

EUROPEAN COUNTRIES CONSULTATION:

Anchoring EUCCC Certification
in National Realities

WP5 – Inclusion, Certification and
Adherence to EUCCC Certification

BULGARIA COUNTRY PROFILE



Co-funded by
the European Union



THE EUROPEAN COMPREHENSIVE CANCER CENTRE NETWORK





Co-funded by
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Context: existing certification systems and organization of cancer care

Certification systems

- According to the national legislation an operation authorisation shall be required in order to operation as a medical treatment facility for inpatient care; mental health center; skin and venereal disease center; **comprehensive oncology center**; medical and social care facility; and dialysis center and tissue banks. A medical operation authorisation for medical treatment facilities shall be issued by the Minister of Health at the proposal of the executive director of the Medical Supervision Executive Agency. A medical operation authorisation for medical treatment facilities for inpatient care shall be issued by decision of the Council of Ministers according (Art. 46, Medical – treatment Facilities Act).
- For each oncological specialty there are national standards and guidelines (medical oncology, surgery, radiotherapy, nuclear medicine, pathology, etc.). The Bulgarian Ministry of Health and Bulgarian Scientific associations are responsible for the national guideline procedures. Procedures are based on European or international standards such as ESMO and NCCN guidelines as well as the ESMO MCBS score, etc.
- There is a government accreditation for training of the medical professionals, thus underlining the role of education, which is one of the main pillars of a CCC. A scientific program has been developed for the training and continuous qualification of specialists in cancer care. Moreover, the Doctoral program in the scientific specialty «Oncology» is accredited by the National Evaluation and Accreditation Agency of the Republic of Bulgaria.

Organization of cancer care¹

General overview of the healthcare network

According to NSI data² as of 31.12.2024, there are 341 hospitals with 56 061 beds operating in the country. Of these, 182 are multi-profile hospitals, which have 39 801 beds. There are 138 specialized hospitals with 14 005 beds. There are 7 complex oncology centers in the country with a total of 1 203 beds.

Hospitalized cases in the inpatient units of medical institutions in 2024 are 3 245 686, with neoplasms accounting for 4.9 % of these cases.³

The number of outpatient care facilities as of 31.12.2021 is 2 289. Of these, the largest number is the number of medical-diagnostic and medical-technical laboratories – 1 191. This is followed by medical centers – 846, diagnostic-consultative centers – 114, dental centers – 68, and medical-dental centers – 70.

Organization of the cancer care

Currently, the number of health facilities offering oncology care in the country is extremely unevenly distributed⁴. The average cost of current support for one patient who has passed through specialized hospitals and oncology centers in 2021 amounted to 2,966.12 BGN. As of 2020, the population ratio of one doctor is 233 people. The number of medical specialists in healthcare is 44,676, with the provision of this type of staff being 64.6 per ten thousand of the population⁵.

Bulgaria has cancer centers that play a crucial role in the diagnosis, treatment and follow-up care of cancer patients. They are organized in different types of facilities: cancer centers, multidisciplinary general hospitals, specialized hospitals, university hospitals, etc. More than 40 hospitals and medical centers provide some level of cancer care, although there is a wide variation in their service capacity. Of the medical institutions providing medical oncology services, almost 40% are based in the capital city, Sofia.

Alongside the public sector, the private sector is also developing. Cancer care in public and private medical facilities is completely covered by the National Health Insurance Fund. The difference is that in private medical facilities, patients also pay a co-payment for cancer care for various services and conditions, depending on the price list of the respective hospitals. This co-payment is not reimbursed by the state.

Until 2013, there was a specialized oncology network in the country, which included 13 regional dispensaries and the Specialized Oncology Hospital in Sofia (current USHATO). Each dispensary covered the cancer care of patients in one to three administrative districts, a total of 28 for the entire country. In this way, the entire country was covered. After the healthcare reform in 2011, some of these dispensaries were transformed into 7 comprehensive oncology centers⁶, and another part became specialized oncology hospitals. The comprehensive oncology centers are owned by the respective municipalities, and a part of the specialized oncology hospitals became the property of the municipalities or the state, respectively the Ministry of Health (MoH). The property of the medical establishments **has been explicitly regulated in the Medical-Treatment Facilities Act**⁷.

In 2023, Bulgaria adopted its first National Cancer Plan 2021-27 to improve cancer prevention and control⁸. Establishing comprehensive cancer centers is one of its objectives. This plan also includes the establishment of national screening programs for the population. Currently, there is no mid-term evaluation of its implementation.

Identified barriers towards the implementation of EUCCC certification in Bulgaria

◦ The question of political support and stability

The national strategic framework⁹ (the National development Program: Bulgaria 2030; the National Healthcare Strategy 2030; the National Beating Cancer Plan and other sub sectoral strategies and plans) demonstrate the clear political support and vision.

In addition, the inclusion of the country in the JA EUnetCCC of the European Commission contributed to a more synchronised approach for the implementation of the common EU goals. It can be very positively assessed the request of the project leaders for appointing a member and an alternate at the Policy Board of the project. The representative of the Ministry of Health of Bulgaria at the Political Board requested information on the envisaged sustainability of the project, the expected outcomes. In addition, some edits in White paper were suggested in the proposed by the project leaders' regarding the lack of legal basis on the harmonisation in healthcare areas especially with regards to certification. In addition, the Ministry of Health sent a letter to the Competent Authority USHATO (the University Specialized Hospital for Oncology), requesting a regular reporting by the USHATO on the implementation of the project.

◦ Areas such as research and digitalization

Key areas such as research (e.g., early-stage clinical trial platforms, biobanking, etc.) and digital health programs (e.g., cancer registries, outcome tracking, AI decision support) need to be additionally funded by the Horizon Europe and/or Digital Europe Programmes.

◦ Fragmentation between providers of cancer care

Comprehensive cancer care in the country is distributed between public, private, and municipal providers of these services.

The Medical-Treatment Facilities Act provides for many interactions between medical treatment facilities¹⁰. They may for example agree among themselves on providing medical specialists, medical services and other activities.

Moreover, they can create and participate in self-assessment systems and rating systems for quality assessment of the medical and organizational activities they carry out and of any financial and administrative management activities. For those purposes they can interact with each other and with professional and patient organizations; they can also enter into organizations and partnerships with each other without carrying out any business transactions.

Identified enablers towards the implementation of EUCCC certification in Bulgaria

◦ Numerous facilities provide cancer care throughout the country

The activities of medical institutions and the medical and other specialists working there are carried out in compliance with the medical standards for the quality of medical care provided and ensuring the protection of patient rights. The medical standards are approved by ordinances of the Minister of Health.

Moreover, according to the legislative framework¹¹ in Bulgaria the medical institutions and medical specialists may provide remote medical care. It includes diagnostic, therapeutic, rehabilitation and preventive activities and is carried out:

1. in compliance with medical standards.
2. by applying methods approved by medical science and practice.
3. through medical, information and communication technologies that guarantee the security of personal data and health information.

Remote medical care shall not be provided, if the lack of physical contact with the patient:

1. could endanger the life and/or health of the patient.
2. does not guarantee the quality and safety of medical care.

◦ Widespread use of multidisciplinary boards

MTBs exist in all hospitals that provide diagnostic and treatment for cancer patients and are a standard part of cancer care.

◦ Bridges between primary and secondary cancer care

By leveraging its partnership with the National Association of General Practitioners (NAGP), the pilot CCC in the country, USHATO, can develop a national model for integrated early detection and referral, closing current gaps between primary care and oncology pathways and reducing cancer diagnoses in late stage of the diseases.

◦ Numerous patients included in clinical trials

Bulgaria, despite its low income relative to other EU countries, manages to include numerous patients in key clinical trials.

◦ Very motivated professionals in the pilot center

The highly motivated professionals in the pilot center could serve as an example for other hospitals in the country.

Conditions for successful EUCCC certification implementation in Bulgaria

- Gain political support for EUCCC certification

The Ministry of Health nominated the representative and alternate at the Policy Board of EUNetCCC and will act in accordance with the given mandate of the Policy Board.

- Use the pilot USHATO CCC as an example to foster structural changes throughout the country

USHATO has been designated as an associated partner within EUNetCCC JA. USHATO has been in active coordination with other national organizations (Association of General Practitioners and Patient Associations), successfully implements the Pilot and meets the criteria and indicators for certification as a CCC.

The establishment of a National Support Group (NSG) should facilitate ongoing alignment, bringing together clinicians, researchers, patient organizations, and political leaders to shape the trajectory of the pilot project.

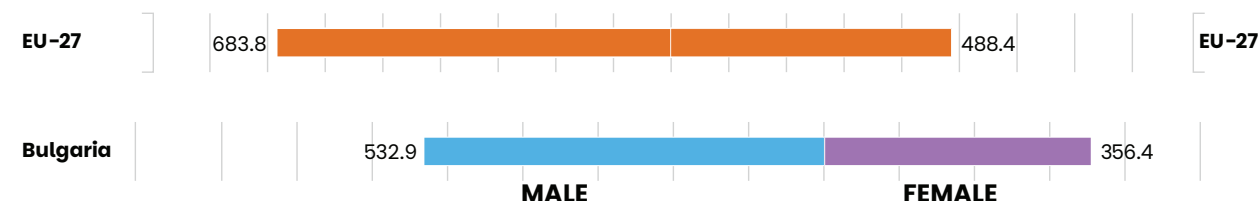
Number of OECI-certified CCCs: 0

Number of EUCCC pilot centers: 1

Epidemiology: incidence and mortality rates

Incidence rate:

Estimated incidence, both sexes, all sites but non-melanoma skin, 2022

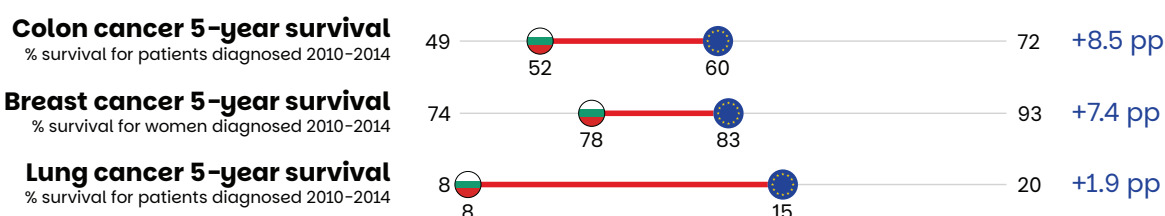


Mortality rate:

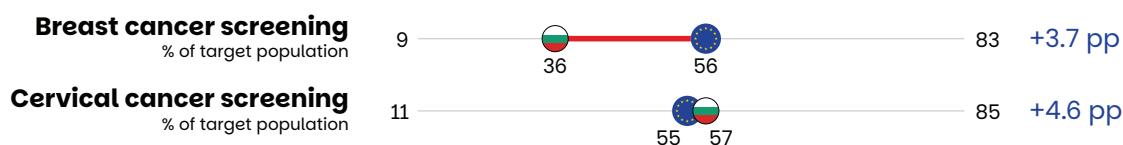


Survival rates:

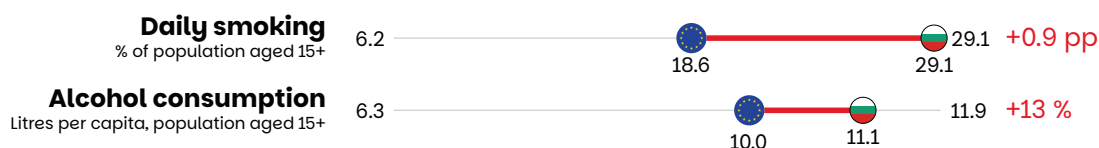
For the selection of cancers:



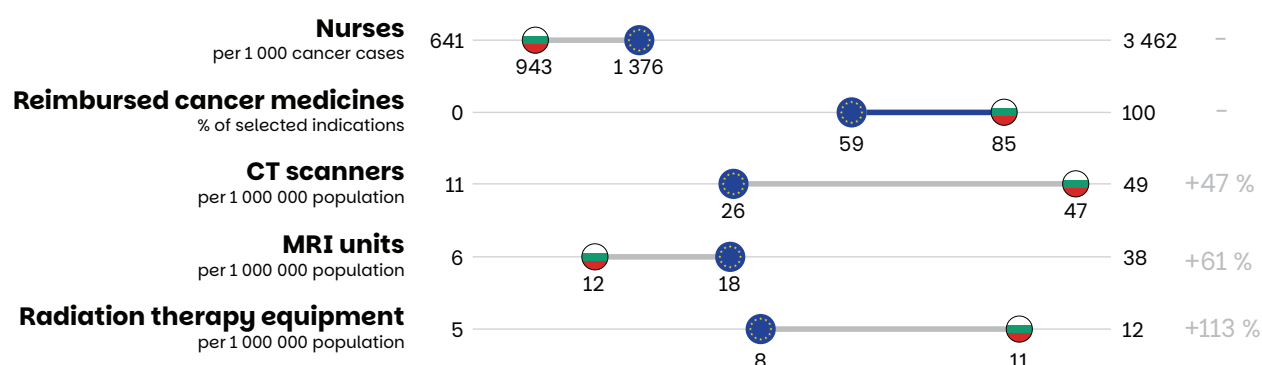
Screening performance



Risk factors



Human resources and infrastructure



Number of clinical trials: 570

Endnotes

1. EU Country Cancer Profile: Bulgaria 2025 | OECD
2. <https://www.nsi.bg/statistical-data/241/779>
3. https://ncpha.government.bg/uploads/statistics/annual/health_B_5.pdf
4. <https://strategy.bg/bg/strategy-documents/1588>
5. <https://strategy.bg/bg/strategy-documents/1588>
6. <https://www.nsi.bg/statistical-data/241/779>
7. <https://lex.bg/laws/ldoc/2134670848>
8. <https://strategy.bg/bg/strategy-documents/1588>
9. <https://strategy.bg>
10. Article 95 and 95a of the Medical-Treatment Facilities Act - <https://lex.bg/laws/ldoc/2134670848>
11. <https://lex.bg/laws/ldoc/2134670848> - Art. 6 b of the Medical-Treatment Facilities Act



**For more information,
please contact:**

eunetcccwp5@has-sante.fr