HUMAN RESOURCES IN HEALTH IN BULGARIA

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## Bulgaria Key Indicators

<table>
<thead>
<tr>
<th></th>
<th>2006(a)</th>
<th>Historical averages (%)</th>
<th>2002-06</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population (m)</td>
<td>7.6</td>
<td>Population growth</td>
<td>-0.7</td>
</tr>
<tr>
<td>GDP (US$ bn; market exchange rate)</td>
<td>31.5(b)</td>
<td>Real GDP growth</td>
<td>5.7</td>
</tr>
<tr>
<td>GDP (US$ bn; purchasing power parity)</td>
<td>77.6</td>
<td>Real domestic demand growth</td>
<td>8.6</td>
</tr>
<tr>
<td>GDP per head (US$; market exchange rate)</td>
<td>4,137</td>
<td>Inflation</td>
<td>5.3</td>
</tr>
<tr>
<td>GDP per head (US$; purchasing power parity)</td>
<td>10,181</td>
<td>Current-account balance (% of GDP)</td>
<td>-8.5</td>
</tr>
<tr>
<td>Exchange rate (av) Lv:US$</td>
<td>1.56(b)</td>
<td>FDI inflows (% of GDP)</td>
<td>12.3</td>
</tr>
</tbody>
</table>
Characteristics

• Demographic trends;
• Negative population growth;
• Ageing population and ageing health work force;
• High internal and external migration in the years of transition;
• Financial and economic challenges;
• Health system reform in the last 10 years;
Characteristics

- Mandatory social health insurance system
- National Health Insurance Fund (NHIF)
- Purchasing services - per capita, fees for services, clinical paths, co-payments, other out of pocket payments;
- Primary health care - General practitioners
- Specialist outpatient services
- Hospital services
Characteristics

- Geographical disparities - rural/urban
- Decrease of interest in certain specialities (pathology, anesthesiology, pediatrics);
- Individual or institutional contract with the NHIF
- Multiple working places;
- Difficulties in specialization;
- Difficulties in CME;
- External migration;
Trends - Doctors

- 1996 - 21100
- 1997 - 20503
- 1999 - 20927
- 2000 - 26636
- 2002 - 26545
- 2004 - 26730
Trends - nurses /100000

• 1996 - 495.5
• 1997 - 64.1
• 1999 - 450.1
• 2000 - 374.2
• 2002 - 362.3
• 2004 - 375.6
Trends - midwives /100000

- 1996 - 71.4
- 1997 - 8.0
- 1999 - 63.1
- 2000 - 50.4
- 2002 - 43.4
- 2004 - 43.7
HRH - Main stakeholders

- Ministry of Health
- Ministry of Education and Science
- Ministry of Finance
- Accredited Higher Medical Schools/ Universities
- Accredited healthcare and public health establishments
- Professional organizations and associations
- Health professionals
HRH - Legislation

- Labour Law
- Law on Health
- Law on Medical Establishments
- Health Insurance Law
- Law on Higher Education
- Law on Professional Qualifications
- Laws on Professional Organizations
- Secondary Bylaws on education, qualifications and working issues
HRH - factors of influence

• Education - basic medical, postgraduate specialization, CME, CNME;

• Professional opportunities - working conditions, wages, non financial incentives;

• Financial issues and financial incentives;
Realities of EU membership

• Harmonization of legislation for
  ✓ Basic education – duration, curriculum
  ✓ Specialization – duration, curriculum
• Mutual recognition of the professional qualifications in the EU
• Updating of training programmes
• Development and modernization of CME-system
<table>
<thead>
<tr>
<th></th>
<th>Years</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>6</td>
<td>5 500</td>
</tr>
<tr>
<td>Dentists</td>
<td>5</td>
<td>-</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>5</td>
<td>-</td>
</tr>
<tr>
<td>Nurses</td>
<td>4</td>
<td>4 600</td>
</tr>
<tr>
<td>Midwives</td>
<td>4</td>
<td>-</td>
</tr>
<tr>
<td>Associated medical professions</td>
<td>3</td>
<td>-</td>
</tr>
</tbody>
</table>
Postgraduate specialization
Responsibilities
Ministry of health

• **Planning** - approach based on regional and national needs and demand
• **Accreditation** of health establishments for training of health professionals
• **Endorsement** by the Minister of health of the approved lists
Responsibilities

- Medical universities
  - organization and conduct of **competition** based selection of students
- preparation of training **programs**
- organization and conduct of theoretical **training** and supervision of practical training
- current and final **examination**

- Healthcare establishments
  - organization and conduct of **practical** training
- job based or course – based
Continuous Medical Education

• Responsibility of the professional organizations;
• Four organizations - doctors, doctors in dental medicine, pharmacists and specialists in health care and allied health professions;
• CE - Medical and non medical:
New regulations on specialization

since 2007 change in **financing** mechanisms

✓ state-financed clinical internship
✓ paid training by student or sponsors

**opportunity**

✓ plan resources on the needs based approach
✓ employment of needed specialists
✓ solving the issues with geographical disparities
✓ sustainable and long term filling of deficient positions
Challenges

- assure high quality basic medical training of health professionals, relevant to the latest developments in health science;
- assure sustainable mechanisms for training high quality general practitioners and specialists, especially in fields with present or imminent deficit;
- develop and implement mechanisms for assuring appropriate geographical and specialist distribution of HR;
Challenges

• introduce high quality education for nurses and midwives;
• increase the level of self and societal esteem of nurses and allied health professionals;
• introduce fair mechanisms for renumeration of nurses and allied health professionals as part of the medical teams;
• assure active and responisble participation of the professional organizations in the CME process;
Opportunities

- National Health Strategy 2009-2013
- National policy debate on HRH;
- International policy documents;
- International cooperation (WHO, EU, SEEHN, other organization);
- Capacity building of relevant stakeholders;
- National and international networking;
- International projects;
The most important stakeholder

THE PATIENT
cross point
complex relations
in the health system
Thank You
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