, surveillance, early-warning and regarding the treatment of infectious diseases and zoonotic diseases across the “one health” continuum. WHO will support Bulgaria's emergency preparedness through training on the WHO cross-sectoral health security mapping tool (CMAP) and strengthening the capacity of health authorities to use it. The first steps have been taken with a national workshop conducted by a WHO team in in Velingrad in October 2023 in collaboration between public health and defence to strengthen preparedness for health emergencies with representatives from the Ministry of Health, the National Centre of Infectious and Parasitic Diseases, the Regional Health Inspectorates and representatives from the Ministry of Defence. Antimicrobiological Resistance is also a global threat that the Bulgarian authorities are willing to embrace and address and WHO will be supporting the adoption and implementation of a national AMR strategy.

²⁵ <https://www.who.int/bulgaria/publications/i/item/9789289056212>

²⁶ [c1a721b0-en.pdf \(oecd-ilibrary.org\)](https://www.oecd-ilibrary.org/docserver/c1a721b0-en.pdf)

²⁷ https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthcare_personnel_statistics_-_nursing_and_caring_professionals#Healthcare_personnel_.E2.80.93_nurses

²⁸ <https://nsi.bg>

²⁹ https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthcare_personnel_statistics_-_nursing_and_caring_professionals#Healthcare_personnel_.E2.80.93_nurses

³⁰ https://www.nsi.bg/sites/default/files/files/data/timeseries/Zdr_2.2.1_MK.xls

³¹ https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthcare_personnel_statistics_-_nursing_and_caring_professionals#Healthcare_personnel_.E2.80.93_nurses

³² https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthcare_personnel_statistics_-_nursing_and_caring_professionals#Healthcare_personnel_.E2.80.93_nurses

WHO will also continuously support the Government of Bulgaria in developing its emergency medical services, including in developing the aircraft emergency medical care. WHO will support by coordinating and conveying the best international experiences and expertises in this area from the network of WHO Emergency Medical Teams (EMT) and beyond for continuous development and optimization of the system. If Bulgaria deems it necessary WHO will also support the certification of a Bulgarian global Emergency Medical Team.

The continuous influx of refugees will also be an area of work by WHO in support to the Bulgarian authorities.

F. Non-Communicable Diseases and risk factors

Almost half of all deaths in Bulgaria can be attributed to behavioural risk factors, including tobacco smoking, unhealthy diets, alcohol consumption and low physical activity. While Bulgaria has recently achieved some progress in tobacco control, smoking remains a major public health problem. The rate of adult smoking is the highest in the EU, with nearly one in three adults (29 %) smoking daily in 2019. GYTS data show that teenage smoking, at 32 %, is also a serious concern, especially among girls: some 38 % of 15-year-old girls reported smoking during the past month in 2018 – the highest rate in the EU for girls – compared with 26 % of boys. Alcohol consumption among adults in Bulgaria in 2019 (11.4 litres per capita) was higher than the EU average (10.1 litres) and has increased over the past decade. Alcohol consumption among adolescents is also concerning: the proportion of 15-year-olds who reported having been drunk more than once in their life was among the highest in the EU in 2018 (30 % in Bulgaria compared with an EU average of 22 %).³³

Unlike EU trends, preventable mortality (deaths from causes that could be avoided through public health policies) increased in Bulgaria between 2001 and 2020. In 2020, the preventable mortality rate reached 316 per 100 000, far above the EU average (180 per 100 000). Mortality from treatable causes (deaths due to lack of timely and efficient care) was 213 per 100 000 in 2020, which is more than twice the EU average (92 %),

Cancer incidence is lower in Bulgaria than in the EU, but overall mortality from cancer (258 deaths per 100 000 population) is close to the EU average (264 deaths per 100 000 population). The lower incidence, coupled with average cancer survival rates and low uptake for preventive check-ups and screenings suggests a level of under-diagnosis or challenges in providing effective treatment. Lung cancer was the most frequent cause of death by cancer, followed by colorectal cancer.³⁴

Recent years show positive signs more marked among women than men, partly from a reduction in some behavioural risk factors and improved early detection, screening, and treatment (such as free annual check-ups for cardiovascular and oncological diseases).

. Environmental factors (work and living environments) are also responsible for a significant number of life-threatening diseases (cardiovascular diseases, cancers) and also deaths.

WHO will support Bulgaria with technical assistance in prevention, profilaxys, data collection and analysis, and treatment optimization.

Activities by WHO will include capacity building of regional health inspectorates specialists in the fields of healthy nutrition, limiting alcohol consumption among the population, health communication as a key component in planning and implementing health promotion, health education in schools. It will also include the development of health-educational materials to

³³ Bulgaria: Country Health Profile 2021 | READ online ([oecd-ilibrary.org](https://read.oecd-ilibrary.org))

³⁴ Bulgaria: Country Health Profile 2021 | READ online ([oecd-ilibrary.org](https://read.oecd-ilibrary.org))

reduce health risk factors. Specific research on child obesity will also be conducted and sensitization efforts regarding food composition will be held to present the results for Bulgaria of the monitoring of the composition of food carried-out within the framework of the EU Joint Action Best ReMap.

G. Health information Systems and Digital Health

Bulgarian health information system has moved towards fast digitalization and increasing integration of databases, and this move has been further accelerated during the COVID-19 pandemic.

WHO will support this movement and will provide technical assistance to obtain a WHO ICD-11 authorisation (licence) for translation, editing, adaptation and printing as required as well as technical assistance for mapping from ICD-10 to ICD-11 for faster translation in accordance with code names and training of trainers.

1.3. Implementing arrangements

WHO will be represented in Bulgaria by a country office staffed with international and national staff members.

Constant support to the implementation of the above-mentioned categories will be provided by the WHO Regional Office for Europe and as required by WHO headquarters.

WHO will work closely with the Ministry of Health (MoH), the Ministry of Foreign Affairs (MoFA), The Ministry of Labour and Social Policies (MoLSP), the National Centre of Infectious and Parasitic Diseases (NCIPD), the National Centre of Public Health Analysis (NCPHA), the Bulgarian Red Cross, UNICEF, IOM, UNHCR, the IMF, the World Bank, EBRD, EIB, and all other relevant partners.

1.4. Monitoring and evaluation

Monitoring and evaluation processes will be set up in a participatory way to ensure transparency and accountability for actions and results and capacity to adapt to new challenges and national priorities.

WHO Bulgaria and MoH will organize and conduct regular technical meetings to ensure timely and effective implementation, contextualization of all activities, and their relevance. WHO Bulgaria will develop annual reports describing all major results and achievements by outputs and outcomes as indicated in the Annex 2. In addition to that, WHO Bulgaria and MoH will organize and conduct high-level mid-term and final progress review meetings to present and discuss achievements, challenges, lessons learned, and upcoming priorities. During the BCA implementation, additional modalities for better monitoring and evaluation will be explored, including alignment with the national processes and tools for SDGs monitoring and reporting.

PART 2. Programmatic priorities for collaboration in 2024–2025

The collaboration programme for 2024–2025, as detailed in Annex 2, is grounded in the above analysis. It was mutually agreed on and selected in response to public health concerns and ongoing efforts to improve the health status of the population of Bulgaria.

PART 3. Budget and commitments for 2024–2025

3.1 Budget and financing

The total budget of the Bulgaria BCA is US\$ 200 000. All sources of funds will be employed to finance and expand this budget as funds are mobilized by both parties and become available.

In accordance with World Health Assembly resolution WHA74.3, the WHO Director-General will make known the distribution of available funding, after which the WHO Regional Director for Europe can consider WHO/Europe's allocations to the BCA.

The WHO Secretariat will report on its annual and biennial programme budget implementation to the WHO Regional Committee for Europe and the World Health Assembly.

3.2 Commitments

The Government of Bulgaria and the WHO Secretariat jointly commit to working together to mobilize the funds required to deliver this BCA.

3.2.1 Commitments of the WHO Secretariat

WHO agrees to provide, subject to the availability of funds and WHO's rules and regulations, the outputs and deliverables defined in this BCA. Separate agreements will be concluded for any local cost subsidy or direct financial cooperation inputs at the time of execution, in line with WHO's rules on procurement.

3.2.2 Commitments of the Government

The Government shall engage in the required policy and strategy formulation and implementation processes, and, to the extent possible, provide workspace, personnel, materials, supplies, equipment and local expenses necessary to achieve the outcomes identified in this BCA.

ABBREVIATIONS AND ACRONYMS

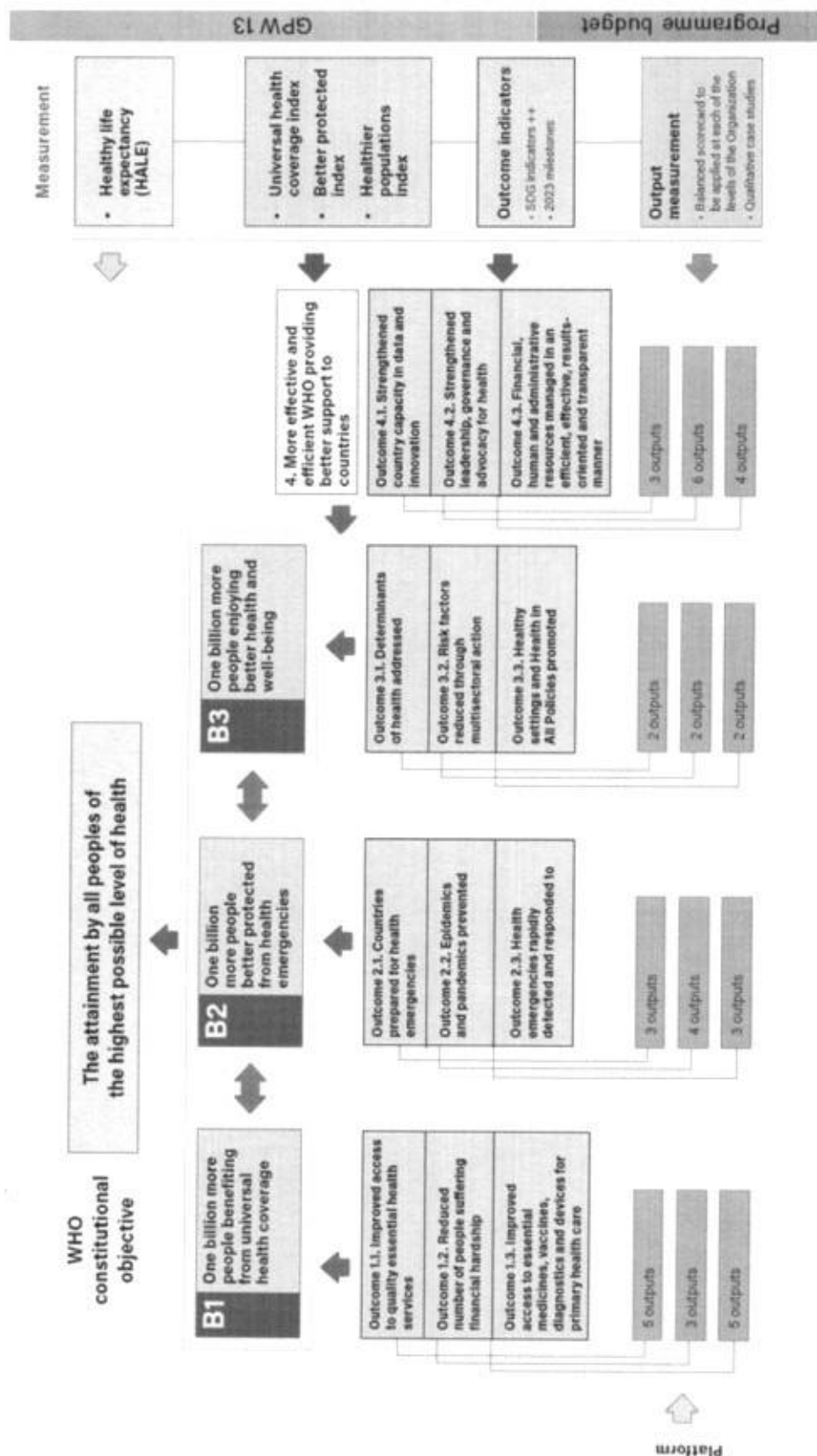
General abbreviations

BCA	Biennial Collaborative Agreement
NCIPD	National Centre of Infectious and Parasitic Diseases
EBRD	European Bank for Reconstruction and Development
EC	European Commission
EIB	European Investment Bank
EPW	WHO European Programme of Work 2020–2025
EU	European Union
EUROSTAT	Statistical Office of the European Union
IOM	International Organization for Migrations
IMF	International Monetary Fund
GPW 13	WHO Thirteenth General Programme of Work, 2019–2025
MoFA	Ministry of Foreign Affairs
MoH	Ministry of Health
MoLSP	Ministry of Labour and Social Policies
MinFin	Ministry of Finance
NCPHA	National Centre of Public Health Analyses
NGO	Non-Governmental Organisation
NHIF	National Health Insurance Fund
OECD	Organization for Economic Cooperation and Development
SDG	Sustainable Development Goals
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children Fund
WB	World Bank
WHA	World Health Assembly
WHO	World Health Organization

Technical abbreviations

AMR	Anti Microbiological Resistance
BCG	Bacille Calmette-Guerin
DRG	Diagnostic Related Groups
DTP	Diphtheria, Tetanus, Pertussis
COSI	WHO European Childhood Obesity Surveillance Initiative
COVID-19	Coronaviruses Infection Disease with Sars-CoV-2 novel Coronavirus
EMT	Emergency Medical Team
GDP	Gross Domestic Product
GP	General Practitioner
GYTS	Global Youth Tobacco Survey
HepB	Hepatitis B
Hib	Haemophilus influenzae type b
HIS	Health Information Systems
ICD-10	International Classification of Diseases 10th Revision
ICD-11	International Classification of Diseases 11th Revision
IHR	International Health Regulations
PHC	Primary Health Care
SARS-COV-2	Severe acute respiratory syndrome 2

ANNEX 1: GPW 13 RESULTS FRAMEWORK



ANNEX 2: PRIORITIES, OUTCOMES, OUTPUTS AND PRODUCTS OR SERVICES

Biennial Collaborative Agreement (BCA) – BULGARIA

Strategic Priority Outcome	/ Output	Description of Products or Services
SP1. One Billion More People Benefiting from Universal Health Coverage		
1.1 Improved access to quality essential health services	1.1.1 Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages.	<p>Review and strategic and technical support to reforms to develop outpatient and primary healthcare in Bulgaria.</p> <p>Technical assistance in developing National preparedness and response draft plan on eliminating measles and rubella .</p> <p>Technical assistance to promote lifelong vaccination by:</p> <ul style="list-style-type: none"> • translating materials on the benefits of vaccination, how to do it, prioritizing at-risk populations (children and adults with chronic diseases) based on specific data for Bulgaria; • regular dissemination of WHO data on the incidence of socially important communicable diseases in the world, neighbouring countries and Bulgaria, to raise the awareness of the population and the formation of lasting positive attitudes on the benefits of vaccination.
	1.1.2 Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results	Technical Assistance in tackling the epidemic of human immunodeficiency virus, and the threats related to tuberculosis and hepatitis.
	1.1.3 Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course.	<p>Support in building Health Systems capacities to persons requiring rehabilitation care and Long Term support as well as towards better disability inclusion.</p> <p>Technical assistance and capacity building for healthcare professionals in</p>

		<p>the development of home care services for pregnant women, young children (0-3 years) and their parents</p> <p>Development of information campaigns in partnership with UNICEF.</p> <p>Review opportunities to adapt to the Bulgarian context the Handbook on Primary Health Care for Children and adolescents in Promotion of Health and Disease Prevention.</p> <p>Support collection and analysis of data on maternal and child health and prevention of violence against children.</p>
	1.1.5 Countries enabled to strengthen their health workforce.	Health Workforce - Review the situation with Health Workforce and assist in developing a Health Workforce analysis with recommendations.
1.2 Reduced number of people suffering financial hardship	1.2.2 Countries enabled to produce and analyse information on financial protection, equity and health expenditures and to use this information to track progress and inform decision-making	<p>Support national budget dialogue to ensure adequate public investment in health, particularly prioritizing increased investments in PHC, outpatient care and mental health</p> <p>Support strategic reviews and design of solutions to improve the universality of healthcare insurance coverage and improve financial protection against healthcare-related financial hardships.</p> <p>Support organizing a conference with stakeholders (MoH, MoF, NHIF, NCPHA, professional and patient organizations) to review the status and opportunities for introducing Diagnostic Related Groups (DRGs) in the hospital care system.</p>
1.3 Improved access to essential medicines, vaccines, diagnostics, and devices for primary health care	1.3.5 Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices.	<p>AMR National Strategy - Support in adoption and implementation of a national AMR National Strategy through strengthening of inter-sectoral cooperation.</p> <p>Support in implementation of ONE HEALTH approach: effective prevention, preparedness, detection and response to foodborne and zoonotic diseases through technical assistance to develop effective mechanisms for the exchange of information and multisectoral coordination.</p>

		<p>Technical support for the One Health approach through actions under the WHO's European Day of Antibiotics initiative to raise the awareness of the public on its importance for forming a unified platform including all relevant stakeholders.</p>
SP2. One Billion More People Better Protected from Health Emergencies		
2.1 Countries prepared for health emergencies	2.1.2 Capacities for emergency preparedness strengthened in all countries.	Emergency Preparedness – Assessment and capacity building regarding compliance with IHR to strengthen Bulgarian capacity to respond health emergencies.
		<p>Support to Bulgaria in planning, carrying out, analyzing and adjusting national preparedness capacities through WHO tools and methodologies relevant for the emergency preparedness and response.</p> <p>Provide technical assistance to support continuous development of emergency medical services, including the development of the aircraft medical emergency care, through coordination and presentation of international best practices and standards within the WHO global emergency medical teams networks.</p>
	2.3.1 Potential health emergencies rapidly detected, and risks assessed and communicated	Support Bulgarian authorities in relevant areas of surveillance, early-detection, laboratory evidence (proof) and clinical management within existing WHO and EU public health emergency preparedness and response networks.
SP3. One Billion More People Enjoying Better Health and Well-Being		
3.1 Determinants of health addressed	3.1.1 Countries enabled to address social determinants of health across the life course.	<p>Technically support to the strengthening and expansion of the Mental Health Coalition.</p> <p>Technical and strategic support to the development of community mental health services and evidence-based innovative methods of care and improved coordination with other health and social programmes</p>

		<p>Build upon the Alzheimer's Europe report prevention of mental disorders through programmes for reducing stress in daily life and in the workplace development of campaigns</p> <p>Support actions against stigmatization in society to promote the integration of persons suffering from mental disorders.</p> <p>Practical support for the development of mental health human resources</p> <p>Support the establishment of a specialised library for patients with mental illness by translation of appropriate books, educational materials and practical aids with valuable and highly effective psychotraining function (bibliotherapy).</p>
3.2 Risk factors reduced through multisectoral action	3.2.1 Countries enabled to address risk factors through multisectoral actions	<p>Alcohol awareness and prevention technical assistance. Support to policies enabling collaboration of public, private and NGOs.</p> <p>Support the organisation and conduct of roundtable(s) and workshop(s) with representatives from public, private and non-governmental organisations to improve cross-sectoral collaboration on tobacco control, and to increase the capacity of regional health inspectorates professionals with objective to reduce smoking among the population. Awareness raising among school-age children about the harms of smoking via health education materials (brochures, leaflets, videos).</p> <p>Support the preparation of a report on trends in childhood obesity and risk factors in Bulgaria and support the organisation of a meeting to present national surveys in the framework of the WHO European Childhood Obesity Surveillance Initiative (COSI). Convene representatives of food producer industry organisations and other stakeholders to present the results for Bulgaria of food composition monitoring.</p>

		Support the organization and conduct of a roundtable with representatives of public, private and non-governmental organizations to improve cross-sectoral cooperation in the field of physical activity of the population. Support to increase the capacity and awareness of school health professionals in the field of physical activity.
3.3 Healthy settings and Health-in-All Policies promoted	3.3.1 Countries enabled to address environmental determinants, including climate change	Preparation of communication materials and event regarding "Climate Change and Ageing People's Health" and "Climate Changes and Chronic Non-Infectious Diseases". Capacity building on "Climate Changes and Health". Technical support regarding water and air quality.
	3.3.2 Countries supported to create an enabling environment for healthy settings	Support schools promoting health. Promotion of the Age-Friendly Cities and Communities programme.
SP4. More Effective and Efficient WHO Providing Better Support to Countries		
4.1 Strengthened country capacity in data and innovation	4.1.1 Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts.	Technical assistance to support Health Information Systems (HIS) Support country's efforts towards implementation of the 11 th Revision of International Classification of Diseases (ICD11). Organization of an inter-ministerial conference and establishment of a joint working group of stakeholders - MoH, Ministry of Regional Development and Public Works, Civil Register for Administrative Services, the national statistical institute, NCPHA, Information Services and others, in order to analyze the regulatory framework and change the document flow in the reporting of deaths and the possibilities for the application of software solutions in preparation for the introduction of ICD-11 for reporting the activities of hospitals, as well as coding, statistical processing and mortality analysis.

ANNEX 3: COUNTRY IMPACT AND RESULTS FRAMEWORK

Country impact and results framework

Indicator	Baseline	Target	Indicator alignment	Data sources
PRIORITY 1: Strengthening Universal Health Coverage and access to safe and quality people-centred health services at all levels of care				
Indicator 1.1: Proportion of the target population covered by all vaccines of the national immunization programme: a) 3 doses of diphtheria-tetanus-pertussis (%); b) Measles-containing-vaccine second dose (%)	(2018) a) 91; b) 87	(2025) a) 95; b) 95	SDGs, EPW, GPW	MOH, NCIPD, WHO
Indicator 1.2: Proportion of population with catastrophic household expenditures on health	(2018) 19%	(2025) 15%	SDGs, EPW, GPW	MOH, Eurostat, MinFin, WHO
Indicator 1.3: Neonatal mortality rate	(2021) 3.1	(2025) 2.2	SDGs, EPW, GPW	MOH, NCPHA Eurostat, WHO
PRIORITY 2: Prepare, Prevent and Respond to health emergencies				
Indicator 2.1: Country score in the strategic partnership for health security	(2023) 3/5	(2025) 4/5	SDGs, EPW, GPW	WHO
Indicator 2.2: Average time for deployment of emergency medical services to patients	(2023) N/A	(2025) Below 60 minutes	EPW, GPW	MOH, NCPHA, WHO
PRIORITY 3: Improve mental health care, health risk factors and associated avoidable deaths				
Indicator 3.1: % mental health budget spent on inpatient treatment	(2022) 90%	(2025) 65%	SDGs, EPW, GPW	MOH, NHIF, MinFin
Indicator 3.2: rate of smoking a) adults b) Teenage	(2019) a) 29% b) 32%	(2025) a) 25% b) 27%	EPW, GPW	MOH, NCPHA, WHO
Indicator 3.3: preventable mortality rate	(2020) 316 per 100,000	(2025) 280 per 100,000	SDGs, EPW, GPW	MOH, NCPHA, Eurostat, WHO