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## An innovative approach to participatory health policy development in Bulgaria: The conception and first achievements of the *Partnership for Health*☆

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### ABSTRACT

The Bulgarian *Partnership for Health* was established in 2015 as a new forum for health policy formulation and discussion. The Partnership presents a new approach of structured and sustained stakeholder involvement to overcome the lack of public participation in health policy development and implementation. Constituted as a permanent consultative body to the Council of Ministers, the Partnership engages a wide variety of stakeholders and professionals to shape and improve health policies. The shared governance of the Partnership between the Minister of Health and a patient organisation supports the elaboration of legislative acts based on the stakeholders' collaboration in priority areas. The governance and organisational structure of the Partnership assures capacity building, fast mobilisation of experts, continuity of stakeholder involvement, and increased responsibility in health policy development and implementation. This type of participatory approach may help reconcile initially opposing positions and foster reforms often impeded by political antagonism. Persisting challenges are a rather slow process of policy development and different perceptions of key concepts among the stakeholders. As policy-making in many countries in Eastern Europe suffers from political distrust, the Partnership's approach of involving experts - and not only politicians - could provide inspiration also to other countries, which have struggled with inconsistency of health policies pursued by different governments.

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### 1. Introduction-historical background

As in many other Central and Eastern European countries, the development and implementation of health policies in Bulgaria was handled as a black box inaccessible to stakeholders and the general public [for example see 1,2]. In the entire reform process after 1989, including the introduction of a social insurance system in 2000, stakeholders and the general public had almost no possibility of participation. Indeed, the lack of participation was recognised as one of the leading errors of the reform process and resulted in confusion about respective rights and obligations of each stakeholder in the health system [3–5]. In addition, healthcare reforms have been affected (or dominated) by political preferences of governments in charge. This resulted in inconsistent and contradictory measures altering the initial characteristics of the reforms [3]. The

low awareness of priorities and objectives of the health system among professionals and citizens had negative consequences both in health system functioning and public opinion [4,6]. In the Bulgarian case, stakeholders' participation was not enshrined in key legislation in 1998–1999.

Major Bulgarian health status indicators remain unsatisfactory; the health system experiences financial and technical instability, inefficiency, and inequality of access and health services quality [6–9]. Public and professionals have traditionally held a negative opinion regarding health policies prior to the introduction of the statutory health insurance and thereafter [3,9,10]. Perceived unsatisfactory performance of national political institutions, including health authorities, is a leading reason for political distrust in Bulgaria [11], which further impedes the policy implementation process and effective functioning of government institutions [12].

In 2009, a reform to the Law on Health established the Public Council on Patient Rights to the Ministry of Health to enshrine professional and public involvement in health policy. Despite this, Bulgaria experienced no significant impact on health policy. Other attempts for stakeholder involvement in policy discussion were

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made such as round tables, discussions, and forums organised by the Parliamentary Commission on Health, the President, patient organisations, NGOs, the Bulgarian Academy of Science, and media. These initiatives explored ground for public discussions, but due to their sporadic nature remained without substantial implications for health policy processes.

In 2015, the Bulgarian National Patients' Organisation (NPO) initiated a new consultative body to the Council of Ministers for coordination and partnership in development and implementation of policies in the field of public health, called "*Partnership for Health*" [13]. It presents a new approach of structured and sustainable stakeholder involvement in health policy development. Its main goal is to foster long delayed health reforms by achieving broad consensus and stakeholder support. These goals should be reached by increased transparency and accountability of the decision-making process.

The Partnership represents a wide range of stakeholders, such as patient organisations, unions of health professionals and healthcare establishments, pharmaceutical organisations, medical universities, NGOs, government agencies, and payer institutions. The Partnership is structured with a general assembly and three working groups focusing specifically on structural reforms, quality, and pharmaceutical policy. Responding to an invitation by the Ministry of Health, each stakeholder nominates its representatives to the Partnership's general assembly and experts to the working groups based on their interests, professional expertise, and willingness to participate.

Although a participatory approach to health policy development is broadly recognised and applied in Europe [14–16] and the world [17–20], the Partnership represents an innovation to the Bulgarian health system. It is also distinguished from other attempts in terms of its characteristics, such as the formal legal status and structure, leadership, the scope of participants involved, and the overall organisational degree of activities at a national level.

This paper describes the establishment, characteristics, and functioning of the *Partnership for Health*, as well as supporting factors and obstacles to an effective policy process. Although some of the Partnership's activities and first achievements are presented as well, policy contents are not discussed in detail and are only used to illustrate examples. This paper describes the establishment of the Partnership as a policy itself. Grounds to this analysis are authors' personal observation as participants in the process and an analysis of available documents, such as protocols from working groups meetings, partners' proposals, statements submitted to the MoH and other partners, legislative acts, and projects for legislative acts.

## 2. Political context

The political situation in Bulgaria is characterised by fragile stability. Since 2014, the government has operated as a non-majority coalition between the centre-right GERB party and the right-wing Reformist bloc, which is itself a coalition of six political parties. Given this, the government's efforts to reform the health systems required broader political support in the Parliament. Traditionally, most significant legislative changes have been initiated by non-coalition governments with no or partial support from key stakeholders and passed by a governmental majority in the parliament. However, each change was consequently strongly opposed by non-governmental political parties and professional society, often compromising the implementation process. In addition, coalitional governments in Bulgaria seemed to be incapable of implementing significant reforms in the health system during the last decade due to lack of a common vision. The need for a broad consensus on health reforms among political parties enabled the *Partnership for Health*. The Partnership also was established to seek

public approval of health policy reforms. The establishment of the *Partnership for Health* presents a substantial change to health policy development in Bulgaria.

## 3. The Partnership for Health

### 3.1. Origins and process of establishment of the Partnership

The Partnership was initiated as a public movement in the context of the National Health Strategy 2020 [21]. Consequently, it was constituted as a permanent consultative body to the Council of Ministers through a Council of Ministers decree [13].

The main goals of the *Partnership for Health* are to (a) reach broad public consensus and support for health policy, (b) to improve coordination and intersectoral collaboration in healthcare, and (c) to strengthen the public control over health policy implementation processes [13]. Its organisational set-up follows the model of the European Patient Access Partnership (PACT). PACT is a patient-led multi-stakeholder network led by the Bulgarian National Patients' Organisation and the European Patients' Forum, which emerged in January 2015 following the adoption of the Vilnius Declaration Call for Action – Sustainable Healthcare System for Inclusive Growth in Europe, calling "to ensure universal access to high quality people-centred health services" and for "a partnership approach between all stakeholders in the health sector at national and European levels. . . to improve equity of access to healthcare" [22–24].

While the European Patients' Forum and the EU Health Policy Forum [25] assemble a large variety of stakeholders internationally, the *Partnership for Health* does so at a national level. It strengthens the transferability of the European movement to active stakeholder involvement in health policy process at a national level.

### 3.2. Organisational set-up of the Partnership

Sustainability of the initiative is supported by its organisational structure and the shared governance by the Ministry of Health and the co-founding patients' organisation. The Minister of Health chairs the Partnership, with support from three deputies appointed by the major partner groups. The Secretary General of PACT, who is also the head of the National Patients' Organisation (NPO), initiated the Partnership for Health and serves as the secretary. The Partnership is structured in a General Assembly and three working groups. The General Assembly has representatives of 23 institutions and organisations, which responded to the MoH's and the NPO's invitation to join the Partnership. In 2016, 4 patient organisations and NGOs, 6 health professional organisations, 5 healthcare provider organisations, 3 industry organisations, 4 government authorities and agencies, and the National Health Insurance Fund (NHIF) are represented.

The General Assembly established three working groups based on agreement among partners on the following health policy priority areas: (1) structural reforms in health sector, (2) drug policy and medical devices, and (3) quality of health services. Consequently, nominated representatives from each of the Partnership organisations participates in the working groups based on their interests, professional expertise and willingness to participate (see Fig. 1). Although the Partnership is formally structured, its organisational set-up is an ongoing and dynamic process. New partners can join the Partnership at any time and new working groups can be established based on proposals from partners or health authorities. In 2016, A National Council of Haemophilia was established following a proposal by a patient organisation. Two other patient organisations suggested an additional enlargement of the Partnership by national councils on diabetes and oncology. Based on a recent MoH's proposal, a working group on health insurance model development is in the process of being established.

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