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Original Contribution

ESTABLISHMENT OF THE HEALTH CARE SYSTEM IN BULGARIA (1930-2002)

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ABSTRACT

The author's purpose in this paper is to review the establishment of the Health Care System in Bulgaria from the first attempts in the beginning of the last century to the present day. Some remarks on the different periods of development of the system have been stated and in improving the system of Health Care, there is a marked tendency not to make some notorious in the Literature mistakes.

Key words: Health care, Hospital management, Reform

ITRODUCTION

It takes a big effort to begin
It takes a big effort to terminate
But the biggest effort is to continue!
Vladimir Bashev

Looking back, the first significant steps in the founding of a Health Care system in Bulgaria were made between 1930 and 1940 with the introduction of the first medical books, stamped by the employer. An essential fact of this period is the small number of doctors available, and the lack of modern for that time equipment in the hospitals. After 09.09.1944, the government assigned several tasks to the health policy executives to set the foundations of a "new kind" of health care. The already existing Soviet Health Care system type "Semashko"(1) was considered to be one of that type. It was named after a Russian doctor, who founded a system in which there was a great number of doctors, a smaller number of medical staff, and a developed network of hospitals even in the most secluded settlements. Another idiosyncracy was the banning of private medical practice and the small salaries of the medical personnel. The centralized financing of the system was a fact. In Bulgaria the imposing of this system took a longer period; however, in the late 60's of the last century hospitals and maternity homes were spread to the smallest villages of the country. These hospitals required numerous personnel and resources of maintenance.

Probably this was the first big mistake in the reconstruction of the health care system in Bulgaria. It led to the need for admitting too many students in the medical instututes of higher education, so that the necessary number of staff would be supplied to keep the artificially created structures functioning. The second big mistake was made in 1972 when in Bulgaria the private medical practice was forbidden. This completely depersonalized the Bulgarian physician and at the same time the social health insurance had no alternative. In 1973 the Medical Academy was founded. It united the already existing medical institutes in Sofia, Plovdiv and Varna. Later the faculties in Stara Zagora and Pleven and two branches in Pazardgik and Dobrich were set up. In spite of some positive tendencies toward integration that occurred, it was not possible to stop the destruction of that kind of health insurance system. It became most noticeable in the beginning of the 80's (1982-1983) when the first disturbing results about the relationships between mortality rate, average life expectancy, infant mortality and low birth-rate occurred.

After 1990 a reform in the health insurance was a necessity. This was when the new seeds coming with the Grand National Assembly were sown. It restored the private medical practice in Bulgaria, the Medical and Stomatological Union. However, the first real steps were made when attempts for reform started with changes in the emergency surgeries and with some legislative initiative. The following years were years of hard

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preparatory work, preparation for legislature reform by different unions of the civil society - the Medical Union, the Stomatological Union, the syndicates and other non-governmental organizations. That is how in the beginning of 1994 the first co-project was initiated for a law in the health insurance that was presented to the vice-prime minister of that time Matichev. It was promised that this law would become a part of the Parliament's program. But different in character reasons did not allow the realization of this initiative. Then the two main tendencies in the Bulgarian health insurance were outlined. Part of the physicians, used to the practice in the past, obdurately defended the "Semashko" system and tried to improve it by all means by "cosmetics". The reformers opposed them. During that period of arguing the system was almost completely destroyed as the financing in 1996 reached 2.9% of the GPD. Then the efforts of the whole guild to conduct this reform were summoned, since an agreement about the basic principles in the law of the professional organizations in the health insurance was reached with the governing majority and the minister of health care.

Work has been done on that basis during the recent seven years and with the idea about the progress of Bulgaria along these lines, two of the main laws in the health insurance were quickly written and approved in the Grand National Assembly – the law of health insurance (published on 19/06/1998 in National Newspaper, issue 70)(2) and the law of professional organizations of physicians and stomatologists (published on 21/07/1998 in National Newspaper, issue 83) (3). The law of health insurance was a co-effort of our specialists and experts from Germany, the Netherlands, France, and mostly from the World Bank. On the basis of these consultations we were advised to have only one fund because then it is guaranteed and there is the advantage of greater solidarity. After that the law of the treatment centers (4) was passed, the law of pharmacies and medicines in the human medicine (published on 18/04/1995 in National Newspaper, issue 36) (5), the law of the Red Cross and other documents that formed the legal basis for the upcoming reform. The set time for the beginning of the reform – 01/01/1999, was prolonged with six months to the advantage of accumulating the basic capital in the National Health Insurance Funds and excluding the least possibility of bankruptcy. It was structured in the fastest possible way, because beneath that structure there was the firm position of the state budget, made from the parliamentary majority and government. Therefore, the holy day on which the Health Reform began in out-patient clinic treatment was 01/07/1999. The main principles were privatization of out-patient clinics by the executives who from hired labourers of the municipality and the state evolved to people practicing medicine as a liberal profession. Great efforts were necessary to overcome the psychological stress of executives and patients that the health condition of the nation would not change, that the lack of secure income as a salary would not affect the physicians and the stomatologists. That was accomplished with the signing of the first National frame contract between the executives – physicians and stomatologists and the National health Insurance Fund. These were the first attempts to completely change the financing of the health insurance and to introduce market principles in it. The incomes of the executives in the out-patient clinic health care sharply increased. That led to drastic discord between the incomes of the physicians in the out-patient clinic care and the specialists in the hospitals. The second part of the reform was being prepared, the one in the in-patient clinic health care, based on the law of hospitals. The new way of financing from the National Health Insurance Fund aimed at introducing order in financing according to what is done through clinical tracks, i.e. to have the market principles in the hospitals. Unfortunately, that did not occur for several reasons. Money did not always follow the patient. Often he was kept unduly in hospitals where the opportunities for diagnostics and medical treatment were exhausted, with the only purpose the capital of the track to be absorbed. The severe cases that were taken in big hospitals for treatment when there was no other option also increased.

To conclude, I will allow myself to share a statement in whose correctness I am convinced, and that is to say:

The establishment of the National Health Insurance System is a serious and responsible task that reflects on the health of the nation. Having that in mind, the passing of all laws, concerning that issue, should be connected with wide preliminary research among the health specialists and the population to reach consensus.

REFERENCES:

1. Zaprjanov N., Gr. Najdenov, Medical biographical reference book, pp. 239-240, Edition "Hr. G. Danov", Plovdiv, 1972.

2. Law of health insurance, National Newspaper, 19/06/1998, issue 70.
3. Law of professional organizations of physicians and stomatologists, National Newspaper, 21/07/1998, issue 83.
4. Law of the treatment centers, National Newspaper, 09/07/1999, issue 62.
5. Law of pharmacies and medicines in the human medicine, National Newspaper, 18/04/1995, issue 36.