



# Neoliberal health reforms in Turkey

Prof. Kayıhan Pala, MD, PhD

Uludag University Faculty of Medicine

Department of Public Health, Bursa/Turkey

[kpala@uludag.edu.tr](mailto:kpala@uludag.edu.tr)

@KAYIHANPALA

# Overview of the presentation:

- Milestones of neoliberal health reforms in Turkey
- Assessment of the reforms in terms of social partners
  - Community
  - Health manpower
  - Global capital



# Milestones of neoliberal health reforms in Turkey

- 24 January 1980: Neo-liberal era began in Turkey.
- 12 September 1980: Neo-liberal policies were settled by military coup.
- 1982: «Health services» approach was changed in the new constitution
  - 1961: «State provides medical care to everyone»
  - 1982: «State plans and organizes all health institutions»
- 1983-2002: various initiatives to support private sector
  - 1987: Health Services Basic Law (3359)
    - Marketization of public health institutions
    - Precarious employment for health manpower
- 2003- It was given a new name: «**Health Transformation Program (HTP)**»

*Canceled by Constitutional Court  
in 1988*



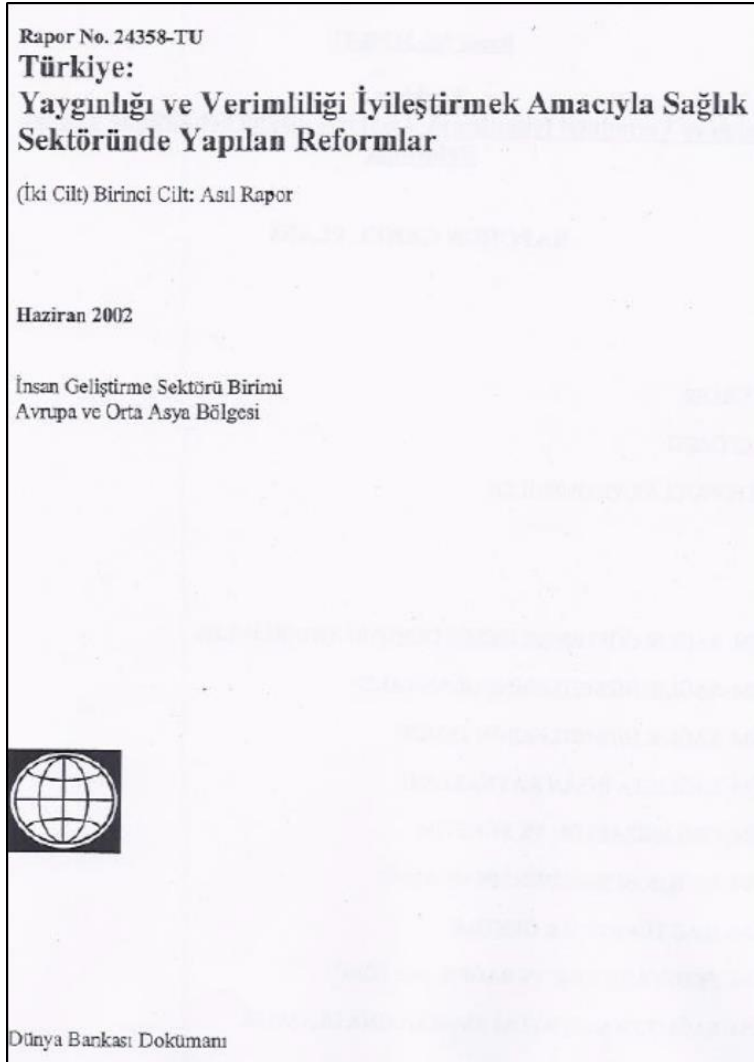
# «Health Policies after 2003: Turkey's Health Transformation Program»

Health Transformation Program aims transformation in the framework of 8 themes:

1. Ministry of Health as the **planner** and **supervisor**,
2. **Universal health insurance** gathering everyone under single umbrella,
3. Widespread, easily accessible and friendly health service system,
  - a) Strengthened primary health care services and **family medicine**,
  - b) Efficient and gradual **referral chain**,
  - c) Health facilities having **administrative and financial autonomy**,
4. Health manpower equipped with knowledge and skills and, working with high motivation,
5. Education and science institutions to support the system,
6. Quality and accreditation for qualified and efficient health services,
7. Institutional structuring in the rational management of medicine and supplies,
8. Access to effective information at decision making process: health information system.



# Who is the owner of HTP?



- «Turkey Reforming the Health Sector for Improved Access and Efficiency» report published in Turkish by World Bank in June 2002 (5 months before election).
  - English version of report published in March 2003.
- Government launched HTP in July 2003.

# World Bank: «Major reforms are essential»

*«The strategy proposed for **health sector reforms in Turkey** in this document is based on the assessment that piecemeal changes at the margin are unlikely to revitalize the health system, and nothing short of major restructuring and reorganization of the health system will work if the desired objectives of universal access to quality health services produced and delivered in an economically and institutionally sustainable environment are to be met.»*

World Bank (2002), Turkey Reforming the Health Sector for Improved Access and Efficiency, report no: 24358 – TU, pp.44.

# World Bank's health reform strategy for Turkey (2002)

1. Universal Coverage: The Case for Social Health Insurance
2. Developing a package of essential services and targeting public spending
3. Reorganizing public hospitals and providing greater autonomy
4. Consolidating and redefining institutional responsibilities
  - Ministry of Labor and Social Security
  - Ministry of Health
5. Strengthening delivery of primary care services

# Who is the owner of HTP?

- **Health Minister:** *«We have prepared this program by getting inspiration from our past experiences, particularly the socialization of health services, the recent works for health reform and the successful examples in the world.»*

Akdağ R (2008). Health Transformation Program in Turkey and Primary Health Care Services, 2002-2008.

- **WHO:** «The Health Transformation Program, a health system reform programme funded by the World Bank has been in place since 2003 and consists of two phases (2003-2009 and 2010-2013).

WHO (2012). Case studies on health system performance assessment, a long-standing development in Europe.



## World Bank's health reform strategy for Turkey (2002)

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World Bank (2002), Turkey Reforming the Health Sector for Improved Access and Efficiency, report no: 24358 – TU, pp.44.

# After the implementation of HTP... (2003 - )

- Social security organizations were combined and «**Social Security Institution**» was established in 2006.
- «**Social Health Insurance**» was introduced in 2006.
  - Premium, user fee, basic package
- Ministry of Labour and Social Security's **hospitals were transferred to** the Ministry of health
- Social Security Institution began to **purchase** health care services from **public or private** institutions.
- Complementary “**private**” insurance was established.



## World Bank's health reform strategy for Turkey (2002)

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World Bank (2002), Turkey Reforming the Health Sector for Improved Access and Efficiency, report no: 24358 – TU, pp.44.

# After the HTP... (2003 - )

- The Ministry of Health's **administrative structure** has changed in 2011.
- Ministry was **withdrawn service delivery** directly.
  - «**Public Hospitals Institution of Turkey**» was establish as a subsidiary of the Ministry.
    - Public hospitals managed by **CEOs**.
      - Most of them are physician.

- .

## World Bank's health reform strategy for Turkey (2002)

1. Universal Coverage: The Case for Social Health Insurance
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# After the HTP... (2003 - )

- Public health centers were closed instead of «Family Health Centers» were opened in 2010.
  - A type of private outpatient clinic
  - A person-list-based family medicine model
    - On average 3.500 people are registered to each center
  - Payment model for physicians: Capitation
  - Expenses (rent, electricity, cleaning etc.) are met by physicians.

## World Bank's health reform strategy for Turkey (2002)

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World Bank (2002), Turkey Reforming the Health Sector for Improved Access and Efficiency, report no: 24358 – TU, pp.44.

# After the HTP... (2003 - )

- Numerous medical faculty were opened.

- 2002: 50

- 2015: 86 (72%)

## World Bank's health reform strategy for Turkey (2002)

1. Universal Coverage: The Case for Social Health Insurance
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World Bank (2002), Turkey Reforming the Health Sector for Improved Access and Efficiency, report no: 24358 – TU, pp.44.

# After the HTP... (2003 - )

- **Employment method** was changed for health manpower;
  - Transition from civil servant to **subcontracted worker**
- **Payment method** was changed for physicians who worked in public sector;
  - GP: Transition from salary to **capitation**
  - Specialists who worked in public hospitals: Salary + **Performance Based Supplementary Payment System**
    - **«Fee-for-service»**

# Assessment of the reforms in terms of social partners

- Community
- Health manpower
- Global capital





# Assessment of the reforms in terms of **community**

- Access to Care
- Quality of Care
- Equity of Health System
- Long, Healthy Lives
- Views of the Health Care System:  
Patients satisfaction
- Efficiency of Health System
- Health expenditures



# Universal coverage?

- Unregistered insured population: 13,8 million
  - Person whose General Health Insurance premiums paid by state<sup>1</sup>: 7,6 million
  - Others? = 6,2 million
- Person who has social health insurance premium debt<sup>2</sup>:
  - (5510, 4/a) Employer Under Service Contract: 1,7 million
  - (5510, 4/b) Self-Employed: 3,3 million
- Exclude coverage (estimation): over 15%

<sup>1</sup>: SSI, Monthly Basic Indicators, January 2015.

<sup>2</sup>: Ministry of Development, (2014) Onuncu kalkınma Planı 2014-2018, Sosyal Güvenlik Sisteminin Sürdürülebilirliği, Özel İhtisas Komisyonu Raporu, Yayın No: KB: 2857 - ÖİK: 711, Ankara.

?????

INTERNATIONAL HEALTH CARE SYSTEMS

## Transforming Turkey's Health System — Lessons for Universal Coverage

Rifat Atun, M.B., B.S., M.B.A.

**Selected Characteristics of the Health Care System and Health Outcomes in Turkey.\***

Variable	Value
Health expenditures	
Per capita (U.S.\$)	665
Percentage of GDP	6.3
Out-of-pocket (% of private health expenditures)	64.4
Public sources (% of total)	73.9
Health insurance	
Rate in population (%)	98
Source of funding	Employers (7.5%) and employees (5%), government contributions for Green Card beneficiaries



HarvardPublicHealth @HarvardChanSPH · 31 dk.

Turkey could be a model for how other middle-income countries can achieve universal health coverage [hsph.me/195](https://hsph.me/195)

8 5



KAYIHAN PALA @KAYIHANPALA · 1 dk.

@HarvardChanSPH Universal coverage rate (98%) is not true. There were over 11 million people in Turkey not covered by any insurance scheme.

8 5



# Universal health coverage in Turkey: enhancement of equity

*Rifat Atun, Sabahattin Aydın, Sarbani Chakraborty, Safir Sümer, Meltem Aran, Ipek Gürol, Serpil Nazlıoğlu, Şenay Özgülcü, Ülger Aydoğan, Banu Ayar, Uğur Dilmen, Recep Akdağ*

www.thelancet.com Published online June 27, 2013 [http://dx.doi.org/10.1016/S0140-6736\(13\)61051-X](http://dx.doi.org/10.1016/S0140-6736(13)61051-X)

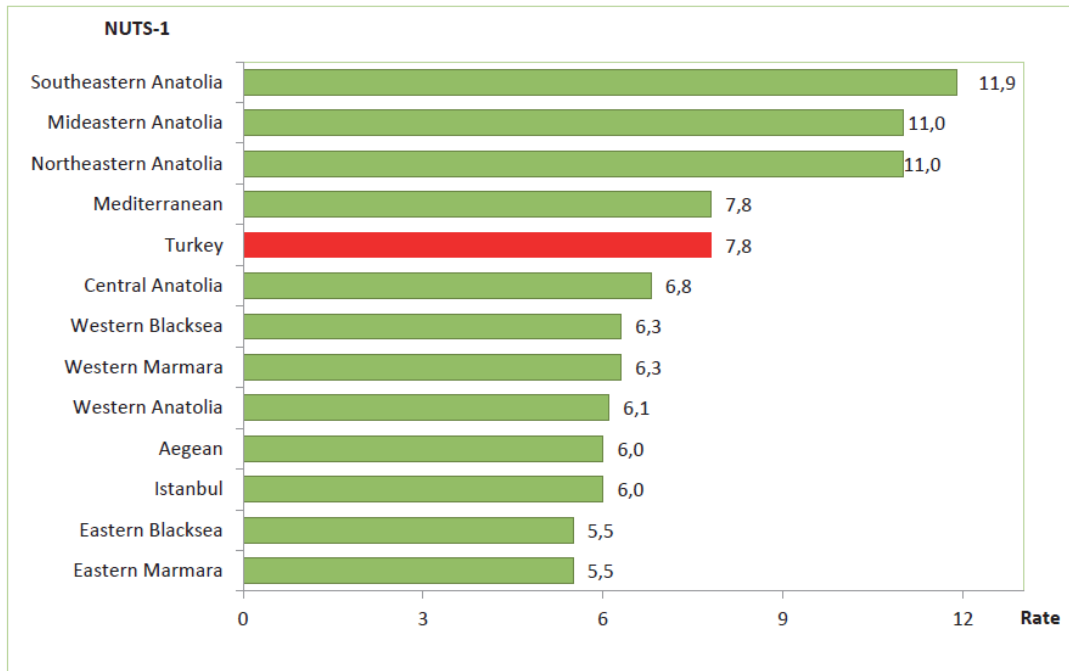
Ministry of Health data (with the exception of the most recent estimates), which suggest that infant mortality in Turkey fell from 29·0 per 1000 livebirths in 2003, to 7·7 per 1000 livebirths in 2011.<sup>18</sup>

**Big problem: Statistics are distorted for propaganda**

# Statistics are distorted for propaganda

Health Statistics Yearbook | 2013

Figure 2.3. Infant Mortality Rate by NUTS-1, (per 1.000 Live Births), 2013



Source: Public Health Institution of Turkey

The NEW ENGLAND JOURNAL of MEDICINE  
Perspective  
OCTOBER 1, 2015

INTERNATIONAL HEALTH CARE SYSTEMS

## Transforming Turkey's Health System — Lessons for Universal Coverage

Rifat Atun, M.B., B.S., M.B.A.

### Selected Characteristics of the Health Care System and Health Outcomes in Turkey

#### Life and death

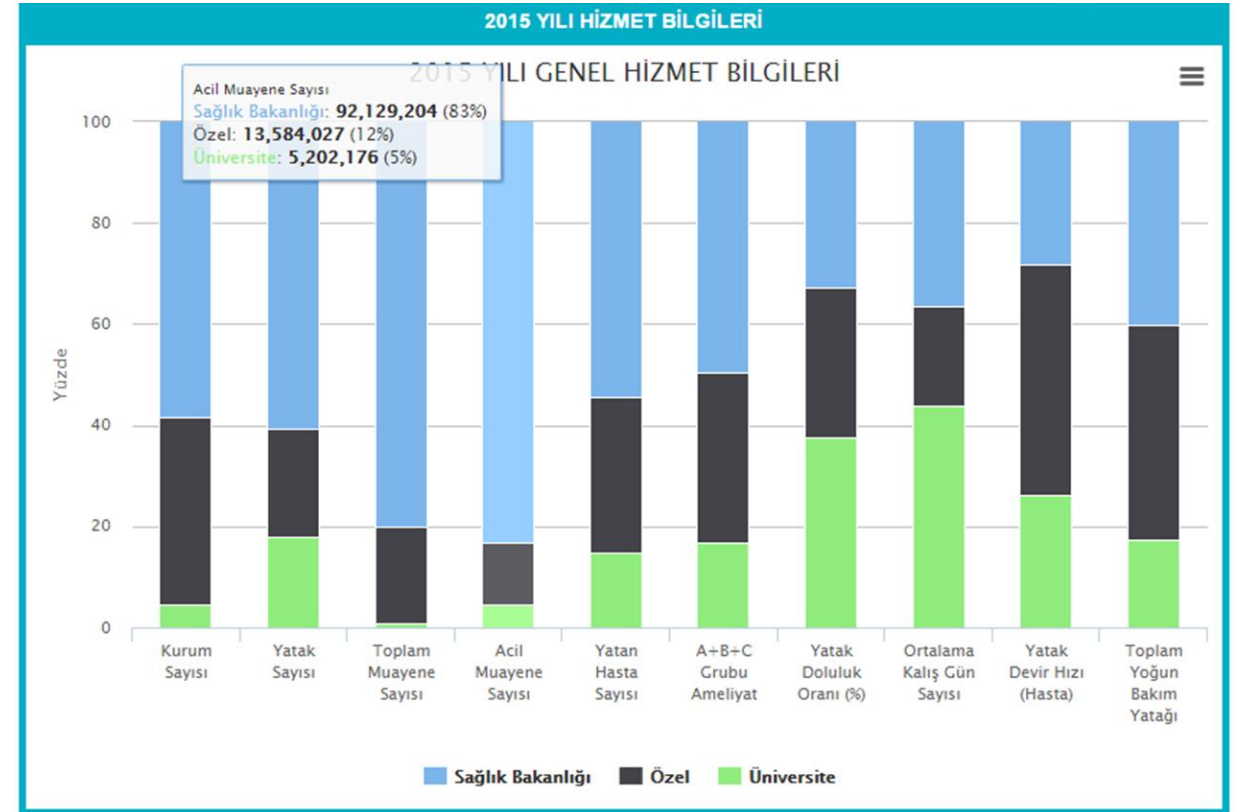
Life expectancy at birth (yr)	75
Additional life expectancy at 60 yr of age (yr)	21
Annual no. of deaths per 1000 population	6
Annual no. of infant deaths per 1000 live births in 2013	17
Annual no. of deaths of children ≤5 yr of age per 1000 live births in 2013	19

Which one is true?



# Increase in admissions to emergency services?

- More than **110,9** million admissions<sup>1</sup> to emergency service in 2015.
- With HTP, Turkey is now the only country where the number of emergency admissions exceeds the total population<sup>2</sup>.



<sup>1</sup>: TKHK (2016), Türkiye Kamu Hastaneleri Kurumu, Genel Sağlık İstatistikler, Özet Bilgiler, <http://rapor.saglik.gov.tr/istatistik/rapor/index.php>

<sup>2</sup>: Pala, K (2014). Correspondence: Health-care reform in Turkey: far from perfect, Lancet, 383:28.



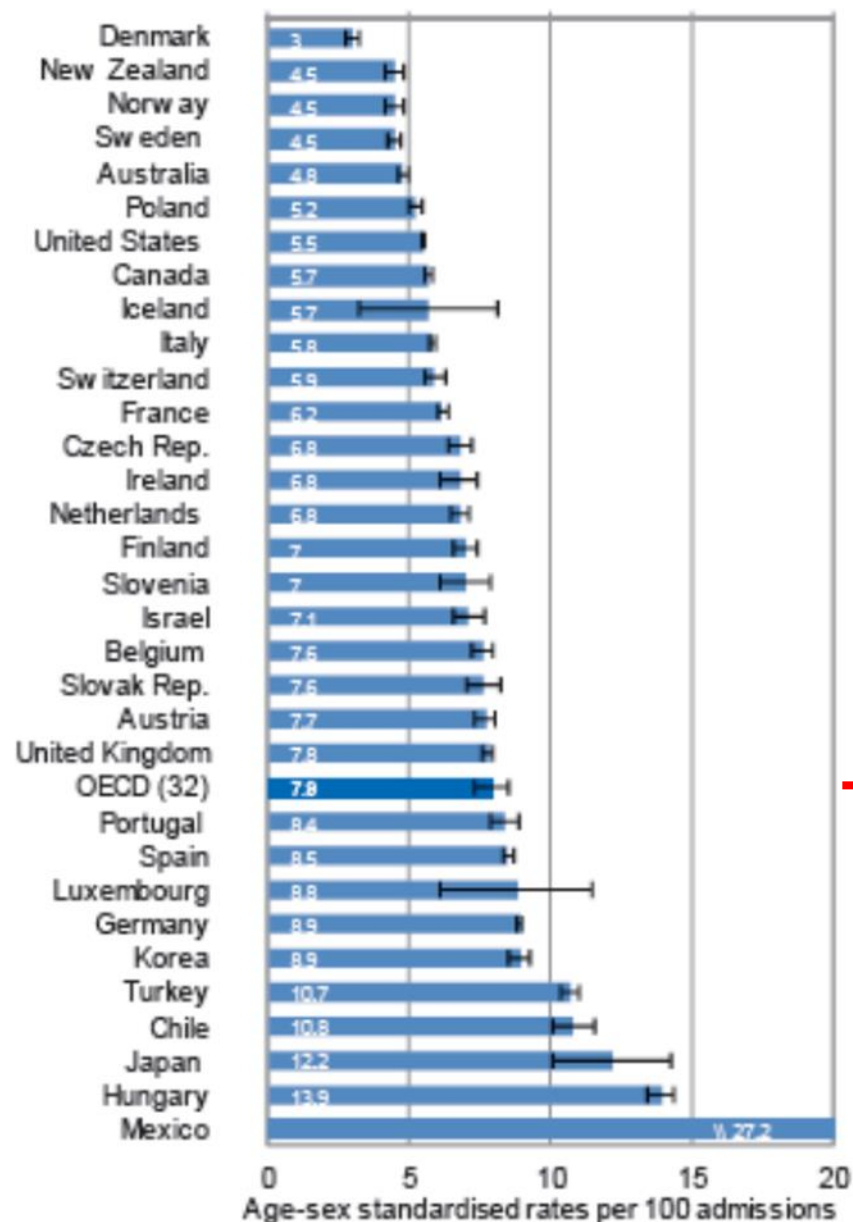
# User fee...

Yıl	User fee for medical examination (Million TL)	Household health expenditure (Million TL)*	%
2009	466	8.142	5,72
2012	2.142	11.750	18,14

\* TÜİK Health Expenditure Statistics.

- **Medicine?**
- **Informal payment to private sector?**

Figure 1.2. Case-fatality in adults aged 45 and over within 30 days after admission for AMI (admission-based), 2011 (or nearest year)



## Quality of Care?

OECD: «*Few indicators of quality are collected, and those that exist, point to poor quality of care by OECD standards*»

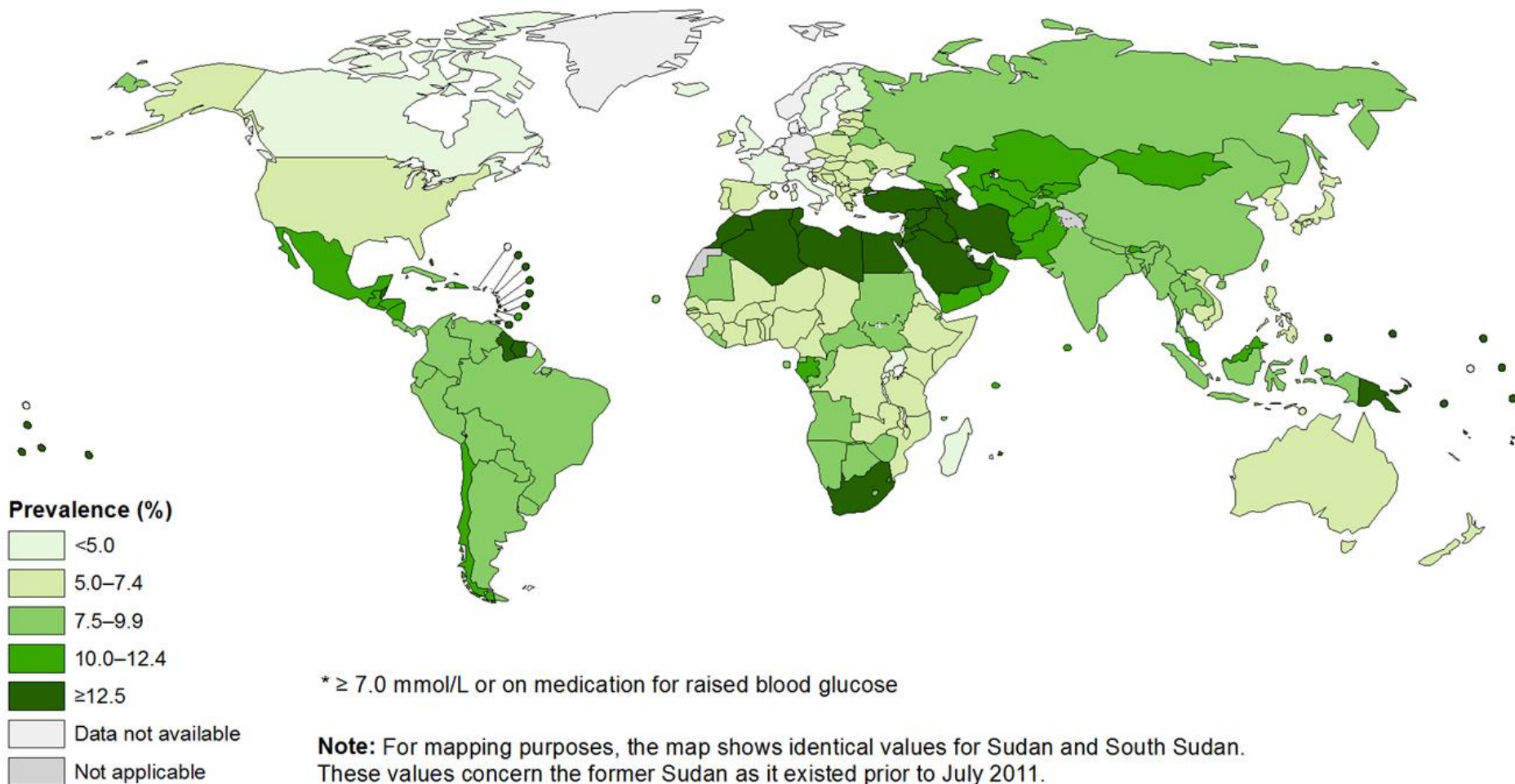
- Mortality within 30 days of hospital admission for **acute myocardial infarction** in Turkey – 10.7 per 100 patients – is 35% higher than the OECD average of 7.9.
- Similarly for **stroke**, case fatality within 30 days of hospital admission is the third highest in the OECD (11.8 per 100 patients), following Mexico and Slovenia.
- Admission rate for **uncontrolled diabetes** (402.6 per 100 000 population) is a clear outlier at nearly ten times the OECD average of 47.3

OECD (2014), OECD Reviews of Health Care Quality: Turkey 2014: Raising Standards, OECD Publishing

# Quality of primary care

- **Cancer screening rates**, a core primary care activity, are **low**.
  - In 2011, only 15.5% of Turkish women aged 20-69 were screened for cervical cancer, compared to an OECD average of 59.6%.
  - 27.3% of women aged 50-69 were screened for breast cancer (OECD average 61.5%) and
  - 3.2% of adults aged 50-74 were screened for colorectal cancer (EU15 average 12.7%).
- Important measures of quality of primary care that are collected by other OECD countries are **not available** for Turkey.
  - rates of hospital admission for chronic conditions deemed fully manageable within primary care, such as asthma, chronic obstructive pulmonary disease (COPD) or diabetes.
  - Other relevant measures, such as frequency of annual retinal exam in diabetics, is not available either.

# Prevalence of raised fasting blood glucose\*, ages 18+, 2014 (age standardized estimate) Female



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization  
Map Production: Information Evidence and Research (IER)  
World Health Organization



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The percentage of children receiving all basic vaccinations (2008): **80,5 %**

The percentage of children receiving all basic vaccinations (2013): **74,1 %**

Table 11.9 Vaccinations by source of information

Percentage of children age 15-26 months who received specific vaccines at any time before the survey, by source of information (vaccination card or mother's report), and percentage vaccinated 15 months of age, Turkey 2013

Source of information	BCG	DTaP-IPV-Hib			MMR	Hepatitis B			PCV			All basic vaccinations <sup>1</sup>	No vaccinations	Number of children
		1	2	3		1	2	3	1	2	3			
Vaccinated at any time before survey														
Vaccination card	73.2	74.4	73.8	72.6	69.3	75.2	75.0	72.2	72.9	72.4	70.8	63.6	0.0	516
Mother's report	21.2	20.0	15.3	13.8	20.5	21.2	17.0	14.9	16.6	12.6	10.8	10.5	2.9	170
Either source	94.4	94.4	89.1	86.4	89.8	96.4	91.9	87.1	89.5	85.0	81.6	74.1	2.9	687
Vaccinated by 15 months of age <sup>2</sup>														
	94.4	94.4	88.6	84.3	88.5	96.4	91.9	86.5	89.5	84.8	80.6	70.0	3.0	687

<sup>1</sup> BCG, MMR, and three doses each of DTaP-IPV-Hib, Hepatitis B, and PCV.

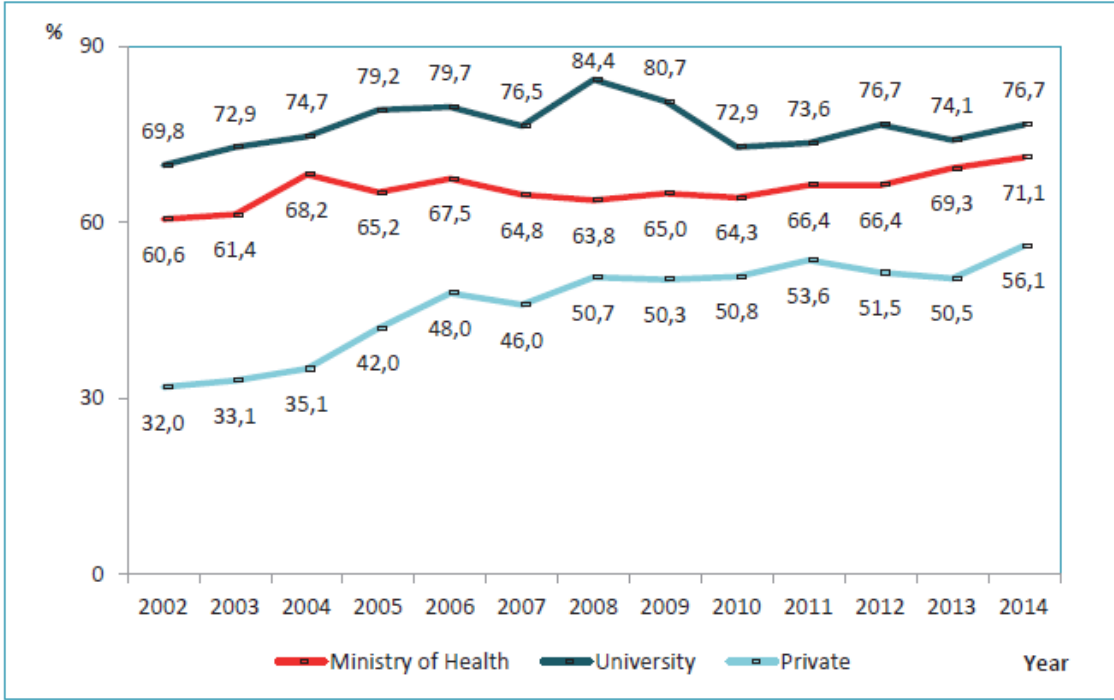
<sup>2</sup> For children whose information is based on the mother's report, the proportion of vaccinations given during the first year of life is assumed to be the same as for children with a written record of vaccination.

# Efficiency?

- **Bed occupancy rate** in Turkish hospitals is only 64.9%, the third lowest in the OECD after the Netherlands and the United States, and it is only just above 50% in the private hospital sector.
- The number of **caesarean sections** in Turkey are the highest in the OECD. Between 2006 and 2011 the number of caesarean sections increased from 297 to 462 per 1 000 live births, which is the highest rate of growth in the OECD.
- **COPD admission rate** of 877.2 per 100 000 population is **over four times** in excess of the OECD average of 201.3.
- ...

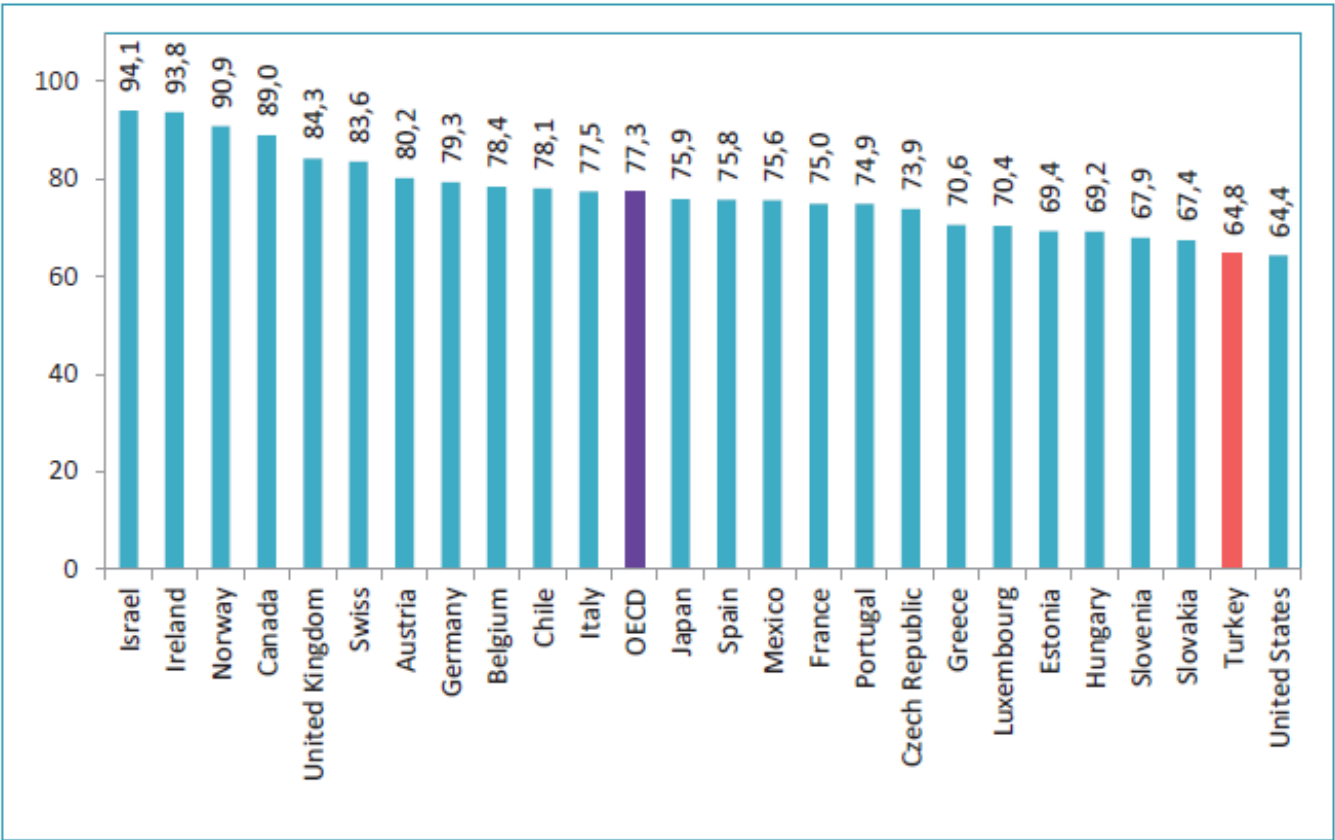


Figure 7.13. Bed Occupancy Rate by Years and Sectors, (%), Turkey



Source: General Directorate of Health Services

Figure 7.16. International Comparison of Acute Bed Occupancy Rate in Hospitals, 2013



Source: OECD Health at a Glance, 2015

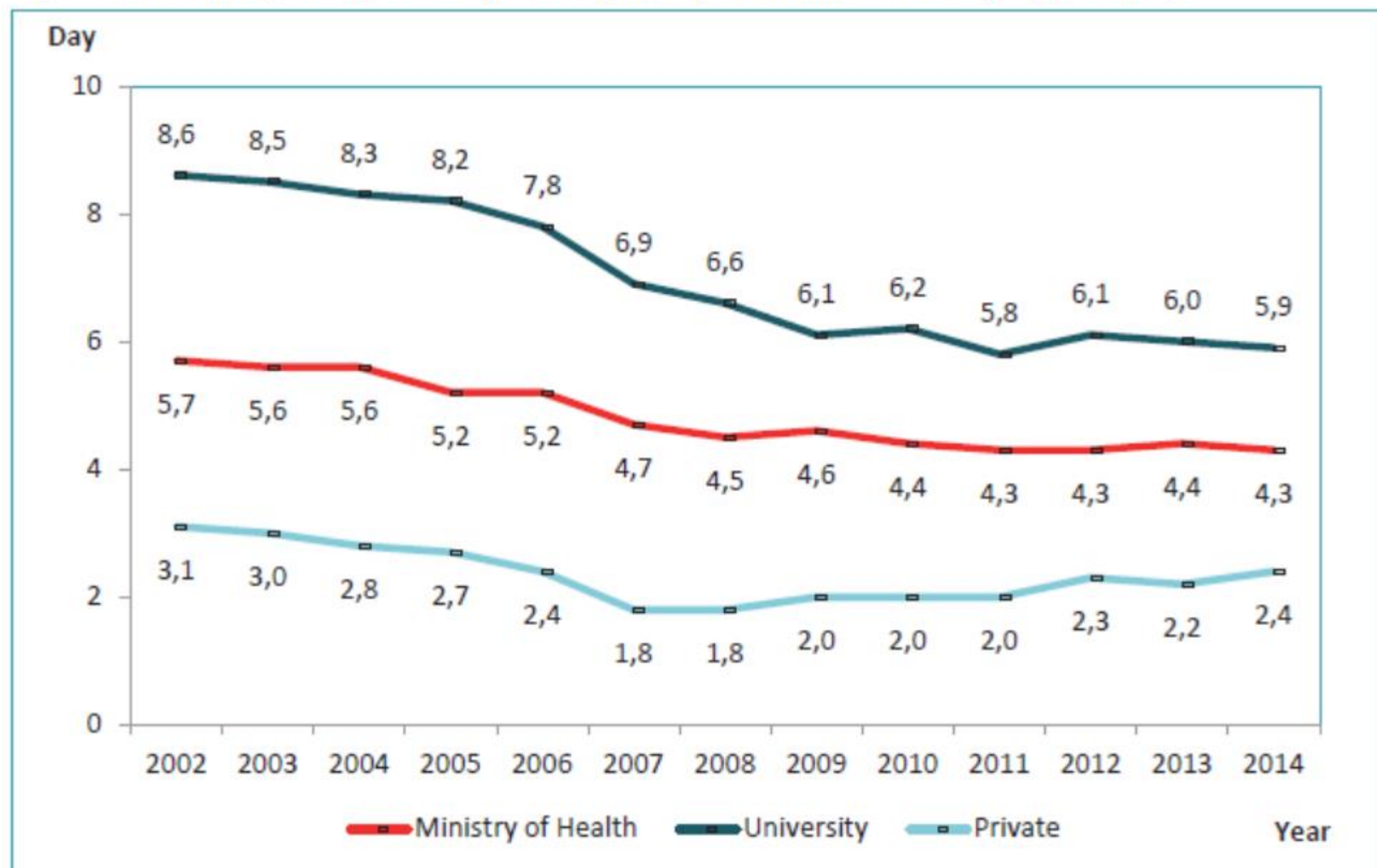
## Neoliberal health reforms have changed the financial structure of public hospitals

- While the share of **general budget** has gradually **decreased**, the share of extra-budgetary sources such as health insurance has increased. This change in financial structure has eliminated the “public” nature of hospitals.
  - Depending on this change, **revolving fund** has been a dominant financing tool in hospital unions.
  - Nowadays, a large part of the income is derived from the revolving fund and almost all of the expenditures (except salary of civil servants) are made from the revolving fund.

## The change in financial structure of public hospitals have led to many changes in patient care

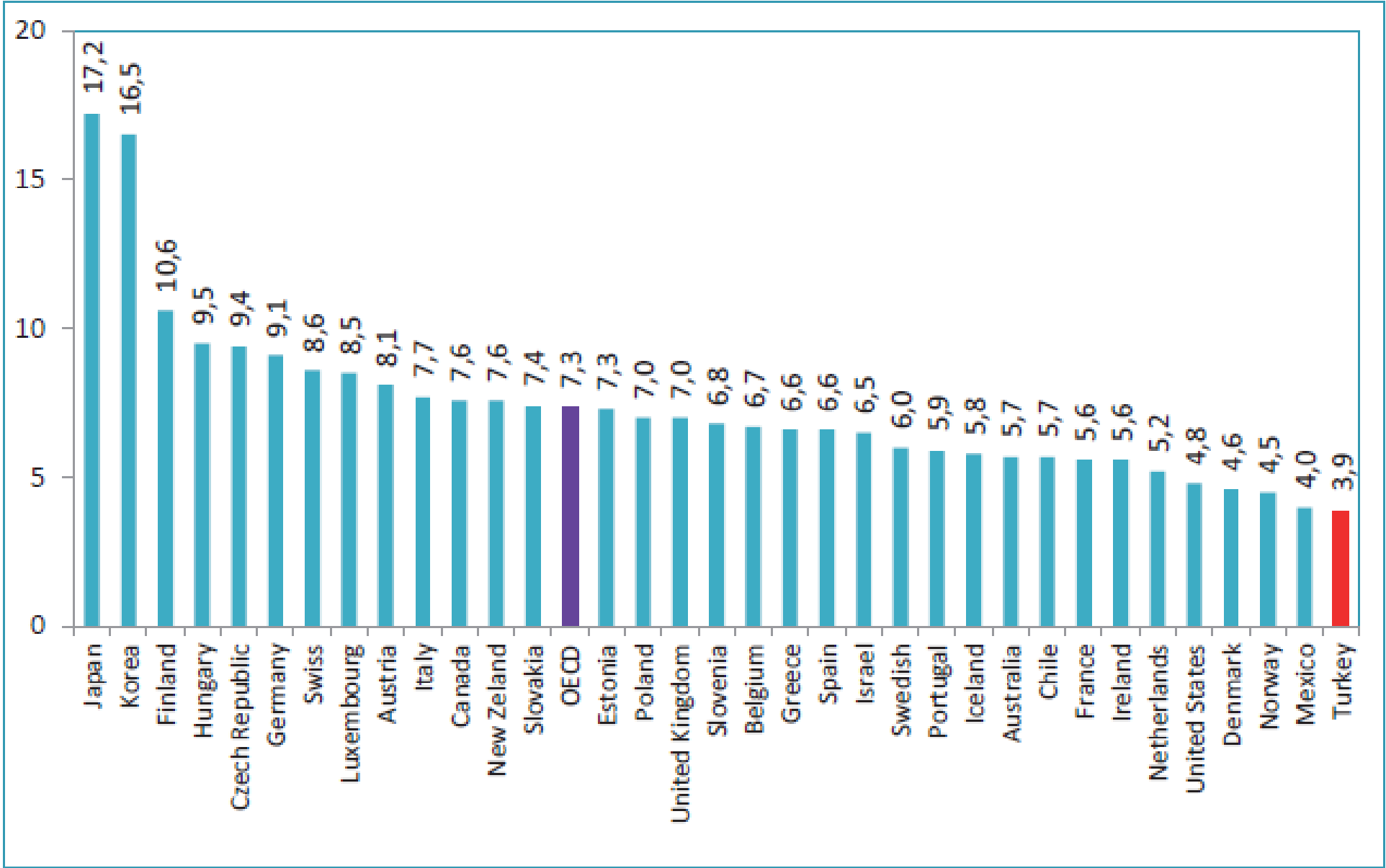
- Hospitalization period has reduced.
- Long term care services began to be transferred out of hospital.
- Many services in hospitals (Hospitality, home care, pathology and other laboratory services, kitchen, cleaning, archive services etc.) are purchased externally.

Figure 7.17. Average Length of Stay in Hospitals by Years and Sectors, (Days), Turkey



Source: General Directorate of Health Services

Figure 7. 20. International Comparison of Average Length of Stay in Hospitals, (Days), 2013



Source: OECD Health Data 2015

The Health Transformation Program has not provided a significant improvement in community health indicators. **Today, Turkey is far behind the developed countries in public health indicators.**

- **Life expectancy:**

- EU28 : **80,3** year
- TR: **77,6** year

- **Infant mortality rate (2012)**

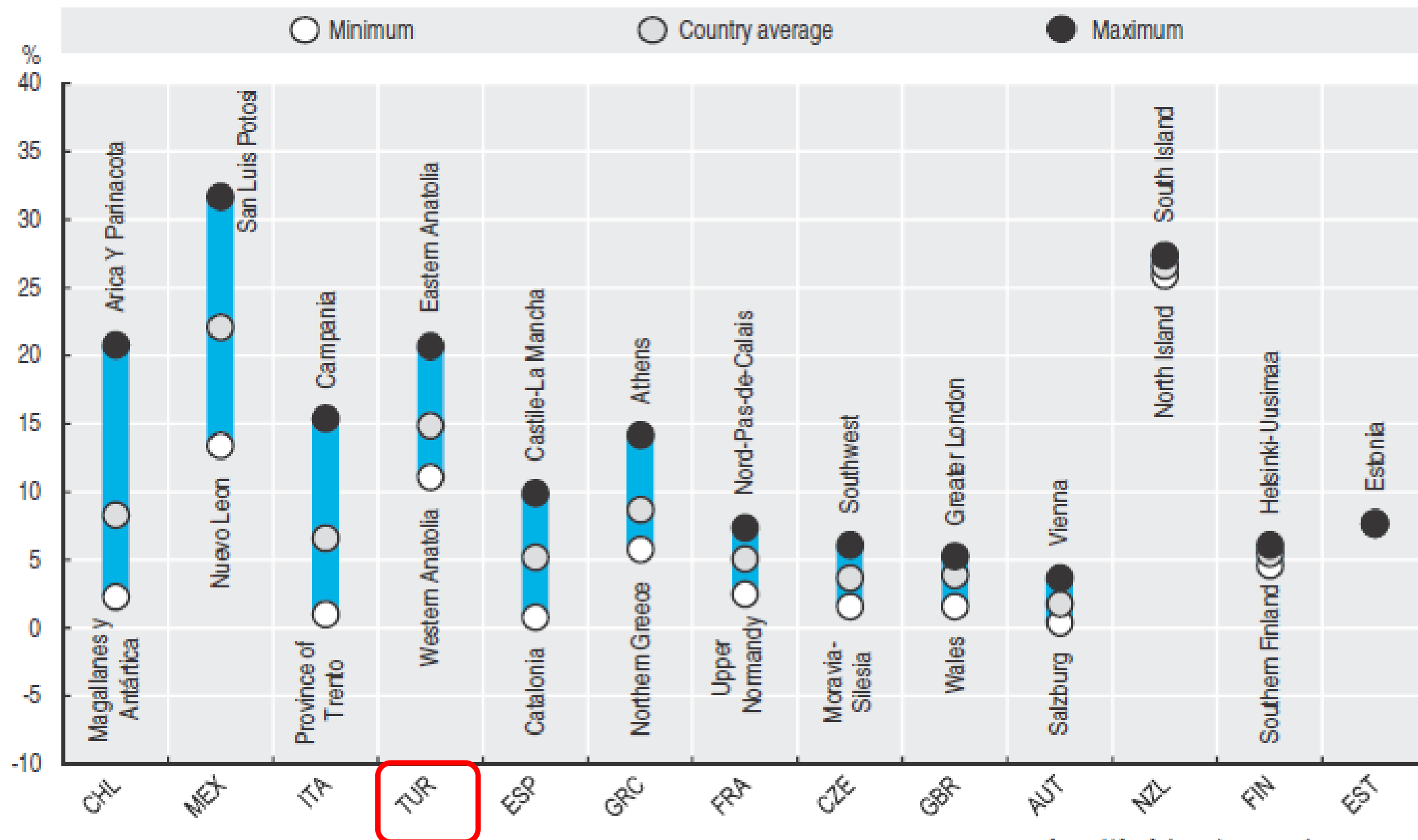
- EU28: **3,8** (‰)
- TR: **11,6** (‰)

- **Unmet healthcare needs**

- EU27: **3,0**%
- TR: **15,0**%



1.15. Regional variation in the % of population with unmet medical needs, 2013

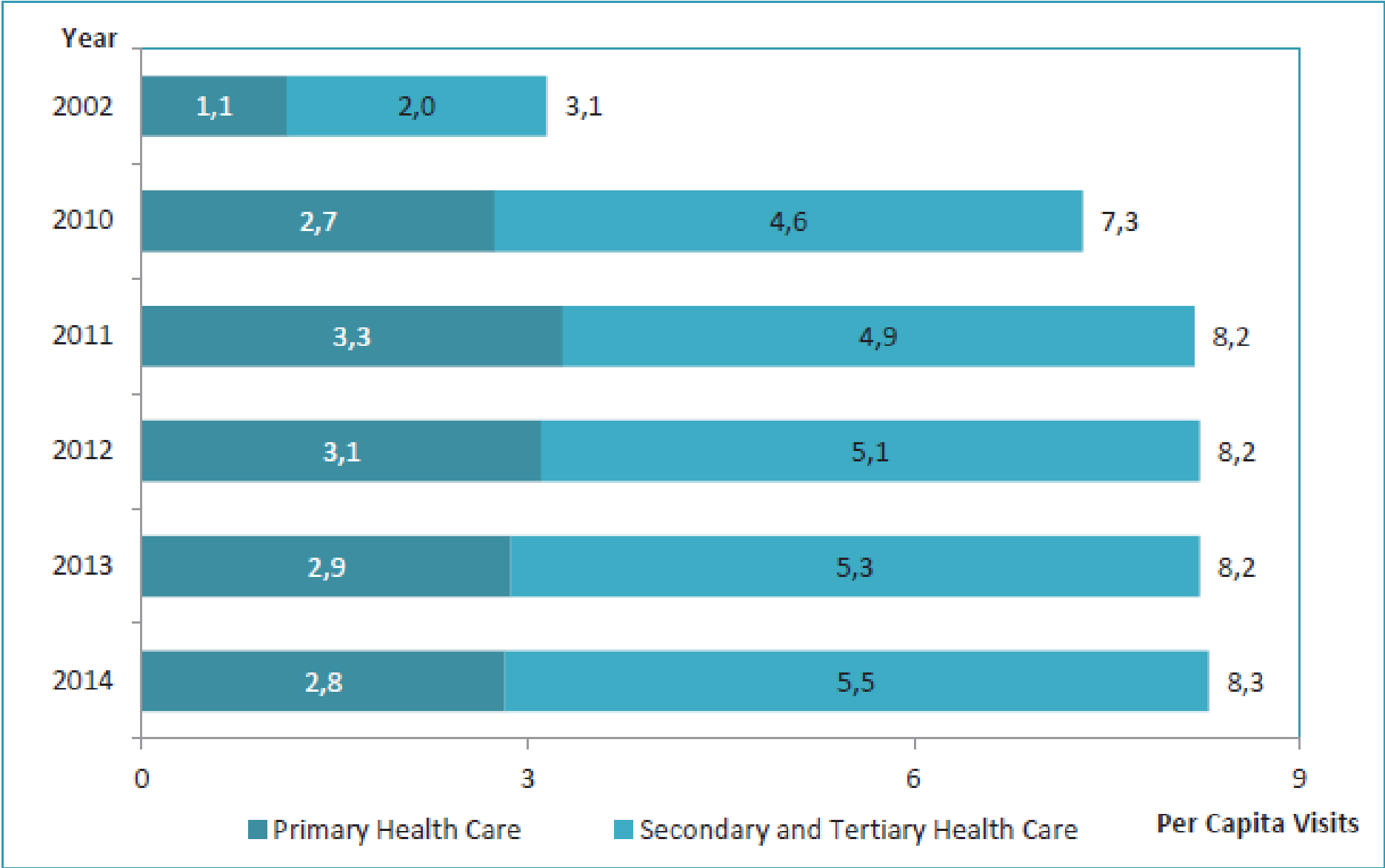


# Assessment of the reforms in terms of health manpower

- Employment status
- Employee rights
- Working conditions
  - Violence
  - Workload (over 80 patients per day for physicians...)
  - Exposure assessment
  - Income
- Views of the Health Care System: Workers satisfaction

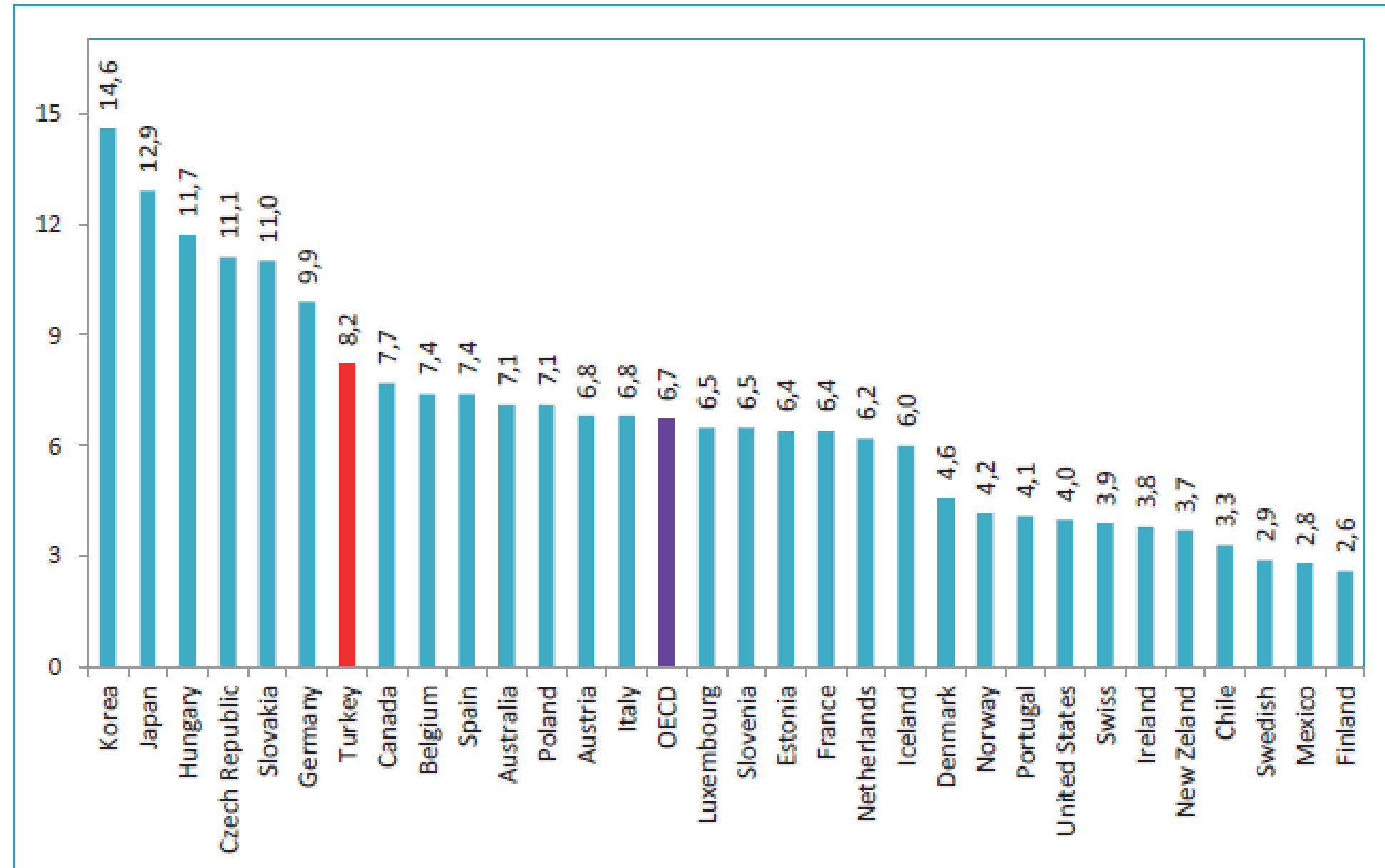


Figure 7.1. Total Number of Per Capita Visits to a Physician in Health Agencies and Institutions by Years, All Sectors, Turkey



Source: Public Health Institution of Turkey, General Directorate of Health Services

Figure 7.3. International Comparison of Per Capita Visits to a Physician, 2013



Source: OECD Health Data 2015

# Basic issues...

- «Security of life» of health workforce
- «Assurance of employment»
- «Assurance of regular income»
- Professional independence
  - Cost-containment policies
  - ...



# Violence in the health workplace

(Official data, 14 May 2012-27 August 2014)

- **23.120** case (Average **30** case per day)
  - 10.271 public hospitals
  - 6.241 training & research hospitals (public)
  - 2.626 family health centers
- 15.269 verbal
- **7.851** physical
- **12.975** violence against physician
- **7.795** polyclinics
- 7.208 emergency services

## Günde en az 31 sağlık çalışanı şiddet görüyor

09 HAZİRAN 2016



Sağlık Bakanlığı, 1 Haziran 2012 – 7 Ağustos 2015 tarihleri arasında Beyaz Kod birimine gelen şiddet başvurularının 38 bin 253 olduğunu açıkladı. Sağlık Bakanlığı'nın Beyaz Kod birimine gelen başvurular doğrultusunda verdiği bilgiye göre, halen günde en az 31 sağlık çalışanı fiziksel veya sözel şiddete uğruyor, sağlıkta şiddet hız kesmiyor.

Sağlık Bakanlığı, Türk Tabipleri Birliği'nin (TTB) başvurusu üzerine, Bakanlığın sağlık çalışanlarına yönelik şiddet ile ilgili birimi olan Beyaz Kod verilerini açıkladı. TTB, Bakanlığın Beyaz Kod verilerini en son 29 Mayıs 2014 tarihinde kamuoyuna açıkladığını hatırlatarak, güncel bilgilerin kamuoyuna açıklanmasını istemişti.

Sağlık Bakanlığı'nın konuyla ilgili aktardığı bilgiler şöyle:

- Beyaz Kod birimi 14.05.2012 tarihinde kurulmuş olup, 1 Haziran 2012-7 Aralık 2015 tarihleri arasında gelen toplam başvuru 38 bin 253'tür. Bu başvuruların 12.594'ü fiziksel, 25.659'u ise sözel başvurulardır.
- 2012 yılı içerisinde, 1.621'i fiziksel, 3.458'i sözel olmak üzere toplam 5.079 şiddet başvurusu yapıldı.
- 2013 yılı içerisinde 3.558'i fiziksel, 7.157'si sözel olmak üzere toplam 10.715 başvuru yapıldı.
- 2014 yılı içerisinde 3.947'si fiziksel, 7.227'si sözel olmak üzere toplam 11.174 başvuru yapıldı.
- 2015 yılı içerisinde ise 3.468'i fiziksel, 7.817'si sözel olmak üzere toplam 11.285 başvuru yapıldı.

Sağlık Bakanlığı'nın aktardığı bilgiler, şiddete uğrayan sağlık çalışanı sayısının azalmadığını ve halen günde ortalama 31 sağlık çalışanının fiziksel ya da sözel şiddete uğradığını ortaya koyuyor. Bu rakamların sadece Bakanlığa bildirimi yapılan saldırılar olduğu, gerçek rakamın bunun üzerinde olduğu da biliniyor.

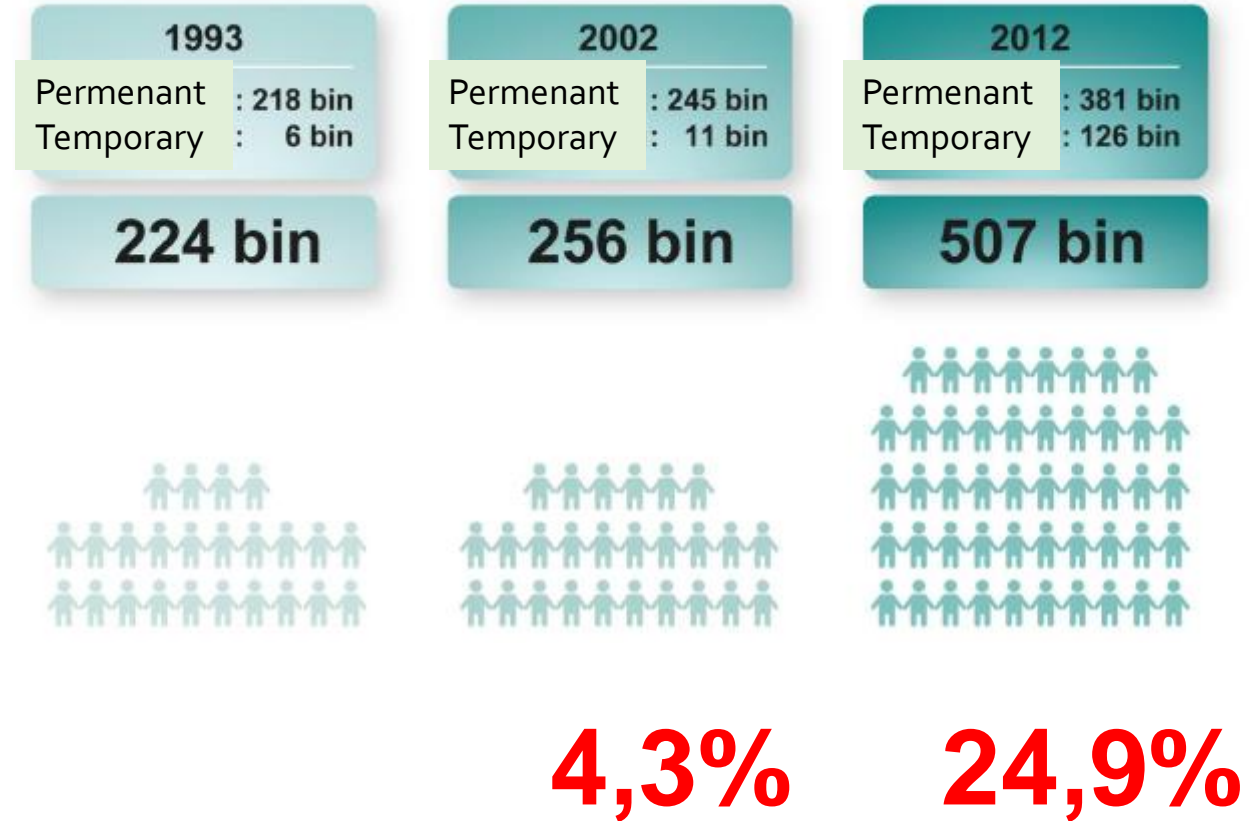


# Outsourced employment is growing

Number of temporary workers increased to 126.000 in 2012 from 11.000 in 2002.

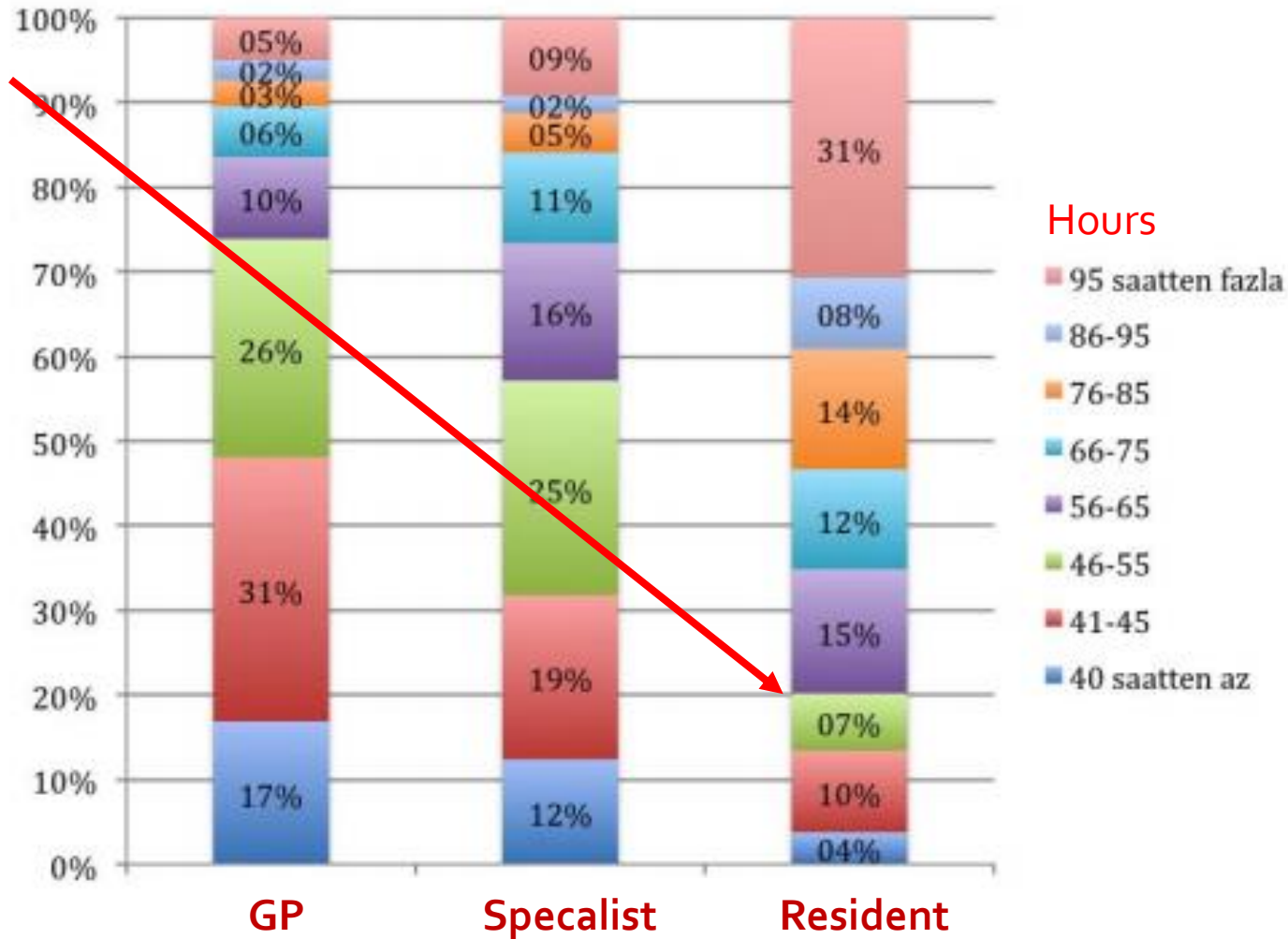
1 out of every 4 people working in the Ministry of Health is working in outsourcing companies!

## Health workforce



# Weekly working hours of physicians (TMA)

## Weekly working hours



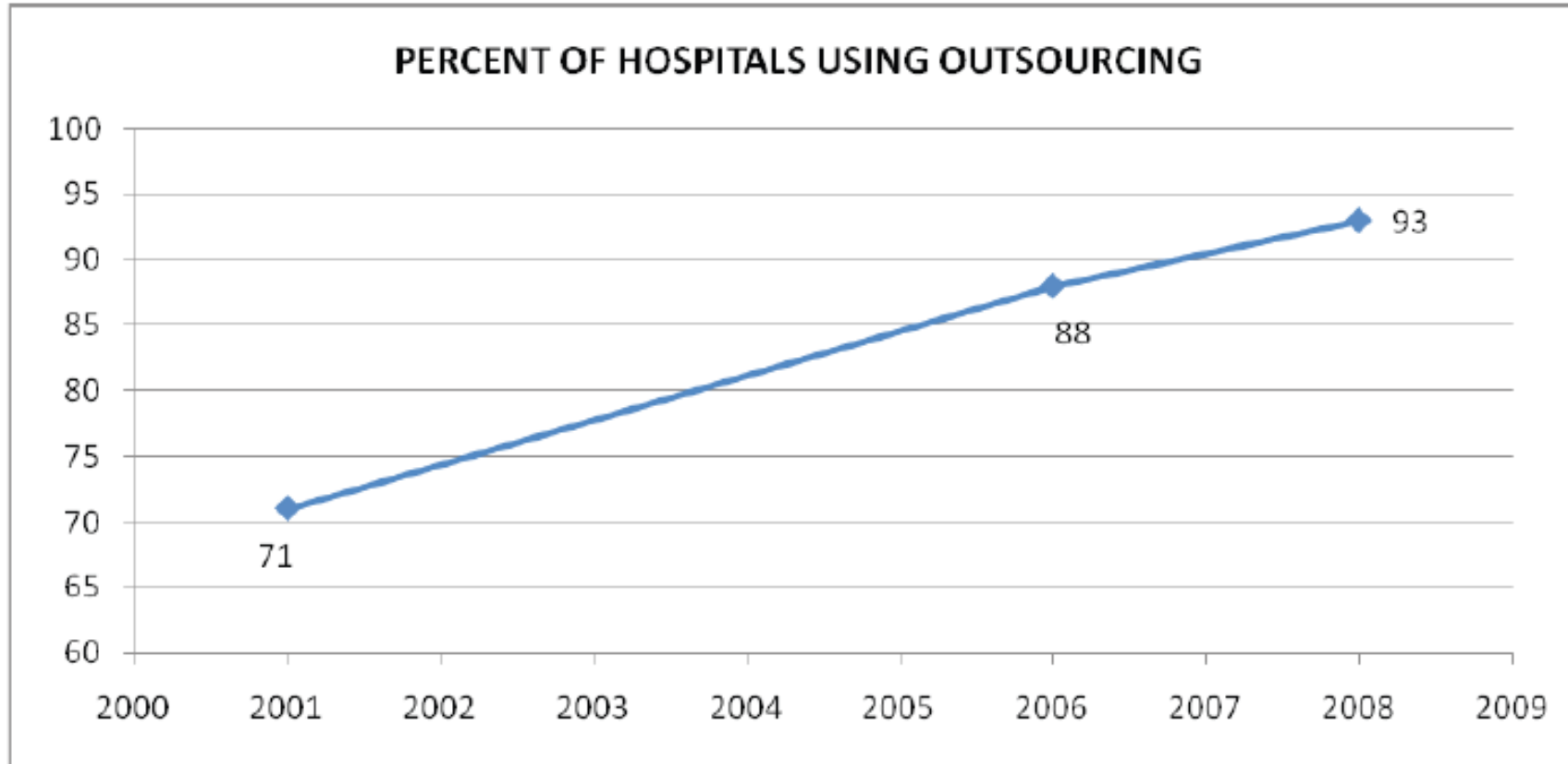
# Assessment of the reforms in terms of **global capital**



- **Profit maximation**

- **Purchasing of services in public system**
  - Outsourcing of services in public hospitals
  - Purchasing of health care from private hospitals
- **Increase in demand** (Provoked demand, supply induced demand)
  - More patients, tests, imaging methods (CT, MR, PET, ...), medicines, surgery, ...
- **Monopolization**
  - Chain of private hospitals
  - Corporatization of public hospitals
- **Privatization**
  - Public-Private-Partnership

# Outsourcing Trend in Turkey (2011 to 2008)



Today  
all  
public hospitals  
are using  
outsourcing

Outsourcing Practices in the Turkish Health Care System, Republic of Turkey,  
Ministry of Health, Refik Saydam Hygiene Center Presidency, School of Public Health, 2010.

# Distribution of outsourced services (2008, first 10)

## Non-clinic

Types of Support Services	n	%
Housekeeping	468	94,0
Automation	462	92,8
Security	347	69,7
Catering	314	63,1
Secretary	246	49,4
Insect Control	222	44,6
Technical service	186	37,3
Laundry	158	31,7
Medical equipment repair and maintenance	154	30,9
Landscaping services	128	25,7

## Clinic

TYPES OF SERVICES	n	%
Magnetic resonance (MR)	183	36,7
Computerized tomography (BT)	163	32,7
Biochemistry laboratory services	113	22,7
Microbiology laboratory services	84	16,9
Radiology	82	16,5
Nuclear Medicine	60	12,0
Pharmacy	44	8,8
Nursing	39	7,8
Medical staff (physician) services	27	5,4
Bone densitometry	10	2,0

Outsourcing Practices in the Turkish Health Care System, Republic of Turkey,  
Ministry of Health, Refik Saydam Hygiene Center Presidency, School of Public Health, 2010.

# Social health insurance expenditures: Private sector **more expensive**

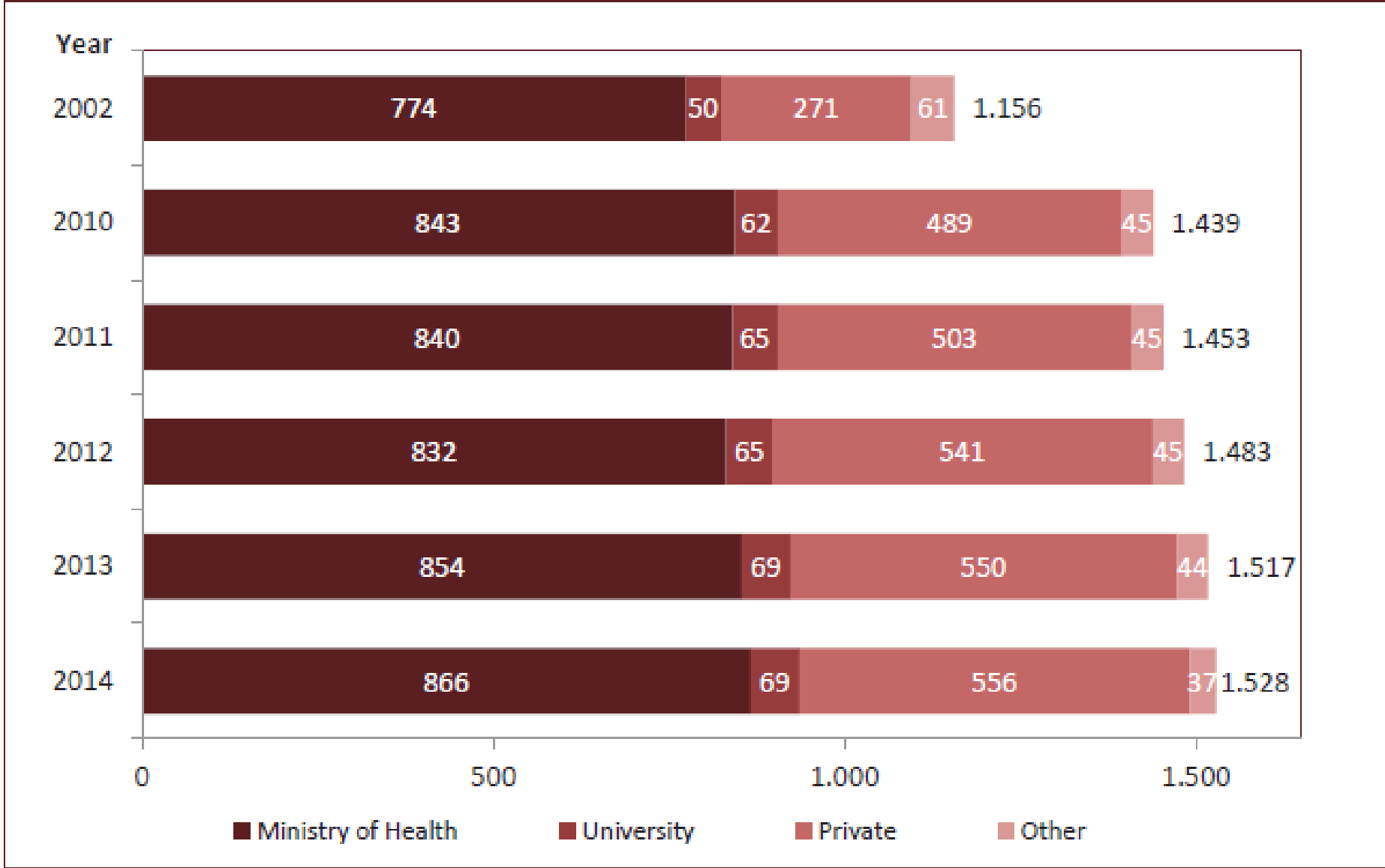
Sağlık Hizmet Sunucusuna Göre Ortalama Maliyet (TL)  
Cost average by the health service server (TL)

Yıllar Years	Devlet 2. basamak State 2. step	Devlet 3. basamak State 3. step	Özel Private	Üniversite University	Ortalama maliyet Average cost
2009	41,28	75,65	68,32	179,71	63,49
2010	43,33	80,93	70,79	170,63	66,44
2011	46,12	84,61	71,52	169,46	68,87
2012	49,48	91,29	77,00	180,01	73,10
2013	49,74	90,19	79,82	176,66	73,74
2014	50,92	93,09	86,50	180,58	76,45

Social Security Institution



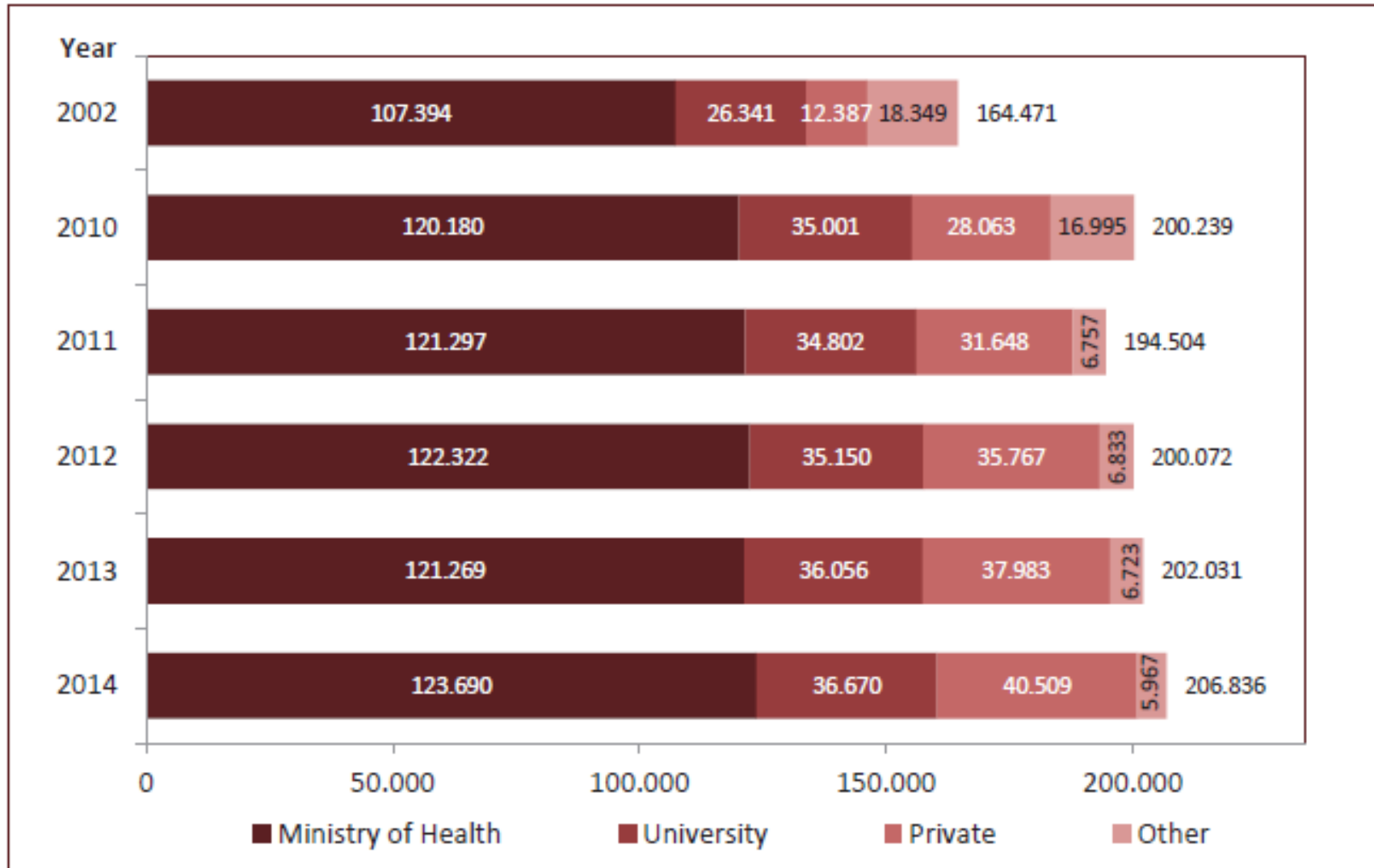
Figure 6.1. Number of Hospitals by Years and Sectors, Turkey



Private hospitals:  
**2-fold increase**

Source: General Directorate of Health Services

Figure 6.2. Number of Hospital Beds by Years and Sectors, Turkey

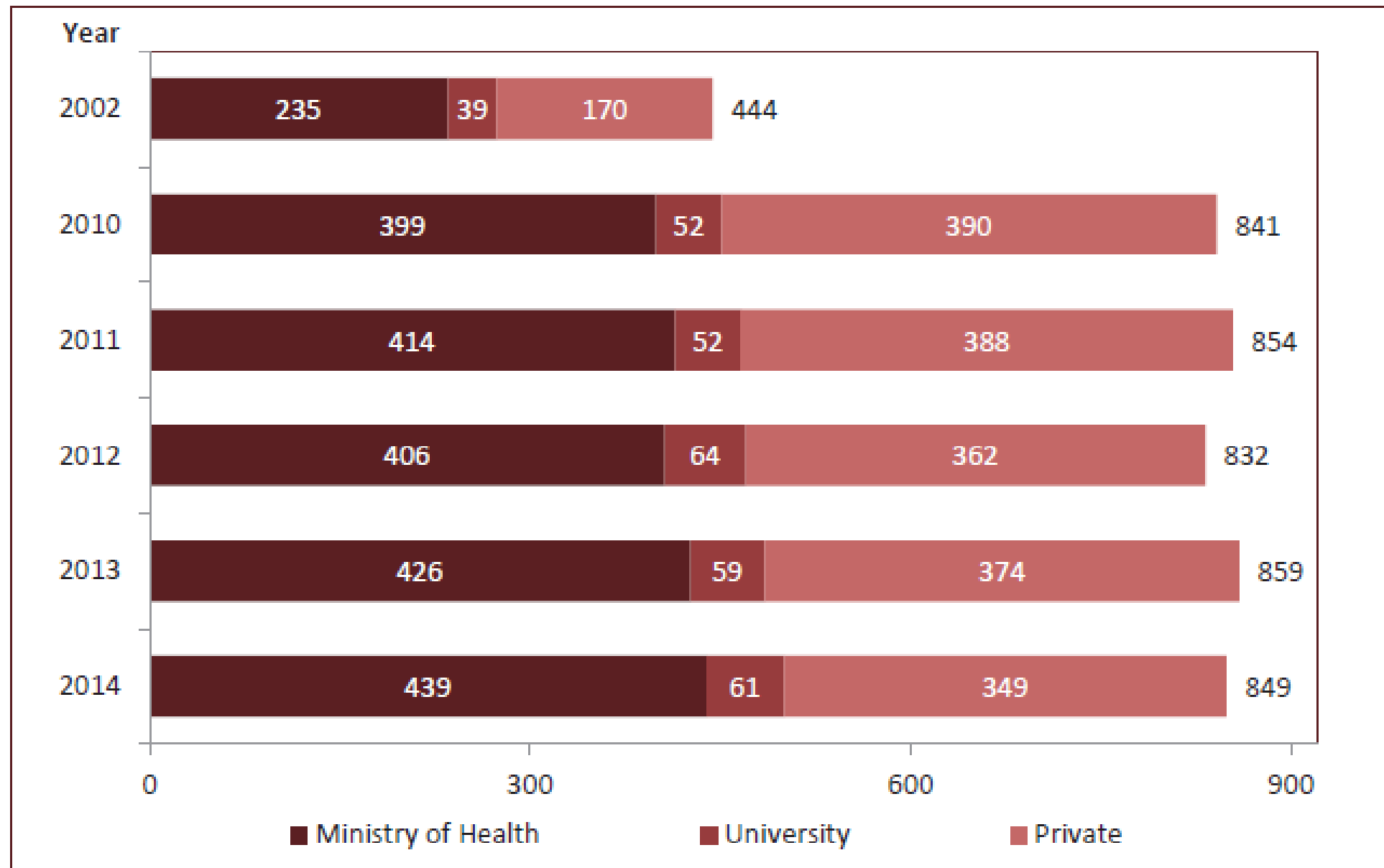


Source: General Directorate of Health Services

### Growth rate (2002-2014):

- MoH: 15,2 %
- University: 39,2 %
- Private: **227,0 %**

Figure 6.13. Number of Hemodialysis Centers by Years and Sectors, Turkey



Source: General Directorate of Health Services

Table 6.4. Actively Used Hemodialysis Equipments per 1.000.000 Population by NUTS-1 and Sectors, 2014

NUTS-1	Ministry of Health	University	Private	Total
Western Blacksea	127,1	14,5	138,2	279,7
Eastern Blacksea	164,8	5,5	91,6	261,8
Central Anatolia	78,5	16,5	158,5	253,5
Aegean	64,9	17,5	167,6	250,0
Western Anatolia	40,4	36,3	159,9	236,6
Eastern Marmara	66,1	12,5	140,2	218,9
Western Marmara	80,6	5,7	128,6	214,8
Mediterranean	63,4	21,8	128,4	213,6
<b>Turkey</b>	<b>63,8</b>	<b>15,2</b>	<b>127,8</b>	<b>206,8</b>
Istanbul	19,1	7,9	151,8	178,8
Northeastern Anatolia	121,9	9,5	30,8	162,3
Mideastern Anatolia	85,5	19,5	45,0	149,9
Southeastern Anatolia	55,1	6,4	51,3	112,8

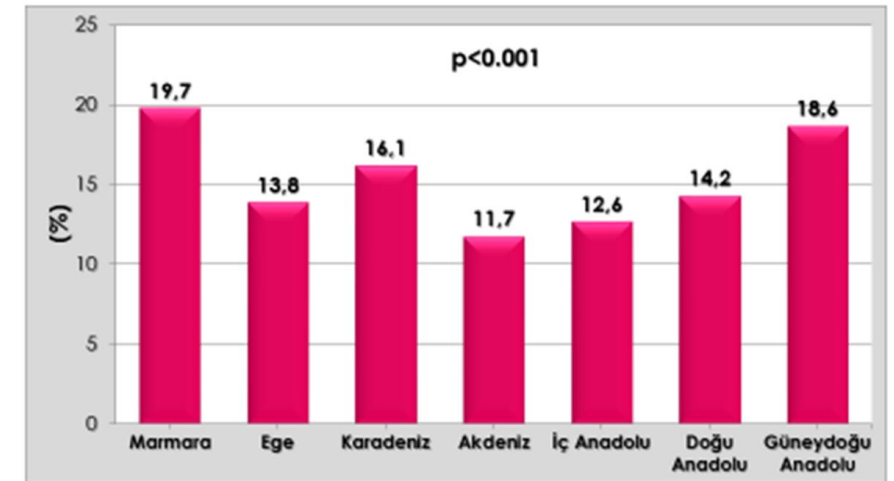
Source: General Directorate of Health Services

## Prevalence of cronic kidney failure:

1. Marmara
2. Southeastern Anatolia



## Chronic kidney failure



CREDIT: Türkiye KBH Prevalans Araştırması

Table 6.5. Number of Equipments of Inpatient Treatment Institutions by Years, Turkey

	2002	2008	2009	2010	2011	2012	2013	2014	Growth rate:
MRI	58	562	625	678	709	720	751	757	1205 %
CT	323	759	838	904	974	1.017	1.058	1.071	232 %
Ultrasound	1.005	2.117	2.283	2.436	3.775	4.282	4.756	5.286	426 %
Doppler Ultrasonography	681	1.095	1.251	1.397	2.091	2.480	2.793	3.151	363 %
ECHO	259	689	791	881	1.181	1.379	1.542	1.793	592 %

Source: General Directorate of Health Services

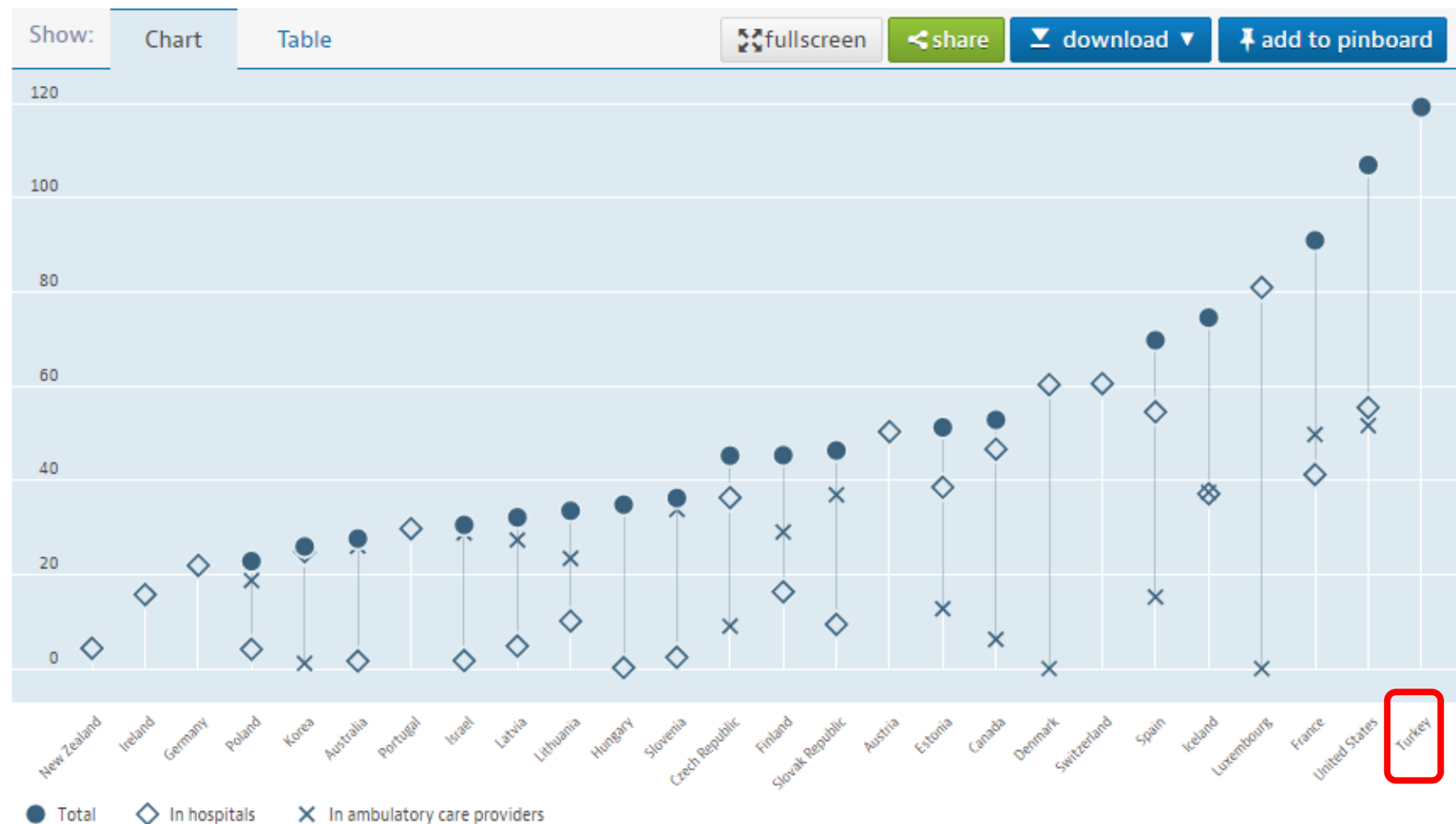
## Indicators

- ◀▶ Doctors' consultations
- ◀▶ Child vaccination rates
- ◀▶ Influenza vaccination rates
- ◀▶ Caesarean sections
- ◀▶ Length of hospital stay
- ◀▶ Hospital discharge rates
- ◀▶ Computed tomography (CT) exams
- ◀▶ Magnetic resonance imaging (MRI) exams

## Magnetic resonance imaging (MRI) exams

Total / In hospitals / In ambulatory care providers, Per 1 000 inhabitants, 2013

Source: Health care utilisation





# More surgical operations...

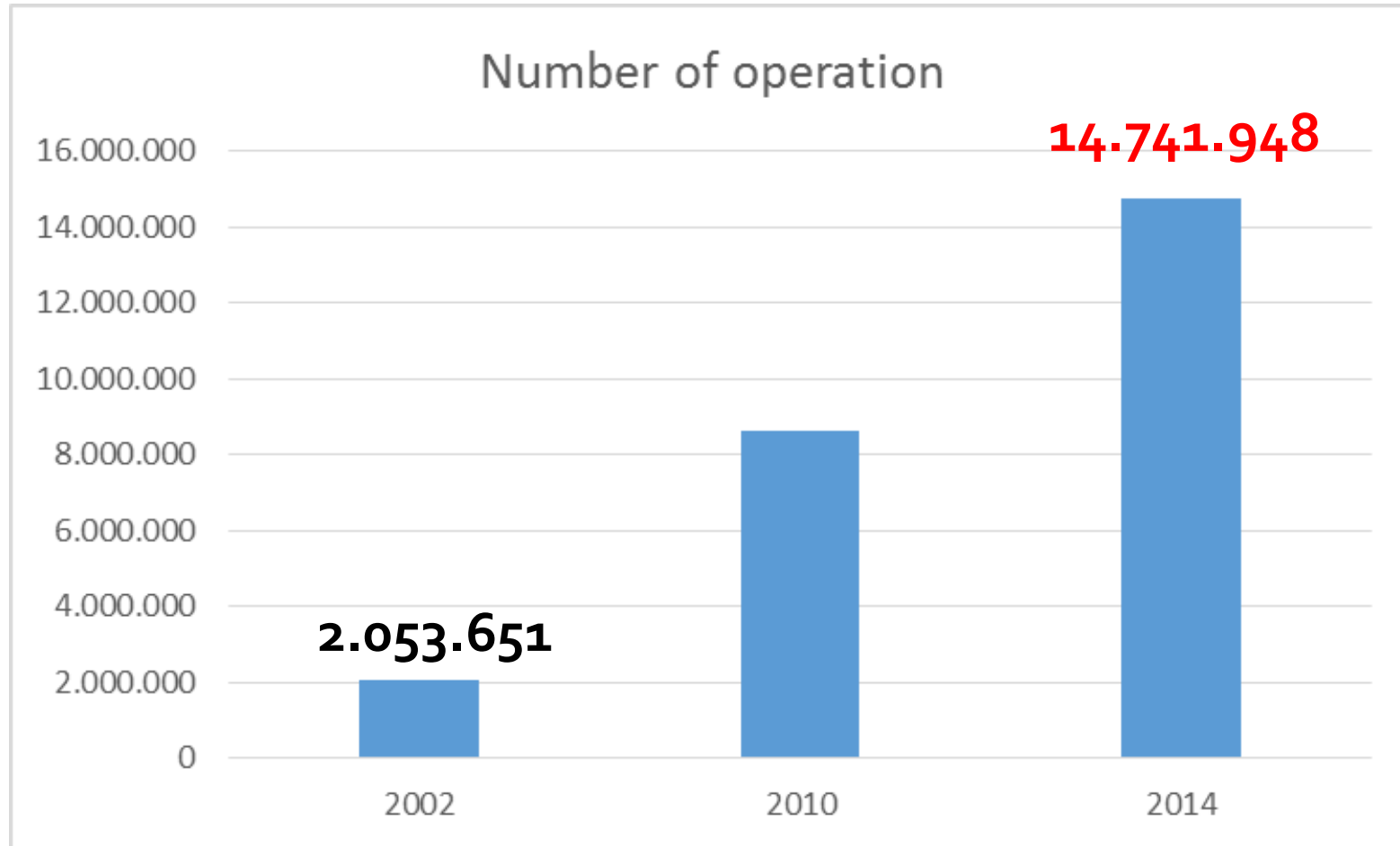


Table 7.23. Consumption of Drugs by Years, (Million Boxes), Turkey

	2010	2011	2012	2013	2014
Alimentary T.& Metabolism	243,1	268,7	278,8	280,6	286,7
Respiratory System	231,3	268,7	257,8	263,8	276,5
Systemic Anti-Infectives	266,0	280,8	278,4	275,1	270,3
Nervous System	211,0	234,5	242,6	258,5	260,7
Musculo-Skeletal System	207,1	222,8	233,4	216,8	228,0
Cardiovascular System	155,8	168,9	177,5	185,2	191,4
Dermatologicals	87,0	97,6	101,6	96,5	98,8
Blood & B.Forming Organs	66,4	72,6	77,8	77,1	82,7
Hospital Solutions	46,4	59,2	61,9	72,1	75,8
G.U.System & Sex Hormones	56,2	63,4	64,4	64,1	66,1
Sensory Organs	46,5	48,9	50,6	55,2	58,2
Systemic Hormones	30,3	36,5	37,5	37,5	41,7
Diagnostic Agents	9,1	11,1	11,7	13,2	14,8
Antineoplastic & Immunomodul	6,3	6,9	7,6	8,2	9,3
Parasitology	5,0	5,0	4,7	5,1	5,0
Various (Other)	2,2	2,6	2,9	3,4	4,0
<b>Total Pharmaceutical Consumption</b>	<b>1.669,90</b>	<b>1.848,30</b>	<b>1.889,40</b>	<b>1.912,20</b>	<b>1.969,97</b>

**2003: 769 million box**

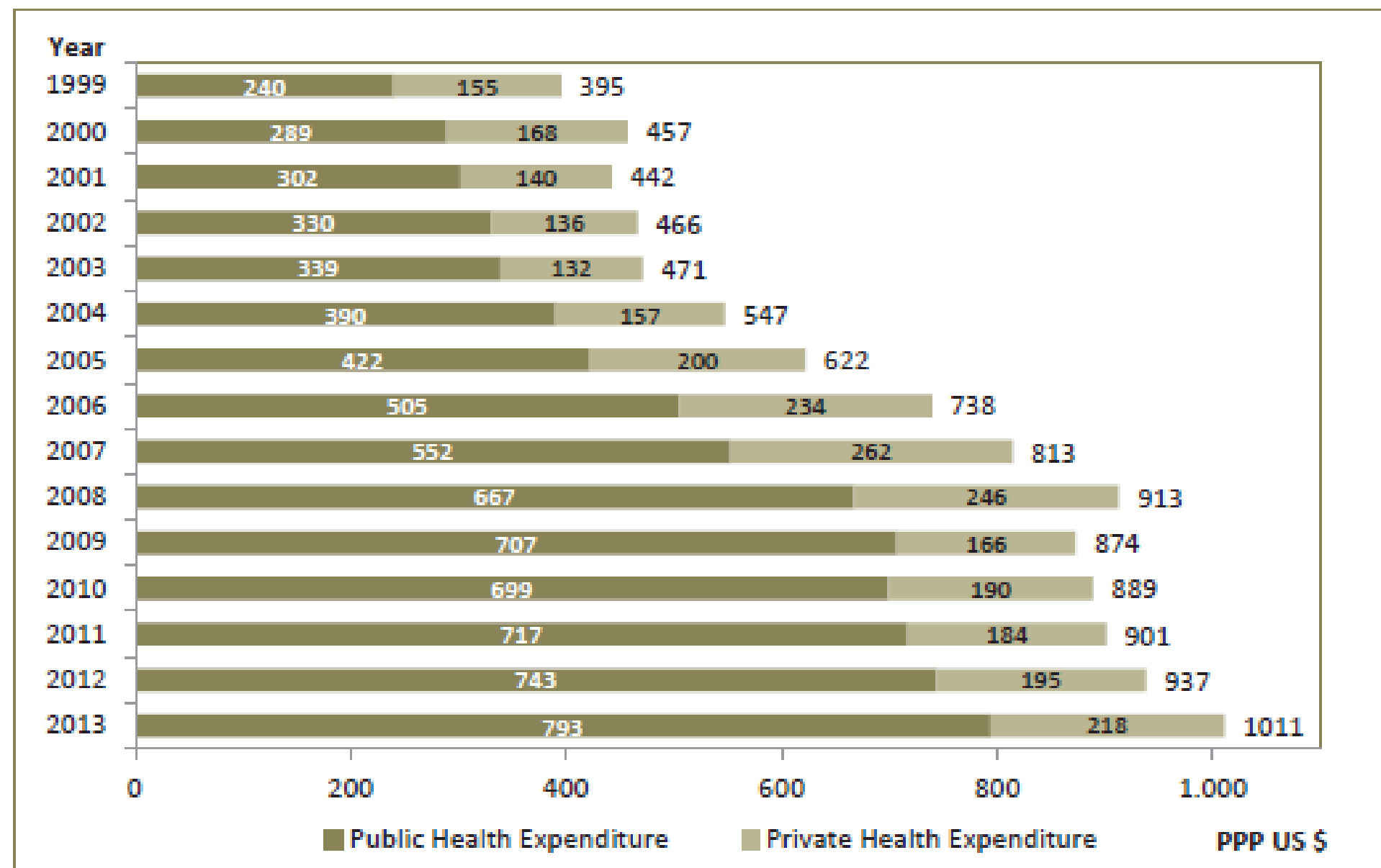
(11 box per capita)

**2014: 1,970 million box**

(25 box per capita)

Source: Pharmaceuticals and Medical Devices Institution of Turkey

Figure 9.6. Public and Private Health Expenditure per Capita by Years, PPP US \$, Turkey



Source: TURKSTAT

# Privatization process of public hospitals: **PPP** (**PFI**) in Turkey

- Current trends related with public hospitals reform is defined as "autonomy", "corporation" and "privatization" by World Bank.
  - This is often also called "**new public management**" or "marketization".
  - Extreme component of marketization of public hospitals is privatization.
- One of the methods of privatization of hospitals is a model of public-private partnerships (Also called "**city hospitals**" in Turkey). A huge new source is transferred to global capital with city hospitals using "public" name.

# Public Private Partnership in Turkey

## From the international company:

*«We are the sole international technical advisor helping to make this programme bankable.*

*With the support of the World Bank, the Ministry of Health has been implementing 26,000 bed Health Transformation Programme to:*

- *Renovate healthcare infrastructure throughout Turkey to meet increasing healthcare demands*
- *Bring together smaller hospitals under several integrated health campuses*
- *Increase the quality and efficiency of the health service»*

**«We worked with the Ministry, sponsors and their advisors to develop a commercial solution with a risk profile acceptable to the lending community»**

# «**PPP**: The Privatization of Trojans»

- The public sector enters into long-term contracts (25 years) with private sector companies to design, build, finance and operate (non-core services) a new hospital.
  - Cost: more expensive
    - PPP Kayseri hospital (1583 bed):
      - Fixed assets investment: **427** million TL
      - PPP total payment for 25 years: **3.443** million TL

## As a result;

- In the aftermath of neoliberal health reforms, we've to answer this question: **Who gains, who loses?**

- *Community*
- *Health manpower*
- *Global capital*



*thank you*