The purpose of this article is to study the share of women involved in healthcare management at various levels. **Results:** The women engaged in top management are 28%. The share of women at the middle level of management is nearly twice larger (53.4%). In operational management such as the management of healthcare establishments, women’s participation is 36%. **Conclusion:** Women’s representation in the management of the healthcare system in Bulgaria (35.9%) falls behind European countries’ indicators (41%). Bulgaria is applying a gender equality policy but a lot remains to be done.

**Key words:** women health managers; women in healthcare management; women managing healthcare establishments.

**INTRODUCTION**

Despite the observed positive tendency of women’s growing representation in management, globally ladies have not yet been given a maximum opportunity to make a career at managing positions. In the last decades, EU countries have observed a considerably increased participation of women in their healthcare management (41%) [4]. Bulgaria is not an exception to this trend but still has a lot to do.

The purpose of this article is to study women’s participation in the management of the healthcare system in our country, at various levels, without making an assessment of their professional activities.

**Materials and methods:** Applying a documentary method, the study includes the Standing Healthcare Committee (SHC) of the National Assembly (NA), the Ministry of Health (MH), the National Health Insurance Fund (NHIF), healthcare establishments, etc. The study covers various periods (2000 - 2019) for the various institutions and was conducted in January - February 2020.

**RESULTS AND INFERENCEs**

The different responsibilities and powers in the health sector define the respective levels of healthcare management in Bulgaria.

The senior management includes the representatives of the executive power – MH, NHIF, etc., who form policies, design strategies, participate in national-level decision-making concerning long-term intentions such as health reforms, change of the health insurance model, etc., as well as the way in which they are to be achieved [2]. One can see at the website of the National Assembly that in the Standing Healthcare Committee of the 39th-44th National Assemblies, out of a total of 166 members of parliament, 46 are women, constituting 27.7% (Fig.1) [7]. 12 female members of parliament participate in the management of the
Committee (7.2%) – of them 5 have been elected chairpersons and 7 deputy chairpersons.

According to data from the Ministry of Health, in relation to an inquiry on the Access to Public Information Act, in the period 2000 – 2019, the healthcare system saw the change of fourteen ministers, of which three are women, representing 21.4%. For the same period, eight women were appointed at senior management positions, as deputy ministers. NHIF is also an executive-power institution representing the top management in the healthcare system. In the period 2000-2019, NHIF had 17 managers, of whom 6 were women (35.3%) and 5 sub-managers, some of whom held the position more than once in different periods.

The coordinating, strategic management at the middle level is exercised by the Regional Health Inspectorates (RHI), the Regional Health Insurance Funds (RHIF), the Executive Agencies, which perform tasks on analyzing the external and internal environment, formulating and choosing long-term development alternatives, designing programs for implementation and control of the results [2]. In 2019, with 28 RHI directors, more than half, or 19, were women (67.8%) and out of 28 RHIF directors, 50%, or 14, were women.

Table 1.

<table>
<thead>
<tr>
<th>Executive Agency/Committee</th>
<th>Total</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>EAMA</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>EAT</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Children Treatment Fund</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Commission for Treatment Abroad</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>NCPHA</td>
<td>6</td>
<td>2</td>
</tr>
</tbody>
</table>

Women’s representation in the management of the Executive Committees at MH is 43%, which is more than that in MH, NHIF and EU countries.
The operational management at the first level, including healthcare establishment (HE) managers, is responsible for developing operational tasks, implementing tactical and operational measures, setting time limits, distributing the tasks among the executors and controlling their degree of execution [2]. Healthcare establishment managers/directors, being first level managers, are representatives of the operational management within the structure of the national health organization and simultaneously represent senior management within the structure of the specific healthcare establishment. According to data from MH, as of 2019, 364 hospitals and 116 diagnostics and consultation centres, which are healthcare establishments for specialized outpatient care [5], function in Bulgaria.

The distribution in the investigated 391 structures, representing 81.4% of the studied healthcare establishments mentioned above, is as follows:

1. Women’s participation in the management of hospitals:
   - Out of 51 managers of state hospitals (including limited liability companies and joint-stock companies) 17 are women, representing 33.3%.
   - In 100% municipally owned hospitals, women health managers are 37% (37 out of 100 managers are women).
   - The private hospitals are 124, 39 of their managers being women (31.4%).

2. Women’s participation in the management of HE for specialized outpatient care (SOC): 116 diagnostics and consultation centres (DCC) have been registered and conduct their activities in Bulgaria, 48 of them having female managers (41.3%).

The results show that women managers of the investigated 391 healthcare establishment are 141 and represent 36%.

**Inferences:** An average women’s share of 28% is engaged in the top management (the legislative and the executive power) of the healthcare sector in Bulgaria. The share of women at the middle level of management is almost twice bigger (53.4%). In operational management such as the management of healthcare establishments, women’s participation is 36%. The results of this study indicate that women’s representation in the management of the healthcare system in Bulgaria varies with the different levels of management and, on the whole, falls behind (35.9%) European countries’ indicators (41%).

**Conclusion:** In the last years, Bulgaria has been successfully applying the gender equality policy in the sphere of powers, more particularly women’s representation in healthcare management but a lot remains to be done. The country needs legislative instruments guaranteeing equal career-making conditions for women and men in all sectors, including healthcare.

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АННОТАЦИЯ
Целью исследования явилось оценка эффективности применения в комплексном лечении хронического генерализованного катарального гингивита препарата «Витаон» на основании клинических и иммунологических показателей. Материалы и методы. В клиническом исследовании на базе стоматологического кабинета медицинской части №1 медико-санитарной части Министерства внутренних дел Российской Федерации по Республике Башкортостан (г. Уфа) участвовало 120 курсантов в возрасте от 18 до 23 лет с хроническим генерализованным катаральным гингивитом. Результаты. Проведена оценка эффективности фитопрепарата «Витаон» при лечении хронического генерализованного катарального гингивита (ХГКГ). После сравнительного анализа результатов до и после лечения выявлена положительная динамика лечения на основании данных лабораторных и клинических наблюдений. Использование фитопрепарата продемонстрировало высокую противовоспалительную и иммуномодулирующую активность при лечении хронического генерализованного катарального гингивита. «Витаон» удобен в применении, пациент может использовать его самостоятельно в соответствии с рекомендациями лечащего врача.

Ключевые слова: воспалительные заболевания пародонта; катаральный гингивит; местный иммунитет; «Витаон».

Цель исследования – оценить эффективность применения в комплексном лечении ХГКГ препарата «Витаон» на основании клинических и иммунологических показателей у курсантов Уфимского Юридического Института МВД РФ.

Материал и методы
Нами проведено стоматологическое обследование 120 курсантов УЮИ МВД РФ по РБ в возрасте от 18 до 23 лет на базе стоматологического кабинета медицинской части №1 медико-санитарной части Министерства внутренних дел Российской Федерации по Республике Башкортостан (г. Уфа). Все участники исследования разделены на 2 группы по 60 человек, учитывая гендерные различия. Исследование проводилось с разрешения начальника института полковника А.С. Ханахмедова, а также информированного согласия самих курсантов, раскрывающее процедуру проводимых манипуляций с указанием возможных побочных явлений. Все курсанты подписали протокол информированного согласия на участие в исследовании.

Критериями отбора служили: согласие на участие в исследовании, установленный диагноз «хронический генерализованный катаральный гингивит» (К05.10 Хронический гингивит. Простой маргинальный), возраст от 18 до 23 лет.