

NOT OFFICIAL TRANSLATION

**NATIONAL HEALTH STRATEGY
2008-2013**

TABLE of CONTENTS	4
I. HEALTH STATUS OF POPULATION IN THE REPUBLIC Bulgaria	5
1. Demographic processes	5
2. Morbidity and persistent incapacity	8
3. Mental and physical development	9
4. Social determinants of health	9
5. METHOD OF LIFE AND HEALTH	10
6. IMPACT OF environmental factors on health	11
II. FUNCTIONING OF HEALTH CARE SYSTEM	11
1. MANAGEMENT SYSTEM	11
2. FINANCING OF HEALTH CARE SYSTEM	13
3. HUMAN RESOURCES	14
4. Protection of public health	15
5. Non-AID	16
6. EMERGENCY CARE (SMP)	17
7. Dental CARE	17
8. HOSPITAL CARE	18
9. LEKARSTVOSNABDYAVANE	19
10. MENTAL HEALTH	20
11. HEALTH SYSTEM - An 21 CITIZENS	
12. EQUAL HEALTH CARE	21
13. Voluntary health insurance	22
III. VISION AND STRATEGIC OBJECTIVES	25
VISION	25
STRATEGIC GOAL I	25
Ensure that health promotion and prevention of diseases	25
1. IMPLEMENT approach 'Health in All Policies'	25
2. Increased awareness of the citizens to a healthy lifestyle and threats FOR THEIR HEALTH	26
3. OPTIMIZE activities to maintain public health	27
3.1. LIMITATION IMPACTS OF RISK FACTORS RELATED TO ENVIRONMENTAL ASSESSMENT AND BEHAVIOR POPULATION	27
3.2. SUPPORT FOR GOOD MENTAL HEALTH	27
3.3. Prevention of possible risks to health of the nation	28
3.4. PUBLIC HEALTH CONTROL	29
4. DEVELOPMENT AND IMPLEMENTATION OF PROGRAMS FOR SOCIAL-significant diseases and health problems Representing national PRIORITIES	29
5. BUSINESS IMPROVEMENT OF MEDICAL OFFICE IN kindergartens and schools	30

6. Improvement of conditions in HOMES FOR MEDICAL AND SOCIAL CARE FOR CHILDREN 30

7. Developing SPA AND HEALTH TOURISM 30

STRATEGIC GOAL II 31

PROVIDE guaranteed health services with increased quality and ensure access to them 31

1. Increase quality and effectiveness of health services 31
2. IMPROVEMENT accreditation system of medical establishments 31
3. IMPROVING ACCESS TO HEALTH INSURANCE SERVICES 32
4. DEVELOPMENT research capacity and medical science and ensure that SCIENTIFIC Development PRACTICE OF MEDICAL PROFESSIONALS 32

STRATEGIC GOAL III 33

IMPROVED CARE IZVANBOLNICHNATA 33

1. Addressing the CARE FOR EMERGENCY CONDITIONS urgent and 33
2. OPTIMIZE WHAT THE IMMEDIATE AND SPECIALIZED CARE 33
3. LEGISLATIVE IMPROVEMENT OF RECOVERY 33
4. IMPROVEMENT dental health by improving the mechanism for delivering Dental AID 34
5. IMPROVING REPRODUCTIVE HEALTH 35
6. IMPROVEMENT care for pregnant women. MATERNAL HEALTH IMPROVING 35
7. IMPROVING THE HEALTH OF CHILDREN 36

STRATEGIC GOAL IV 36

RESTRUCTURING AND EFFECTIVE MANAGEMENT OF HOSPITAL CARE 36

1. IMPROVING COOPERATION BETWEEN non HOSPITAL SERVICES AND 36
2. IMPROVEMENT OF HOSPITAL MANAGEMENT 37
3. RESTRUCTURING hospital sector 37
4. IMPROVEMENT MECHANISMS FOR FINANCING OF HOSPITAL CARE 39

STRATEGIC GOAL V 39

PROVISION OF Medicinal Products and Medical Devices matching NEEDS AND ECONOMIC OPPORTUNITIES OF POPULATION 39

1. PROVISION OF Medicinal Products and Medical Devices 39
2. Introduction of the reimbursement of Medicinal Products and Medical Devices, providing Improved access to them 39
3. INTRODUCTION OF MODERN SYSTEMS product information and control regulations and Supply of medicinal products and medical devices 40
4. IMPROVEMENT OF KNOWLEDGE health professionals Rational PHARMACEUTICAL MARKETING 40
5. INDEPENDENT product information 40

STRATEGIC GOAL VI 41

HUMAN RESOURCES DEVELOPMENT IN HEALTH CARE 41

1. PLANNING, RECRUITMENT AND TRAINING OF HUMAN RESOURCES 41
2. IMPROVEMENT OF VOCATIONAL TRAINING AND CONTINUING EDUCATION 41

STRATEGIC GOAL VII 42

ESTABLISHMENT OF INTEGRATED electronic data HEALTH CARE 42

1. STANDARDIZATION AND INFORMATION SECURITY 42

2. CONSTRUCTION OF INTEGRATED INFORMATION SYSTEM of exchanging information between employees in SPHERE

HEALTH (HEALTH, medicated, education, research, financial and administrative Units) 42

3. AWARENESS AND EDUCATION THROUGH TO PROVIDE WEB-BASED SERVICES IN REAL TIME 43

4. Application of good practices and interoperability 43

STRATEGIC GOAL VIII 44

Ensure the financial sustainability of the national system of HEALTH 44

1. POLICY OF THE FINANCING OF HEALTH CARE SYSTEM 44

2. Successor models of compulsory health insurance 45

3. DEVELOPMENT voluntary health insurance 46

STRATEGIC GOAL IX 46

Effective membership in the European Union 46

1. CONSTRUCTION OF ADMINISTRATIVE CAPACITY 46

2. Participation in the EU institutions 47

3. Effective absorption of EU structural funds 47

4. The EU - Introduction to new opportunities and commitments through the EU 47

IV. INDICATORS FOR MONITORING IMPLEMENTATION OF NATIONAL HEALTH STRATEGY 48

1. STANDARDS FOR MONITORING 48

2. ITEMS FOR EVALUATION 48

3. MONITORING AND EVALUATION OF OTHER SECTORS CONTRIBUTION 50

INTRODUCTION

The national health strategy "Better Health for better the future of Bulgaria for the period 2001-2010 year and Action Plan 2001-2006 year established by Decision № 267 of the Council of 21 April 2001, a number of values, principles, problems and tasks that are being performance.

Much of their set tasks were fulfilled. Be established laws allowing for making changes in the form of property and the structure of health and healthcare institutions. Changes to the principle of funding the health system. Introduced new mechanisms of financial control activities for the provision of health services. Many procedures are done in harmonization of legislation with European Community law in field of public health and free movement of goods and people. Is extended opportunities for contact between different health care system in Europe. Accumulated knowledge workers and nonworkers schemes and programs health and health system. At the same time they draw new problems and questions. They are aimed at availability and improving quality of health services, relationships between various levels of the health system and between different actors in the process of supply and use of health services and financial and structural stability health care. Changing economic conditions and the Republic of Bulgaria to the European Union require analysis of the situation in the health system.

It is necessary to update guidelines on future development because:

Inadequacy and inconsistency between legal documents (laws and bylaws), no real assessment effectiveness of non-support and needs

Population of hospital care.

Limited access to part of the population to health services and financial organizational reasons.

Limited access to non-support of the population living in small settlements in mountainous and remote areas.

Abnormal ratio between the cost of medicines and medical costs activities.

Retention of higher prices of products and dissatisfaction of Population of individual characteristics of medicine supply.

Delaying reform hospital assistance.

Prevalence of individual practices (nearly 90%) to group practices primary aid, which hampers quality service patients.

Insufficient coordination between primary, specialized non - aid, emergency and hospital assistance.

Quality of medical care, which does not meet expectations society.

Advantage of the medical activities in relation to activities in health promotion and disease prevention.

Insufficient funding of activities in the healthcare system in particularly the absence of adequate policies to ensure the financial activities for continuing treatment, rehabilitation, nursing and home care.

Insufficient funding for low health structures.

Worsening demographic, social and health indicators with significant difference between urban and rural population.

In the period 2008 to 2013 the European Community's development will be based as the principles of solidarity and equal opportunities for health and welfare, and innovation and technological progress in order to achieve sustainable development.

On that basis, the Ministry of Health, a new "National Health Strategy" to meet the requirements of the new realities, priorities and challenges. The result should be restructuring reformed, financially sustainable and effective health system that provides quality health care in promotion, prevention, treatment and rehabilitation.

National Health Strategy during the period 2008-2013 will be implemented by observing the principles of accessibility, fairness, equality and solidarity with the active participation of government, public and private institutions NGOs and the whole population. The strategy is aimed at integration of health of citizens in all policies -- foreign policy of the party policy on national security policy financial stability policy of social solidarity and justice policy environmental policy in education and science, politics in Disaster Management and others.

Bulgaria needs healthy people, because everyone should be responsible for their relatives and their health.

I. HEALTH STATUS OF POPULATION IN THE REPUBLIC BULGARIA

1. Demographic processes

According to NIS population of the Republic of Bulgaria at the end of 2006 is 7 679 290 people, mostly living in cities (70.6%), with slight preponderance of women (51.5%).

There was an increase in the share of persons over 60-years (from 21.8 percent in 2000 to 23.3 percent in 2006) reduced the share of population in the age group of 0-17 years from 19.5 percent in 2000 to 17.2 percent in 2006 Special strongly expressed aging population in villages where 33 percent of people over 60 -- years. Compared with the European union, the proportion of population over 60 years is significantly higher. Over the past decade observed adverse trends in indicators, demographic processes in characterizing the country - reducing birth rate, increased mortality, negative natural growth.

During the period 1995-2003 is a tendency to reduce Birth, which is associated with the negative impact of socio-economic conditions and related changes in reproductive habits of the population.

The presence of immigration is also a negative factor in this process. Fluctuations in the birth rate is negligible (about 8.6 ‰). In 2006 it increased and reached 9.6 ‰ at 9.3 ‰ for EU countries (Fig. 1).

The negative natural growth is the result not only from low birth rates, but an increase in mortality. Over the past two decades the tendency to increased mortality is retained and reached 14.7‰ in 2006, as between the values of the urban (12.2‰) and villages (20.7‰) is significant. The difference in values mortality and birth rates (higher in cities) formed as a result drastically reducing natural growth in villages (-12.4‰) than those in cities (-2.1‰) and the country as a whole (-5.1‰).

Leading causes of death are diseases of the organs of blood circulation (BOK) - 66.4% (Fig. 2), represented mainly by ischemic disease heart and stroke.

Newly are the second in the structure of mortality (15.6%). Chances are the dynamics of mortality from cancer in our over the next two decades to maintain the existing trend.

In recent years, infant mortality decreased and reached 9.7 in 1000 live in 2006 however it is still significantly above the level in EU member states (Fig. 3). Reasons - reasons and dominate endogen complications of pregnancy and birth.

Rural infant mortality remains higher in comparison with cities. Monitor and significant differences in areas, particularly in those with higher concentration of ethnic populations. Maternal mortality in 2006 was 12.0 percent, and this level is some 2 times the level in the EU (5.2% for 2003). Given that this indicator is based on deaths occurring during pregnancy, childbirth and postnatal period, due attention should be analyzed expressed trend decrease the lower limit of age rodilkite. In certain groups population, it is below 16 years and complications as pregnancy and birth and postnatal period in this age are more frequent and more severe, both for mother and fetus.

The average length of life for 2004-2006 is 72.60 years. In men it is 69.10 years and is significantly lower than that of women - 76.34. These values were around 6-7 years lower than the EU average (Fig. 4). The index is related to overall social development of the country, the impact of social determinants of health, lifestyles of the people, the activities of health services state of the environment and other factors.

2. Morbidity and permanent incapacity

With official statistics recorded incidence of diseases for year period 1990-2005 decreased from 1511.9% to 1369.3%.

Non-chronic diseases for decades are significant and unresolved socio-medical problem. Leads are diseases of the respiratory system (38%), followed by diseases of the nervous system, organs of circulation, injuries and poisoning. And increased incidence malignancies by, which in 2006 reached 393.3 percent respectively and 3229.0 percent.

The incidence of mental illness increased by 2656.7% in 1990 to 2892.1% in 2004 should snizhenie in 2006 is shown 2287.7%. Alarming is the trend of increasing illness from tuberculosis. After continuous trend of incidence of TB by 1990 she began to increase. Oh by 25.9 percent in 1990 incidence rises to nearly 50 percent in 1998, then decreased to 39.1 percent in 2006 trend in malignancies is 106 percent of in 1990 to 127.7% in 2005 and Oh 121.5 percent in 2006 Dental disease tends to show a sharp increase. At 5 -- year olds caries is 70 percent and adult reaches 98 percent. Obezzyavaneto covers 92 percent of those in active age and 28 percent of 18-year. Practically all Population covered by dental diseases - caries and its complications, parodontopatii, gear-jaw deformities, defects and other zahnite ranks. Bulgaria is still a low spread of HIV / AIDS, but it located in the region with the fastest development of the epidemic. Each year, increasing the number of newly discovered cases. As of 31.12.2006 on the total number of registered cases is 689.

However, epidemiological data suggest that there is a worrying indication of the danger of epidemic among groups who are particularly vulnerable to HIV / AIDS and other sexually transmitted infections and blood portable.

Permanent disability in the country increased significantly compared to 1995

In comparison with 2004 (20,2%) primary disability decreased in 2006 and reached 14,8% in persons over 16 years and 3,6% in children up to 16 main reasons for disability in adults for 2006 are: diseases of the organs of circulation (42.6%), diseases of the bone-muscular system and connective tissue (12.8%) novoobrazuvaniya (11.2%) and diseases of the endocrine glands, nutrition and sharing (8.7%).

3. Mental and physical development

The processes of mental and physical development during childhood, adulthood are related and are based on the life of every person. Favorable development of children requires effective protection of mental and physical health. From 1990, previously noted increase in mental illness, use of Drugs, violence against children and young people and use them.

For the past 20 years, a positive change to increase growth of children in the age to 7 years of age and after puberty, especially in age 15-19 years - a major indicator of physical development. The most recent national Studies (2004) show that the incidence of low growth for the children under age to 19 is within the usual (under 5 percent). Higher than usual rate is podnormeno weight of some groups of children, especially in girls in the age 10-14 years (9.4%). Alarming is the trend of increasing spread of svahteglo and obesity in children, more pronounced in boys (in 2004 boys 7-18 years with svahteglo - 17.5 percent, obesity - 4.7%). This is related to low physical activity and nutrition nezdravoslovnoto.

Monitor and adverse changes in certain items of physical development

Having chest paused, and when exhalation dr.

Full development of children and adolescents, mental and physical

Health is a priority need for government and NGOs.

4. Social determinants of health

Socio-economic reality determines the level of health in each country and the possibilities of every citizen to take informed decisions about their health.

Analysis of morbidity, mortality and other health-demographic

Indicators show commitment to the main determinants of health, biological and

Other risk factors for health.

Poverty is one of the social determinants of health, under World Health Organization, it is the biggest risk factor. Its impact on individual and public health is multi.

The relationship between health, social and economic environment in a country is direct.

Therefore, to achieve positive results necessary action to

improving the environment in which man lives, works and conducts social contacts.

5. Lifestyle and Health

In the structure of the risk factors for mortality, behavioral factors --

unhealthy diets, smoking, low physical activity, abuse , etc., occupy a leading role.

See negative characteristics and trends in nutrition people who have adverse health

effects. Data from NTSOOZ carried out over the past 10 years four national studies

food and nutrition status of the Bulgarian population are worrying. They show

high consumption of animal fats and vegetable (33-38% of the total energy value of food

in the recommended upper limit 30%) 3-fold lower than the recommended intake of fish,

low consumption of fresh fruit and vegetables in winter and spring, insufficient

consumption of milk and milk products of palnozarnesti foods, high intake of salt (more

than 2 times higher than recommendations).

Alarming is the trend of increasing consumption of sugar and sugar confectionery and

soft drinks containing sugar. High and alcohol consumption in some populations. Low is

taking a number vitamins (folate, vitamin B1 and B2, vitamin C) and minerals (iron, zinc, calcium, magnesium).

Is a high prevalence of podnormenoto weight in some population groups, especially among young women of 19-30 years (16.8%) and girls of 10-14 years (9.4%) (National survey, 2004). At the same time the spread of svahtegloto and obesity is high among both adults, and among Children, which is associated with unhealthy eating pattern and low physical activity. Obesity is a serious problem in children, but occurred positive trend for reduction, especially in girls. Consumption of tobacco products among the population increase. Through the last decade the proportion of regular smokers is increasing, especially among women and young people. The country has about 3 million smokers, and of passive smoking are exposed 2 / 3 of children. Problem use of alcohol by expert estimates are 280-300 thousand Bulgarians. Alcohol consumption among adolescents is expanding and age of home use fell to about 12.5 g. Drug use among people aged 15-64 years is still relatively low compared with many European countries. However, the number of persons who for once in my life have tried some drug, increased to especially among the young.

6. Impact of environmental factors on health

In some cities in the country undergoing intensive pollution

Air industry and transport, the incidence is above average for the country. Leads are diseases of the respiratory system, zachestyavat newly occurring adverse changes in reproductive health.

There are problems in the quality of drinking water. Opt microbiological villages in aberrations without treatment facilities, nadnormeno the nitrate content in areas with active farming. The problems are Following arrangements and water supply in many localities, especially in the summer and autumn, and the water supply depreciated and outdated systems.

Regardless of the measures adopted there are a number of safety problems

Food. These are: the establishment of pollutants over the approved rules, failure to international standards of some of the sites for the production and marketing of food; difficulties in implementing the principle of full responsibility for manufacturers the safety of their products and others.

Working conditions in our country differ from those in the European Union the following characteristics: a high-risk jobs in traditional sectors and in a high proportion of production exposed to different risks, more stress situations and complaints relating to health, less awareness and participation Workers in activities for health and safety at work and others.

II. FUNCTIONING OF HEALTH CARE SYSTEM

1. Management system

Significant changes in legislation made after 1997, was for the creation of modern health law. Law was adopted health

Law on Health Insurance Act, medical institutions, laws guild organizations of doctors and dentists, ACT PROFESSIONAL ASSOCIATION OF MASTER -

Pharmacists Act PROFESSIONAL ASSOCIATION nurses, midwives and Associated medical professionals, law medicines in human

Medicine, Law on Control of Narcotic Drugs and Precursors Act, transplantation of organs, tissues and cells Law blood and blood

BLOOD, National Health Card and others.

Numerous legislative changes and impaired logic in consistency of the adoption of laws brought in some cases to discrepancies between regulations and the hampering of relationships between different actors in the system.

Currently existing National Health Card does not consider essential characteristics and features - the health demographic, infrastructure, communication, transport time and opportunity, human resources and more.

Over the past years in the health system is introduced and endorsed the model compulsory health insurance. Was created National Health

Fund (NHIF), the financing of health care is shared between it and Ministry of Health.

In managing the health system was set out the principle of tripartism.

It is implemented by the conclusion of each year collective agreement between Ministry of Health, employers and national presented unions, which provide minimum pay levels for workers health care.

Providing quality medical care to people is one of the main objectives in the management of the system. Quality assurance was introduced a variety of tools such as medical standards, clinical pathways, Diagnosis and treatment protocols and Records of health care accreditation and others. 25 were approved medical standard gradually increase the number of clinical trails. Grading system have accreditation

implemented the Law on medical institutions. At this point designation is accompanied by improved methods, regulated by Decree criteria indicators and methodology for accreditation of healthcare institutions. Despite many regulations in this area there is a weakness in providing quality treatment at national level and linking it with funding.

Despite the growing volume of the checks conducted an internal (by the medical institutions) and external (from financing and other organizations) control and the quality of health services is low efficiency. Reasons for are limited powers of the Ministry of Health and its authorities on the removal of violations (financial, legal and the rights of patients). Controls on contractors to meditsinski activities by the National Health Insurance Fund are in the range of National framework agreement and negotiate with them. This also leads to low efficiency.

In the course of reform for objective and subjective reasons, appeared adverse consequences for the information security system. Quality a management information deteriorated sharply due to a lack of complete data mainly for non-assistance (in obrashtaemostta disease, in visits specialist, etc.). Participants in the healthcare system (contractors medical care, MH NHIF) have partially built communication infrastructure. Until now, no integrated information system on national level. Its construction started in the month of September 2006, when it was signed contract system for its implementation will be completed in mid 2008 and will

becomes operational by October 2008 m.

The main challenges for the management of the health system are:

Restructuring and optimization to ensure access and quality system;

Guaranteed quality control for all participants in the system;

Optimize the information exchange of data;

Ikonomizirane and optimizing costs;

Dofinansirane and problems with graft and corruption.

Optimization activities and mechanisms for cooperation in the Health.

2. Funding health care

Financing of the health system in Bulgaria is done by means order line:

Mandatory participation of citizens through personal and shared security contributions to a single joint health insurance system;

Financial revenue budget;

Voluntary participation of citizens in the purchase of additional insurance health packages offered by voluntary health insurance funds;

Payment of the population for certain health services.

Expenditure from the state budget for Health "as a share of gross domestic product (GDP) are as follows - for 2000 were 3.7%, 2001 - 4.0%; 2002 - 4.4%; 2003 - 4.9%, for 2004 - 4.6 percent for 2005 - 4.3 percent for 2006 - 4.4 percent for 2007 - 4.3 percent. In

absolute amount of funds increased from around 978 million (for 2000) to over 2 216 million

leva (about 2007). In the EU member states allotted to health percentage of GDP is 8.

Compared with the average parameters of the European contribution Union, which ranged from 8 to 12 percent, insurance rates in Bulgaria is 6 percent. Setting is the combination of low rates of health contribution, no guarantees of full collection and a large percentage of participating in the security process (about one million Bulgarian citizens).

Public sector resources for health in 2007 have amounted to 2 216

In addition, a net consumer expenditure of households in 2006 (the current prices) population has paid the charges 1 440 million euro (about drugs and dental services).

Furthermore, additional sector funds received between 20 percent and 40 percent of Public cash resources. These funds can not be defined

because they absent official statistical reporting. For 2007 cash resources run by voluntary funds is around 23 million euro

Appropriations for government operations guaranteed by the state budget include: medical assistance in emergency situations; obstetric care in births, regardless of the way, inpatient psychiatric care, providing blood and blood products, transplantation of organs, tissues and cells, binding treatment and / or compulsory isolation, level of expertise for permanent disabilities and

incapacity; payment of treatment and drugs for diseases in order set by the Minister of Health, providing medical transportation. Every Bulgarian citizen enjoys free vaccines required reimmunizations and immunizations, vaccine-related testimony and contingency circumstances specific serum immunoglobulins and other bioproducts-related prevention of communicable diseases and technical resources to implement them. Bulgarian citizens are entitled to full volume preventive activities access to health activities included national, regional and municipal health programs. Children placed in medical institutions under certain conditions, entitled free medical and social care.

The funds for the maintenance of fixed assets such as buildings, equipment, infrastructure remains deficient. Outdated material and technical based on state and municipal health and medical institutions require enormous financial resources for maintenance and modernization.

The funds for health are generally limited. Most of resources are allocated to finance the hospital assistance. At least funds released for non-assistance activities, especially those related to promotion integrated health and prevention of diseases.

In primary non-assistance organization are not designed for performance the duties chargeable under a contract of general medical practitioner for bezotkazno 24 -

hour service to patients. 95 percent of registered practice in this system are individual. Problem is their uneven territorial available within provinces and the country as well as sharp anomalies in the number of service by one general practitioner population. Reasons and shortages financial resources, creating difficulties in servicing complex patients contractors of non-medical assistance. Therefore increasing the number patients directed to specialists and hospital system. This Practice increased secondary examinations and hospitalizations. This results increase significantly the cost of treatment. Inability to share the financial burden among more buyers of health services, the shortcomings of The legal system for determining the conditions for granting and payment of health assistance not stimulates development of sustainable financial health system. Inadequate control over contractors of medical services.

Missing incentives to reduce costs.

One of the main goals in each health system is to achieve a balance between financial sustainability and access and quality of population to health care. Many factors have an increasing pressure to spend funds. Most importantly These are big hospital infrastructure weaknesses of the mechanism for payment of hospital care, insufficient control over the resources and lack of quality information. Additional pressure on costs Health will rise to demographic and epidemiological trends Bulgaria.

Increasing the cost of medicines is an important factor in increasing pressure on total expenditure, which is a common phenomenon in most European countries. The main challenges in the field of financing are:

Providing adequate financial resources and ensure financial stability in optimized package;
Increasing the efficiency of collection and distribution of financial resources and effective control of costs;
Increasing funding for prevention and prevention of Disease;
Diverting funds to better the workers of contractors medical care, to promote quality service patients.

3. Human Resources

Until 1990 the health system in providing medical staff of 100 000 Population in Bulgaria was relatively good: 329 doctors, 70 dental practitioners, 621 nurses and 87 midwives. In 2006 supply of doctors in Bulgaria above 27% of the European Union and with dental practitioners - with 95 percent higher. However, there are significant differences in inter - supply of doctors - from 499% 000 in Sofia to 234% 000 in Razgrad. The number of nurses has fallen almost by half. In 2006 providing 2 times lower than the EU average - 31.6% o 85% o in the EU. The ratio doctors / nurses in 2006 in Bulgaria is 1:1, while in countries The EU is 1:2,26. The number of general practitioners (APL) has increased by about 2 percent - from 5146 through 2000 to 5218 in 2006 relative to their proportion in the total number of all physicians is 18.7% (respective share average for the EU Member States is 29 percent). Providing our population with APL in 2006 amounted 68 ‰ oo, as in low compared to the EU (99 ‰ oo). Is the uneven distribution of specialists in regions and specialties. In recent years the admission of students of medicine remains constant, but due process of migration may occur shortage of doctors in the country. This problem is more serious in nurses. The acquisition is subject to slow process because many financial and organizational difficulties. The trend shows reduction specialists of Nephrology, and pnevmologiya ftiziatrya, Anesthesiology, Obstetrics and Gynecology, ENT, psychiatry, radiology, clinical laboratory, emergency medicine, epidemiology and infectious diseases patologoanatomya. Remains worrisome question of qualification general practitioners. Established legal time limit within which they must acquire specialized in general medicine expire in 2008 The main challenges facing human resources in health care are:

Improving conditions for training and continuing education of health professionals;
Overcoming the shortage of APL to acquire specialty;
Overcoming the shortage of nurses;
Remove disproportions in providing medical staff various regions of the country;

4. Protect public health

National programs for the protection of public health are promotivni and prophylactic. They are oriented towards reducing morbidity and mortality most significant social and non-infectious diseases such as affect different age and socio-risk groups. Funds for implementation of these programs are set annually.

Efforts are needed in the direction of activities in risk assessment and control environmental factors, health promotion and prevention of diseases improving training of staff. Created Office of Occupational Medicine Features preventive health in the workplace, not yet achieved optimal effect of their activities.

The main challenges are:

Health promotion and prevention of diseases to be priority goals;

Entering the programming principle of funding directed towards result in the application and implementation of national programs;

Improving training of personnel for the implementation of EU legislation and monitoring of program activities;

Improving activities in the field of chronic non - diseases;

Improving quality of life of people with chronic diseases mentalni disabled and disadvantaged people, according EU requirements;

Excellence model to control risk factors

Work.

5. Non-aid

The system of non-assistance includes primary and specialized health, medical and diagnostic activities, highly specialized medical activities.

There are difficulties in choosing a general practitioner (APL) in remote and populated areas. In medical practice with a large number of patients has shown breach of the quality of medical care. In addition imperfect system for the exchange of information and lack of support staff, create prerequisites for the quality of the medical services.

Patients face difficulty in need of receiving medical services at night and weekends.

Continues to prevail individual practice as a form of organization work. Thus work more than 90 percent of APL. Group practices still remain Individual cases, while in European countries the ratio is in favor of group practices.

This raises difficulties for patients of organizational and financial.

In the list and reported activity increased APL patients with chronic diseases that are not promptly dispanserizirani. Prevention continues stand a second term. A sustained trend of dispanseriziranite

Individuals and dispensaries reviews as in APL, by specialist physicians.

The effectiveness of their activities on health promotion and prevention

Disease can not be evaluated. The reason for that is lack of tools

Reporting results in the National Framework Agreement.

Population living in remote and inaccessible areas and people from vulnerable groups continue to experience serious difficulties in obtaining sufficient volume and quality services of specialized doctors.

Rising consumption of medical and diagnostic tests. There is a delay in their appointment, the result of additional regulatory mechanisms.

Violated the links between primary and specialized non - aid and hospital assistance. This hampers the continuity and quality of health services to patients. Due to the absence of an integrated information system lacks adequate and reliable health statistics information on disease incidence in type and number of infected persons. This in turn hinders monitoring, forecasting and management system.

Overall, the organization and operation of the system do not contribute to the realization of the objective of accessible, timely and effective non-assistance.

The main challenges are:

Preparation of a comprehensive analysis of the effectiveness of introducing system from 2000 to present;

Expanding access of patients to specialized non - help - legally providing free access for certain groups population (children, pregnant women and others.) to a specialist - obstetrics and gynecology, pediatrician, psychiatrist;

Improving coordination of activities between primary and non-specialized assistance and hospital support;

Encouraging the establishment of group practices and the acquisition of majoring in general medicine;

Increased awareness of citizens rights and their obligations as consumers of the services of non - help.

6. Emergency Medical Care (SMP)

The system of emergency medical care consists of 28 independent center Emergency medical care (TSSMP) in regional cities, 192 subsidiaries with a total of 7 113

employees.

In regional cities function and 27 emergency wards included in structure of the relevant multi hospitals for active treatment. Analysis of the state organization and operation of the system showed a number of significant SMP problems to be solved.

Has not fulfilled the goal of clearly defining the functions and responsibilities of system for emergency medical care. Due to difficulties in access to patients APL to increased demand for medical care in TSSMP and emergency wards of hospitals. This occurred especially in small and remote settlements.

There are problems in interaction with other structures of the health system.

Factor that is the absence of uniform diagnostic-therapeutic algorithms behavior of the teams of the Centers for emergency medical assistance and emergency

Boards of the multi hospitals in emergency situations and insufficient awareness of the population.

Qualifications of senior and middle medical staff is insufficient, there large turnover, especially among doctors. The main burden, especially in affiliates are for the average medical staff. The main negatives are in urgent aid delay time assistance, low quality and correct problems diagnostics.

The main challenges are:

Carrying out structural organizational changes in the emergency medical care;

Exemption from non-specific activities (emergency,

Transport hemodialysis patients, transport of samples for alcohol and drugs, etc..)

Resource security;

Increasing the qualifications of staff;

Preparedness for rapid response in emergencies, disasters and catastrophes in compliance with European standards;

Integrating the system of emergency medical assistance to single telephone 112.

7. Dental Medical Care

Non-dental assistance is characterized by the same problems, affecting medical care, plus practical absence of effective preventive program covering children and adolescents. Insufficient size funds for dental assistance leads to a deepening of negative trends dental health of all age population, objective impossibility for use on high-quality dental materials and modern methods in dental treatment and a complete denial of dental care to people with obezzabeni shoes and ortodontski abnormalities. Should not be otminava fact that dental Medicine is full of free market.

Statistics for 2006 show that ambulatoriite primary

dental assistance - individual practices are in 7483, a group practice - 146;

ambulatoriite for specialized dental assistance - individual practices - 132, and

Group - 1. Have discovered 53 dental centers with 4 beds and 47 medical and dental center

29 beds.

The number of dental practitioners increased from 1990 to 2006 - from 4839 to

7974, a growth of 5.4 to 10.2 to 10 000 population. In comparison, in EU

the average number of dental practitioners is 6.3. Declining population number one

dental practitioner. In 1980 a doctor of dental account

1834 patients, while in 2006 they were 963.

The main challenges are:

Strengthening the activities of dental health promotion and

Prevention of oral diseases;

Strengthening preventive and curative activities especially for children to

18-years old;

Quality of dental assistance and training to

doctors.

8. Hospital care

In recent years the number of hospitals remained steady, as in 2007 they are on 285. Providing hospitals with 100 000 people of population is 3.7 (ES - 3.2). If you add and 46 dispensaries in hospital beds, the number of medical establishments with

hospital beds become 331, which increases the supply of indicators of hospitals 100 000 people. The beds decreased in all types of hospitals, the supply of beds is 59 percent o and is comparable to the average for the EU. There are no significant changes in structure of beds by type.

The incidence of hospitalized persons is approaching the average for countries EU values. Usability of beds reached 80 percent of all medical institutions, a tendency to increase, albeit with different rates for individual hospitals.

The average stay is a tendency to decrease to about 6-7 days. This indicator Bulgaria reached the level in member states of the European Union. However, no reflect differences in the indicators for the activities of individual hospitals and different regions of the country.

Hospitals conduct traditional activities to treat people from hospitalization, but often they perform other functions that limited financial their resources. Some medical institutions perform social functions such as care for terminal patients, long-term care and long rehabilitation.

In some cases there svrahizpolzvane hospitals for lack of alternative institutions to absorb patients in need of more specific services.

There are disparities in terms of hospitals assistance in number, geographical location and nature of the business. There are differences in resource ensuring hospitals' different areas.

Problems in financing and maintenance of hospitals are one of the main in the system. Persistently high costs are generated because of a combination of several handicap time: many hospitals, low usability of bed fund ineffective management and financial control. Some hospitals are not restricted Expenses in accordance with the revenue received and spent more, as expected Additional funds from the state budget. Regular practice in the past 3 years to discharge waste with funds provided by Ministry of Finance. This enables unjustified actions and not encourage managerial skills.

The main challenges are:

Reform of hospitals for active treatment through: optimizing the number needs, internal restructuring close specialization in one-day surgery, long-term care;

Conducting an adequate investment policy, progressive reach the level of high-tech equipment comparable to that of EU countries and over in the country.

Improving the management of hospitals, introducing new management methods of hospital managers - linking contracts

management performance;

Development of performance indicators for hospital operations and standards and norms for basic amount of work for various medical and surgical operations;

Improving coordination between hospital and emergency aid through elaborate structure and functions of the emergency reception compartments;

Increase accountability and control by the owners for operation of hospitals.

9. Lekarstvosnabdyavane

Lekarstvosnabdyavaneto is regulated by several laws and regulations regulations, harmonized with European law.

Analysis of pharmacies and population served by a pharmacy, show that the number of pharmacies in Bulgaria is very high. Compared with the standards of EU Member States a pharmacy in our serviced by 1.5 to 5 times less population. Significant disadvantage is that they are located mainly in big cities (41%). This concentration is due to the fact that the authorization for opening them is not linked to demographic and geographical features as is the practice in most EU countries.

Co-linked and mutual supply of goods (products) and services (advice, consultation, information, etc.) in the drugstore is mandatory in pharmacy, but favorizirane to goods and the exclusion of the service is a mistake that most often is the most severely affected patients. Insufficient awareness of patients and the lack of established rules for rational drug use leads to uncontrolled exploitation of medicinal products.

Ministry of Health and National Health Insurance Fund provide treatment particularly significant and serious diseases (CANCER, heritage, rare and others.) providing expensive drugs for this purpose.

Continue the harmonization of national legislation governing production, importation and distribution of products in the country.

Manufacture of medicinal products in the Republic of Bulgaria modernized in accordance with EU requirements.

Has introduced price controls on drugs used in the country and established practice of prescribing reimbursatsiya selection and matching needs of the population and modern therapeutic requirements.

The main challenges are:

Improve access of population to quality and safety medicines;

Optimizing activities registration and pricing of Medicines;

Introduction of an integrated information system for spelling and granting of medicines;

Improving control over the allocation and distribution of medicines;

Restoration and preservation of ethical model of exercise pharmaceutical profession;

Training of medical professionals in rational drug use;

Overcoming the problems associated with self;

Increasing awareness of patient use medication.

10. Mental Health

Activities in solving the problems of good mental health in us meet European countries. The development of psychiatric help our seriously lagging behind the needs of the population. Lack reliable information on the incidence of mental illness. Inpatient psychiatric Aid does not meet the requirements for such medical institutions. Dispansernata system can not provide timely and necessary long-term assistance and treatment. The transfer of certain medical responsibilities to be general practitioners proved neudachno nepodgotvenostta because their assistance and health services this direction.

It works on the implementation of national and international projects such as policy for the Mental Health of the Republic of Bulgaria 2004-2012 and the accompanying National

Action plan for implementing the policy for the Mental Health of the Republic Bulgaria for the period 2006-2012 years, on projects in the Stability Pact for South Eastern

Europe Strengthening social cohesion by improving psychiatric aid community in the countries of Southeastern Europe "and" Establishment of regional networks and systems for collection and exchange of social and health information.

The main challenges are:

Deinstitutionalization of psychiatric care;

Strengthening of structures to provide assistance in the community - daily offices in the municipalities;

Improving the legal and financial base for development psychiatric care;

Streamlining the system of structures and services of mental health;

Creating an efficient management system, planning and evaluation of Mental health needs of the population and internationally accepted norms and criteria;

Training of general practitioners and

Specialists in non-assistance to work for Mental health.

11. Health system - aimed at citizens

The health system must meet the expectations of the people to respect their human dignity, privacy, autonomy, to serve quality and timely, providing convenience, access to social safety nets support and choice of provider of medical care. These are the criteria for responsiveness of health systems to citizens by the World Health organization.

Improved choice of a personal physician, specialist and hospital

establishment, ensuring access to family and religious practices in hospitalization. Problems remain remote from the place of supply of medical care (primary, specialized, hospital, emergency and urgent) Higher prices of medicines and low financial capacity of most patients. People still do not receive necessary health promotion and prevention of diseases. Hospital system is still not very effective. Weaknesses of the health system in Bulgaria is insufficient awareness of public rights and duties of participating in the system, insufficient active information policy, frequent lack of objective information on basic Health problems. The population does not know the health care system, because patients do not know the opportunities it provides. Missing comprehensive study on the degree of satisfaction of the health of citizens system. Examined individual parameters indicate that it does not meet expectations them. Insufficient awareness of people about the volume and quality of health care system and of the rights and duties leads to dissatisfaction because of mismatch of expectations with their actual capabilities system.

The main challenges are:

- Improving the access of citizens to health care;
- Ensuring transparency of health services at all levels;
- Improving public awareness of the opportunities problems and responsibilities of all stakeholders in the system;
- Raising the quality of the health services;
- Increasing respect for the dignity of citizens;
- Combating bureaucracy and corruption in health system.

12. Equality in Health

All insured citizens have equal rights in a health care system.

Due to various reasons, some disadvantaged groups - and socially disadvantaged unemployed, people with specific problems and needs (disabled, children Risk and others.) experienced difficulties in obtaining health services. This leads to deterioration of their health status.

To solve the problems of disadvantaged people

Government a number of measures which are aimed at specific needs of these people. Adopted several strategic documents, including Strategy to Combat Poverty and Health Strategy for people with fewer position belonging to ethnic minorities and Action Plan for the period And the 2005-2007 Decade of Roma Inclusion 2005-2015 year Difficulties in obtaining health services meet people with disabilities. In Bulgaria with a medical degree of disability are over 260 000 people, only 13 percent of them receiving income from employment. Access to health services for people with disabilities is limited by neprivodenata their opportunities in infrastructure treatment facilities, poor quality of expertise of working as and the substantial extension ordering the decisions Territorial expert medical committee.

Children at risk (living in families in disadvantaged situation children with disabilities, drug users, street children, etc.). also difficulty of access to health services. Virtually no codified information on these children at regional, and national level. Missing specialized health services in these communities are under-developed replacement care to relieve parents, day centers and others. which increases the risk of exclusion of the families of these children.

Access to health services is difficult because disparities in location of treatment facilities in our country, poor road or neizgradena infrastructure, lack of specialized vehicles and others.

The main challenges are:

Improve access to health care for all Bulgarian citizens;

Ensuring access to health care to zdravnoosigurenite of inaccessible and remote settlements;

Development and implementation of mechanisms to tackle health neosigurenost reasons for its existence;

Increased attention to the disadvantaged people of vulnerable population.

13. Voluntary health insurance

In recent years, voluntary health insurance (DZO) did not develop into a modern market of health services, although there are 18 licensed companies. The reasons are rooted in the lack of tradition in the field of health Security, low-income population, duplication of health services compulsory and voluntary health insurance for the insured person pays two contributions, the presence of unauthorized payments for health services treatment facilities. Insurance companies through health insurance and treatment facilities through contracts further restrict Subscribed opportunities for development of the market in health insurance services.

The main challenges are:

Compliance of licensing requirements;

Improving tax relief on voluntary contributions health insurance for individuals and employers;

Adjust parameters and scope of voluntary and compulsory health insurance;

Discontinue the practice medical institutions to perform subscription service to citizens, managed financial and insurance risk for expertise and who have no license;

Regulating the ability of insurance companies provide health insurance;

Developing mechanisms for effective regulation and control.

Analysis of the strengths and weaknesses, opportunities and threats a health care system

(SWOT analysis)

Strengths Weaknesses

Availability of administrative, artistic and scientific

capacity functioning health system and conducting reform.

Well-developed network covering the whole country.

Supply of senior medical staff above average EU member states with good qualifications.

Well-developed system of medical education (presence of five medical school).

Many medical institutions in the absence of Rating standards and benchmarks.

Insufficient supply of health system funds.

Inefficient use of financial resources.

Insufficient awareness of citizens rights and their duties.

Low volume of preventive activity.

Difficult access to quality health services.

Poor use of natural resources for medical and rehabilitation activities.

Unauthorized practices.

Unsatisfactory state of system postgraduate and continuing training of staff in Health.

Inefficient coordination between structural links in the system and nedobro management of hospitals.

Weaknesses and inconsistencies in legislation.

Insufficient and cross slaboeffektivno cooperation.

Lacks modern integrated system of effective exchange of information in the healthcare system.

Opportunities Threats

Increased awareness of health benefit services.

EU membership and entry into the European health system.

Planning and provision of medical specialists form activities in the long run, according to the needs of population of a particular care.

Streamlining opportunities for specialization and continuing education of contractors medical help.

Using geographically favorable climatic conditions Development balneology and therapeutic tourism.

Using funds to achieve the objectives of reform.

Development-related activities dolekuvane, rehabilitation and care for the elderly;

Expanding opportunities for health care
react in crisis situations.

Introduction of electronic health and building
integrated information system.

Aging population.

Reduction of specialists in certain
specialties, including Anesthesiology and Intensive
treatment, pathological anatomy, Neonatology, psychiatry and clinical
laboratory.

Reducing the number of nurses - twice as
low by the indicator of the EU Member States.

Insufficiency of funds for renovation and
maintenance of facilities and
supply of modern medical equipment and machinery.

Underfinancing of health care.

Risk of possible occurrence and spread of
epidemic and pandemic.

Risk of possible occurrence of environmental crises and
accidents in the country and beyond.

The analysis of the health of the population in the country and
the functioning of the health system warrants outlining the following
Priorities of the current stage of development:

1. Improving the health status of the population through active and promotive
prophylactic measures, with particular emphasis to social major diseases.
2. Implementation of approach "Health in all policies.
3. Restructuring and efficient management of the hospital assistance.
4. Strengthening human resources.
5. Providing financial sustainability of the population and system
Health.
6. Creating an integrated system of electronic data in
Health.

Based on these priorities are developed vision and strategic objectives
National Health Strategy.

III. VISION AND STRATEGIC OBJECTIVES

VISION

HEALTH NATIONS QUALIFYING ACCESSIBLE AND QUALITY OF SERVICE HEALTH CARE SYSTEM

World Health Organization defines health as a state of complete
physical, mental and social well-being and not merely the absence of disease
or damage. Health sphere of public life to which each
Bulgarian family was particularly significant. To improve the health of the nation
should be improved and operation of the health system to boost
its population and increase the commitment of all involved in
providing and obtaining health services.

Should provide equal access and quality health care for all.

To achieve this performance provides a number of problems. Will be sought

as a response to individual needs and solutions to problems
population level.

Strategic Objective I

Providing conditions for health promotion and prevention of
Disease

1. Implementation of approach "Health in all policies"

Health system faces many challenges in
ensuring equal access and high quality medical services and
in the management in terms of nedofinansirane. Enabling occurred
Problems can not be carried out only by the health sector since health is
determined mainly by factors beyond health.

The "Health in all policies" include the impact of all
policies outside the health sector on public health. This cross
Cooperation is through political decision-making, execution
strategic planning and implementation of practical interventions. The ultimate goal
is to facilitate the development of policies based on scientific evidence
including assessment, compare health determinants and final results
health of the population.

A:

Creating an environment for democratic participation and transparency in public
making policy decisions related to health protection.

Legislative changes to the mandate and responsibilities of various sectors in
to the health of the nation.

Development and application of tools for assessing the impact of
individual determinants of health.

Increasing the capacity of all stakeholders in pursuit of political
analysis to improve the dialogue between health and other sectors.

Creating a knowledge base for public health and its determinants.

Expected results:

Regulation of specific responsibilities of individual ministries and
departments.

Limiting the risk factors.

Improved health status of the nation.

2. Increased awareness of the citizens to a healthy way life and threats to their health

A:

Expansion initiatives for a healthy lifestyle of all
population.

Use of all modern media.

Introduction of health education in kindergartens and schools in order
building knowledge, skills and attitudes needed throughout life.

Separation of separate cultural and educational area "Health Education"
or the inclusion of the subject "Health education" in other appropriate cultural
educational field in the implementation of general training in
Bulgarian school.

Application of specialized approach and care for those with fewer

situation of these vulnerable groups and from different ethnic communities in order ensure equality in access to health services.

Joint actions of the government and NGOs

dissemination of health knowledge and inform people about their rights and opportunities to access different levels of health care and make complaints and inquiries.

Introduction of requirements to compensate medical care (IMP) for

Disclosure of prominent places of their activities and prices paid

services. Implementation of control over the provision of information for patients on price, coverage and access to the medical activities and services.

Development of surveys and regular survey of the views of society and performers of medical care for the problems in health care, the extent of satisfaction and recommendations for change.

Establishing (with the help of European programs) of nursing and midwifery health structures (homes, offices) - exported field in order promotivni care information, advice and care home.

Expected results:

Increased awareness of people about the potential dangers of their health, how to protect their own health, improve the quality of life.

Awareness of citizens about their rights and obligations as participants in health care and their ability to access it.

Knowledge of public opinion and its needs and making reasoned management decisions and measures to overcome the problems.

Reduction and tackling graft - result

neinformiranost of society and lack the rights of patients and legal regulations.

Met expectations of patients in health care.

Expected results:

Regulation of specific responsibilities of individual ministries and departments.

Limiting the risk factors.

Improved health status of the nation.

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Reduction and tackling graft - result

neinformiranost of society and lack the rights of patients and legal regulations.

Met expectations of patients in health care.

3. Optimizing activities to protect public health

3.1. Limiting the impact of risk factors related to assessment environment and behavior of the population

A:

Implementation of the Program to limit smoking, reflecting the philosophy and guidelines for the operation of the control strategy Tobacco and the Framework Convention on Tobacco Control World Health organization.

Approval and implementation of a national program to limit damage from alcohol abuse.

Further Implementation of the National Strategy for Combating Drugs 2003-2008 year

Taking measures to reduce the spread among drug users

Drugs portable blood infections (HIV / AIDS, hepatitis B and C) tuberculosis, sexually-transmitted diseases.

Legislative initiatives and special programs for treatment, promoting employment, social rehabilitation and reintegration of drug users substances.

Implementation of National Plan of Action "Food and nutrition through activity aimed at changes in the food model and informing the population about the benefits of restricting the use of common salt, refined sugar, fat and increasing consumption of fruits and vegetables.

Continuous harmonization of national legislation

Food safety in accordance with European law and standards of Codex Alimentarius.

Conducting effective monitoring and evaluation in compliance with the law the field of food producers and traders to reduce risk to health people from diseases caused by consumption of harmful foods.

Expected results:

Increased public awareness of the effects of behavioral risk factors.

Reduced level of smoking, alcohol abuse and use of drugs, particularly among young people.

Healthy pattern of eating.

3.2. Support for good mental health

A:

Continuing implementation of the policy for the Mental Health of the Republic Bulgaria 2004-2012 and the accompanying National Action Plan for implementation policy for the Mental Health of the Republic of Bulgaria for the period 2006-2012 on Continuing implementation of projects under the Stability Pact for South Eastern Europe, strengthening social cohesion by improving psychiatric care in community in the countries of Southeastern Europe "and" Creating regional networks and systems for collection and exchange of social and health information.

Improving the legal and financial basis for development psychiatric care.

Make the transition from institutional type of psychiatric treatment diseases to provide care and support in the community.

Humanized the conditions of treatment and living in specialized institutions.

Optimizing the working conditions of professionals who work with them.

Improving the system of structures and services of mental health priority development of modern non-regional complexes.

Creating regional and national information systems for mentally health.

Expected results:

Protect the rights of patients and overcome negative public Attitudes towards the mentally ill.

Make deprived of access to quality and effective specialized psychiatric care.

Improved mental health of the population.

3.3. Prevent possible risks to the health of the nation

A:

Effectiveness of measures aimed at reducing the risks of

diseases and disabilities caused by harmful environmental factors.

Develop uniform criteria for assessing the level of morbidity and

Health demographic trends by region.

Strengthening the national system of surveillance of communicable diseases, including protecting the country from imported infections with high risk and epidemic control infections in medical establishments.

Improvement of the national immunization calendar and introducing new highly effective vaccines and bioproducts.

Further Implementation of the National Program for Prevention and control of HIV / AIDS and sexually transmitted diseases (STIs) in the country by implementing the

integrated and balanced approach that includes: prevention among groups at higher risk, treatment, care and psycho-social support for people living with HIV / AIDS; increase the scope of its services.

Implementation of the measures contained in the National Plan for addressing influenza pandemic and other programs to control communicable diseases.

Implementation of the National Program for prevention and control of tuberculosis.

Conducting epidemiological studies to assess the health risk consequent pollution of environment.

Phasing indicators of the WHO Regional Office for Europe

assess the impact of environment on the health of the population.

Construction of system management.

Expected results:

Effective national system for surveillance of communicable diseases for early warning and response to threats arising, protect the country from imported infection with a high epidemic risk.

Achieve high immunization coverage of the population.

Protect the population from contagious diseases.

Reducing the risk of emergence and spread of epidemic outbreaks, epidemic and pandemic.

Reduced risk to public health from the negative effects of polluted environment and improved quality of life.

Providing timely and current information on population the health risks caused by harmful factors of environment.

3.4. Public health control

A:

Creating an organization and optimization activities health control in order to ensure the goods and environment for population Bulgaria, proportionate to those who qualify and who live citizens the European Union.

Updating of legislation on health requirements sites with public purpose.

Building a system of criteria for determining priorities for inspection of market-based risk assessment with regard to Food products and products with relevance to public health.

Improvement of systems for monitoring the environment, food and

certain products / goods with relevance to public health. Improving the capacity of national and regional level for monitoring.

Development and optimization of the health control on the meaningful health, with emphasis on those who harm and worse health status of people.

Improving the forms and methods for providing information public the results of the health control.

Improving information systems for monitoring factors

Environment, Food and certain products / goods with important health population.

Expected results:

Effective control over health and risk objects foodstuffs, commodities, activities and factors of environment.

Minimize and eliminate risks and improve health status of the population.

4. Development and implementation of social programs important diseases and health problems, representing national

Priorities

A:

Introduction of general application programming and funding programs in the field of cardiovascular, onkologichnitate, and rare genetic diseases diseases, health problems of people of working age, health aging and other health priorities.

Establishing a mechanism to finance activities along the lines of grant schemes Health and Development, the source of funds from 1 percent excise Goods by Amendments to the Law on Health.

Expected results:

Reduce the incidence and severity of major social disorders.

Reduce the level of temporary and permanent workers lost.

Quality of life of people with chronic diseases.

Raising the professional competence of employees in health care.

Encouraging the relationship between research and practice.

Motivating employees in health care.

5. Improving the health business offices in kindergartens and schools

A:

Preparation of standards for the operation of health offices in kindergartens and schools.

Regulatory requirements for interaction between health offices and treatment facilities.

Creating conditions for national monitoring of physical and health of children by organized children's groups.

Financial costs of establishing and maintaining the health offices and activity in them.

Expected results:

Improved conditions for health promotion and disease prevention for children

organized groups of children.

Available data for physical and health condition of children organized children's groups.

6. Improving conditions in homes for medical and social care for children

A:

Update and change the infrastructure of homes for medical and social childcare.

Continuation and strengthening the transition from institutionalization to the development of

an alternative type of care.

Encouraging the participation of NGOs in care children.

Expected results:

Improved living conditions of children in these homes and good health indicators.

Improved professional competence of medical professionals.

New models of rearing children.

7. Developing balneology and health tourism

A:

Restructuring of infrastructure facilities for rehabilitation and health Tourism.

Use the form of public-private partnership.

Implementing projects on national and international programs.

Increasing the usability of accommodation base.

Encouraging attracting investment from Bulgarian and foreign investors.

Expected results:

Improving health through better rehabilitation of the disease.

Increased efficiency and improved quality of life.

Reduced morbidity.

Strategic Objective II

Providing guaranteed health services with high quality and access to them

1. Improving the quality and efficiency of health services

A:

Improving medical standards.

Production of podnormativni documents regulating standards detection of different structures for health care (homes, hospices, etc.).

Improving the rules of good medical and nursing practice.

Introducing tools to ensure good health care - sestriinsko file nursing diagnosis protocol for health care standards and more.

Introducing quality management systems.

Building a system of patient safety, according to European requirements.

Applying the rules of good medical practice and health management.

Conducting medical audits and monitoring.

Develop uniform criteria for evaluating the effectiveness and efficiency of provide medical activity.

Expected results:

Satisfaction of patients to give them health care.

Accessibility, timeliness and sufficiency of medical aid.

Mechanisms for funding of medical activity, according to good European practices.

Izmerimost, consistency and comparability of medical activity in this European countries.

Efficiency and effectiveness of medical services.

2. Improving the system of accreditation of medical establishments

A:

Analysis and evaluation of the current accreditation system.

Improvement of criteria and indicators for accreditation and a changes in regulations related to the possibility of

accreditation of independent outside the administration of the Ministry of Health.

Between the accreditation of healthcare institutions financing their activities.

Implementation of the interim audit of accredited medical institutions.

Introduction of internal and external quality control.

Expected results:

Objective criteria for evaluating the results of diagnostic treatment activities.

Improved quality of the offered services in healthcare institutions.

Improved and measurable quality control in providing medical assistance.

3. Improving access to guaranteed health services

A:

Improving the system of targeted social care to persons who no income and / or personal property, providing their personal participation in Health process.

Optimizing the infrastructure of medical institutions.

Creating a sufficient number of mobile medical units to serve population in remote areas.

Improving access to health care for people with disabilities.

Intensive interaction with municipalities in the implementation of health activities areas.

Standardize and improve the payment of APL working in remote and inaccessible areas of the country.

Conducting joint programs between the MH MoRDPW, MT and municipalities for improving communication between local systems and facilitating access to population in these areas to health services.

Expected results:

Optimized medical infrastructure.

Improved access to health services.

4. Developing research capacity and medical science and

ensure the application of scientific developments in the practice of medical specialists

A:

Development of scientific research capacity in universities and medical providing the link between science and application of scientific research into practice medical specialists.

A special program to support the development of science projects in the field of rare diseases.

Creation of a reference center for rare genetic diseases.

Study the needs of the population, economic performance availability and sufficiency of mental-health care.

Expected results:

Increased use of scientific potential of the country.

Creating a foundation for developing research-innovation, increased employment and create sustainable developing medical science research.

Strategic Objective III

Improving non-medical assistance

1. Addressing the medical assistance in emergency and urgent states

A:

The creation of a regulation of activities that cover emergency and urgent help.

Finalization of the restructuring plan and optimize the system emergency room.

Dookomplektovane of portals for emergency medical assistance to improve the access of population to quality medical care.

Introducing measures to increase personal responsibility of doctors in providing of emergency patients by financing the real contractors

Emergency aid on the ground, assumed responsibility for actually carrying out the activities.

Construction of single coordination mechanism between the centers for emergency medical care and structures of the Ministry of Interior, the Ministry of extraordinary situations

State Civil Protection Agency and local authorities and introducing phone 112.

2. Optimizing the activities of primary and specialized medical care

A:

Introducing regulations to limit patients to 1500 people served one doctor; minimum time for completing the reviews - 20 minutes; criteria and requirements for implementation based on medical standards.

Introducing tools for business reporting and evaluation of results.

Create a mobile medical teams for primary and specialized medical assistance to inaccessible areas.

Encouraging the establishment of group practices to ensure continued 24-hour service to the public.

Disclosure of nursing and midwifery structures in non-assistance.

Introduction of criteria and indicators for monitoring and control.

Quality of postgraduate training and continuing

Training employees in the non-assistance.

Ministry of Health and municipalities to create conditions and incentives for APL establishing practices in remote and inaccessible areas in the country.

3. Improving regulation of pay

A:

Phased pay increase for general types of activity

doctors and the introduction of financial incentives to work in group practices.

Increasing the requirements for general practitioners and specialists and linking pay with their activities:

identify high-risk populations and prevention of all categories of patients;

dispensary monitoring;

maintain the health records of patients.

Regulatory competence of nurses, midwives and other

professionals providing health care in non-field and

developing mechanisms to pay binding quantity and quality of activity.

Improve the mechanisms and criteria for monitoring and control activities on the basis of indicators.

4. Improving dental health of the population by improving mechanisms to provide dental assistance

A:

Analysis of scope, size, accessibility, adequacy and effectiveness of activities compulsory health insurance.

National Situation Analysis of oral health of children targeted funded by the state.

Strengthening and expansion of existing regional prophylactic oral programs.

Target state and municipal financing of new regional oral preventive programs.

Preparation of resources provided national program for promotion of oral health and prevention of children and students under 18 years of age.

Preparation of a national health card of personnel resources in dental considering the health and demographic status of the population, communication and transport capacity and staff remuneration.

Conducting monitoring of the effectiveness of a national program promotion of oral health and prevention of children and students to 18-years age by expanding its resource parameters and better

management to achieve high coverage and quality of dental problems.

Conducting analysis of security personnel with dental practitioners and dental practitioners - professionals and the introduction of regulations in taking dental students in accordance with appropriate staff. Optimization of specialization for dental practitioners with the introduction of a state contract.

Expected results:

Increasing efficiency of activities of promotion and integrated disease prevention in the field of dental health priority in children.

Full coverage of dental needs of persons to zdravnoosigurenitate 18 years with priority to prevention, provision of dental health country at least 40 percent obrashtaemost, providing emergency dental assistance and regulation of personnel resource for dental assistance. Improved access for people in remote and inaccessible areas and persons with high risk to sufficient amount and quality services of specialists in dental.

Improved cooperation between specialists in dental by primary and specialized non-assistance to the improved result continuity and quality of medical services and efficiency allocation of resources without duplication of activities.

5. Improve reproductive health

A:

Prevention of STIs (sexually transmitted diseases) and HIV prevention with a view infertility.

Policy infertility - and access package for couples with infertility.

Policy of family planning through education activities among teenagers and improve access to counseling.

Development and introduction of mandatory screening for breast cancer and cancer neck of the uterus.

Expected results:

Improving access of pregnant women to medical care.

Improving access to couples with fertility problems to quality and timely medical care.

Improving the awareness of young people on sexual and reproductive health and prevention of STIs and abortions.

Reducing abortions and births by 15-19 early years.

Effective control, prevention and reduction of diseases from cancer breast and neck cancer of the uterus.

6. Improving care for pregnant women. Improving maternal health.

A:

Improve the policy for pregnant women through direct access to medical help.

Guarantee Package for preventive examinations and dispensary pregnant women.

Prenatal diagnosis by introducing a package of genetic tests for all pregnant women.

Regulatory echelon of screening ultrasound examination throughout the country.

Full and early coverage of pregnant women to monitor during pregnancy by increasing the responsibility of doctors and patients.

Introducing a mechanism to control medical activities for pregnant women.

Expected results:

Improving services to pregnant women and providing real

examinations.

Timely and quality of genetic diagnosis nasledsveni and diseases to prevent the birth of disabled children.

Profilaktirane risks of pregnancy and timely treatment of diseases during pregnancy.

Reducing maternal mortality and complications at birth.

7. Improving the health of children

A:

Improving promotivno-preventive activities (immunizations, proper nutrition, prevention of travmatizma, limiting the impact the harmful factors and diseases with non-significant social character).

Improving the quality of primary medical care.

Facilitating access to specialist.

Improving the quality of diagnosis and treatment.

Quality and adequate rehabilitation of children with disabilities and socio - major diseases.

Specific measures for good health of certain groups of children population - those with etnokulturni features, real or unreal difficulties in the use of access to health services and medical help.

Expected results:

Reducing mortality in children.

Reducing the number of children with disabilities and social respectively burden to the government.

Reserve to reduce adult patients with chronic, social major diseases.

Strategic Objective IV

Restructuring and effective management of hospital aid

The restructuring of hospitals is an activity with high public response. It will be based on the demographic characteristics of regions and their socio - economic characteristics. There will be long-term plans finding exceptional solutions for each hospital. Restructuring hospital network will be part of the country's overall policy development Regions, in accordance with the revised Lisbon Strategy, defining future developing countries of the European Community.

1. Improve the interaction between non-hospital and service

A:

Assessment of the health services and redeploy some of them from to non-hospital health system.

Optimizing the process of treating patients and clearly regulate the functions and responsibilities of different actors in this process.

Development and implementation of clinical pathways for one-day surgery.

Construction and improvement of integrated hospital information systems and active supervision by the regulators traffic

patients.

Introduction of regulation to treat patients in medical establishments for hospital care to acute and emergency situations, without needing hospitalization.

Improving the process of electronic processing of medical and statistical and Financial details of the executors of medical care.

Expected results:

Improved access of patients to hospital and non-health system.

Regulated functions and responsibilities of participants in the health system eliminate duplication of functions.

Efficient allocation of financial resources.

Guaranteed preparing patients for admission to hospital care dolekuvane and monitoring of their condition after hospital discharge.

Available information needs of health care and their satisfaction to give health care.

2. Improving hospital management

A:

Introduction of management contracts for government-related results

Procedure of medical establishments.

Introduction of indicators for assessment of hospital operations.

Introduction of criteria for management and maintenance of buildings and facilities of healthcare institutions.

Development of management system, indicators for monitoring and control effectiveness of management in healthcare establishments.

Development of training systems of management teams.

Developing systems for good stimulate managers.

Development of regulation applicable to managers health care management to improve care for patients and reduce procedural violations in the competition locally.

Expected results:

Regulated direct responsibilities.

Improved management and promotion of good managers.

Advanced system for monitoring and control of hospitals.

Edininni criteria to assess the results of equality

medical establishments in terms of efficiency of management and quality medical activities.

3. Restructuring the hospital sector

In certain regions of the country has a concentration of facilities for hospital care, oversupply of services, insufficient use of medical equipment and duplication of activities. The staff dekvalifitsira, Patients are directed to other medical institutions, not proved the necessary high quality medical care. This requires achieving efficient allocation of hospital structures based on demand patients, their needs, adapted to the demographic structure and morbidity.

A:

Assess the infrastructure of the hospital and non - medical care by region.

Establish rules for health planning, control and regulation - the introduction of evroregiona as the most appropriate unit for planning, programming and management overall organization of health services.

Change National Health Card binding, for restructuring of the health network needs of the population of hospital care, appropriate to spend public resources and consistent with the average European indicators. And achieve equality, increased access, timely and sufficient volume of quality medical care, optimization, rationalization and ikonomizirane system.

Development in each hospital three components of business: fixed wards, outpatient wards and day (ambulatory) surgery.

Providing long-term care for the elderly. Development of the system medical institutions for dolekuvane, continued treatment and recovery, reaching 11 provision for long-term care beds per 1000 people.

Reformulation of priorities in the development of specialized psychiatric hospitals, the network of psychiatric wards, mnogoprofilnite integrated into hospitals and dispensaries.

Implementation of investment policy subject to the following principles:

- analysis and assessment of the property and condition of existing facilities;

- down medical and health establishments national priority or regional importance;

- determining priorities in allocating financial resources realization of investment programs and projects.

Definition of objects for privatization.

Legislative changes related to privatization:

- dropping the ban on privatization of medical establishments;

- updated list of prohibited privatization of medical institutions --

Includes all university hospitals, REGIONAL

hospitals for active treatment, specialized hospitals nationwide and local importance and specialized hospitals for rehabilitation;

- regulate the procedure for the privatization of medical establishments and separate parts thereof;

- made clear legal definition of a separate part of medical institutions;

- cash receipts from privatization of separate parts of the healthcare institutions will be the hospital, remain its property and can only be used to finance investments directly related to the mission.

Introducing public-private partnerships.

Expected results:

Effective system of hospital care, providing quality medical service needs of the population by region.

Quality of hospital assistance.

Provided funds for reinvestment to improve the healing activity directly related technical and infrastructure facilities.

4. Improvement of mechanisms for financing the hospital help

A:

Changing the form of a framework agreement between national medical facilities for hospital care and health insurance system and mechanism of payments.

Linking the mechanisms of payment by results of accreditation.

Expected results:

Efficient allocation and targeting of financial resources.

Linking pay with performance and accreditation.

Strategic Objective V

Providing medicines and medical devices matching needs and opportunities of economic population

1. Providing medicines and medical devices

A:

Constantly updating the legislation on medicinal equipment and medical devices, meeting the European Union.

Providing continuous control and monitoring of quality, safety and efficacy of medicines licensed for use in the country.

Current update norms and standards for production, resolve use, distribution, administration and allocation of medicines and medical devices.

Development and regular updating of national health standards

Diagnosis and treatment algorithms.

Creating a national system for monitoring drug usability and establishing a system of rational drug use.

Creating a national system for monitoring the use of antibiotics in accordance with European practice and standards.

2. Introduction of the reimbursement of medicinal products medical devices, providing improved access to them

A:

Introduction of single-positive reimbursement list.

Defining the role and mechanisms of interaction between institutions related to drug policy.

Introduce a system of balance between generic and innovative drug products in accordance with European practice.

Improving methods for the regulation of drug price caps

Products subject to medical prescription, so that they do not exceed the average prices new countries in the European Union.

Listing price of drugs obtained without a prescription.

Training of specialists in the field of national drug policy.

3. Introduction of modern information systems and drug control in the administration and the granting of medicines and medical

Products

A:

Introduction of an integrated control system of medicines prescribed by performers of medical care.

Creating public records of drug information.

Establishment of modern mechanisms for measuring quantitative and qualitative indicators of drug usability of institutional, regional and national level.

Establishment of modern mechanisms for evaluation of drug information administration, granting the use, availability and distribution of medicinal products.

4. Increasing knowledge of health professionals for rational drug use

A:

Creating, updating and promoting consensus pharmaco - therapeutic guidelines, medical standards and guidelines for the treatment to serve based on the establishment of medical treatment guidelines, standards and guidelines.

Definition and implementation of criteria for rational use of antibacterial drugs in order to avoid Antimicrobial Resistance and limiting the spread of infectious diseases.

Determination of incentives for compliance with the criteria for rational drug use the system for reimbursement.

5. Independent drug information

A:

Creating conditions for providing objective and independent information patient allowed in medicines.

Transparency of pricing procedures.

Informing patients about their rights and obligations in consumption medicines and medical devices.

Transparency and accessibility to information on principles and measures scrutiny under the distribution and supply of medicinal products.

Transparency of reporting and financial spelled drug products.

Inclusion of non-governmental organizations and patient in all stages of formation and implementation of national drug policy.

Expected results:

Providing quality, effective and safe medicines for population.

Pricing system that guarantees access to treatment.

Effectiveness, efficiency and rationality in public spending means.

Strategic Objective VI

Human resources development in health care

1. Planning, recruitment and training of human resources

A:

Completion of a register of all medical, health and other professionals in a health care system by categories, subjects and age groups.

Developing a plan for training of medical staff in categories

specialties needs of the country.

Better regulation, regulating medical specialties and timing of regulatory requirements by the European Union.

Encouraging partnerships in the field of medical education Universities in the European Union.

Updating the criteria for determining the educational bases for training Specialists accredited medical institutions.

Establishing standards of administrative structure and qualifications of administrative staff of hospitals.

2. Further training and continuing training

A:

Improving the system of medical specialization and nemeditsinski professionals in the health care system.

Improving the quality of training of managerial staff from various levels management in health care.

Introducing regulations of continuing medical education.

Updating the nomenclature of the main subjects in profile the health care system, conditions and procedures for the training and acquisition of specialty health care and its financing.

Updating the curriculum, development and implementation of various schemes of training needs and specificity in the medical specialists.

Introducing and implementing training programs for various professionals (doctors, nurses, social workers and others.) for work in offices providing care in the mental health community.

Developing systems for sharing information between medical specialists in Bulgaria and the member states of the European Union.

Improving interaction with the involved process (other institutions, professional associations and trade unions, NGOs, civic associations and others.) when formulating policy Healthcare, its implementation, evaluation and control.

Expected results:

Regulated terms and conditions for conducting and funding specialization of Postgraduate Education from the state budget.

Increased state involvement in their activities

Continuing medical education.

Optimized intake of students required the country to ensure sufficient number of specialists in the long term.

Creating an administrative capacity at local level planning and evaluation training of personnel.

Strategic Objective VII

Creating an integrated system of electronic data in Health

1. Standardization and Information Security

A:

Determination of national standards for information systems in Health.

Development and implementation of national health information networks.

Implementation of legal and technological requirements for data security and information systems in health and privacy.

Regulating access to personal electronic health records and other personalized health data only through electronic smart cards or other encrypted forms of access and exchange data.

2. Construction of an integrated information exchange system information between employees in healthcare (health, medical, educational, scientific, financial and administrative units)

A:

Implementation of electronic health cards.

Implementation of personal electronic health records.

Implementation of complex software applications for managing and sharing real-time information, including: electronic directions, recipes, expert findings, laboratory and diagnostic data and more.

Construction of the complex and integrated with each other and with external Applications hospital information systems.

Creating an electronic medical records.

Building the infrastructure needed for normal functioning of the health care system - networks linking devices, terminals and others.

Establishment of appropriate infrastructure for implementing telemeditsinski applications.

3. Awareness and education by providing Web-based services

Real-time

A:

Creating opportunities for electronic access to information about prevention

Disease, possible ways of treatment, rights and obligations

zdravnoosigurenite persons, relations between them and compensate

medical activities, methods and the level of reimbursement of medicines.

Providing public access to electronic records of medical establishments, performers of medical activities, health insurance funds, pharmacies and others.

Implementation of electronic systems to maintain skills and continuing education for health professionals.

Development of information systems to support decisions health professionals and sharing of clinical information.

4. Implementation of best practices and interoperability

A:

Entering established practice of eHealth in order to avoid inefficient steps.

Introducing regulatory and technological requirements for operational interoperability of applications related to information systems

Health in accordance with the principles, norms and practices in the EU.

Specific tasks, ensuring the implementation of these measures are:

□ providing employee health care with computers and connecting them to Internet and in local, regional and national health networks;

□ updating the curriculum modules for training

Information and communication technologies to medical students, dental, pharmacy, health management, health care, Public Health and other health professionals;

□ establishment and implementation of specific health care software and hardware products to comply with international standards for the exchange and protection of medical data.

Create a specialized unit to the Ministry of Health for evaluation and certification of software products for healthcare in terms of security information meeting standards for medical information and electronic exchange medical information.

Improving administrative capacity in the health care system with using modern information technology (research, analysis, evaluation, decision making, monitoring).

Strategic Objective VIII

Providing financial sustainability of the national system

Health

1. Policy of financing health care

A:

Phased increase in public funds for health care from the gross domestic product.

Demonopolisation system for financing health care, ensuring financial stability, equality and respect the principle of solidarity and access population to health insurance funds.

Creation of «Guarantee Fund», to ensure financial stability

The health insurance system.

Developing a system of risk management through «Solidaren Fund» and methodology for allocation of funds between health insurance payments.

Supervision of the health insurance funds to limit financial risks in their business.

Ensure financial sustainability of national programs to improve health of the nation, financed with funds from the state budget.

Providing additional financial income and find options

attract more resources by: successfully solving the problems in collecting health insurance payments in the necessary time, most

opportunities of the EU structural funds, and encouraging development voluntary health insurance, expanding the possibilities for more effective participation of NGOs in the activities of finance

Health.

Developing uniform methodology for costing of medical services based pricing, development plans and financial plans.

Using public-private partnership in the financing of health system based on social projects in which the main criterion is public interest.

Introduction of uniform indicators for the financial activities of the hospital assistance.
Improving the mechanisms of payment for medical contractors help.

Introduction of uniform policy planning, delivery and maintenance of expensive equipment in healthcare institutions financed with public resources.

Introducing effective mechanisms to control the management and expenditure of financial resources.

Expected results:

Creating competition between health insurance funds to improving the efficiency of the expenditure of funds.

Preserve equal access to health services, including high technology, zdravnoosigurenje of all citizens regardless of their social status, with increased quality and volume of medical care.

Accelerating the reform of the health system.

Achieving and ensuring the financial sustainability of health care.

2. Improving the pattern of compulsory health insurance

A:

Save the model of compulsory health insurance on the principle of solidarity, including in the pattern of more insurance funds competing with each other.

Identifying problems in the collection of health insurance payments and their ritmichnost.

Effective use of mechanisms for providing medical care to zdravnoneosigureniti socio-poor populations.

Determining the global parameters of the budget for each treatment facility for hospital care for the financial year, based on certain criteria for specificity in the work capacity, turnover of beds and medical personnel institutions.

Give the best balance of costs for non-medical assistance and those for hospital care in order efficient use of resources.

Clarifying the criteria for authorizing new treatment facilities for hospital care.

Limiting the opportunity to work on more than one place of doctors in hospitals' considering the conditions for access and work in remote and inaccessible areas.

Introducing restrictions on agreements with new partners, structures units in the process of the budget for the current year.

Development of mandatory financial plans for the work of healing institutions agreed with the owner and financial institutions.

Change in the national framework agreement in the following areas:

out of the "control and sanctions on contractors medical aid "from the national framework agreement Bills health insurance;

change deadlines for the framework agreement, subject to acceptance of State budget and extending the National Frame Agreement of 3 years;

□ annually down the volume and prices of the types of medical activities after consideration and discussions with contractors and medical care according to the parameters of the budget for the financial year and accordance with established budgetary procedures of the Council of Ministers. Include representatives of healthcare institutions, professional organization Pharmacists and health care professionals and patients in the process of agreement.

Phased increase in the amount of compulsory health insurance contribution without increasing tax-insurance burden for the population.

Expected results:

Guarantees of effective and independent monitoring for the proper and lawful разходване на средствата от бюджета, в т.ч. тези, предоставени от републиканския бюджет като публичен ресурс.

- Увеличена отговорност на отделните изпълнители на медицинска помощ в договорния процес.
- Максимална защита на интересите на здравноосигурените лица, потребители на медицинската помощ.
- Усъвършенствана административна структура на институциите, ангажирани в процеса на здравеопазването.
- Повишена оперативност на контрола на изпълнителите на медицинска помощ.
- По-добра организация и ефективност на процедурите по договаряне и предоставяне на здравни услуги.

3. Развитие на доброволното здравно осигуряване

Предвижда се:

- Повишаване информираността на населението за възможностите, които предлага доброволното здравно осигуряване.
 - Покриване от дружествата за доброволно здравно осигуряване на разходите за медицински услуги, които не се изплащат от системата на задължителното здравно осигуряване, като: навременно получаване на извънболнична специализирана медицинска помощ без направление; стоматологични услуги; заплащане на лекарства и медицински консумативи по отделни клинични пътеки; заплащане за избор на лекуващ екип; заплащане на потребителски такси; покриване на част от разходите за лекарствени продукти за домашно лечение.
 - Повишаване относителният дял на доброволното здравно осигуряване във финансирането на здравната система.
 - Разширяване на данъчните облекчения върху вноските за доброволно здравно осигуряване за физическите и юридическите лица.
 - Осъществяване на законодателни промени, насочени към преустановяване на нелицензирана здравноосигурителна дейност от страна на лечебни заведения (абонаментно обслужване) и дублираща дейност на застрахователни компании.
- Очаквани резултати:
- Повишаване участието на доброволното здравно осигуряване в здравната дейност.
 - Увеличаване на финансовите приходи в здравеопазвателната система.

- Балансиране на интересите на всички участници в доброволното здравно осигуряване при повишаването на достъпа и получаването на качествени здравни услуги.

Стратегическа цел IX

Ефективно членство в Европейския съюз

1. Изграждане на административен капацитет

Предвижда се:

- Изграждане на институционален и административен капацитет и необходимата инфраструктура в областта на общественото здраве, свободното движение на стоки (храни, козметика, медицински изделия и др.) и хора (взаимно признаване на дипломи, свързани с квалификацията на медицински специалисти, координация на социално-осигурителните схеми и др.), правосъдие и вътрешни работи (наркотици) и др.
- Подготовка и обучение на кадри за изпълнение изискванията на ЕС в областта на администрацията в здравеопазването.

2. Участие в работата на институциите на ЕС

Предвижда се:

- Разработване и провеждане на политики, съобразени с Програмата на Общността за здраве и защита на потребителите (2007–2013).
- Активно участие в изработването на нормативните актове на ЕС и въвеждане на новоприетите в българското законодателство.
- Въвеждане на европейската здравноосигурителна карта.
- Провеждане на широка информационна кампания сред изпълнителите на медицинска помощ в страната за работата с европейската здравноосигурителна карта и за възможностите за лечение на българските граждани на територията на ЕС.

3. Ефективно усвояване на структурните фондове на ЕС

Предвижда се:

- Подготовка и обучение за изготвяне на проекти и програми за финансиране със средства от структурни фондове на ЕС в сферата на: човешките ресурси и тяхното обучение, развитието на здравната инфраструктура в регионите, развитие на здравно информационните системи и здравната превенция, подобряване на административния капацитет.
- Осъществяване на контрол по реализирането на одобрените проекти за финансиране на здравеопазването със средства от структурните фондове на ЕС.

4. България в ЕС – запознаване с новите възможности и ангажименти, свързани с Европейския съюз

Предвижда се:

- Провеждане на широка информационна кампания сред населението по възможностите за получаване на здравни грижи на територията на ЕС, мобилност и безопасност на пациентите.
- Провеждане на информационна кампания за достъпа до медицинско обслужване на българските граждани от Европейския съюз и за автоматичното признаване на професионални квалификации и специализации на медицински професионалисти

(свободно движение на хора).

· Провеждане на широка информационна кампания сред населението и бизнес средите за запознаване с новостите в нормативната уредба относно храните и факторите

на околната среда, имащи отношение към здравето на хората (въздух, вода); безопасните

условия на труд и свободното движение на стоки (храни, козметика, нов подход, медицински изделия и други).

Очаквани резултати:

· Изпълнени изисквания на Европейския съюз за интегриране в Общността.

· Осигурена медицинска помощ за българските граждани в рамките на ЕС и предоставена информация за европейската здравноосигурителна карта.

· Ефективно обслужване на гражданите на Европейския съюз на територията на страната.

· Ефективно използване на структурните фондове на Европейския съюз.

· Пълноценно участие на България в процеса на взимане на решения в структурите на ЕС в областта на здравеопазването.

IV. ITEMS FOR EVALUATION OF PERFORMANCE

National Health Strategy

Implementation of the strategy covers not only how to achieve objectives, and monitoring and evaluation of results over time. Current and assessment of progress in its objectives is an essential part of implementation of the strategy. This will ensure:

Reporting on the progress they have achieved the institutions and agencies responsible for implementation;

Assess the return on investment, invested in the implementation of strategy;

Informed decisions on the further consolidation and improvement change.

In the process of implementation of the strategy is important to establish a system monitoring progress and evaluating the results of interventions in each strategic objectives. In the most general terms that evaluation will be directed to:

Relevance and adequacy of contractors and interventions in terms of goals and objectives;

Progress made in mobilizing resources to implement interventions;

Degree of effectiveness of interventions on each of its objectives;

The impact of interventions on the overall state of health of the nation;

Acceptability of interventions by the population.

1. Standards for monitoring

The standards for measuring progress would be consistent with objectives. Selected standards should be achievable. They will be determined on the basis of concrete evidence and will provide an opportunity for international comparisons based on established by the World Health Organization principles.

2. Indicators for assessing

Indicators for assessing the results of progress cover full purposes and objectives contained in key areas of the strategy. Adopted is the idea of applying a set (list) of indicators at national level systematized in the following groups:

HEALTH-demographic background

Mortality indicators:

- child mortality;
- total mortality;
- mortality by age;
- Mortality reasons.

Fertility

Expected life

Indicators lifestyle:

- consumption of tobacco per capita;
- consumption of tobacco products by gender and age groups;
- alcohol consumption per capita;
- alcohol consumption by sex and age groups;
- Drug;
- incidence of diseases transmitted sexually transmitted.

Items related to quality of life:

- indicators for temporary disability - a common, for reasons;
- indicators of disability - by age and cause;
- incidence of diseases transmitted through water or from

consumption of food containing harmful agents;

SOCIO-ECONOMIC INDICATORS

- Gross domestic product per capita;
- share the costs of health of GDP;
- share of funds for health on sources

financing;

- rates of unemployment;
- rates of employment;
- proportion of the population with incomes below the social minimum.

ITEMS FOR POPULATION provision of health RESOURCES

provision of population with doctors, dentists, pharmacists and others.

types of medical specialists care;

provision of population with doctors, dentists, pharmacists and other

Medical experts in fields;

provision of public hospital beds - in general and profiles

hospital support;

provision of population with sanatorialni beds - total and profiles

hospital assistance.

ITEMS ON ACCESSIBILITY OF POPULATION TO SUPPORT HEALTH

APL and artists from SIMP in specialties of 10 000 inhabitants in number areas;

number of settlements without first disclosed medical practice assistance;

average time to recall when teams call for emergency assistance.

ITEMS FOR EFFICIENCY

obrashtaemost population to medical establishments - registered visits - and in general types of health care;

share covered by public health programs to target contingent;

share with immunizations covered by species under immunization calendar;

functionality turnover of beds and an average stay - common in species beds;

unit cost of activity types in medical establishments for and non-hospital care;

share of resources for prevention and prevention to total resources for health;

share the cost of medicines to the total cost of health;

costs of medicines per capita;

Public expenditure on medicines to the total cost of medicines;

average cost of medicines from reimbursement leaves a doctor;

utilization of funds under the Structural Funds

The European Union.

ITEMS satisfaction

Ratio of people satisfied with the manner of providing health care.

The various institutions and agencies involved in implementing the strategy will complete the list of specific indicators related to management local level. Combined with financial information and information about these indicators will provide for:

evaluate the effectiveness of the provision of health services and timely detect emerging difficulties;

assessment and review of policies and actions regarding further development;

better communication in terms of achievements, understanding necessary action and participation in outside professional management boundaries;

better information to the public.

The results of the analysis of indicators will be made public in a way that will enable its participation in the formulation of policy and a better understanding of health-related activities.

3. Monitoring and evaluating the contribution of other sectors

At the national level will establish a mechanism for monitoring and evaluating the impact other sectors of the economy on the general health of the population, according to their responsibilities and goals. This will be achieved through by the government complete system for evaluating the impact health of the population.

Implementation, monitoring and evaluation

National level

Performance

- o Ministry of Health (Minister of Health)
- o Intergroup Coordination implementation of the National Health Strategy
- o Executive Committee established by its expert committees:
 - working with other ministries and departments;
 - priorities in public health;
 - work of health institutions for implementing the goals and objectives of the strategy.
- o Monitoring and Evaluation
- o function of monitoring and evaluation within the Ministry of Health
- o List of applicable national indicators for evaluation. (Individual departments and institutions
complementary list of specific indicators applicable at the local level).

Local

Performance

- o Executive Team at the local level - working with institutions and regional organizations level and the national executive committee
- o Regional Health Centers - coordination and coordination between participants and assess the impact on health
- o Municipal and local health departments - planning activities to implement the strategy at the local level, according to local priorities and existing resources
- o Monitoring and Evaluation
- o The regional structures of the Ministry of Health and National Health Insurance Fund - monitoring and evaluating the results of implementing the Strategy locally. Introduction of management performance.

Other stakeholders

- o National Forum of all interested parties to review reports on implementation of Strategy and reports on monitoring and evaluation
- o Further development of structures for cooperation to include staff of local and national level in implementing the strategy.