

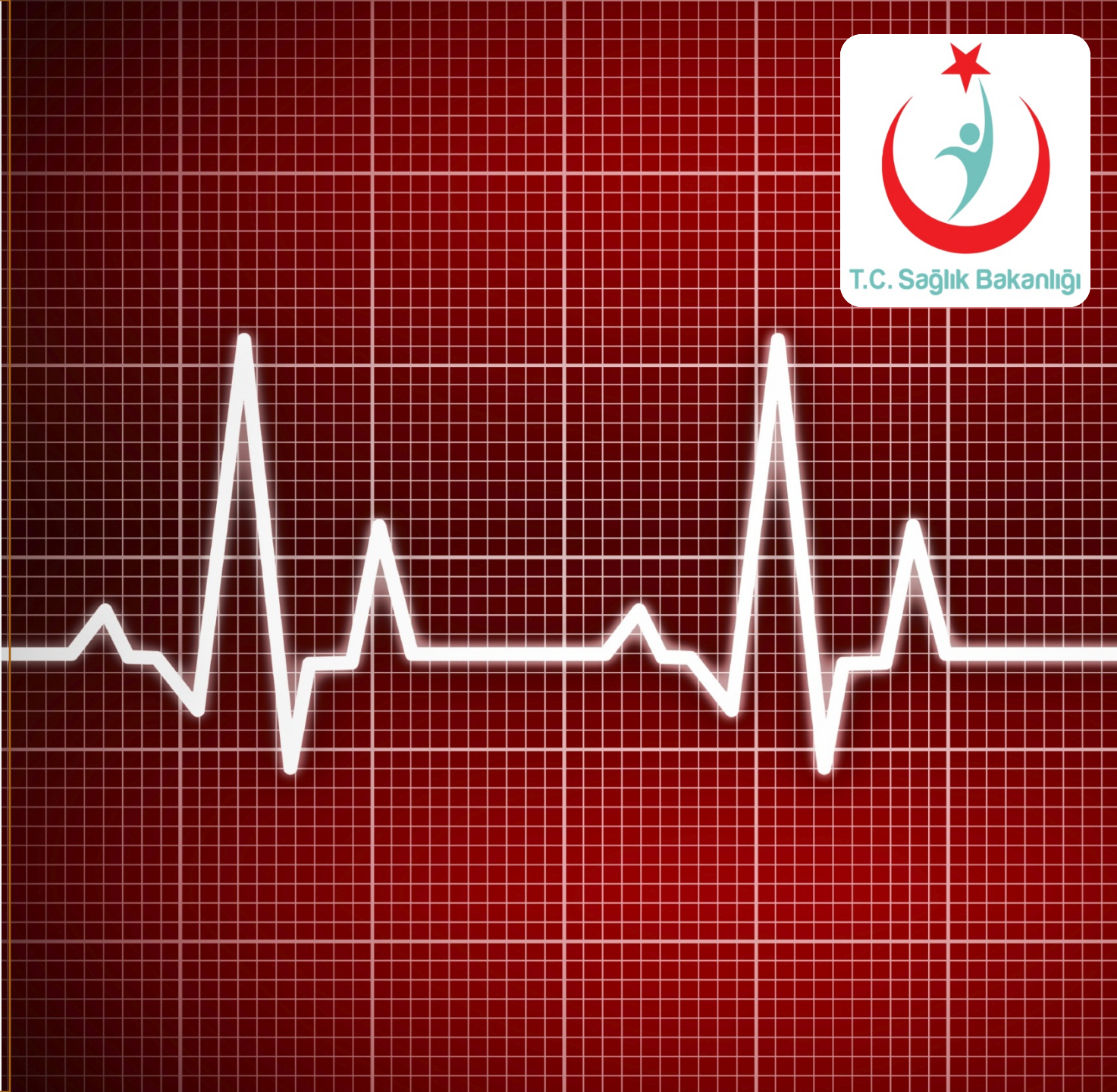


Equitable Access to Health (Turkey Experience)

Snapshots from the Health Reform in Turkey

Dr. Ali İRAVUL

Dr. Ayhan İZZETİNOĞLU



Reasons that Render the Health Transformation Program Essential



Cost Increases in the Delivery of Health Care Services

Increased Demands of the Citizens

Limited Payment Capacity of the Public

Citizens Have Started to Question the Understanding of Management in the Public Sector

Components of the Health Reform Program

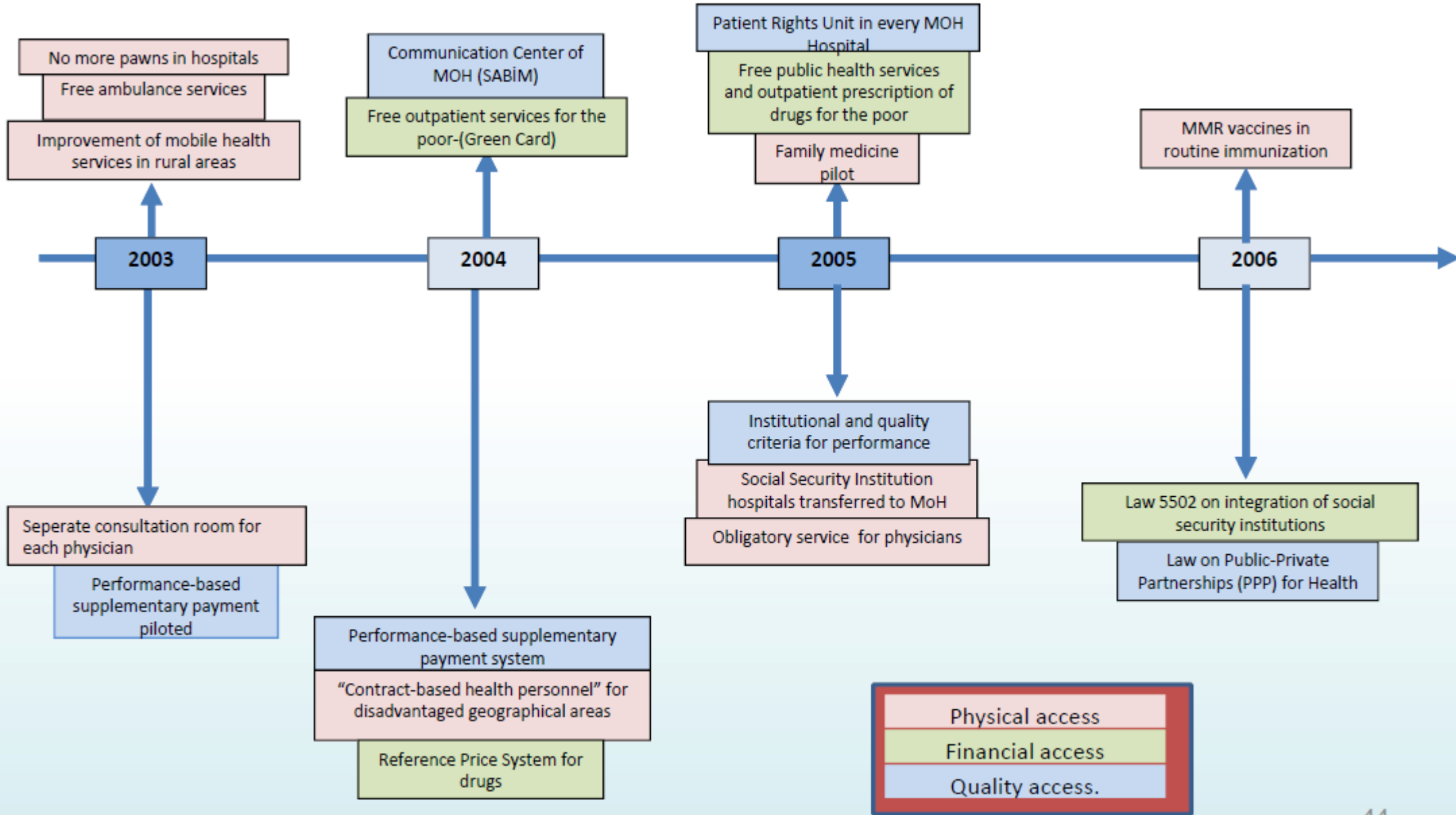


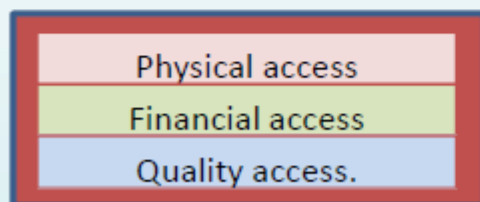
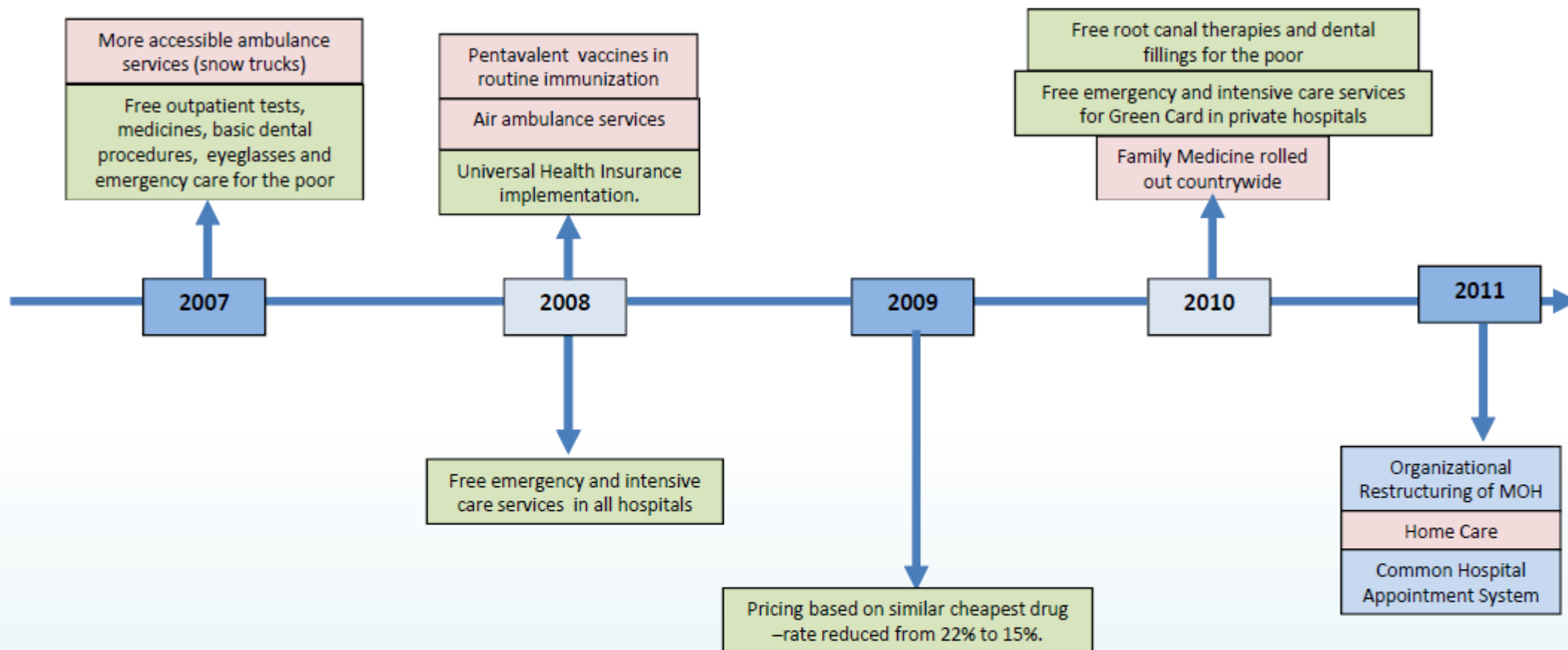
T.C. Sağlık Bakanlığı

- Buildin a planner and supervisor Ministry of Health
- for better health insurance, everyone should be under one roof, the roof of universal health insurance
- For easily accessible, Widespreadand genial health care system
- Highly-motivated health worker's, armed with knowledge and skills.
- High Quality and effective health care services (certificate of quality and accreditation)
- Management of Rational drug and medical material use
- Health Information System

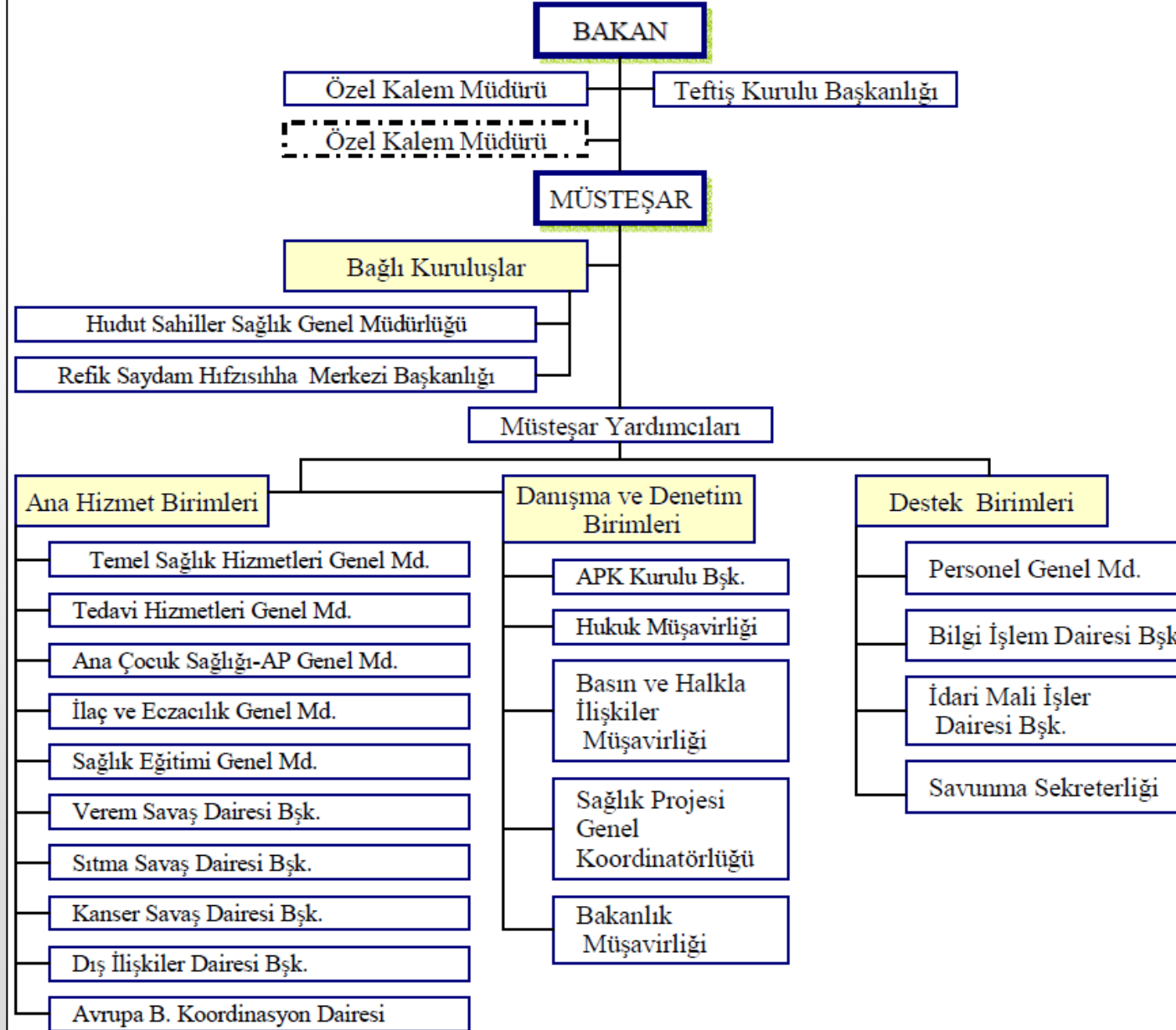
Additional Topics (2007):

- For a better future, healthy life and health promotion programs
- To bestir stakeholders for intersectoral collaboration for versatile health responsibility
- To increase the power of the country to cross-border for international health services





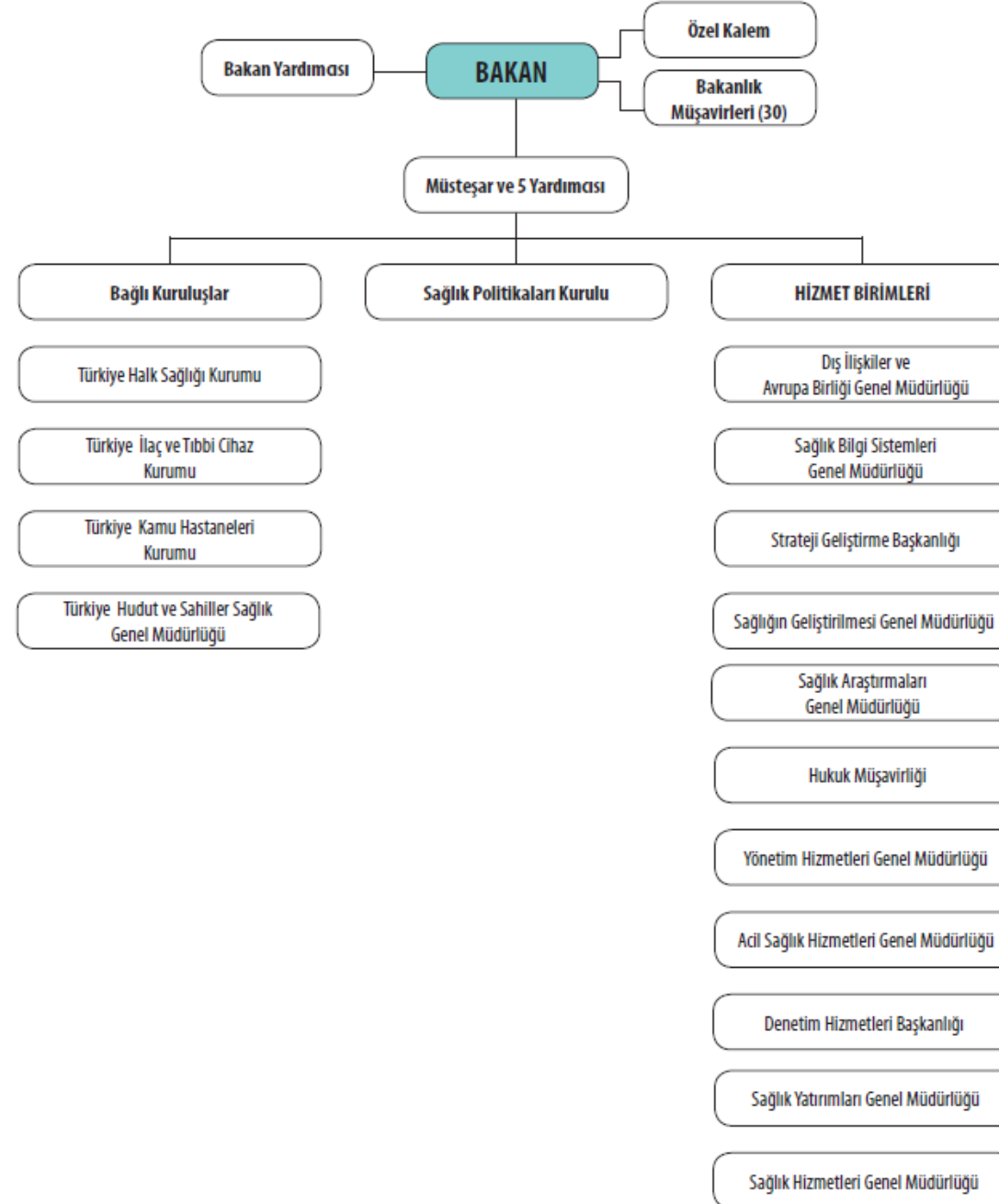
Şekil-3: Sağlık Bakanlığı Merkez Teşkilatı



Kaynak: Türkiye Sağlık Hizmetlerinde Üç yıl, Mayıs 1999-Mayıs 2002, Sağlık Bakanlığı

NEW

SAĞLIK BAKANLIĞI TEŞKİLAT ŞEMASI



T.C. Sağlık Bakanlığı



T.C. Sağlık Bakanlıđı

From rhetoric to reality...



T.C. Sağlık Bakanlığı



Turkey

Life expectancy for 2025:

75 years (WHO Estimation, 1998)

Life expectancy for 2009:

75 years (World Health Statistics, 2011)

Equitable Access in Turkey Health Transformation Program



I- Ethics and Politics

II- Barriers to Access - Interventions for Improvement

III- Key Success Factors

IV- Lessons Learned

V- Challenges

VI- Fiscal Sustainability

VII- Why Equitable Access to Health

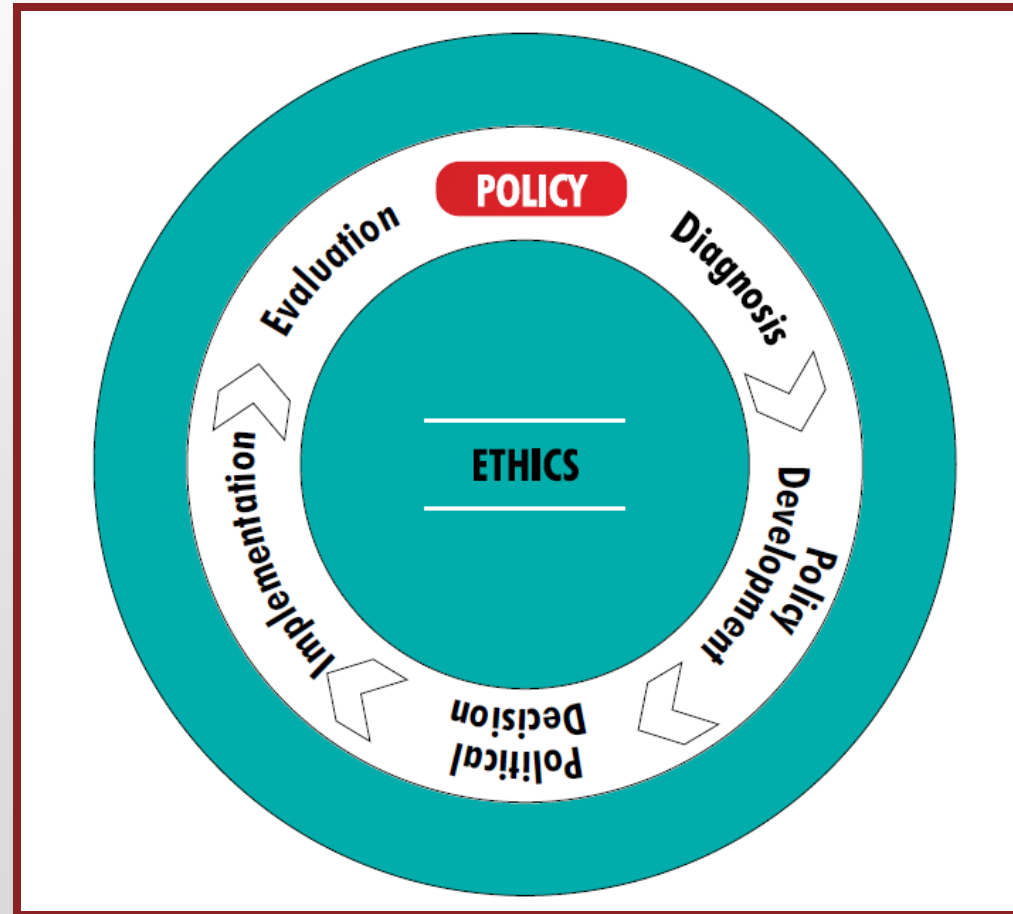


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I- Ethics and Politics

I- Ethics and Politics

Health Policy Cycle



Getting Health Reform Right, M. Robert et al, 2004

I- Ethics and Politics

Health for all
Human-centered





T.C. Saęlık Bakanlıęı

II- Barriers to Access Interventions for Improvement

II- Barriers - Interventions

Physical Access
Financial Access
Quality Access

EQUITY



EQUITY

II- Barriers – Interventions

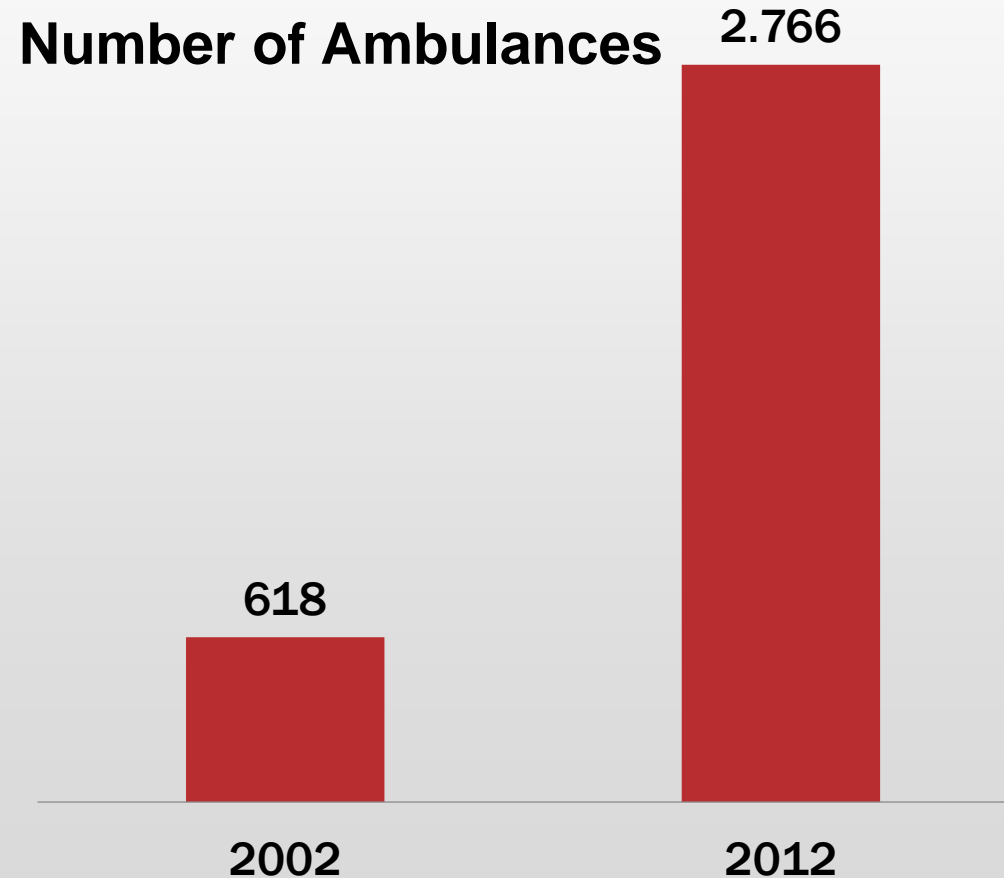
Physical Access



Barriers

- Insufficient workforce and vehicles for emergency services

Interventions



II- Barriers – Interventions

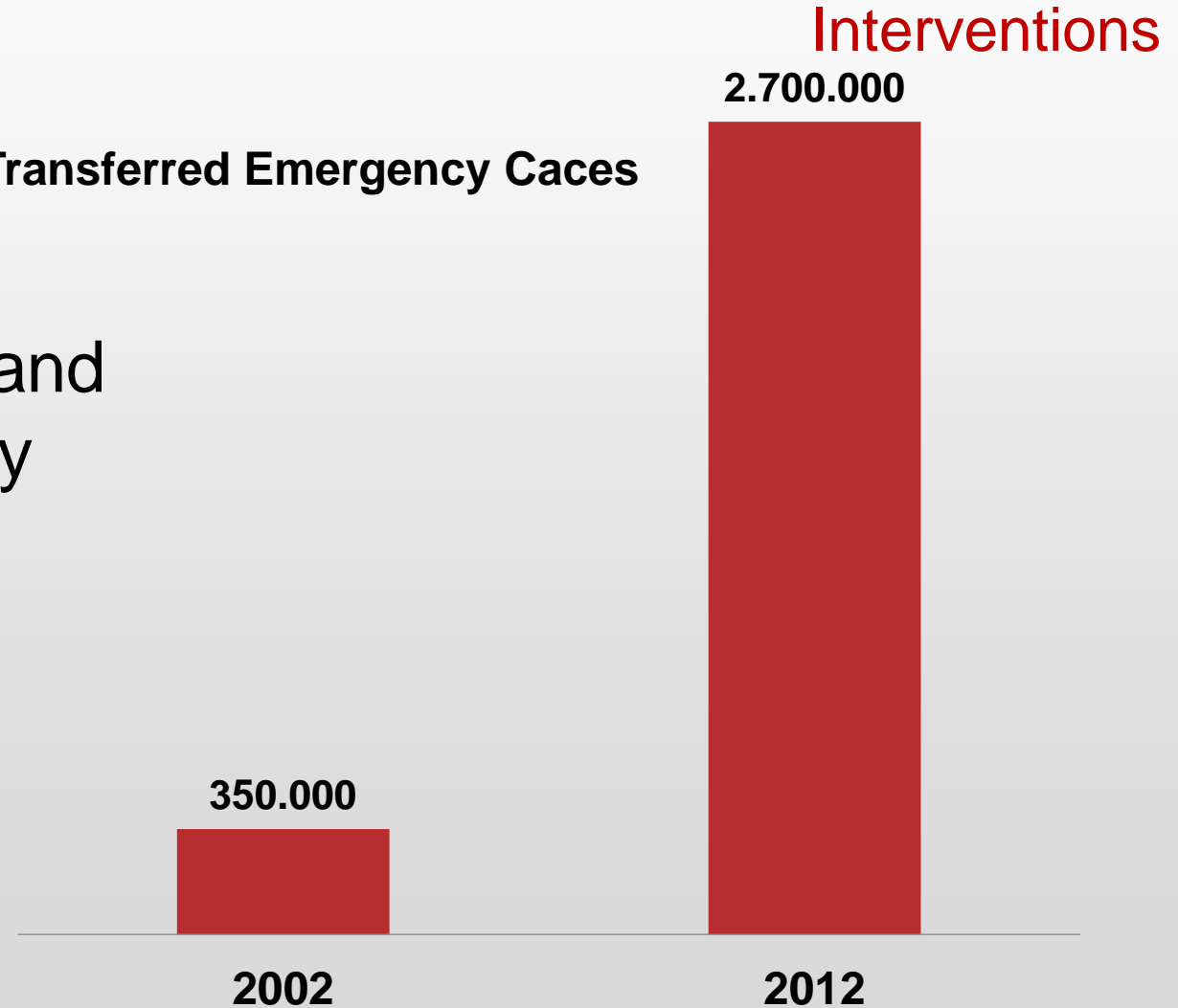
Physical Access



Barriers

- Insufficient workforce and vehicles for emergency services

No. of Transferred Emergency Cases



II- Barriers – Interventions

Physical Access

Barriers

- Insufficient workforce and vehicles for emergency services



Interventions

Rural is not “underserved” anymore



II- Barriers – Interventions

Physical Access



Barriers

- Insufficient workforce and vehicles for emergency services

Interventions

- Free service for all emergency cases
- Percentage of attending emergency call:
 - In urban 0-10 min.: 94%
 - In rural 0-30 min.: 96%



II- Barriers – Interventions

Physical Access



Barriers

- Lack of disaster preparedness

Interventions

National Medical Rescue Teams



II- Barriers – Interventions

Physical Access



Barriers

- Lack of disaster preparedness

Interventions

Specially trained 4.909 health personnel



II- Barriers – Interventions

Physical Access



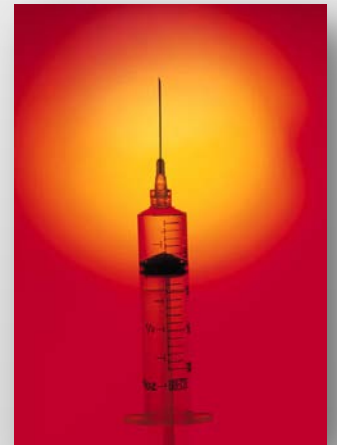
Barriers

- Inadequate preventive health services

Interventions

- Comprehensive and widespread immunization program

	2002	2011
Immunization Rate for Turkey (%)	78	97
Routine Vaccines of Childhood	(7 antigens)	(12 antigens)



II- Barriers – Interventions

Physical Access



Barriers

- Inadequate preventive health services

Interventions

- Improved **mobile health services** and mobile pharmacy in rural areas
 - 20.000/day citizens receive their medicines from mobile pharmacies

II- Barriers – Interventions

Physical Access



Barriers

- Inadequate preventive health services

Interventions

- “Guest mother” project for pregnant women



II- Barriers – Interventions

Physical Access



Barriers

- Inadequate preventive health services

Interventions

- Home care services
“you are not alone at home...”



II- Barriers – Interventions

Physical Access



Barriers

- Inadequate preventive health services

Interventions

- Cancer screening centers (KETEM)



II- Barriers – Interventions

Physical Access



Barriers

- Inadequate preventive health services

Interventions

- Neonatal screenings
Phenylketonuria, Hypothyroidism,
Biotinidase, Hearing
- Free micronutrients support
– Fe, Vit-D

(for 1.3 million children/year)

II- Barriers – Interventions

Physical Access



Barriers

- Inadequate preventive health services



Interventions

- **Family medicine** established in 2005 as pilot project and fully implemented in 2010



II- Barriers – Interventions

Physical Access



Barriers

- Inadequate health promotion

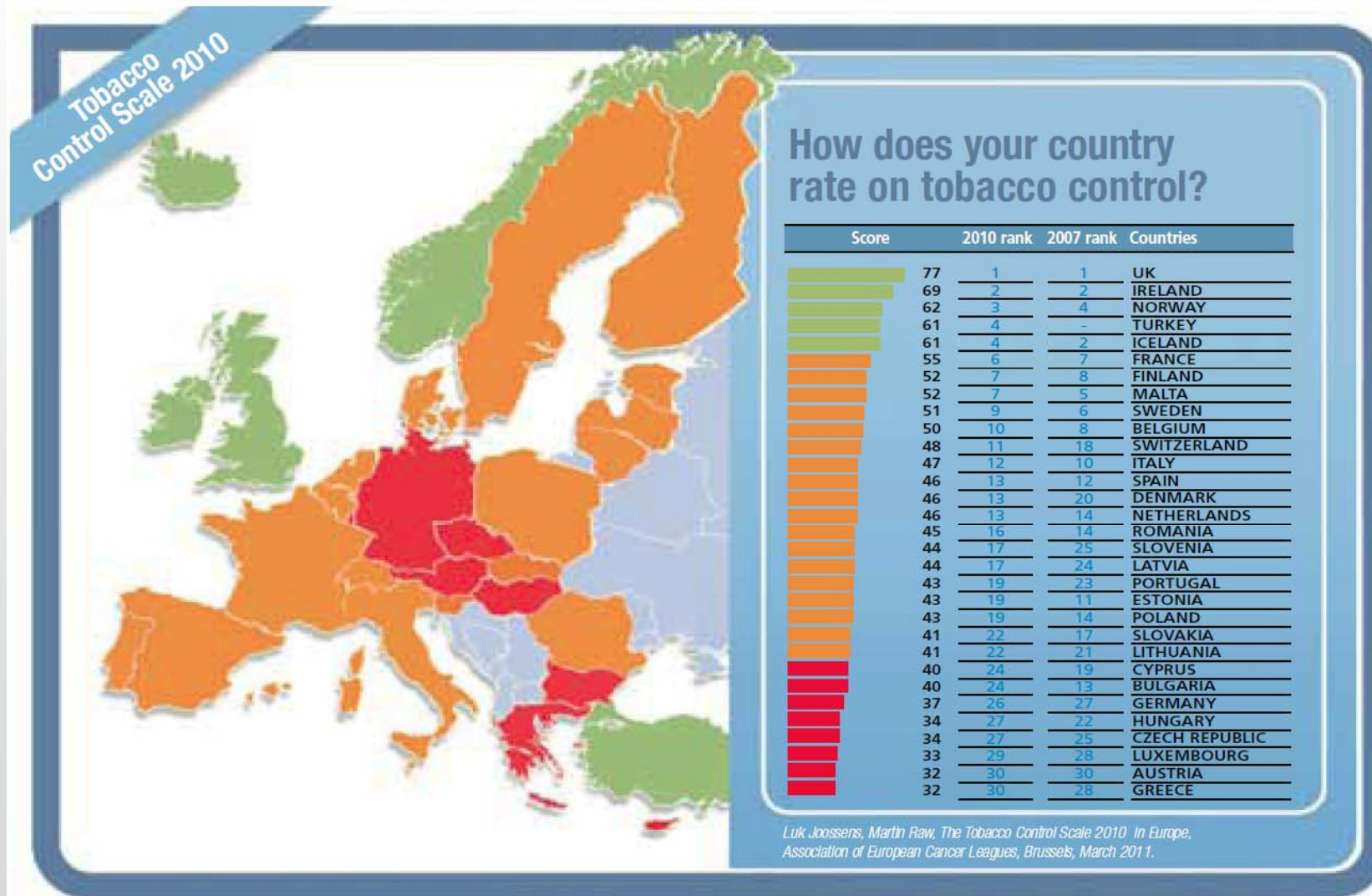
Interventions

- Health promotion
– tobacco
- the **fourth** of the 31 countries in **“Europe 2010 Tobacco Control Grading”**



II- Barriers – Interventions

Physical Access



II- Barriers – Interventions

Physical Access



Barriers

- Inefficient hospital services

Interventions

- All public hospitals managed by MoH with increased autonomy of hospitals
- Separate consultation room for each physician

II- Barriers – Interventions

Physical Access



Barriers

- Inefficient hospital services

Interventions

- Oro-Dental Health Centers



II- Barriers – Interventions

Physical Access

Barriers

- Inefficient hospital services

Interventions

- Common Hospital Appointment System



II- Barriers – Interventions

Physical Access



Barriers

- Uneven distribution of health workforce

Interventions

- Obligatory service
- Contract-based recruitment for underserved regions
- Central human resources planning both for public and private sector

II- Barriers – Interventions

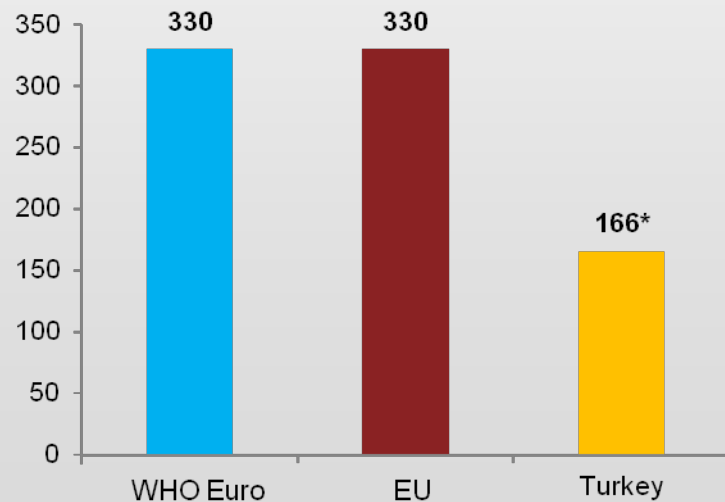
Physical Access



Barriers

- Insufficient numbers of health workforce

Physicians in Europe /100.000 population



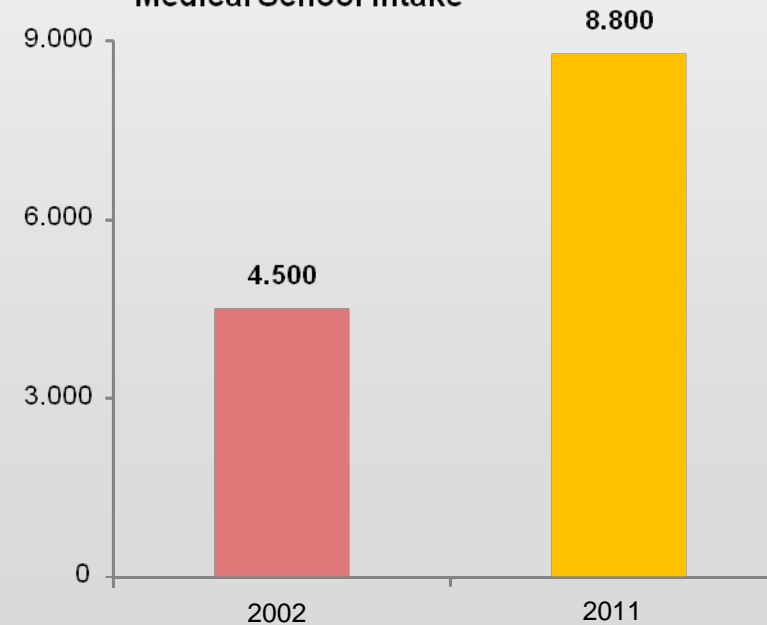
Source: WHO HFA Database, 2009

*MoH Turkey, 2012

Interventions

- More seats in medical and nursing schools

Medical School Intake



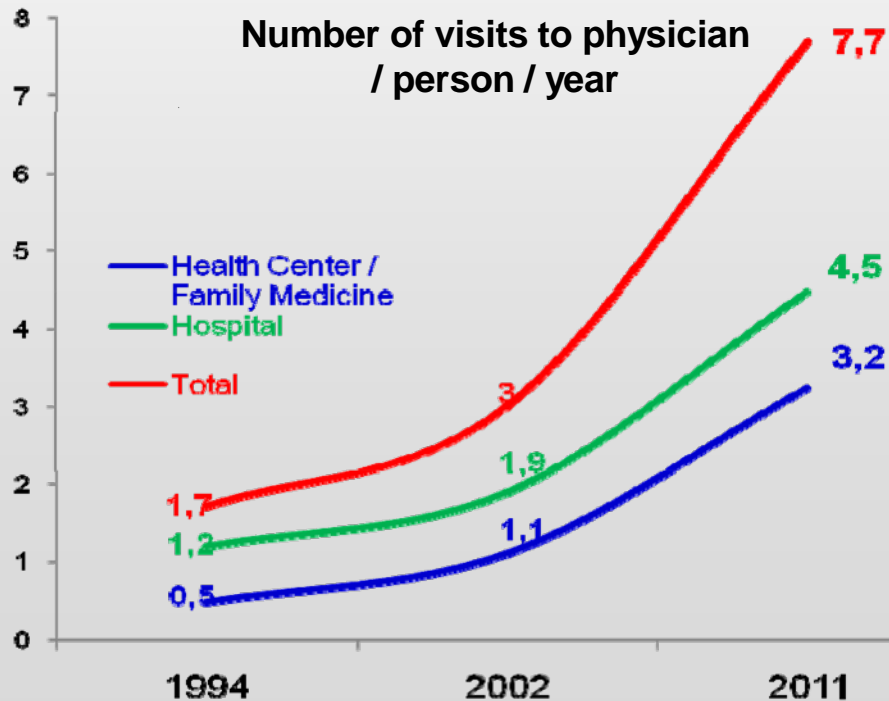
II- Barriers – Interventions

Physical Access



Barriers

- Low productivity of health workforce



Interventions

- Increased productivity by Performance Based Payment System

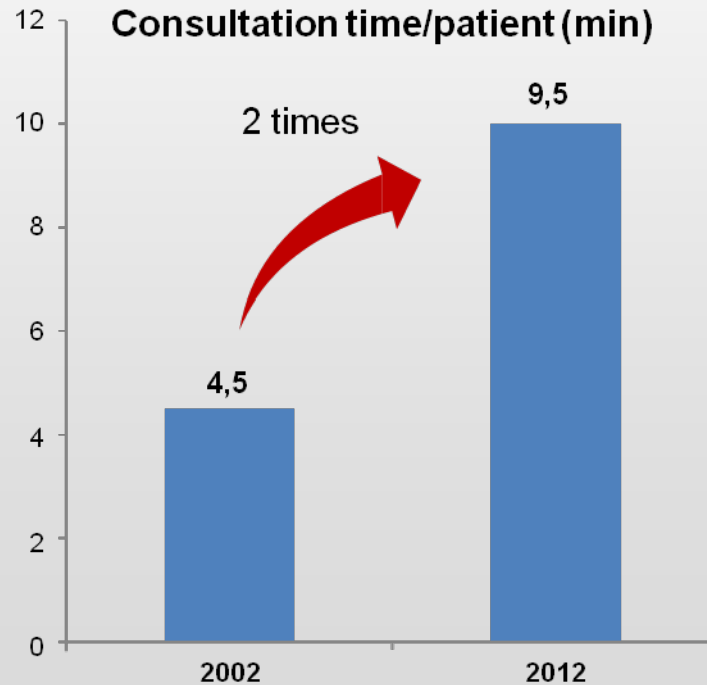
II- Barriers – Interventions

Physical Access



Barriers

- Less consultation time for patients



Interventions

- Increased consultation time with the patients (from 4,5 min. to 9,5 min).

II- Barriers - Interventions

Financial Access



Barriers

- Fragmented social security schemes with different benefits and low coverage

Interventions

- Social security schemes integrated under Social Security Institution (SSI)
- Universal Health Insurance (UHI) introduced (98% coverage)



II- Barriers - Interventions

Financial Access



Barriers

- Inadequate health benefits for poor people

- Poor people covered under UHI with same benefits

Interventions



II- Barriers - Interventions

Financial Access



Barriers

- High catastrophic health expenditures

Interventions

- Free emergency and intensive care in all hospitals including private
- Care for burn injuries, congenital anomalies, newborn care, cancer care, organ transplantations, dialyses and CVS procedures in private hospitals are fully covered by Social Security Insurance

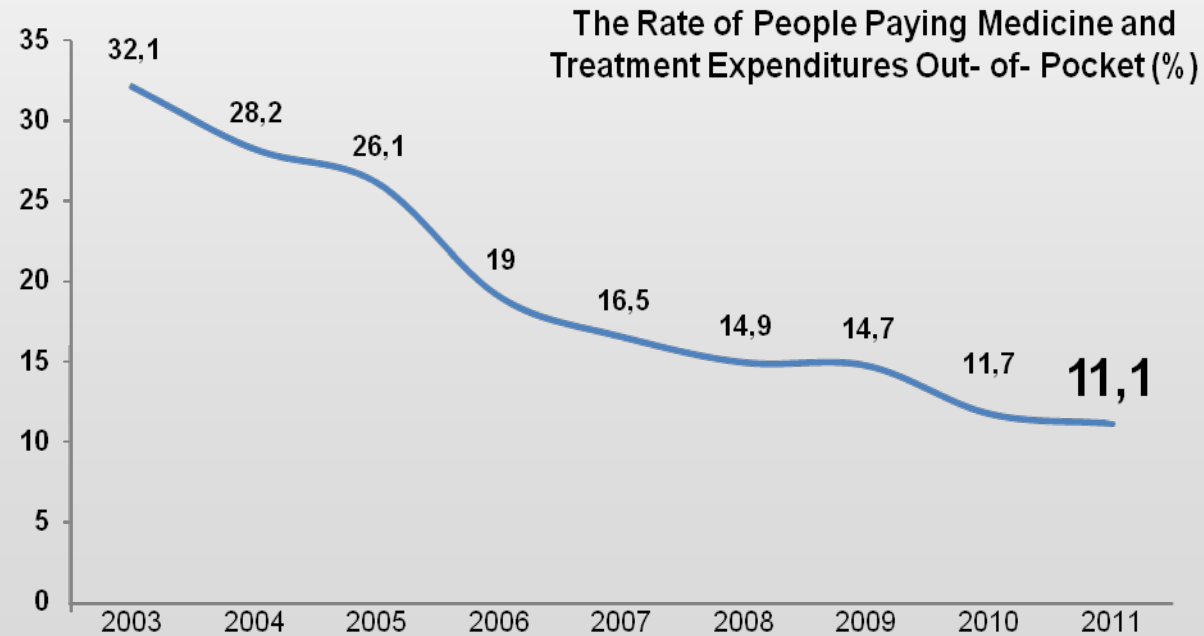
II- Barriers - Interventions

Financial Access

Barriers

- High catastrophic health expenditures

Interventions



II- Barriers - Interventions

Financial Access

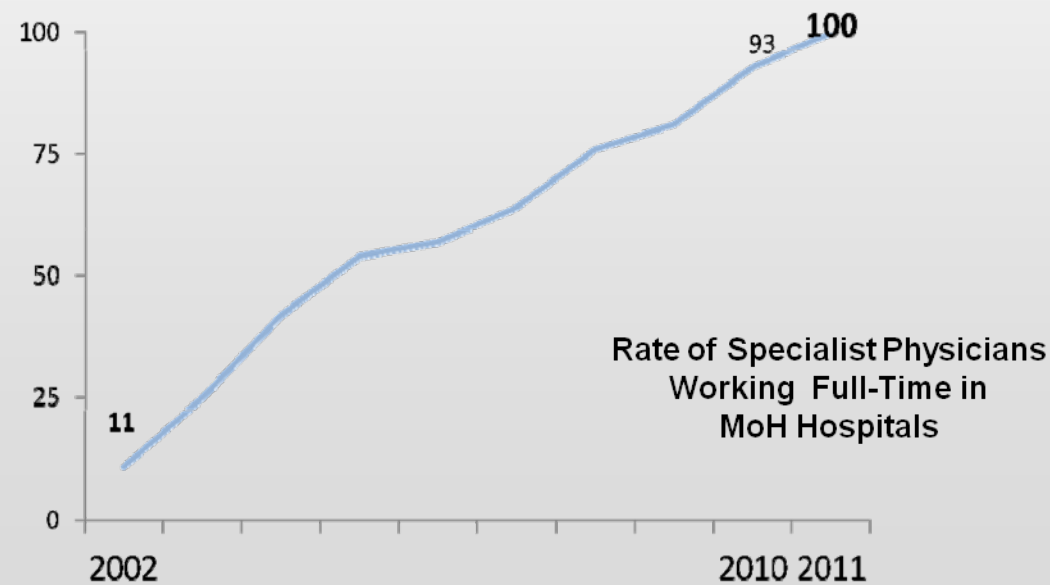


Barriers

- High catastrophic health expenditures

Interventions

- Full-time employment of physicians



II- Barriers - Interventions

Quality Access

Barriers

- Weak service quality

Interventions

- Healthcare service quality standards developed



II- Barriers - Interventions

Quality Access

Barriers

- Weak infrastructure



Interventions

- Increasing full service rooms in hospitals



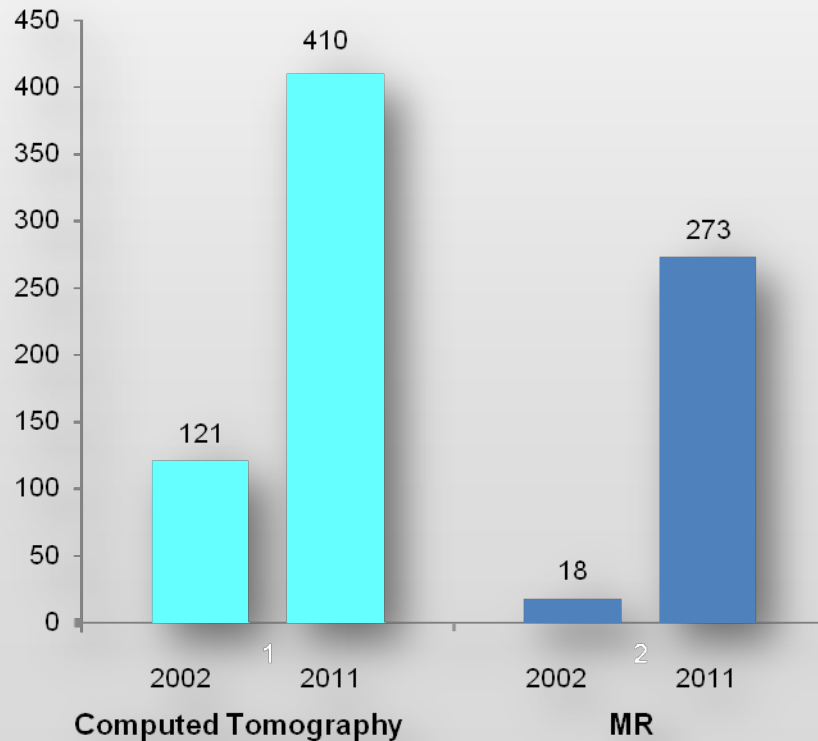
II- Barriers - Interventions

Quality Access



Barriers

- Weak infrastructure



Interventions

- Investment in medical equipment and technology
- Service procurement
- Outsourcing

II- Barriers - Interventions

Quality Access



Barriers

- Weak infrastructure

Years	Indoor Area (public)	Full service beds
1923-2002 (80 years)	7 million m2	6,000
2003-2012 (10 years)	6 million m2	35,000

Interventions

- Public Investments

Health Facility	2003 - 2011
Hospital and New Building	542
Primary Care Facility	1.436
Total	1.978

II- Barriers - Interventions

Quality Access



Barriers

- Lack of effective mechanisms for patient rights

Interventions

- Regulations for patient rights
- Patient Rights Units in all public hospitals
 - 720.000 application in 8 years, 83% resolved on site

II- Barriers - Interventions

Quality Access



Barriers

- Supply-driven healthcare delivery

Interventions

- Change to demand-driven healthcare delivery through performance-based supplementary payment system

II- Barriers - Interventions

Quality Access



Barriers

- Low motivation among healthcare staff in public sector

Interventions

- Appropriate incentive systems (performance- based payment, contract- based recruitment)



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III- Key Success Factors

III- Key Success Factors



- Political Commitment and Government Support
- Resource Allocation/Mobilization
- Dedicated Reform Team
- Feedback
- Partnerships

III- Key Success Factors

Political Commitment and Government Support



Political decisions can only be implemented with the full support of the Prime Minister and the Government.



III- Key Success Factors

Resource Allocation / Mobilization



Public and Private Health Expenditure (Per Capita by Year and Ratio to GDP)

		2002 PPP\$ (%GDP)	2008 PPP\$ (%GDP)	2011* PPP\$ (%GDP)
Public	Turkey	335 (3.8%)	659 (4.4%)	734 (4,4%)
	OECD	1,565 (5.9%)	2,224 (6.1%)	2,320 (6,9%)
Private	Turkey	138 (1.6%)	243 (1.6%)	246 (1,5%)
	OECD	612 (2.4%)	846 (2.5%)	902 (2,7%)
Total	Turkey	473 (5.4%)	902 (6.1%)	981 (5,9%)
	OECD	2,178 (8.3%)	3,101 (8.6%)	3,223 (9,6%)

Source: TURKSTAT, OECD Health Data 2010, /
Note: TURKSTAT has last published data of
2008.

*2011 figures for Turkey are based on MoH
estimation; OECD figures cover 2009 or last available
year.

III- Key Success Factors

Devoted Reform Team



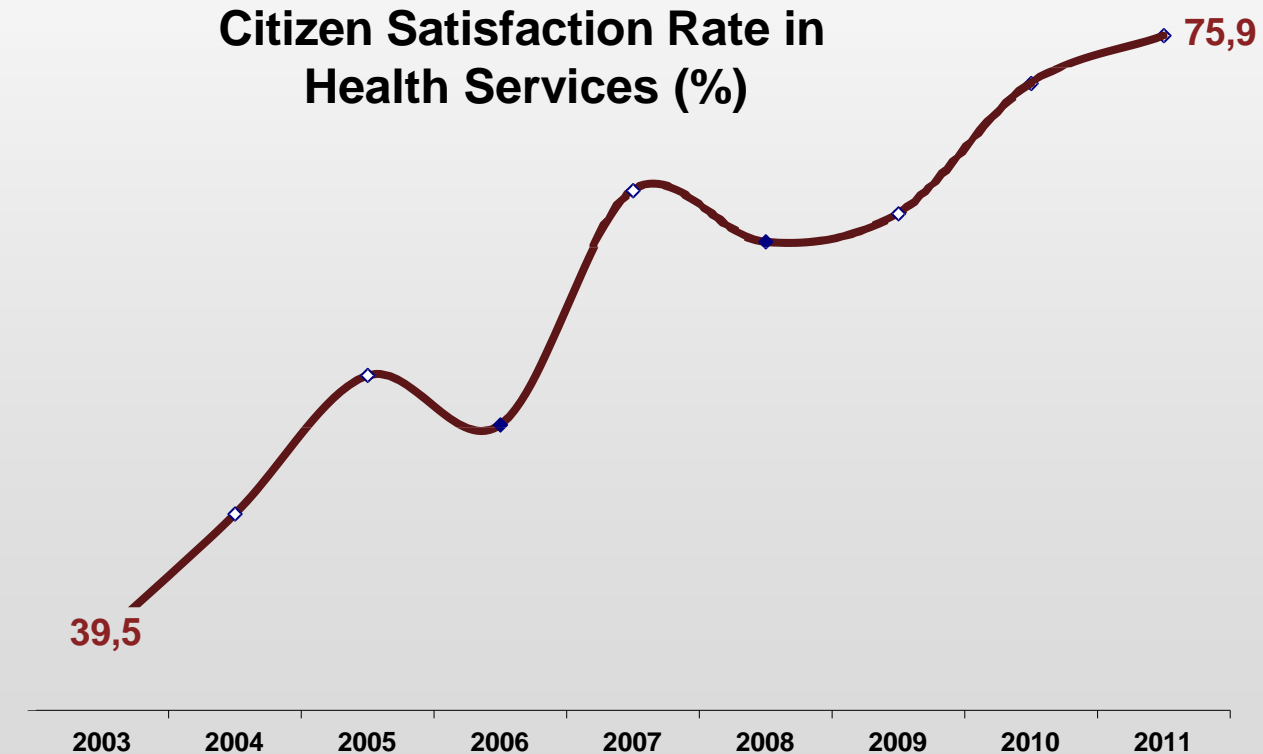
Political commitment and a devoted reform team are key to a successful reform coupled with professionalism.

III- Key Success Factors

Feedback



- Citizen Satisfaction Surveys



Source: TURKSTAT

III- Key Success Factors

Feedback



- Field Coordinators
- Site visits for Monitoring & Evaluation – 345 visits for 81 provinces (2002-2011)



III- Key Success Factors

Feedback



- Tele and web-based assistance



Now it is your right to receive service

You can reach the MoH
directly through

SABİM Call Center 184

We are at your service **24/7** with 52 operators.

We solve the **90% of the applications in the first 24 hours.**

For the cases which cannot be solved immediately, we resolve the issue and then inform the citizen. Every year we resolve

1 million applications to SABİM.

III- Key Success Factors

Feedback

- Tele and web-based assistance – 6 million calls in 8 years



III- Key Success Factors

Feedback



- Online “Meeting-Point for Health Staff”
- Media
- Politicians
- Impact assessment (field surveys)

III- Key Success Factors

Partnerships



Cooperation with

- International organizations (WHO, UNICEF, OECD...)
- Other ministries and public institutions
- NGO's (Unions of Professionals)
- Universities
- Trade unions

...



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V- Challenges

V- Challenges

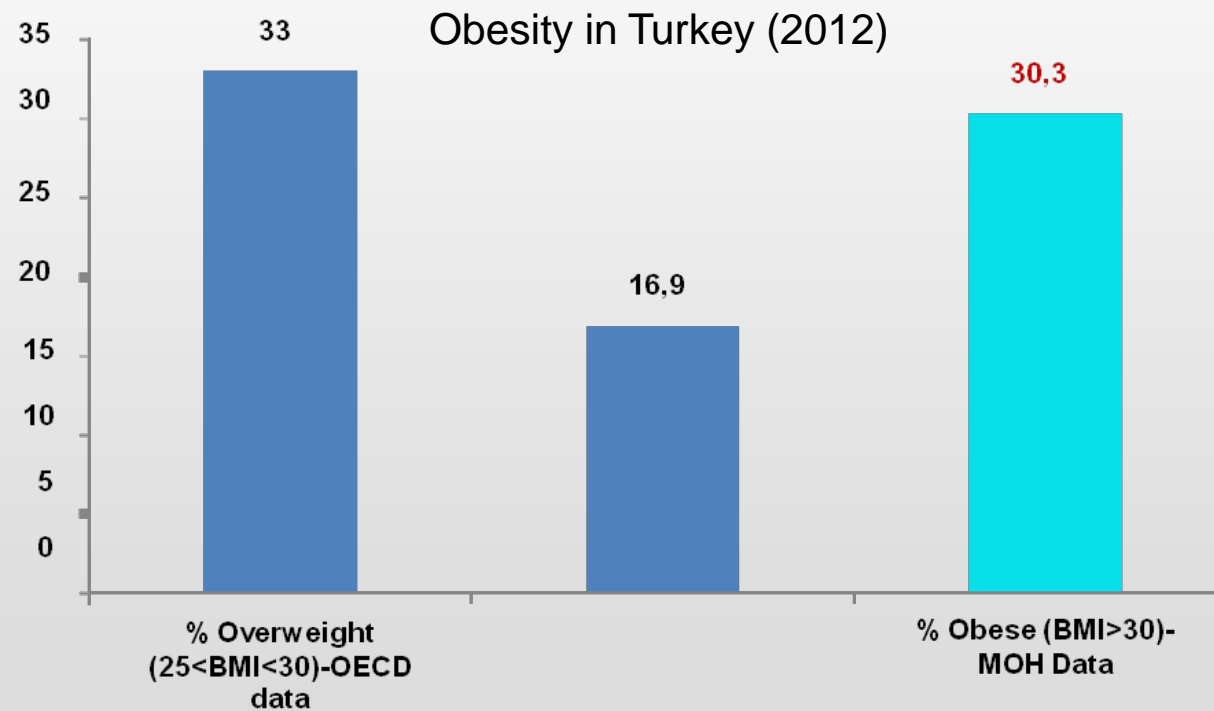


Need for:

- Increasing human resources
- Institutionalization of reforms
- Improving clinical quality

V- Challenges

- To Reduce obesity and physical inactivity



Source: OECD Health Data 2010
* Ministry of Health, 2011

V- Challenges



Need for:

- Improving health information system



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VI-Fiscal Sustainability?



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Yes...

VI-Fiscal Sustainability



- Health service needs mostly met
- Economic growth continuing

VI-Fiscal Sustainability



- Pharmaceutical prices under control
- Flat budget in place

VI-Fiscal Sustainability



- Preventive health strengthened
- Health promotion started

VI-Fiscal Sustainability



- Outsourcing in procurement
- New hospital investments by PPP



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VII-Why equitable access to health?

VII-Why equitable access to health?



- Human rights
- Social justice
- Social cohesion
- Citizen satisfaction

VII-Why equitable access to health?



- Productivity
- Social welfare
- Political stability
- ...



bmj.com/podcasts Turkey's health minister, Recep Akdağ (above), talks about the strides his country has made in providing healthcare

Healthcare in Turkey: from laggard to leader

Enis Barış and colleagues observe that a political commitment to universal health coverage together with a significant investment in health has seen Turkey's health indicators catch up and surpass other middle income countries

Less than a decade ago, the health system in Turkey was considered a laggard, not only relative to the rest of the Organisation for Economic

the table payments in public facilities or working part time in private. Rampant absenteeism and low productivity and technical quality, especially

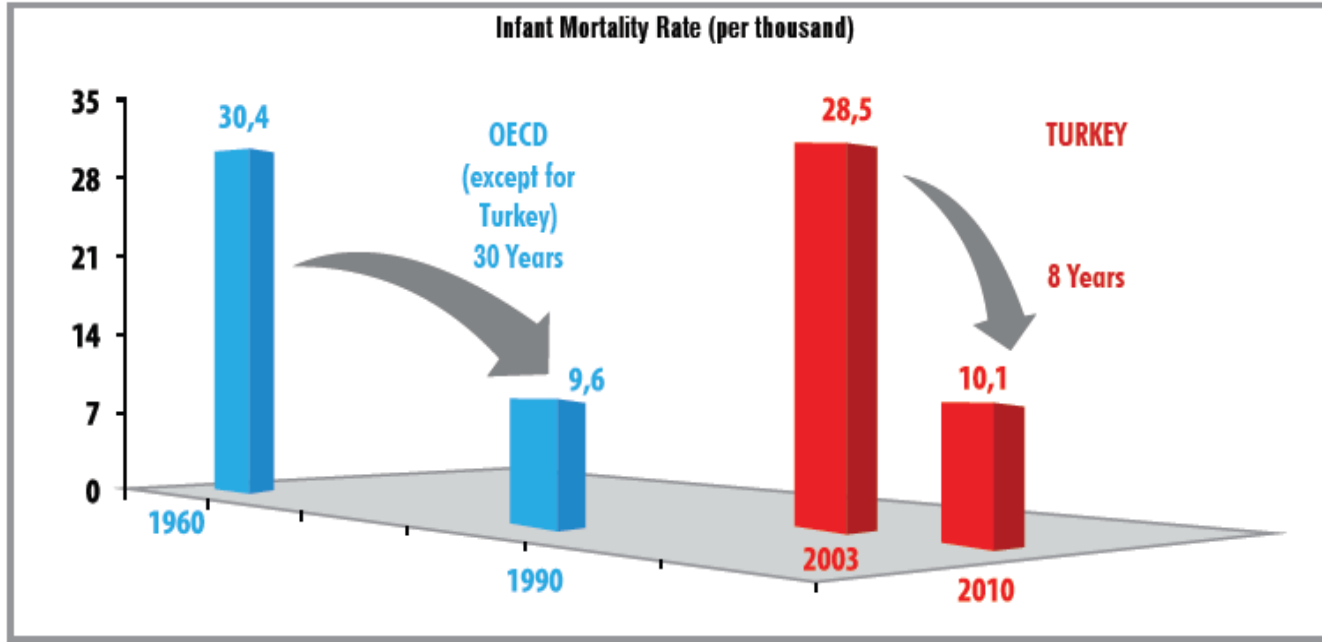
as the redefining of the roles and responsibilities of the Ministry of Health towards "more steering and less rowing"; separation of the provision and

II- Barriers – Interventions

Physical Access



2. Infant Mortality Rate



Graph 72

Source: OECD Health Data, 2009; TNSA, 2008

According to the report by WHO in 1998 (221 pages), infant mortality rate in Turkey was estimated to be 16 years in 2025.

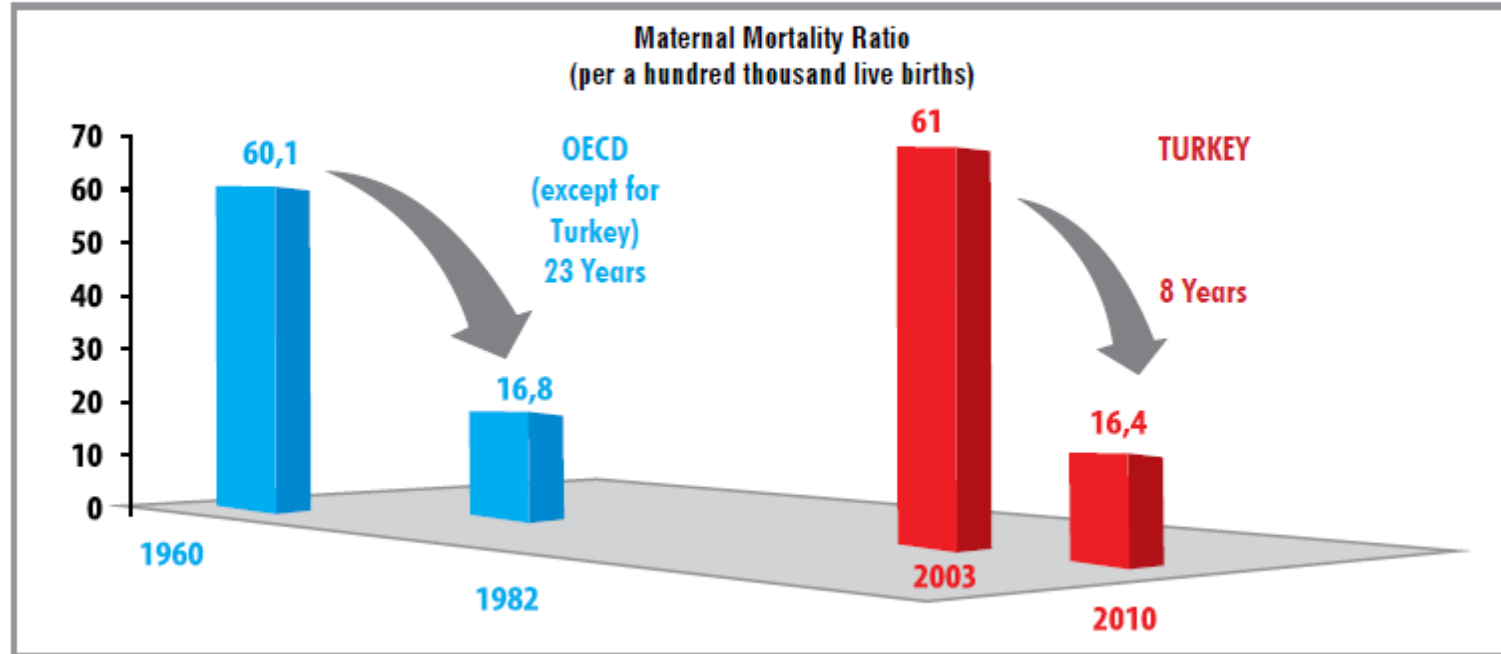
We managed to achieve in 8 years what other OECD countries did in 30 years.

We reduced infant mortality rate to 10 per thousand in 2010.

II- Barriers – Interventions

Physical Access

We managed to achieve in 8 years what other OECD countries did in 23 years with regard to decreasing maternal mortality ratio.



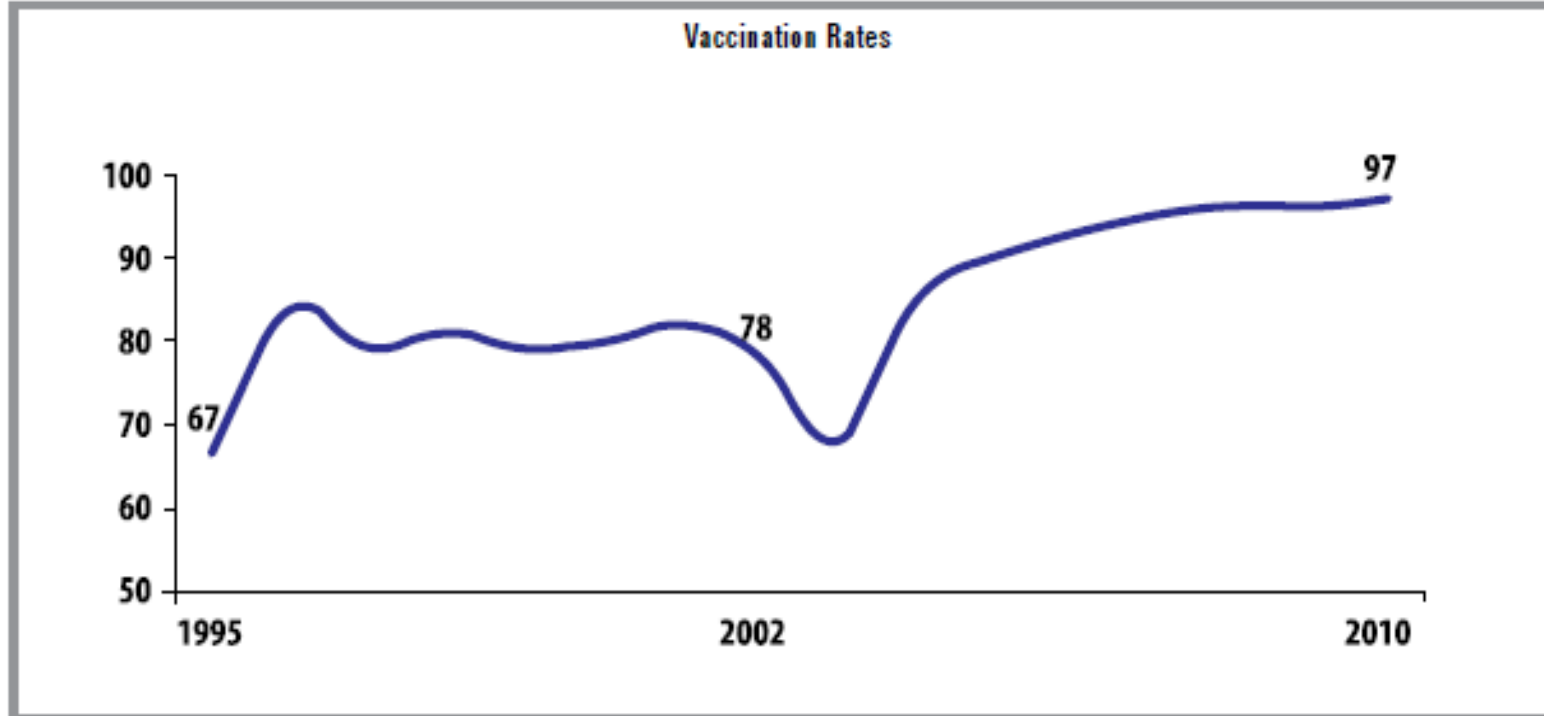
Graph 73

Source: OECD Health Data 2009, the MoH

(*)According to the estimations of WHO and UNICEF, the

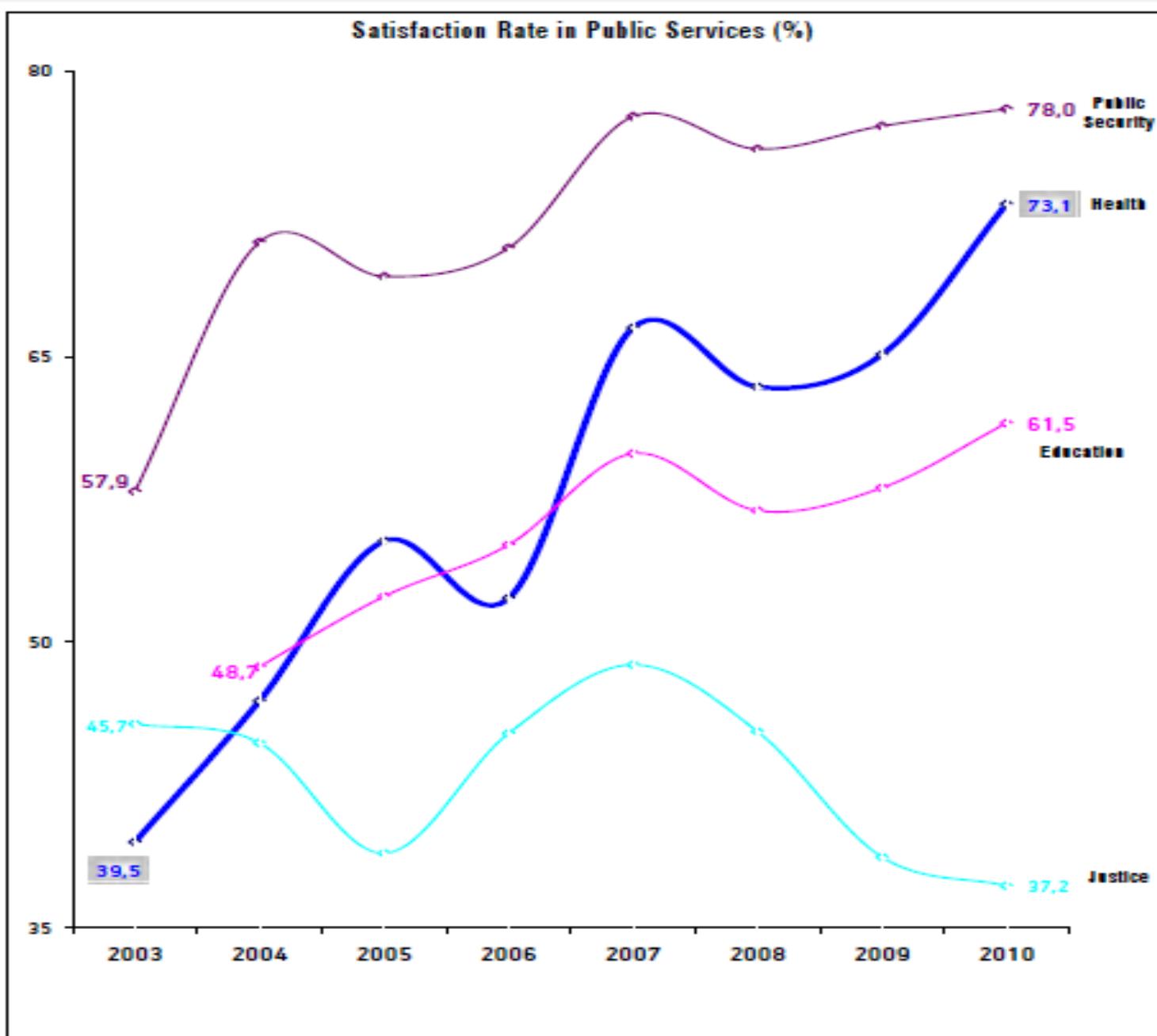
4. Routine Vaccination Rate

Turkey is one of the countries setting an example in terms of baby vaccination variety and vaccination rates it achieved



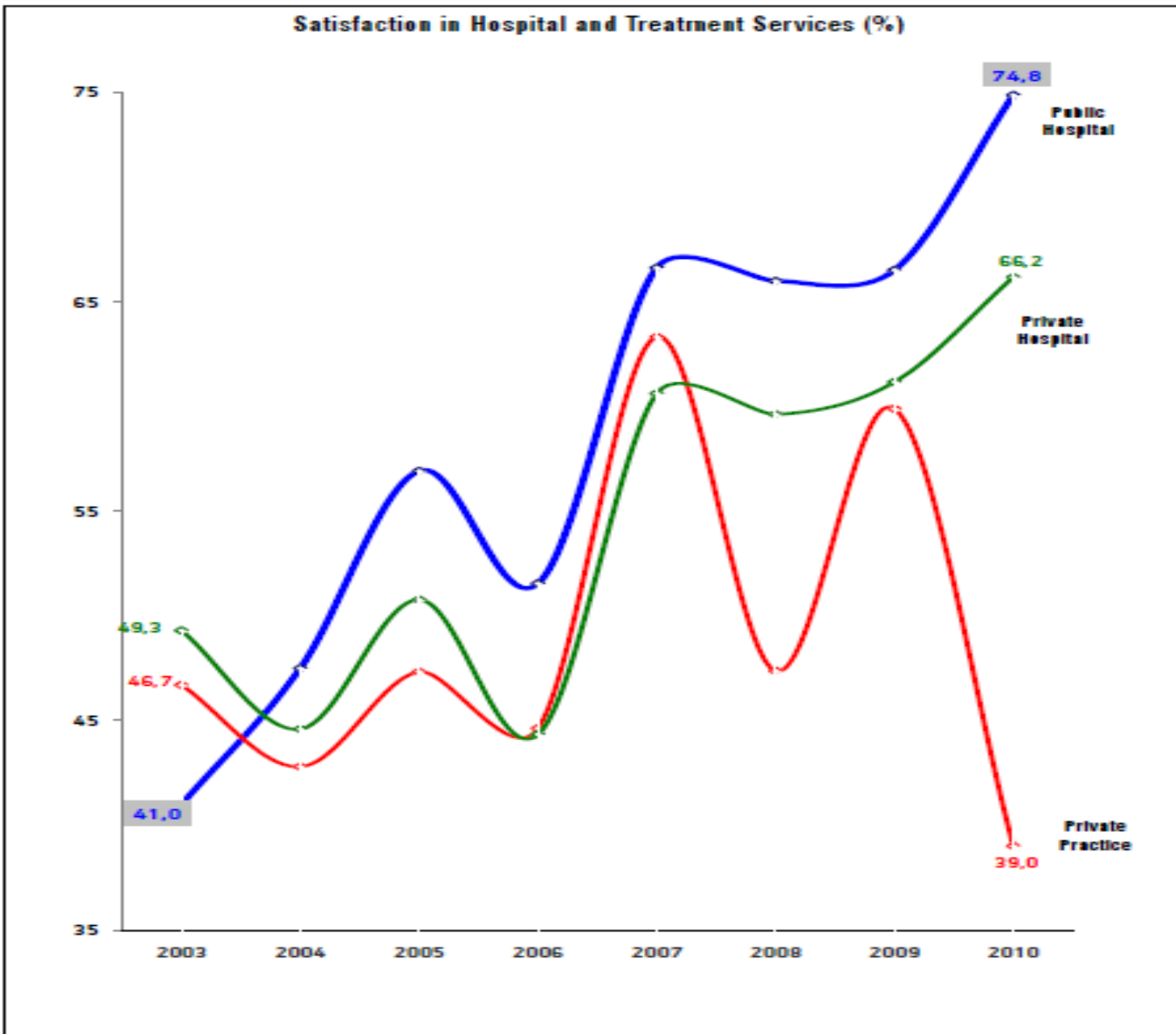
Graph 74

According to the report by WHO in 2010, this rate for the countries in the upper income countries in 95%.



Graph 80
Source: TURKSTAT

Satisfaction with Health Care Services
 According to the life satisfaction research conducted by the TURKSTAT, satisfaction rate for health care services was 39.5% in 2003. This rate increased by 33.6 points and reached to 73.1% in 2010.



314
According to a research conducted by TURKSTAT in 2003, satisfaction rate from public hospitals increased by 33.8 points and reached to 74.8% in 2010. In same time period satisfaction from private practices reduced to 39% from 46.7%.

**T.C.
İzmir Governor
Provincial Health
Directorate**

