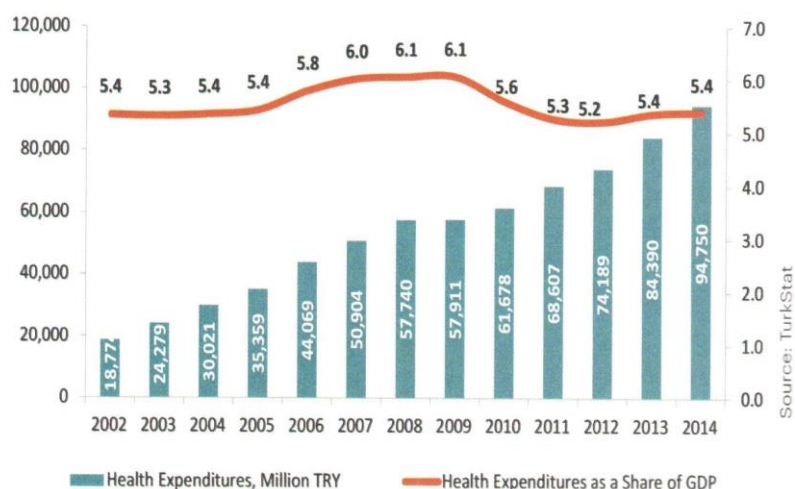


Turkish Health Care System and the Pre-2003 Assessment

Before 2003, many public institutions in health had executive powers in the health system. The finance and the provision of the health-care system was lacking basic standards. Preventive health care services were not valued adequately. Yet the citizens had no right to choose to get which public health services from which service provider. In other words, citizens were not able to determine which doctor would examine him/her or which hospital would do a surgery. The patient referral rate in public health services to secondary and tertiary levels of facilities was very high. Citizens had to go through either a very complicated public referral red tape process or to pay out of their pocket for private practice to be able to benefit from public health-care services, whether they are insured or not. Patients were having great difficulties to accessing essential medicine. Global health indicators for the country as in the



Graphic 1. Health Expenditures as a Share of GDP, (2002-2014)

year of 2002, were quite poor compared to any developing countries. Social security system had a very fragmented structure and the coverage of the benefit packages was very limited.

Health Expenditures increased by 400% in nominal terms and by 70% in real terms between 2002 and 2014.

Health expenditures as a share of GDP did not change (5,4%) in spite of the improvements made in the provision of health care services over the period of 2002-2014. The percentage, which seems lower compared to the OECD average that was 8,9% in 2013, needs to be evaluated by considering some domestic factors such as the ratio of elderly/child population and supply of health care personnel.

HEALTH EXPENDITURES (2002-2014 PERIOD)

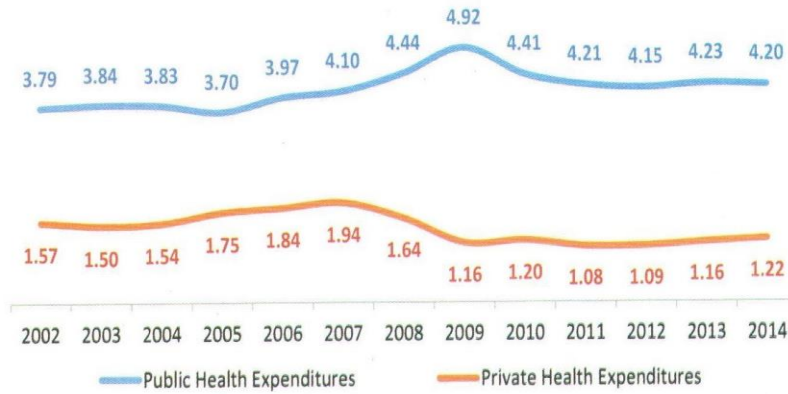
Table 1. Health Expenditures, (2002-2014), (million TRY/USD)

Year	TRY	TRY (as of 2014 prices)	USD	PPP USD
2002	18.774	56.920	12.467	30.760
2003	24.279	58.760	16.261	31.497
2004	30.021	66.903	21.107	37.050
2005	35.359	72.842	26.372	42.568
2006	44.069	82.835	30.793	52.037
2007	50.904	87.980	39.112	58.907
2008	57.740	90.357	44.659	64.872
2009	57.911	85.293	37.434	63.494
2010	61.678	83.673	41.108	65.570
2011	68.607	87.416	41.082	69.169
2012	74.189	86.809	41.388	70.602
2013	84.390	91.862	44.385	75.886
2014	94.750	94.750	43.328	79.052
2002-2013 Increase (Fold)	4,0	0,7	2,5	1,6

Source: TurkStat



Source: TurkStat

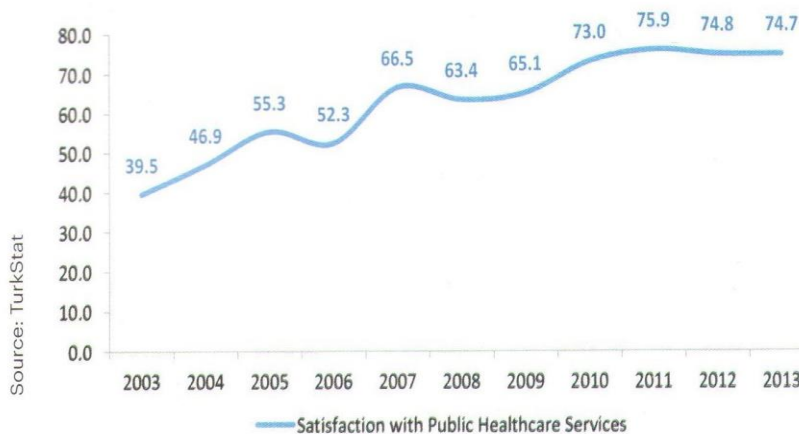


Graphic 2. Public and Private Health Expenditures as a Share of GDP, (2002-2014), (%)

Source: TurkStat

Year	TRY	TRY (as of 2014 prices)	USD	PPP USD
2002	284	862	189	466
2003	363	880	243	472
2004	444	990	312	548
2005	517	1.064	385	622
2006	636	1.195	444	751
2007	726	1.254	557	840
2008	813	1.272	629	913
2009	804	1.184	520	881
2010	843	1.144	562	896
2011	924	1.178	553	932
2012	987	1.155	551	939
2013	1.110	1.208	583	998
2014	1.232	1.232	563	1.028
2002-2014 Increase (Fold)	3,33	0,43	1,98	1,21

Table 3. Per Capita Health Expenditures (2002-2014), (TRY/USD)



Graphic 3. Satisfaction with Health Care Services by Years, (2003-2014), Turkey

Per capita health expenditures increased by 333% in nominal terms and by 43% in real terms between 2002 and 2014. In the same period, health expenditures per capita increased by 198% in US Dollar and by 121% in US Dollar PPP, in parallel with the economic progress in Turkey.

SATISFACTION WITH HEALTH CARE SERVICES:

After the Health Transformation Program (HTP) in Turkey, the percentage of patient satisfaction with public health care services has increased over the average of EU countries.

The satisfaction ratio in Turkey increased from 40% in 2003 to 71% in 2014 and has been above the EU average for the last 10 years (Graphic 4).

When satisfaction ratio in Turkey and EU countries are compared, it will be seen that public expenditure per capita in Turkey in 2014 was 787 USD and satisfaction ratio was 71%. However, although the public expenditure per capita in EU countries was 3 times higher than Turkey, the satisfaction ratio in these countries stayed at 61%.

ASSESSMENT AND CONCLUSION

Thanks to the Health Transformation Program (HTP), which was implemented from 2002 to 2014, the Turkish health care system went through an impressive reforming process in many aspects varying from health system financing and approach towards health service delivery including rapid emergency ambulatory services to public perception, staff behaviors, resource allocation and financial sustainability. The HTP has achieved a true significant transformation in Turkey. The health management capacity was strengthened and substantial progress was made in the quality of health service delivery. Family medicine system was completely redesigned and breakthrough changes were witnessed in preventive and promotive health services. Ministry of Health made great strides in hospital services, also in oral and dental health services. The easy access to medicine and medical supplies was ensured for citizens. Important steps were taken for the financing of health.

Developments in Health Indicators: Though being classified as an upper-middle income country by the WHO,



Turkey has reached up to a level that is compared with upper income countries, as a result of the health reforms realized between 2002 and 2014. For instance, life expectancy at birth, which is regarded as the most significant indicator of health according to global health institutions, Turkey (having 77 years) has almost moved from the group of upper-middle income countries to the upper income countries (79 years).

- WHO regards life expectancy at birth as the most significant indicator of health. According to a WHO report, which was published in 1998, estimated life expectancy at birth for Turkey to reach 75 years was projected to happen by 2025, Turkey already achieved this level in 2009.

- The afore-mentioned WHO report in 1998 projected infant mortality rate for Turkey to become 16/1000 by 2025. However, infant mortality rate for Turkey, which was originally 31,5/1000 in 2002, was reported to lower 7,6/1000 in 2014.

- The maternal mortality ratio, which was 64/100.000 in 2002, reduced to 15,2/100.000 in 2014. Maternal mortality ratio is 57/100.000 in upper-middle income countries.

- The world's most advanced vaccines were included in the national immunization program and the immunization coverage rates were in-

creased. In 2002, the immunization rate was averaged to be 93% in the WHO Region for Europe while the same year it was 78% in Turkey and in 2012 the WHO Region for Europe was 95%, while Turkey has reached 98% rate in 2014.

- Out of pocket health expenditure as a share of total health expenditure was 19,8% in 2002, decreased to 17,8% in 2014.

- According to a TurkStat's report published in 2014, the share of households with catastrophic health expenditure in Turkey was 0,81% in 2002, and it was decreased to 0,14% in 2013. ♦



ABOUT THE AUTHOR



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Having begun his formal education in his hometown, Erzurum province of Turkey, Mr. Atasever received his Master's Degree in Product Management and Marketing at Ataturk University. Mr. Atasever is currently studying for his Doctoral Degree in Accounting and Finance.

He started his professional career as a government employee as a financial auditor at Ankara Ataturk Research and Training Hospital in 1994. Later, he served as a financial analyst in Vakif Bank, the semiofficial bank of charitable foundations in Turkey from 1998 to 2002. In 2002, He returned to Ataturk University in Erzurum as an academician where he worked for four years.

In 2006, he was assigned as the President of the Ministry of Health Directorate of Strategy Development where he had worked for nine years, and also as the vice president of the Turkish Public Hospital Authority for a year. Currently, he works as a ministerial advisor in the Ministry of Health.

He has carried out variety of studies and researches in a wide range of fields varying from business management and marketing to banking, financial analysis and asset management, hospital management and health financing and macro budgeting. As also being an independent accountant and financial advisor, Mr. Atasever has involved in number of national and international events as a key-note speaker and/or scientific board member.

He has authored and co-edited several published books in the field of health financing and management.

He is in the managing board of couple charitable foundations in Turkey. He is married with four children.

You can find more about him and his activities through his personal website:

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