



Republic of Bulgaria  
ECONOMIC  
AND SOCIAL COUNCIL

## **OPINION**

on

**PROJECT ON NATIONAL HEALTHCARE  
STRATEGY 2007-2012, PREPARED BY  
THE MINISTRY OF HEALTH  
(ANALYSES, EVALUATION, RECOMMENDATIONS)**

(on its own initiative)

Sofia, 25 July 2006

On 27 June 2006 the Economic and Social Council made a decision to draw up and adopt on its own initiative an Opinion on Project on National Healthcare Strategy 2007-2012, prepared by the Ministry of Health (analyses, evaluation, recommendations)”

The President of the Economic and Social Council assigned to the ESC Standing Commission on Social Policy Issues to develop this opinion.

Mr. Jeliazko Hristov was appointed Rapporteur.

The Standing Commission on Social Policy Issues adopted the draft Opinion at its meeting on 11 July 2006.

At the Plenary Session held on 25 July 2006 the Economic and Social Council adopted this Opinion.

## I. INTRODUCTION

The Healthcare Strategy is a specific document and instrument for a management activity that is used for formulating objectives (what should be accomplished), assignments (what should be done), policies (how it should be done) and results (what specifically should be accomplished in terms of objectives) at the end of a definite period of time in a system of public health. It needs to be prepared after a specific analysis has been done, as well as an assessment of the state and activity of this system has been made. The Strategy is a working instrument based on a consensus between partners in society on issues regarding health state of population and ways for their salvation.

The broad discussion of the proposed project by the Ministry of Health and its conformity with numerous proposals of different public, professional, scientific, trade unions and non-governmental organizations is a compulsory provision for accomplishment of the necessary agreement for adopting and implementing this Project.

Strategies usually embrace a time horizon of 10-15 years; therefore, their character is a frame one and they are accompanied by concrete strategic plans.

The Healthcare Strategy is compulsory based on understanding that health is a strategic priority of the State and society and activities for its accomplishment in time are assignments to the whole nation. This Strategy should be in tune with main objectives and strategic policies proposed "Healthcare for everyone in the 21<sup>st</sup> century" of the World Health Organization (WHO) and its European Bureau:

- The constant objective – implementation of the "health potential" of all persons;
- **Two main objectives:**
  - Strengthening and keeping people's health during their whole life;
  - Abasement of the morbidity and abating of sufferings caused by main diseases, traumas and injuries.
- **Three main values:**
  - Healt protection as one of the fundamental human rights;
  - Justice in health protection and effective solidarity between players, groups and representatives of both genders;
  - Participation and responsibility in health protection of individuals, groups and communities as well as of institutions, organizations and sectors in public structure.

The National Strategy should be consistent with internal and external political, economic and social factors which could influence on its implementation, as well as with affirmed

values of health and healthcare activities executed in the EU member-states in last decades.

The country has signed up many international agreements containing clauses for human rights connected with health and living environment.

A main disadvantage of the draft document proposed is that it does not state the **principles and values on which the Strategy of the healthcare system activities will be based, such as: human rights respect, justice, solidarity, equity in rights, etc.**

In the area of managing the health protection in the last years the strategic approach has been implemented by main international organizations (WHO and WHO's bureaus on separate regions) through the preparation of long-term strategies ("Healthcare for everyone up to the year of 2000" and "Healthcare for everyone in the 21<sup>st</sup> century") on which basis States prepare their national healthcare strategies.

In the Republic of Bulgaria after 1989 two national healthcare strategies have been adopted which reflect different health-political doctrines ("Health for Bulgaria – 1996" and "better health for better future of Bulgaria – 2001").

The operating National Healthcare Strategy "Better health for better future of Bulgaria 2001-2010" and the Action Plan 2001-2006 were affirmed by a resolution #267 of the Council of Ministers on 21<sup>st</sup> April 2001. The Strategy contains our understanding for some values, principles, priorities, problems, objectives and assignments to be implemented for improving the public health. In the Strategy are defined the changes to be fulfilled in legislative bases (laws and by-laws) necessary for transforming the public health protection and healthcare system. In this sense, this is a "health strategy of the transition period" in which the accomplishment of the main objective is connected with a **total change within the system of public health and the healthcare system** (relations with citizens, funding, property, structure, management, etc.)

The Strategy was prepared and adopted on the basis of the political program of one government (acting in the period of 1997-2001) but needs to be executed during the mandate of other governments.

The state of the population's health, the public health protection and healthcare system in Bulgaria shows that in the middle of the acting period of the Strategy most of its goals have not been accomplished due to different reasons.

This fact can be partly accepted as a reason for creating a new document of management in the form of a National Healthcare Strategy. Other reason can be the adoption of a new health-political doctrine of the Government. At present, there is no such a doctrine and in the Project there are not clearly declared changes hence a necessity of reengineering public health protection and healthcare system.

**These ascertainments give a reason to conclude that creating a new healthcare strategy for a short term (2007-2012) without any significant changes in the values, principles, priorities and objectives is not enough well-grounded.**

## II. OPINION ON THE STRUCTURE AND CONTENT OF THE STRATEGY PROJECT

In the practice of management there is no united technology adopted for creation, structure and content of the healthcare strategies.

Strategies of some countries use the strategy structure “Healthcare for everyone” of the WHO, specifying health issues of its population and healthcare systems, priorities and goals to be reached, assignments to be solved and policies to be applied.

Strategies are to be accompanied by plans containing exact tasks and activities, performers and measures for each one of the specified goals.

The proposed project of a National Healthcare Strategy 2007-2012 differs significantly from this practice and its character is similar to a great extent to willingness for performing activities.

The project on National Healthcare Strategy 2007-2012 includes four sections:

- Health state of the population
  
- Functioning of the healthcare system
  
- Vision and strategic goals
  
- Monitoring and realization indexes

**1. The first section „*Health state of the population*” makes an attempt to characterize and assess the health state of the population and main determinative factors.**

**Unfortunately, the section is quite general, outlined and does not contain real indexes both of health state and its determinants. There is a lack of data for quantitative indexes of single health elements and indexes of the social and environmental state. In fact, this situation does not give an opportunity of assessing the objectives reached at the end of the period.**

The final text of this section needs to be extended and specified. It is necessary that the “framework” of the population’s health state is outlined, as well as its issues and health necessities.

The section should contain data for the level and dynamics of main indexes, characterizing the population’s health state, that are to be the basis for specifying the health necessities, priorities, objectives and concrete assignments for meeting these necessities. Otherwise, the results following the implementation of activities related to the Strategy could not be specified.

**A special attention should be paid to the so called “socially important” and “manageable diseases” (diffusion and decrease of effects over society and health state of individuals) which depends to a great extent on the activities of the healthcare systems and public health protection.**

The information contained in this section does not give enough qualitative proves for the main healthcare issues and for formulating the concrete objectives that are to be accomplished at the end of the Strategy period.

**2. The second section „functioning of the healthcare system”** is not logically structured. The section only outlines the activities of the healthcare system; many issues are not assessed which specify later on strategic goals (the state of the dental health, consumption of medicines, information providing, specialized medical aid, international cooperation and coordination of Bulgarian legislation with the EU legislation, etc.).

It is an omission that the section does not include analysis and assessment of:

- the public health protection (i.e. the participation and activities of institutions out of the healthcare system),
- the healthcare system (i.e. the institutions performing specific health and medical activities for protecting and recovering of public health and health of individuals).

The main elements of the healthcare strategy are only outlined and not fully presented, the system activities and issues existing as well.

Some of the subsections of the Strategy correctly outline the state and issues (funding, human resources, medical aid, etc.) which is the basis for specifying the challenges.

**It is indispensable that this section structure is improved, as well as its logic arrangement and treatment by more characteristics of public health protection and healthcare system. Thus, the issues shall be defined more precisely, the objectives and assignments that are to be solved and policies that are to be implemented as well.**

**The proposed “analysis of weak and strong sides, opportunities and threats”** for the healthcare system has not been made professionally. The weak and strong sides of the system are not defined correctly, as well as the opportunities and threats related to the “interior and exterior environment” (political, economic, social, etc.). The analysis conducted had a negative impact on the content of the third section of the Strategy regarding the formulation of the specific strategic goals and activities for their accomplishment.

The recommendation is that the SWOT analysis should be remade as including the relevant assessments put in the right place. Thus, the analysis will turn out useful for defining the issues and activities for their resolution.

**3. The third section contains „The vision” and „Nine strategic goals”.**

“The vision” is a special element within the structure of documents of political character. In this respect, the vision can be excluded from this section. The “vision” proposed is specified very randomly and generally defined containing an element not having a direct medical determination, as “the conviction in future” is.

In a short-term healthcare strategy a common strategic goal could be formulated instead of a notion of “vision”. The goal is supposed to be reached at the end of the period and proved by definite changes both in the persons’ health state and by their satisfaction with the public

healthcare system activities, as well as the professional satisfaction of performers of the medical activities.

**The vision can be replaced by a common strategic goal “*improvement of nation’s health state and people’s satisfaction by the healthcare system*”.**

The healthcare system characteristic prepared did not provide opportunities for defining most important strategic goals and arguments for their adoption.

The content of the first and second sections of the Strategy had an effect on the number and type of the specific strategic goals when part of them are not well formulated (for instance, “optimization of the healthcare network”, “planning and organizing of human resources”, “electronic healthcare”, etc.).

Within the management practice there are regulations which determine that for reaching each strategic goal there should be implemented a various number and types of assignments through performing various activities. In the project proposed these regulations are not observed since they are not definite assignments but only activities proposed. They are divided into short-, mid- and long-term ones; however, taking into consideration that the Strategy embraces a period of only 5 years such a division is inappropriate and should be omitted in the final text.

There are pointed out many expected results, after the performance of each activity, the greater part of which has a descriptive character and not represent a real “result” but an illustration what the content within the goal set is.

It is recommended that the expected results are more precisely specified (if possible to be quantitative defined and be decreased in their number) and connected with the measuring and reaching of a definite goal.

**The Project shall increase its managing value and shall turn out into a strategy on form and content, if it contains:**

- goals put into a logical consequence according to the priorities previously specified;
- assignments directly connected to each goal and concrete activities that are to be performed.

▪ **Strategic goal 1 „*improvement of nation’s health state*” in fact should be the main part of the Strategy’s common goal.**

Based on the content of separate groups of activities it would be more appropriate if the goal is to be formulated as “**providing conditions for improving the promotion of health and preventing diseases**”. They represent key issues and an important strategic goal and require the implementation of a special healthcare policy. In our country the issues of the healthcare promotion and the prevention of diseases are being continuously declared as priorities but so far there have not been any efforts made for their realization. This fact is proved by the serious increase of diffusion of risky factors of some of the “manageable diseases” (tuberculosis, cancer diseases, etc.).

That goal should include various assignments and activities of public and state structure out of the healthcare system; i.e., the public and state systems that do not perform typical medical activities.

The formulation and content of the strategic goal should be thoroughly revised.

▪ **Strategic goal 2 „*introduction of qualitative and guaranteed services*”** includes not well formulated activities and their performance could hardly lead to the improvement of quality of medical activities and access to the medical services. The reason for that is that actions for a change are not included in the main determinants that influence the quality and access to services; however, a great attention is paid to the control (monitoring, accreditation, etc.).

To reach the goal, it is necessary to include some tasks related to the change of main parts of the quality of medical services (scientific, organizational, psychological quality, etc.)

**It is mandatory that some tasks are included whose implementation will lead to the decrease of inequalities (in consumption and access of citizens to medical services, as well as the quality of medical aid provided) that are the main negative characteristics of health protection in the country.**

▪ **Strategic goal 3 „*optimization of the primary outpatient medical aid*”.**

**It is better if this goal is formulated as “optimization (improvement) of the outpatient medical aid”,** as well as some assignments to be stipulated related to all main structures which compose this goal -- urgent, primary, secondary (specialised) medical aid and medical diagnostic activities.

Activities indicated in the project do not deplete the possibilities which should be performed in terms of the issues of the outpatient medical aid.

**The activities need to be significantly extended and specified** and should not include only changes in payment mechanisms, responsibilities and interaction between specialized and primary aid and emergencies.

**The improvement of the dental aid, included as a task within this goal, needs to be defined as an independent strategic goal since the dental health of the population is in a disastrous situation.**

▪ **Strategic goal 4 „*optimization of the healthcare network*”.**

**The name of the goal is not in tune with the content of the activities for its implementation since they are mainly related to the hospital aid.** If authors foresee an optimization of the hospital system, this should be reflected also in the formulation of this strategic goal.

One part of the activities, foreseen in several concrete tasks, is not clear, the expected results are specified too freely and are not concrete as well.

**The content of the text, related to this goal, needs to be revised for:**

- **adequate territorial positioning of the hospital system;**
- **changing the number and infrastructure of the bed spaces, in accordance to the people's necessities and achievements of the European and world practice;**
- **changing the payment mechanisms for hospital activities and payment of the employed within the medical services system.**

This is the only way when the Strategy leads to a balance between the liberal and social aspects in supplying the hospital medical services in terms of achieving an equality of people according to their health and social state.

**In order to achieve “better health for everybody”, it is necessary to guarantee “effectiveness of the system” and “safety for people” during the optimization of the hospital aid system, which means creation of a planned balance between public and private medical resources according to the experience of the EU countries.**

▪ **Strategic goal 5 „*implementation of a just and transparent medicines policy*”.**

The goal is not a strategic one and should be formulated as “providing medicines according to the persons' necessities and their financial resources”.

The content of its achievement should include tasks and activities various in characters (production, supply, distribution, quality of the pharmaceutical services, territorial optimization of the pharmacy system, providing qualified employees in the pharmaceutical sector, etc.).

▪ **Strategic goal 6 „*planning, organising and developing human recourses within the healthcare system*”.**

This goal repeats the performance of simple managing activities.

In order that this goal attains a strategic character it needs to be redefined as “creation of an integral system for developing human resources within healthcare system according to persons' necessities and achievements of the medical science and education”. For reaching this goal, it should be pointed out what exactly needs to be done in the area of human resources for this short period of time (to be included various types of assignments related to medical education, systems for qualification and continuous training systems for assessment and payment, guarantee of the safety, health and social security of employees occupied in the healthcare system, etc.).

The Strategy includes incorrectly also tasks related to the medical science. The changes in the medical science should be separated into a separate precisely specified strategic goal, which should contain feasible tasks and definite activities.

▪ **Strategic goal 7 „*electronic healthcare*”.**

It would be more correct if the goal were defined as “creation of integrated electronic information system of the healthcare”. The assignments for achieving the goal should be oriented to the real needs for complex management of the healthcare system.

Specifying the assignments should be based on three mandatory requirements:

- „one entrance – plenty of exits for all consumers”;
- compatibility with information systems of the EU countries;
- guarantee of rights and safety of patients.

▪ **Strategic goal 8 „providing financial stability and sustainability of the national healthcare system”** represents a well formulated goal and contains the most important activities for its achievement.

This part should give an answer about the changes in the amount of compulsory social security payment, as well as about the content of the main package of guaranteed medical services funded by payments (without any additional payment).

The system should guarantee publicity of public health expenses and equity of participation of the State, communities, representatives of insurers, secured persons, patients and representatives of the people supplying medical services (primary medical aid, consulting medical centres, hospitals, etc.).

In order this goal to be reached it is necessary that several tasks are solved related to the establishment of new relations between professional organizations of physicians, dentists and other medical specialists, employers and trade unions within the healthcare system, patients’ organizations, institutions funding the system, etc.

This Project should obligatory provide consensus between performers, consumers of medical aid and institutional sources of funding concerning the mechanisms of setting the “prices” and the participants in negotiation processes.

The Project does not include activities for promoting the additional healthcare insurance. It is necessary that urgent activities are specified and performed for the effective development and extension of the Project in terms of strengthening its significance for funding definite types of medical services; thus, increasing the scope and quality of medical aid.

▪ **Strategic goal 9 „effective implementation of the European legislation and utilizing the EU funds”** cannot be accepted as a goal of a healthcare strategy. In fact, this is a provision related to the external environment for system functioning which shall have positive results and can be presented as separate tasks tied to other strategic goals.

**4. The fourth section „indexes for assessing the implementation of the national healthcare strategy”** includes many indexes (a great part of which is not directly connected with activities) tied up with achievement of the strategic goals. Some of the indexes proposed have too slight power of measurement, whereas for others there could simply cannot be information obtained in the routine way through the already existing information systems. With a view to creating a well functioning system of measurement it is necessary that a part

of the indexes are better defined, their number is significantly decreased, the indexes are sensitive to the implementation of the separate activities related to the Strategy, as well.

### **III. NOTES ON THE MAIN POLICIES FOR ACHIEVING THE STRATEGIC GOALS THAT SHOULD FIND A PLACE WITHIN THE DOCUMENT**

The Project for strategy points out activities various in character and types whose collectiveness represents a “policy” for achieving the adopted strategic goals.

The greater part of these “policies” are connected to the fundamental principles and directions for the implementation of the healthcare reform. Their specificity is defined by the compilers. These principles and direction are oriented to solving the existing issues which are a result of bad composed regulations in different normative documents or “defects” in the implementation and management of the healthcare activities.

As a whole, the “activities” foreseen are quite various, a part of them is not precisely defined and many of the “activities” have a character of willingness or intention for doing something (inc. “commitment”). This imposes that the “activities” are precisely defined when adopting the final version of the text.

#### **1. The policy for “reaching a financial stability and sustainability of the national healthcare system”:**

The increase of the public financial resources, foreseen for the health protection, from 4.3% up to 8% of the GDP at the end of the period means an average annual increase of 0.7 – 0.8 %. However, this situation is unreal and is not in line with the 3-annual budget prognosis of the Government where a prognosis of 4.3%, 4.3%, 4.4% was foreseen for the period of 2007-2009. In provisions of the redistribution of public finances within the state, such a “leap” within a short period of time is related to risks for its achievement and negative effects on the system.

The Strategy would be more informative if the percentage of the GDP turned out into and absolute amount of the healthcare resources per capita of the population and their increase per year during the strategic period.

The financial policy would be more precise if within the Strategy are stressed the percentages of the main funding sources: incomes from compulsory health insurance, state budget, additional health insurance, other public and private sources (with no additional payment), privatization, etc.

This shall make it possible to define whether other strategic goals could be reached and directly related to financial expenditures (funding of programs, extending the package of guaranteed out of patient and hospital services, creation of reliable and modern system for urgent medical aid, etc.).

**The Strategy should also indicate the amount proposed of the compulsory health insurance contribution to be paid.**

According to some economists dealing with health issues, the increase of the health insurance amount by redistribution would lead to creation of compulsory additional health insurance for extra paying services out of the guaranteed package.

**It should be noted explicitly that extra payments cannot be related to services included into the guaranteed health packages.**

Practice shows that relations between main professional partners (National Health Insurance Fund, Bulgarian Medical Association, the Association of Bulgarian Dentists and partly the State) in specifying the expenditure part of the health care in existing regulations and representativeness is a serious obstacle for health care functioning.

**National framework agreements, as a consequence of these relations, have serious disadvantages (time duration, scope, price setting and payment systems, description of various types of medical activities and way for their implementation, relations between separate executors and their authorities, type and way for controlling and monitoring, responsibilities and sanctions, reporting of healthcare activities, etc.). The agreements can be breached if only the regulations of their composition, content and players of their conclusion were changed.**

In order all this to be realized, consent is necessary for introducing changes in the Health Insurance Act, the Professional Organizations Act, the Medical Institutions Act, etc.

A development is necessary of the public-private partnership within healthcare, guarantying the public interest in conditions of a typical social system, as the healthcare is, subject to regulated labour rules by contrast with the purely economic systems.

## **2. The policy for „*payment of the performers of medical activities*”:**

The practice of recent years shows that the payment systems of performers of medical aid need different changes, some of which have strategic character.

The system of primary medical aid should reduce the role of the capitalization at the expense of the payments increase for types of activities, including also new types of activities as home visits, medical aid rendered in the night, days off, festivities, etc.

Payments in the system of specialized medical aid should be differentiated and should be in different amounts depending on the consultative character of the activities related to the monitoring and control of the diseases development.

**In the system of hospital medical aid it is obligatory that in shortest term the system for payments on clinical paths is changed (the system that led to economic and health-informative deformations) and replaced by diagnostic-related groups. Unfortunately, the relevant organizational, scientific and managing conditions are missing.**

### **3. The policy for „*optimization of out patient medical aid*“:**

It should be explicitly pointed out that **the primary medical aid is a real priority of the health protection** that requires relevant changes of the funding system (changes in the amount and payment systems, organization and management).

It is necessary to significantly extend the opportunities of the general practitioners to perform activities that for now require the usage of specialized medical aid as: prophylactic system of the greater part of diseases, the specialized prevention, covering of the greater part of medicines within the positive list, etc., as well as motivation for work within the country with unfavourable conditions.

The system for specialization needs a serious change (incl. its decentralization and continuous learning which is disorganized) and introduction of the accreditation system and licensing of general practitioners (through the established national standards on general medicine).

The specialized medical aid should be gradually changed and transformed into a more consultative activity and its participation in the prophylactic system should be reduced as well.

**It is essential in this strategic period to find correct solutions for providing urgent medical aid by the general practitioners, as well as the urgent medical aid rendered in the night, days off and holidays.**

The recent experience showed that the lack of specified economic motives for general practitioners seriously damages the accessibility of the population.

In the system of the urgent medical aid should be undertaken not only some changes in the organization and territorial location of medical teams but also changes should be made within the system of payment and in the professional status of physicians and other medical employees, including definite preferences different from rest of the groups.

### **4. The policy for “*optimization of the hospital medical aid*“:**

This policy of the Strategy is well defined but it is necessary that the activities are more explicit in several directions.

**First** – adoption of a map of territorial locating of public hospitals by statement of the government brought into line with the local authority. All of the hospitals out of this map can change its character of ownership and its activity.

**Second** – transformation of part of hospitals for active treatment into ones for further and continuous treatment.

**Third** – restructuring bed spaces in public hospitals according to the real necessities. It is necessary to develop relative standards that were neglected.

**Fourth** – a serious change into the accreditation system and its relevance with the payment system.

## **5. The policy for „*promotion of health and prevention of diseases*“:**

The promotion of health and prevention of diseases should become a fundamental content of the public healthcare. During the transition period these activities have not been performed properly because of the insufficient involvement of the structures of the state and local governance. They are rather symbolical. The result is a significant diffusion of risk factors and related diseases (cardiovascular, oncological, mental diseases, etc.). This leads to great expenditures for treatment and loses for the society.

**The following points should become the Strategy’s part of highest priority: the creation of conditions for developing activities regarding the health promotion and prevention of diseases within a new state policy funded by the budget of interventional programmes; integrated approach created by the Ministry of Health directed to the disease control; communities and NGOs as well.**

In case that this does not become a fact, we shall continue to talk of “diseases and lack of financial resources” and this happens because the government has not understood yet what to do so that there are no diseases..

## **6. The policy for „*improvement of quality of medical aid and the access to health services*“:**

The quality of medical aid is determined by many factors, a great part of which can be managed – material conditions, medical equipment, professional competence of the employees, etc.

**The serious difficulties in the funding area in the last years justify the slow rate of changes in quality of medical aid when in main part this is due to bad management.**

**With a view to changing quality, the activity on establishing standards on different types of medical activities should be obligatory improved, seriously should be improved the control and the assessment through accreditation of medical institutions and attestation of professional employees, as well.**

The current accreditation system has significant disadvantages and in fact did not lead to quality improvement of the medical aid.

**The change shall require the establishment of an independent accreditation agency and quality assessment, as well as the adoption of new enactments on the implementation.**

***In this area is necessary that new relations are established in the quality assessment of medical activities between the State, professional organizations of physicians and dentists and the organizations of patients.***

## **7. The policy for “development of human resources in the healthcare system”:**

In the last years some negative tendencies have been observed in availability of different types of medical specialists when some of them have reached the crucial number (nurses). The reasons for this situation are mainly two: the low economic status and continuous increase of emigration to the EU countries.

**The strategic period will be vital for overcoming the existing disbalance and suspending unfavourable tendencies.**

In this regard, it will be necessary to foresee the relative activities for creation of motivation payment systems and increase of the professional status.

***In order to overcome these enormous disproportions in payment of different medical specialists, it is necessary that the practice of collective labour bargaining is recognised, single qualification systems of positions within the healthcare system, related to the payment and working conditions, are introduced, labour standards are guaranteed, an hour rate is introduced, a new regime of working time, leaves and days off is established, etc. The risks in this part are very great and require correct strategic decisions.***

The current system of postgraduating does not correspond to the European directives and dynamic changes in healthcare, the changed professional status of the greater part of medical specialists as well.

This situation leads to huge difficulties in specialized training and to increase of disproportions of many medical specialties (general medicine, surgical specialties, etc.). In order these tendencies to be suspended, a new policy should be established for specialized training (incl. funding, place for conducting the training, technology of setting exams and assessments, etc.). Although the Act of Independence of Schools for Higher Education allows to a great degree for their self-management concerning the implementation of state requirements on various specialties, the technology of providing medical education does not correspond to the needs of the practice.

This makes it necessary that the Ministry of Health, Bulgarian Medical Association, the Union of Dentists in Bulgaria and universities providing medical education adopt and implement new policy of medical education, qualification, continuous and specialized training.

## **8. The policy for “providing medicines corresponding to persons’ needs and their economic resources”:**

The achievement of this strategic goal requires drawing up and adopting a new act for medicines for pharmacies due to serious issues resulting from the established regulations and norms.

## **9. The policy for “*improvement of the dental health*”:**

The Strategy does not propose a developed policy for improvement of the dental health and dental medical aid.

The numerous current issues require a realization of a policy oriented to several directions:

First, drawing up of a national program for promotion of the dental health and prevention of children and students up to eighteen years of age.

Second, adoption of broad set of packages of dental activities within national framework agreements covering people and students up to eighteen years and other risk groups of the population.

Third, regulation of personnel resources within the country (quantity, territorial separation, etc.) and quality improvement of dental medical aid through creating a better system for specialized training of dentists.

## **IV. CONCLUSION AND RECOMMENDATIONS OF THE ECONOMIC AND SOCIAL COUNCIL**

The proposed Project of a National Healthcare Strategy by the Ministry of Health presents serious disadvantages and needs to be revised.

After the critical analysis of the Project and considering the institutional opinions and proposals of professional and employer’s organizations, trade unions, local authority, etc., the following recommendations could be made:

- 1. To establish a partner expert group of all stakeholders – the state, local authority, employers’ organizations and employers in healthcare, scientific community, professional and other non-governmental organizations, trade unions – for revising the project of the National Healthcare Strategy and its transformation into a “Document of Agreement”.*
- 2. To reassess the structure of the Strategy and to transform it in compliance with health issues and priorities, as well as the Document, in line with the approved world practice.*
- 3. To create a section “Purpose, principles and priorities of the National Healthcare Strategy” which would be supposed to ground the necessity of creation of a new strategy, including the results of the implementation of the strategy “Better health for better future in Bulgaria”.*
- 4. To revise the first section “health state of the population” including enough data and formulating the main health issues.*
- 5. To do a detailed analysis of the system of public health protection and of the healthcare*

*system and to specify the main structural and functional issues..*

*6. To perform a new SWOT analysis correctly defining the strong and weak sides as elements of the healthcare strategy (inner environment of the healthcare system), as well as the opportunities and threats related to the external environment – the economic, political, environmental and social one.*

*7. To formulate a common goal of the Strategy in line with its short-term character.*

*8. To reformulate the strategic goals proposed and to include new ones according to the specified main issues, after making analysis of the population's health state and healthcare system.*

*9. The foreseen "activities" within the Strategy should be formed as clear formulated assignments.*

*10. To accurately define the "policy" for accomplishing each assignment which policy shall be accepted as a basis for implementation of specified activities.*

*11. To drop off the division of the activities as short- medium- and long-term ones given the short horizon of the strategy.*

*12. To revise completely the section for monitoring and indexes, distributing indexes for measurement in sections corresponding to the strategic goals, as well as into a group that shall measure the achievement of the common goal.*

*13. To include a section for development of the medical science, including for public health and health protection.*

*14. To develop a concrete action plan (2007-2012) according to the goals and assignments of the Strategy*

*15. To define the concrete activities in the plan in compliance with the proposals of participants in the public discussion (the local authority, employers', professionals, scientific, funding, patients' communities, trade unions, etc.)*

*16. To amend the style of the future document so that it is consistent with a national, public and consensus management document in tune with the European and world practices.*