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Dushanbe, May 16 - 18



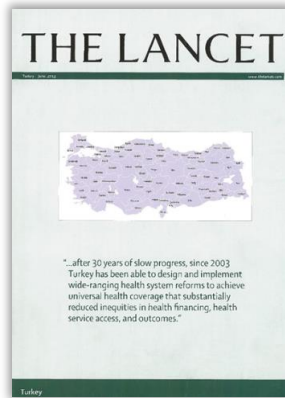
Türkiye's Health Transformation Program: A People-oriented, Comprehensive and Efficient Approach

Prof. Dr. Recep Akdag

Former Minister of Health &
Former Deputy Prime Minister of Türkiye
Chairman of the Board, Enera Consulting



Reflections on Türkiye’s Health Transformation Program (2003-2012)



Universal health coverage in Turkey: enhancement of equity

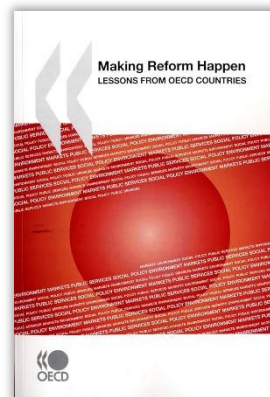
the Lancet, Atun et al., 2013

“after 30 years of slow progress, since 2003 Turkey has been able to design and implement wide-ranging health system reforms to achieve universal health coverage that substantially reduced inequities in health financing, health service access, and outcomes.”

Making reform happen: lessons from OECD countries

OECD, 2010

“In Turkey, significant prospective increases in doctors’ pay, combined with new performance incentives, helped to ensure that many individual doctors co-operated enthusiastically with the reforms, despite vociferous opposition from the Turkish Medical Association.”



Successful health system reforms: the case of Turkey

WHO Regional Office for Europe, 2012

“Turkey has done what few other countries have managed to do: to dramatically improve health and health system outcomes in a very limited amount of time.”



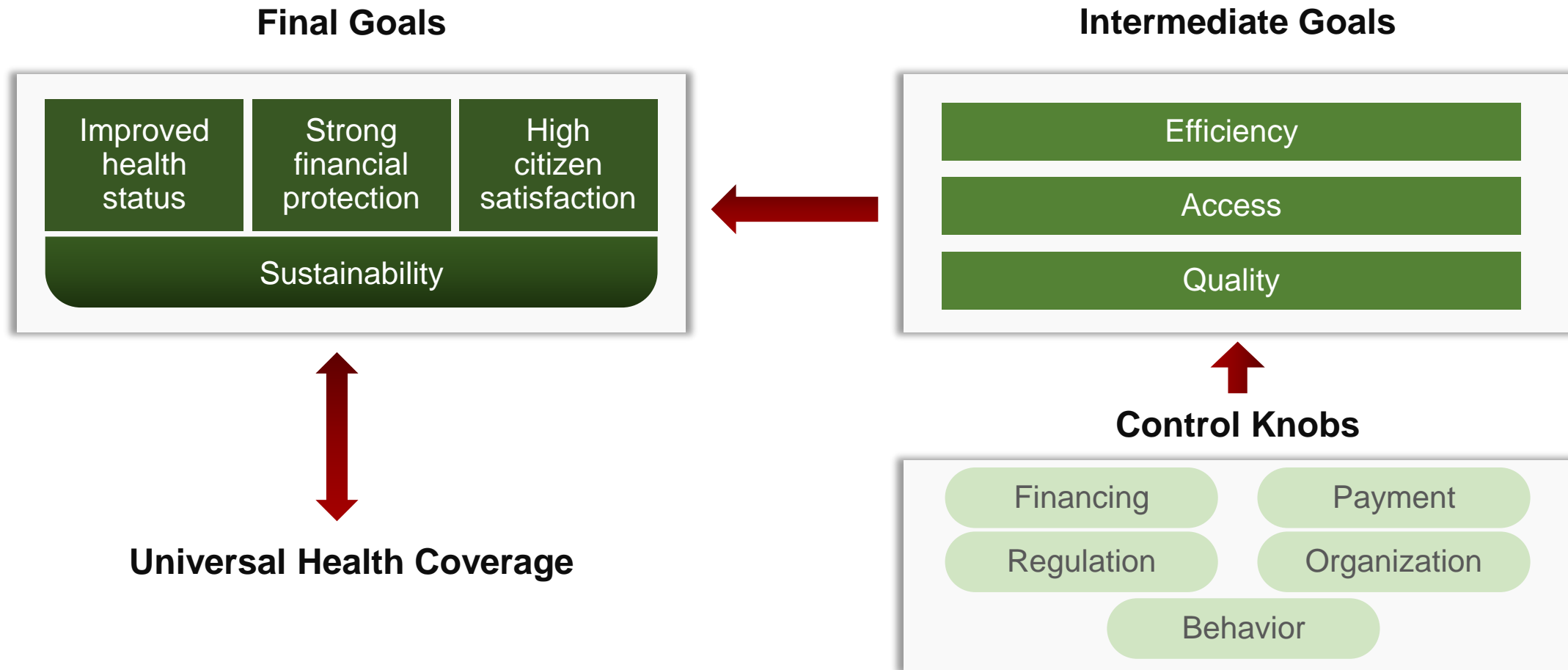


Harvard T.H. Chan School of Public Health





Health System Goals that are Compatible with Universal Health Coverage*



*Adapted from *Getting Health Reform Right, A Guide to Improving Performance and Equity* by Marc J. Roberts, William Hsiao, Peter Berman, Michael R. Reich





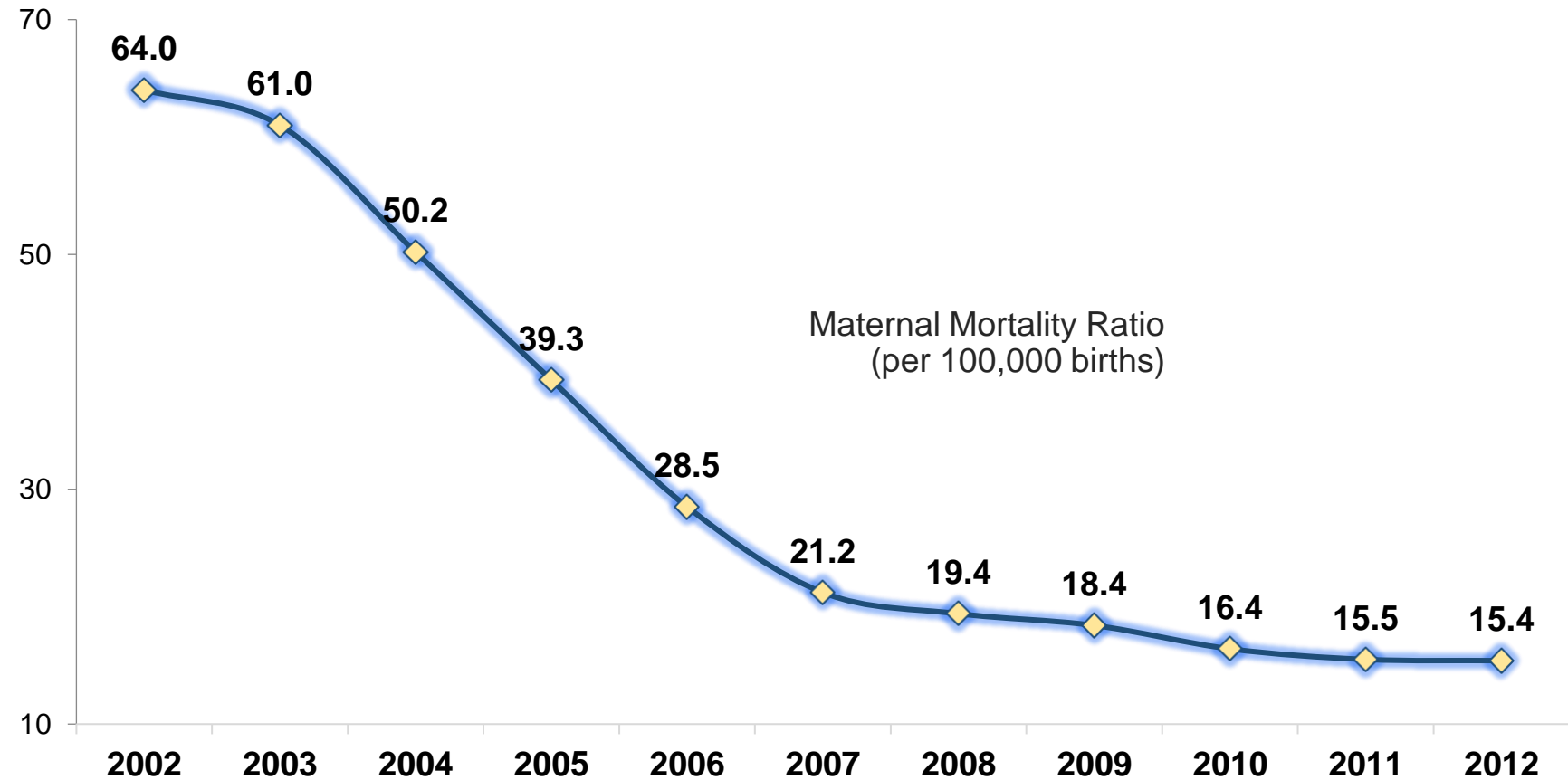
Maternal Mortality Ratio in Türkiye

Final Goals

Improved health status

High citizen satisfaction

Strong financial protection



Source: Ministry of Health, Turkish Statistical Institute





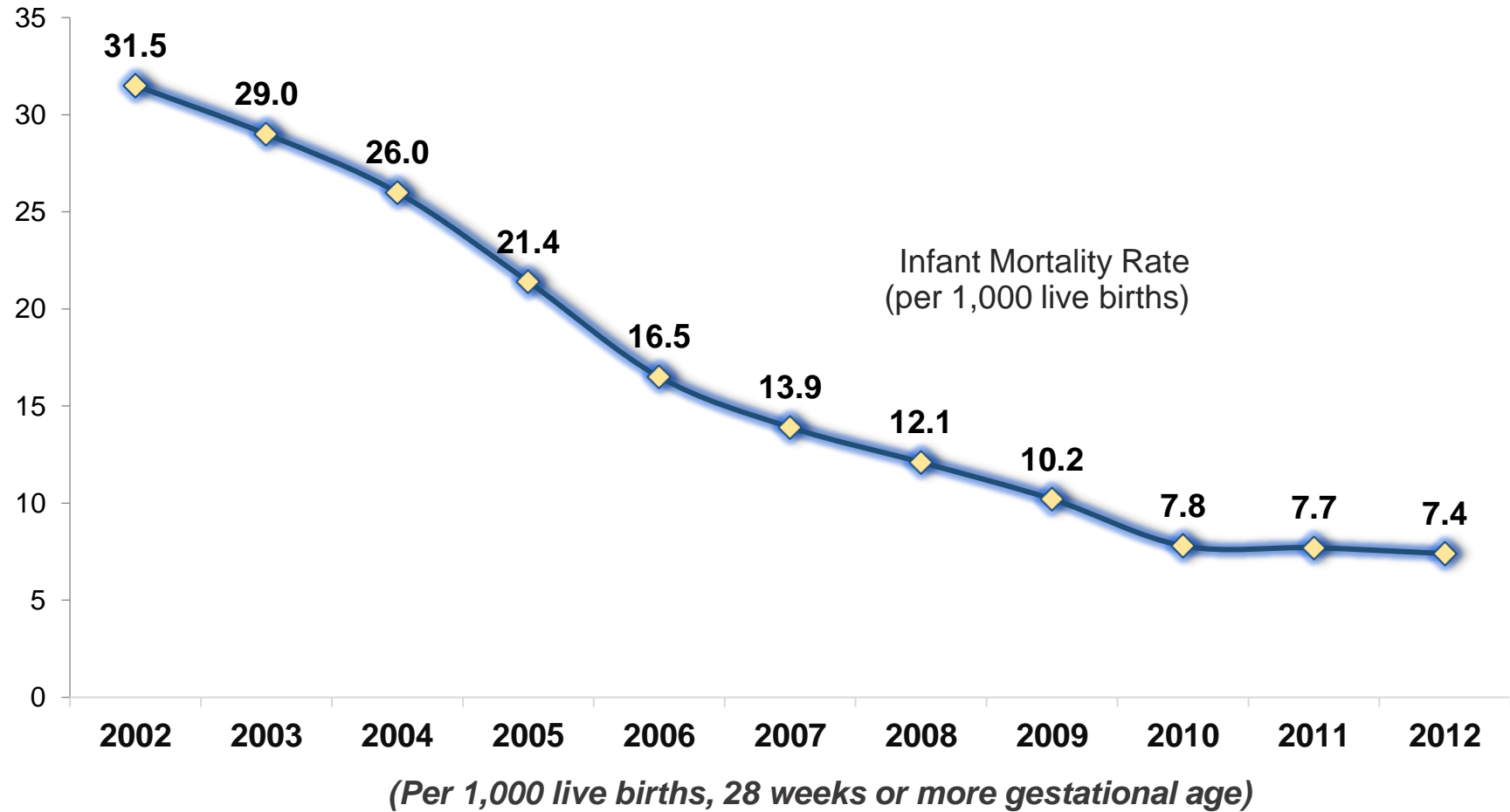
Infant Mortality Rate in Türkiye

Final Goals

Improved health status

High citizen satisfaction

Strong financial protection



Source: Ministry of Health, Turkish Statistical Institute





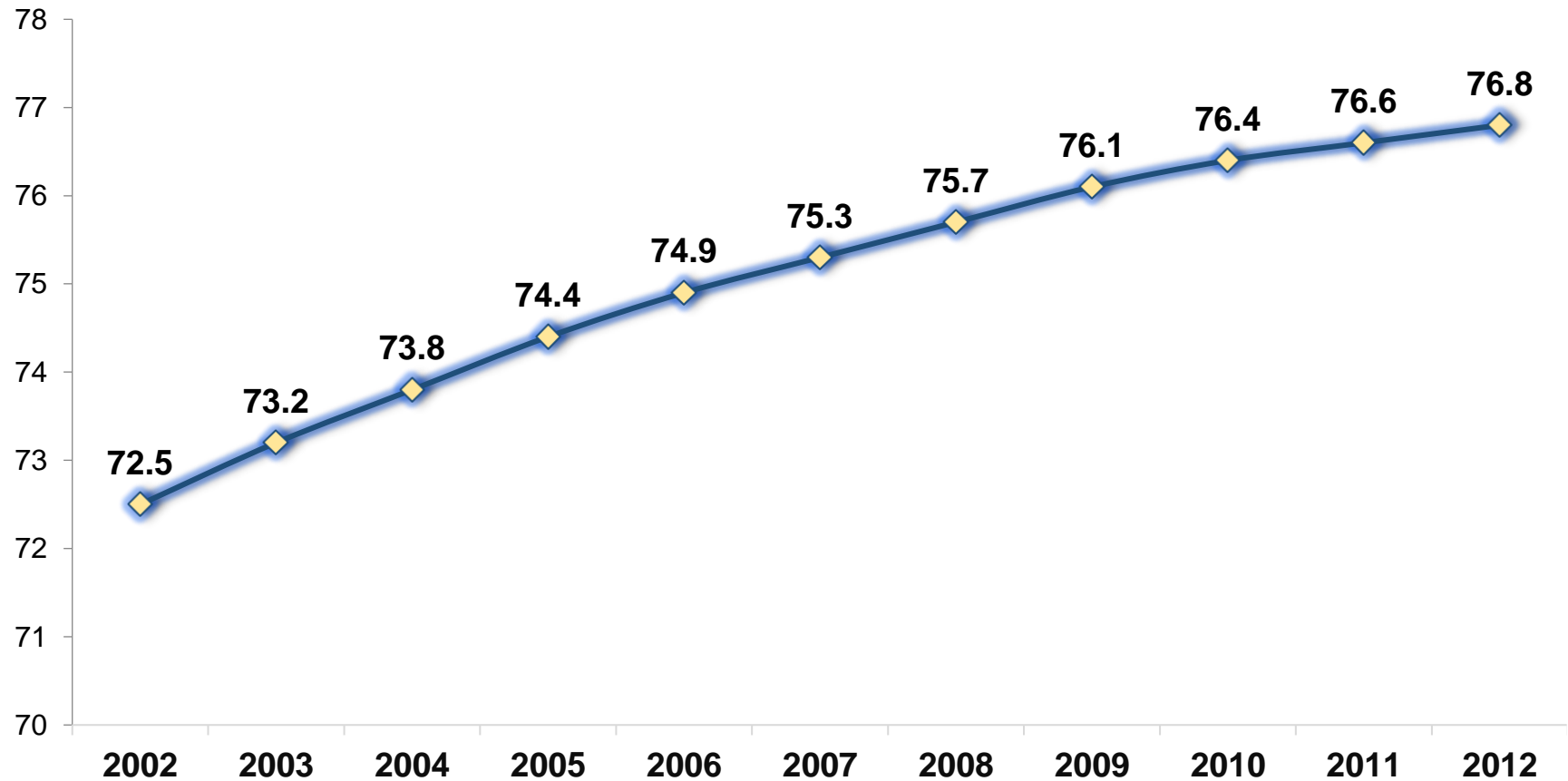
Life Expectancy at Birth in Türkiye

Final Goals

Improved health status

High citizen satisfaction

Strong financial protection

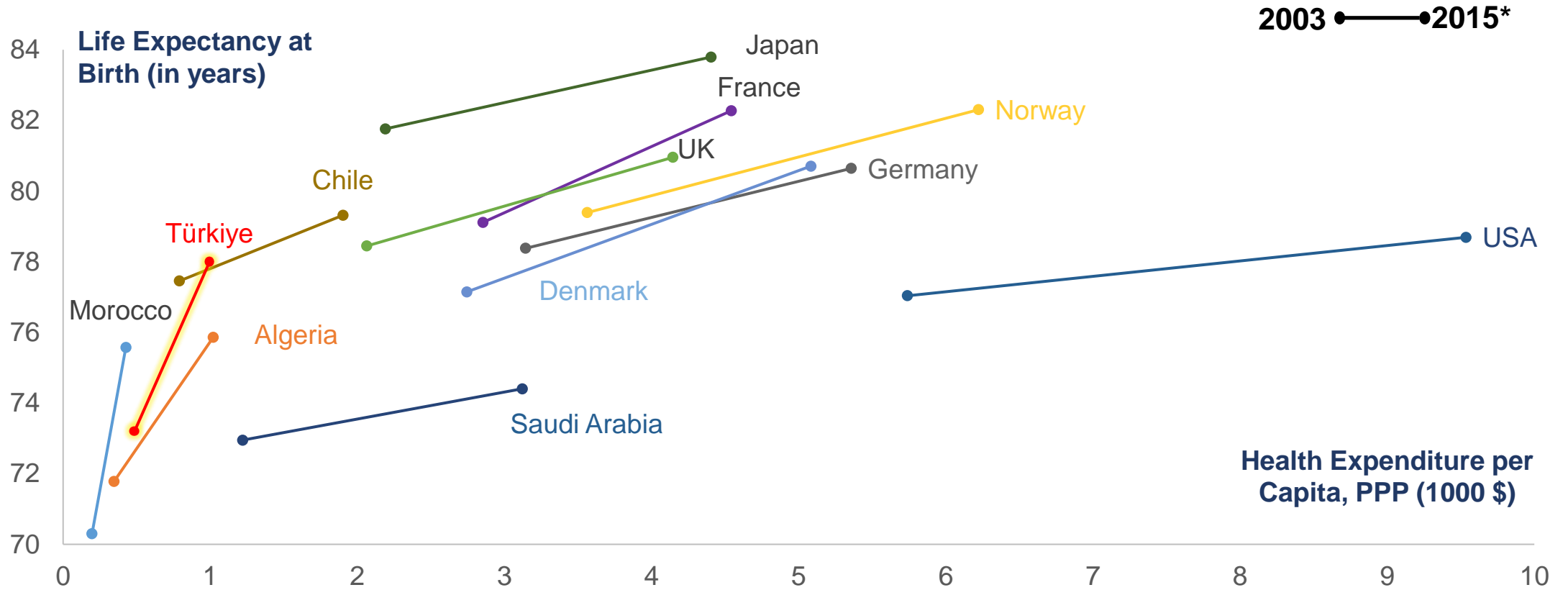


Source: Ministry of Health, Turkish Statistical Institute





Health Spending vs Life Expectancy at Birth



* Or latest

Source: OECD, www.economist.com, (Modified)





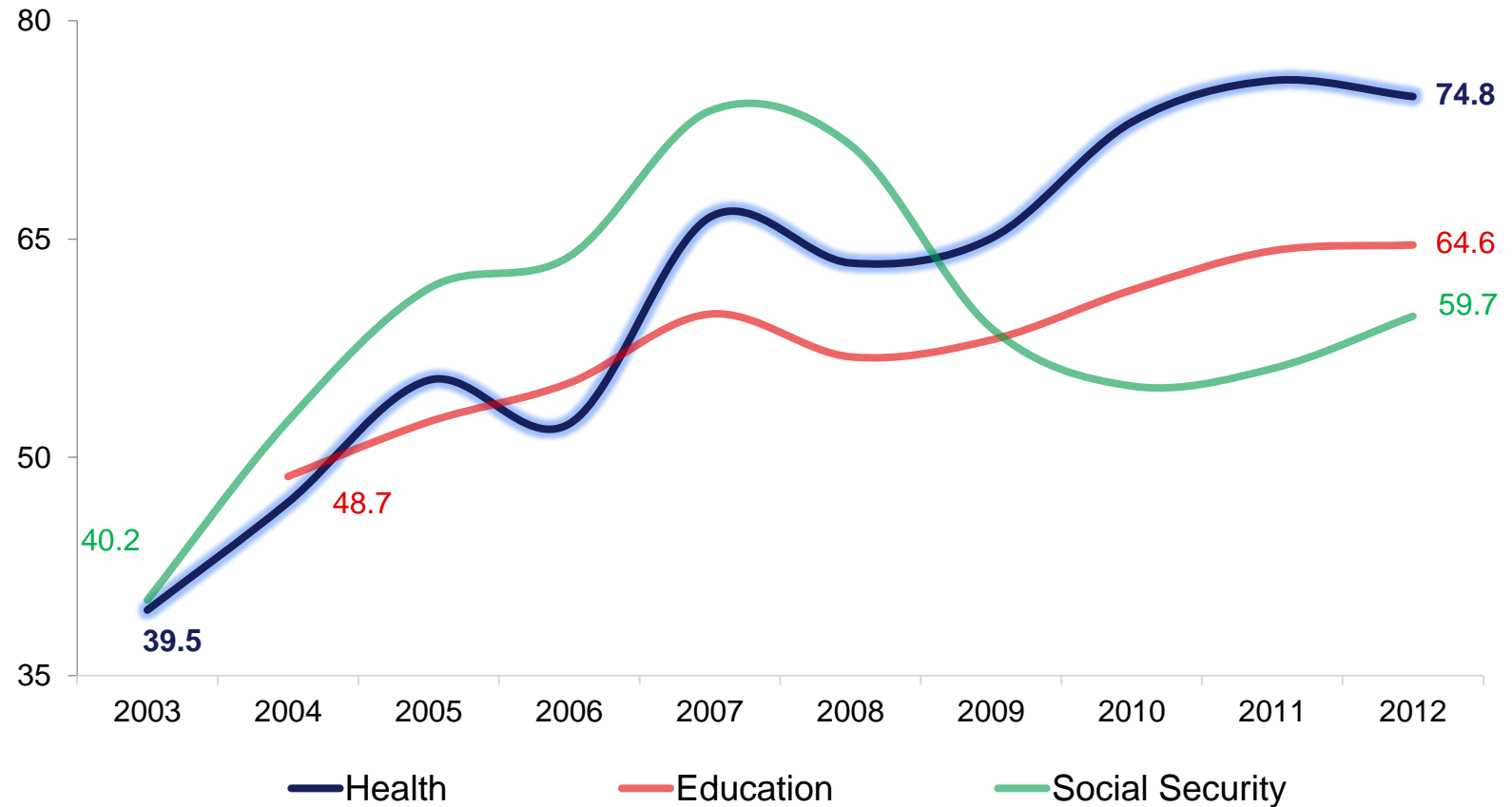
Satisfaction Rates for Selected Public Services in Türkiye

Final Goals

Improved health status

High citizen satisfaction

Strong financial protection

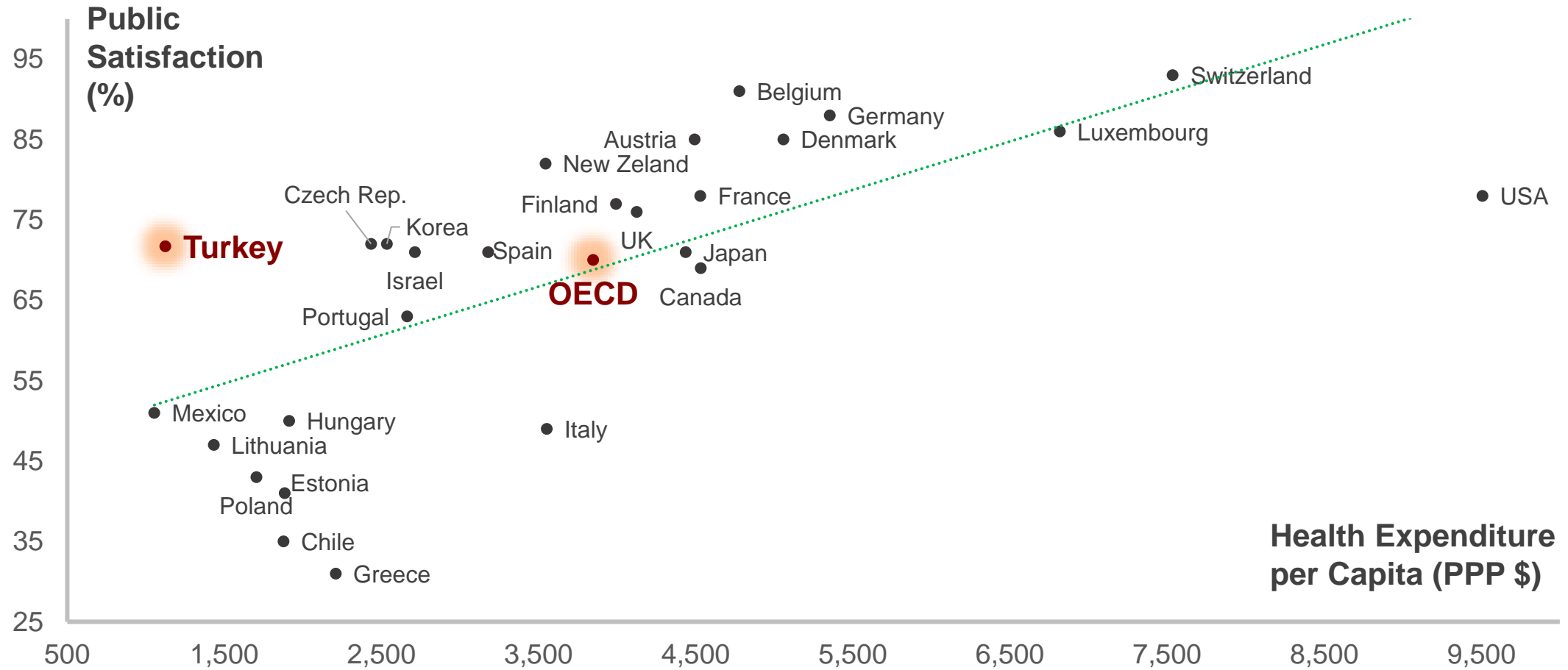


Source: Turkish Statistical Institute





Health Spending versus Public Satisfaction



Source: Turkish Statistical Institute, OECD Government at a Glance, 2017





Effective Health Insurance

Final Goals

Improved health status

High citizen satisfaction

Strong financial protection

Social insurance coverage including healthcare

2002

65%

2012

99%

Out-of-pocket health spending

2002

19.8%

2012

15.8%

Source: Ministry of Health, WHO





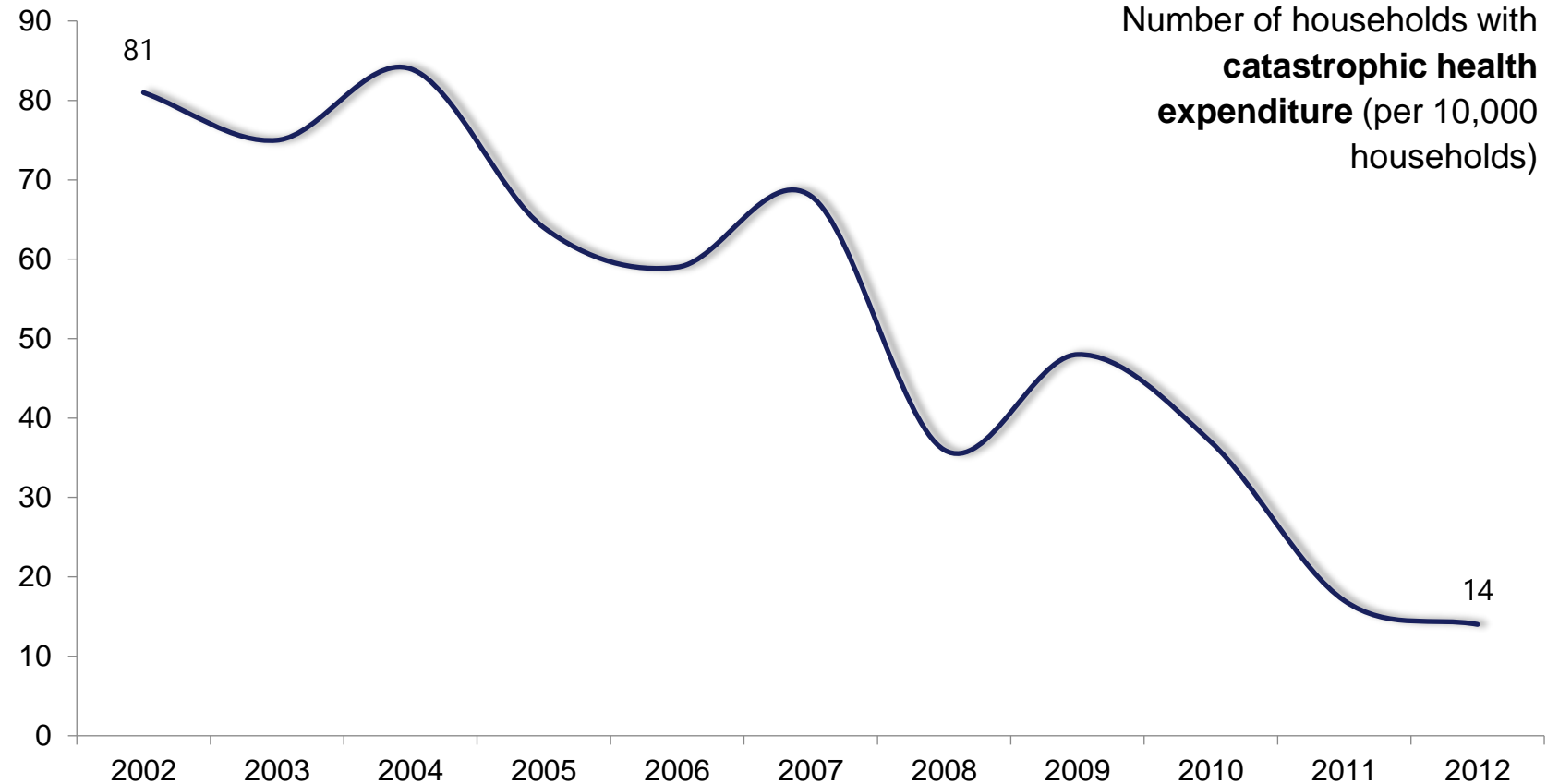
Reduction in Catastrophic Health Expenditure

Final Goals

Improved health status

High citizen satisfaction

Strong financial protection



Source: Ministry of Health, Turkish Statistical Institute



Situation Before the Health Transformation Program (HTP)

Underachieving Health System

Fragmented and Inefficient

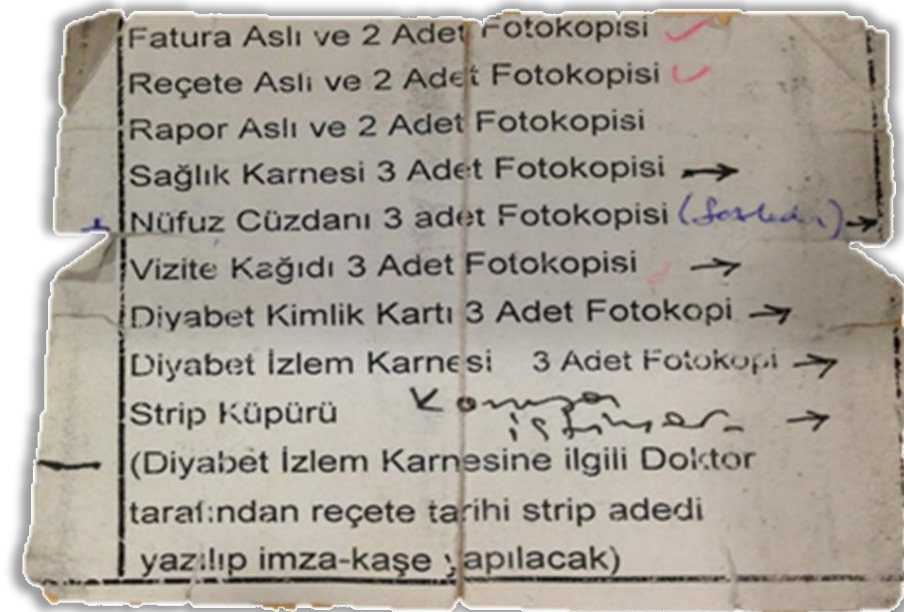
Finance

- ▶ Gaps in coverage
- ▶ Five social insurance groups with different benefit packages
- ▶ High catastrophic expenditures

Provision

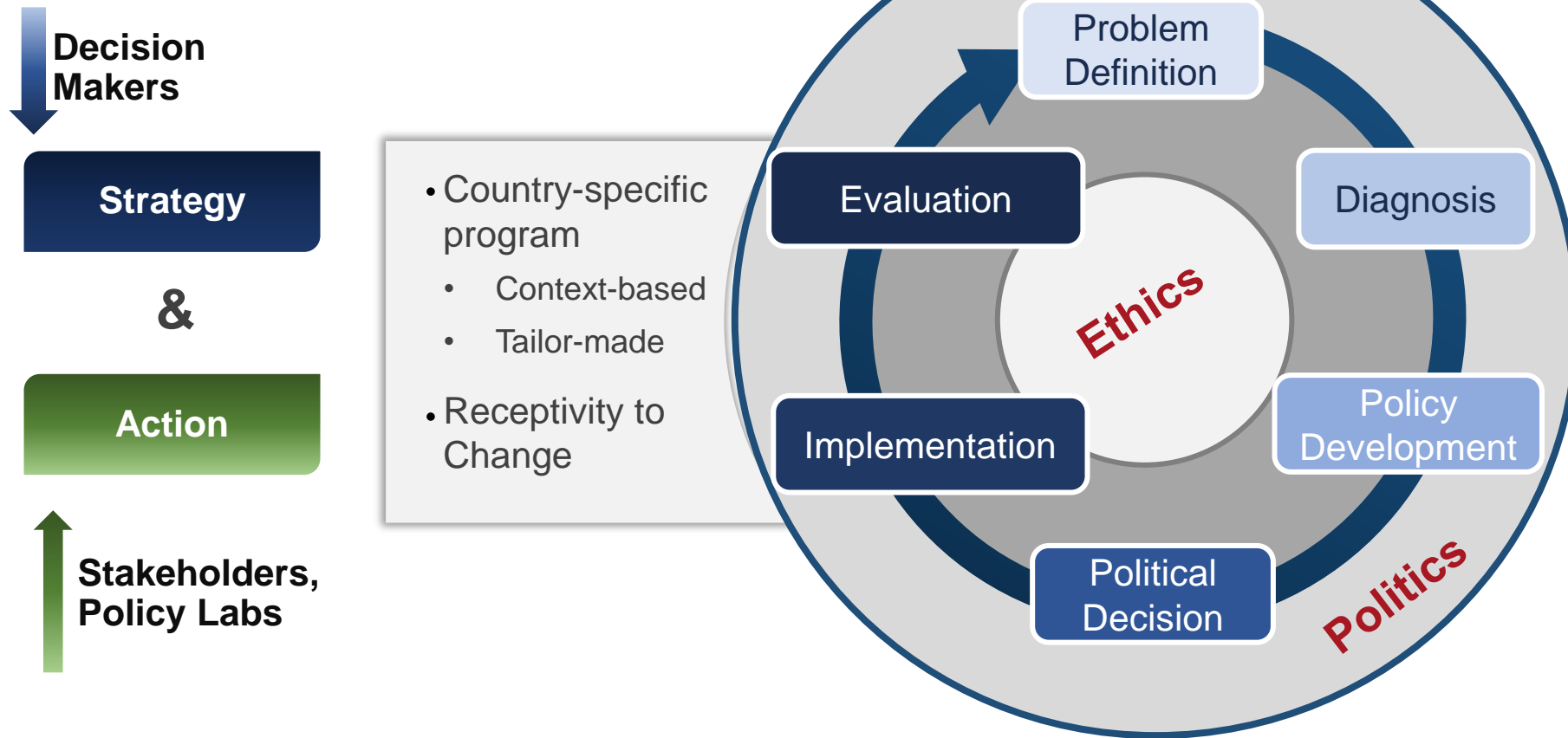
- ▶ Lack of efficiency and access
- ▶ Poor quality
- ▶ Gaps between east/west & rural/urban areas
- ▶ Poor health status

Red Tape





Health Policy Cycle

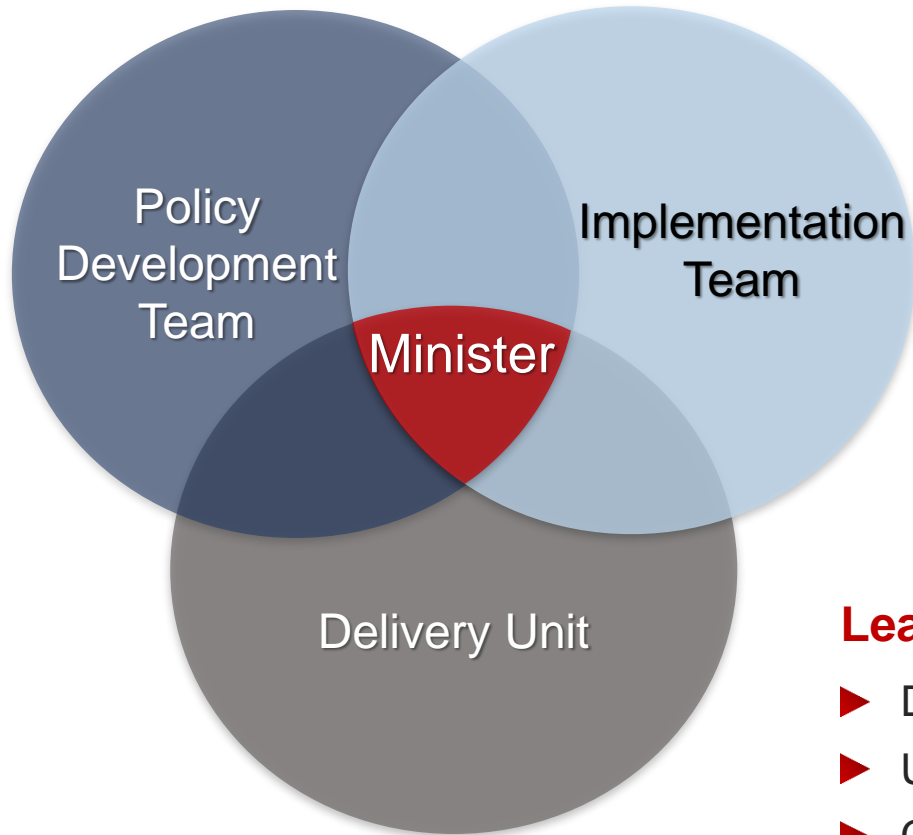


*Adapted from *Getting Health Reform Right, A Guide to Improving Performance and Equity* by Marc J. Roberts, William Hsiao, Peter Berman, Michael R. Reich





Policy Development and Political Decision Making



Leadership

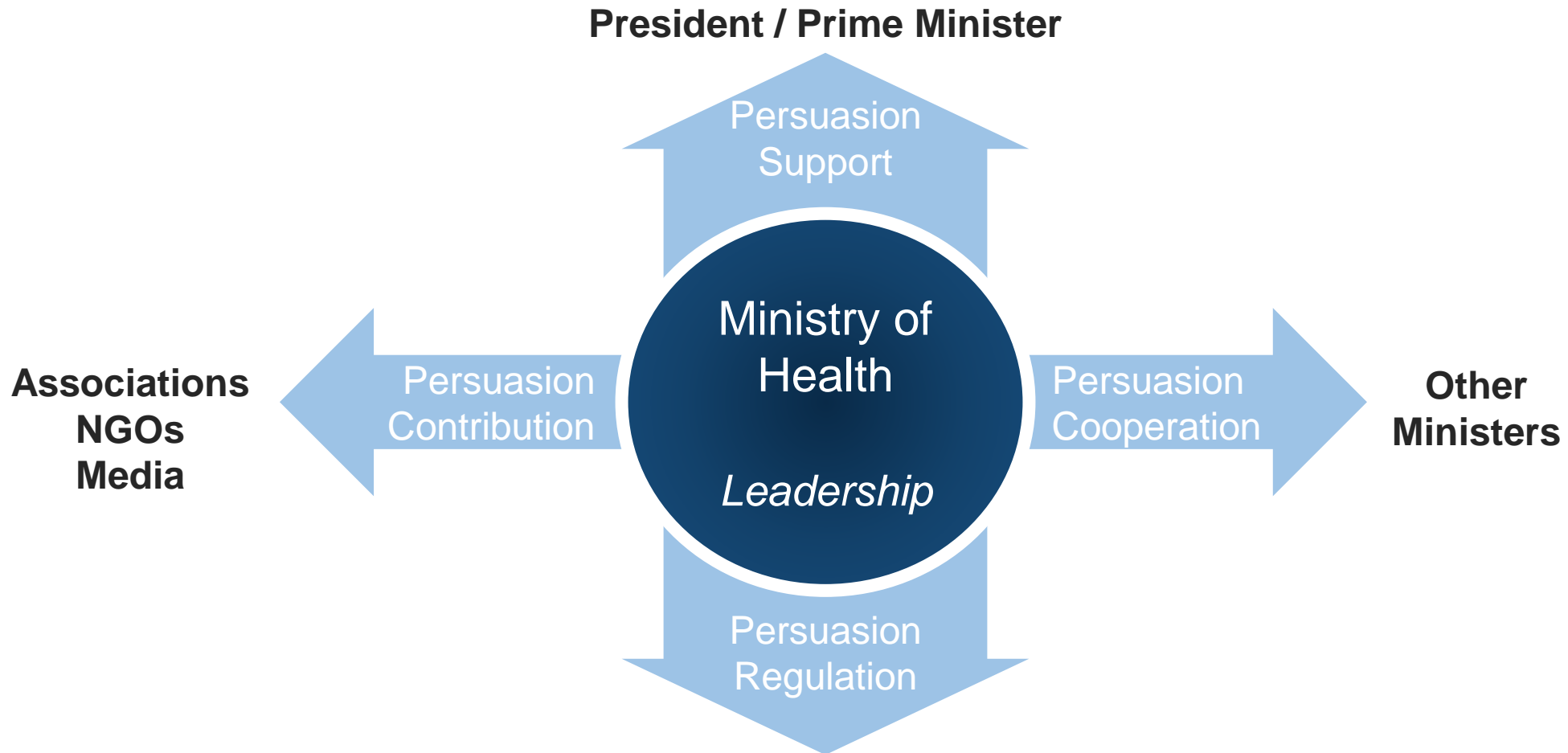
- ▶ Dedication
- ▶ Unwavering Determination
- ▶ Competent Team

Continuous Learning from Stakeholders





Multi-sectoral Approach

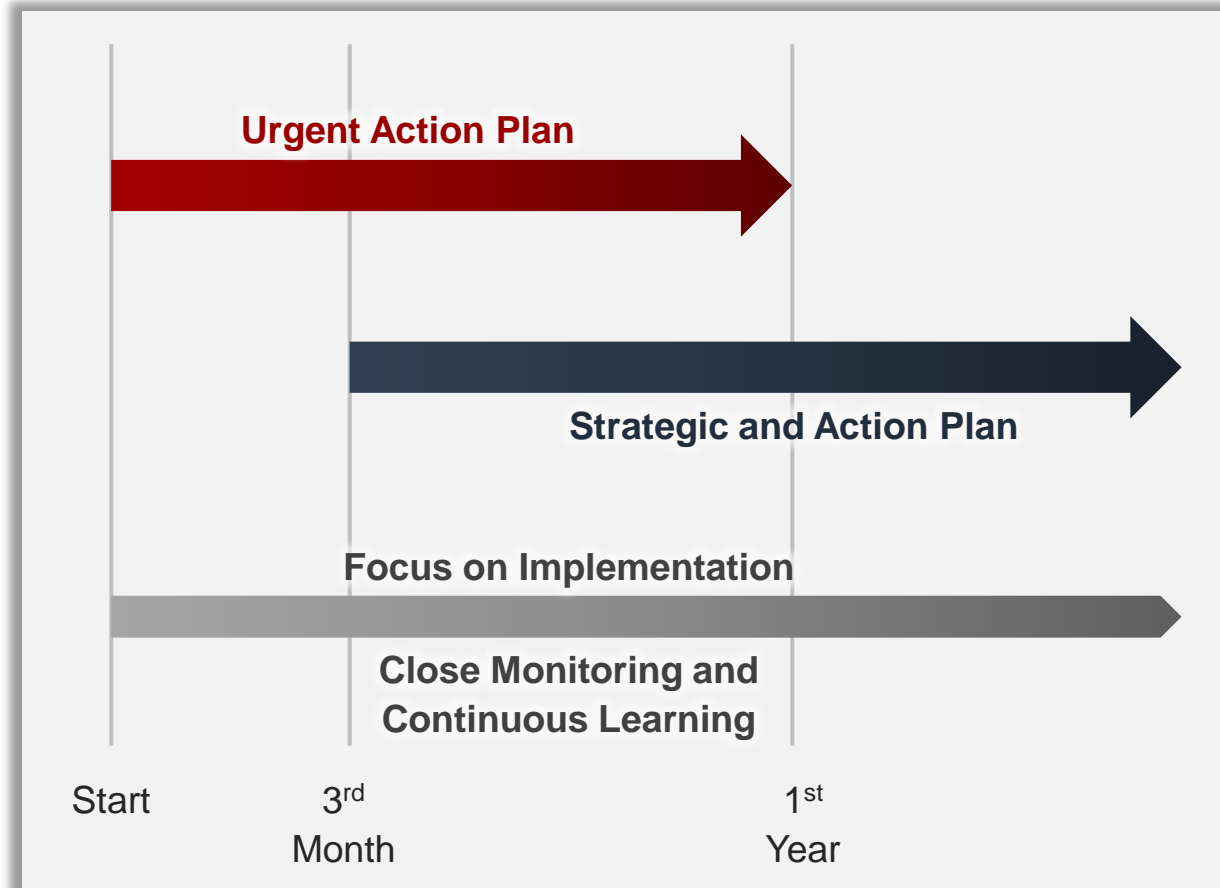


Private Health Sector, Food Industry, Media / Social Media, Education, Environment



A Two-pronged Approach

Comprehensive Transformation



Public Support as a Shield

HASTANELERDE REHİN KALMAK YOK

Sağlık Bakanı Recep Akdağ talimat verdi: Tedavi masraflarını ödeyemeyen vatandaşlar kesinlikle hastanede rehin kalmayacak. Buna uymayan kuruluşlar hakkında yasal işlem yapılacak

SAĞLIK Bakanlığı koltuğuna oturan Recep Akdağ, dün ilk genelgesini yayınladı. 81 il valiliğine gönderilen genelgede, kriz nedeniyle vatandaşların yaşadığı bir sıkıntıya parmak basıldı: Tedavi masraflarını ödeyemeyen hastaların hastanelerde rehin tutulması... Akdağ genelgesinde, hastanelerin bundan böyle "rehin alma" olayını kaldırmalarını istedi. Birçok konuya değinilen genelgede şunlar yer aldı:

- Bazı hastanelerin acil vakaları kabul etmediği belirtilmiştir. Tüm kamu kurum ve kuruluşlarına ait hastaneler ile özel hastaneler kadar kesintiye uğratılmadan yerine getirilmelidir.
- Özel ve kamuya ait tüm hastaneler, acil başvuruları, hastanın sosyal güvencesi veya ödeme gücünü gözetsiz kabul etmelidirler.
- Resmi veya özel hastanelerin, hastaları tabureu etmediği, bebek ve anneleri rehin tuttuğu veya cenazeleri alıkoyduğu gözlenmiştir. Bu kuruluşların yönetmeliklere uyması gerekmektedir.
- Aksine hareket eden kurum yöneticileri ve sorumluları hakkında mevzuat uyarınca ve bakanlığımıza taniyan yetkiler çerçevesinde tüm kanuni işlemler yapılacaktır.

24 saat acil sağlık hizmeti verilmelidir. Gerekli hizmet, ihtiyaç duyulduğu andan itibaren kesin tedavi sürecine

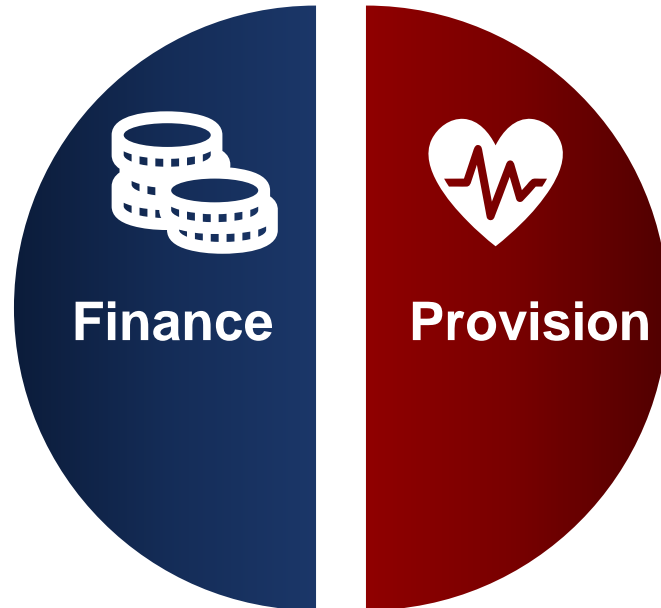
NO HOSTAGES IN THE HOSPITALS ANYMORE!

(19.11.2002)



Tailor-Made Comprehensive Strategy in Cohesion

Government Budget
Public Insurance
Sin taxes & Co-Payments
Single Benefit Package



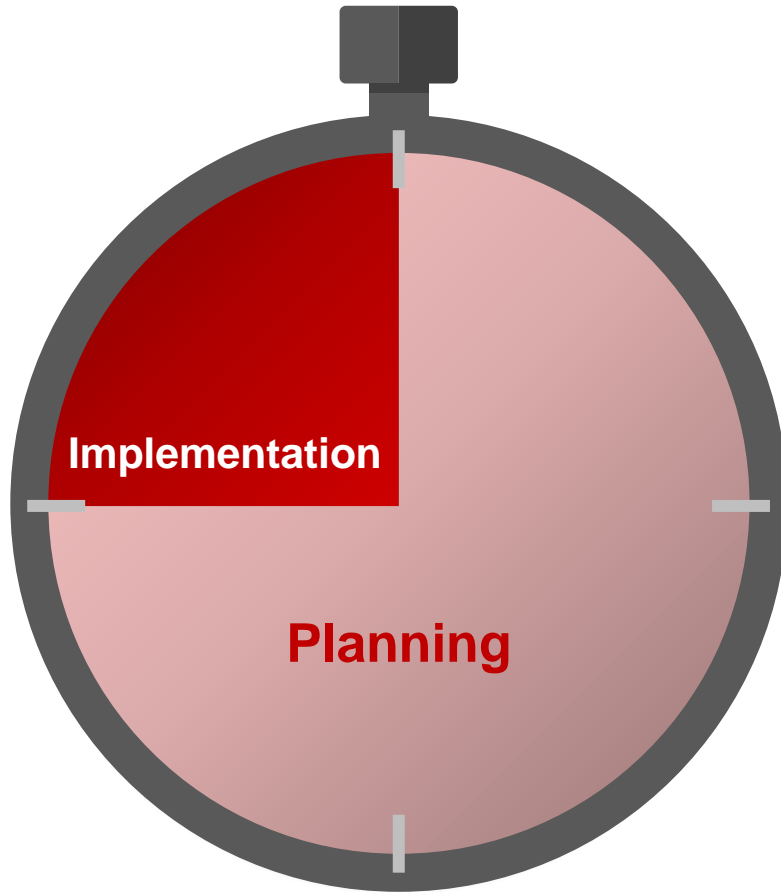
Emergency Transport (Public)
Primary Care (Public)
Hospitals (Public & Private)
Strong Regulation by the MoH

Context & Social Determinants

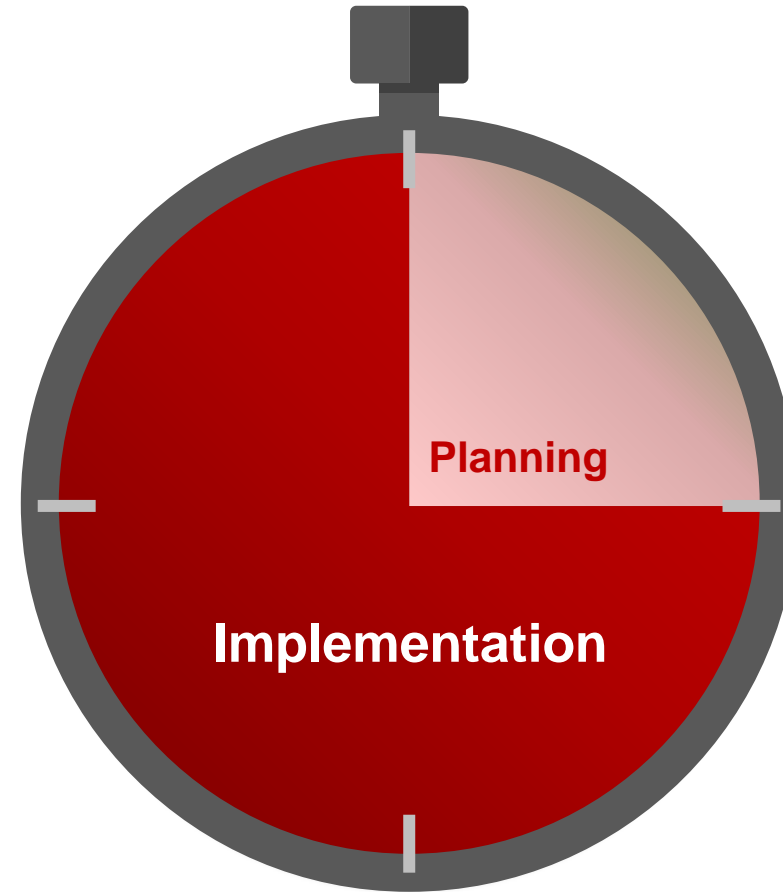




Focus on Implementation



Wrong

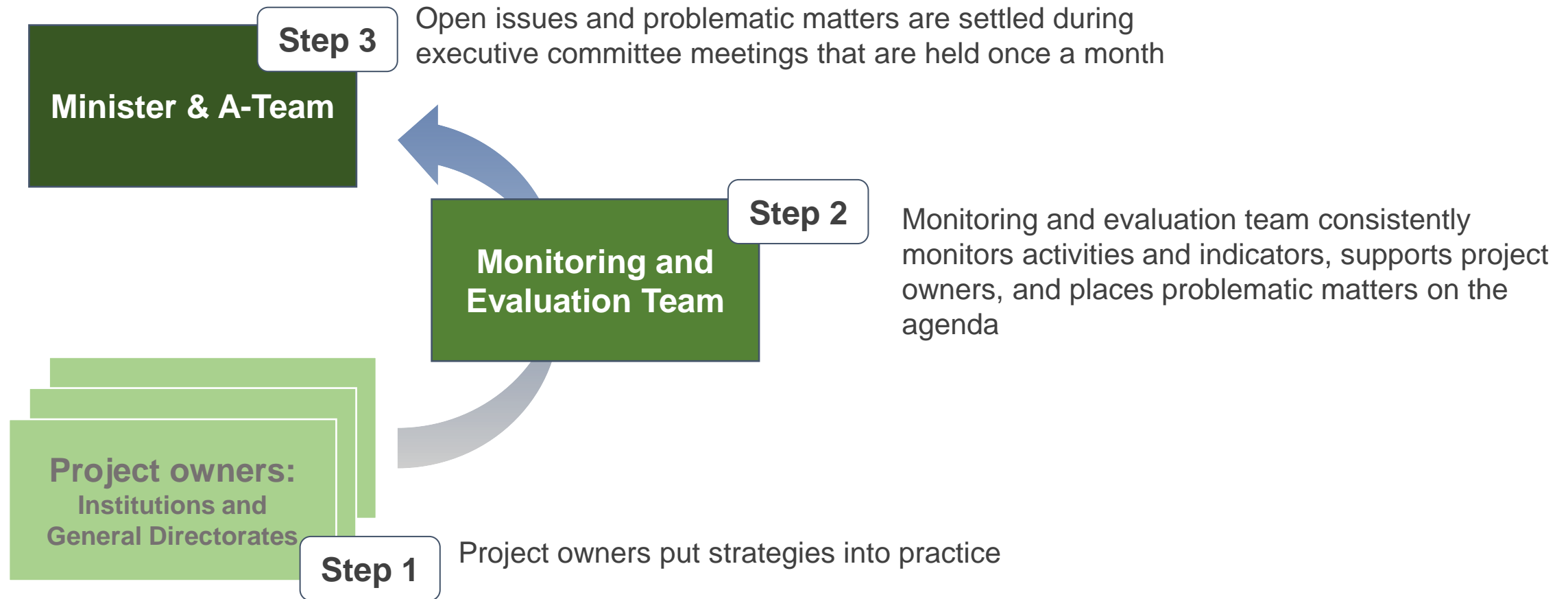


Right





Delivery Unit

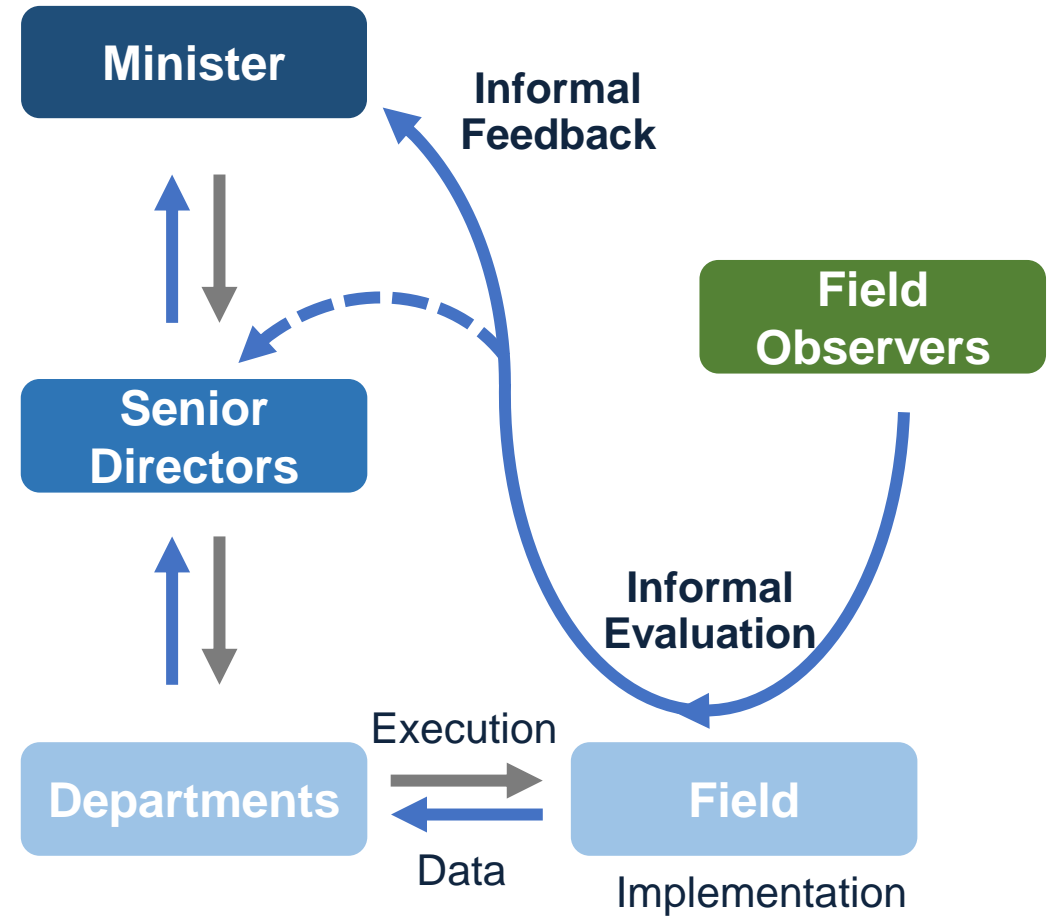




Close Monitoring

- **Delivery Unit**
- Feedback by **'field observers'**
- Continuous **on-site** meetings with local officials
- **Face-to-face** conversations with the public
- Meetings with:
 - Healthcare staff
 - Local authorities
 - Professional associations
- Surveys and health system performance assessments
- Feedback through media, hotline and politicians

345
site
visits





Major Components of the Health Transformation Program

1

National and effective social insurance

- 99% coverage & generous benefit package for all
- Single-payer and compulsory
- Government-paid premiums for the poor

2

Balanced public-private mix

- End of dual practice
- Effective control of private sector
- Obligatory service for physicians
- Implementation of PPP projects

3

Family medicine system

- Free of charge coverage for everyone
- Right to choose your family physician
- Capitation and performance-based payment
- Effective prevention & promotion

4

Advanced emergency transport

- Increased capacity & quality
- Free of charge, including air ambulances

5

Strengthened public hospitals

- Unification of public hospitals under MoH
- Improved infrastructure & equipment
- Performance-based management and payment

6

New information systems

- Central appointment system
- National medical records

7

Accessible drug policies

- New reference pricing and purchasing
- Access to private pharmacies for all citizens
- Pharmaceutical track & trace and e-prescription

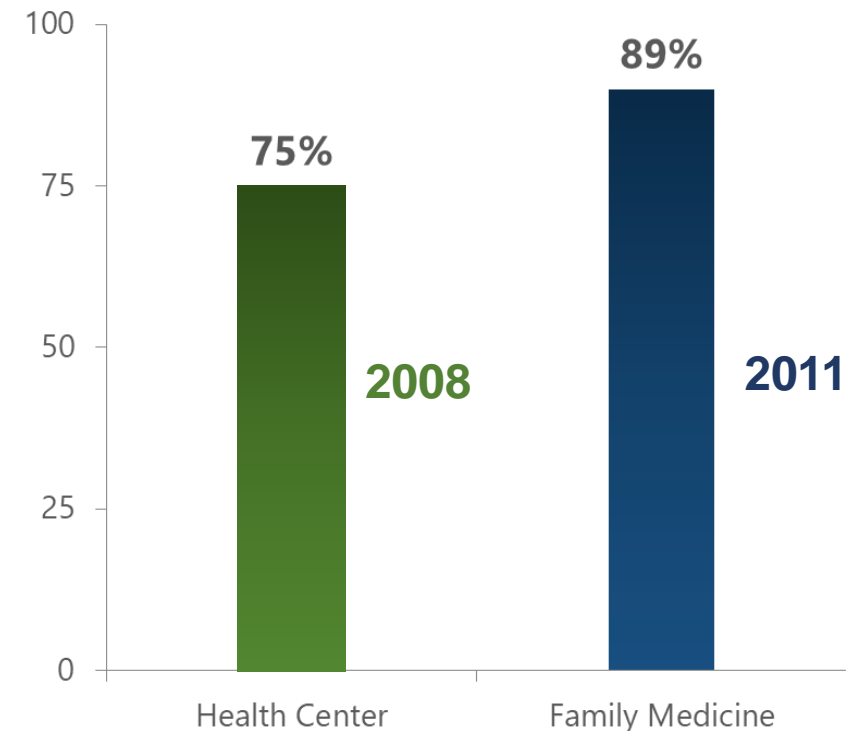


Some Intermediate Performance Indicators

Türkiye has achieved comprehensive & widespread prevention

Mother and Child Health	1994	2002	2012
Prenatal Care (%)	63	70	97
Rate of Delivery at Hospital (%)	64	69	97
Follow-up Rate for Infants (%)	60	62	99
Immunization Rate (%)	81	78	97
Routine Vaccines of Childhood (number of antigens)	6	7	13

Satisfaction with primary care services has increased significantly



*Satisfaction Study with EUROPEP Scale 2008-2011





Health Financing Strategy

Collecting and allocating funds for healthcare is a very complex task. It is crucial to identify the most appropriate mix of financing methods for each nation's unique context.

▶ Most countries employ a **combination** of the following **financing methods**:

▶ Social insurance

▶ Private insurance

▶ Community financing

▶ Tax-based general revenues

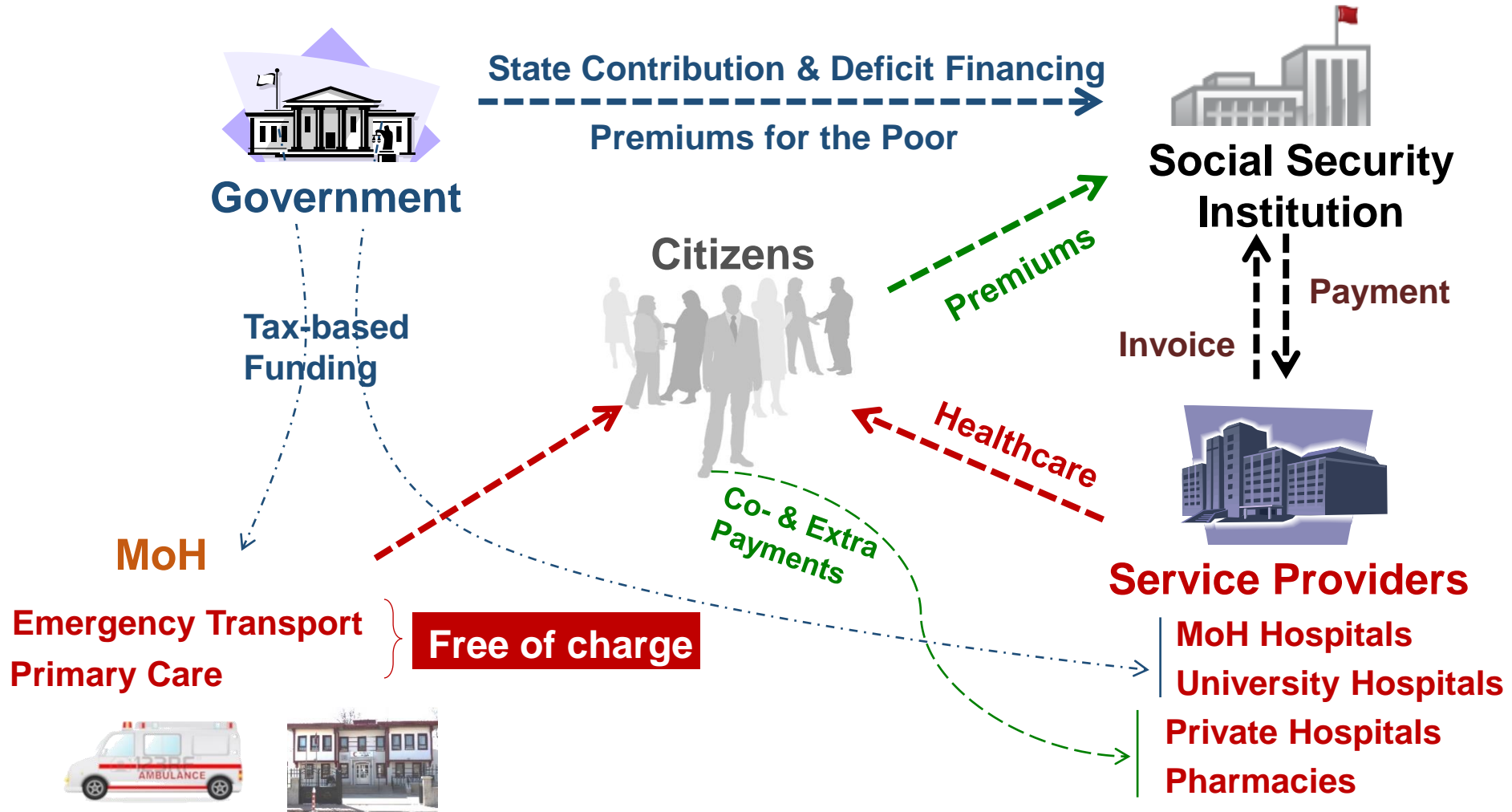
▶ Out-of-pocket spending

▶ Co-payments

▶ Please keep in mind the **importance of equity!**



Pooling of Funds & Payment for Healthcare Services in Türkiye





National Health Insurance

Universal	Coverage for everyone, including the poor
Comprehensive	All needed care (generous benefit package)
Mixed Finance	Single-payer social insurance & general revenue financing
Imperative	Enrollment in public insurance scheme enforced by law
Single-Payer	Social Security Institution (SSI)
Payment Mechanism	<p>Fee-for-service payments to private hospitals</p> <p>Global budget payments (as case-based) for public hospitals</p> <p>Reimbursement to private retail pharmacies</p> <p>No payments from SSI: Expenditures from the general budget</p> <ul style="list-style-type: none">• Emergency transport• Investment and personnel expenditures in public health institutions• Primary healthcare services





Co-payments for Public Services in Türkiye

Services	Co-payment	No Co-payment
Primary healthcare services	–	All services completely free of charge
Emergency transport and Emergency services	–	All services completely free of charge
Outpatient services	Very low	Chronic illnesses and occupational diseases
Inpatient services	–	All services completely free of charge
Pharmaceuticals	10-20% for outpatient prescriptions	Chronic diseases and inpatient treatments
Orthoses / Prostheses	10-20% (capped at 75% of the gross minimum wage)	Patients with vital needs





Recommendations for Co-Payments

No co-payments for PHC services

- Reduce overall disease burden and alleviate the load on hospitals in a cost-effective manner

Co-payments for acute and mild illnesses of high frequency outpatients in hospitals

- Decrease the frequency of going to hospital for those who can be managed in primary care
- Set optimal amounts with only necessary exceptions to create an important source of financing
- Apply appropriate cap(s) to prevent catastrophic expenditures

No co-payments for chronic and/or high-cost diseases

- Avoid co-payments for severe diseases to prevent catastrophic spending



Handling the Budget Gap: Risk Reduction and Efficiency with Increased Funds

Reduce Burden of Disease

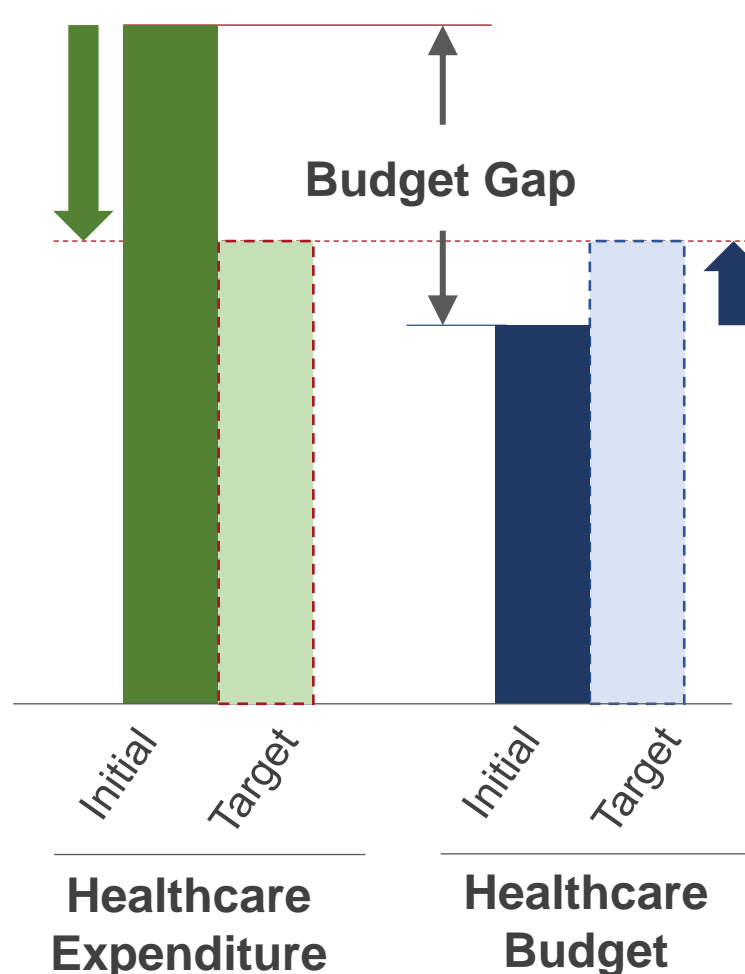
- Improve health literacy
- Promote healthy lifestyles
- Provide adequate prevention

Efficiency

~~Cutting services~~

Value for Money

- HR allocation principles and new job definitions
- Full-time policy and pay for performance
- PPP
- Strategic purchasing



Increase Available Funds

- Convince Ministry of Finance to allocate a larger budget for healthcare
- Allocate a guaranteed percentage of GDP to healthcare expenses
- Reduce informal economy, and collect more premiums
- **Impose sin tax**

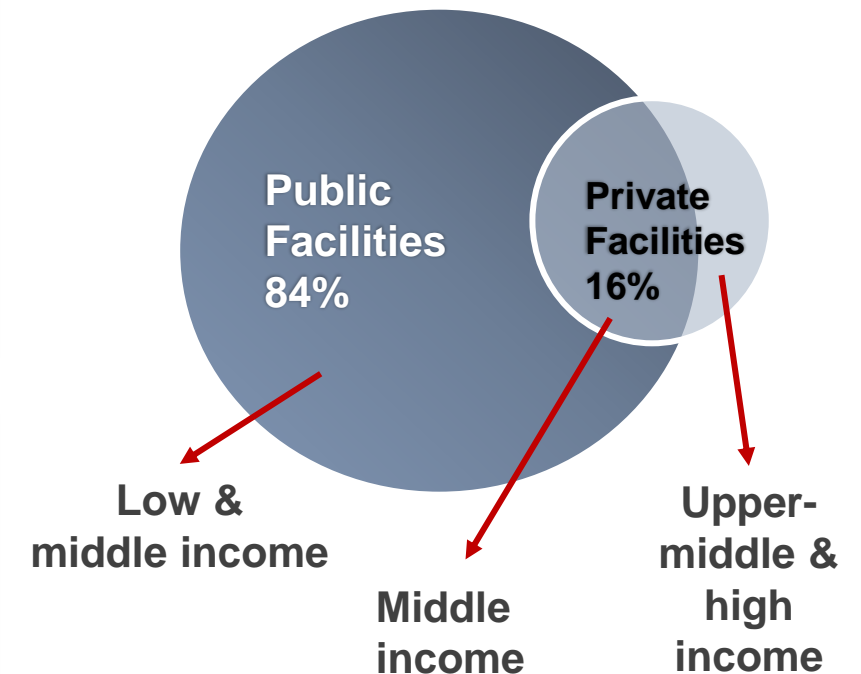


Public vs Private Services: No “Laissez-Faire”

- Consider country resources for citizens' needs
 - End dual practice
 - Increase motivation for working in public via pay for performance
 - Put obligatory service into action
- Ensure effective regulation and control of the private sector

“Without adequate public funding and government stewardship, health insurance mechanisms pose a threat rather than an opportunity to the objectives of equity and universal access to health care.” *

Hospital Service distribution in Türkiye in 2012



* Source: Joint, N. G. O. (2008). *Health insurance in low-income countries. Where is the evidence that it works.*



PPP Practices in the Turkish Health System

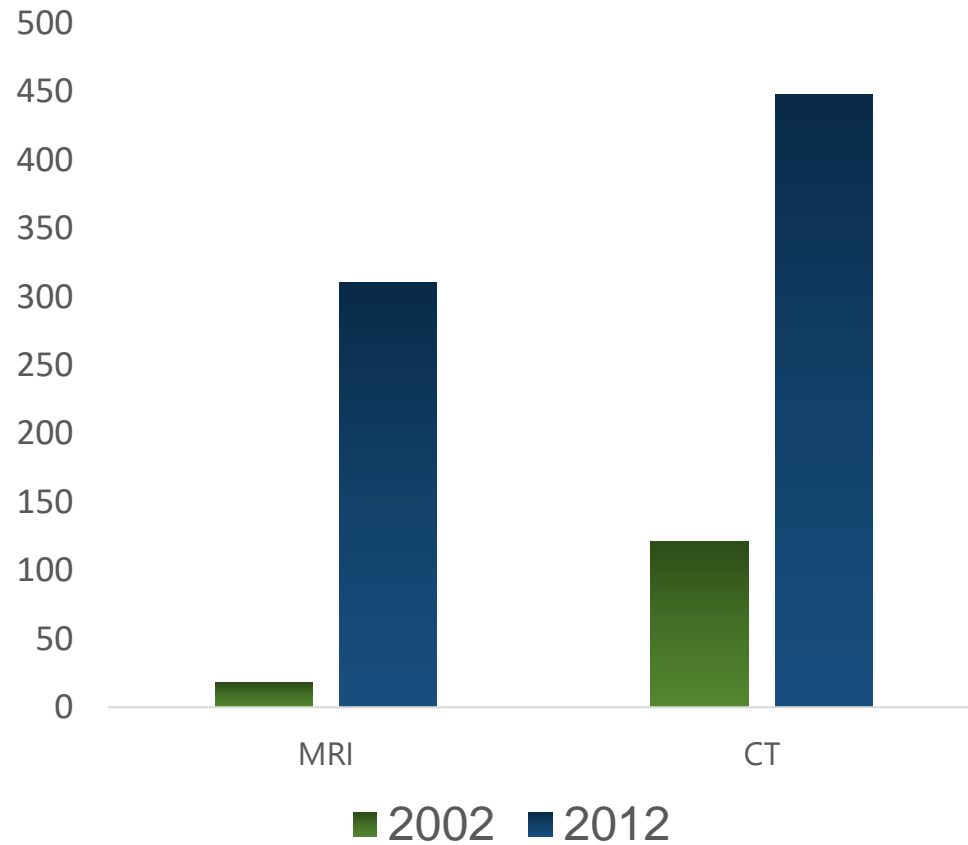
- Medical support services (e.g., radiology, labs, sterilization) and non-medical services (e.g., catering, cleaning) are commonly provided by private operators inside public healthcare facilities.
- Air ambulance services are established via a PPP model.
- Call centers are operated by private companies to manage appointments, facilitate smoking cessation support, and address other needs.
- New hospitals and medical cities are constructed and operated via PPP agreements.





Impact of PPP in Medical Imaging

Number of Imaging Devices in Public Hospitals



Average Cost of Imaging (current TRY)

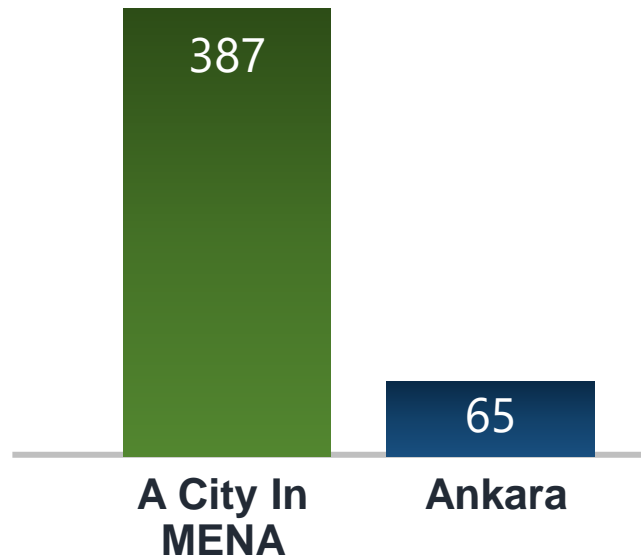




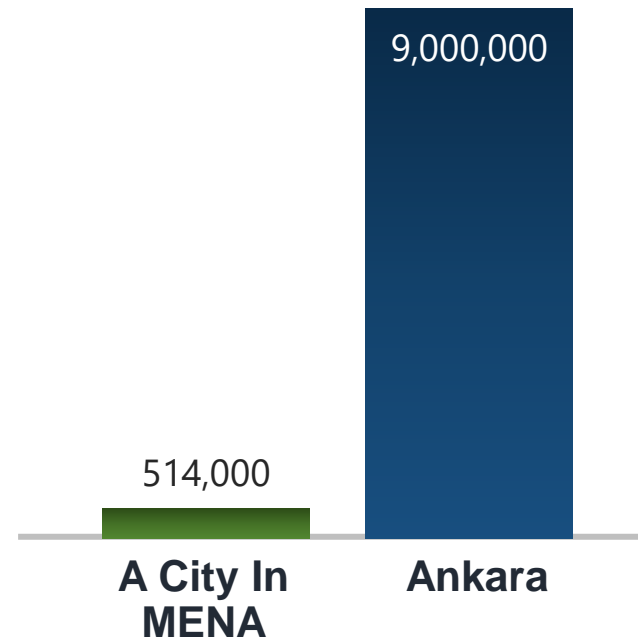
PPP and Primary Care Laboratories

Ankara (capital of Turkey) and "a city in MENA" have identical populations. While the city in MENA has **188 laboratories** for primary care, Ankara has only **1 central laboratory**.

Technical workforce



Number of tests per year



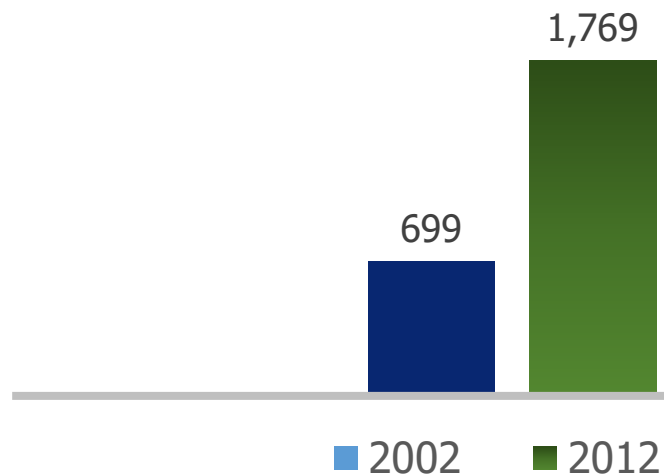


Cost Control in Pharmaceutical Spending

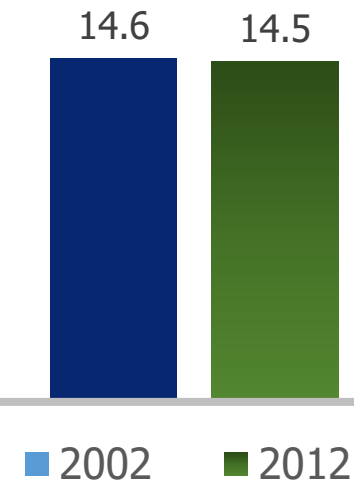
Remarkable Reduction in Pharmaceutical Expenditure

- ▶ We implemented a new reference pricing & purchasing mechanism and reduced pharmaceutical prices significantly by using our purchasing power.
- ▶ Although pharmaceutical consumption more than doubled, the expenditure remained same in local currency, and even reduced in USD value.

Pharmaceutical Consumption in terms of Number of Pillboxes

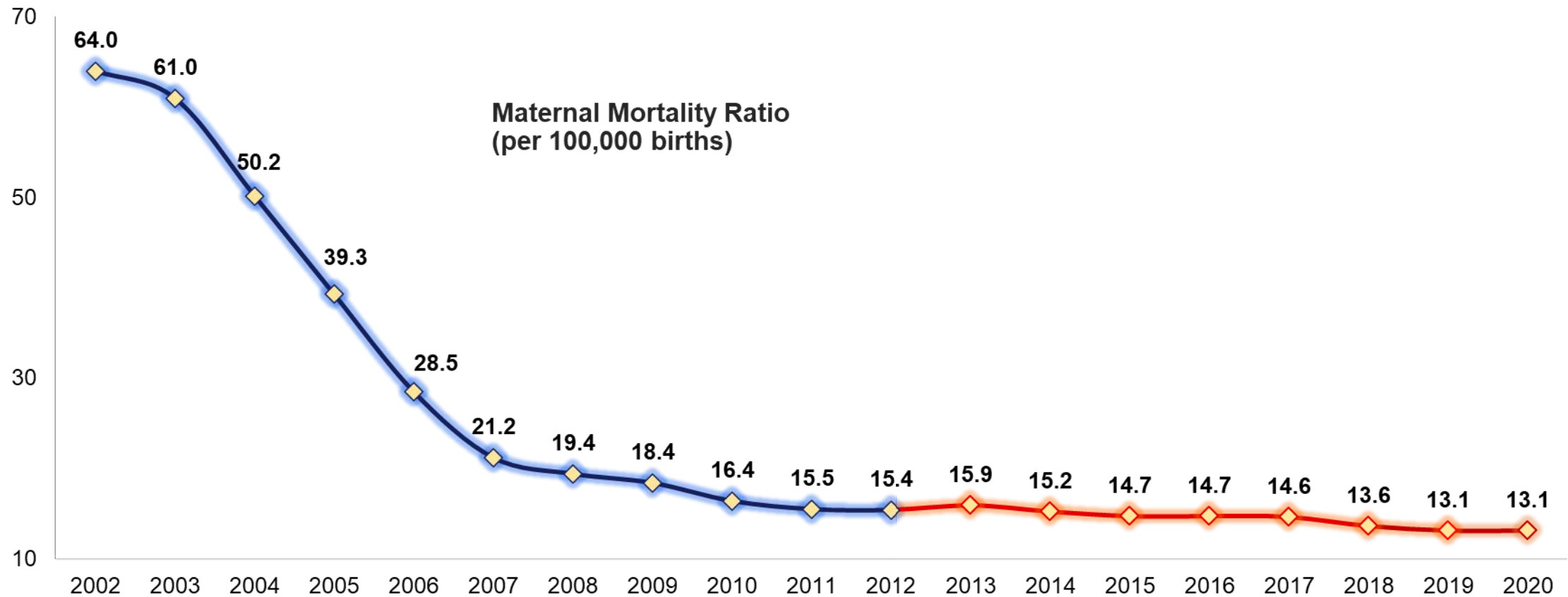


Expenditure on Pharmaceuticals (in billion TRY)





After Health Transformation Program: Maternal Mortality

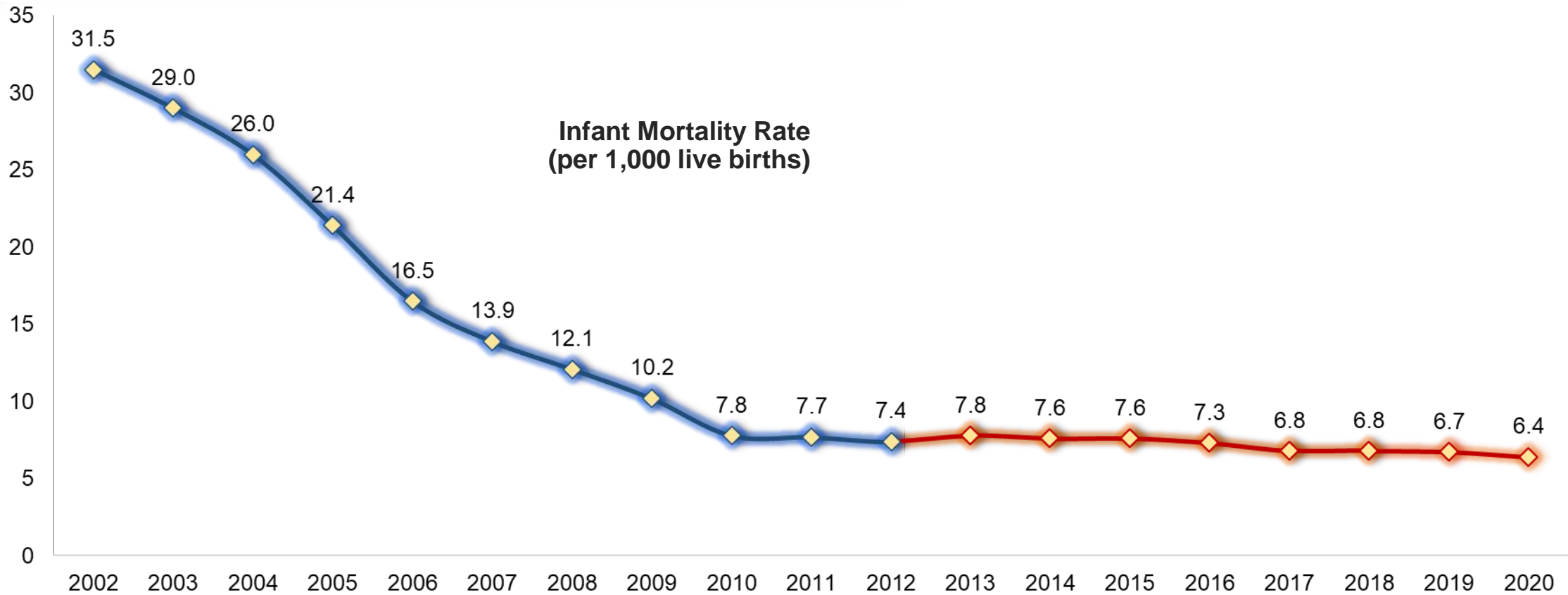


Source: Ministry of Health, Turkish Statistical Institute





After Health Transformation Program: Infant Mortality

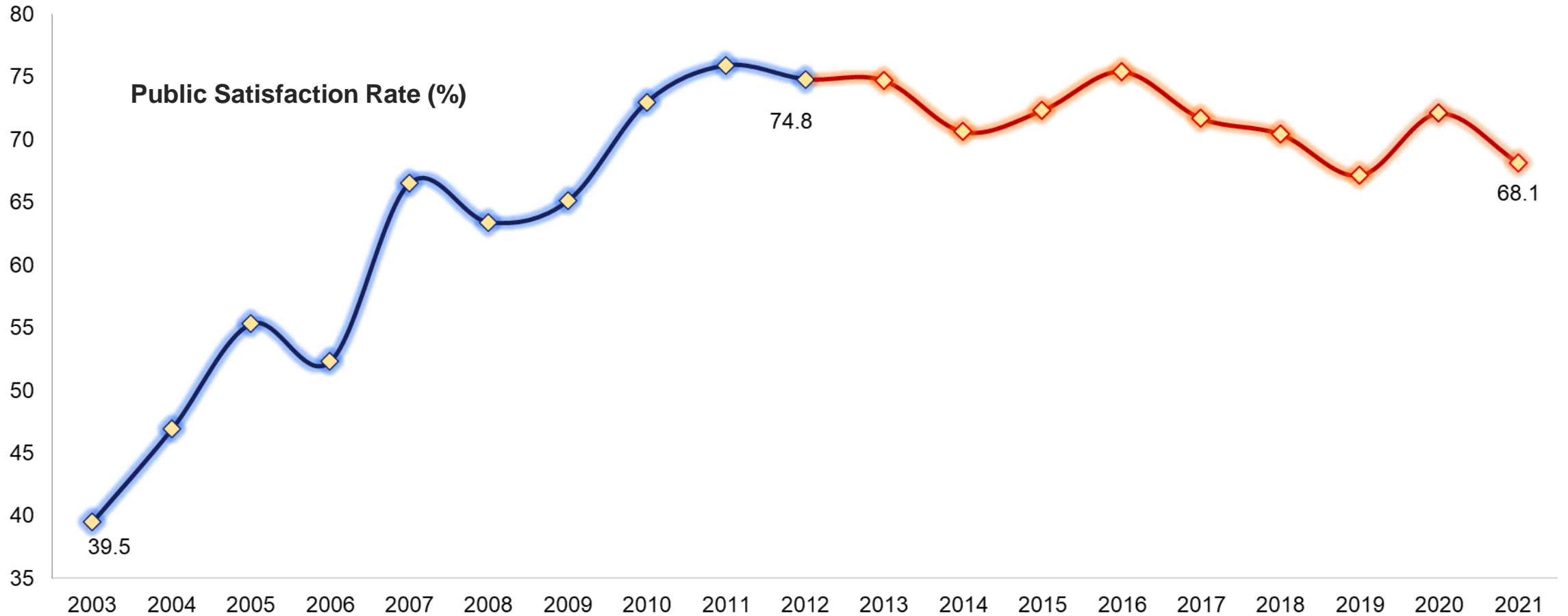


Source: Ministry of Health, Turkish Statistical Institute





After Health Transformation Program: Satisfaction

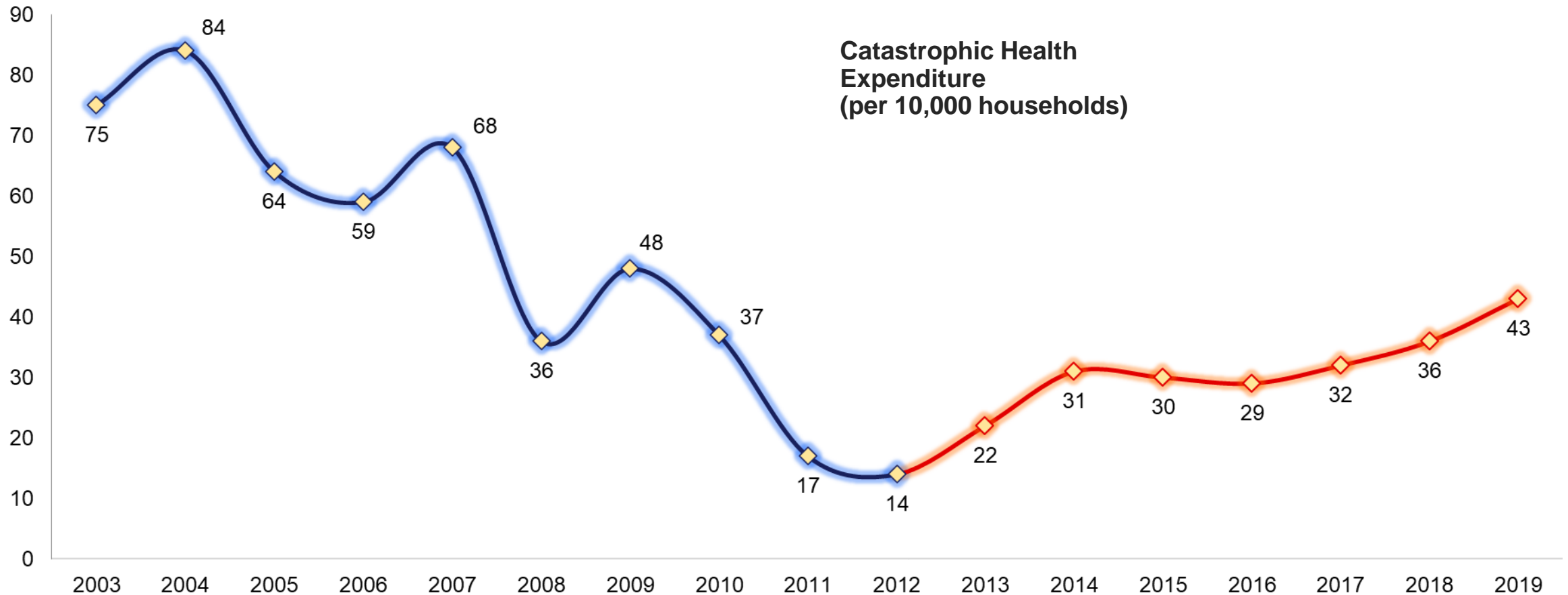


Source: Ministry of Health, Turkish Statistical Institute





After Health Transformation Program: Financial Protection

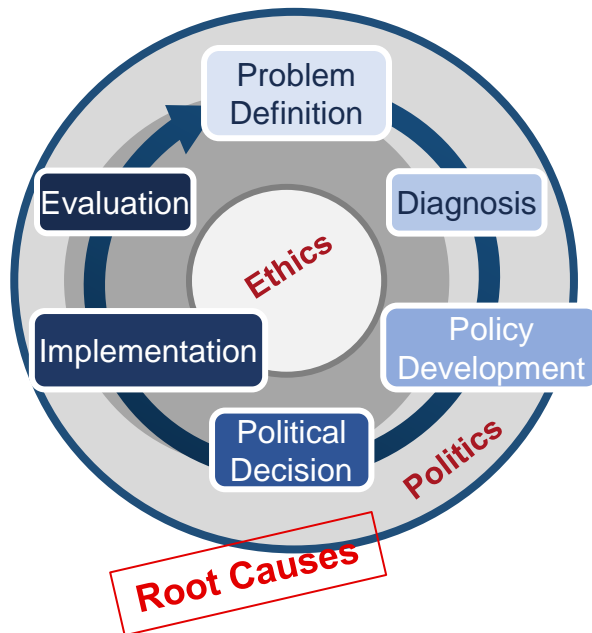


Source: Ministry of Health, Turkish Statistical Institute



Health Transformation: A Continuous Process

In Türkiye, we need to undertake a second phase of HTP



- Improve the nationwide health information system in a user-friendly manner
- Expand utilization of digital opportunities and AI
- Increase health literacy and promote healthy lifestyles

• At least **20-40% of healthcare costs** can be compensated by changing **behaviors**

• Institute for Health Metrics and Evaluation

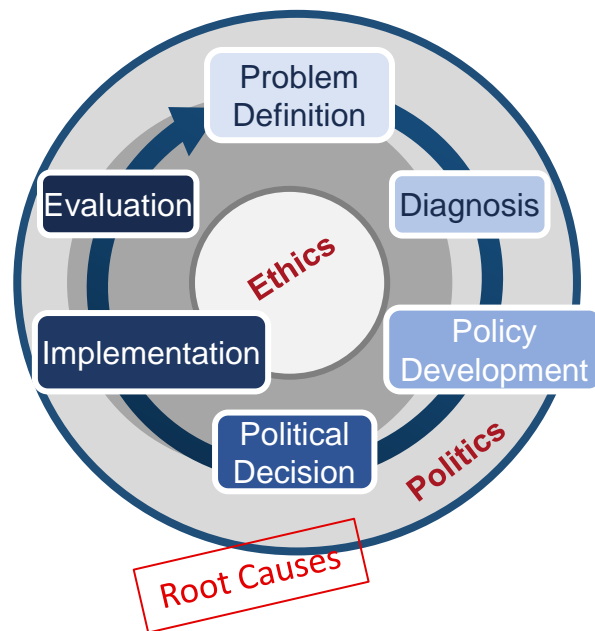
- Strengthen primary healthcare in alignment with the new context

- More family physicians & new approaches such as healthy life centers
- New curriculum with more focus on NCDs
- Revised incentives for the fight against NCD risk factors
- Diversified workforce with new job definitions and task shifts

- Re-empower the public services against private sector
- Revise incentive and payment systems in public facilities

Health Transformation: A Continuous Process

In Türkiye, we need to undertake a second phase of HTP



- Establish semi-autonomous hospital groups and strengthen performance management
- Rationalize the pricing and payment practices regarding services purchased by SSI
- Take measures to prevent catastrophic and impoverishing expenditures

- *Eliminate the service deficits in public hospitals*
- *Prevent private examination / treatment and dual practice in university hospitals*
- *Prevent private providers from overcharging citizens in violation of SSI agreements*
- *Apply hospital, district and city quotas for number of specialists in both private and public sectors*

- Implement clinical quality and intelligence practices
- Expand rational use of diagnostic tools, medical techniques and technologies



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