

# Good Practice in the Field of Health Promotion and Primary Prevention

## Bulgaria Country Review

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Prepared by the National Center of Public Health  
and Analyses, the Republic of Bulgaria



Co-funded by  
the Health Programme  
of the European Union

THIS REPORT ARISES FROM THE JOINT ACTION ADDRESSING CHRONIC DISEASES AND HEALTHY AGEING ACROSS THE LIFE CYCLE (JA-CHRODIS) WHICH HAS RECEIVED FUNDING FROM THE EUROPEAN UNION, UNDER THE FRAMEWORK OF THE HEALTH PROGRAMME (2008-2013).

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This country review has been developed based on the questionnaire 'Good practice in the field of Health Promotion and Primary Prevention' developed by EuroHealthNet, as part of Work Package 5, Task 1 of JA-CHRODIS.

## Background

JA-CHRODIS is a European collaborative initiative that brings together over 60 partners from 26 European Union Member States. The collaborative partners are from areas including the national and regional departments of health and research institutions. They work together to identify, validate, exchange and disseminate good practice approaches for chronic diseases across EU Member States, and facilitate the uptake of these approaches across local, regional and national borders. The focus of JA-CHRODIS is on health promotion and primary prevention, with an additional focus on the management of diabetes and multi-morbid chronic conditions. One of the key deliverables will be a 'Platform for Knowledge Exchange', which will include both an online help-desk for policy makers and an information portal which provides an up-to-date repository of best practices and the best knowledge on chronic care.

Work Package (WP) 5 focuses on these objectives in relation to the package's theme: *Good Practice in the Field of Health Promotion and Primary Prevention*. Furthermore, **the objectives of WP 5 are to promote the exchange, scaling up, and transfer of highly promising, cost-effective and innovative health promotion and primary prevention practices for older populations**. This will involve the identification, review, and validation of health promotion and primary prevention interventions for **cardiovascular diseases, stroke, and type 2 diabetes and their modifiable behavioural and social risk factors**. WP 5 will not only take into account lifestyles and health-related behaviours, but also the wider social and economic determinants that influence them.

The following **Country Review** provides an **overview of the health promotion and primary prevention situation and approaches for cardiovascular disease, stroke and type 2 diabetes in Bulgaria**. This review outlines relevant policies; implementation mechanisms; good practices, and whether and how they have been identified; and forecasting and cost-effectiveness studies that have been undertaken on the topic in Bulgaria. The authors of this report have also identified current gaps and needs of promotion and primary prevention of chronic diseases. The information in this report will contribute to subsequent WP tasks, namely the identification, exchange and transfer of promising practices to promote health and prevent strokes, cardiovascular disease and type 2 diabetes in Bulgaria.

# The Health Promotion and Chronic Disease Prevention Landscape

## Policy design and stakeholders

The decision-making mechanisms for the development and implementation of health promotion and primary prevention-related policies in Bulgaria are centralized. These policies are initialized, developed and approved by the Ministry of Health, Bulgaria. National programmes in the field of health promotion and disease prevention are approved by the Council of Ministers.

The realisation of national policies is part of the tasks of the local level. Implementation is a local level responsibility, which is also part of the local level action plans. Therefore, the obligation of local level governments is to fulfil the objectives of the national health policies. Funding, primarily provided by the main budget, is distributed at a national level as funding for national programmes, distributed to local level action plans.

### National level

Ministry of Health - <http://www.mh.government.bg/>

National Centre of Public Health and Analyses - <http://ncphp.government.bg/>

Ministry of Labour and Social Policy - <http://www.mlsp.government.bg/>

Ministry of Education and Science - <http://www.mon.bg/>

Ministry of Youth and Sports - <http://mpes.government.bg/>

### Regional and local level

Regional Health Inspectorates,  
Regional and municipal bodies responsible for healthcare, disease prevention and social protection

### Intermediary organisations

National Health Insurance Fund, Regional Health Insurance Fund

Other organisations that implement policies and programs to prevent cardiovascular diseases, stroke and type 2 diabetes, and/or address their modifiable behavioural and social risk factors, particularly amongst those 65 and over, are different NGOs. These include public health associations; patient organisations and organisations to protect patients' rights; and the National Support Network for Elderly, which includes 47 NGOs.

## Programmes and strategies

The following policies are part of an extensive and comprehensive health policy, particularly the **National Health Strategy** and other specialized national strategic documents on health promotion and disease prevention.

Health policies related to cardiovascular diseases, stroke and type 2 diabetes are part of the National Program for Prevention of Chronic Non-Communicable Diseases (NCDs):

### **National Program for Prevention of Chronic Non-Communicable Diseases 2014-2020**

The strategic objective of the National Program for Prevention of Chronic Non-Communicable Diseases 2014-2020 is to improve the health of the Bulgarian population and enhance the quality of life by reducing premature mortality, morbidity, and health consequences (disabilities) from major NCDs (cardiovascular diseases, malignant tumours, chronic pulmonary diseases, diabetes) which are associated with behavioural risk factors such as smoking, alcohol abuse, unhealthy dietary patterns, and physical inactivity.

The document is valid until the end of 2020.

The document was adopted through Decision № 538 of the Council of Ministers on 12.09.2013.

### **Better Healthcare Concept**

The objectives of the *Concept* are:

1. Suspending the rising negative trends and disintegration of healthcare
2. Public health promotion
3. Achieving a higher degree of national health safety

The *Concept* was amended by Protocol № 11.25 from 16.12, 25.3.2010; Protocol № 31.60 from 1.09.2010; and Protocol № 43.4 from 01.12.2010 of the Council of Ministers.

The text of the *Concept* is a consolidated version from all changes.

### **Health Strategy for Disadvantaged Ethnic Minorities**

The action plan, part of the Health Strategy for Disadvantaged Ethnic Minorities 2000-2007, was adopted through Protocol № 36.1 of the Council of Ministers on 08.09.2005.

The action plan, part of the Health Strategy for Disadvantaged Ethnic Minorities, for the period 2011-2015, was adopted through Decision № 589 of the Council of Ministers on 01.08.2011.

The document is valid until the end of 2015.

### **National Strategy for Physical Education and Sports Development of the Republic of Bulgaria 2012 - 2022**

This strategy serves as a key governmental document in terms of the role, place, and social functions of physical education and sport in Bulgaria. The document reflects the need of high-

quality reorganisation of the system of physical health and sport in the country, making it a compulsory document for the political, economic and social changes in society. The strategy sets out the principal approaches and the theoretical performances which identify the key strategic objective, and the general guidelines of the National System of Physical Education and Sport. Additionally, it includes the main principles on which the system is built - its scope with its main structures and activities; its organisation and management of priority and supportive functions of the state and the public institutions; different types of insurance; and the criteria for the effectiveness of the new socio-economic conditions.

The National Programme for Physical Education and Sport Development 2013-2016 was adopted through the Council of Ministries' resolution № 523 on 30.08.2013.

The document is valid until the end of 2022.

The document was adopted by the National Assembly on 24.11.2011.

### **National Strategy for Demographic Development in the Republic of Bulgaria - Update (2012-2030)**

This strategy is a key document which formulates guidelines and priority tasks in the demographic policy field, aimed at slowing the rate of population reduction and stabilizing it in the long-term, as well as ensuring high quality human capital – including healthy people with high qualifications, skills and abilities.

The strategy builds upon the National Strategy for Demographic Development 2006-2020. The monitoring plan of the updated National Strategy for Demographic Development in the Republic of Bulgaria (2012-2030), aimed at being implemented in 2012, was adopted through Protocol № 45.2 of the Council of Ministers on 28.11.2012.

The Plan of 2013 for the implementation of the updated National Strategy for Demographic Development in Republic of Bulgaria (2012-2030) was adopted through Decision № 517 of the Council of Ministers on 29.08.2012.

### **National Strategy for Poverty Reduction and Social Inclusion Promotion 2020**

This strategy aims to develop and implement a unified, coherent and sustainable policy of social inclusion based on an integrated approach and inter-sectoral collaboration at the national, regional, district and municipal level. The strategy identifies the priority areas and actions for policy development in the field of poverty and social exclusion in Bulgaria until 2020.

The National Strategy for Poverty Reduction and Social Inclusion Promotion 2020 is in line with the National Reform Programme of the Republic of Bulgaria (20011-2015), the updated National Reform Programme of the Republic of Bulgaria (2012-2020), and the National Social Report of the Republic of Bulgaria 2011-2012.

The document is valid until the end of 2020.

The document was adopted through Protocol № 5.1 of the Council of Ministers on 06.02.2013.

### **National Strategy of the Republic of Bulgaria on Roma Integration (2012 - 2020)**

This strategy is a political framework document which identifies the guidelines for the implementation of social integration policy for the Roma community. The document uses the name Roma as a summary for all Bulgarian citizens in vulnerable socio-economic situations, who identify themselves as Roma, as well as citizens in a similar situation, who are identified by the local population as such, regardless of their self-determination. The administrative monitoring report for 2013 for the implementation of the National Strategy of the Republic of Bulgaria for Roma Integration (2012-2020) was adopted through Decision № 211 of the Council of Ministers on 17.04.2014.

The document is valid until the end of 2020.

The document was accepted with a Resolution by the National Assembly on 01.03.2012.

### **National Strategy for Long-Term Care**

This strategy is developed in accordance with the national legislation in the field of social services, health, integration of people with disabilities, and protection against discrimination. Its development is also in accordance with specific recommendations from the EU Council in this field, best practices among the member states, as well as a number of international documents which address issues of human rights and quality of life improvement of the elderly and people with disabilities:

- UN Convention on the Rights of Persons with Disabilities and its Optional Protocol
- UN Convention Against Violence and Discrimination
- European Convention for the Protection of Human Rights and Fundamental Freedoms
- Principles of the United Nations since 1991 for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care
- Charter of Fundamental Rights of the EU
- European Social Charter
- European Charter of the Rights and Responsibilities of Older People Needing Long-term Care and Assistance
- European Charter for Family Carers
- European Strategy for People with Disabilities for the Period 2010 - 2020 onwards
- European Health Strategy
- European Parliament resolution of 9 September 2010 on the long-term care for the elderly
- Action Plan for Persons with Disabilities of the Council of Europe 2006 – 2015

The document is valid until the end of: non-specified period.

The document was adopted with Decision № 2 of the Council of Ministers on 07.01.2014.

### **National Plan to Promote Active Aging among Elderly in Bulgaria (2012-2030)**

The National Plan to Promote Active Aging among Elderly in Bulgaria is related to the development of appropriate conditions and ensuring equal living opportunities for people 50 years old and older, with the trend to change the scope to the range of 60 – 70 years old. The objectives of the strategy are to promote active aging among the elderly and to develop long-term care and voluntary work directed at the needs of elderly people.

The document is valid until the end of 2030.

The document was adopted through Protocol № 24.2 of the Council of Ministers on 20.06.2012.

The above-stated policies include monitoring and evaluation frameworks, timeframes for implementation and target indicators.

Health inequalities and the socio-economic gradient are addressed in the following policies - National Strategy for Poverty Reduction and Social Inclusion Promotion 2020; and National Strategy of the Republic of Bulgaria on Roma Integration (2012 - 2020).

The older population (65 and over) as a target group is specifically addressed in the updated version of the National Strategy for Demographic Development in the Republic of Bulgaria (2012-2030); the National Plan to Promote Active Aging among Elderly (2012-2030); and the National Strategy for Long-Term Care.

There is statistical data available on gender differences, but the data is still not disaggregated to identify health inequalities in relation to gender. Furthermore, the healthcare system does not indicate the existing forms of inequalities between men and women. Disease prevention policies are universal and do not consider specific needs of men and women.

## Financing

The policies identified above are directly funded by the state budget. Both primary prevention of diseases and early detection are financed by the National Health Insurance Fund.

Activities related to: health control; control of non-communicable diseases; the provision of vaccines and serums; and the implementation of the Immunization Schedule of the Republic Bulgaria, are funded by the policy programmes of the Ministry of Health in the field of promotion, prevention and public health control. The activities that are funded by the grant agreement with the Global Fund to fight AIDS, tuberculosis and malaria are also implemented under these policy programmes of the Ministry of Health.

In 2012, health policy expenditure was 112.8 million levs, with the largest cost share on vaccines and immunizations. For primary prevention of non-communicable diseases and health promotion, 8,630,900 levs were spent, representing 8.87% of the total policy expenditure in the field of "Promotion, Prevention and Public Health Control".

## Identifying Good Practice and Existing Databases

Officially established **procedures/mechanisms** or criteria for the identification of good practice in relation to health promotion and primary prevention in Bulgaria **have not been established**.



Certain procedures/criteria for the selection and financing of interventions related to health promotion and primary prevention are applicable only in the case of **off-budget funding** for projects or through grants. The main indicators for these procedures are determined by the contractor.

There are no databases in Bulgaria on/that include good practice to reduce cardiovascular disease, stroke and/or type 2 diabetes and/or their modifiable risk factors.

## Gaps and Needs

The main gaps and needs in the field of health promotion and primary prevention in Bulgaria include:

- The need of an effective strategic vision on the activities in the specific area such as a sustainable and long-term planning process with better cross-sectoral coordination, acting as the basis for a new type of health policy.
- The willingness and preparedness of institutions and key figures from different healthcare areas to take a leadership role in shifting the focus of treatment and secondary prevention to health promotion and disease prevention.
- Evaluation procedures based on relevant measurable criteria, developed on a strategy level.
- Qualification, commitment and continuous training of human resources in healthcare and other sectors that are directly related to healthy lifestyle factors.
- Integration of health promotion and disease prevention in the base training of health professionals.
- Opportunities for training and professional growth in the field of health promotion and disease prevention.
- Increasing the capacity and changing the status of the structures which are responsible for the implementation of programmes.
- Developing, coordinating and applying procedures and mechanisms for coordinated implementation of strategies and programmes.
- Predictable, stable and adequate funding for health promotion and disease prevention, allowing medium- and long-term planning of chronic disease interventions.
- Strict procedures and requirements for the data collection of the health status of the population in terms of CVD, stroke and type 2 diabetes; and mechanisms to detect diseases with data on socio-economic determinants of health.
- Implementation of good practice when developing policies on health promotion and disease prevention.
- A legal framework which supports formal partnership.
- Independent, qualified and systematic evaluation of ongoing interventions in a way that the results are used for effective improvements. Also, cost-effective evaluation criteria.
- Integrating health promotion and disease prevention in healthcare practice.
- Effective partnership between the healthcare sector and other sectors related to the socio-economic determinants of health.
- The involvement of academic staff and research institutes in the examination of programmes and interventions related to health promotion and disease prevention. Applying the obtained data and results for planning strategies and policies.

