



Bulgaria

This country assessment is based on (1) the responses to a WHO Regional Office for Europe questionnaire designed to gather information on key elements of WHO Regional Committee for Europe resolution EUR/RC55/R9 and of the European Council Recommendation on the prevention of injury and promotion of safety and (2) Regional Office data and information.

Summary of country assessment

Bulgaria reports implementing 81% of effective interventions reported as implemented of a total of 99 interventions to prevent a range of injuries, versus a European Region median score of 73% and a third quartile of 81%.

The country feedback was positive on some of the key areas identified, such as injury surveillance, capacity-building, multisectoral collaboration and evidence-based emergency care.

National policies

- There is an overall national policy for preventing injuries but not violence. There are specific national policies for road safety and preventing poisoning, drowning, falls, interpersonal violence, intimate partner violence, child maltreatment, intimate partner violence, elder abuse, sexual violence and self-directed violence. National policies have not highlighted socioeconomic inequality in injury and violence as a priority but, during the last year, there were policies targeted to reduce socioeconomic differences in health.

Implementation of effective interventions

- Bulgaria reported overall implementation of 70% of selected effective interventions for injury prevention and 97% for violence prevention. This is almost equivalent to the European Region median score of 72% for unintentional injury and higher than the median regional score of 81% for violence prevention. Table 2 shows the details of percentages per injury type. The list of interventions implemented for each injury type is available separately from the country questionnaire.
- Bulgaria reported overall implementation of 76% of selected effective interventions on alcohol, as much as the median regional score (Table 2). The consumption of illegal home - or informally produced alcoholic beverages causes problems.

Impact of resolution EUR/RC55/R9 and of the European Council Recommendation

- Bulgaria acknowledged that the adoption of resolution EUR/RC55/R9 and of the European Council Recommendation helped to raise the policy profile of the prevention of violence and injuries as a health priority by the Ministry of Health. The main result was obtained in the legislation formulation and in the establishment of intersectoral groups. Although there is no overall national policy on violence prevention, there is political commitment for development of plans and policies on traffic injury, suicide, intimate partner violence prevention, child abuse prevention, and injuries in the workplace prevention. Many of the key steps considered necessary for policy development are in place. There has been positive progress in the past 12 months in injury surveillance, capacity-building, multisectoral collaboration and evidence-based emergency care. Many of the elements of resolution EUR/RC55/R9 were successfully achieved: injury surveillance, multisectoral collaboration, capacity-building, exchange of best practice and evidence-based emergency care.

Next steps

- Greater attention needs to be given to capacity-building and national policy development: an overall national policy in unintentional injury and on the prevention of fires and youth violence should be developed. Evidence-based interventions for preventing falls should be implemented. Several interventions (on youth violence, child maltreatment, elder abuse and suicides) were implemented in selected regions rather than nationally, and this could be an area for future activity.

Country profile

Table 1. Demographics

- Bulgaria has a population of 7.6 million. The percentage of children 0–14 years old is lower than the European Region average, and the percentage of people 65+ years old is higher than the regional average.
- Life expectancy at birth is lower than the European Region average, both for males and for females.

Indicator (last available year)	Bulgaria	WHO European Region	European Union (EU27)
Mid-year population	7.6 million	890.9 million	493.8 million
% of population aged 0–14 years	13.7	17.5	15.7
% of population aged 65+ years	17.5	14.0	16.8
Males, life expectancy at birth, in years	69.5	71.4	76.0
Females, life expectancy at birth, in years	76.6	79.1	82.2

- Injuries are the third leading cause of death. The rates unintentional injuries and violence are lower than the European Region averages. Fires, drowning, interpersonal violence, youth violence and suicides are higher than European Union (EU) figures.
- There was an increase in injury mortality rates which peaked in the mid-1990s due to the political and socioeconomic transition and there is now a downward trend (Fig. 1).
- The leading causes of unintentional injury-related death are road traffic injuries, followed by falls, drowning, poisoning and fires.
- The leading causes of intentional injury-related death are suicide followed by homicide.
- The homicide rate among youth (15–29 years old) is higher than the EU average.
- The WHO Regional Office for Europe has been supporting focal people. Bulgaria participated in the advocacy events of the First United Nations Global Road Safety Week and took part in the project on a global status report on road safety.

Fig. 1. Standardized death rate (SDR) for external causes of injury and poisoning in Bulgaria, the WHO European Region and the European Union, 1980–2008

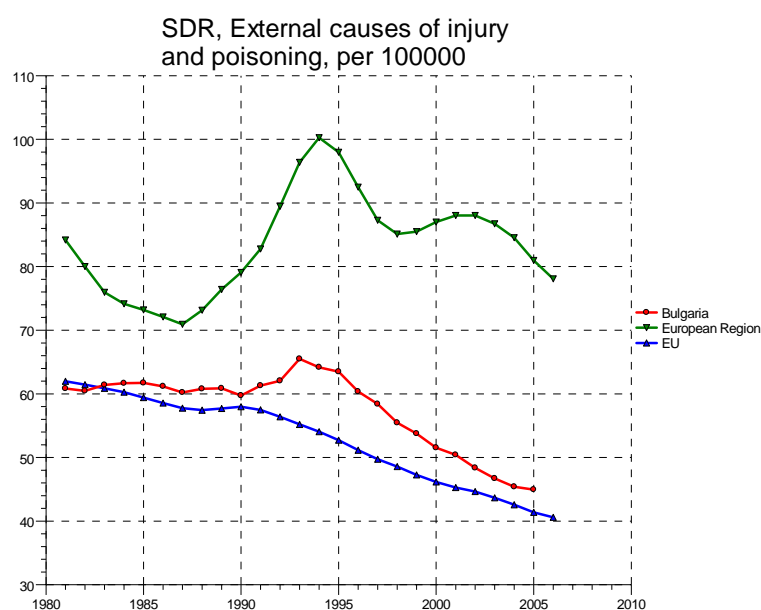















Table 2. Injury burden, policy response and effective prevention measures in placeLegend:  Yes  No  ? Not specified or no response NA Not applicable - No data

Cause of injury	Mortality ^a (SDR per 100 000 population, all ages, last available year) ^b			National policy?	Intervention effectiveness (%)	
	Bulgaria	WHO European Region	European Union ^c		Country score ^d	Regional median score ^e
All injuries	44.9	75.8	40.0	NA	81	73
Unintentional injury^f	30.2	45.9	25.9		70	72
Road traffic injuries	8.2	13.3	9.3		88	81
Fires and burns	1.3	2.4	0.7		60	60
Poisoning	1.6	10.7	2.3		80	80
Drowning or submersion	2.3	3.4	1.3		63	63
Falls	4.0	5.6	5.5		50	75
Intentional injury	NA	NA	NA		97	81
Interpersonal violence ^g	1.7	5.2	1.0		NA	NA
Youth violence ^h	1.3	5.3	1.0		100	86
Child maltreatment ⁱ	0.1	0.6	0.3		100	100
Intimate partner violence	-	-	-		100	75
Elder abuse and neglect	-	-	-		67	67
Self-directed violence	10.5	14.0	10.2		100	88
Alcohol^j	NA	NA	NA	NA	76	76
Alcohol-related poisoning	0.6	2.8	0.9	NA	NA	NA
Alcoholic liver diseases ^k	-	-	8.6	NA	NA	NA
Road traffic injuries (fatal and non-fatal) involving alcohol	5.4	18.0	19.2	NA	NA	NA
Fiscal and legal measures ^l	NA	NA	NA	NA	71	71
Health system-based programmes ^m	NA	NA	NA	NA	100	67

^a Unless otherwise specified.^b Sources for mortality data: European Health for All database and European Health for All mortality database [online databases]. Copenhagen, WHO Regional Office for Europe, 2010 (<http://www.euro.who.int/hfad>, accessed 15 January 2010).^c The 27 European Union countries.^d Calculated as the proportion of effective interventions in place in the country. This is based on WHO list of effective interventions published in: *Preventing injuries and violence: a guide for ministries of health*. Geneva, World Health Organization, 2007 (http://www.who.int/violence_injury_prevention/publications/injury_policy_planning/prevention_moh/en, accessed 15 January 2010). For the full range of interventions and responses, please consult the country questionnaire.^e Median of the proportion of effective interventions in place in countries in the WHO European Region.^f Standardized death rates (SDR) from accidents.^g Proxy for mortality: mortality from homicide and assault, all ages.^h Proxy for mortality: mortality from homicide and assault, 15–29 years.ⁱ Proxy for mortality: mortality from homicide and assault 0–14 years.^j This score was calculated from 17 alcohol-related interventions.^k The EU average was calculated based on 20 countries. Data retrieved from: European detailed mortality database [online database]. Copenhagen, WHO Regional Office for Europe, 2009 (http://www.euro.who.int/InformationSources/Data/20070615_2, accessed 15 January 2010).^l This score was calculated from 14 interventions on access to alcohol (availability, restrictions and bans).^m This score was calculated from three interventions on health system-based programmes to reduce alcohol-related harm.

Table 3. Key elements of policy development in preventing injury and violence

Legend: ✓ Yes ✗ No ? Not specified or no response

National policies	
• Overall national policy on injury prevention	✓
• Overall national policy on violence prevention	✗
• Commitment to develop national policy	✓
• Alcohol identified as a risk factor for injuries	✓
• Alcohol identified as a risk factor for violence	✓
• Policies targeted to reduce socioeconomic differences in violence and injuries	✓
• National policies highlight socioeconomic inequality as a priority	✗
Political support for the agenda for injury and violence prevention	
	✓
Easy access to surveillance data	
	✓
Intersectoral collaboration	
• Key stakeholders identified	✓
• Secretariat to support the intersectoral committee	✓
• Questionnaire answered in consensus with other sectors and stakeholders	✓
• Can WHO help to achieve intersectoral collaboration in the country?	✓
Capacity-building	
• Process in place	✓
• Exchange of evidence-based practice as part of this process	✓
• Promotion of research as part of this process	✓
Emergency care	
• Evidence-based approach	✓
• Quality assessment programme	✗
• Process to build capacity identified	✓
EUR/RC55/R9 influenced the agenda for injury and violence prevention	
	✓
Recent developments in injury and violence prevention (during the past 12 months)	
• National policy	✗
• Surveillance	✓
• Multisectoral collaboration	✓
• Capacity-building	✓
• Evidence-based emergency care	✓