

## **Strengthening Engagement in Public health Research**

### **STEPS**

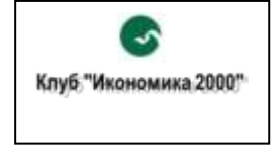
#### **Report on National Workshop in Bulgaria The civil society – challenges and opportunities for participation in public health research**

**25 March 2010, Sofia**

**Petko Salchev, MD, PhD**

**Prof. Lidia Georgieva, MD, PhD**

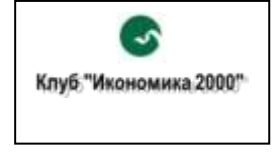
**Club Economica 2000**



**STEPS**  
**I. Report on National Workshop in BULGARIA**

**TABLE OF CONTENTS**

1. Short general description of workshop	3.p.
2. Report on four themes	4.p.
2.1. Public health research system in Bulgaria. “Public health research in Bulgaria – Problems and opportunities for NGOs “	4.p.
2.2. The role of different civil society, especially the citizen organisations, in contributing to public health research “The role of NGOs in performing public health research”	9.p.
2.3. National topic "Health protection and patient safety – challenges and opportunities for NGOs.”	12.p.
2.4. European dimensions “Public health research: EU funding opportunities”	16.p.
3. Summary of final discussions	23.p.
4. Conclusions, Recommendations	24.p.
5. Attachments	
5.1. Agenda of the workshop	28.p.
5.2. List of participants (name, surname, organisation)	29.p.
5.3. List of Steering Committee	29.p.
5.4. Summary of the evaluation	30.p.



## 1. SHORT GENERAL DESCRIPTION OF WORKSHOP

### Introduction

The role of NGOs in public health research in recent years is on the rise and on its way to become indispensable. One of the main challenges to the experts involved in public health research and the civil society is to investigate, analyze and assess the capabilities, capacity and expertise of the involved staff in these organizations to tackle challenges in public health. Bulgaria doesn't have an established tradition and experience in public health research, despite the proclaimed intentions and goals. Public health research is undertaken mainly in scientific institutions which are few in number. NGOs have almost no experience in this field except for PR studies and sociological studies of opinions and attitudes on some aspects of public health. Here we should note also a certain mixing of theoretical, methodological and conceptual views on public health, especially mixing the notions of "public health" and "public health care", as well as the insufficient understanding of what public health studies. Very often clinical, organizational, sociological and other types of studies are titled "public health research". As another significant issue of public health research, besides methodology and researchers expertise, should be noted the absence of forms and ways of financing. These are typically rather complex, expensive and resource (human, financial, time) consuming studies. The interest of society and state in this field is not particularly high and often completely. Public health research is undertaken mainly in academic collectives (departments and faculties) and mainly on the basis of sheer enthusiasm or personal interest in the studying of a certain factor or phenomenon. Experience collected through the years with studies along the CINDI and MONICA programmes, as well as the large SOFIA HEART STUDY was not developed accordingly and applied to other studies. Taking into account all these factors we set ourselves the goal to undertake a study and analysis of the issues in public health which are of interest to the civil society represented by NGOs, the capabilities of persons in these organizations, their preparedness and qualification. Studying attitudes, we concluded that there isn't a significant from NGOs I public health studies, due to a lack of sufficient qualification and financing. The main priority set by NGOs turned out to be the patient safety inside the health care system. We should not ignore as well the "scientific arrogance" on behalf of public health researchers which seldom, if never, provide assistance to NGOs in public health studies, which erects additional barriers to interactions in the field.

### The title of the workshop

*"The civil society – challenges and opportunities for participation in public health research"*

### The aim of the workshop

"Opportunities for the civil society in public health research and especially in the field of patient safety"

How we chose the national health topic (focal point)

Patient safety has been selected as a national topic by most experts attending the conference. Patient safety emphasizes the reporting, analysis, and prevention of medical errors that can lead to adverse healthcare events. The relevance of the theme for Bulgaria is due to several

factors. Bulgaria does not have a centralized system to obligatory report adverse healthcare events; moreover, it lacks the culture to cope with them. Physicians are accountable for errors only to ethical commissions of the Physicians association, the paternal model of dealing with patients is still predominant, exaggerated media reports lead to a tendency to hide errors, and dialogue with patients' organizations is non-existent. Recent developments in the national health system have lead to further deterioration of the situation: patient to nurse staffing ration increases and cost-cutting measures by state and municipal hospitals in response to reimbursement cutbacks have further compromised patients safety. With the agenda that physician mistakes and abuse should not remain unpunished, the Ministry of Health recently established a state agency of "Medical audit".

### **The date and venue**

25 March 2010, Sofia

### **Number of participants - 30**

#### **The title of presentations and names and short introduction of speakers**

1. "Public health research in Bulgaria – problems and perspectives for NGOs" - Assoc. Prof. Petko Salchev, MD, PhD - Head of Department of Social Medicine and Health Care Management – Medical Faculty – Medical University – Sofia
2. "The role of NGOs in performing public health research" - Denitsa Satcheva – Head of International Institute for health and health insurance (NGO)
3. "Health protection and patient safety – challenges and opportunities for NGOs" - Assoc. Prof. Lidia Georgieva, MD, PhD – MARSH
4. "Public health research: EU funding opportunities" - Rostislava Dimitrova, MD – DG Health and Consumers, European Commission Public Health Research

## **2. REPORT ON FOUR THEMES**

### **2.1. Public health research system in BULGARIA.**

#### **Public health research in Bulgaria – Problems and opportunities for NGOs**

(Assoc. Prof. Petko Salchev, MD, PhD, MF-MU-Sofia)

*"Research means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge."*

CDC October 4, 1999

Guidelines for Public Health Research

In recent years we have seen mixing the theoretical concept of „public health” with „public health care”, as a main element and approach to attaining it through certain actions.

#### ***What is public health?***

*Public health is an interdisciplinary notion, a holistic systematic phenomenon with its unique character, based on the diversity and the constant complex dynamics of its characteristics – a bi-component multi-profile structure with mass character, reflecting the dynamic interaction of different social and health phenomena, leading to the possibility of attaining optimal health and maximum life span for every member of society through the creation of certain benefits for him and realization of his rights to health and longevity.*

**Public health is an integral systematic phenomenon with its unique features, based on the diversity and constant complex dynamics of its characteristics:**

- Systemic phenomenon
- Mass phenomenon
- Bi-component category
- Multi-profile category
- Category with intrinsic features (components):
  - a. Of amassing (community)
  - b. Of the best
  - c. Of prevention
  - d. Of organization
  - e. Of management
  - f. Of epidemiology
  - g. Of statistical observation
  - h. Of sociological observation
  - i. Of values orientation and motivation
  - j. Of manifestation of certain social and health phenomena

**Main groups of phenomena studied by public health:**

- ▶ 1. Health status of the population
  - Positive health          Negative health
- ▶ 2. Health needs
  - Objective                  Instrumental
- ▶ 3. Health conscience
  - Cognitive – knowledge and skills
  - Values - ideas, motives, beliefs, ideals, values and interests
- ▶ 4. Health activities
  - Spontaneous (disorganized) and organized;
  - Rational and irrational;
  - Professional and unprofessional;
  - Temporary and constant.
- ▶ 5. Health interactions – social interactions among people related to health

**Does public health research in Bulgaria stand a chance?**

- ▶ Bulgaria is undergoing a period of deep social and economical transition,
- ▶ Bulgaria is placed in the conditions of a natural experiment,
- ▶ There aren't enough studies conducted in this field.

**Analysis of the situation at present**

A study performed through postal inquiry using a standardized questionnaire of STEPS provides the following conclusions:

- Low activity of NGOs in this field – of 40 questionnaires sent only 8 returned;
- During the period 2004-2010, 38 projects were implemented, mainly with external funding;
- All organizations point out that they don't participate in the national policy on public health research because they have never been invited;



- All organizations point out that they have trouble in securing financing.

### **Challenges:**

1. Studies and assessment of the changes in the health status of the whole population and certain groups;
2. Studies on the influence of health determination health indicators on population and individual level;
3. Studies on the influence of social and economical factors on the individual health behaviour – which are the limiting/reinforcing conditions?
4. Studies on health indicators and their sensitivity to social and economic changes, in which groups and to what degree?
5. Studies of the predictors of worsened /improved health – their identification and their place when determining the national health policy?
6. Studies on health inequalities in modern society (city/village; social positions; regionalism; ethnic minorities; types of occupation, etc.)?
7. Studies of systemic character – health system, interactions inside the system, etc.

### **Are we prepared to meet these challenges?**

#### **Expectations:**

Studies need to be pegged to the health priorities of the nation, the health needs of the population, health politics and the demands of medical practice.

#### **Realities:** Studies are predominantly directed towards:

- Health care reform - demands, parametres, health system management, hospitals management;
- Problems of education in public health, as well as for medical professionals;
- Risk factors for socially significant diseases, CINDI;
- Economical problems of health care.

#### **Conclusions:**

1. Strong prevalence of themes concerning management of the health service, management in the broad and practical sense (studies on health activities) over studies of health indicators and health determinants, interactions in the system (interactions in the remaining four directions – health status, needs, awareness and interactions)
2. Mass studies to answer the modern health challenges are missing
3. Studies to reflect on the transition are missing
4. Exceptionally few are the studies which manage to describe and analyze the

### **Situation in Bulgaria (Internet-based survey by P. Salchev)**

Study topic: [Challenges to public health research](#)

Methods – anonymous inquiry with 10 questions using SurveyMonkey.

The study includes 10 questions – closed and semi-open.

The study started on 18/01/2010 and ended on 15/02/2010.

220 persons were invited to participate, all Internet users and included in the address book of the researcher.

#### **Survey results:**

- ▶ Out of the invited 220 persons, 78 responded – 35.45% response rate.

- ▶ The average age of the people responded is 43.
- ▶ Gender distribution is: males – 28 (35.9%) and females 50 (64.1%).
- ▶ All to respond have university degrees in the following fields :

**Question Are you aware of any public health studies in your region and Bulgaria as a whole? If yes, please name them.**

**Answers: Yes – 33 %, No – 66,7 %**

- *Burden and prevalence of disease*
- *Environmental influence on erectile dysfunctions*
- *Epidemiologic studies on narcotic drugs*
- *Quality of life, management and financing*
- *Management, statistics*
- *DLE – international comparison*
- *Patient satisfaction*
- *Assessment of public health services in Bulgaria*
- *Epidemiological studie*

**Question. Do you think there are public health themes that have not been studied properly or have been underestimated unjustly? If yes, please name them.**

**Answers: Yes – 82,05 %, No – 17,95 %**

- *Stress as a consequence of modern life style and environmental pollution; medicinal treatment*
- *Environmental influences on pathologic conditions*
- *Psychic health; addictions*
- *Ethical rules in health care*
- *Prophylaxis of conditions manifested in school age (spine deformations and normal physical development)*
- *Rehabilitation and re-socialization after disability*
- *The relation social standing-healthcare*
- *Prevention*
- *Organization of the health system*
- *Patient safety, collaboration and problems of communication among medical professionals*
- *Factors of health and health insurance*
- *Influence of the environment and economical development on individual health*
- *Health economics*
- *Social determinants and health inequalities*
- *Assessment of health services needs*

### **Conclusions**

- ▶ Low interest in these themes
- ▶ Women are more interested
- ▶ 66,7% don't know of any studies on public health
- ▶ Over 82% think there are topics in public health, which are not investigated or underestimated
- ▶ The main problems to public health research pointed are the lack of funding and interest on behalf of the state institutions

- ▶ 79,5% consider the level of public health research in Bulgaria much lower than the corresponding in other European countries
- ▶ The average score of scientific capacity for public health studies is 3 (average)
- ▶ 97% consider academic institutions to have the leading role in public health research, followed by NGOs – 41 %
- ▶ Over 48% consider NGOs unprepared to engage in public health research, 33% deem NGOs lacking competence, over 48% think that NGOs can influence policy-making and over 43% - that they do not take part in the planning of studies
- ▶ Over 87% would engage themselves personally with public health research and below 50% think their organization would engage itself

#### **Most important priorities in public health research indicated by respondents**

- ▶ Studies on socially significant diseases
- ▶ Determining health needs
- ▶ Factors leading to disease (health determinants)
- ▶ Organization of the health system
- ▶ Accessibility of health services
- ▶ Embracing the opinions of different strata of society
- ▶ Legislation, health policy, health insurance, financing systems
- ▶ Quality of medical services

#### **General conclusions**

- ▶ Weaknesses:
  - Lacking or unclear hypotheses in public health research
  - Limited usage of profound meta- and statistical analyses
  - Predominantly descriptive nature of studies
  - Ignoring epidemiological methods
  - Insufficient studies on economical efficiency of different approaches

#### **Reasons:**

- Lacking or inadequate financing of research work, leading to narrowing in objects, approaches and applied methods;
- Lessened attention to scientific and methodological aspects of studies.

#### **Where mainly is the research potential?**

- ▶ Where are the researchers?
  - in centres, faculties, departments of public health
  - in clinics/departments in medical universities
  - in institutes and centres of BAS
  - in private universities

There are no trained researchers in NGOs.

#### **Challenges and opportunities for overcoming problems**

- ▶ Enhancing awareness and transparency
- ▶ Strengthening of ties among researchers and research institutions and NGOs
- ▶ Defining priorities and policies in public health
- ▶ Unification among real priorities in public health
- ▶ Raising politicians interest to evidence based policy making



► Creating networks

## **2.2. The role of different civil society, especially the citizen organisations, in contributing to public health research.**

### **The role of NGOs in public health research.**

*Denitsa Satcheva, International institute of health care and health insurance*

The level of development of health care predetermines the level of development of a country. While medicine is a preserved territory for physicians, modern health care demands more and more the participation of politicians, economists, lawyers, PR experts, social workers, social anthropologists, etc. National health challenges demand understanding, support and co-participation not only on the side of politicians, state administration and professional associations, but on behalf of society as a whole. Beside from working on concrete health projects, protecting citizens rights on local and national level and offering health services, NGOs more and more participate in the formulation of health priorities and policies for public health.

Although at a slower pace, but now with a far more serious presence than 10 years ago, civil participation in the health sector is growing. Drivers of this participation are the following factors:

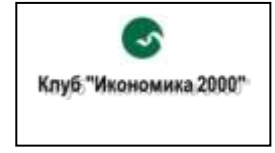
- *Rapid development of information technologies and a wide access to information*, which facilitates communication, research and relative analyses. They provide more opportunities for NGOs to influence the legislative and executive branches;
- *A growing pressure for transparency and concrete results* on behalf of individual citizens and population groups, who want to know and protect their;
- *A growing awareness that the state is constructed along with citizens who should not be viewed merely as taxpayers and/or voters*. This is realized both by the organizations themselves and authorities, which more and more seek consultancy on a number of issues of interest to large population groups;
- *A growing necessity for formulation and implementation of evidence-based policies*, as well as the adoption of a legislative framework, whose influence on the population, politics, economics and social environment is researched beforehand.

The inclusion of more NGOs in public health research is extremely important, since this research is an integral part of development. Research as a concept includes in itself the complete cycle of knowledge – from its generation through information, analysis and trial, to its effective application. They provide a stable fundament for action and not only inform, but develop peoples' capacity.

NGOs could participate in all stages of a cycle of research – championship, priorities setting, capacity building and mobilization of resources, sharing and application of the research results, establishment of a network of contacts.

Bulgarian legislation foresees the right to associate in article 44 of the Constitution and in the Law for non-profit public legal entities (NPLE). The legal and organizational forms in which NPLE can exist are associations and foundations. The body, authorized to register NPLE in Bulgaria is the district court according to the seat of organization.

The NPLE can set independently their goals and the ways to achieve them, i.e. the specific activities. Regarding the goals, some restrictions are set in the Constitution of the Republic of Bulgaria. According to it, NPLE as all other associations cannot undertake



activities targeting the sovereignty of the state, its territorial integrity, the unity of the nation or fuelling racial, national, ethnic or religious enmity, as well as violating the rights and freedoms of the citizens. Forbidden are also organizations, establishing secret or paramilitary structures or which reach their goals through violence. Any other goals, from any other public spheres, are allowed in principle, even if they don't match the opinions and positions predominant in society, as long as the actions required meeting these goals are legally acceptable.

The Law for NPPE explicitly permits Bulgarian or foreign, physical persons or legal entities, to be the founders of NPPE, regardless of whether the organization would be an association or foundation.

NPPE have use tax concessions. They don't pay taxes over their incomes from non-business activities. Such incomes are donations, membership due, project funding. Regarding their business activities, NPPE are taxed in the same manner as business groups – with 10% corporative tax on revenues. Donors of NPPE in public benefit receive tax. In the case of physical persons, they can use up to 5% reduction from their annual income tax. In the case of companies, this reduction is up to 10% of the revenue prior to taxation.

NPPE can exist in private or public benefit. Those in private benefit cannot qualify for a budget subsidy. A problem of legislation in Bulgaria is that the status of NPPE in public benefit is acquired following registration in the Central registry of the Ministry of Justice, which can happen no later than 2 months after court registration. An NGO that misses this deadline is de facto registered by the court as functioning to public benefit, but cannot use this official status and thus is unable to work on budget programmes and projects. Missing the deadline leads to the necessity of starting a new court registration.

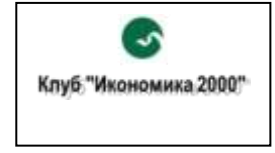
According to the national informational portal of NGOs in Bulgaria [www.ngobg.info](http://www.ngobg.info), the NGOs registered in Bulgaria are 4 908. 213 of them work in the fields of health care and patients rights. Only 76 have updated their profile in the last year. NGOs active in the health sector of Bulgaria are mainly associations and foundations. No data is present on branches of foreign NGOs, as well as on informal civil groups.

Most common activities according to registration are protection of patients' rights; informational and educational activities; organization of public campaigns and activities for improving the health culture of the population; health services supply; public control and monitoring (mainly regarding corruption); assisting institutions in developing policies and programmes on certain health issues.

The NGOs active in public health research in Bulgaria are relatively few in number. The most popular NGOs performing such studies and publishing their results regularly are the "Open Society" institute, and the "International institute on health care and health insurance". Other organizations active in public health research are the foundation "Health problems of minorities", the "Index" foundation and the International research foundation Hasumi-Bulgaria.

Possible funding sources for such NGOs activities are State funds and programmes, programmes funded by the international community (EC, WHO, etc.), bilateral international projects, endowments (private and corporate), membership fees, business activities (data bases sales, books and publications, trainings, etc.).

The participation in NGOS in public health research is of utmost importance, in order to engage public attitudes and motivations in reaching collective benefits. In sectors such as healthcare, which cover practically the whole population of a country, engaging public attention and efforts is of key significance for overall success.



The state and NGOs must cooperate in the field of public health research, in order to develop and popularize policies, strategies and programmes, as well as in order to harmonize inter-sector interests in the state on national and local levels through dialogue and joint actions. The leading principles of interaction between state institutions and NGOs in health care should be:

- Pluralism of standpoints;
- Transparency of founders, governing bodies, funding sources and annual accounts on NGOs activities;
- Transparency and public control over the rules and procedures for public contracts, related to public health projects;
- Building of social capital through the establishment of a freely accessible national data base with results from public health projects and programmes, funded from the national budget and/or European funds and programmes.

The main problems in Bulgaria, related to the partnership between the state and NGOs in the health sector and in particular the participation of NGOs in public health research, are related to the lack of purposeful and unified policy in this respect. In recent years we've seen a relative openness of authorities for public consultations, but still in the health sector this is done formally and ceremonially – mainly through the organization of round tables and meetings, and not through real cooperation via projects, programmes, mixed working groups.

The passions and debates surrounding the undergoing for 12 years in Bulgaria health reform to a large extent steer the political, media and public attention to themes such as the organization, management and financing of hospital care, whereas the problems of public health are systematically neglected.

In the framework of the Ministry of Health and the National Health Insurance Fund capacity for work on projects and programmes, as well as with structures of the civil society, is lacking. At present projects in the health sector are financed by the Ministry of Labour and Social Policy (health information campaigns, provision of services, medical equipment deliveries, etc.), the Ministry of Regional Development and Public Works (infrastructure projects and hospital development), the Ministry of Environment and Waters (environmental health), the Ministry of Justice (medical law, medical errors, etc.), the Ministry of Transport, Information Technologies and Communications (electronic health care). Under discussion is the possibility hospitals, which are registered as companies in Bulgaria, to be viewed as small and medium companies and be able to apply under the competitiveness programmes, managed by the Ministry of Economics, Energetics and Tourism. The Ministry of Healthcare is more of a passive observer or participator in these processes, but not an engine or unifier of what's happening in health care or with projects and programmes.

The lack of cooperation among different institutions on health care issues is complemented with a lack of cooperation among NGOs, working in different sectors. A large proportion of health sector based NGOs do not interact with other NGOs and thus limit their capacity for development and work on projects. Cooperation with organizations, working in the fields of social policy, ecology, human rights, etc., can provide new options for development.

Among the major problems facing NGOs active in health care, are the absence of bridge financing and the insufficient capacity for work on projects, especially with operative programmes, funded by the EU.

The lack of bridge financing effectively makes the participation of NGOs in work on European and state projects and programmes, impossible. The requirements for co-financing

are often beyond NGOs strength. Even harder to meet is the requirement for advance payment of activities, which is followed by months of waiting for reimbursement, a period that may reach a year. Effectively this leads NGOs into a liquidity crisis. Practically, procedures and rules for assimilation of European programmes funds, are developed in a manner which requires focusing energy on the financial management of a project and the punctuality of its reporting of targets met, even its graphical design, and to a far lesser extent to the essence of activities and the significance of the funding itself. An alarming tendency exists for European projects and programmes funds to go to structures with accumulated administrative capacity, but without any significant contribution to the development of the respective sector. Public contracts, according to which are concluded project implementation contracts, are in the usual case more favourable for companies, in comparison to NGOs. This combined with the fact that many donors withdrew from Bulgaria and the insufficiently developed donor culture, places under threat the stability of NGOs in the country.

In almost all countries from Central and Eastern Europe, including in non-members of the EU, mechanisms for financial support of NGOs are foreseen – establishment of specialized foundations/funds for financing NGOs with initial capital provided by the; tax concessions for business activities pertaining to the goals of the organizations; 1 % mechanism, including the right of taxpayers to determine the receiver – an NGO, of 1 or 2 % of the tax paid by them; charity lotteries, revenues from which go to support NGOs, etc. Bulgaria has adopted none of the mentioned mechanisms. Therefore it is necessary to establish an independent from the state but financially secured by it mechanism for funding of NGOs.

One of the main challenges to improving the civil participation in the processes of decision making and especially in public health research is *the necessity to establish a culture of cooperation*. Public health policy needs to be based on real experience and relate to the people it is made for. Research is not only the best way to bring policy closer to people, but it is also a public capital in its own right, because it expands the pool of knowledge and hence, the opportunities for development.

### **2.3. Title of national public health topic.**

#### **Health protection and patient safety - Challenges and opportunities for NGOs**

*Lidia Georgieva*

#### **In search of a “national health theme”**

In the conditions of a health reform

- Health insurance
- Hospital care
- Primary care
- Unhappy general practitioners

#### **Common goal: improving the health of the population**

- Bulgaria spends 4.5 billion leva for health care annually
- About 550 million of public funds are spent inefficiently
- X leva for prophylaxis and health protection
- 0 leva for prophylactic programmes from MH in 2009



### EU policies

- Protection of humans from health threats and disease
- Promotion of healthy life style
- Providing help to national governments of EU member states willing to cooperate in health themes

### Second programme of Community action in the field of health (2008-13) Decision No 1350/2007/EC

#### Objectives

#### 1. Improvement of the citizens health security through:

- Development of the capacity of member states to prevent public health threats. This can happen through the establishment of emergency action plans and preliminary measures
- Activities related to patient safety, prevention of injuries and incidents, risk assessment, etc.

#### 2. Improvement of public health through:

- Activities for decrease of smoking, alcohol and drug abuse, promotion of healthy nutrition
- Measures for prevention of serious disease and elimination of health inequalities among EU member states

#### Who can participate?

- institutes and universities
- state administrations, responsible for health care
- NGOs
- private companies

Programme budget - 321.5 million euros

### 7 F EC programme

#### Pillar 3: optimizing health services provision to citizens

Quality, efficiency and solidarity of health systems

Strengthening of health promotion and disease prevention

Inclusion of health cooperation in health systems and public health systems

#### iii) Strengthening health promotion and disease prevention :

Gathering evidence for the best possible measures in public health as life style interventions;  
Focus on health determinants in a broader sense and how they interact on individual and public level

**Budget: € 6.1 billion for theme "Health"**

**EC RECOMMENDATION from June 9 2009** for patient safety, including health care prevention and control related to infections (2009/C 151/01)

“Patient safety” means that there is no possibility for the patient to sustain unnecessary or potential harm, related to health care (consumption of medical services)

(25) The principles of protection and risk assessment are the key factors for health protection and therefore should be integrated in all policies and actions of the Community (EU).

### **NATIONAL HEALTH STRATEGY (2008 – 2013)**

#### **Strategic objective I**

Securing preconditions for health promotion and disease prevention

##### 1. Adoption of the approach “Health in all policies”

###### **Tasks:**

- Development and application of a toolkit for assessing the influence of separate determinants on health.
- Development and support of a data base with collective knowledge on population health and its determinants with guaranteed access of citizens to it.

###### **Expected results:**

- Regulation and implementation of certain obligations of state and municipal bodies, NGOs, business and labour regarding the health of the nation.
- Limiting risk factors.
- Improving the health state of the nation.

##### 3. Optimization of public health protection activities

3.1. Limiting the influence of risk factors, related to the environment and population behaviour

##### 3.3. Preventing possible risks for the health of the nation

Performing epidemiological studies for health risk assessment as a result of environmental pollution

- Step-by-step adoption of the indicators of WHO Regional office for Europe for assessing the influence of the environment on the population health.
- Establishment of a system for health risk management.

### **GOVERNMENTAL PROGRAMME FOR EUROPEAN DEVELOPMENT TURNING PROPHYLAXIS INTO A COMPULSORY ELEMENT OF THE HEALTH SYSTEM ON ALL LEVELS**

#### *Measures*

- Endorsement of prophylaxis as a compulsory element of the health system on all levels.
- Extension of activities according to adopted national programmes and development and realization of new programmes and policies for limiting disease prevalence and mortality from socially significant diseases, related to behavioral risk factors (smoking, alcohol abuse, unhealthy diet, low physical activity, etc.) and environmental risk factors.

- Relating more information to the population regarding health risks and the ways to decrease individual exposure.

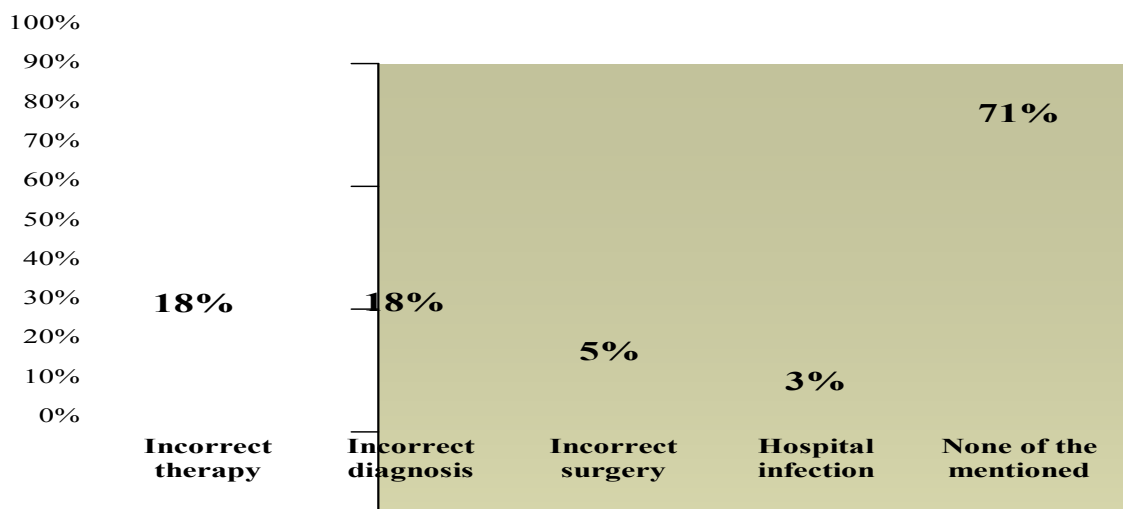
### GUARANTEEING ACCESS TO HEALTH ACTIVITIES

- Enhancement of cooperation with NGOs for their integration in the health and social sector services provision.

### Patient safety

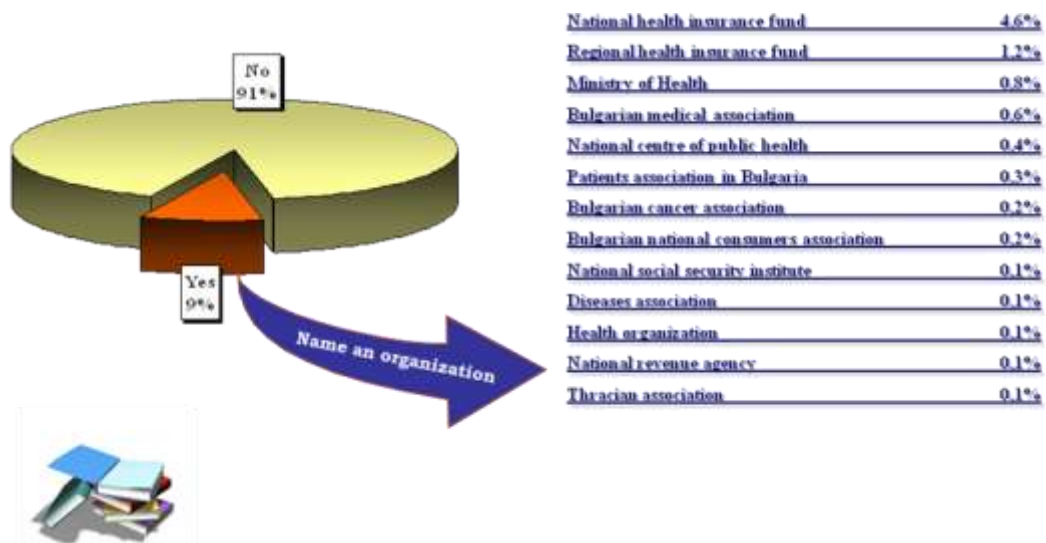
Physician mistakes and abuse should not remain unpunished. With this agenda the Ministry of Health established a state agency of “Medical audit”.

#### Have you ever become a victim of:

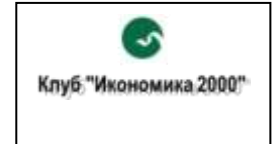


Baseline: All persons interviewed: 1000

#### Do you know which organization protects patients rights in Bulgaria?



Baseline: All persons interviewed: 1000



## Conclusions

- Health protection and patient safety are priorities both in the EU health policy and the national health policy.
- Funding for these activities is present from EC, but not from Bulgaria.
- Very few projects of EC have Bulgarian participation.

## Challenges to NGOs

1. How can NGOs participate in research on health protection and patient safety?
  - international and national partnerships
2. How to identify common priorities for NGOs, which are funded by European or national programmes.

### 2.4. European dimensions.

#### EU Funding Opportunities

*Dr. Rostislava Dimitrova, DG Health and Consumers, European Commission Public Health Research*

The key objective of EU Research policy (Art. 163 & 178 of the Treaty): “the strengthening of the scientific and technological bases of Community industry“ and “promoting all research activities deemed necessary for other policies”.

The core objectives for Health research in FP7 are “improving the health of the European citizens and increasing the competitiveness of the European health related industries and businesses...”with emphasis on “translational research”.

N.B.: The European Commission currently manages about 5% of total public spending in R&D in the European Union.

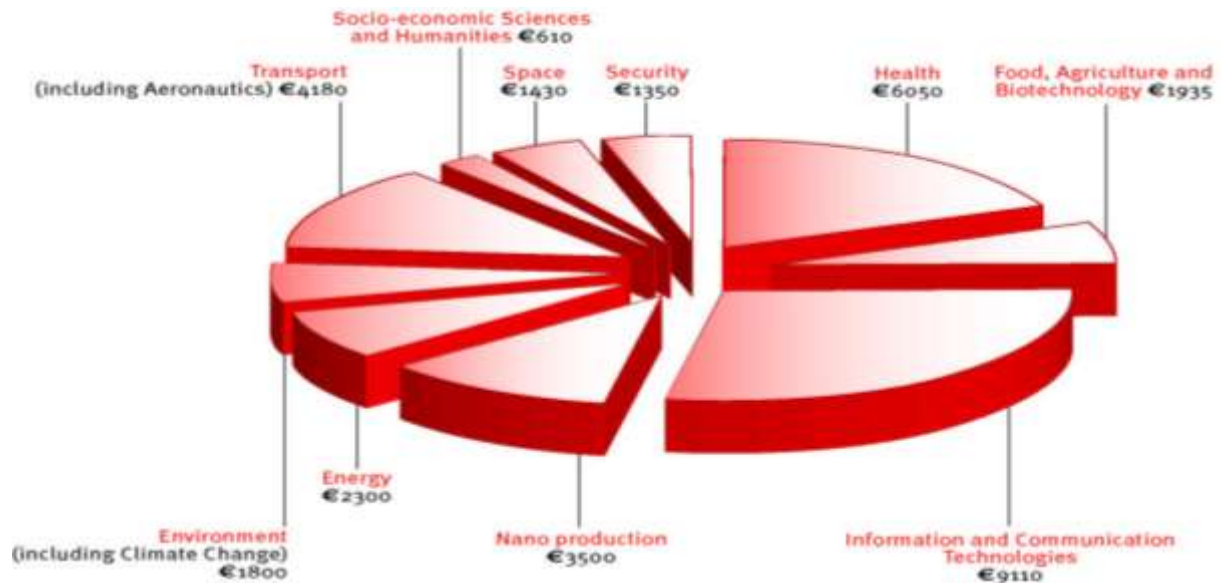
The EU currently invests about 1.9% of GDP in research

FP7\_Indicative breakdown (EUR million)

FP7 budget (2007-2013): €55 billion = ~6% of public R&D investment in Europe

FP7\_Cooperation-Programme\_Breakdown

Cooperation programme: thematic areas (€32.4 billion)



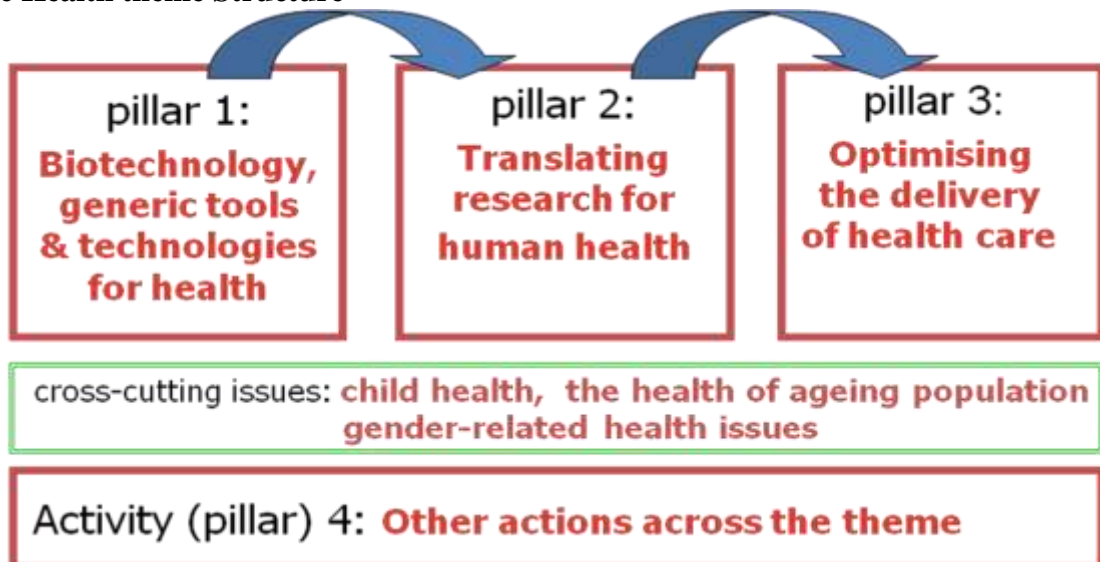
Collaborative research in the Health theme

Main policy drivers:

- Improving health of European citizens
- Increasing competitiveness of European health- related industries and businesses
- Addressing global health issues, including emerging epidemics

Budget: €6.1 billion over 7 years(2007-2013)

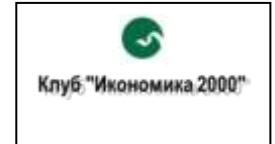
### The Health theme Structure



Collaborative research in the Health theme

1: Biotechnology, generic tools and technologies

- High-throughput research
- Detection, diagnosis and monitoring
- Predicting suitability, safety and efficacy of therapies
- Innovative therapeutic approaches and interventions



2: Translating research for human health

- Integrating biological data and processes: large-scale data gathering, systems biology
- Research on the brain and related diseases, human development and ageing
- Translational research in major infectious diseases
- Translational research in other major diseases

Pillar 3: Optimising the delivery of health care to citizens

- Translating clinical research into clinical practice
- Quality, efficiency and solidarity of health care systems
- Enhanced health promotion and disease prevention including international cooperation in public health & health systems

i) Translating clinical research into clinical practice:

Better use of medicines, behavioural and organisational interventions, health technologies; focus on patient safety: to identify the best clinical practice to understand decision making in clinical settings in primary and specialised care to foster evidence-based medicine and patient empowerment

ii) Quality, solidarity and sustainability of health systems

Basis for countries to adapt their health systems taking into account national contexts and population characteristics

Organizational, financial and regulatory aspects Implementation –best practice

Outcomes -effectiveness, efficiency and equity

Special attention on investment issues and human resources

iii) Enhanced Health Promotion & Disease Prevention:

Evidence for best public health measures in terms of life style interventions; focus on the wider determinants of health and how they interact at the individual and community level

- Diet, stress, tobacco, physical activity, nutrition, inequalities
- Mental health to be addressed in life-course perspective

The Third Pillar:

- a completely new activity –health policy driven
- aims at developing new research methods
- to generate a sound scientific basis
- to underpin informed policy decisions on health systems
- to achieve more effective and efficient evidence-based strategies of health promotion, disease prevention, diagnosis and therapy in a context set by the overarching values of universality, access to good health care, equity and solidarity aiming to make provision that is patient-centred and responsive to individual need

Users: EC, MS, WHO, OECD, clinicians, patients, other stakeholders

**The EU Health Programme**

Second Programme of Community Action in the Field of Health (2008-13)

Article 152 of the Treaty: Incentive measure designed to protect and improve human health, 'excluding any harmonisation of the laws and regulations of the MS'. 1993-2002

1993-2002	Eight separate action programmes
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2003-2008 € 312 million	Programme of Community action in the field of public health (2003-08) Decision No 1786/2002/EC
2008-2013 € 321.5 million	Second programme of Community action in the field of health (2008-13) Decision No 1350/2007/EC

Health is elemental for people's well-being. European Union citizens expect the European Union to respond to their concerns about their health and overall wellbeing.

This is what the EU tries to try. Article 152 of the Treaty on the European Community states that a high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities. All Community action shall naturally complement Member States policies and actions.

The Treaty goes on to say that the Council, consisting of the representatives of the Member States, can adopt "incentive measures which are designed to protect and improve human health"

The second Health Programme is such an incentive measure. It was preceded by 8 separate action programmes, on health promotion, cancer, AIDS and other communicable diseases, drug dependence, health monitoring, pollution-related diseases, accidents and injury prevention and rare diseases. These were followed by the first programme of Community action in the field of public health, and the current programme which is now in its third year

The second health programme has two overarching objectives:

Firstly, It seeks to complement, support and add value to the policies of the Member States of the EU

Secondly, it aims at increasing the solidarity and prosperity in the European Union by protecting and promoting the health and safety of its citizens and improving public health

#### **Work Plan 2009 & 2010**

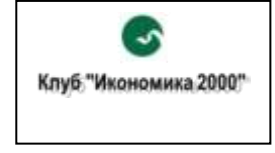
- Stronger link to EU Health Strategy
- Synergy with other Community Programmes (notably with FP 7)
- Results measured where possible by appropriate indicators, preferably the Healthy Life Years indicator
- Use of a range of financing mechanisms

The Health Programme aims to promote synergies with other Community Programmes without duplicating work carried out under these.

The 7th Research Framework Programme under the third pillar of the Health Theme entitled: "Optimising the Delivery of Health Care to European Citizens", is complementary to Community actions in the field of health under all objectives of the second Health Programme. Efforts will be made to identify and avoid overlap/duplication between health programme successful proposals and FP7 projects selected for funding under the calls to-date

#### **Financing mechanisms**

- Calls for proposals for projects
- Calls for tenders



- Joint actions
- Operating grants
- Conferences
- Direct grants to Intl organisations

**Implementation**

- **Annual work plans:** sets out priorities and actions to be undertaken and the criteria for Community contributions.
- The Commission is assisted by a **Programme Committee:** informed on all actions and projects funded through the Programme.
- The **Executive Agency** on Health and Consumers (EAHC) assists in the implementation.
- **National Focal Points:** national information relay points on the Programme; local support to potential applicants.

The EU Structural Funds for Health 2007-2013

Disparities in levels of development between EU27 regions are significant and have doubled compared to EU15 (measured in GDP/head).

Based on a strategic approach(Community Strategic Guidelines on Cohesion), cohesion policy instruments invest in endogenous growth potential, competitiveness of regional economies and infrastructure.

Cohesion policy instruments account for one third of the EU budget or EUR 347 billion over the 2007-2013 period.

Based on the policy’s principles of concentration, programming, partnership, additionally and efficiency, the funds’ implementation follows shared management between the Commission, the Member States and the regions.

Structural funds: €5 billion earmarked for health (1,5% of the overall envelope for 2007-2013, a small slice of the cake....)

**Additional funds** have been earmarked for other health-related areas, such as **e-health and active ageing.**

Other funds are also available under the **ESF** but are not earmarked for health. It’s the role of the SANCO network to investigate how much is spent and for what purpose.

**Abbreviations:**

OP: Operational Program

<b>STRUCTURAL FUNDS</b>	<b>OBJECTIVES</b>	<b>Possible allocations for health</b>
<b>ERDF (REGIO)</b>	‘Convergence’ ‘Competitiveness’	Investment in health infrastructure to contribute to regional development and quality of life + innovation
	‘European territorial cooperation’	Development of collaboration and capacity; infrastructure;

<b>ESF (EMPL)</b>	‘Convergence’ and ‘Regional competitiveness and employment’	Safety at work to promote more productive forms of work organisation; Prevention and health promotion programmes;
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Health infrastructure: Percentage of planned investments in health infrastructure in relation to the total amount of Structural Funds allocated to Member States in 2007-13.

### Health in the Structural Funds 2007-2013



Source: European Commission, Dg SANCO 2007

Allocation of Total SF per objective:

82% => Convergence ob. (poorest MSs and regions are eligible)

16% => support innovation, sustainable development, better accessibility and training projects

2% => cross-border cooperation

### European Regional Development Fund (ERDF) for Health

#### ■ Health infrastructure

#### ■ Additional range of actions to eligible for Structural Funding:

- Population ageing
- Healthy workforce
- Health innovation and research
- Knowledge and information technology
- Environment

### EXAMPLES OF POTENTIAL ESF SUPPORT FOR HEALTH

#### ■ Adaptability of workers, enterprises and entrepreneurs

■ Information campaigns, awareness raising and training of employers and employees in the field of health and safety at work (e.g. handling dangerous products and instruments, chemical safety, etc.)

■ Introducing new standards, procedures, labour inspection systems to increase occupational health and safety

■ Continuous updating of the skills of training personnel and workers in the health sector with regard to the latest developments, innovation and new techniques

- Development of production methods and work flows aiming at reducing health and safety risks of workers

- **Enhancing access to employment**

- Information campaign to promote disease prevention, screening, combating work related stress and depression etc.

- Actions to promote rehabilitation, counselling and other personalised services to help people who are inactive owing to health problems to re-enter the labour market

- Strengthening co-operation with health services, public employment services and labour offices to provide more comprehensive services to job-seekers

- Return to the labour market of health professionals

- **Reinforcing social inclusion of people at a disadvantage**

- Counselling and personalised guidance on health and related lifestyle issues in order to promote participation and reintegration in the labour market

- Promote actions against discrimination based on health status

- **Investment in human capital**

- Training of health professionals to ensure they have the required skills and knowledge to offer treatment and to develop clinical treatment patterns

- Initial and continuous education and training in the health sector, with special regard to training and awareness raising on health issues related to the working environment

- Promoting healthy lifestyle and raising awareness of prevention as part of the design and introduction of reforms in the education system (e.g. curriculum Development)

- **Networking activities between higher education institutions, research and technological centres and enterprises in the health sector including trans-national activities**

- **Administrative capacity**

- Design, monitoring and evaluation of health policies can be financed as part of comprehensive reforms in the health system

- Capacity building in the delivery of renewed health policies, training for health personnel

- Promoting partnership between private bodies and the social sector to exploit synergies between sectors and reorganise delivery mechanisms among institutions at the appropriate levels

- Promoting innovative approaches to health care

**Learn more about the Structural Funds for Health:**

- DG SANCO website :

- General information about the process, what type of health investments can be funded, find a link to you regions or Member State

- Watson report and 27 country fiches – assessment of the SF resources allocated for health in the MS

- Good practice examples – case studies

- Capacity Building: EUREGIO III project organises master classes and workshops [www.euregio3.eu](http://www.euregio3.eu)



■ Next stakeholders' event on SF on 11 June 2010, Brussels (SANCO/CoR/Health Cluster Net)

### 3. RESUMEE OF GENERAL DISCUSSIONS

**Stanka Markova** - "States that relations physicians-patient are discussed, while nurses as a professional group are systematically ignored. The insufficient number of nurses equates compromised patient safety. Thinks that one necessary study would be one on the shortage of nurses, especially in primary care. Furthermore, it should be a goal to redirect EU funds to coping with nursing shortages and the lack of motivation to practice this profession."

**Lidia Georgieva** - "Notes that the inclusion of NGOs in public health research is still not taken seriously in Bulgaria, while in the rest of the EU such studies are deemed more valuable than institutionalized ones. Points out the need for the adoption of international criteria in hospital audits, in order to guarantee uniform policy on patient safety."

**Plamen Taushanov** - "States that discussions and results from such conferences need to reach a wider audience; also the Ministry of Health should have a stronger presence at such forums. Notes that adopted medical standards do not deal directly with patient safety; as for national public health strategies, their results remain underreported and no responsibility is taken for compromising the set targets. Provides the example of the current epidemic of measles in Bulgaria. "

**Maria Stoikova** - "Reports that she is pleasantly surprised by the capacity of some NGO experts she has worked with in Plovdiv, on issues of patients' rights. The civil society in Bulgaria has awakened and can be relied upon. For example, it is easy to work with the highly motivated pre-school on issues of prophylaxis in children's health."

**Petko Salchev** - "Mentions some of the barriers to public health research. There is no dialogue among the different ministries; all problems are tackled by the job. State institutions are closed to any interactions with NGOs. States that now is the moment for many NGOs to start collecting the 2 years of experience required by the 7<sup>th</sup> framework programme for research, but some public resource for co-financing must also be set apart. "

**Ivan Dimitrov** - "Says that doctors often underestimate the competence of patients as a group. Physician associations think of patients' organizations more as competition than partners. "

**Masha Gavrilova** - "Acknowledges all critics directed to the Ministry of Health and explains that funds provided by the state for public health are insufficient and with a tendency for relative decrease in the course of years. The focus is on the immunization calendar and health check-ups, the department of public health tries to protect at least what is already achieved as public health financing. However, the rather ambitious targets set according to national programmes, cannot be met with the current funding. She is personally convinced in the need for cooperation with various NGOs while working on specific disease prevention programmes. One such example is the formation of public coalitions during the course of work of the CINDI programme in Bulgaria; a genuine decrease in risk factors has been demonstrated. It is worth pooling the efforts of the ministry, the National centre of public health protection and partners from NGOs. The directorate for project and programme management inside the ministry can play a valuable consulting role but does not have the capacity to actually write projects. "

**Petko Salchev** - "States that most active in public health research is the National centre of public health protection (NCPHP), but its weakness lies in the absence of public announcements. Everything stays inside the scientific community as a secret; results from the CINDI programme implementation were never published. Also notes that the responsible direction inside the ministry should assist NGOs in writing projects and not only conduct information campaigns. "

**Denitsa Satcheva** - "Provides an example of an application process according to the project "Informed health" where there is no place for NGOs and the project would go to a tourist agency (one of the stated requirements is a tourist agency license). Her comment is that either criteria are not well thought or too well thought of. "

**Plamen Dimitrov** - "Speaks of the considerable research capacity concentrated in the NCPHP and admits that results have not been sufficiently published in the past. Points to the problem where there is no Bulgarian public health journal available, with any impact-factor. Publications in Bulgarian remain unknown outside Bulgaria."

**Petko Salchev** - "Recommends the establishment of a structure inside the NCPHP to work with NGOs."

**Gergana Petrova** - "Gives examples of the low interest among students to choose the nursing profession. Complains about the difficulties met by the Medical university of Plovdiv to win grants from the Ministry of education and science and the tendency of medical journals in Bulgaria to ignore public health articles at the expense of clinical disciplines."

**Petko Salchev** - "Comments that the main problem is not the lack of motivation to choose the nursing profession but the wrong signals produced by society. Current policy in Bulgaria gives preference to the production of managers from the schools of public health, not nurses."

**Valentin Hristov** - "Explains that problems in the sphere of social work are very similar to those already cited. Social workers in Bulgaria have a very low social status and motivation. 8 universities in Bulgaria offer programmes for social workers, but mainly in disciplines ungrounded in Bulgaria such as social management and social entrepreneurship. Project grants are announced by various ministries in such a way so as to be self-utilized by the same ministry. A complex assessment of needs in the social sphere is absent. A transparent public information on the health and social needs of every individual should be readily available and the members of multidisciplinary teams need to start speaking in the same language. Proposes the opening of social services departments in hospitals."

**Petko Salchev** - "Summarizes in brief, that the chosen national topic is patient safety and barriers to unification of all experts among this goal should be removed in the spirit of "the patient in the centre of the health system" strategy. "

#### 4. CONCLUSIONS, RECOMENDATONS

##### NGOs in the health sector of Bulgaria

- According to the national information portal of NGOs in Bulgaria [www.ngobg.info](http://www.ngobg.info), the registered NGOs in Bulgaria are 4 908;
- 213 of them work in the fields of health care and patients' rights;
- 76 of them have updated their profile in the last year.
- o **Types**

- Non-profit public legal entities, registered in the Central registry of the Ministry of Justice;
- Non-profit public legal entities, not registered in the Central registry of the Ministry of Justice;
- Non-profit private legal entities.
- **Types**
  - Foundations;
  - Associations;
  - No data is present on branches of foreign NGOs, as well as on informal civil groups.
- **Most common activities**
  - Protection of patients rights;
  - Information and educational activities;
  - Organization of public campaigns and activities for improving the health culture of the population;
  - Health services provision;
  - Public control and monitoring (mainly regarding corruption);
  - Assisting institutions in developing policies and programmes on certain health issues.

#### **General conclusions**

- **Weaknesses:**
  - Lacking or unclear hypotheses in the field of public health research
  - Limited utilization of profound meta- and statistical analyses
  - Predominantly descriptive nature of studies
  - Neglecting epidemiological methods
  - Limited number of studies on the economical efficiency of various methods
- **Reasons:**
  - Absent or inadequate funding of research work, leading to limiting the scope of selected objects, approaches and applied methods;
  - Reduced attention to the scientific and methodological aspects of studies.
- **Where mainly is the research potential**
  - Where are the researchers?
    - in centres, faculties, departments of public health
    - in clinics/departments in medical universities
    - in institutes and centres of BAS
    - in private universities
  - There are no trained researchers in NGOs.
- **Challenges and opportunities for overcoming problems**
  - Enhancing awareness and transparency
  - Strengthening of ties among researchers and research institutions and NGOs
  - Defining priorities and policies in public health
  - Unification among real priorities in public health
  - Raising politicians interest to evidence based policy making
  - Creating networks

In the process of preparation and holding the seminars we drew the following main conclusions:

1. In Bulgaria as of yet the role of NGOs in public health research is marginal due to several main reasons:
  - Lack of experience and qualification;
  - Lack of funds;



- Lack of interest on behalf of the state in facilitating such research;
- A dominating model of “scientific arrogance” on the part of academic researchers in public health;
- Unclear set priorities and goals in public health;
- Insufficiently defined interactions among NGOs and scientific organizations;
- Ambiguities in the terminology and methodology of public health which is a minus for public health and goes at the expense of the whole society.

2. Participants in the seminar defined as a leading priority for the future the establishment of closer ties among NGOs and scientific organizations with overcoming the previously mentioned weaknesses in mind.

3. It is necessary both for the non-governmental sector of the civil society and the governmental sector to engage themselves clearly with public health issues and especially in the following directions:

- Patient safety inside the health care system;
- Studies on health needs;
- Studies on factors (economic, social, cultural, etc.) influencing population factors and predominantly risk groups;
- Studies in the field of systemic approach to health assessment and health services provision.

**FEEDBACK FROM Bulgarian association of social workers /BASW/, following the conference “Civil Society – challenges and opportunities for participation in public health research.**

Public health requires a balance between care for the citizens as normally functioning and included individuals and the state mission to investigate, intervene and provide surroundings for this normal functioning.

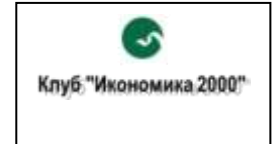
From what was heard at the conference, the following issues seem to emerge:

- Lack of connections and coordination among the programmes of MH, MLSP, MEYS regarding research, status and measures related to public health and its affiliated social services.
- Insufficient resources for research and prevention of diseases.
- Acute need of nurses and training of specialists providing medical and social services – nurses, social assistants, etc.
- Strong centralization and insufficient inclusion of patients and professional associations.
- Lack of uniform informational system, aiding research on public health and social services.

**URGENT: Collection of reliable and realistic information about the state of public health and affiliated social services, leading to the establishment of a data base to be used in research and planning of various measures aimed at the improvement of health and environment.**

**A joint project of MH and MLSP, funded by an OP or with project financing, to assess public health and the ensuing demands for social services.**

Needs assessment (investigating the profiles of communities, needs and), is necessary mainly for those who can enforce change /state administration, municipalities, social services, NGOs/.



The aim of such studies is more extensive when the members of a community ask themselves which are the problems related to them and their community, but the general aims of such studies are simply **to learn more about:**

- Understanding the problem and the different barriers existing in different geographical regions.
- How individuals and their families move inside the system of public health and social services and
- How the existing or possible future resources can serve people best.

The development of such documents is usually connected with the ensuing formation of groups for planning in the community, which organize the various themes and perspectives for different areas of needs.

**The results anticipated from such study are:**

1. The development of a “map” of public health and existing social services and the introduction of new ones, as a first step towards the improvement of the system of services for improvement of public health and social integration of groups at risk.
2. Actual information about the human resources security of different services – number, qualification, according to the European standards and the needs for training in certain skills – case work, specifics of work with different clients, public health and social services management, social work in the community, change management .
3. Optimization of the financial security of public health and social services.
4. Actualizing and optimizing the legislation – steps towards the adoption of a modern public health and social work law, to regularize public health and the dependence on social services and related social aid, as well as the services and status of public health and social workers.

## 5. ATTACHMENTS

### 5.1. Agenda of the workshop.

***“ The civil society – challenges and opportunities for participation in public health research”***

Sofia 23/03/2010

08.30 – 09.00	Registration of participants
09.00 – 09.30	Introducing the topic of the conference and greetings from officials
09.30 – 11.00	The first session and presentation of two reports <b>Moderators:</b> <b>Assoc. Prof. Petko Salchev, MD, PhD</b> – <i>“Public health research in Bulgaria – problems and perspectives for NGOs”</i> <b>Assoc. Prof. Lidia Georgieva, MD, PhD</b> – <i>“Health protection and patient safety – challenges and opportunities for NGOs”</i>
11.00 – 11.30	Coffee-Break
11.30 – 13.00	The second session and presentation of two reports <b>Moderators:</b> <b>Denitsa Satcheva</b> – <i>“The role of NGOs in performing public health research”</i> <b>Rostislava Dimitrova, MD</b> – <i>“Public health research: EU funding opportunities”</i>
13.00 – 14.00	Lunch
14.00 – 15.00	Working in small groups (approximately 4) Moderators: Plamen Dimitrov Lidia Georgieva Petko Salchev Denitza Satcheva
15.00 – 15.30	Coffee-Break
15.30 – 16.15	Closing plenary session
16.15 – 16.30	Completion of questionnaires to evaluate the conference
16.30 – 16.45	Presentation of the monograph "Integral benchmark index hospital, written by Dr. Petko Salchev
17.00	Coctail

### 5.5. List of participants (name, surname, organisation).

Firs Name	Surname	Organization
Stanka	Markova	Bulgarian association of professionals in nursing care
Milka	Vasileva	Bulgarian association of professionals in nursing care
Rositsa	Kamarash	Foundation "Life and health for Bulgaria"
Diana	Hadziangelova	Association of Bulgarians suffering from asthma
Maria	Kumanova	National association of municipalities in the Republic of Bulgaria
Penko	Penkov	Association of private treatment facilities
Ivan	Furnadziev	Association of private treatment facilities
Mariana	Lyochkova	Department of "Nursing care management", Faculty of Public Health, Medical university of Plovdiv
Gergana	Petrova	Department of "Nursing care management", Faculty of Public Health, Medical university of Plovdiv
Vanina	Mihaylova	Department of "Nursing care management", Faculty of Public Health, Medical university of Plovdiv
Ekaterina	Raikova	Department of "Nursing care management", Faculty of Public Health, Medical university of Plovdiv
Maria	Stoykova	Medical university of Plovdiv
Yulia	Peeva	Medical university of Plovdiv
Rositsa	Braykova	Medical university of Plovdiv
Ivan	Dimitrov	Association of patients with kidney diseases
Evgeni	Dushkov	Confederation of labour "Podkrepa"
Valyo	Hristov	Bulgarian association of social workers
Masha	Gavrailova	Ministry of health
Daniela	Stoyanova	Intelligent solutions
Rozalina	Tchobanova	DZI-ZO
Nenko	Salchev	Confederation of independent syndicates in Bulgaria
Plamen	Taushanov	Bulgarian association for patients defense
Nikolaj	Hristov	Medical university of Sofia
Boyko	Penkov	National centre for health information
Krasimira	Baycheva	member of NGO
Petko	Salchev	Medical Faculty - Sofia
Denitca	Sacheva	NGO - International Institute for Health and Health Insurance
Lidia	Georgieva	MARSH
Spartak	Keremedchiev	Club Economica

### 5.6. List of Steering Committee.

1. Petko Salchev - **Workshop Manager an Scientific Coordinator**
2. Spartak Keremedchiev – **Manager and Finances**
3. Plamen Dimitrov - **Coordinator**
4. Lidia Georgieva - **Organising of Venue**
5. Denitsa Sacheva - **Contact Liaison**

## 5.7. Summary of the evaluation.

### CONFERENCE

*“The civil society – challenges and opportunities for participation in public health research”*

Sofia 23/03/2010

### CONFERENCE EVALUATION FORM

#### АНКЕТНА КАРТА ЗА ОЦЕНКА НА КОНФЕРЕНЦИЯТА

### RESULTS

In order to be more adequately prepared for future events, we would be grateful if you share your opinion and comments about different aspects of the conference. Please fill out this evaluation form during the conference and hand it in at our registration desk before you leave.

За да бъдем по-добре подготвени за бъдещите конференции, ще сме Ви благодарни, ако споделите мнението и забелжките си. Моля попълнете тази анонимна анкетна карта по време на конференцията и я предайте на “Регистрация”.

1. What is your overall evaluation of the conference?/ Каква е цялостната Ви оценка за конференцията?

#### Evaluation/Оценка :

5 = Very Good / Много добре

4 = Good / Добре

3 = Satisfactory / Задоволително

2 = Below expectation / Под очакванията

1 = Poor / Лошо

**Please circle your score / Моля, оградете своята оценка :**

Показател / Item	Оценка / Score	Results
Общо за конференцията Overall evaluation of the conference	5 4 3 2 1	5 – 22; 4 – 0; 3 – 0; 2 – 0; 1 – 0
Организация Booking/Administration	5 4 3 2 1	5 – 21; 4 – 1; 3 – 0; 2 – 0; 1 – 0
Лекторски доклади Speakers’ Papers	5 4 3 2 1	5 – 22; 4 – 0; 3 – 0; 2 – 0; 1 – 0
Осигурени материали/ Provided materials	5 4 3 2 1	5 – 22; 4 – 0; 3 – 0; 2 – 0; 1 – 0
Принос към Вашите знания Contribution to your knowledge	5 4 3 2 1	5 – 20; 4 – 1; 3 – 1; 2 – 0; 1 – 0
Налична информация за конференцията / Available information about the conference	5 4 3 2 1	5 – 18; 4 – 3; 3 – 0; 2 – 1; 1 – 0

2. /How do you evaluate the contents and organization of the Conference, compared to other such forums you have taken part in during the year? *Please mark with X* / Как бихте оценили съдържанието и организацията на Конференцията спрямо други подобни форуми, в които сте участвали през годината? *Моля, отбележете със знак X, считаното за вярно твърдение;*

<b>Оценка по отношение на: Evaluation of:</b>	По-ниско ниво / Lower level	Сходно ниво / Same level	По-високо ниво / Higher level
Организация / Organization		9	13
Лекторски доклади и материали / Speakers' papers and materials		8	14
Информационна стойност / Informational value		4	18

3. Кои от изброените фактори повлияха на Вашето решение да участвате? Моля, подредете по важност, като 5 е най-високата, а 1 – най-слабата оценка. / Which of the following influenced your decision to attend? Please rank in order of importance, 5 being the highest and 1 being the lowest importance.

- програма/Programme – average (3.47)
- лектори/Speakers – average (4.79)
- възможностите за контакти/Contact opportunities - average (3.1)
- компетенция на институцията, която организира проявата / Competence of the institution, which organizes the event - average (2.47)
- друго (моля конкретизирайте) / Other (please specify what)

4. Откъде получихте информация за конференцията? Моля, отбележете с X. / How did you get information about the conference? Please mark with X!

- e-mail - 5
- писмо/Letter (via post) - 10
- www.zdrave.net - 3
- други медии - 1
- от колеги / Colleagues - 3
- друго (моля конкретизирайте)/ Other (please specify what)

5. Има ли теми, пропуснати в програмата, които смятате, че е трябвало да бъдат включени? / What topics were omitted from the program that you felt should have been included?

- Health needs,
- financing,
- patient safety,
- health reform
- professional responsibility,
- motivation,
- personal responsibilities for health

6. Можете ли да препоръчате конкретен лектор за бъдещи срещи от своята или друга организация? / Can you recommend a specific person to speak at future events from your own or from another organization?

Име Name: \_\_\_\_\_

Организация Organization: \_\_\_\_\_



**Основна информация за Вас / Background information:**

Сектор на здравеопазването в който работите / Healthcare sector in which you are involved: \_\_\_\_\_

Други интереси / Other Interests:

*Благодарим Ви, че отделихте време да попълните анкетата.  
Thank you for taking the time to complete this form.*