STANDARD PROJECT FICHE

1. Basic Information

1.1 CRIS Number: 2004/016-919.01

1.2 Title: Restructuring of pilot Multi-profile hospitals and developing of emergency medical care with a view to improve access to healthcare for vulnerable group of people with a special focus on Roma

1.2 Sector: Political criteria
1.3 Location: Republic of Bulgaria
1.4 Duration: 30 months

2. Objectives

2.1 Overall Objective(s):

- Securing access to quality medical services including emergency medical services to members of ethnic minorities with special focus on Roma population, disabled people and citizens living in remote areas.
- Improving the quality of life of the population by decreasing the mortality rate, secondary complications and late disability of the population caused by emergency medical cases with special accent to the disadvantaged ethnic minorities, especially Roma population and especially by cardiovascular diseases (myocardial infarctus, acute heart failure, stroke, etc.);

2.2 Project purpose:

- Elaboration of a model and piloting of 2 district Multi-profiled Hospitals for Active Treatment and the Centers for Emergency Medical Care. Mobile units will allow hundred percent accessibility of a basic set of medical service for all individuals living in a radius of 100 kilometers from these centers. Particular attention will be paid on the representatives of the ethnic minorities especially the Roma population

2.3 Accession Partnership (AP) and NPAA priority (and implementing measures envisaged by the Action Plan for AP priorities related to strengthening administrative and judicial capacity):

Accession partnership 2003

- Take concrete action to implement the Roma Framework Programme with particular attention to providing necessary financial support, significant strengthening the government body in charge of minority issues and ensuring equal access to health, housing, education and social security. Elaborate a concrete action plan and financial framework to the Roma Framework Programme, which improves implementation.
- Continue efforts to strengthen the capacity to ensure access to and quality of health care in order to optimise the investment in health needed to improve the health status of the population.

- Continue to spend efforts to enforce the right of all Bulgarian citizens to receive quality medical services including preventative measures

- Continue to provide the necessary statistical information for the set up and running of an efficient emergency care unit as part of the Bulgarian health system.

- To make further efforts concerning the volume and quality of public investment, including infrastructure, education environment and health (see AP priorities related to the economic criteria)

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- People from ethnic and cultural minorities, notably from the Roma community, continue to be marginalised. The implementation of the “Framework Programme for Equal Integration of Roma into Bulgarian Society” is still in its early stages and there continues to be widespread inequality and *de facto* discrimination in education, employment, access to health and access to public services as outlined in last years’ reports

- Many Roma continue to be excluded from access to health care services. The existing system for funding health contributions of unemployed Roma through the municipal budget meets obstacles in the poorest municipalities. The envisaged strategy for improving the health conditions for Roma has not been elaborated.

- Some progress can be reported in meeting the priorities relating to respect for *human rights and protection of minorities*, but efforts need to be fostered with regard to improving the situation of the Roma community.

2.4 Contribution to National Development Plan (and/or Structural Funds Development Plan/SDP):


**Under the NEDP** in national priority “Human Resources” one of the major threats, which has to be addressed is: Optimizing healthcare and social ensuring will offer higher quality health services”.

2.5 Cross Border Impact

Not applicable.

3. Description

3.1 Background and justification:
According to a number of reports, the health system in Bulgaria is not working efficiently, and the access of vulnerable groups, particularly Roma, to health care services is inadequate and obstructed, because of which they face greater health risks.

There is no comprehensive and purposeful statistics as to the poor access of Roma to health care and the consequences of this, however, there are numerous descriptions of Roma living conditions in ghettos without sewage, sanitation, and substandard housing, reflected in the reports of many monitoring national and international entities. The World Bank reports that the incidence of illness and mortality among Roma is considerably higher than that among non-Roma, stemming from low education and sordid living conditions.\(^1\) Outbreaks of communicable diseases, including hepatitis, polio, diphtheria, and tuberculosis are not uncommon in Romani neighbourhoods.\(^2\) There are a number of health conditions that are specific to Roma such as a form of neurotic disorder known as the Lom\(^3\) disease.\(^4\)

Over 15% of the Bulgarian population suffered from chronic disease in 2001. More than 80% of them received treatment at home and only meagre 11% were hospitalised. Residents of rural areas and ethnic minorities (notably Roma), are less likely to receive hospital care, than those in urban areas and ethnic Bulgarians,\(^5\) which was due to the fact that poor households as those are, cannot afford to pay for hospital care and cannot afford to miss work.\(^6\)

The health system coverage is also poor in Bulgaria.\(^7\) Health care is financed through a 6% payroll tax, divided between employers and employees. Non-working individuals are covered through general revenues. Coverage of the poor and unemployed is limited by municipal budget constraints. As the case with social assistance, it is the poorest local governments that have the largest number of people in need of health coverage due to high unemployment levels.

A regulation of October 2004 (from the NHIF) seems to result in worsening access to health care for vulnerable and isolated groups (e.g. in mountainous areas such as Smoljan). As is generally the case, Roma are the ones most likely to fall through the crack of the health care system in Bulgaria because of many and complex reasons: on one hand - lack of necessary identification and registration papers; lack of effective information on how to make use of their rights under the health care regulations; poor communication between Roma and health care providers; refusal of GPs to add Roma to their list of clients; or refusal of hospitals to properly serve Roma, including through placing them in segregated rooms; and on the other hand - lack of incentive in Roma to take a good health care of themselves by not complying with doctors' prescriptions - not buying the medicines, refusing to be immunised, and/or their children vaccinated.\(^7\) Further reasons for Roma poor health conditions are early marriages and early and many pregnancies among Roma women.\(^9\)

Apart from the externally-funded programs targeting improvement of access to health care for Roma, some independent initiatives - albeit limited in scope - have been carried

\(^1\)Ibid, p.131.  
\(^2\)Ibid, p.132.  
\(^3\)A settlement in Bulgaria, where many Roma live.  
\(^4\)Ibid.  
\(^5\)Ibid.  
\(^6\)Ibid, p.133.  
\(^7\)Ibid, p.134.  
\(^8\)Ibid, p.135.  
\(^9\)Ibid.
out by the Bulgarian government as well. Thus, with an amendment to the Public Health Insurance Act in January 1, 2003, all children up to 18 years of age are compulsorily covered - free of charge - by the national health insuring system. A direct access to paediatric and gynaecological clinics for them is established. With the respective amendment, the number of persons to be insured by the State budget, has been increased, provided that persons are not insured on other grounds. Further, in accordance to the National Immunisation Schedule, in each Hygiene Epidemiological Institute in Bulgaria, an immunisation centre is opened for compulsory and free of charge immunisation of Roma (both children and adults), without need for their being directed by GPs.

In spite of all the existing health-care programs and initiatives, both externally- (EU, World Bank) and state-funded, the access of Roma to quality health care is far from adequate. In addition, the Bulgarian government relies too heavily on external support in order to solve some of the deepest social and economic problems of Roma - the poor access to health-care among which - instead of putting some vigour in pursuing own initiatives and policies, including making better use of the foreign funds.

Emergency medical care serves as one main entrance for vulnerable groups into the health care system. At the moment emergency medical care (EMC) are in the scope of the services of EMC structures. There are 28 independent emergency medical care centers (EMCC), which are legal entities located in the district towns, and 188 EMC branches (EMCB). All branches except the EMCC’s in Sofia and Varna have an emergency department physically located as a rule within the territory of the Multi-profiled Hospital for Active Treatment. The other branches have Emergency Sectors. The EMCC structure and functioning is based on Regulation № 25 on Emergency Medical Care and on the EMCC Organizational and Activity Rules. The staff of the EMC centers is 6 731, 1411 of them are physicians, 2424 medicine specialists and 2 896 others, of which 1 977 - drivers. The EMC centers are financed from the state budget by the Ministry of Health. For 2003, 10 396 213 BGN were spent for the emergency medical care system, from which 2 157 324 BGN (i.e. 20,75 %) were for medicines and consumables.

The last ten years of the development of Bulgaria are marked by demographic crisis, characterized by a stable depopulation. The decrease of the population goes together with its over-aging. The relative percentage of people above the age of 65 in 2002 is 17 % and of those under the age of 15 - 14, 6%.

The national health statistics (National Statistical Institute, Healthcare, Annual, Sofia, 2003 and previous years) show unfavorable demographic characteristic which reflects on the average life expectancy - 68.5 years for men (for the period 2000-2002) and - 75.4 for women. This level is about 6.5 years lower than the level of the European Union (EU) member states and 1,5 years lower than that of the new EU member states. The average life expectancy for men in good health is 60.8 years and for women – 65.2 (for 2002). In comparison with the EU member states, the lost years of life in good health for men in Bulgaria is about seven and for women – about nine.

The registered morbidity of the population during the decade 1993-2002 is in the limits of 1334.6-1366.4 %. 72-75% of the morbidity registered cases in the country are due to 5 classes diseases: respiratory diseases – 37.7%, diseases of nervous system and sense organs – 11.6%, circulated diseases – 10.5%, injury and poisoning – 7.4%, and diseases of the skin and subcutaneous tissue – 7.4%. The last several decades there is an unfavourable but stable trend of increase in the standard mortality index in contrast with
the EU countries, the average for Europe and for the countries of Central and East Europe. During 2002 the standard mortality index for men was 1007.5‰, and for women - 942.6‰. The rate of increase of mortality in 2002 was 15.6% for men and 25.0% for women compared with the figures for 1993.

The registered trend of increase in morbidity, the frequency of disability and mortality from cardiovascular diseases (CVD) determines the negative prognosis for the population health status. Cardiovascular diseases (CVD) are the most frequent cause of death in the country and a leading factor of temporary and permanent disability. In 1997 the mortality from diseases of the cardiovascular system is 65% of the total mortality. In 2000 the percentage raises up to 66.2. 66.7% of the mortality in Bulgaria in 2002 is due to diseases of heart and vascular vessels and 14% of neoplasms, i.e. two groups of diseases represent 80% of the mortality and together with the diseases of the respiratory and digestive systems and trauma and poisoning – above 90% of the mortality. In 2003, the total mortality rate per 100 thousand of population in Bulgaria caused by myocardial infarctus was 84.9, by high tension disease - 63, by ischemic heart disease - 247.6 and by cerebrovascular diseases (including ischemic stroke, hemorrhagic strokes, etc.) - 270.7.

According to the national data of the Ministry of Health about the activity of Emergency Medical Care in 2002 about 30.15% of all emergency cases in the country are due to cardiovascular diseases and about 5.38% - due to conditions resulting from cerebrovascular diseases.

The Health Status of the disadvantaged ethnic minorities and rural population of Bulgaria are in considerably worse than of citizens living in the bigger towns. The Health Status of members of minority-groups (especially Roma and Turks) is considerably worse than the health situation of the rest of the population as well as their life-expectancy. The pure physical accessibility of medical services is a factor of central importance especially for the improvement of the health situation of socially disadvantaged citizens of which the following groups are mostly effected:

- Members of minority groups and Roma population in particular
- People with physical disabilities (leading to problems in transport)
- Elderly living in rural areas
- Individuals placed in institutions located in remote areas
- Single pensioners living in remote rural areas
- Poor people without the disability to cover the expenses for transport

In April 2001, the Government of Bulgaria adopted a National Health Strategy and an Action Plan for the period 2001-2006. The health assessment of the population contained in the National Health Strategy indicates a negative trend in the health of the population. The Strategy identifies a number of risk factors to which certain groups are particularly exposed and are thus particularly the victims of poor health and early death. One of the groups most exposed to the identified risk factors are disadvantaged ethnic minorities, particularly the Roma. Thus the Strategy concludes that “special attention should be attached to the health problems and special needs of the Roma ethnic community in the first place (on account of its numbers and aggravated economic and social status)”. The conclusions are drawn on the basis of the database from qualitative and quantitative surveys carried out by medical experts’ and sociological researchers. According to the data from the last census in 2001, the Roma are the youngest ethnic community in the country, the community with the largest portion of children and youth and the smallest number of aged people. Almost half of the Roma population are children or youths, while only a small part of the Roma (6%) passes the age of 60 (among the ethnic Bulgarians
and Turks that portion is 25% and 14% respectively). According to the Sociological Survey under the Phare project BG 0006.08 – Ensuring Minority Access to Health Care, the Roma survive more rarely in the following cases of illnesses that are the most widely spread diseases in the Roma community, which have brought to a lethal end for a member of the households under the observation: heart stroke (24%), apoplexy (24%) and malignant diseases (22%). This compared to the finding drawn from the Census 2001 that the Roma’s behaviour to self-treatment practice have significantly deepened despite having the greatest number of children and the frequent illness among the children, the Roma turn to a paediatrician for medical aid almost three times more rarely than the Bulgarian do accordingly. The Sociological Survey also identifies Roma women and children in Bulgaria as a special risk group in terms of health, infant mortality, poverty, inadequate nutrition, limited access to specialised health care, early marriages and early births. The Roma attitude to family planning indicates that the young Roma as well as the women are those, who accept more frequently the idea. The parents of 85% of the interviewed have more than 2 children. The alarming trend is that, nonetheless the stated decrease in the desired number of children, about 80% of the married couple use no contraception. This resulted in a considerable number of abortions (20% of the interviewed confessed that there have been one or more abortions in their families).

The aggravated Roma health status is basically due to the poor living conditions and limited access to the health care service.

On the other hand still further obstacles exist to make a package of quality medical services equally accessible and affordable. As the ongoing Health Reform has also implications on the necessity for additional payment for certain treatments, the above-mentioned target group are not able to go for the necessary treatment in the necessary quality standard.

The Multi-profiled Hospitals for Active Treatment therefore are the main player in the provision of specialized medical services. During the last years the conditions in these hospitals have deteriorated constantly and the provision of medical services in line with the best practices in the EU countries is at the moment out of reach. During the establishment of the EMCC structures population density, attendance territory, regional infrastructure – roads, time for arriving of ambulance to the patient, morbidity, and others were taken into account. During the last years these structures were not able to run this satisfactorily. They do not have sufficient resources in order to secure the access to the healthcare services for the disadvantaged target groups, especially ethnic minorities and the people living in the remote areas.

This is on the one hand caused by the shortage of financial means for these structures, but on the other hand also caused by the ever-increasing responsibilities of these structures. In the run of the ongoing “Health Reform” the synchronization between the Multi-profiled Hospitals for Active Treatment and other structures providing medical services is an issue urgently to be addressed. Especially the cooperation with the Emergency Medical Care Centers therefore is sensitive.

In order to provide a package of quality medical services accessible for all citizens, particularly including Roma population a monitoring system on the health situation is necessary. Systematic collection of relevant data and their sensitive handling on a regional level is a crucial instrument. A feed-back system for the locally connected information concerning the health status and the provided health services to the central authorities is still not established satisfactorily. The wide inefficiency or even total lack of this important planning instrument for the regional and central health authorities is one
of the main factors for the still observed inefficiencies in the planning and provision of health services.

To make the efforts spend during the duration of the project sustainable the principles of the new model for the provision of medical services - both of basic medical care and of emergency medical care need to be communicated and promoted to the relevant structures providing medical services in the region. These modern principles for the planning of medical services, their equally accessible provision and their transparent administration will be made accessible for a broad public sphere in the form of interactive seminars and workshops.

The project will facilitate the completion of the priorities laid out in numerous government healthcare policy documents.

**The National Health Strategy “Better health for better future of Bulgaria”** for 2001-2010 and the **Action Plan** for the period 2001-2006 indicate as a fundamental priority the accomplishment of “measures for improving the health of the nation”, including activities for “limitation of morbidity and mortality from socio-significant diseases (cardiovascular, tumors, trauma and poisoning, diabetes, tuberculosis, HIV/AIDS, sexually transmitted diseases, influenza and acute respiratory diseases)”, “reducing the health risk factors at the level of the population, with special attention to the disadvantaged social groups”, as well as reorganizing the emergency medical services in order to “increase the healthcare system efficiency by limiting the level of mortality and disability from socio-significant diseases (cardiovascular, cerebrovascular, etc.)”. The project contributes the implementing of the priority “sustainable and continuous improvement of the quality of medical care and public health”.

**Programme of the Government of Republic of Bulgaria "People are the wealth of Bulgaria”** (October, 2001), in the of Health Sector part “Healthcare – right to everyone” envisages “increasing quality and efficiency of outpatient and hospital care” by measures, including “completion of emergency medical care (EMC) reform – decreasing mortality from life threatening acute situations, increasing the quality of emergency service, increasing the EMC system medical and economical efficiency”. The programme provides for mid-term and long-term activities directed to:
- contemporary lifesaving devices and medical equipment for EMC centres;
- publishing methodology manual of outpatient EMC;
- increasing the qualification of physicians, paramedical specialists, fire brigade staff, policemen and civil defense workers;
- lounge of the National Programme of Education of large population groups for giving primary medical help to patients with life threatening functional disturbances.

**National Programme for Development of Invasive Cardiology in Bulgaria 2002-2008**, prepared according to the World Health Organization requirements, has the main purpose of “decreasing the rate of growth in mortality from myocardial infarction and vascular diseases, as well as achieving higher quality in treating these diseases” by coordinating a common platform consisting of medical, social and economical factors, positioning human health as a main priority for securing national prosperity and future.”

The objective data about public health and its interpretation is a ground for suggesting that it is of major importance to improve emergency and diagnosis and treatment quality by establishing specialized structures of emergency diagnosis and treatment, equipped with most contemporary medical technologies. There is a strong need for rapid and
effective development of diagnostics and treatment of cardiovascular diseases, respiratory and digestive diseases, trauma and poisoning.

The trend of rapid increase in mortality from cardiovascular diseases in the country is not only related to the population demographic characteristics but also with the objective organizational and structural characteristics of the country’s healthcare system.

Despite considerable efforts and investments during the last decade for providing a package of country-wide provided medical services – including emergency medical care there is a lack of synchronization between the different structures involved in the provision of health services namely also between the Emergency Medical Services and other health establishments providing primary and specialized medical services. Especially during the process of reforming the Bulgarian health care, the emergency care system has absorbed parts of services initially provided by the other levels of the health system. This caused confusion in the practice and in the organizational set-up of the structures.

**The main problems of emergency medical care identified are:**
- Lack of coordination between general health care establishments and the EMCC
- Lack of sufficient data serving as bases for the planning and financing of the health structures
- Lack of conceptual development of EMC, comprising methods and mechanisms of quality control of services and expenses;
- Coordination problems related to interrelations and interactions with other medical care services;
- Need of increasing and sustaining the required level of professional qualification of the medical personnel and developing a system of appropriate motivation incentives;
- Need of modernization of medical equipment and transportation vehicles;
- Lack of appropriate financing of emergency medical services.

In order to design and to pilot a model for improved quality of medical services including emergency medical services under the special perspective of full accessibility for all citizens in the geographic region the Ministry of Health selected 2 regions in which facilities for emergency diagnoses and treatment of emergency medical cases will be established. The centers may be set up at the premises of the already existing emergency departments and the district multi-profile hospitals for active treatment which will be equipped with up-to-date medical equipment for diagnoses and treatment of emergency medical cases. The existing emergency departments will be reorganized in order to reach the described project-goals, namely:

- Ensuring accessibility of medical services especially for members of socially disadvantaged groups like members of minority groups, elderly, handicapped and citizens living in remote areas of the region. This goal will be reached also by the set-up and running of mobile units providing medical services especially in the field of prevention diagnostics and simple treatment.
- Provision of a package of needs based medical services with hundred percent coverage of the population serving as a model for duplication throughout the whole country. A special attention will be drawn in this regard to preventative and early-diagnostic services.
- Elaboration of a model for the institutional set-up, administration and running of these health care structures. Special attention will be drawn to the collection
and administration of data, the communication and cooperation between the different health structures and their sound financing.

The organization of emergency hospital departments and the communication with other levels of the health system (i.e. medical establishments for outpatient and structures of emergency health care system) will be improved. Educational programme for medical and non-medical specialists of EMCC and hospitals, participating in diagnoses and treatment of emergency cases is going to be developed and introduced. Additional mobile diagnostic units with up-to-date medical equipment will be provided under the project. This will allow planning and carrying out wide prevention programs activities in the pilot districts for early diagnostics and treatment of main health problems within the districts.

On the basis of a set of preliminary criteria, the executive administration of the Ministry of Health has determined 2 pilot districts (Vratza and Smoljan) where the pilot centres will be set up in the district multi-profiled hospitals.

The two pilot districts had to meet the following requirements:
- medium size, concerning the population served – to be in the range between 100 000 and 300 000 of population;
- negative demographic trends;
- higher indicators for morbidity and mortality – equal or above the average of the country;
- the districts should be situated in underdeveloped or underprivileged regions (in terms of economic development, infrastructure, geographic conditions), included in strategic plans of the government for future encouragement of the economic development and investments;
- insufficient previous investments in the region, especially in the health system;
- high unemployment rate and/or high percentage of minorities groups;

These pilot areas will cover the population as follows: the total population of the Smolian district of the amount of 135 029 persons which is 1.7% of the total population in the country (7 801 273 persons) and the total population of Vratza district amounting to 216 388 persons – 2.7% of the total population in the country (statistical data from the National Statistical Institute, as of 31.12.2003). Both districts are with aging population (see annex 8) and with considerable share of rural population (47.6% for Smolian, amounting to 64 222 people, and 43.5% for Vratza, amounting to 94 125 people). The relative percentage of people above the age of 65 in Smolian district is 1.45% and respectively 3.2% in Vratza district compared to the total people above the age of 65 in the country (1 333 730 persons).

In both regions there is significant number of people from the above-mentioned target groups. While in Vratza there is significant presence of Roma population (one of the highest, comparing to the overall population in the district, in the country) in district of Smolian the major target groups are from turkish minority as well as people from the mountain and remote areas.

According to data from the National Employment Action Plan for 2004 (adopted by the Council of Ministers’ Decision No 93/16.01.2004) and statistics of the National Statistics Institute for the first 9 months of 2003, the lowest level of the economic activities had place in Northwestern region - 42.6%, and the lowest level of employment is again in the Northwestern region – 35.6%, where the pilot district Vratza is situated. According to National Social Security Institute, the level of unemployment for the first 6 months of 2004 in Vratza is 18.27%, and in Smolian – 18.06%. These levels are one of the highest unemployment rates in the country.
The analysis of the health status of the population in the pilot districts, compared to the average indicators for the country and these of the other districts, showed that the selected regions are in unfavorable situation.

The registered total morbidity for the country (statistics from hospitals) in 2003 is 1333698 (17047,2 per 100 000 population). For the districts of Smolian and Vratza, the total morbidity was 23677 (17047,4 per 100 000 population) and 40288 (18471,6 per 100 000 population), respectively.

The total mortality for the country in 2002 was 112617 (14,3 per 1 000 population). The mortality in Vratza was 3895 (17,6 per 1 000 population) in 2002. In 2003 the mortality from circulatory diseases in Smolian is 708,0 per 100 000 population compared to the total 967,3 number for the whole country and for Vratza district the number is 1076,5 per 100 000 population including:

<table>
<thead>
<tr>
<th>Circulatory Diseases</th>
<th>Total for the country per 100 000 population</th>
<th>Vratza District per 100 000 population</th>
<th>Smolian District per 100 000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertensive disease</td>
<td>63,0</td>
<td>61,9</td>
<td>69,1</td>
</tr>
<tr>
<td>Ischemic heart disease</td>
<td>247,6</td>
<td>271,9</td>
<td>308,8</td>
</tr>
<tr>
<td>Myocardial infarct</td>
<td>84,9</td>
<td>86,7</td>
<td>202,2</td>
</tr>
<tr>
<td>Cerebral-vascular disease</td>
<td>270,7</td>
<td>379,6</td>
<td>179,4</td>
</tr>
</tbody>
</table>

One of the causes of death with high share is trauma and poisoning (For detailed information see Annex 8).

Some indicators, showing the current profile and activity of the existing emergency centers in referred locations are stated below:

<table>
<thead>
<tr>
<th></th>
<th>Vratza</th>
<th>Smolian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of calls received at the EHCC</td>
<td>15614</td>
<td>30720</td>
</tr>
<tr>
<td>Number of calls fulfilled</td>
<td>15133</td>
<td>30664</td>
</tr>
<tr>
<td>Administered medical aid to individuals</td>
<td>14552</td>
<td>21942</td>
</tr>
<tr>
<td>Hospitalized persons</td>
<td>4493</td>
<td>4937</td>
</tr>
<tr>
<td>Outpatient examinations</td>
<td>25482</td>
<td>19071</td>
</tr>
</tbody>
</table>

Both Vratza and Smolian are mountain regions with difficult access to transport, especially in winter season. In Smolian there is no railway infrastructure. In both regions are high rate of health risk factors. The presence of a nuclear plant in Vratza district (Kozloduy) requires readiness for quick reaction in emergency cases, as well.
These selected centers are intermediate concerning the activities and staff, situated in North and South Bulgaria, respectively. The existing premises in the selected location are in good status. The support of the local authorities and the management of the health care services and emergency centers for the project objectives and their readiness to introduce new model for organization of activities will considerably facilitate the implementation of planned activities, and reaching of project goals. The selected districts have enough highly qualified medical staff ready to meet the emergency cases.

The expected outcomes of establishing facilities (fixed and mobile) for diagnoses and treatment of emergency medical cases (possibly with special attention to emergency cardiovascular cases) in pilot districts consist of:

- Full access to quality medical services and ensuring better possibilities for early diagnoses and adequate treatment of emergency medical cases, especially from cardiovascular diseases, for the population from the pilot districts;
- Decreasing the time between “call to needle”;
- Decreasing mortality rates and prevention of early and late disease complications;
- Improving the quality of medical services provided also by improving the equipment, organizational environment of work and medical staff qualification;
- Improved early diagnostics and efficient prevention of main health problems, which are the main causes of death.
- Cost-effective provision of services by running a comprehensive data-base
- Providing faster response (decreasing response time between emergency call and provision of services)

The pilot models will present the possibility for practical trial of the new models of interaction between primary health care, hospital medical services and emergency medical services and will form the environment for their stage-by-stage multiplication in the whole country. The project will introduce needs driven contemporary concept of quality medical services with guaranteed accessibility to all citizens in the respective region.

In long-term prospects the following objectives are to be obtained:

- meeting the medical needs of the population concerning basic medical services including emergency medical services
- full accessibility of medical services for all citizens
- increasing the economic efficiency of medical treatment provided in the supported areas
- set-up of a sufficient data-base for the monitoring of the services provided and the planning of medical services
- common and agreed understanding on the major principles of a modern management of Medical Care Institutions throughout all loops in the chain of institutions providing medical care
- prevention of long temporary disability, permanent disability and invalidation

3.2 Results:

Twinning:
Elaboration of a model in two pilot areas to secure quality medical services including emergency services to vulnerable and isolated groups living in remote areas.

Overall concept for the restructuring of the Multi-profiled Hospitals for Active Treatment; Analysis and recommendations regarding overcoming structural problems in the health sector, in particular in the EMC (bearing in mind the “access-criteria for vulnerable groups”)

Current legislation regarding access of vulnerable groups to health care (specifically prevention and early diagnosis services and treatment of emergency cases) reviewed and recommendations for improvement made; Proposals for implementing legislation for the Health Act, particularly with a view to access to healthcare (including emergency services) for vulnerable groups (particularly focus on Roma and people living in remote areas) elaborated

Under the particular criteria of access of vulnerable groups to health services, need assessment for the 2 pilot facilities carried out in the context of restructuring of health services and in view of other donor assistance (e.g. WB); elaborated concepts for outreach work (possibly including multipurpose mobile units) and preventative/promotional programs with a specific regard to vulnerable and isolated groups

100% accessibility of the provided medical services to all groups of society especially supported by the set-up of mobile units

Lack of sufficient data serving as bases for the planning and financing of health structures and services: Set up and pilot-running of a comprehensive data-base comprising relevant information for the planning of medical services, the administrative set-up of the medical structures and the sound long term financing.

List of appropriate medical equipment and technical specifications for the mobile diagnostic units for the pilot areas;

Current system responding to emergency calls reviewed and proposals made - Need of modernization of emergency call centres, medical equipment and transportation vehicles:

Proposed list of equipment revised and technical specifications for medical and non-medical equipment for the pilot areas prepared (also in view of complementarity to WB projects in this area)

Tender documents for medical and non-medical equipment for the pilot areas prepared;

Concept of the functioning of the existing facilities for diagnostics and treatment of emergency medical cases refined;

Operational guidelines (protocols) for standard behavior in emergency medical cases prepared;

Operational guidelines (protocols) for standard behavior in emergency medical cases published;

Methodology for training of the staff of the facilities for diagnostics and treatment of emergency medical cases elaborated;

2 workshops in the pilot districts facilitating the implementation of the operational guidelines for standard behavior in emergency medical cases held;

Workshop on successful management of the Multi-profiled hospitals and their centers for diagnostics and treatment of emergency medical cases for dissemination of the experience prepared and held with special attention to 100% accessibility to social disadvantaged groups;
- A public awareness programme about behavior and reactions in cases of emergency prepared;
- A public awareness campaign prepared specifically targeted to vulnerable (isolated) groups/minority population about rights and obligations in the health sector (including proper registering in view of getting necessary identification and registration papers; provision of effective information on how to make use of their rights under the health care regulations; enhanced communication between Roma and Roma health providers; on the other hand: enhance motivation for Roma to take a good health care of themselves, family planning, campaign as regards immunization to overcome attitude of refusal; vaccination of children; issue of early marriages)

**Supply:**
- Medical equipment for the 2 Multi-profiled Hospitals and the Emergency Health Centers delivered and installed;
- Non-medical equipment for the 2 pilot centers delivered and installed.
- Mobile diagnostic units provided for the pilot areas;
- Buildings modification made in accordance with the project requirements of 100% accessibility of services and the needs of the new medical equipment;

3.3 Activities:

The activities under the twinning component will be preceded by a review on the health needs in the two pilot regions (Vratza and Smoljan). The review will be used for:

- Elaboration of needs analysis for medical services within the pilot districts;
- Elaboration of proposals for restructuring of hospital services in the pilot districts;
- Elaboration of recommendations with changes in the legislative framework directed to the improvement of the interaction between hospital medical care provided by Multi-profiled hospitals, and the emergency health care structures.
- Elaboration of recommendations for duplication of the model on a national level;

**Twinning:**

- Assistance to elaborate implementing legislation for the Health Act, particularly with a view to access to healthcare for vulnerable groups (particularly including Roma) which is an important feature in the new Law on Health
- Review of current legislation as regards access to health services, including emergency services; Introduction of new legislative initiatives in line with best practices with regard to better access to health care/ best practices in this area and full accessibility of the provided medical services to vulnerable groups of society (particularly Roma) supported
- Carry out a need assessment for the 2 pilot facilities;
- Elaborate overall concept for the restructuring of the Multi-profiled Hospitals for Active Treatment and centers for Emergency Medical Care (possibly with a special focus on cardio-vascular diseases):
- Structural and financial difficulties as regards access to good quality health care reviewed including the coordination between general health care establishments and the EMCC and recommendations provided e.g.:
- Enhanced conceptual development of EMC, comprising methods and mechanisms of quality control of services and expenses;
- Coordination related to interrelations and interactions with other medical care services;
- Need of increasing and sustaining the required level of professional qualification of the medical personnel and developing a system of appropriate motivation incentives;
- Lack of appropriate financing of emergency medical services.
- Review of the financing of inpatient care (inherent difficulties in financial management)
- Gatekeeping role of GPs; insufficient referrals to specialists (quantitative limits)
- Little incentives for GPs and specialists to serve remote areas
- Insufficiently effective coordination and communication between central level and the regions
- Strengthening local governments’ capacity to implement health reform at their level

- 100% accessibility of the provided medical services to all groups of society with particular focus on ethnic disadvantaged groups especially supported by the set-up of mobile units; creation of preventive and promotional programs (e.g. on the reduction of cardiovascular diseases if appropriate)
- Shorten the response time for emergency care
- Set up of a comprehensive data-base comprising relevant information for the planning of medical services, the administrative set-up of the medical structures and the sound long term financing, which will envisage monitoring mechanism particularly including on access by Roma people to healthcare services
- Working out of recommended list of medical equipment and preparation of technical specifications for the mobile diagnostic units of pilot areas;
- Revision of the proposed list of equipment and preparation of technical specifications for medical and non-medical equipment for the stationary pilot areas;
- Preparation of tender documents for medical and non-medical equipment for the pilot centers.
- Refine the concept of the functioning of the existing facilities for diagnostics and treatment of emergency medical cases in order to support the creation of the adequate capacity for dealing with emergency cardiovascular diseases;
- Preparation of operational guidelines (protocols) for standard behavior in emergency medical cases, with special attention to cardiovascular diseases;
- Publishing of operational guidelines (protocols) for standard behavior in emergency medical cases;
- Elaboration of methodology for training of the staff of the centers for diagnostics and treatment of emergency medical cases; 
- Preparation and conducting of 2 workshops for the implementation of the new operational guidelines for standard behavior in emergency medical cases;
- Preparation and conducting of workshop on successful management of the centers for diagnostics and treatment of emergency medical cases for dissemination of the experience with special attention to 100% accessibility to social disadvantaged groups.
- Preparation of a public awareness programme about behavior and reactions in cases of emergency;
• Preparation of a public awareness campaign prepared specifically targeted to Roma population about rights and obligations in the health sector (including proper registering)

This twinning project should include a Member State Project Leader who will supervise and coordinate the overall project, a Resident Twinning Adviser (RTA) who will work in a day-to-day basis with the beneficiaries in the beneficiary country and 3 short-term experts provided by the twinning partner to support the RTA.

**RTA profile:**
- A university degree in cardiology and/or emergency healthcare;
- Minimum 10 years experience in the area of emergency healthcare;
- Knowledge of European Union practice and emergency health care standards and related international legislation;
- Practical experience with health administration, organisation and finance as well as the provision of emergency health care services and/or organization of emergency healthcare services;
- Abilities to elaborate recommendations for improvement of the new established services;
- Computer literacy;
- Excellent command of English;
- Analytical abilities, ability to work with a multidisciplinary team;
- International experience on implementation of similar projects is desirable;

**Profile of the short–term experts:** specialists in emergency healthcare, including cardiovascular emergency cases; in medical equipment and Phare tender procedures;

**Supply:**
- Supply and installation of medical equipment for the pilot areas;
- Supply and installation of non-medical equipment for the pilot areas;
- Supply and equipping 2 mobile diagnostic units for the pilot areas.

3.4 Linked activities:

The reform in the emergency medical care in Bulgaria started with a project **BG 9201-01-01 Emergency medical care**, financed by PHARE Programme. The project facilitated the differentiation of emergency medical care centers (EMCC) as independent structures. The PHARE support was also used for buying ambulance cars, modern equipment for the emergency staff and for creating communicative and informative system throughout the country.

The process of modernizing the EMC system continued with the implementation of **Health Sector Restructuring Project**, carried out in the period 1996-2002 with a Loan 4000-BUL from the World Bank, a Loan from the Council of Europe Development Bank and with funds from PHARE. Under the project component “Emergency Medical Services” EMC centers in 28 districts and their branches (including Vratza and Smolian) were reconstructed, equipped with quality medical apparatus and supplied with equipped ambulances, more of them with installed GPS system. The whole medical staff, as well as ambulance drivers, was trained.

The Bulgarian Ministry of Health has been a beneficiary of a number of programs and projects targeted at improving the access to quality health-care for Roma. Such is the
"PHARE Program BG 0006.08 “Background Study for the Roma Health Status”, which is in its final stage of implementation. A survey, launched under the project, was carried out in 15 Bulgarian towns within 70 days (January – February 2003) and a detailed report, depicting the health-care conditions of Roma was prepared. The project activities cover: 1) identification of problems that Roma face within the health care system in Bulgaria; 2) registering Roma attitude towards drugs and drugs abuse; 3) and monitoring and assessment of Roma health status. The project analysis supports the drafting of Health Strategy for Roma by the Ministry of Health.\textsuperscript{10}

Under the World Bank Loan, “Health Sector Restructuring Project”, measures were taken for improving the primary health-care in the Roma neighbourhoods in the cities of Vidin, Sliven and Kjustendil. General practices were provided with appropriate medical equipment for total amount of 60,000 BGN. That has been done in accordance to the Bulgarian National Health Care Map, which envisages bettering of primary health-care for the whole rural network in Bulgaria, including the areas with dominantly Romani population.\textsuperscript{11}

The PHARE 2001-BG 0104.02 (total budget of EURO 1,100,000; an ongoing project) “Ensuring Minority Access to Health Care”, is implemented by the Ministry of Health, as the beneficiary under the project, in cooperation with the National Council on Ethnic and Demographic Issues (NCEDI). The project’s wider objective is to improve the access to health-care for Roma in 15 municipalities by equipping 15 GP practices, as well as by training of physicians and nurses. The project strives to improve the interaction and communication between the Roma community and the health care institutions by introducing and training Roma leaders to serve as mediators.\textsuperscript{12}

3.5 Lessons learned:

Commitment on national level, especially between the beneficiaries is necessary in terms of effective cooperation and communication, which will guarantee successful project implementation and evaluation. The experience gathered under previous Phare projects showed that good collaboration on political and expert level results in substantial achievements with respect of the purpose and objectives of the project. Good relations between the beneficiaries, the Implementing agency and the EC Delegation will additionally provide for quick and timely implementation process. Mechanisms of networking between the national, regional and local level shall be established as to guarantee integrated approach, which in turn will lead to sustainable outcomes and will provide possibilities for dissemination of good practices between the key actors.

The reform in the emergency medical care was the first stage in the process of modernization of the Bulgarian healthcare system, as it preceded the remaining part of the outpatient health care reform. However, during the several past years some additional problems have appeared, most of them in direct connection with the organization of activities and linkages with the other health system sections, as well as with the


\textsuperscript{11}Ibid.

\textsuperscript{12}Ibid.
motivation and qualification of medical personnel. The purpose of this project is to establish a new organizational structure, in which the patient and the quality of services provided have central place, along with the clearly defined obligations, responsibilities and activities of all participants in the process of diagnostics and treatment. The introduction of particular standards for the emergency medical services along with appropriate control system predetermine the increase of economic efficiency of the EMC system and improve the possibilities for planning both of activities and expenses.

4 Institutional Framework

The key parties under the project will be the Ministry of Labour and Social Policy (MLSP) and Ministry of Health (MH).

The Ministry of Labour and Social Policy is the Implementing Agency (respectively Contracting Authority) of the project as it is mandated to be an IA under Phare Programme in social and human resources development sector.

The MLSP will manage and administrate the project through the Program Authorizing Officer (PAO). The Directorate “Pre-accession Funds, International Programs and Projects” (DPFIPP) will be acting as administration of the IA/PAO.

The PAO
The PAO has ultimate responsibility for ensuring that the program is implemented fully in line with the Financing Memorandum and government policy in terms of sound administrative and financial management of the project, including tendering, contracting, disbursement, accounting, payment and reporting procedures and monitoring of the project.

MLSP - IA
The overall administrative and financial management is the responsibility of the MLSP. The latter include:
- Preparing and submission of procurement documentation based on inputs from the PIU, contracting and contracting procedures of works, supplies, goods and grants;
- Negotiations of contracts;
- Accounting, payments, and financial control for the contracts and grants;
- Overall monitoring and evaluation of the project activities;
- Preparation of quarterly and ad hoc reports on project status and fund management.

The PIU
The PIU will be in charge of the technical implementation and day-to-day administration of the project. “Project Administration and Management” Department within the “International Cooperation and European Integration” Directorate in the Ministry of Health will act as a PIU for this project and will provide technical implementation of the activities concerned.

The responsible person for twinning arrangement at the MH is:
Svetla Todorova
Head of Administration and Project Management Department
Ministry of Health
39, Alexander Stamboliyski Blvd
1000 Sofia, Bulgaria
Tel: +359 2 9301202
The MH and its bodies will actively take part in the project implementation, providing the following contribution:

- **PERSONNEL**: project counterparts working on a part time basis will be provided;
- **OFFICE**: office accommodation and other facilities will be put at the project disposal;
- **DOCUMENTATION**: the necessary documentation will be made available at the outset of the programme;

**Project Steering Committee**

A Project Steering Committee will oversee the implementation of the project. It will provide strategic project direction and guidance to the key institutions involved in the project. The Project Steering Committee comprises representatives of MLSP, MH, National Public Health Center, National Health Insurance Fund, Emergency Medicine Association, Ministry of Finance and ECD (as an observer).

At the moment, the emergency medical cases are in the scope of the services of EMC structures. There are 28 independent emergency medical care centers (EMCC), which are legal entities and are located in the regional towns, and 188 EMC branches (EMCB). All branches except EMCC in Sofia and Varna have an emergency department within the territory of the Multiprofiled Hospital for Active Treatment. The other branches have Emergency Sectors. The EMCC structure is based on *Regulation № 25 on Emergency Medical Care* and on the *EMCC Organizational and Activity Rules*. The staff of the EMC centers is 6731, 1411 of them are physicians, 2424 medicine specialists and 2896 others, of which 1977 - drivers. The EMC centers are financed from the state budget by the Ministry of Health. For 2003, 10 396 213 BGN were spent for the emergency medical care system, from which 2157 324 BGN (i.e. 20,75 %) were for medicines and consumables.

It is expected a concept for functioning of a center for observation, diagnostics and treatment of emergency medical cases, including its institutional framework and interaction with other health system sections, to be developed by the twinning.

### Detailed Budget

<table>
<thead>
<tr>
<th>Phare</th>
<th>Support</th>
<th>Total Phare (=I+IB)</th>
<th>National Co-financing*</th>
<th>TOTAL in MEUR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contract 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Twinning</td>
<td>Investment Support</td>
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<td>1.000</td>
<td>*</td>
</tr>
<tr>
<td><strong>Contract 2</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supply of equipment</td>
<td>Institution Building</td>
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<td>3.300</td>
<td>1.100</td>
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<td><strong>TOTAL</strong></td>
<td></td>
<td>3.300</td>
<td>1.000</td>
<td>4.300</td>
</tr>
</tbody>
</table>
6 Implementation Arrangements

6.1. Implementing Agency

The Implementing Agency (IA) is the Ministry of Labour and Social Policy through the directorate “Pre-accession Funds, International Programs and Projects”.

The PAO will be:
Mr. Roumen Simeonov
Deputy Minister of Labour and Social Policy
2 “Triaditsa” Str.,
Sofia 1051, Bulgaria
Phone: (+359 2) 8119 414
Fax: (+359 2) 986 13 18
E-mail: rsimeonov@mlsp.government.bg

For the twinning component the Implementing agency will be Central Finance and Contracts Unit within the Ministry of Finance:

The PAO will be:
Mr. Tencho Popov
Secretary General
102 Rakovska str.,
1040 Sofia, Bulgaria
Phone: (+359 2) 98592010;
Fax: (+359 2) 98593929

6.2 Twinning

A Twinning Contract will be signed with a Member State. The Twinning partner will need to have extensive experience in administrative and financial issues related to health care and in emergency health care services. The budget for the twinning is based on 18 months twinning partnership.

The twinning component will be contracted by the CFCU in the Ministry of Finance.

6.3 Non-standard aspects
The PRAG Procedure will strictly be followed.

6.4 Contracts
The activities under the twinning component will be preceded by a PPF financed project.
<table>
<thead>
<tr>
<th>Contract No</th>
<th>Contract</th>
<th>M EUR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract 1</td>
<td>Twinning</td>
<td>1.000</td>
</tr>
<tr>
<td>Contract 2</td>
<td>Supply of equipment</td>
<td>4.400</td>
</tr>
</tbody>
</table>

7 Implementation Schedule

**Contract 1 – Twinning**

- Twinning partner search: February 2005
- Twinning project starts: August 2005
- Twinning project ends: February 2007

**Contract 2 – Supply of equipment**

- Start of tendering: December 2005
- Start of project activity: August 2006
- Project completion: July 2007

8 Equal Opportunity

Equal opportunity is a fundamental principle of the project. Ensuring equal opportunity will be embodied in every sub-project and at every level of implementation.

9 Environment

Not applicable.

10 Rates of return

Not applicable.

11 Investment criteria

11.1. Catalytic effect:

Twinning will contribute to the establishment of a new model of organization of EMC services in the country and the improvement of the quality of these services in Bulgaria in line with the European standards.

11.2. Co-financing:

National co-financing of the twinning component will be up to 10% of the National budget according to the Twinning manual. The Phare contribution for investment costs will be no more than 75% of eligible public expenditure, the balance having to be covered by the national co-financing. The national co-financing will be provided by the National Fund Directorate at the Ministry of Finance. All operational and running costs and the maintenance of the equipment will be provided by the final beneficiary.

11.3. Additionality:
Two projects financed through PHARE grant and World Bank and the Council of Europe Development Bank loan for the health sector has supported the establishment of the network of 28 general emergency care centres in Bulgaria. The goal of the proposed project is to further develop the capacity of the health system as whole to deal with emergent cases with focus on the acute cardiovascular diseases.

11.4. Project readiness and size:

The project budget exceed the minimum of 2 M Euro required by Phare Programme for the investments projects.

11.5. Sustainability:

Sustainability of project results is assured through the need and commitment of Bulgarian government to avoid the existing problems in the management of Multi-profiled Hospitals run together with the Emergency Medical Care System. Additional qualification of the personnel during the implementation of the project will increase the motivation of the staff and will contribute to achievement of a better quality of emergency health care for the whole population in the pilot districts. All supported investment actions are sustainable in the long term beyond the date of Accession. They will comply with the EU best practices.

Future maintenance and operational costs will be covered by the Bulgarian national budget under the special focus of full accessibility of the services provided to all citizens in the region. The therefore necessary special measures need to be maintained and even further developed to guarantee this accessibility especially to groups like elderly in remote areas, members of minority groups, and people with handicaps.

The model elaborated and piloted in the project will serve as a model for Multi-profiled Hospitals together with its Centers for Emergency Medical Care for all of Bulgaria. Especially the design, installation and monitoring of a comprehensive data bases will serve as model through Bulgaria for the provision of the necessary information for the long-term planning and financing of medical services respecting data-protection regulations.

All activities performed in the project will be in line with the actual legal framework applicable for activities in the Health Care Sector.

11.6. Compliance with state aids provisions

All investments will respect the state aid provisions of the European Agreement.

11.7. Contribution to NDP and/or Structural Funds Development Plan/SPD

See item 2.4.

12 Conditionality and sequencing

A review on the medical services provided in the centers has to be done before starting the twinning, so as to provide a need analysis and to orientate the RTA's missions.

Need assessment for the 2 facilities and technical specifications, along with the tender documents will be prepared by the Twinning.
Upon successful completion, the project will provide expertise for definition of new approaches and exchange of best practices between the medical care structures involved in the project in order to be multiplied at national level.

During the next 15 years the Health Care Institutions restructured under this project will remain as state property dedicated to make basic medical services accessible to 100% of the population in the region. Otherwise Bulgaria shall reimburse these funds to the European Commission.

During the duration of the project, the National Aid Coordinator needs to ensure good coordination with other international donors in these areas, including the World Bank.

Any necessary works and supervision of works needs to be undertaken by the Bulgarian side.

**ANNEXES TO PROJECT FICHE**

1. Logical framework matrix in standard format
2. Detailed implementation chart
3. Contracting and disbursement schedule by quarter for full duration of programme (including disbursement period)
4. Reference to feasibility/pre-feasibility studies.
   The technical and economic justification and the preparation of the technical specifications will be done by the Twinning partner.
5. List of relevant Laws and Regulations
6. Reference to relevant Government Strategic plans and studies (may include Institution Development Plan, Business plans, Sector studies etc)
7. List of equipment.
8. Health statistics for main health problems in the pilot districts

**ABBREVIATION**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>EC</td>
<td>European Community</td>
</tr>
<tr>
<td>EU</td>
<td>European Union</td>
</tr>
<tr>
<td>MH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MLSP</td>
<td>Ministry of Labour and Social Policy</td>
</tr>
<tr>
<td>CVD</td>
<td>Cardiovascular diseases</td>
</tr>
<tr>
<td>EMC</td>
<td>Emergency Medical Care</td>
</tr>
<tr>
<td>EMCC</td>
<td>Emergency Medical Care Center</td>
</tr>
<tr>
<td>EMCB</td>
<td>Emergency Medical Care Branch</td>
</tr>
<tr>
<td>LMI</td>
<td>Law on Medical Establishments</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>NCHI</td>
<td>National Centre for Health Information</td>
</tr>
<tr>
<td>NSI</td>
<td>National Statistics Institute</td>
</tr>
<tr>
<td>ES</td>
<td>Emergency Sector</td>
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</table>
**Phare log frame**

<table>
<thead>
<tr>
<th>LOGFRAME PLANNING MATRIX FOR Project</th>
<th>Programme name and number</th>
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</thead>
<tbody>
<tr>
<td>Restructuring of pilot Multi-profile hospitals and developing of emergency medical care with a view to improve access to healthcare for vulnerable group of people with a special focus on Roma</td>
<td>Contracting period expires: 30 November 2006</td>
</tr>
<tr>
<td></td>
<td>Disbursement period expires 30 November 2007</td>
</tr>
<tr>
<td></td>
<td>Total budget: 5 400 000 Euro</td>
</tr>
<tr>
<td></td>
<td>Phare budget: 4 300 000 Euro</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall objective</th>
<th>Objectively verifiable indicators</th>
<th>Sources of Verification</th>
</tr>
</thead>
</table>
| Securing access to quality medical services including emergency medical services to members of ethnic minorities with special focus on Roma population, disabled people and citizens living in remote areas. Improving the quality of life of the population by decreasing the mortality rate, secondary complications and late disability of the population caused by emergency medical cases with special accent to the disadvantaged ethnic minorities, especially Roma population and especially by cardiovascular diseases (myocardial infarctus, acute heart failure, stroke, etc.); | - Improved health status of the population in the region, particularly the Roma population  
- 100% coverage with basic and emergency medical services for the population in the pilot districts, with special focus on the disadvantaged ethnic minorities  
- 2% decrease of the mortality rate, caused by acute cardiovascular and cerebrovascular diseases and other emergency cases in the first year in pilot district;  
- 2% decrease of deaths after 30 days of having been in emergency care in the first year in pilot district;  
- 2% of decrease of the number of secondary complications from cardiovascular, cerebrovascular diseases and others emergency cases in the first year in pilot district;  
- Improved early diagnostics of main health problems in pilot districts  
- Decreased indicator for late disability from cardiovascular, cerebrovascular | - Statistical data and reports from NCHI, NSI and MH;  
- Sociological surveys;  
- Ex-post survey;  
- Official reports from international institutions  
- Data base providing detailed information on the health status and the services provided; |
<table>
<thead>
<tr>
<th>Project purpose</th>
<th>Objectively verifiable indicators</th>
<th>Sources of Verification</th>
<th>Assumptions</th>
</tr>
</thead>
</table>
| Elaboration of a model and piloting of 2 Multi-profiled Hospitals for Active Treatment comprising Centers for Emergency Medical Care with a special focus on cardio-vascular diseases. Mobile units will allow hundred percent accessibility of a basic set of medical service for all individuals living in a radius of 100 kilometers from these centers. Particular attention will be paid on the representatives of the ethnic minorities especially the Roma population | - Functioning model of centers for diagnostics and treatment of emergency medical cases in 2 pilot district multi-profiled hospitals ready for duplication Bulgaria wide  
- 100% coverage of quality basic health services  
- Cost-effective provision of quality medical services to the ethnic disadvantaged groups  
- Effective Emergency Medical Care provision in successful cooperation with the Multi-profiled hospitals and other medical service providers | MH reports and documents  
PIU reports | Good cooperation between the different levels of the health care system |

<table>
<thead>
<tr>
<th>Results</th>
<th>Objectively verifiable indicators</th>
<th>Sources of Verification</th>
<th>Assumptions</th>
</tr>
</thead>
</table>
| Twinning:                                                              | - Proposals for implementing legislation for the Health Act, particularly with a view to access to healthcare for vulnerable groups (particularly including Roma) elaborated  
- Need assessment for the 2 pilot centers carried out;  
- Overall concept for the restructuring of the Multi-profiled Hospitals for Active Treatment comprising centers for Emergency Medical Care with a special focus on cardio-vascular diseases:  
- 100% accessibility of the provided medical services to all groups of society especially supported by the set-up of mobile units  
- Set up and pilot-running of a comprehensive data-base comprising relevant information for the planning of medical services, the | Proposal for legislatatve changes submitted to CoM for approval  
Technical specifications for the mobile units and their equipment prepared;  
Technical specifications for medical and non-medical equipment prepared;  
Tender documents for medical and non-medical equipment prepared.  
Concept for center for diagnostics and treatment of emergency medical cases in district multi-profiled hospitals developed;  
Meeting the needs of the population concerning basic medical services and emergency medical care.  
Sufficient data base allowing cost effective planning and provision of quality medical services, reflecting the local health characteristics, | MH reports and documents  
Twinning reports  
PIU reports  
Inquiries on satisfaction after passed training  
Sociological research |
administrative set-up of the medical structures and the sound long term financing.

- List of appropriate medical equipment and technical specifications for the mobile diagnostic units for the pilot centers;
- Proposed list of equipment revised and technical specifications for medical and non-medical equipment for the stationary pilot centers prepared;
- Tender documents for medical and non-medical equipment for the pilot centers prepared;
- Concept of the functioning of the existing facilities for diagnostics and treatment of emergency medical cases refined;
- Operational guidelines (protocols) for standard behavior in emergency medical cases prepared;
- Operational guidelines (protocols) for standard behavior in emergency medical cases published;
- Methodology for training of the staff of the centers for diagnostics and treatment of emergency medical cases elaborated;
- 2 workshops in the pilot districts facilitating the implementation of the operational guidelines for standard behavior in emergency medical cases held;
- Workshop on successful management of the Multi-profiled hospitals and their centers for diagnostics and treatment of emergency medical cases for dissemination of the experience prepared and held with special attention to 100% accessibility to social disadvantaged groups;
- A public awareness campaign about behavior and reactions in cases of emergency prepared;
- Operational guidelines (protocols) for standard behavior in emergency medical cases – printed and published in EMC web site;
- Physicians, nurse staff and non-medical personnel training programme;
- 2 workshops for the implementation of guidelines for standard behavior in emergency cases
A public awareness campaign prepared specifically targeted to Roma population about rights and obligations in the health sector (including proper registering)

**Supply:**
- Medical equipment for the 2 Multi-profiled Hospitals and their Emergent Medical Care Centers delivered and installed;
- Non-medical equipment for the 2 pilot centers delivered and installed.
- Mobile diagnostic units provided for the pilot centers;
- Buildings modification made in accordance with the project requirements of 100% accessibility of services and the needs of the new medical equipment;

- 2 equipped pilot hospitals;
- 2 mobile diagnostic units equipped and ready for use.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Means</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twinning:</td>
<td>Twinning contract</td>
<td>Needs analysis for medical services within the pilot districts prepared;</td>
</tr>
<tr>
<td>Assistance to elaborate implementing legislation for the Health Act, particularly with a view to access to healthcare for vulnerable groups (particularly including Roma) which is an important feature in the new Law on Health</td>
<td></td>
<td>Proposals for restructuring of hospital services in the pilot districts made;</td>
</tr>
<tr>
<td>Introduction of new legislative initiatives in line with best practices with regard to better access to health care/ best practices in this area and full accessibility of the provided medical services to vulnerable groups of society (particularly Roma) supported</td>
<td></td>
<td>Recommendations with changes in the legislative framework directed to the improvement of the interaction between hospital medical care provided by Multi-profiled hospitals, and the emergency health care structures elaborated;</td>
</tr>
<tr>
<td>Carry out a need assessment for the 2 pilot centers;</td>
<td></td>
<td>Recommendations for duplication of the model on a national level elaborated;</td>
</tr>
<tr>
<td>Elaborate overall concept for the restructuring of the Multi-profiled Hospitals for Active Treatment comprising centers for Emergency Medical Care with a special focus on cardiovascular diseases:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
- 100% accessibility of the provided medical services to all groups of society especially supported by the set-up of mobile units
- set up of a comprehensive data-base comprising relevant information for the planning of medical services, the administrative set-up of the medical structures and the sound long term financing.
- Working out of recommended list of medical equipment and preparation of technical specifications for the mobile diagnostic units of pilot centers;
- Revision of the proposed list of equipment and preparation of technical specifications for medical and non-medical equipment for the stationary pilot centers;
- Preparation of tender documents for medical and non-medical equipment for the pilot centers.
- Refine the concept of the functioning of the existing centers for diagnostics and treatment of emergency medical cases in order to support the creation of the adequate capacity for dealing with emergent cardiovascular diseases;
- Preparation of operational guidelines (protocols) for standard behavior in emergency medical cases, with special attention to cardiovascular diseases;
- Publishing of operational guidelines (protocols) for standard behavior in emergency medical cases;
- Elaboration of methodology for training of the staff of the centers for diagnostics and treatment of emergency medical cases;
- Preparation and conducting of 2 workshops for the implementation of the new operational guidelines for standard behavior in emergency medical cases;
- Preparation and conducting of workshop on
successful management of the centers for diagnostics and treatment of emergency medical cases for dissemination of the experience with special attention to 100% accessibility to social disadvantaged groups.

- Preparation of a public awareness campaign about behavior and reactions in cases of emergency;
- Preparation of a public awareness campaign prepared specifically targeted to Roma population about rights and obligations in the health sector (including proper registering)

Supply:
- Supply and installation of medical equipment for the pilot centers;
- Supply and installation of non-medical equipment for the pilot centers;
- Supply and equipping 2 mobile diagnostic units for the pilot centers.

- Supply contract

Preconditions
Annex 2

Detailed Implementation Chart - Restructuring of pilot Multi-profiled Hospitals for Active Treatment comprising centers for emergency medical care with a special focus on cardiovascular diseases

<table>
<thead>
<tr>
<th>Components</th>
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<th>2007</th>
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<td>T</td>
<td>T</td>
<td>T</td>
</tr>
<tr>
<td>Contract 2</td>
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<tr>
<td>Supply</td>
<td></td>
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<tr>
<td></td>
<td>T</td>
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<td>T</td>
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</tbody>
</table>

T – Tendering and contracting
I - Implementing
**Annex 3**  
**Contracting and disbursement schedule - Restructuring of pilot Multi-profiled Hospitals for Active Treatment comprising centers for emergency medical care with a special focus on cardiovascular diseases**

All figures in Million EUR

<table>
<thead>
<tr>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
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<tbody>
<tr>
<td>Q I</td>
<td>Q II</td>
<td>Q III</td>
<td>Q IV</td>
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<tr>
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<td></td>
</tr>
<tr>
<td><strong>Contract 1</strong></td>
<td></td>
<td></td>
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<tr>
<td>Contracted</td>
<td>1.000</td>
<td>1.000</td>
<td>1.000</td>
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<tr>
<td>Disbursed</td>
<td>0.600</td>
<td>0.600</td>
<td>0.900</td>
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<tr>
<td><strong>Contract 2</strong></td>
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<td></td>
<td></td>
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<tr>
<td>Contracted</td>
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<td>4.400</td>
<td>4.400</td>
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<tr>
<td>Disbursed</td>
<td>2.640</td>
<td>2.640</td>
<td>3.960</td>
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</table>
Annex 5
List of relevant Laws and Regulations

1. Health Act, promulgated SG, issue 70/10 August 2004, in force from 1 January 2005
2. People’s Health Act, repealed, SG issue 70/10 August 2004, in force from 1 January 2005
3. Health Insurance Act
4. Medical Establishments Act
5. Regulation № 25 of 4 November 1999 for Emergency Medical Care
6. EMCC Organizational and Activity Rules

Annex 6
Reference to relevant Government Strategic plans and studies:

- “Framework Programme for Equal Integration of Roma into Bulgarian Society” – adopted through an agreement, signed by 75 Roma organizations and a government representative on 7 April 1999, and followed by a decision of the Council of Ministers from 22 April 1999 (Protocol №18, item 14);
- Short term Action Plan (2003 – 2004) for the implementation of the “Framework Programme for Equal Integration of Roma into Bulgarian Society”.
- Government Program of the Council of Ministers of the Republic of Bulgaria People are the Wealth of Bulgaria (October, 2001), health sector part “Health – Right to everyone”;
## Annex 7

**Indicative list of equipment (to be updated and confirmed by Twinning)**

<table>
<thead>
<tr>
<th>№ seq.</th>
<th>DESCRIPTION</th>
<th>QTY</th>
<th>Unit price (in Euro)</th>
<th>Total price (in Euro)</th>
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<tbody>
<tr>
<td>1</td>
<td>Multi-functional Ultrasound System</td>
<td>2</td>
<td>19600</td>
<td>39 200</td>
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<tr>
<td>2</td>
<td>Cardio Ultrasound System</td>
<td>2</td>
<td>62500</td>
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<tr>
<td>3</td>
<td>Standard X-ray, portable (‘kugel’ type)</td>
<td>3</td>
<td>15000</td>
<td>45 000</td>
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<tr>
<td>4</td>
<td>Infusion pump, volumetric - infusomate</td>
<td>30</td>
<td>2500</td>
<td>75 000</td>
</tr>
<tr>
<td>5</td>
<td>Perfuser</td>
<td>26</td>
<td>2000</td>
<td>52 000</td>
</tr>
<tr>
<td>6</td>
<td>Mechanical Ventilator</td>
<td>4</td>
<td>28600</td>
<td>114 400</td>
</tr>
<tr>
<td>7</td>
<td>Patient Monitor</td>
<td>12</td>
<td>8000</td>
<td>96 000</td>
</tr>
<tr>
<td>8</td>
<td>Central Station Monitoring 6 Patients Capability</td>
<td>2</td>
<td>8500</td>
<td>17 000</td>
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<td>9</td>
<td>Holter Monitoring System, 4 Recorders</td>
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<td>14 000</td>
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<tr>
<td>10</td>
<td>Base network printer</td>
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<td>1000</td>
<td>2 000</td>
</tr>
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<td>11</td>
<td>Defibrillator+Cart</td>
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<td>4500</td>
<td>27 000</td>
</tr>
<tr>
<td>12</td>
<td>Electrocardiograph+Card</td>
<td>5</td>
<td>5500</td>
<td>27 500</td>
</tr>
<tr>
<td>13</td>
<td>Cardiac Stress-Test System</td>
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<td>16000</td>
<td>32 000</td>
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<tr>
<td>14</td>
<td>Intra-Aortic Balloon Pump System</td>
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<td>84 000</td>
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<tr>
<td>15</td>
<td>Ultra-clave automatic sterilizer</td>
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<td>3200</td>
<td>6 400</td>
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<tr>
<td>16</td>
<td>Fiber optic laryngoscope</td>
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<td>12500</td>
<td>50 000</td>
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<tr>
<td>17</td>
<td>Endoscopy System (upper Gastro-Intestinal Endoscopy)</td>
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<td>26 000</td>
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<td>18</td>
<td>Endoscopy System (Colonoscopy)</td>
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<td>19</td>
<td>Otto-ophthalmoscope</td>
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<td>300</td>
<td>600</td>
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<tr>
<td>20</td>
<td>ICU bed, with special mattress</td>
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<td>2200</td>
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<tr>
<td>21</td>
<td>Stretcher for the emergency room</td>
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<td>22</td>
<td>Infusion stand</td>
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<td>70</td>
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<td>23</td>
<td>Container for documentation</td>
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<td>650</td>
<td>7 800</td>
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<td>24</td>
<td>Cart for general purpose</td>
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<tr>
<td>25</td>
<td>Stand for Instruments, Stainless Steel, Portable</td>
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<td>100</td>
<td>800</td>
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<tr>
<td>26</td>
<td>Standard balance -adults</td>
<td>3</td>
<td>150</td>
<td>450</td>
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<td>27</td>
<td>Hanger</td>
<td>26</td>
<td>45</td>
<td>1 170</td>
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<tr>
<td>28</td>
<td>Chair for giving blood</td>
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<td>520</td>
<td>3 640</td>
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<td>29</td>
<td>Table for instruments, Stainless Steel</td>
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<tr>
<td>30</td>
<td>Refrigerator, 600 liters, pharmaceuticals</td>
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<tr>
<td>31</td>
<td>Container for medicines</td>
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<tr>
<td>32</td>
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<td>90 000</td>
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<td>33</td>
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<td>26</td>
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<td>34</td>
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<td>35</td>
<td>Disinfections machine</td>
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<td>36</td>
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<td>37</td>
<td>Operating table – traumatic</td>
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<td>92 000</td>
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<td>38</td>
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<tr>
<td></td>
<td>Description</td>
<td>Quantity</td>
<td>Unit Cost</td>
<td>Total Cost</td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------------------------------------------------------</td>
<td>----------</td>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td>39</td>
<td>A set of small surgical equipment for general surgery, trauma treatment,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>gynecology, urology, ophthalmology, ORL etc. (for all emergency cases)</td>
<td>8</td>
<td>62000</td>
<td>496 000</td>
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<td>Chair for disabled - portable</td>
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<td>750</td>
<td>5 250</td>
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<td>10 000</td>
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<td>42</td>
<td>Software - standard</td>
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<td>500</td>
<td>2 500</td>
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<td>43</td>
<td>Refrigerator, 150 liters, for medicines, consumables and serums</td>
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<td>44</td>
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<td>26 000</td>
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<td>46</td>
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<td>48</td>
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<td>60 000</td>
</tr>
<tr>
<td>49</td>
<td>Fibrobronchoscope – adults</td>
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<td>50</td>
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<td><strong>GRAND TOTAL EQUIPMENT</strong></td>
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<td><strong>4 400 000</strong></td>
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</table>
## Annex 8

### Health statistics for main the health problems in the pilot districts

#### Table 1

**Population, Morbidity and Cause-specific death rate in 2003**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Total data for the country</th>
<th>Vratza District</th>
<th>Smolyan District</th>
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<tbody>
<tr>
<td>Total population</td>
<td>7801273</td>
<td>216388</td>
<td>135029</td>
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<tr>
<td>Population aged over 65</td>
<td>1333730</td>
<td>42681</td>
<td>19352</td>
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<tr>
<td>Dead per 100 000 of the population as a result of:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Neoplasms</td>
<td>201,8</td>
<td>210,0</td>
<td>198,5</td>
</tr>
<tr>
<td>2. Diseases of the Circulatory System</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- High-tension disease;</td>
<td>63,0</td>
<td>61,9</td>
<td>69,1</td>
</tr>
<tr>
<td>- Ischemic heart disease;</td>
<td>247,6</td>
<td>271,9</td>
<td>308,8</td>
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<tr>
<td>- Acute myocardial infarction;</td>
<td>84,9</td>
<td>86,7</td>
<td>202,2</td>
</tr>
<tr>
<td>- Cerebro vascular disease(including hemo);</td>
<td>270,7</td>
<td>379,6</td>
<td>179,4</td>
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<td>3. Accidents, Poisonings and Violence</td>
<td>51,6</td>
<td>47,7</td>
<td>33,1</td>
</tr>
</tbody>
</table>

Source: National Center of Health informatics, Ministry of Health
Table 2

Patients discharged from hospitals of general type by classes of diseases in Vratza District

<table>
<thead>
<tr>
<th>Classes</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>number</td>
<td>%</td>
<td>number</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>population</td>
<td></td>
<td>population</td>
<td></td>
</tr>
<tr>
<td>Total morbidity</td>
<td>38736</td>
<td>100,0</td>
<td>15230,3</td>
<td>100,0</td>
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<td>Morbidity by main 6 classes of diseases:</td>
<td>26459</td>
<td>100,0</td>
<td>15230,3</td>
<td>100,0</td>
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<tr>
<td>Neoplasms</td>
<td>4147</td>
<td>15,7</td>
<td>1630,5</td>
<td>17,1</td>
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<tr>
<td>Diseases of the Circulatory System</td>
<td>6770</td>
<td>25,6</td>
<td>2661,8</td>
<td>5751</td>
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<tr>
<td>Diseases of the Respiratory System</td>
<td>5909</td>
<td>22,3</td>
<td>2323,3</td>
<td>5116</td>
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<td>Diseases of the Digestive System</td>
<td>3548</td>
<td>13,4</td>
<td>1395,0</td>
<td>3318</td>
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<td>Diseases of the Genito-Urinary System</td>
<td>3894</td>
<td>14,7</td>
<td>1531,1</td>
<td>2755</td>
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<tr>
<td>Accidents, Poisonings and Violence</td>
<td>2191</td>
<td>8,3</td>
<td>861,5</td>
<td>2026</td>
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</tbody>
</table>

Source: National Center of Health informatics, Ministry of Health
Table 3

Patients discharged from hospitals of general type by classes of diseases in Smolyan District

<table>
<thead>
<tr>
<th>Classes</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>number</td>
<td>%</td>
<td>number</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>per 100 000 population</td>
<td></td>
<td>per 100 000 population</td>
<td></td>
</tr>
<tr>
<td>Total morbidity</td>
<td>33900 100,0</td>
<td>23339,2</td>
<td>33066 100,0</td>
<td>23685,9</td>
</tr>
<tr>
<td>Morbidity by main 6 classes of diseases:</td>
<td>16950 11669,6</td>
<td>16533</td>
<td>11843,0</td>
<td>17178</td>
</tr>
<tr>
<td>Neoplasms</td>
<td>747 4,4</td>
<td>514,3</td>
<td>673 4,1</td>
<td>482,1</td>
</tr>
<tr>
<td>Diseases of the Circulatory System</td>
<td>2637 15,6</td>
<td>1815,5</td>
<td>2847 17,2</td>
<td>2039,4</td>
</tr>
<tr>
<td>Diseases of the Respiratory System</td>
<td>3724 22,0</td>
<td>2563,9</td>
<td>3563 21,6</td>
<td>2552,3</td>
</tr>
<tr>
<td>Diseases of the Digestive System</td>
<td>1773 10,5</td>
<td>1220,7</td>
<td>1673 10,1</td>
<td>1198,4</td>
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<tr>
<td>Diseases of the Genito-Urinary System</td>
<td>6020 35,5</td>
<td>4144,6</td>
<td>6103 36,9</td>
<td>4371,7</td>
</tr>
<tr>
<td>Accidents, Poisonings and Violence</td>
<td>2049 12,1</td>
<td>1410,7</td>
<td>1674 10,1</td>
<td>1199,1</td>
</tr>
</tbody>
</table>

Source: National Center of Health informatics, Ministry of Health