# UNIVERSAL HEALTH COVERAGE in TURKEY:

## **CHALLENGES** and **OPPORTUNITIES**



September 29, 2011

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## OUTLINE



- Universal Coverage
- Global Status
- Status in Turkey
  - Prior to 2003
  - Health Transformation Program / 2003-2011
- Achievements and Lessons from Turkish Experience
- What is next on the agenda?

#### **UNIVERSAL COVERAGE**



"Universal Health Coverage (UHC) is defined as access for all to appropriate promotive, preventive, curative and rehabilitative health care at an affordable cost in case of need." \*

\* WHO

## **UNIVERSAL COVERAGE**



# **Universal coverage**

- better health status
- equity of access
- financial protection



# **GLOBAL STATUS**



# **Commitment from the Member States** (World Health Assembly, 2005)

- Access for all to health care services
- Financial protection

# WHO

• Practical guidance on ways to finance health care.



# So what happened?

# Millions of people are still at risk of falling into a downward spiral of sickness and poverty.



# **Health expenditures**

Severe financial burden: 150 million people / year \*

Poverty: 25 million households / year \*

\*WHO estimates



# It is time for action!



# STATUS in TURKEY PRIOR to 2003

## **STATUS in TURKEY / PRIOR to 2003**



- Fragmented health financing system
- Disturbed actuarial balances
- Problems in risk pooling

# SULK BARANDA

## **STATUS in TURKEY / PRIOR to 2003**

- No "national health accounts system"
- Insufficient budget allocated for preventive and primary health care

## **STATUS in TURKEY / PRIOR to 2003**



 Problems in access to health care services (even for majority of insurees)

 112 Emergency Health Services delivered as paid services for citizens - both insured and uninsured **STATUS in TURKEY / PRIOR to 2003** 



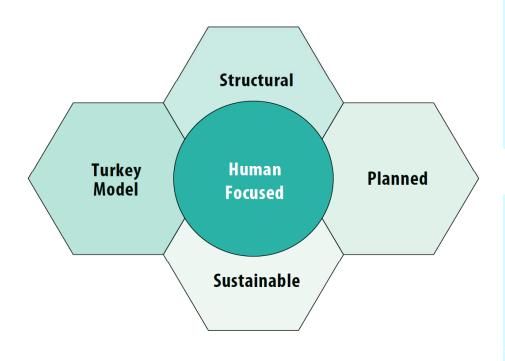
# Both the health service provider and the receiver were the victims of the system



# HEALTH TRANSFORMATION PROGRAM

2003-2011

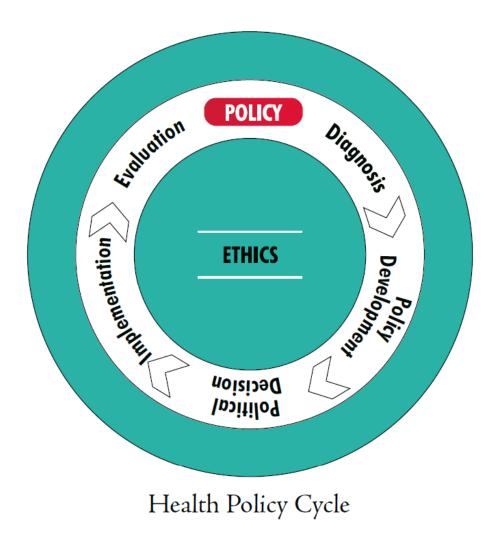




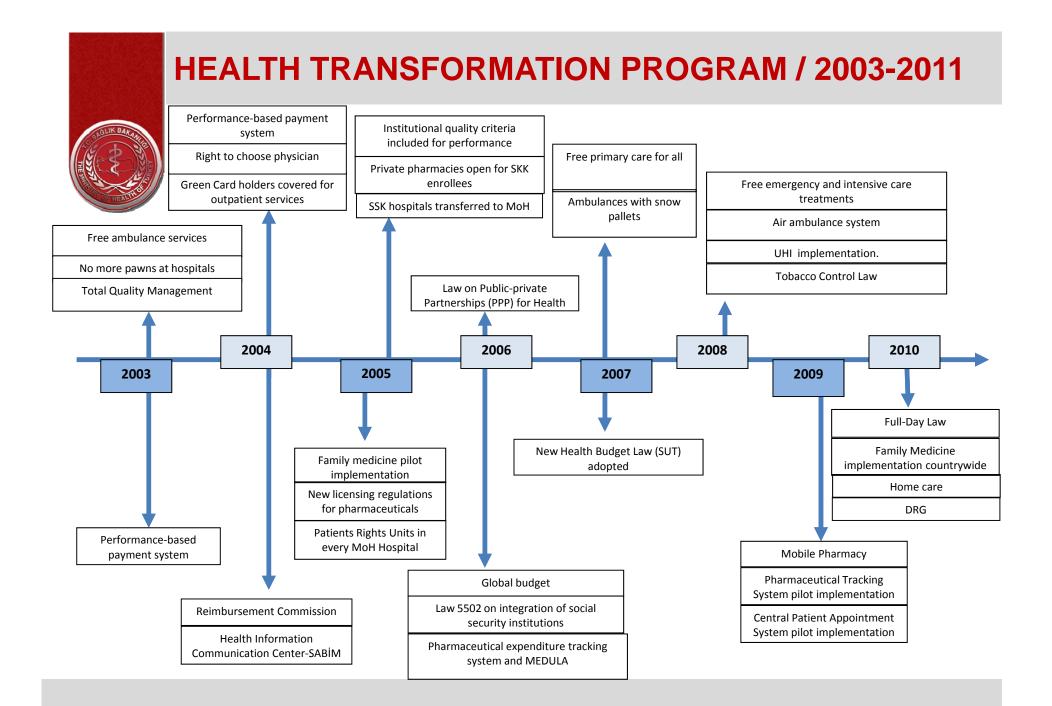
Human-centered ethical understanding aiming at equal access by citizens to quality health services.

Structural, planned and sustainable system that is in conformity with the socioeconomic realities of our country.





Getting Health Reform Right: M. Roberts et al, 2004 (Referred after modification)





# At the beginning of the Transformation

- Well-aware of the situation
- Committed team
- Theoretical works
- Field Works

Country examples, discussions with managers and practitioners



# So what did we do?

- Focus on human
- Political commitment

Support of the Prime Minister, the Cabinet and the National Assembly

• Public support by fast improvements

No more pawns at hospitals

Free 112 Emergency services



# **Extensive transformation process**

- Free primary health care services for all
- Citizens able to receive service from private sector using their public health insurance
- Poors able to benefit completely from public healthcare



# **Extensive transformation process**

- Reorganising public hospitals under a single roof
- Family medicine implementation
- Free primary health care services for all
- Performance-based payment system
- Reference pricing system



# Many simultaneous improvements



Objections and opposition (political parties, professional associations, administrative courts...)

# Interests and status quo

"To be or not to be. That is the question.

And thus the native hue of resolution Is sicklied over with the pale cast of thought."

W. Shakespeare

. . .





# Our resolution never weakened in the face of those oppositions



# How sustainable is the system?

• Increase in health expenditures parallel to economic growth

# How sustainable is the system?

- Increased efficiency
  - Distribution of human resources
  - Incentives
  - Outsourcing
  - High-tech services with low costs (MR: 40 \$; CT: 35 \$)
  - Decrease in pharmaceutical prices up to 80% ...



# How sustainable is the system?

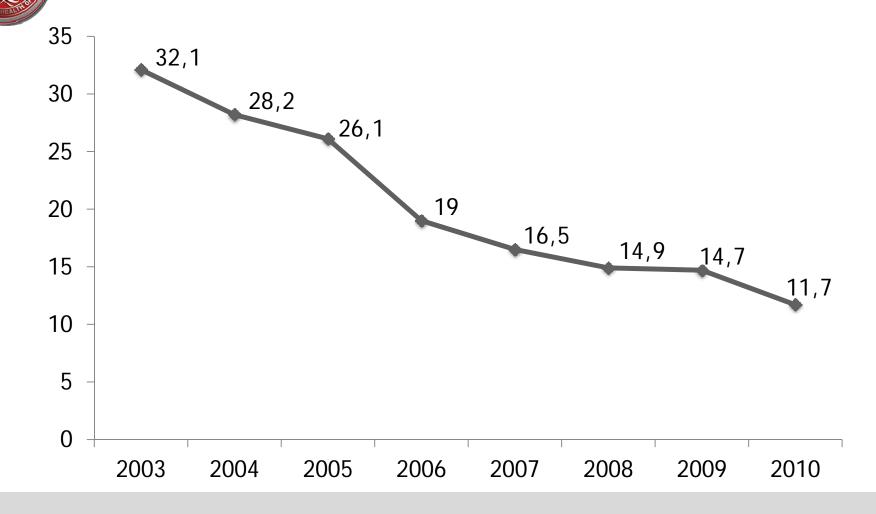
- Very comprehensive services with 500-600
   USD per capita
  - Free vaccines (including the most recent ones)
  - Free air ambulance services
  - Free emergency and intensive care even in private sector...



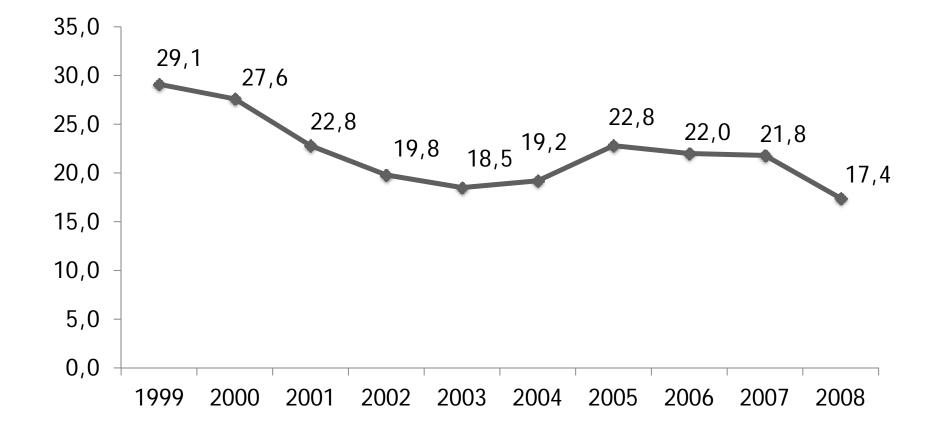
# Total health expenditures as a percentage of GDP Percent 6.1 5.8 5.3 4.9 2000 2003 2006 2008

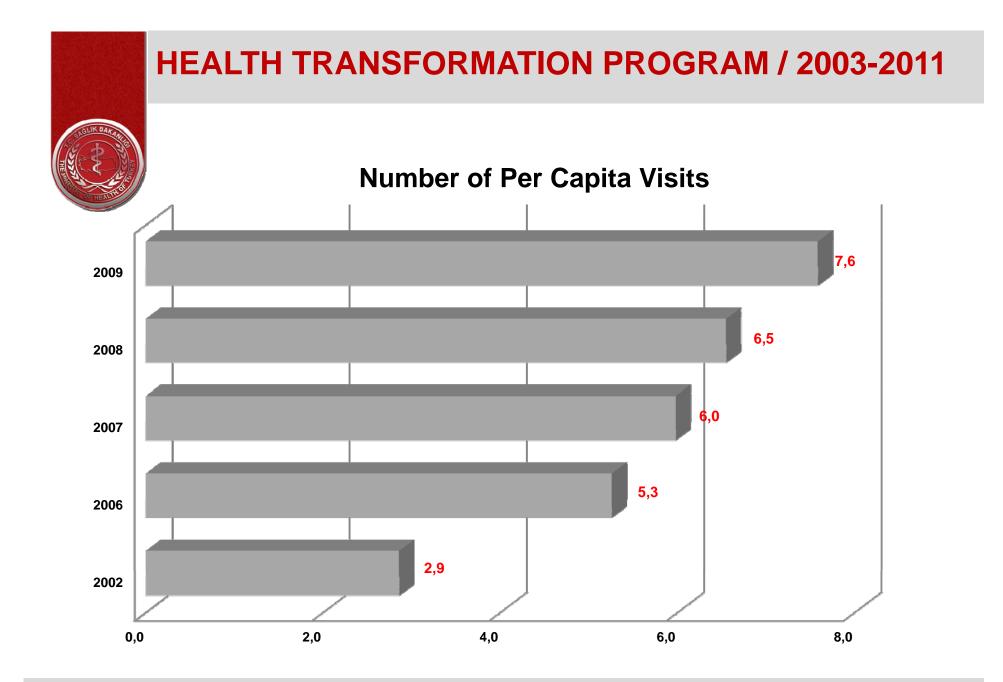
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Rate of people paying for their own medicine and treatment costs (%)



Share of out-of-pocket health expenditure in total health expenditure (%)







#### Health system indicators before and after the HTP

	2002	2010
Immunization Ratio (%) (DaBT 3)	78	97
Hospital Births (%)	78	92
Per Capita Visits to Health Care Facilities	2,9	7,6



#### Health system indicators before and after the HTP

	2002	2010
Maternal Mortality Ratio (per 100.000 live births)	70 (1998)	16,4
Infant Mortality Rate (per 1000 population)	26,7	10,1
Life Expectancy at Birth	70,8	73,7



#### Health system indicators before and after the HTP

	2002	2010
Measles Incidence (per 100.000 population)	11,09	0,009
Malaria Cases	10.224	0
Typhoid Fever Cases	24.390	51



# ACHIEVEMENTS and LESSONS



#### **OECD** Reviews of Health Systems, Turkey



"Health Transformation Program represents both an improvement in Turkey's social welfare system and a "good practice" example for other countries struggling with the same issues."



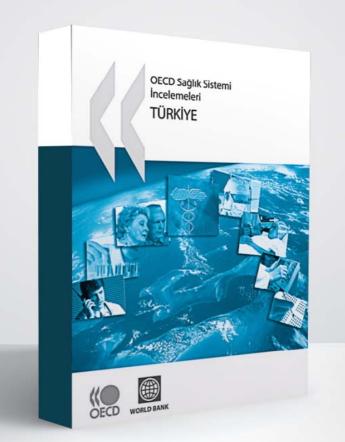
#### **OECD** Reviews of Health Systems, Turkey



•"The Turkish health system performs quite well in terms of equity and financial protection"



#### **OECD** Reviews of Health Systems, Turkey



"Turkey appears to be one of the few middle-income countries to be implementing a "big bang" reform effectively."



#### **OECD** Reviews of Health Systems, Turkey



"There may be lessons for other OECD countries to learn from Turkey's apparent success with using performance-related pay to raise doctor's productivity"



#### ANALYSIS



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

Less than a docade ago, the health system in Turkey was considered a laggard, not only relathe to the test of the Organisation for Economic

### Healthcare in Turkey: from laggard to leader

Enis Baris 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

the table payments in public facilities or working as the redefining of the roles and responsibilities part time in private, Rampane absenteetsm and of the Ministry of Health towards "more steering low productivity and technical quality, especially and less towing"; separation of the provision and

On 12 March 2011, an article was published in the BMJ which made an assessment of the HTP



# The article / Underlying reasons of the success:

- political commitment
- leadership by MoH
- incentives to increase satisfaction



# The article / Lessons from the Turkish experience:

- need to invest in health systems
- encouraging demand for essential health services
- importance of vision and leadership

# ACHIEVEMENTS & LESSONS Outcomes

**Overall Satisfaction with Health Care Services (%)** 

Satisfied	Moderate	Unsatisfied

2003	39,52	39,30	21,19
2010	73,04	13,83	13,13





- Human resources for health
  - Increase in the quotas of the faculties of medicine and other health schools
  - Foreign doctors



- Public-Private Partnership
  - Construction of new city hospitals with the PPP model by the end of 2015
  - Renewal of some old hospitals
  - 34 projects will be started in 2011 and 2012



#### Health promotion programs

- Increasing physical activity
- Prevention of obesity
- Prevention of tobacco use



#### Community-based health services

Community based mental health services,
 especially to patients with heavy mental disorders



- More attention on patient and health care professionals' rights and safety
  - Health Information Communication Center (SABIM)
  - Meeting Point for Health Care Professionalas (SBN)



## Sustainability!