

NATIONAL STROKE PLAN 2026–2030

This document establishes the framework for the planning, management, and implementation of the NATIONAL STROKE PLAN UP TO 2030.

It presents an updated version of the “National Stroke Plan 2024–2030,” submitted to the Ministry of Health on 24 April 2024.

Its purpose is to provide a unified, official, and binding foundation for all stakeholders regarding the objectives, scope, governance, timelines, resources, and expected outcomes of the project.

The document also serves as a tool for formal change management, recording and regulating all decisions and circumstances that may affect costs, scheduling, scope, or the quality of implementation.

Introduction

Stroke is one of the leading challenges to public health in the European Union. According to available data, one person in the EU experiences a stroke every minute, and the condition remains among the main causes of mortality and long-term disability.

The consequences of stroke extend beyond the healthcare system and have a significant social and economic impact, affecting the quality of life of patients, their families, and society as a whole.

The 2017 report by the European Stroke Organisation and the European patient organisation highlights the existence of significant disparities among European countries in terms of:

- primary prevention;
- the organisation of emergency and acute medical care;
- rehabilitation and long-term post-stroke care.

In response to these challenges, the European Union launched the “**Healthier Together**” initiative (2022), which creates opportunities for coordinated policy action in the field of non-communicable diseases, including stroke. In this context, the initiative emphasizes the development of national stroke plans covering the entire continuum of care—from primary prevention and timely emergency response, through acute treatment, to rehabilitation and long-term support for patients and their families.

At the European level, the strategic framework for stroke action—the Stroke Action Plan for Europe 2018–2030 (SAP-E)—has been updated through a mid-term review to reflect current challenges and priorities in stroke care across Europe.

This National Plan aims to integrate these European priorities into the national context, ensuring a systematic and sustainable approach to reducing the burden of stroke in the Republic of Bulgaria.

Strategic Vision

The National Plan is based on the understanding that up to **80% of strokes are preventable or amenable to effective treatment**, provided there is:

- strong primary prevention and control of risk factors at both population and individual levels;
- a well-organized system for acute treatment, including timely access to care in dedicated stroke units;
- timely and accessible rehabilitation, with a planned transition and continuity of care after discharge;
- coordinated “life after stroke” care, including structured follow-up and support for patients and their families.

Achieving this vision requires **cross-sector collaboration** among:

- healthcare professionals from various disciplines;
- public institutions;
- scientific and professional organizations;
- non-governmental and patient organizations;
- industrial and technological partners.

Document Overview

This document defines the framework for the planning, management, periodic monitoring, and implementation of the **National Stroke Plan of the Republic of Bulgaria for the period 2026–2030**.

It represents an updated and expanded version of the “National Stroke Plan 2024–2030,” submitted to the Ministry of Health on 24 April 2024, and reflects:

- developments in the national and European policy context;
- the current priorities of the **Stroke Action Plan for Europe (SAP-E)**;
- the need to strengthen governance, monitoring, and the sustainability of measures.

The main objective of the Plan is to provide **a unified, official, and binding strategic framework** for all stakeholders with regard to:

- the objectives and scope of interventions;
- governance and coordination mechanisms;
- implementation timelines;
- resource and financial provision;
- expected outcomes and impact.

The document also serves as a change **management tool, regulating the processes for decision-making**, accountability, and control in cases of impact on:

- costs;
- the schedule;
- scope/content;
- quality and sustainability of implementation.

PLAN STATEMENT

This section defines the strategic and operational context within which the Republic of Bulgaria implements the **Stroke Action Plan for Europe (SAP-E)** at the national level, in line with the European priority for developing national stroke plans that cover the entire continuum of care—from primary prevention to life after stroke.

The plan statement aims to present, in a structured and systematic manner:

- the country's baseline situation (as-is);
- the key challenges and gaps in the existing system;
- the rationale for implementing SAP-E in the national context;
- the strategic and operational objectives of the National Plan;
- the expected target state (to-be) at the end of the 2026–2030 period;
- the main work components and thematic areas of intervention;
- the scope and boundaries of the Plan.

The National Stroke Plan covers the **entire continuum of care**, structuring activities in accordance with the thematic domains of SAP-E:

- primary prevention;
- organization of stroke services;
- acute stroke treatment;
- secondary prevention;
- rehabilitation;
- evaluation of outcomes and quality of care;
- life after stroke.

Each work component is formulated as an **implementable and measurable intervention**, linked to specific objectives, indicators, and monitoring mechanisms. This approach ensures comparability, transparency, and the possibility for the exchange of best practices at the European level.

Where a regionalized or decentralized model of implementation exists, the Plan allows for the development of **regional stroke plans** structured within the same framework. Once approved, they may be consolidated into a single national document.

NATIONAL STRATEGY

This section describes the national healthcare context in the Republic of Bulgaria relevant to the implementation of the Stroke Action Plan for Europe (SAP-E) and defines the strategic direction for achieving its objectives.

The strategy is based on an integrated approach that combines:

- strengthening primary and secondary prevention, including policies for a healthy lifestyle, control of risk factors, and screening/identification of key risks (e.g. hypertension, dyslipidemia, hyperglycemia, atrial fibrillation);
- optimizing the organization of emergency and hospital care through clear pathways and protocols for time-dependent therapies, and ensuring equitable access to organized care;
- improving the quality of and access to acute treatment, including treatment in dedicated stroke units;
- developing systematic rehabilitation and long-term support, including a planned transition after discharge, an individualized rehabilitation plan, and structured follow-up;
- introducing tools for monitoring, evaluation, and public reporting of results.

In its initial scope, the strategy takes into account the structure of the national healthcare system, the existing regulatory framework, the role of key institutions, and the interaction between the health and social sectors to ensure continuity and integration of care, clear accountability across the care pathway, and long-term sustainability of the measures.

Primary Prevention and Risk Factor Control

Primary prevention is a key strategic priority aimed at reducing the incidence of stroke through systematic control of modifiable risk factors.

The strategy envisages the development and implementation of national policies and interventions for:

- control of arterial hypertension;
- reduction of tobacco use and alcohol abuse;
- promotion of healthy nutrition and physical activity;
- control of dyslipidemia, diabetes mellitus, and obesity;
- early detection and treatment of cardiac rhythm disorders;
- addressing psychosocial and environmental determinants of health.

Public health interventions should ensure **equitable access to screening, prevention, and treatment**, while also improving the population's health literacy and its capacity to make informed choices.

Acute Stroke Treatment

Stroke is a medical emergency in which **time is a critical factor**. Every minute of delay leads to irreversible loss of brain tissue and an increased risk of permanent disability.

The national strategy aims to:

- ensure equal access to specialized stroke units;
- increase the proportion of patients treated in certified stroke units;
- optimize logistics and reduce the time from symptom onset to treatment;
- expand access to intravenous thrombolysis and endovascular treatment.

By 2030, it is envisaged that:

- at least 15% of patients with ischemic stroke will receive thrombolytic therapy;
- at least 5% will receive endovascular treatment, in compliance with European standards for quality and safety.

The quality of care will be ensured through **regular audits, certification, and public reporting of results**, including indicators such as mortality, functional outcomes, and complications.

Secondary Prevention and Life After Stroke

A significant proportion of stroke survivors live with long-term physical, cognitive, and psychosocial consequences. The national strategy emphasizes continuity of care beyond the acute phase.

The main strategic directions include:

- ensuring access to early, intensive, and sustained neurorehabilitation, including clear criteria for referral and continuity between hospital and outpatient care;
- implementation of personalized discharge care plans, including goals, medication therapy, rehabilitation programme, follow-up visits, and assigned responsible units or professionals;
- systematic secondary prevention to prevent recurrence through control of risk factors, optimization of antihypertensive, lipid-lowering, and antithrombotic therapy, and monitoring adherence to treatment;
- integration of medical, social, and psychological services, including assessment and support for depression, cognitive impairment, and caregivers' needs;
- active involvement of patient and support organizations to improve awareness, navigation of available services, support in accessing care, and reduction of barriers to medical and social services.

The goal is to ensure a **dignified and meaningful life after stroke** by reducing social isolation, economic burden, and inequalities in access to community support, with success being measured not only by mortality but also by functional outcomes and quality of life.

Expected Impact

With full and consistent implementation, the National Plan is expected to contribute to:

- a sustained reduction in the incidence and severity of stroke;
- improved health and functional outcomes;
- more efficient use of resources;
- greater comparability and accountability at national and European levels.

NATIONAL STAKEHOLDERS

The successful development, implementation, and long-term sustainability of the National Stroke Plan require the coordinated involvement of a broad range of national stakeholders within the health and social systems of the Republic of Bulgaria.

This section identifies the main groups of stakeholders who have a direct or indirect interest, influence, or responsibility regarding the objectives, scope, and activities of the Plan. The identification is based on a preliminary analysis and mapping of stakeholders in the initial phase of the project.

The focus is placed on:

- stakeholders with a key role in achieving the strategic objectives;
- participants whose insufficient engagement would pose a risk to the effective implementation of the Plan.

1. End Beneficiaries

Patients and families

The primary end beneficiaries of the Plan are:

- individuals at increased risk of stroke;
- patients who have experienced a stroke, regardless of age, gender, or social status;
- patients across all stages of care – prevention, acute treatment, rehabilitation, and long-term support.
- family members and informal caregivers, who play a key role in the recovery process and social reintegration.

2. Healthcare professionals

Healthcare professionals represent a core operational group for the implementation of the Plan and include:

- general practitioners with a role in primary and secondary prevention;
- emergency medical service teams;
- hospital specialists – neurologists, neurosurgeons, anesthesiologists, specialists in imaging diagnostics and interventional treatment;
- rehabilitation medicine specialists, nurses, physiotherapists, occupational therapists, speech and language therapists, psychologists, and social workers;
- professionals from both the public and private healthcare sectors.

3. Public institutions and state authorities

Public institutions play a leading role in the strategic management, regulation, financing, and monitoring of the implementation of the Plan, including:

- the Ministry of Health;
- the National Health Insurance Fund;
- regional health inspectorates;
- emergency medical care centres;
- regional and municipal administrations;
- institutions responsible for social assistance, medical assessment, and policies for people with disabilities.

4. Professional, scientific, and patient organizations

This group includes:

- patient and support organizations for people who have experienced stroke;
- professional and medical associations of healthcare specialists;
- scientific and academic societies;

- non-governmental organizations working in the fields of public health, chronic diseases, and social support.

These structures play a key role in:

- advocacy and public awareness;
- education and professional development;
- participation in the development and updating of standards and clinical guidelines;
- participation in the monitoring and evaluation of outcomes.

5. Private sector and industrial partners

The private sector and industrial partners contribute to innovation, technological development, and service delivery through:

- pharmaceutical and biotechnology companies;
- manufacturers and suppliers of medical equipment;
- digital health and health information systems companies;
- private healthcare and rehabilitation providers;
- employers and organizations engaged in workplace health policies.

SCOPE OF THE PLAN

This section clearly defines the content, boundaries, and key components of the National Stroke Plan.

The Plan covers interventions across the entire continuum of care, structured into the following domains:

- primary prevention;
- organization of stroke services;
- management of acute stroke;
- secondary prevention;
- rehabilitation;
- evaluation of outcomes and quality of care;
- life after stroke.

Within this scope, the following are included:

- regulatory and organizational measures;
- clinical and operational processes;
- information and IT systems;
- training and capacity-building programmes;
- mechanisms for monitoring, auditing, and reporting.

Out of Scope of the Plan

Activities that fall outside the scope of this Plan should be explicitly identified in a separate subsection where applicable. These may include initiatives that:

- are not directly related to the stroke care continuum;
- require a separate regulatory or financial-economic framework;
- exceed the mandate or time horizon of the Plan.

Scope Change Management

All changes to the scope are subject to a formalized assessment and approval process, including:

- justification of necessity;
- assessment of resources and costs;
- analysis of the impact on timelines and outcomes;
- evaluation of expected benefits.

Approved changes are documented in a change register and recorded in the document history.

PROJECT INTEGRATION

Project integration aims to ensure coherence between national, regional, and local activities, as well as between the health and social sectors.

This section regulates:

- horizontal lines of accountability and information exchange between institutions and service providers;
- formats for data collection, aggregation, and reporting on key indicators;
- the link between the national regulatory framework and regional implementation;
- coordination with related national and regional initiatives in the fields of non-communicable diseases, prevention, and rehabilitation, in order to ensure complementarity rather than competition between policies and resources.

Similar activities may be grouped under common management in order to optimize resources, avoid duplication, and achieve synergies.

PROJECT NAVIGATION

This section describes the mechanisms for adapting the Plan in response to changes in context, including emergency situations and external factors that may affect implementation.

The project allows for:

- updates to strategies and priorities;
- adjustments to timelines and approaches;
- introduction of alternative solutions when necessary.

All significant changes are documented and subject to approval in accordance with the established governance model, ensuring transparency, accountability, and institutional continuity.

PROJECT ORGANIZATION AND MANAGEMENT

This section defines the governance framework, roles, and responsibilities through which the effective, transparent, and sustainable implementation of the National Stroke Plan is ensured.

The management of the Plan is based on the principles of:

- clear allocation of responsibilities;
- accountability and transparency;
- involvement of key stakeholders;
- data- and evidence-based decision-making;
- compliance with the national regulatory framework and European standards of good governance.

1. Governance Structure

The governance structure of the Plan includes the following main levels:

- **National Plan Coordinators**
- **Steering Committee**
- **National Audit Committee**
- **Project management and operational teams**
- **Regional coordinators and working groups**

This structure ensures both strategic leadership and operational coordination across national, regional, and local levels.

2. National Coordinators

The National Coordinators bear overall responsibility for the strategic leadership and coordination of the Plan.

Key functions:

- representation of the Plan at national and European level;
- ensuring alignment with SAP-E and other European initiatives;
- strategic planning and prioritization;
- coordination between institutions, professional bodies, and patient organizations;
- oversight of monitoring, audit, and reporting activities.

The National Coordinators act as the primary link between national stakeholders and the governance structures of SAP-E.

3. Steering Committee

The Steering Committee is the main strategic decision-making body of the Plan.

Composition:

- representatives of key state institutions;
- representatives of scientific and professional organizations;
- representatives of patient organizations (SSOs);
- other key stakeholders as required.

Main functions:

- approval of strategic documents and priorities;
- endorsement of annual and interim targets;
- approval of significant changes in scope, schedule, or budget;
- ensuring institutional support and sustainability.

The Steering Committee meets regularly, with the frequency of meetings defined in its rules of procedure.

4. National Audit Committee

The National Audit Committee is an independent advisory and oversight body responsible for evaluating the progress and quality of implementation of the Plan.

Composition:

- representatives of patient organizations (SSOs);
- national experts in the field of stroke;
- representatives of key stakeholders.

Main functions:

- definition of annual priorities and target indicators;
- periodic review and evaluation of results;
- analysis of national data and indicators;
- audit of care quality and compliance with standards;
- formulation of recommendations for improvement.

The Committee meets at least once a year. Audit results are documented and published in accordance with principles of transparency and public disclosure.

5. Project Management and Operational Teams

Project management ensures the operational planning, coordination, and execution of activities under the Plan.

Main functions:

- detailed planning of activities and resources;
- coordination between national and regional levels;
- management of timelines, budget, and quality;
- ongoing monitoring of progress;
- reporting to the National Coordinators and the Steering Committee.

Operational teams may be organized by clinical areas (prevention, acute treatment, secondary prevention, rehabilitation, life after stroke) and by functional domains (data/registries, IT, training, audit/certification).

6. Regional Coordinators

Regional coordinators are responsible for the implementation of the Plan at regional and local levels.

Main functions:

- adaptation of national priorities to the regional context;
- coordination with regional health and social care structures;
- collection and reporting of data;
- identification of region-specific challenges and best practices.

7. Documentation and Accountability

All managerial decisions, approvals, and changes are subject to:

- formal documentation;
- version control;
- traceability through document history.

This approach ensures audit readiness, institutional memory, and resilience in the event of changes in governance.

8. Annexes

The following should be included in this section:

- project organogram;
- table of governance structures and meeting frequency;

- list of roles and contact points;
- responsibility matrix (RACI).

KEY PRINCIPLES, ASSUMPTIONS, AND CONSTRAINTS

This section formalizes the conditions under which the National Stroke Plan is planned and implemented. It serves as a stable reference framework for all subsequent managerial, operational, and financial decisions, ensuring consistency across the entire care continuum and compliance with European standards of quality and accountability.

1. Key Principles

The implementation of the Plan is guided by the following core principles:

- **National standardization** – application of unified clinical, organizational, and managerial standards at the national level;
- **Equitable access** – ensuring equal access to high-quality services for prevention, treatment, rehabilitation, and long-term care;
- **Patient- and outcome-centered approach** – focus on clinical, functional, and quality outcomes for patients;
- **Data-driven governance** – use of reliable data, indicators, and audits in decision-making;
- **Integrated cross-sectoral approach** – coordination between the health, social, and education sectors;
- **Transparency and accountability** – clear documentation and public reporting of results and progress.

2. Key Assumptions

The planning and implementation of the Plan are based on the following assumptions:

- provision of adequate public funding for each implementation phase;
- institutional and political support at national and regional levels;
- active participation of scientific, professional, and patient organizations;
- availability and maintenance of key healthcare and information infrastructures;
- ability to implement measures in a phased manner, taking regional differences into account.

3. Key Constraints

The implementation of the Plan is constrained by:

- the applicable legal and regulatory framework;
- requirements for personal data protection and health information security;
- budget limitations and public funding procedures;
- availability and distribution of human resources;
- structural characteristics of the healthcare system.

This section is not subject to change during the implementation of the Plan. Contextual changes are managed through risk and issue management mechanisms.

SCHEDULE AND KEY PERFORMANCE INDICATORS

This section describes the logic of the phased implementation of the Plan, the key milestones, and the principles of operational planning.

1. Implementation Phases

The Plan is implemented in phases as follows:

- **Phase 1 – Strategic and operational planning** (preparation, governance, methodologies)
- **Phase 2 – Development of tools and systems** (IT solutions, registries, indicators)
- **Phase 3 – Pilot implementation and training**
- **Phase 4 – National rollout**
- **Phase 5 – Evaluation, audit, and sustainability**

2. Key Milestones

Key milestones serve to monitor and evaluate progress and include:

- official launch of the Plan;
- adoption of key strategic and operational documents;
- deployment of IT platforms and registries;
- first national and regional reports;
- interim and final evaluation.

3. Schedule Flexibility

Specific dates are defined through operational plans, taking into account available resources and context. The schedule is subject to adaptation in case of extraordinary circumstances, in accordance with formal governance procedures.

RESOURCES AND BUDGET REQUIREMENTS

This section defines the principles for planning, securing, and controlling the resources required for the implementation of the Plan.

1. Human Resources

The implementation of the Plan involves the engagement of:

- national and regional coordinators;
- project and operational teams;
- experts in IT, training, data analysis, and auditing;
- external contractors where necessary.

For each role, the following are defined:

- competency and experience requirements;
- form and level of engagement;
- source of resource provision.

2. Financial Framework

Financial planning:

- covers the entire 2026–2030 period;
- is based on a phased implementation model;
- takes into account regional specificities where necessary.

The budget is structured into the following main cost categories:

- human resources;
- external services;
- IT systems and maintenance;

- training and capacity building;
- audit and monitoring.

3. Control and Accountability

Financial control includes:

- ongoing expenditure monitoring;
- variance analysis;
- linking funding to achieved results;
- management of changes with financial impact.

VALUE CREATION AND EXPECTED BENEFITS

Although the Plan does not aim to generate direct financial revenue, it creates significant public value through:

- improved health outcomes and survival rates;
- reduction in disability and long-term costs;
- more efficient use of public resources;
- increased transparency and quality of care;
- sustainable alignment with European policies and standards.

INDICATORS AND METRICS

This section defines the system of indicators and metrics used to measure progress, quality, and impact of the implementation of the National Stroke Plan.

The monitoring system is based on the principles of:

- data reliability and comparability;
- transparency and verifiability;
- compliance with SAP-E standards;
- protection of personal data and information security.

1. Types of Data and Source

The collected data includes:

- absolute indicators (number of patients, number of interventions);
- relative indicators (percentages, proportions);
- time-based indicators (time to treatment, length of hospital stay);
- composite indicators of process, outcome, and quality.

Main data sources:

- national and regional registries;
- hospital information systems;
- national IT platforms for monitoring and audit;
- administrative and statistical databases;
- project-collected data.

2. Personal Data Protection

The processing of personal data is carried out in full compliance with:

- applicable national legislation;
- the General Data Protection Regulation (GDPR).

Technical and organizational data protection measures are described in a separate annex.

3. Key Performance Indicators (KPIs)

The national KPIs are aligned with the Stroke Action Plan for Europe (2018–2030) and include at least the following mandatory indicators:

1. Existence of a national stroke plan covering the entire continuum of care;
2. Involvement of a patient organization (SSO) in development and monitoring;
3. National strategy for intersectoral public health interventions;
4. System for assessing and publicly reporting quality of care;
5. Percentage of certified stroke units;
6. Access to stroke units within 24 hours;
7. Percentage of ischemic stroke patients receiving reperfusion therapy;
8. Access to key diagnostic methods;
9. Access to early rehabilitation and early supported discharge (ESD);
10. Access to basic secondary prevention;
11. Documented personalized discharge plan;
12. Follow-up at 3–6 months after stroke.

4. Interim Targets up to 2030

Where applicable, interim targets are defined with:

- specific target values;
- time horizon;
- responsible structures.

MONITORING, AUDIT, AND REPORTING

Monitoring and audit are key mechanisms for ensuring the quality and sustainability of the Plan.

1. National Audit Process

The National Audit Committee is responsible for:

- periodic collection and validation of data;
- trend analysis;
- national and European reporting;
- formulation of improvement recommendations.

Audits are conducted at least once per year.

2. Reporting

Implementation results are reported to:

- national stakeholders;
- SAP-E governance structures;
- the public, in an aggregated and accessible format.

ISSUE MANAGEMENT

Issues are defined as already occurring events or circumstances with potential impact on:

- timelines;
- budget;
- quality;
- achievement of objectives.

Issue management process:

1. Identification and registration;
2. Assessment of severity and impact;
3. Definition and approval of corrective actions;
4. Implementation and tracking;
5. Closure and documentation.

RISK MANAGEMENT

Risks represent potential future events with a negative impact.

Risk management process

1. Identification;
2. Assessment of probability and impact;
3. Prioritization;
4. Definition of strategy (prevention, avoidance, mitigation);
5. Monitoring and updating;
6. Realization and conversion into an issue when necessary.

All risks are documented in a risk register.

COMMUNICATION

Communication supports transparency, accountability, and stakeholder engagement.

Key principles

- purposefulness;
- regularity;
- structured approach;
- data- and evidence-based communication.

The communication strategy includes:

- institutional communication;
- professional and patient channels;
- public and media communication at key milestones.

SUMMARY

1. Context and rationale

Stroke remains one of the leading public health challenges in Europe and in the Republic of Bulgaria. It is among the main causes of mortality, long-term disability, and significant socio-economic burden for patients, their families, and the healthcare system.

Every minute, one person in the European Union experiences a stroke, and millions of European citizens live with its long-term consequences. There are significant disparities between Member States in prevention, access to acute treatment, rehabilitation, and post-stroke care.

In response to these challenges, the European Union adopted the **Stroke Action Plan for Europe (SAP-E 2018–2030)** as a framework for coordinated action. The present **National Stroke Plan 2026–2030** represents the strategic response of the Republic of Bulgaria for implementing SAP-E at national level.

2. Purpose and scope of the Plan

The main objective of the National Plan is **to sustainably reduce the incidence, severity, and consequences of stroke** through a comprehensive, integrated, and evidence-based approach.

The Plan covers **the full continuum of care**, including:

- primary prevention and risk factor control;
- organization of stroke services;
- acute treatment and emergency care;
- secondary prevention;
- rehabilitation;
- evaluation of outcomes and quality of care;
- life after stroke and long-term support.

The Plan is structured in alignment with SAP-E domains and indicators, ensuring comparability, accountability, and the exchange of best practices at European level.

3. Strategic priorities

The National Plan is based on the belief that up to **80% of strokes are preventable or amenable to effective treatment**, provided there is adequate organization and timely intervention.

Key strategic priorities include:

Primary prevention

- National policies for controlling modifiable risk factors;
- Improving health literacy and public awareness;
- Intersectoral public health interventions.

Acute stroke treatment

- Equal access to certified stroke units;
- Optimization of time from symptom onset to treatment;
- Expansion of access to intravenous thrombolysis and endovascular treatment;
- Systematic audit and certification of stroke centers.

Rehabilitation and life after stroke

- Guaranteed access to early and long-term rehabilitation;
- Personalized discharge care plans;
- Integration of medical, social, and psychological support;
- Active involvement of patient organizations.

4. Governance and implementation

The Plan introduces a clear and transparent governance framework, including:

- national coordinators;
- a steering committee;
- an independent national audit committee;

- project management and regional coordinators.

Governance is based on the principles of good governance, accountability, stakeholder participation, and data-driven decision-making.

Implementation is carried out in phases over the 2026–2030 period, with the possibility of adaptation in response to contextual changes.

5. Monitoring, indicators, and reporting

The success of the Plan is measured through a **system of Key Performance Indicators (KPIs)**, fully aligned with SAP-E, including:

- treatment of $\geq 90\%$ of patients in specialized stroke units;
- increase in the proportion of patients receiving reperfusion therapy;
- access to early rehabilitation;
- documented personalized care plans;
- systematic follow-up after stroke.

Data are collected, analysed, and audited on a regular basis, with results reported at national and European level and published in an aggregated format.

6. Expected impact

With full and consistent implementation, the Plan will lead to:

- a sustained reduction in the incidence and mortality of stroke;
- improved functional outcomes and quality of life;
- reduced long-term disability;
- more efficient use of public resources;
- full alignment of the Republic of Bulgaria with European policies and objectives in the field of stroke.

7. Conclusion

The National Stroke Plan 2026–2030 represents a **comprehensive, sustainable, and results-oriented strategy** that places the patient at the center of the system and integrates health, social, and public policies.

It provides a solid foundation for the long-term improvement of stroke care in the Republic of Bulgaria and for its active participation in European efforts to reduce the burden of the disease.