

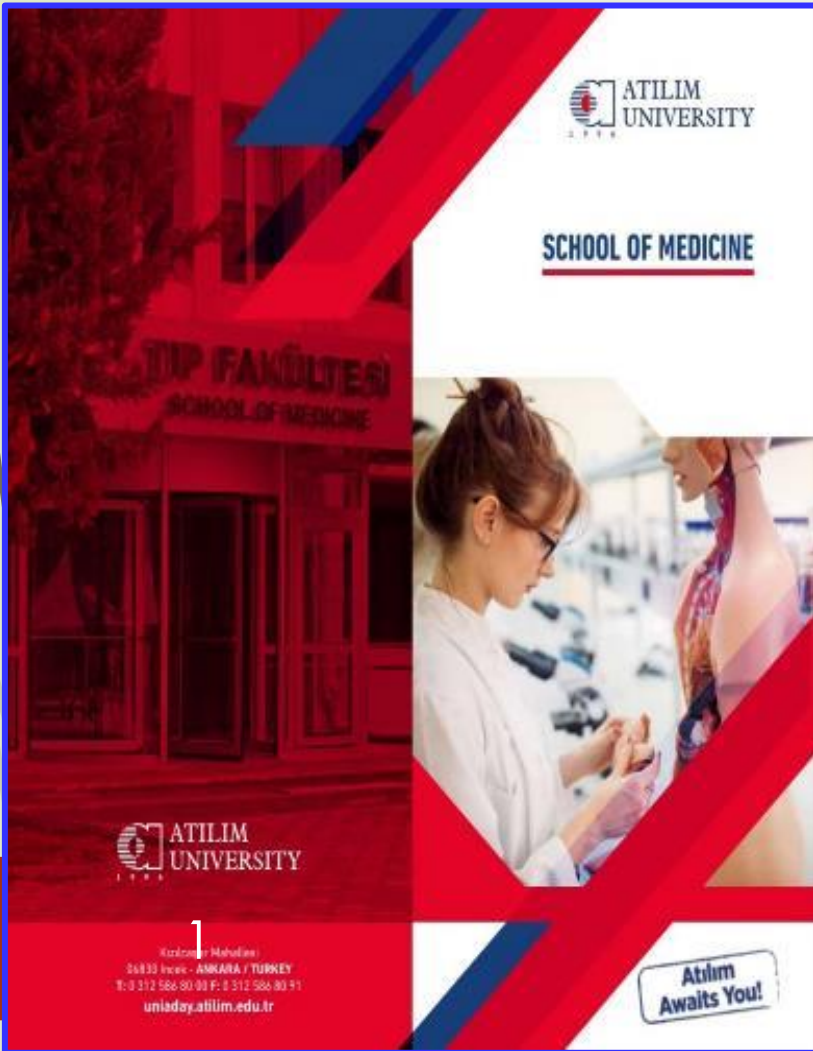
# HEALTH ECONOMICS

**Ahmet SALTIK, MD**

*Professor of Public Health*

*LLM, in Health Law*

*BSc in Public Administration & Political Sciences*



«..This requires a transformation in **financing for health**, not as a cost but a long-term investment for a ‘healthy society’ grounded in the fundamental truth that **health and the economy are interdependent.**»

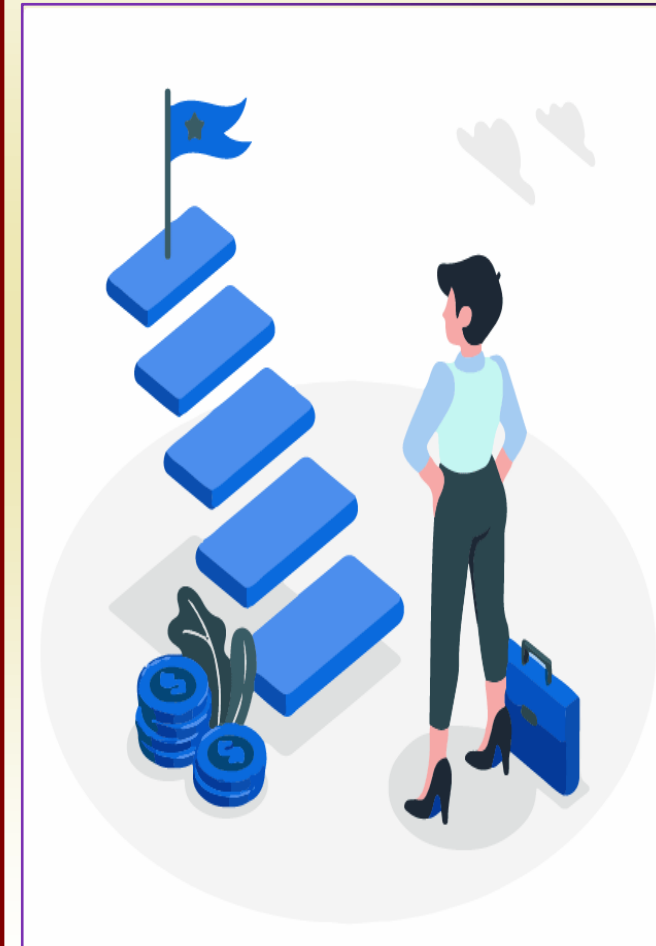
**WHO** *Global experts of new WHO Council on the Economics of*  
***Health For All*** *announced* 6th May 2021

***Phase 1 lecture, 2022 - 2023  
academic year, Autumn semester  
22nd Dec. 2022, Ankara - TURKIYE***

# Learning Objectives

At the end of this lecture, you'll be able to answer, to understand.....;

- ❑ What is Economics in essence and its place in medicine?
- ❑ *How sources are allocated for health services?*
- ❑ What are the expectations of the community from health services for which substantial amount of sources absorbed?
- ❑ *How to utilise sectoral sources by maximum productivity?*
- ❑ Do we have some econometric tools in order to evaluate effectiveness, efficiency of health services considering costs?
- ❑ *What are the essential responsibilities for health professionals for creating a healthy community during utilising facilities?*
- ❑ Do we have sets of **legal, ethical rules** considering optimal use of health resources beside standard protocols, guides.. on the rational of EBM during making diagnosis, treatment & follow up?



# HEALTH ECONOMICS



MS. ANCY CHACKO  
SECOND YEAR M.Sc NURSING  
GOVT. COLLEGE OF NURSING  
ALAPPUZHA



# What is Economics ??

## □ Economics

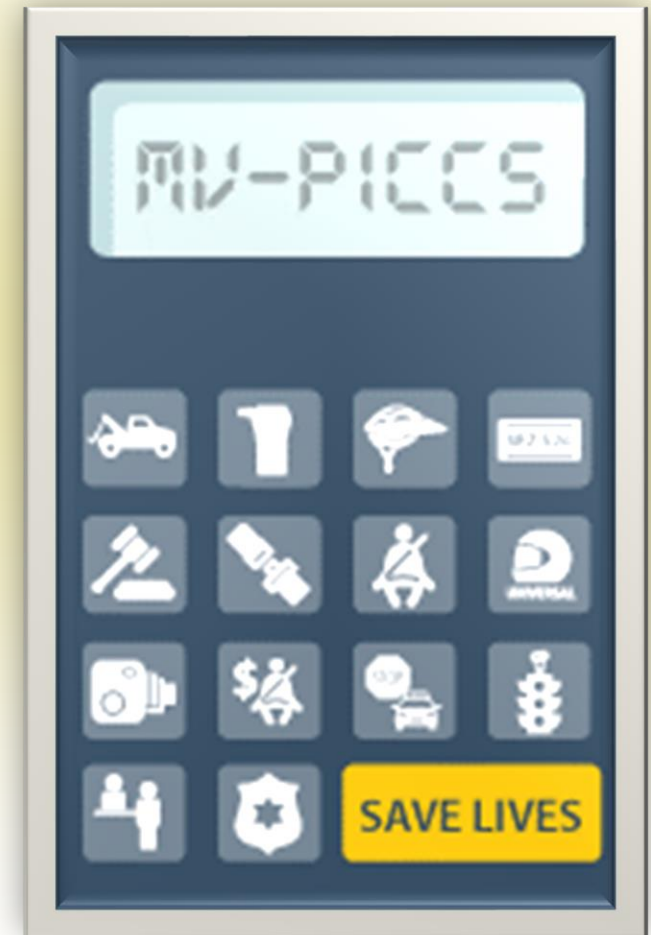
- Theories to study behavior in allocating scarce resources for unlimited needs.

## □ Health Economics

- Application of same theories to health and healthcare issues.

## □ Pharmacoeconomics

- Determination of efficiency in therapeutic purchase and utilization.

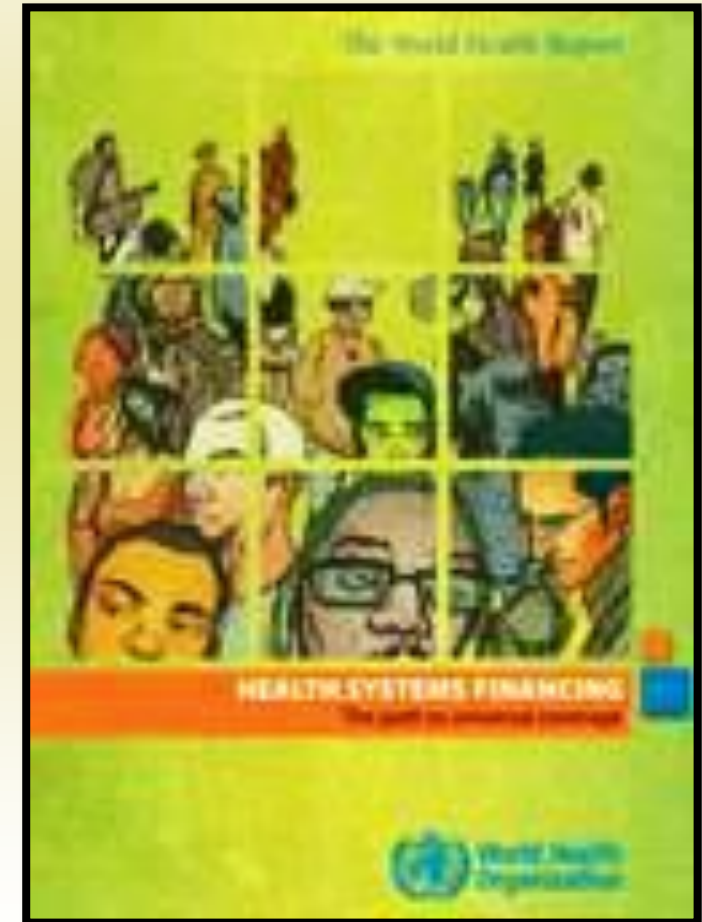




# The World Health Report 2010

## Health systems financing : the path to Universal Health Coverage-UHC

***Good health is essential to human welfare*** and to sustained economic and social development. WHO's Member States have set themselves the target of developing their *health financing systems* to ensure that **all people can use health services**, while being protected against ***financial hardship*** associated with paying for their health needs.





## Public Spending on Health: A Closer Look at Global Trends

GLOBAL REPORT



**Spending on health is growing faster than the rest of the global economy,** accounting for 10% of global gross domestic product (GDP). A new report on **global health expenditure** from WHO reveals a swift upward trajectory of global health spending. Governments provide an average of 51% of a country's health spending, while more than 35% of health spending per country comes from out-of-pocket expenses. One striking consequence of this table is

***100 million people pushed into extreme poverty each year.***

However, reliance on out-of-pocket expenses is slowly declining around the world.

*(20 February 2019 News Release Geneva, WHO)*

# Is health care an entitlement to be guaranteed by governments, or, on the contrary, is it just a good to be regulated by the market?

No country, no matter how rich, has been able to ensure that everyone has immediate access to all of the services that might improve their health or prolong their lives.

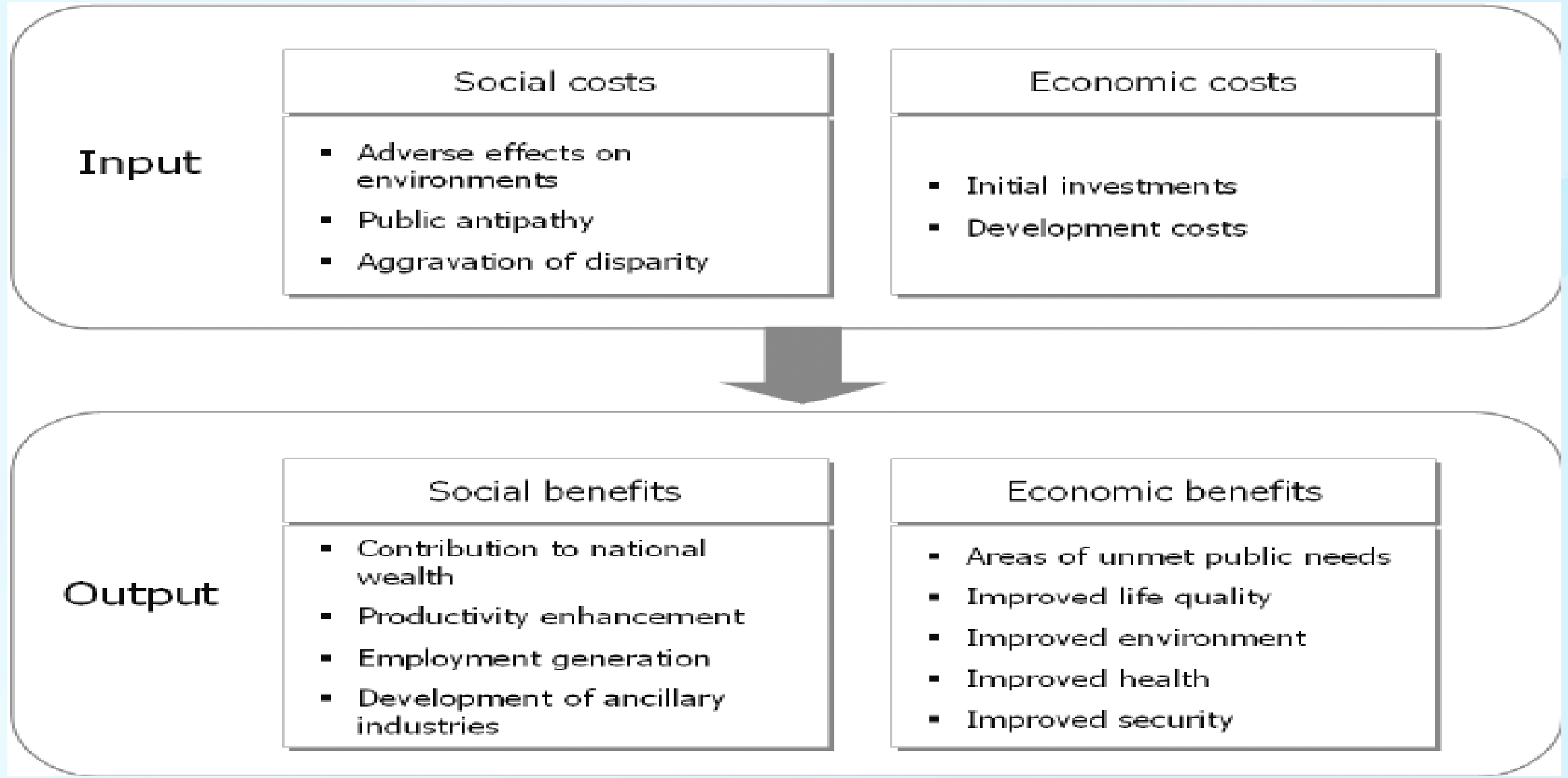
*In times of limited resources and increasing health needs, what constitutes the appropriate level of health services that governments must provide to their population?*

**Is health care an entitlement to be guaranteed by governments, or, on the contrary, is it just a good to be regulated by the market?**

*The value of health, and the allocation and distribution of health resources have been explored in depth by moral and political philosophers. Equally, a myriad of health care..*

*([https://academic.oup.com/journals/pages/open\\_access/funder\\_policies/chorus/standard\\_publication\\_model](https://academic.oup.com/journals/pages/open_access/funder_policies/chorus/standard_publication_model))*

# Economic Costs





# Prevention Effectiveness Costs

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- **Direct costs**
- *Indirect costs*
- **Intangible costs**
- *Opportunity costs*

# D i r e c t      C o s t s

---



- Medications (drugs)
- *Medical devices (prosthesis, orthosis, surgical tools...)*
- Computer software and equipment, robots (MER)
- *Research and development (R&D) expenditures*
- Inpatient care (*at hospitals..*)

Haddix AC, Teutsch SM, Corso PS, eds. Prevention effectiveness: a guide to decision analysis and economic evaluation. 2<sup>nd</sup> ed. Oxford, England: Oxford University Press; 2002.

Centers for Disease Control. A framework for assessing the effectiveness of disease and injury prevention. MMWR Recommend Report 1992;41(No. RR-3).

# Indirect Costs

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## Change in productivity

- *Costs of absenteeism (non-attendance to work)*
- **Foregone leisure time**
- *Time spent caring for the inpatient / outpatient*

Haddix AC, Teutsch SM, Corso PS, eds. Prevention effectiveness: a guide to decision analysis and economic evaluation. 2<sup>nd</sup> ed. Oxford, England: Oxford University Press; 2002.

Centers for Disease Control. A framework for assessing the effectiveness of disease and injury prevention. MMWR Recommend Report 1992;41(No. RR-3).

# I n t a n g i b l e   C o s t s

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- **Physical pain and suffering**
- ***Emotional anxiety***
- **Social stigmatization, exclusion**

Haddix AC, Teutsch SM, Corso PS, eds. Prevention effectiveness: a guide to decision analysis and economic evaluation. 2<sup>nd</sup> ed. Oxford, England: Oxford University Press; 2002.



# O p p o r t u n i t y C o s t s

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**OPPORTUNITY COST  
IS WHAT A PERSON  
SACRIFICES WHEN THEY  
CHOOSE ONE OPTION  
OVER ANOTHER**

- Monetary and non-monetary
- Costs and charges

# Comparison of Economic Evaluation Methods

Method	Data inputs used	Outcome value desired
Cost analysis	Costs	Total program or intervention cost ( <i>typically reported as cost per patient or cost per service rendered</i> )
Cost-effectiveness	Net cost of intervention versus intervention effectiveness	Dollars per life, saved because of an intervention
Cost-utility	Quality-adjusted life years (QALYs)	Number of life years saved, adjusted to account for loss of quality
Cost-benefit	Money	Net costs or savings of an intervention

# Cost Analysis

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- **Considers program or intervention costs and cost of illness**
- *Achieves cost minimization for the program under consideration*

# Cost-Effectiveness Analysis

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**Compares interventions  
for the same disease  
or condition among  
a common population.**

*Grosse SD. Presentation to the Canadian Pediatric Endocrine Group 2011 Scientific Meeting,  
Toronto, Ontario, February 12, 2011.*



# *Cost-effectiveness*

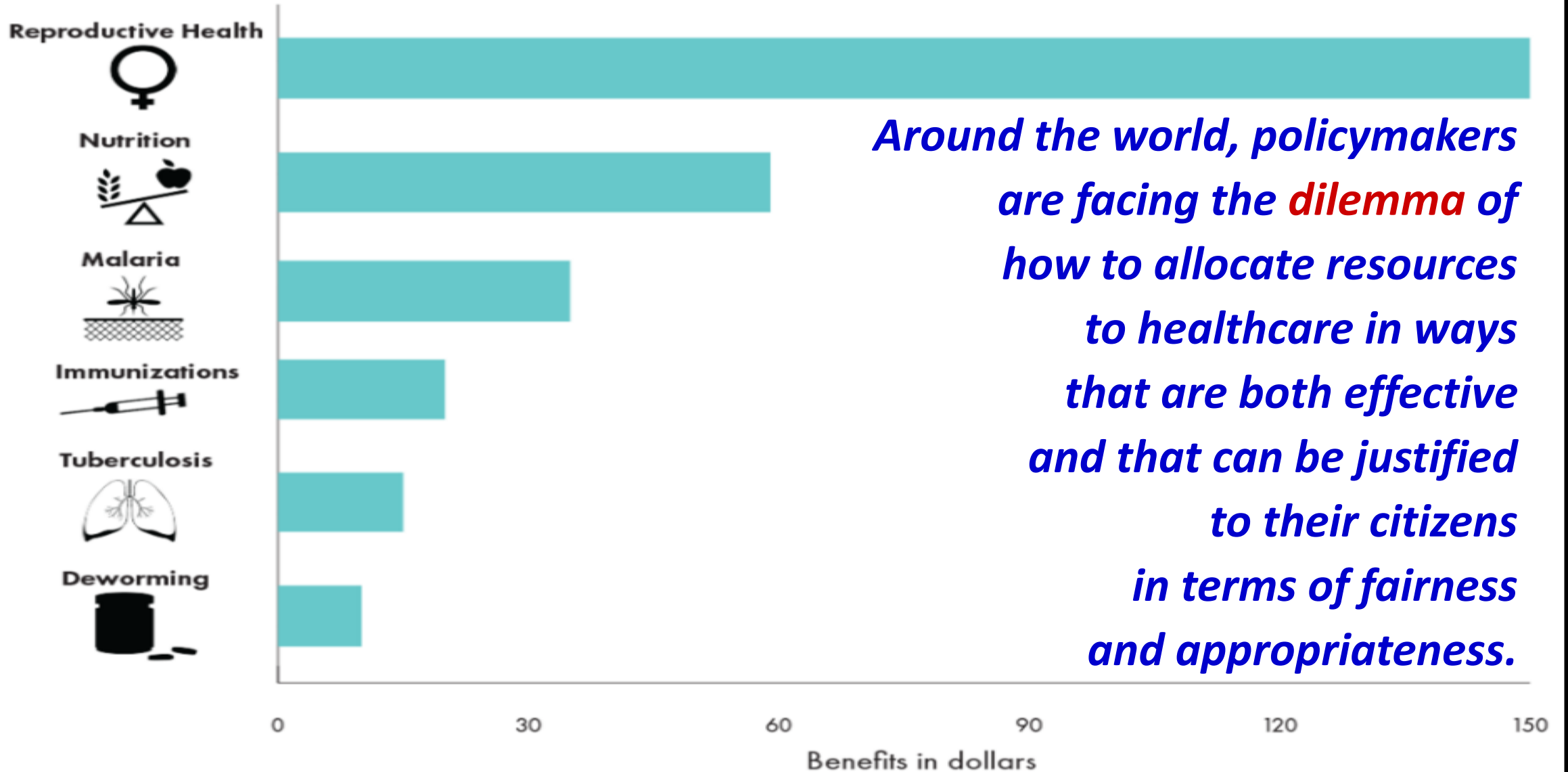
*The aim of cost-effectiveness analysis is to ensure that the **most health benefits** are obtained from limited resources.*

*Cost-effectiveness seeks to establish whether differences in costs between alternative interventions can be justified in terms of the health benefits they respectively produce.*

As such, **opportunity costs** are the central concern: Comparison between health gained and health forgone is at the heart of the rationale for cost-effectiveness analysis, such that the benefits provided by a treatment for one set of patients must be more than the benefits.

(Oxford Textbook of Public Health, 6th ed. p. 308)

# Cost-Effectiveness of Health Investments (per dollar)



*Around the world, policymakers are facing the **dilemma** of how to allocate resources to healthcare in ways that are both effective and that can be justified to their citizens in terms of fairness and appropriateness.*

Source: Matt Ridley, "Smart Aid for the World's Poor," Wall Street Journal, July 26, 2014

# Cost-Benefit Analysis

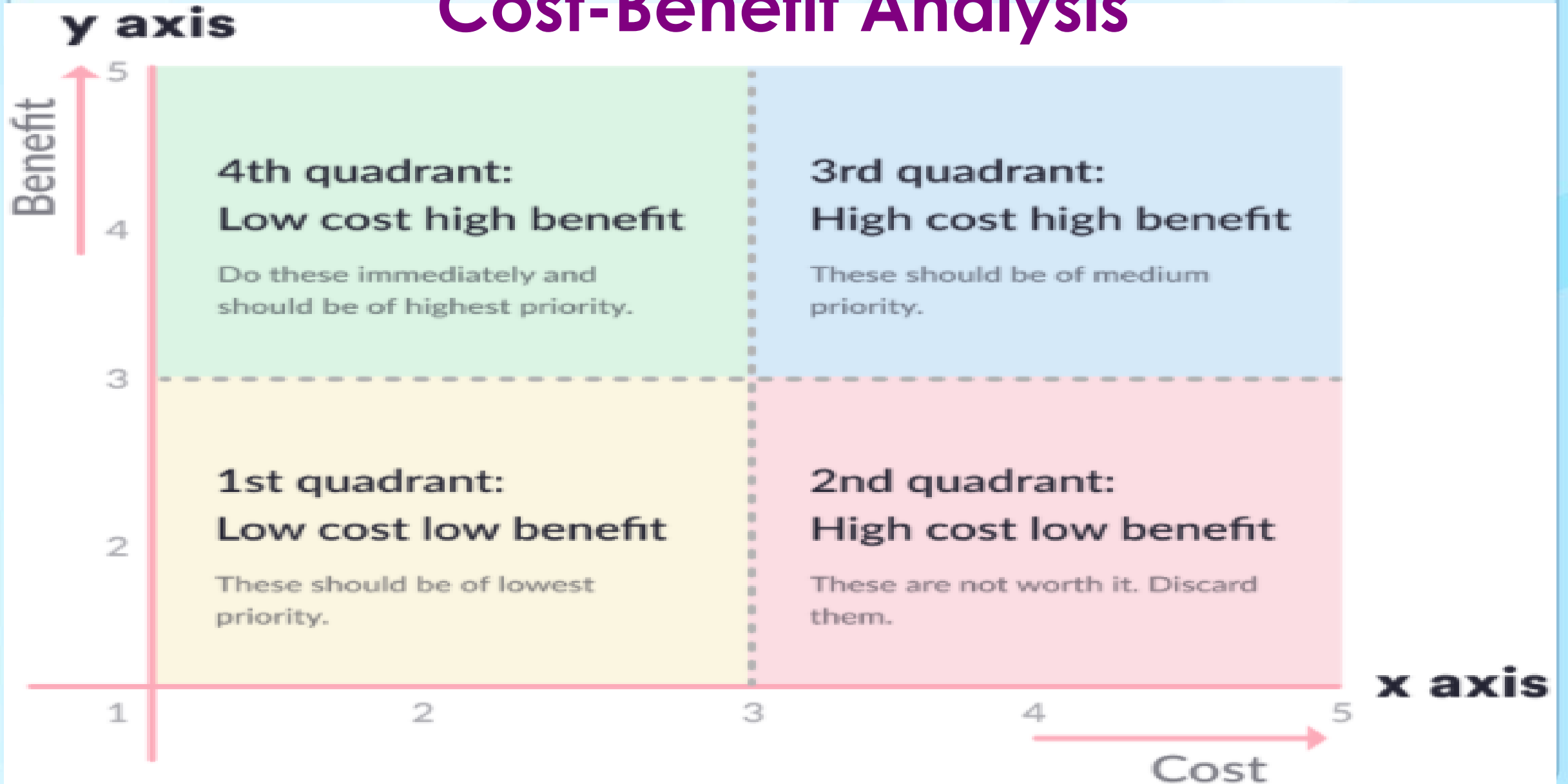
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- Evaluates multiple options
- *Compares different options among sectors*

Centers for Disease Control and Prevention (CDC). Cost-benefit analysis [self-study course]. Atlanta, GA: US Department of Health and Human Services, CDC; [undated]. <http://www.cdc.gov/owcd/EET/CBA/Fixed/1.html>.

# Cost-Benefit Analysis

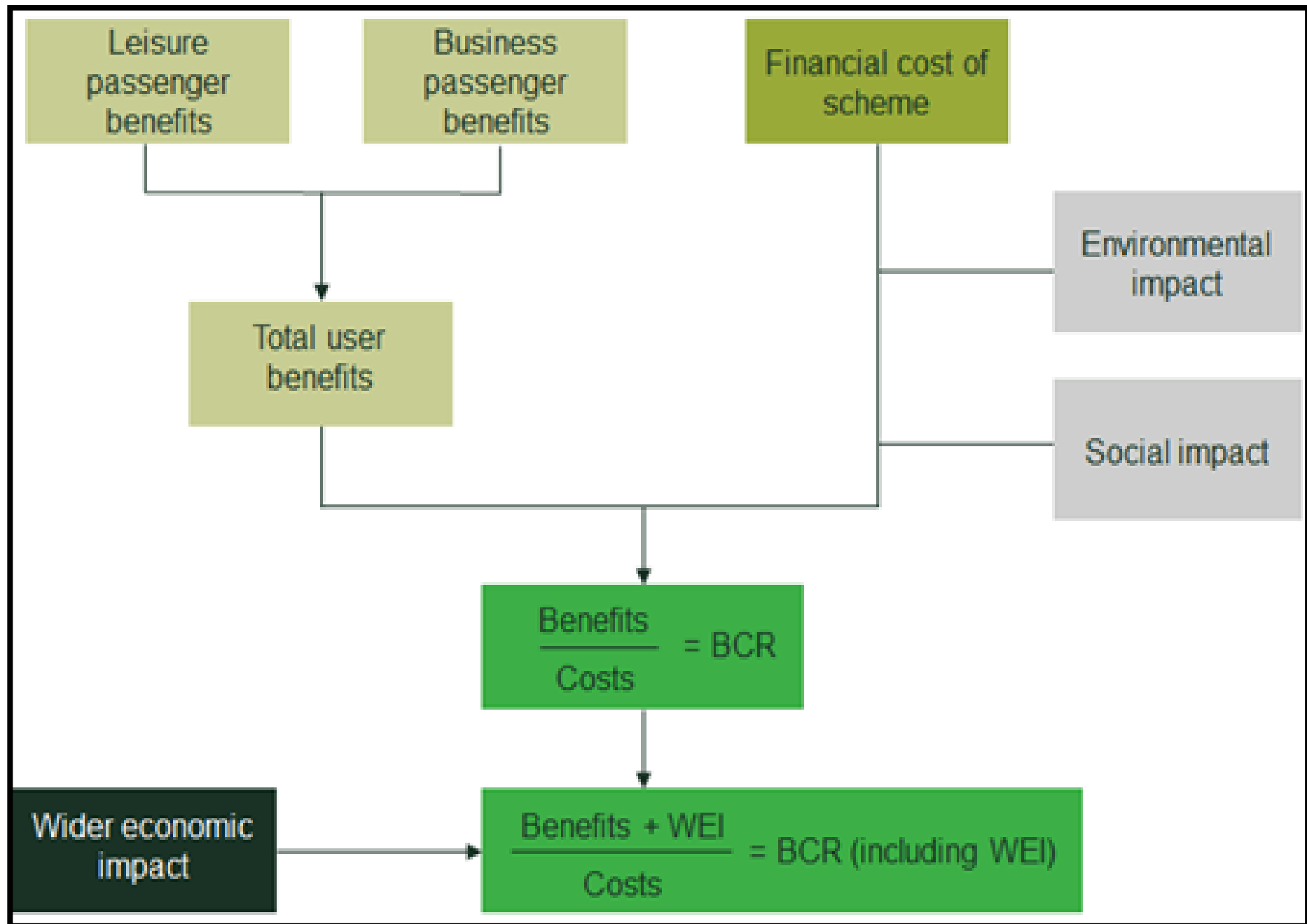




# Economic Appraisal of the Health Effects of Air Pollution

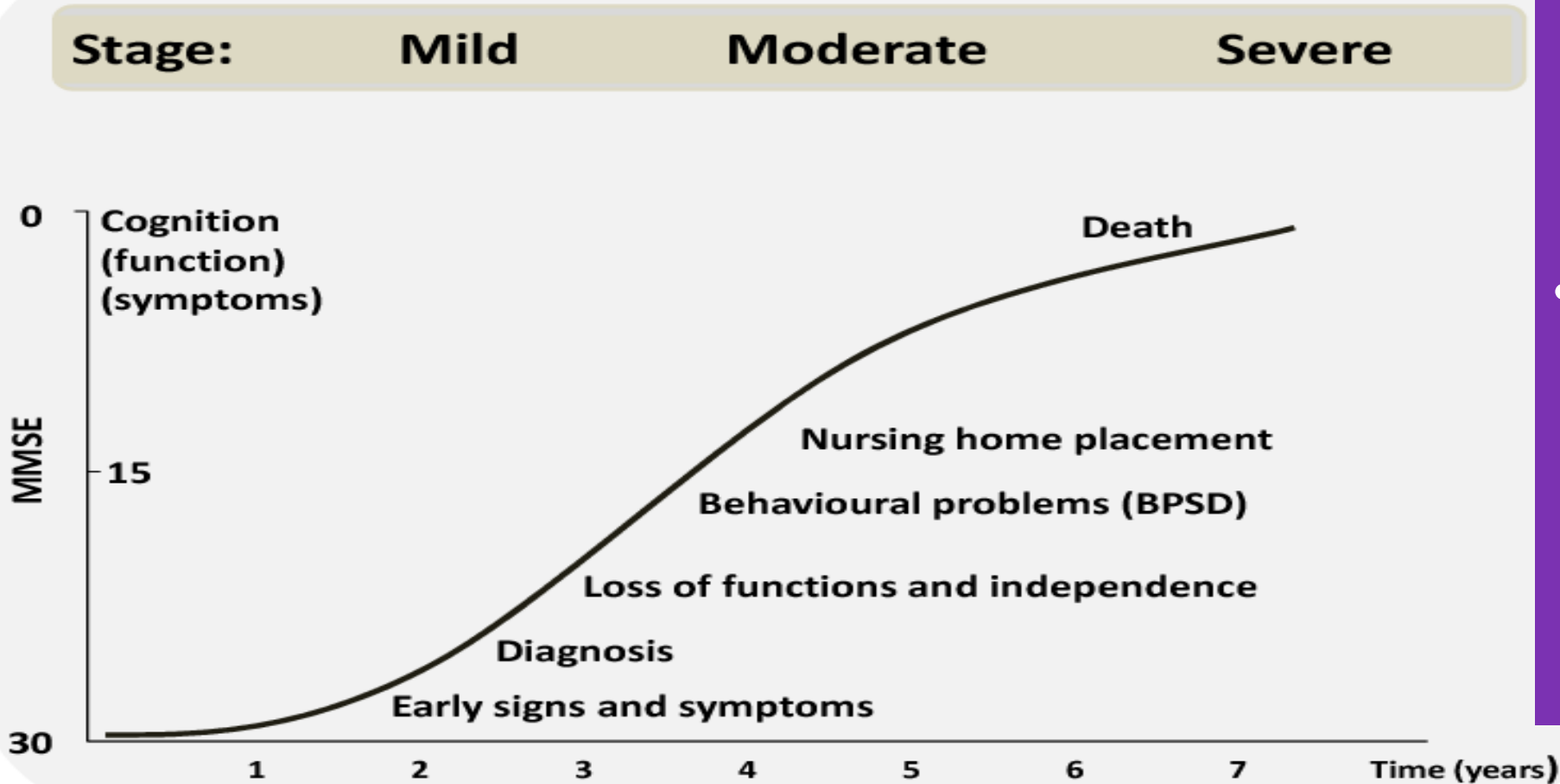
Dept. of Health

Note: This is not the actual book cover



# Cost-Utility Analysis

Figure 1 Staging the course of Alzheimer's disease (16, 17)



- *Considers quality-adjusted life years (QUALY)*
- *Compares interventions for same disease or injury*

<b>Economic Stability</b>	<b>Neighborhood and Physical Environment</b>	<b>Education</b>	<b>Food</b>	<b>Community and Social Context</b>	<b>Health Care System</b>
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	
Medical bills	Playgrounds	Higher education		Stress	Quality of care
Support	Walkability				
	Zip code / geography				

### **Health Outcomes**

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

# Main Public Health Activities

- Prevention, promotion and protection
  - Communicable disease control
  - Selected health promotion
  - Organized immunization
  - Environmental health
  - Food standards and food safety
  - Screening programs
  - Health economy
  - Manpower improvements and supervision
  - Research

The **quality-adjusted life year** or (**QALY**) is a generic measure of **disease burden**, including both the quality and the quantity of life lived. It is used in **economic evaluation** to assess the value for money of medical interventions.

**One QALY equates to one year in perfect health.**

# Economic appraisal in public healthcare: *Assessing efficiency and equity*

- ❖ There are several approaches that can be used to measure **benefits** depending on the type of economic appraisal being used.
- ❖ A measure of special interest is quality-adjusted life years (**QALYs**).
- ❖ Modelling is often used in economic appraisal to combine data on the **costs and benefits of an intervention**.

<http://oxfordmedicine.com/view/10.1093/med/9780199661756.001.001/med-9780199661756-chapter-129> 19.2.2019

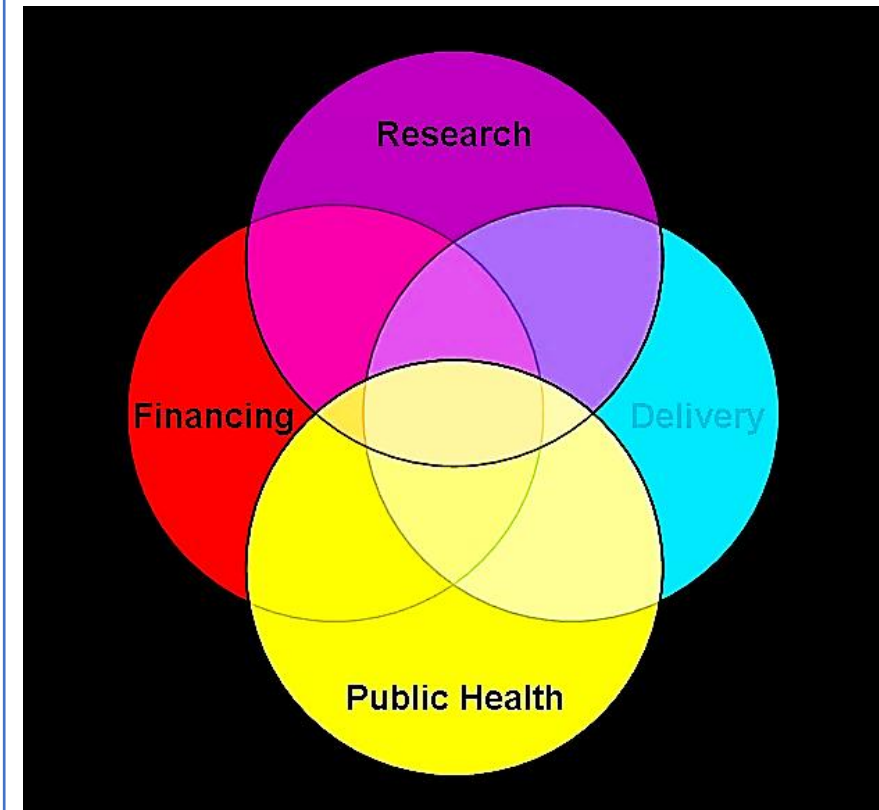




# Economic appraisal in public healthcare: *Assessing efficiency and equity*

- ❖ Given the inherent uncertainties involved in **economic appraisal** it is good practice to undertake **sensitivity analyses** that investigate the impact of uncertainty.
- ❖ **Methodological challenges** in undertaking economic appraisals of public health interventions include the importance of **equity and inequality** considerations, establishing robust evidence of the effect of **public health programmes**, the relevance of **QALYs**, and accounting for multi-sectoral costs and benefits.

<http://oxfordmedicine.com/view/10.1093/med/9780199661756.001.0001/med-9780199661756-chapter-129> 19.2.2019



**WHO** : *Half the world lacks access to essential health services, 100 million still pushed into extreme poverty because of health expenses..*

**Dr. Tedros Adhanom Ghebreyesus, Director-General of WHO**  
**Human Rights Day**, 10th December 2017

Mind the tipping point

**100 million people**

fall into extreme poverty each year due to health expenses



www.who.int



**Health is a fundamental human right!**

**“Are you protected?”**

**Inequalities** in health services are seen not just between, but also within countries: National averages can mask low levels of health service coverage in disadvantaged population groups.”

**Human Rights Day 2017**

Statement by Dr. Tedros Adhanom Ghebreyesus,  
WHO Director-General, 10th December 2017

<http://www.who.int/mediacentre/news/releases/2017/half-lacks...>

# Disability-Adjusted Life Year (DALY)

- Quantifying the Burden of Disease from mortality and morbidity
- Definition :
- One **DALY** can be thought of as 1 lost year of "healthy" life. The sum of these **DALYs** across the population, or the burden of disease, can be thought of as a measurement of the gap between current health status and an **ideal health situation** where the entire population lives to an advanced age, free of disease and disability.

([www.who.int/healthinfo/global\\_burden\\_disease/metrics\\_daly/en/index.html](http://www.who.int/healthinfo/global_burden_disease/metrics_daly/en/index.html), 02.06.2012)

# DALY

Disability Adjusted Life Year is a measure of overall disease burden, expressed as the cumulative number of years lost due to ill-health, disability or early death

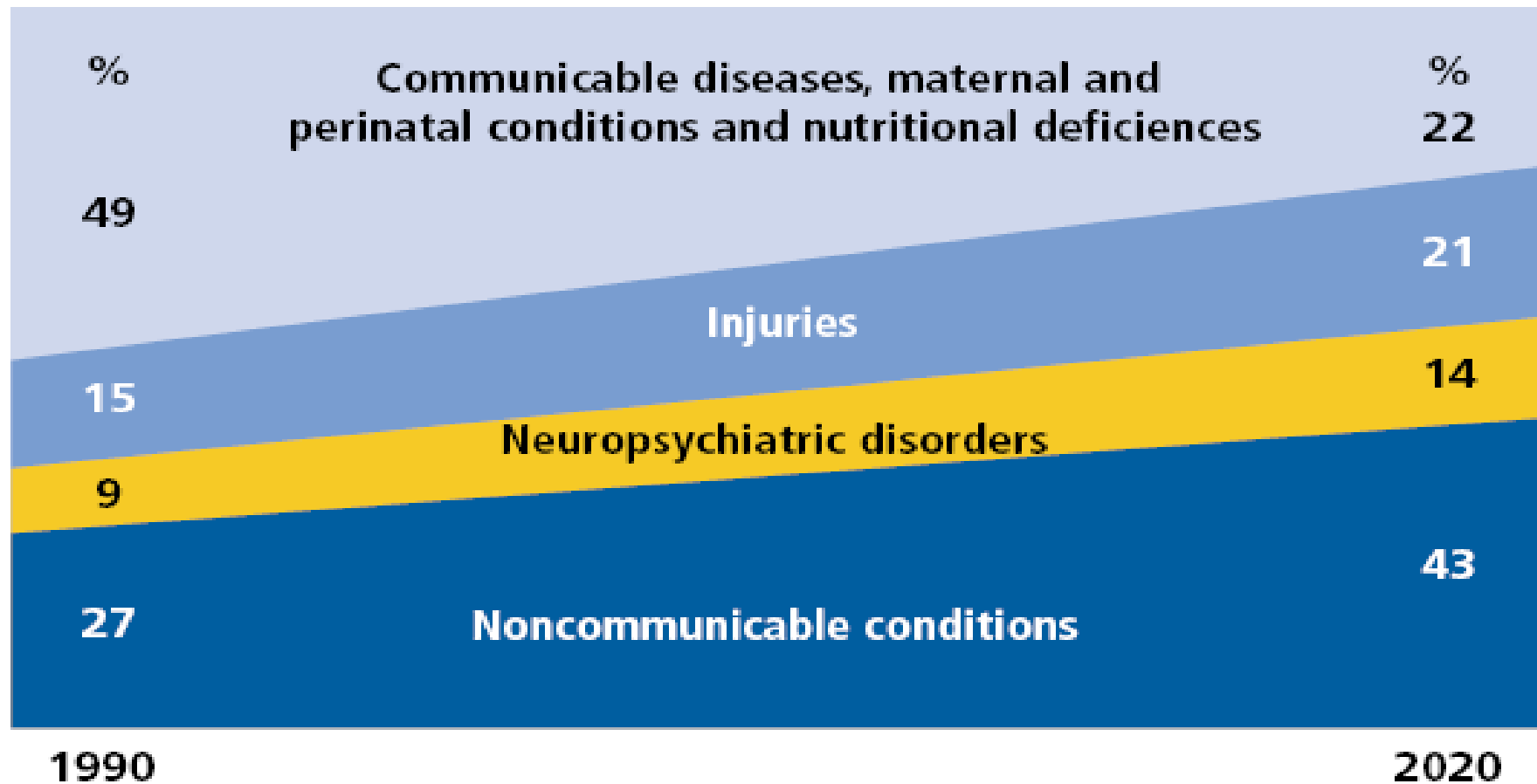
$$= \text{YLD} + \text{YLL}$$

Years Lived with Disability + Years of Life Lost



# DALYs, by broad cause group 1990-2020 in developing countries (baseline scenario)

DALY = Disability-Adjusted Life Year



Source: WHO, Evidence, Information and Policy, 2000



# Increasing burden of noncommunicable diseases and injuries change in rank order of DALYs for the 15 leading causes

(baseline scenario)

## 1999 Disease or Injury

1. Acute lower respiratory infections
2. HIV/AIDS
3. Perinatal conditions
4. Diarrhoeal diseases
5. Unipolar major depression
6. Ischaemic heart disease
7. Cerebrovascular disease
8. Malaria
9. Road traffic injuries
10. Chronic obstructive pulmonary disease
11. Congenital abnormalities
12. Tuberculosis
13. Falls
14. Measles
15. Anaemias

## 2020 Disease or Injury

1. Ischaemic heart disease
2. Unipolar major depression
3. Road traffic injuries
4. Cerebrovascular disease
5. Chronic obstructive pulmonary disease
6. Lower respiratory infections
7. Tuberculosis
8. War ←
9. Diarrhoeal diseases
10. HIV
11. Perinatal conditions
12. Violence
13. Congenital abnormalities
14. Self-inflicted injuries
15. Trachea, bronchus and lung cancers

***overweight or obese;  
USA %74, ranking 9.  
order in the World***

DALY = Disability-adjusted life year

Source: WHO, Evidence, Information and Policy, 2000

**WORLD HEALTH ORGANIZATION**









# Healthy life expectancy (HALE) at birth

- **Healthy life expectancy (HALE)** is a form of health expectancy that applies disability weights to health states to compute the equivalent number of years of life expected to be lived in full health.  

<i>Good health years</i>		<i>poor health years</i>
--------------------------	--	--------------------------
- Overall, **global HALE** at birth in 2013 for males and females combined was 62 years, 7 years lower than total ***life expectancy at birth***.
- In other words, ***poor health*** resulted in a loss of nearly 7 years of healthy life, on average globally.
- **Global HALE** at birth for females was only 4 years greater than that for males. In comparison, female life expectancy at birth was almost 5 years higher than that for males.

[http://www.who.int/gho/mortality\\_burden\\_disease/life\\_tables/hale\\_text/en/](http://www.who.int/gho/mortality_burden_disease/life_tables/hale_text/en/) 23.12.15

# Global Health Metrics

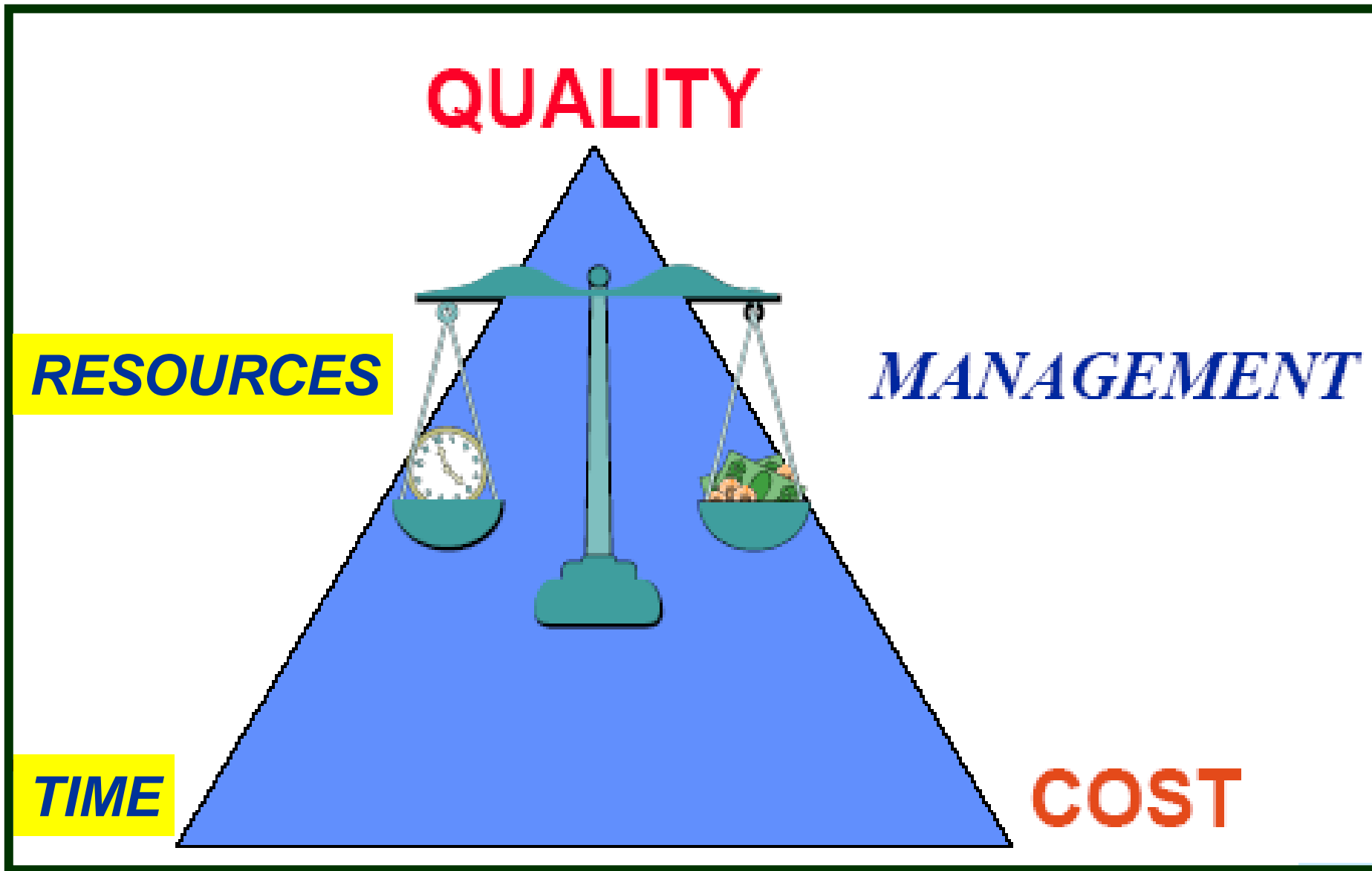
## *Global Burden of Disease Study 2017 (GBD 2017)*

### **Top 4 cause of death HT, tobacco, Diabetes and obesity !**

Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks for 195 countries and territories, 1990-2017:

A *systematic analysis* for the **Global Burden of Disease Study 2017 GBD 2017** Risk Factor Collaborators Summary Background ***The Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2017 comparative risk assessment (CRA)*** is a comprehensive approach to ***risk factor quantification*** that offers a useful tool for *synthesising evidence on risks and risk–outcome associations.*

With each annual GBD study, we update the GBD CRA to incorporate improved methods, new risks and ***risk-outcome pairs***, and new data on ***risk exposure levels*** and ***risk- outcome associations.*** (*Lancet* 2018; 392: 1923–94)



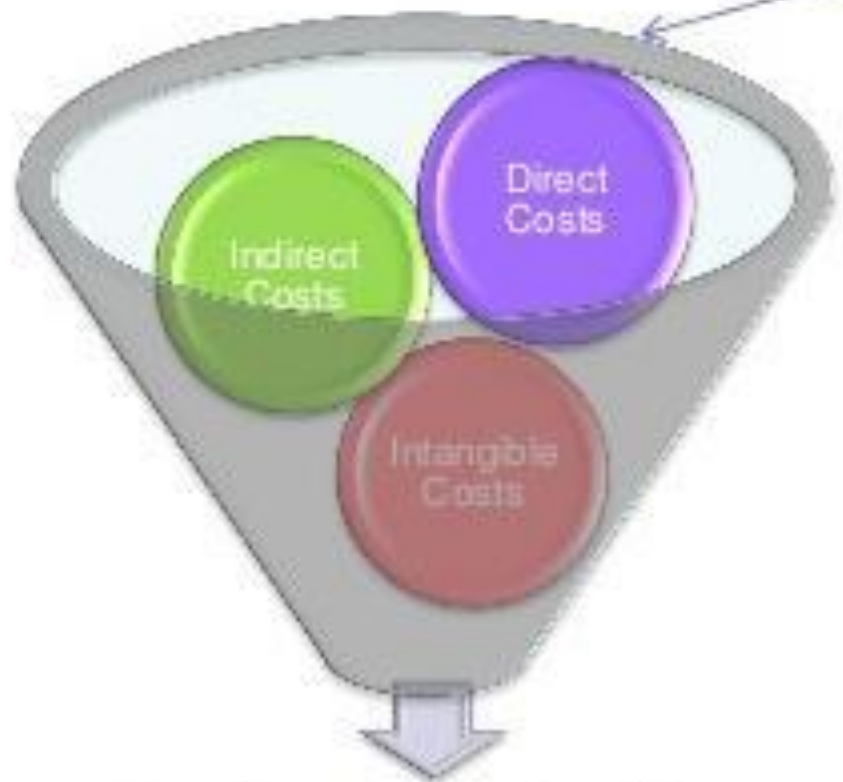
**We also need a balance among these 5 issues..**



# What is economic evaluation?

Full economic evaluation consists of finding both the *costs* and the *benefits* of comparable public health services.

This may be more familiar to Local Authorities as a “Value for Money” assessment.



Total costs valued in monetary terms (£)

• Natural units, e.g. deaths, numbers of accidents, numbers of people quitting smoking, etc.

→ Cost-effective analysis

• Utility values, e.g. Quality Adjusted Life Years - QALYs

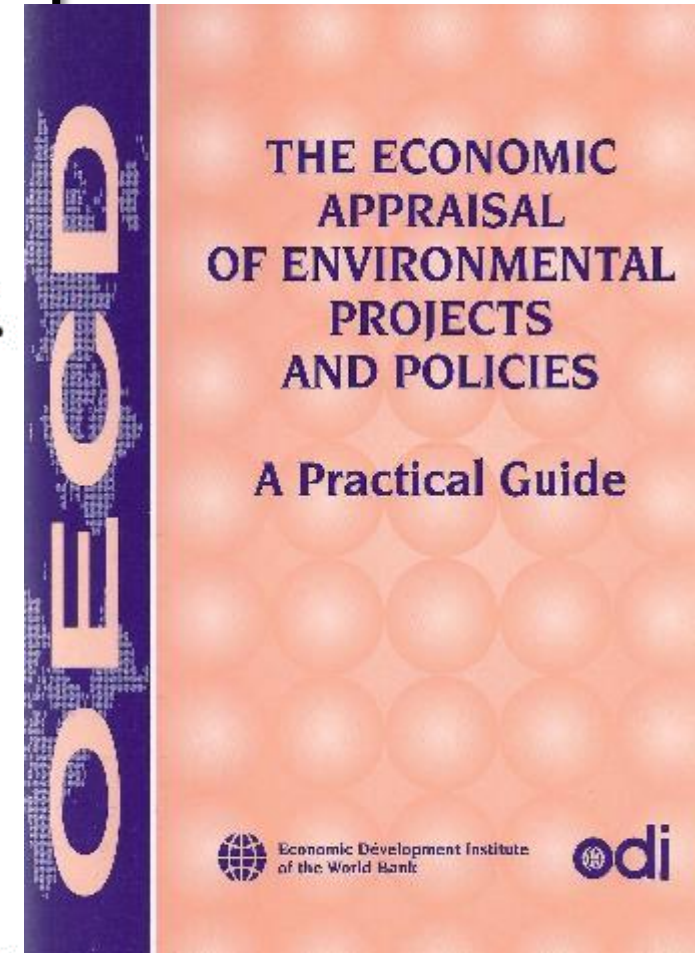
→ Cost-utility analysis

• Monetary value (£)

→ Cost-benefit analysis

# Economic Appraisal

- Economic appraisal examines the project's contribution to economy of the region or country.
- It assesses whether the project increases the net wealth of a region or country as a whole or not.
- A purely financial analysis normally does not provide an adequate basis for judging a project's value to the economy, since the financial analysis looks at the project only from a limited viewpoint of revenues entering the project's own account.



# Economic appraisal in public healthcare:

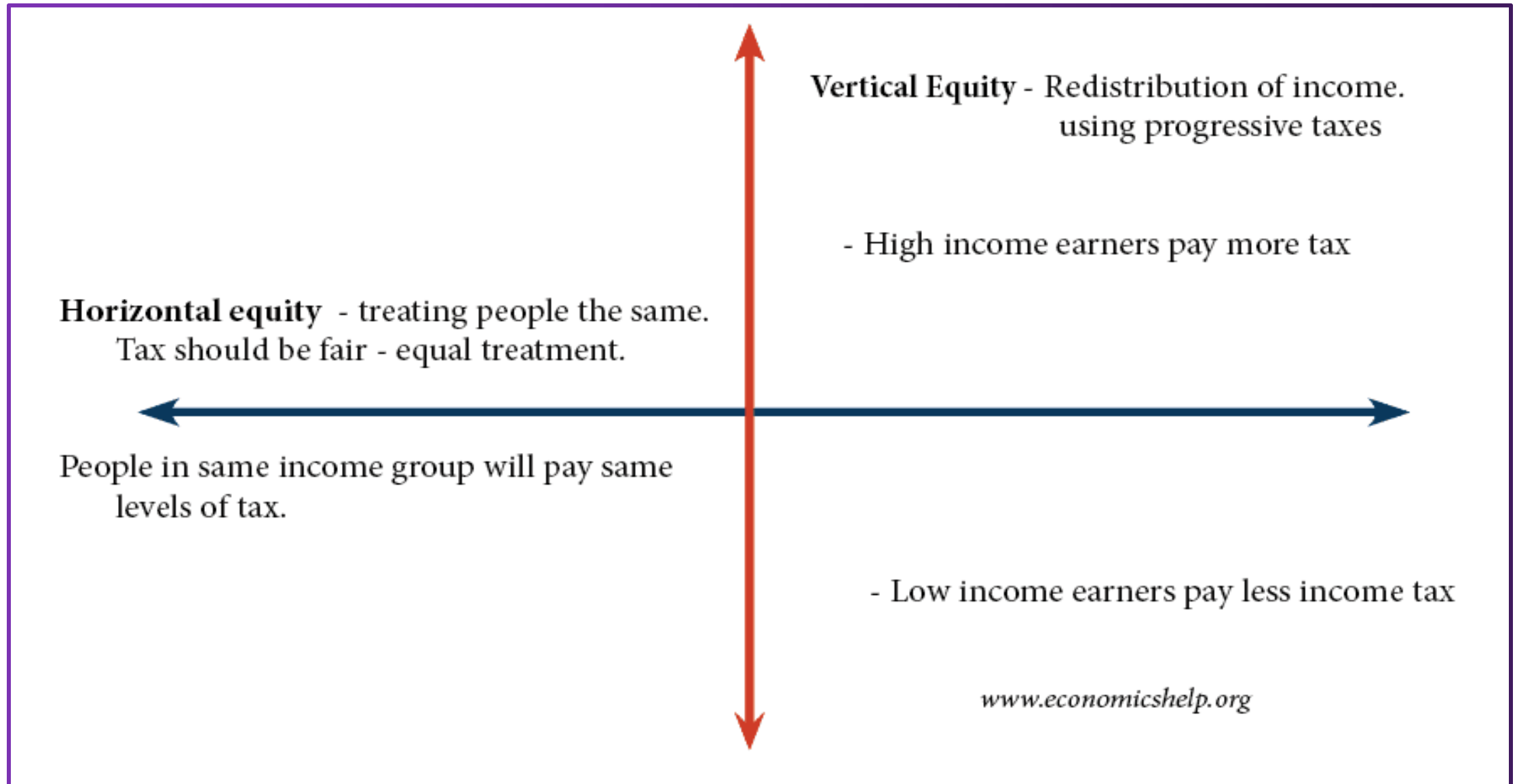
## *Assessing efficiency and equity*

- **Economic appraisal** comprises a set of techniques that weigh up the costs of an action, such as providing a **public health intervention** to an at-risk population group, against the benefits that it provides.
- Important underlying principles are
  - **opportunity cost**,
  - **social versus private costs and benefits**,
  - marginal costs and benefits,
  - **efficiency and equity**.

<http://oxfordmedicine.com/view/10.1093/med/9780199661756.001.0001/med-9780199661756-chapter-129> 19.2.2019



# Assessing efficiency and equity

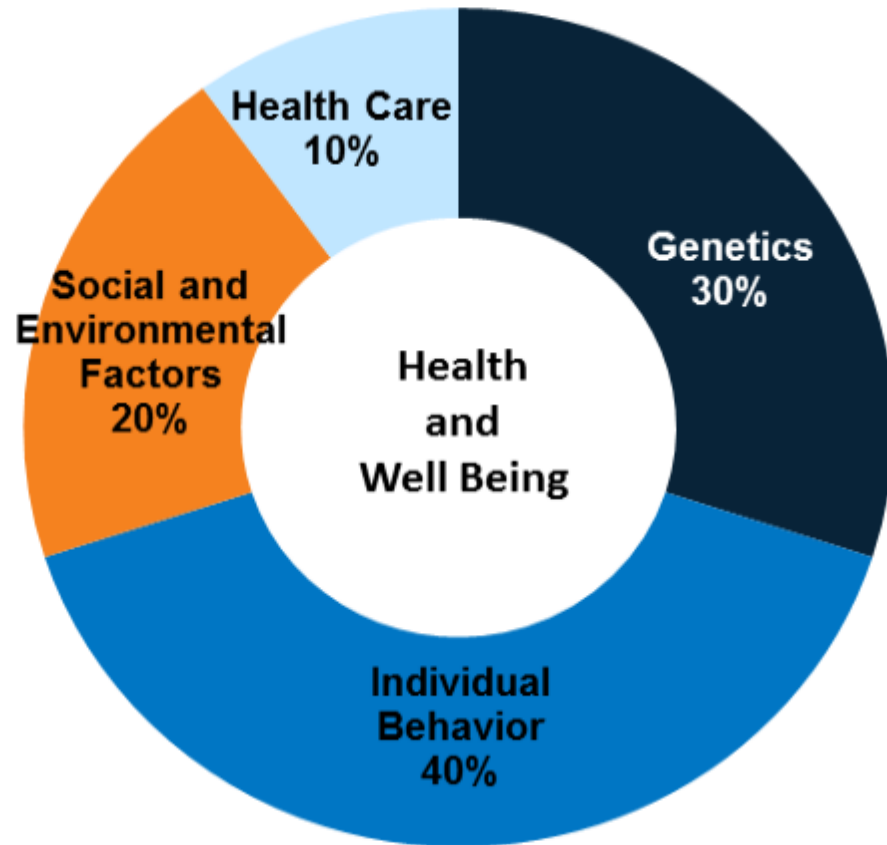






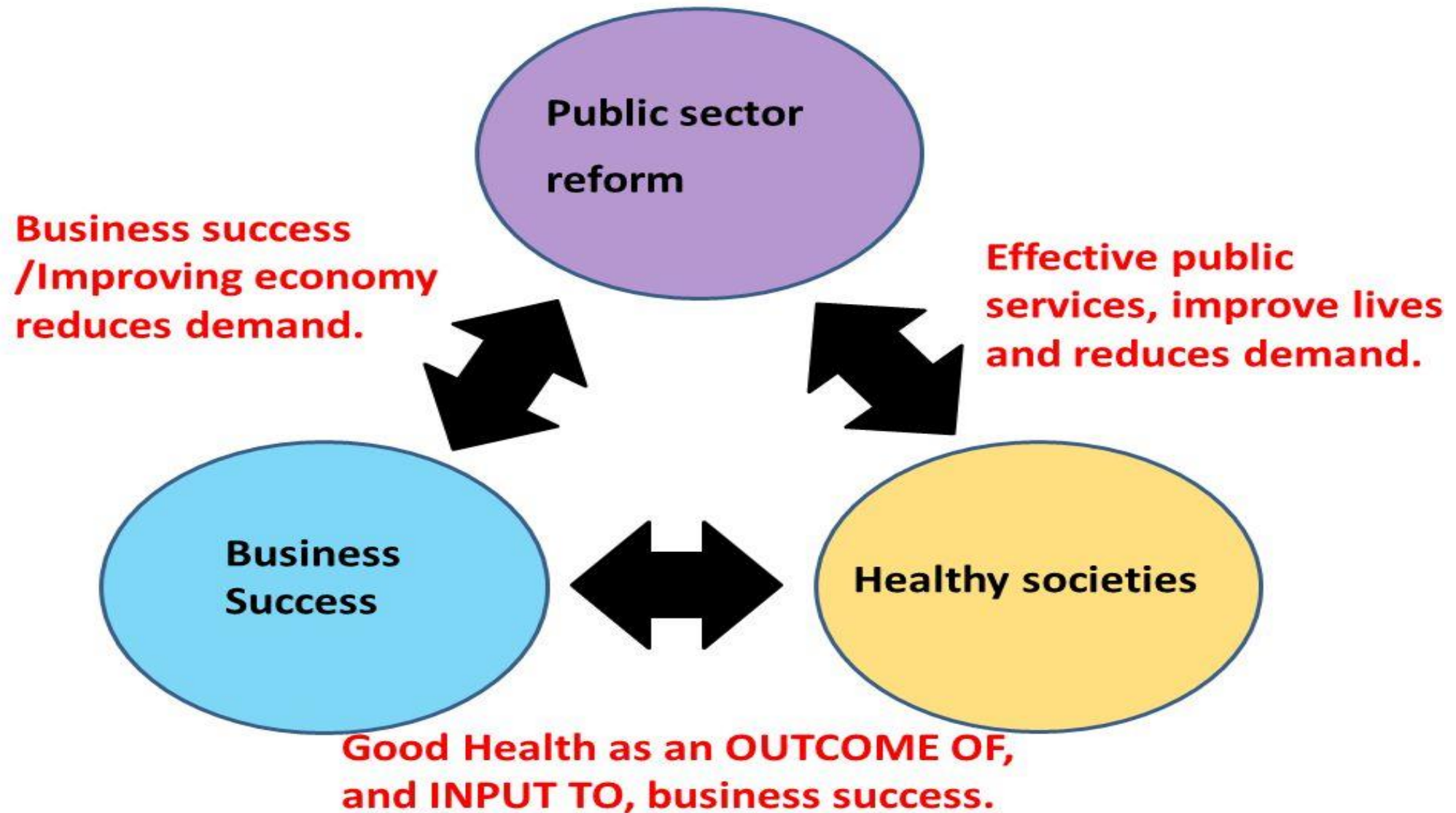


# Impact of Different Factors on Risk of Premature Death

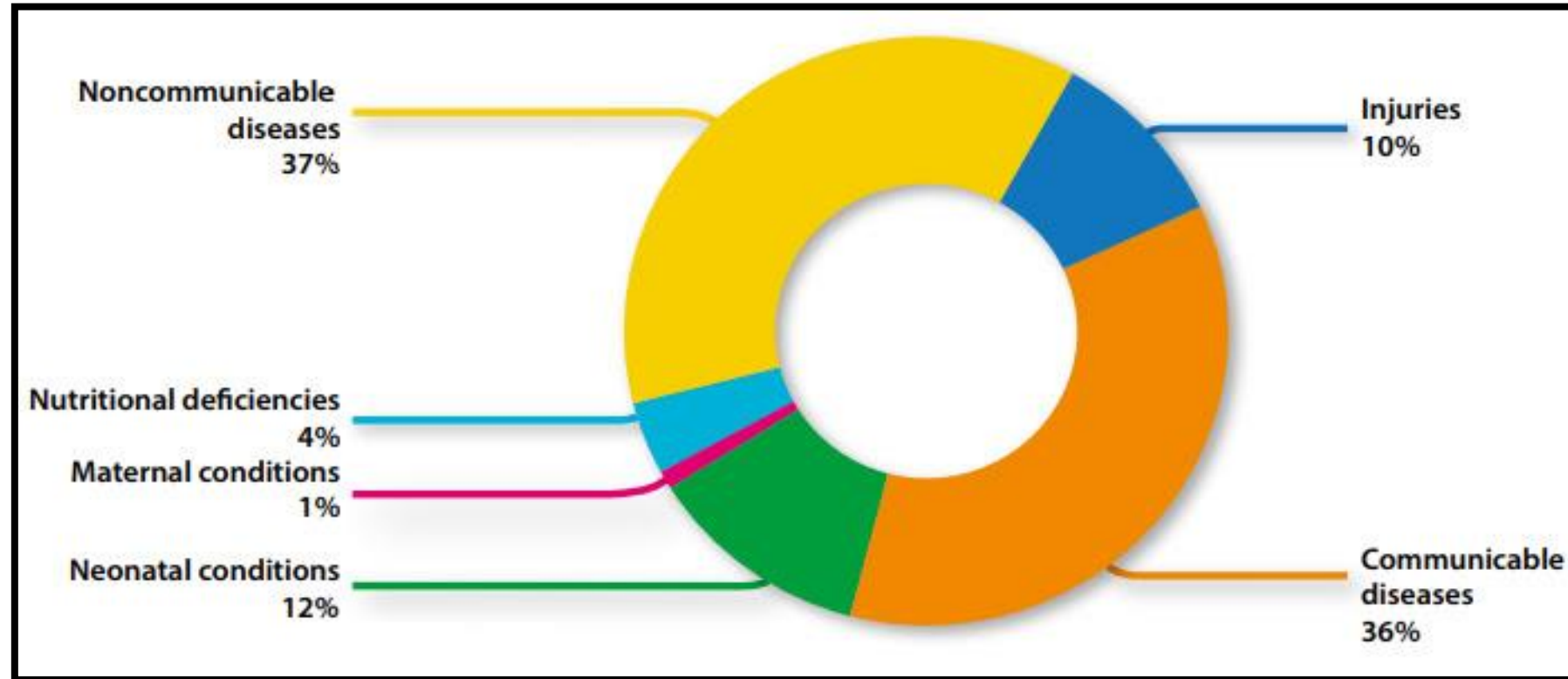


SOURCE: Schroeder, SA. (2007). We Can Do Better — Improving the Health of the American People. *NEJM*. 357:1221-8.

# Whole system approaches



## WHO : Diseases cost the African Region \$2.4 trillion a year

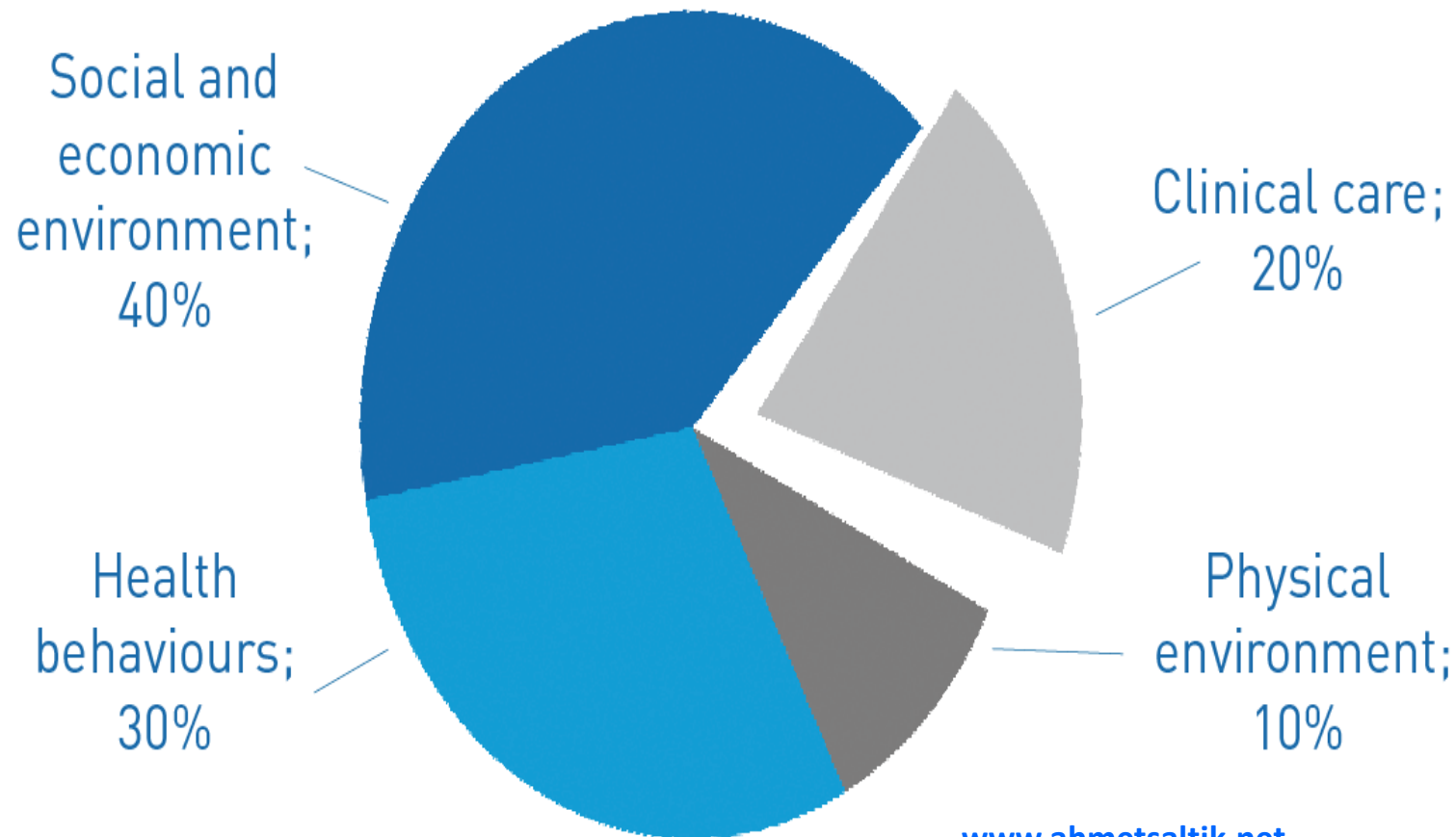


Nearly 630 million years of **healthy life** were lost in 2015 due to the diseases affecting the population across its 47 Member States in Africa, now amounting to a loss of more than 2.4 trillion international \$ from the region's gross domestic product value annually.

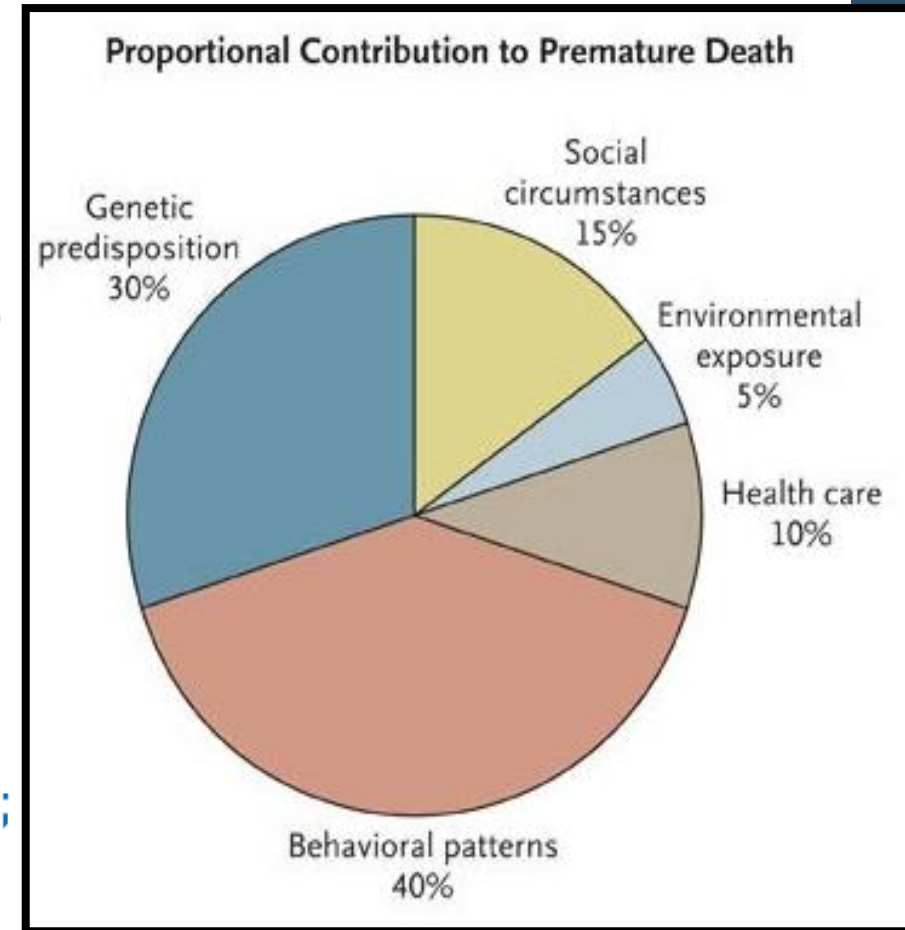
<https://mail.google.com/mail/u/0/#trash/FMfcqxBWSxINQDfvpVMLBDhJfGpfqzr> 30.3.19



# Factors affecting populations' health in the USA



[www.ahmetsaltik.net](http://www.ahmetsaltik.net)





# Investing \$10 per child each year prevents:



**3.7 MILLION**  
CHILD DEATHS



STUNTING IN  
**65 MILLION**  
CHILDREN



ANEMIA IN  
**265 MILLION**  
WOMEN

*Source: An investment framework for nutrition, 2017*



# CRITERIA FOR PRIORITY-SETTING



## 1. BURDEN OF THE HEALTH ISSUE

What is the population perception of the burden?

## 2. EFFECTIVENESS OF THE INTERVENTION

How applicable, feasible, deliverable, or sustainable is the intervention?

## 3. COST OF THE INTERVENTION

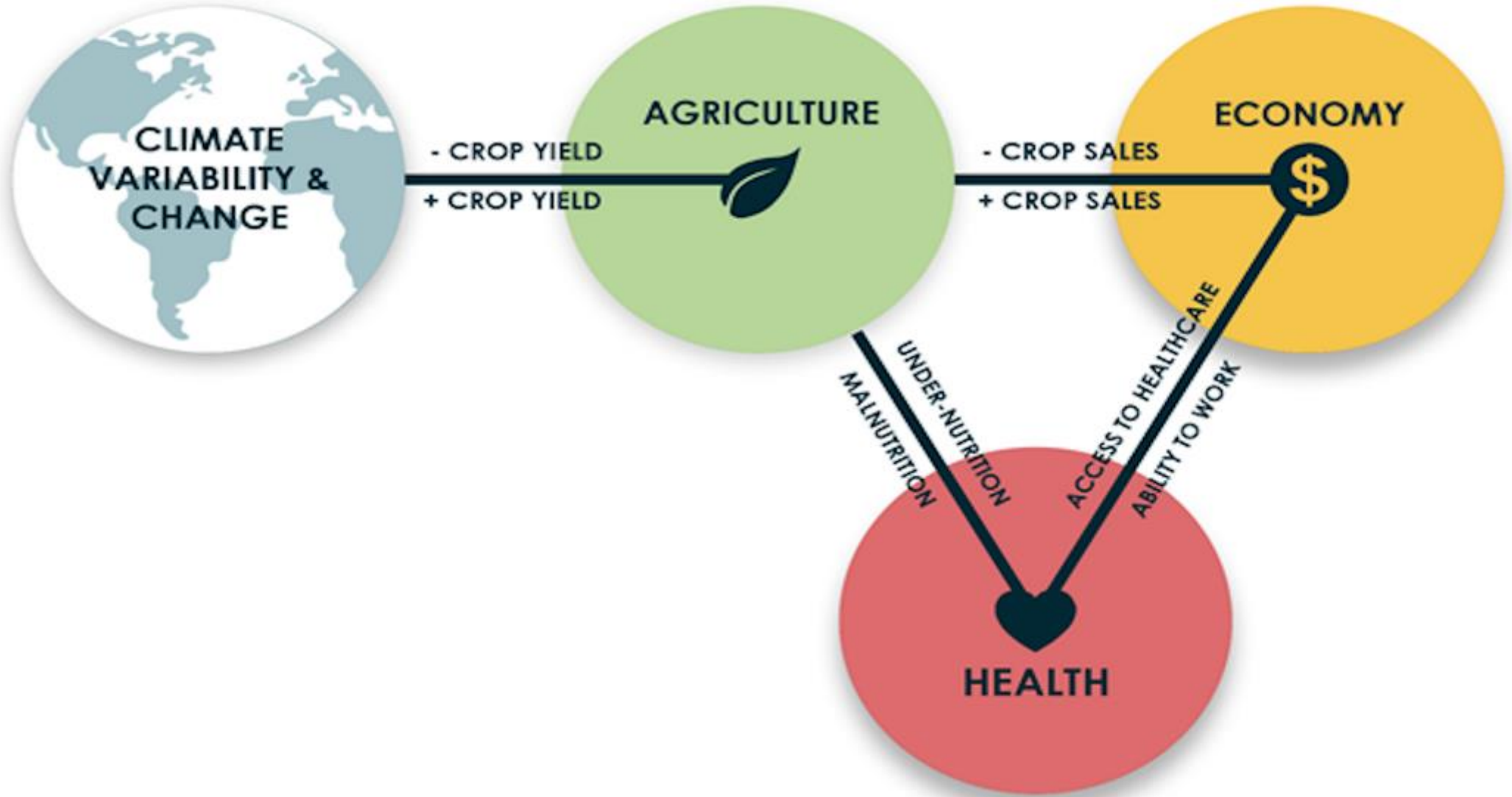
Is the intervention affordable and cost-effective?

## 4. ACCEPTABILITY OF THE INTERVENTION

How acceptable is the chosen intervention to the community or target population?

## 5. FAIRNESS

Is the intervention free from bias or injustice?



# TURKEY

## An Economic Appraisal

BY  
MAX WESTON THORNBURG  
*Research Director*

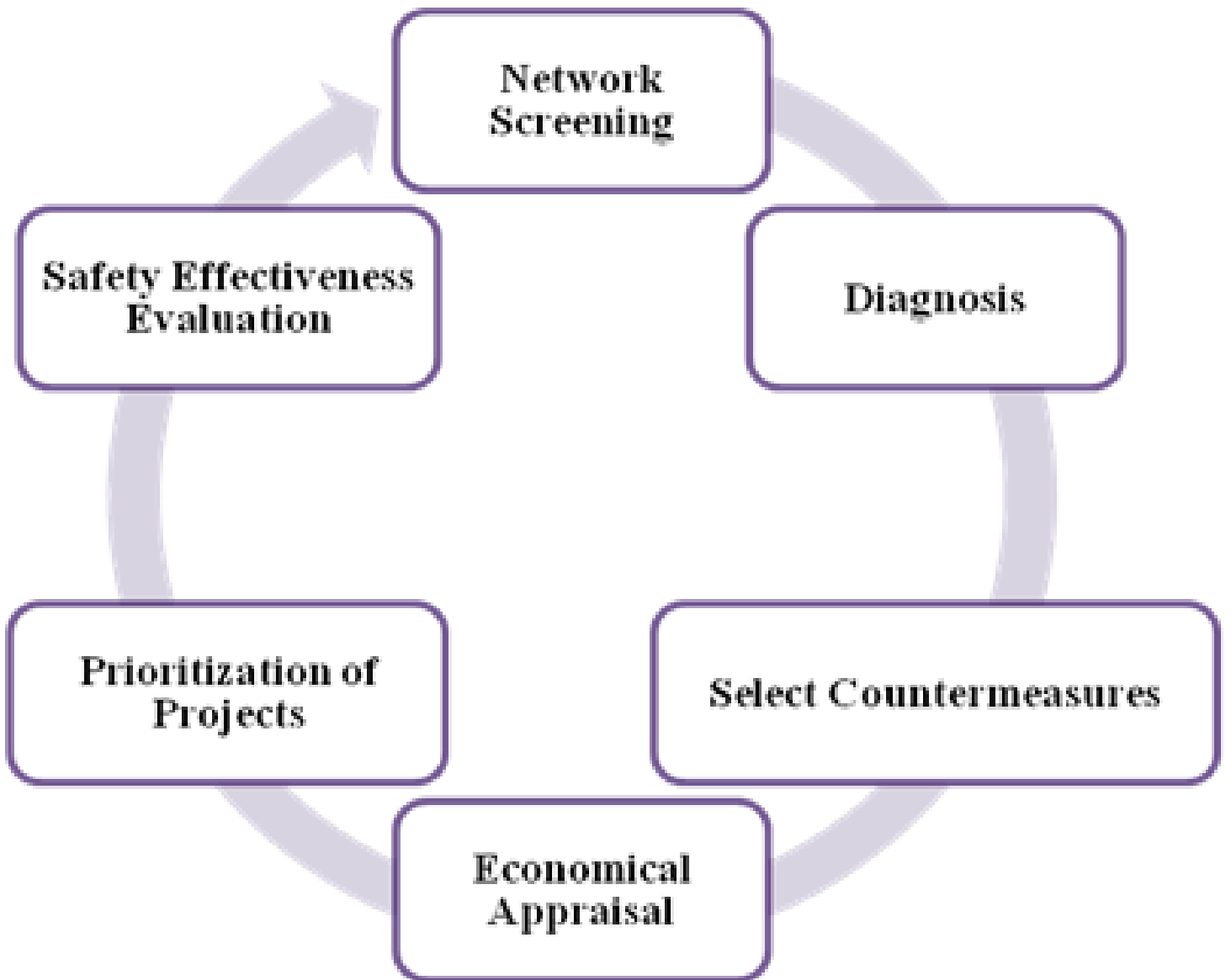
GRAHAM SPRY  
*Research Associate*

GEORGE SOULE  
*Editorial Associate*



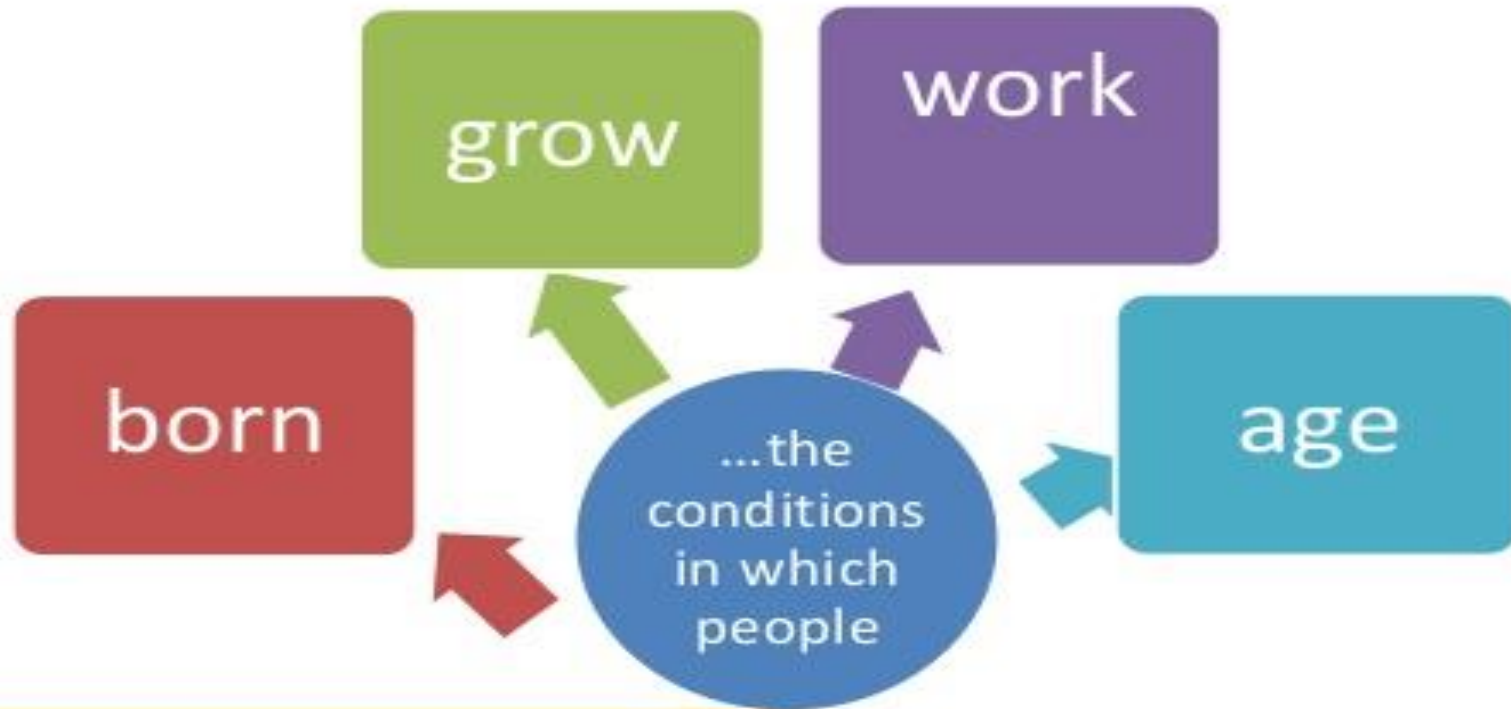
New York  
THE TWENTIETH CENTURY FUND  
1949

<https://archive.org/details/in.ernet.dli.2015.278424/page/n13>





# The Social Determinants of Health are...



## Structural determinants:

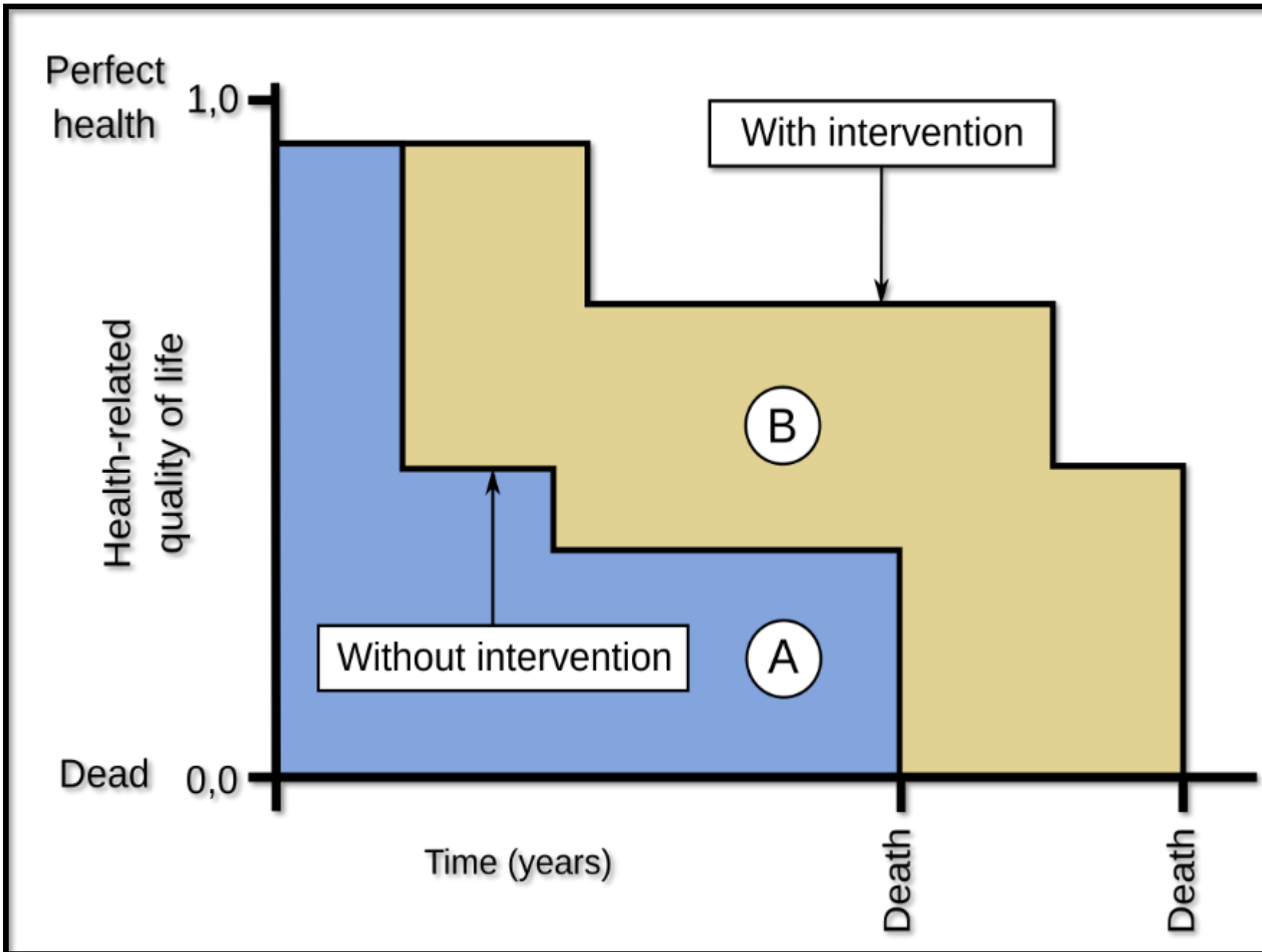
Governance, economic, social and public policies, culture and societal Values, social class, gender ethnicity, education, occupation, income and place of living

## Intermediary determinants of health:

Material circumstances (*living and working conditions, food availability, etc.*), exposure to risks, risk-behaviors, biological factors and psychosocial factors

Copyright © 2012 by Elsevier, Amsterdam





## Principals of priority setting in public health services

Health, a basic human right

Meaningfull participation

Transparency

Accountability

Autonomy - Solidarity

**Social Justice**

Cost-effectiveness

Clinical effectiveness

Values-based

Community oriented

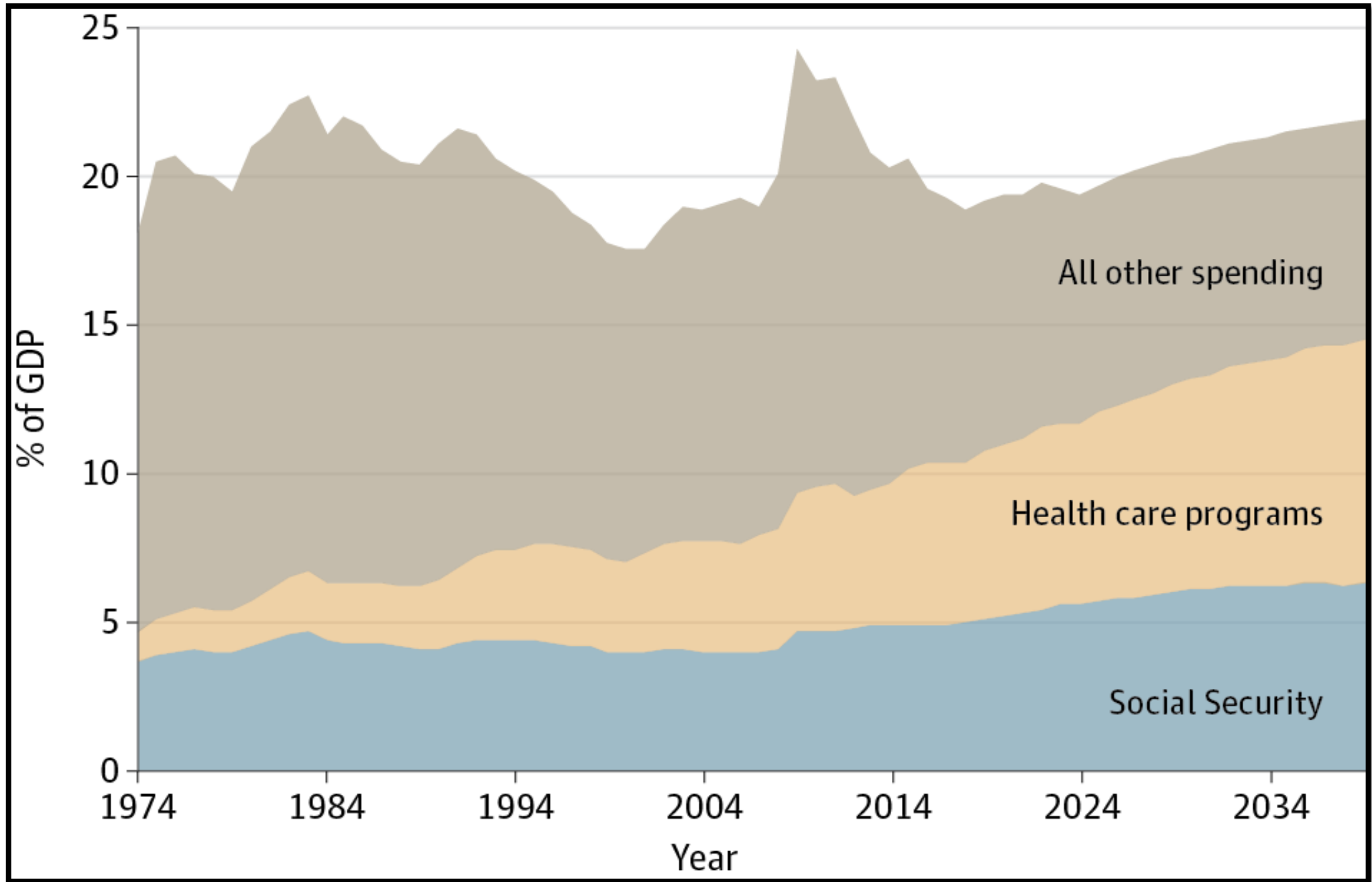
Focused with

**preventive medicine**

caring vulnerable groups

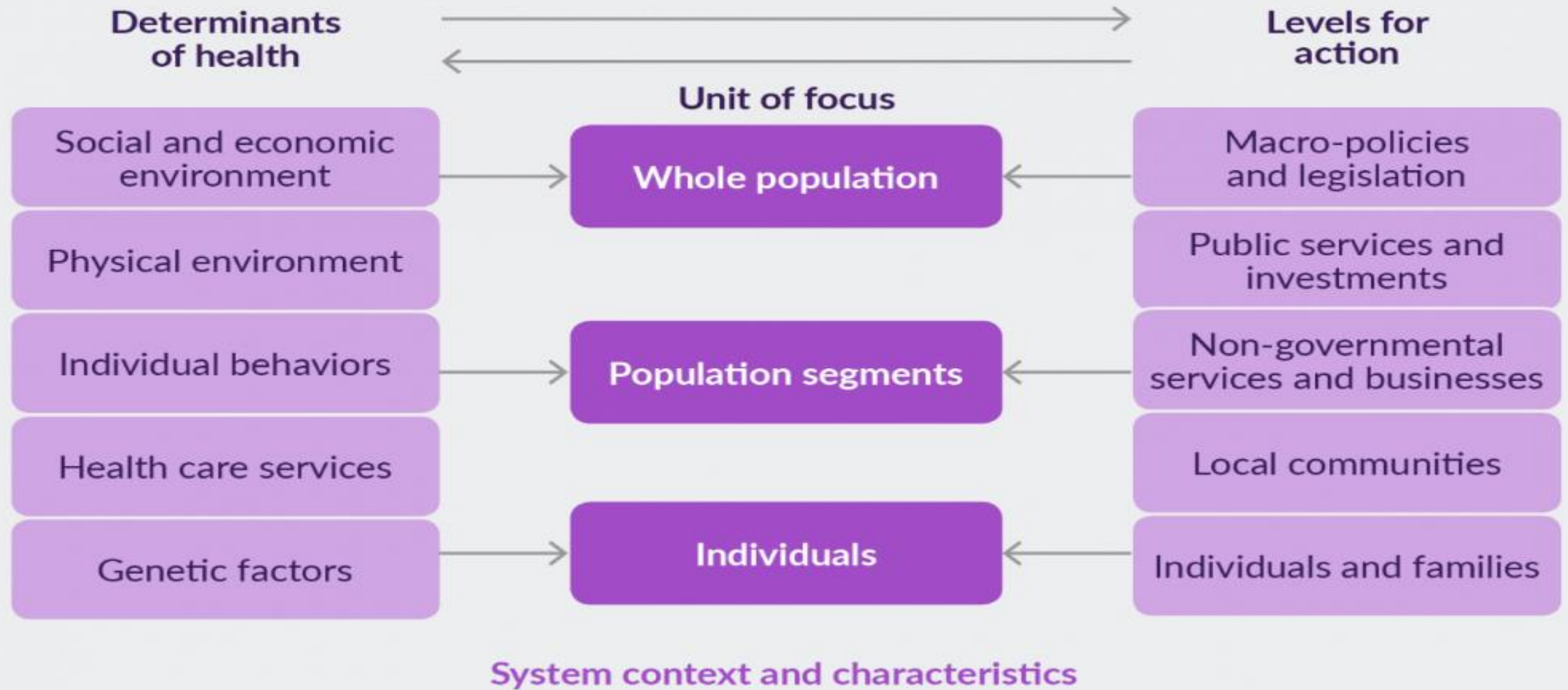
Public – tax financing

(Oxford Textbook of Public Health, 6th ed. section 3.5)



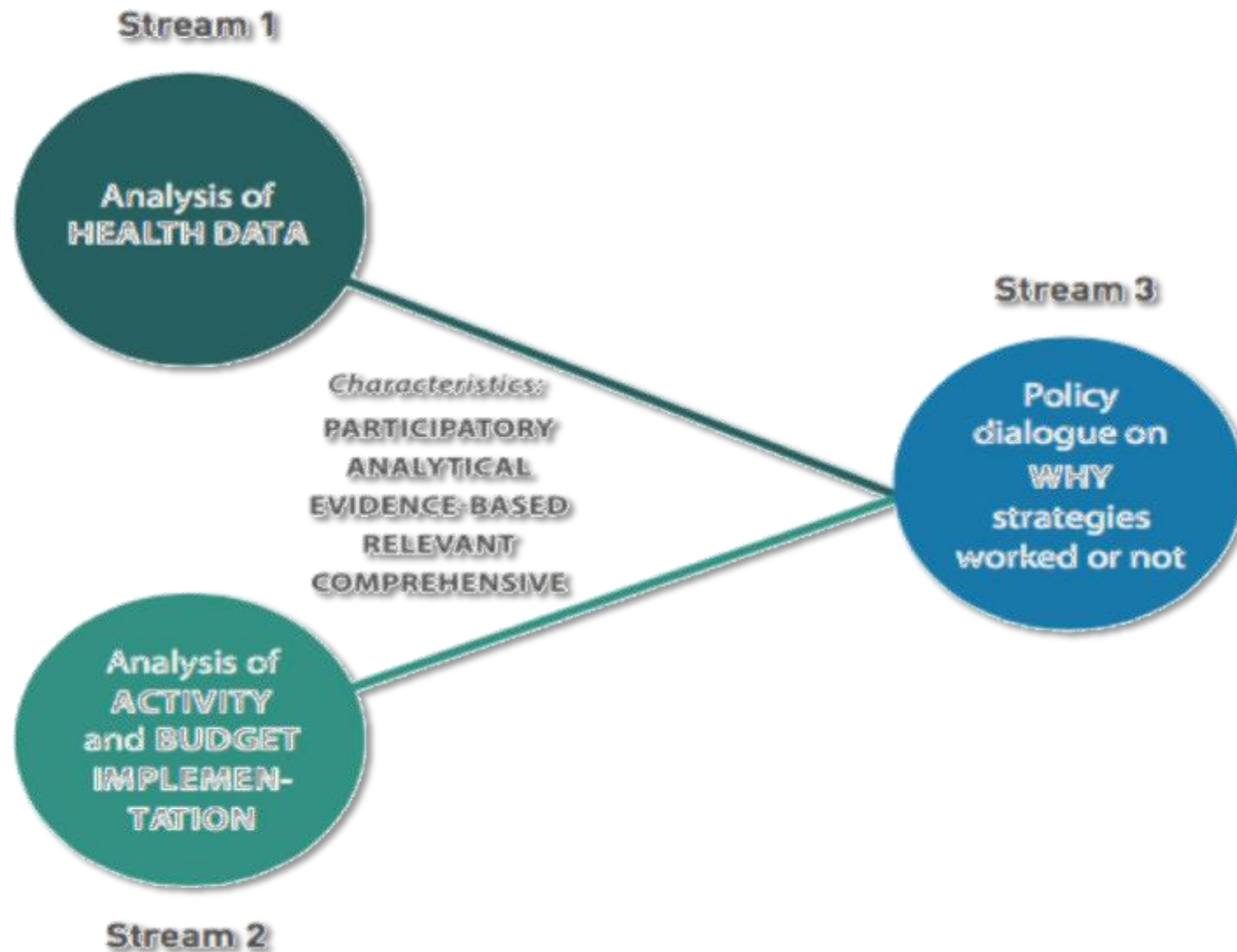
**Figure 2 A framework for designing strategies to improve population health**

**K**



Source: Siegel *et al* 2016

## Three streams of work in a health sector situation analysis



**YOUR  
PRIORITIES SAY  
A LOT ABOUT  
YOU.**

SLICKWORDS.COM



WHAT DO YOU NEED TO GET, BE AND STAY

# HEALTHY?

CAN YOU GET HELP FROM A WELL-TRAINED HEALTH WORKER?

CAN YOU GET TREATMENT THAT HELPS YOU GET BETTER, AND IS SAFE?

CAN YOU GET THE MEDICINES AND OTHER HEALTH PRODUCTS YOU NEED?

WHO WILL PAY FOR IT?

ARE THERE POLICIES IN PLACE TO MAKE QUALITY SERVICES AVAILABLE TO EVERYONE, EVERY TIME?

DOES YOUR GOVERNMENT HAVE THE INFORMATION IT NEEDS TO MAKE THE RIGHT DECISIONS ABOUT THE WHOLE SYSTEM?

THE WORLD HEALTH ORGANIZATION IS WORKING AROUND THE WORLD SO THAT ALL PEOPLE AND COMMUNITIES RECEIVE THE QUALITY SERVICES THEY NEED, AND ARE PROTECTED FROM HEALTH THREATS, WITHOUT SUFFERING FINANCIAL HARDSHIP.

THAT'S WHAT WE CALL

# UNIVERSAL HEALTH COVERAGE

World Health Organization

WWW.WHO.INT/UHC

<http://ahmetsaltik.net/2018/04/08/world-health-day-7-april-2018/>

HEALTH FOR ALL

## UNIVERSAL HEALTH COVERAGE: EVERYONE, EVERYWHERE

World Health Organization



HEALTH FOR ALL

## TIME TO SPEAK UP ABOUT YOUR HEALTH NEEDS: ARE THEY COVERED?

World Health Organization





# Outcomes of public health investments

- Population health improvements
- Reduction in inequalities
  - Population shift
  - Working with disadvantaged communities
  - Strengthened and supportive environments
- Ecological development, support and advancement
- Supported communities and people
- Effective and equitable health care care systems
- Healthy public policies
- Effective surveillance and monitoring programs
- Context: fixed, if not reducing budgets

**Your health your right!** : Dr. Tedros Adhanom Ghebreyesus,  
Director-General of WHO / *Human Rights Day*, 10th December 2017

## **Half the world lacks access to essential health services!**

- At least half of the world's population cannot obtain essential health services, according to a new report from the World Bank and WHO.
- And each year, large numbers of households are being pushed into **poverty** because they must pay for health care out of their own pockets.
- Currently, 800 million people spend at least 10% of their household budgets on health expenses for themselves, a sick child or other family member.

- <https://youtu.be/C1bljISMlTo?t=20>

- [News release](#)
- [Fact sheet](#)



# People are living longer – but with more disability

- The estimates further confirm the growing trend for longevity: In 2019, people were living more than 6 years longer than in 2000, with a global average of more than 73 years in 2019 compared to nearly 67 in 2000. But on average, only 5 of those additional years were lived in **good health**.
- ***Indeed, disability is on the rise.***  
To a large extent, the diseases and health conditions that are causing the most deaths are those that are responsible for the greatest number of ***healthy life-years lost***. Heart disease, diabetes, stroke, lung cancer and COPD (*chronic obstructive pulmonary disease*) were collectively responsible for nearly 100 million additional healthy life-years lost in 2019 compared to 2000.



# Priorities

- ①
- ②
- ③

Please write your  
top 3 priorities  
in terms of  
health services



*Health is not a commodity but a fundamental human right. This principal is the #1 tool in priority setting for public health services.*



*Thanks for cooperation..*



[www.ahmetsaltik.net](http://www.ahmetsaltik.net)

# Crocodile Capitalism

Top 2,000 transnational corporations' profit and the global labor income share, 1995-2015 (percentage point change in GDP)



Source: UNCTAD database of consolidated financial statements, based on Thomson Reuters Worldscope and UNCTAD internal World Economic Database.<sup>16</sup>

**Poverty** : The situation in which people can not meet their basic needs. It is possible to define poverty in two ways, narrow and broad meanings. While the poverty in a narrow meaning is the **state of hunger and not having a shelter**, the poverty in a broad meaning is the state in which although the food, clothing and housing opportunities are enough to live, the living standards are quite below the level of the general society.

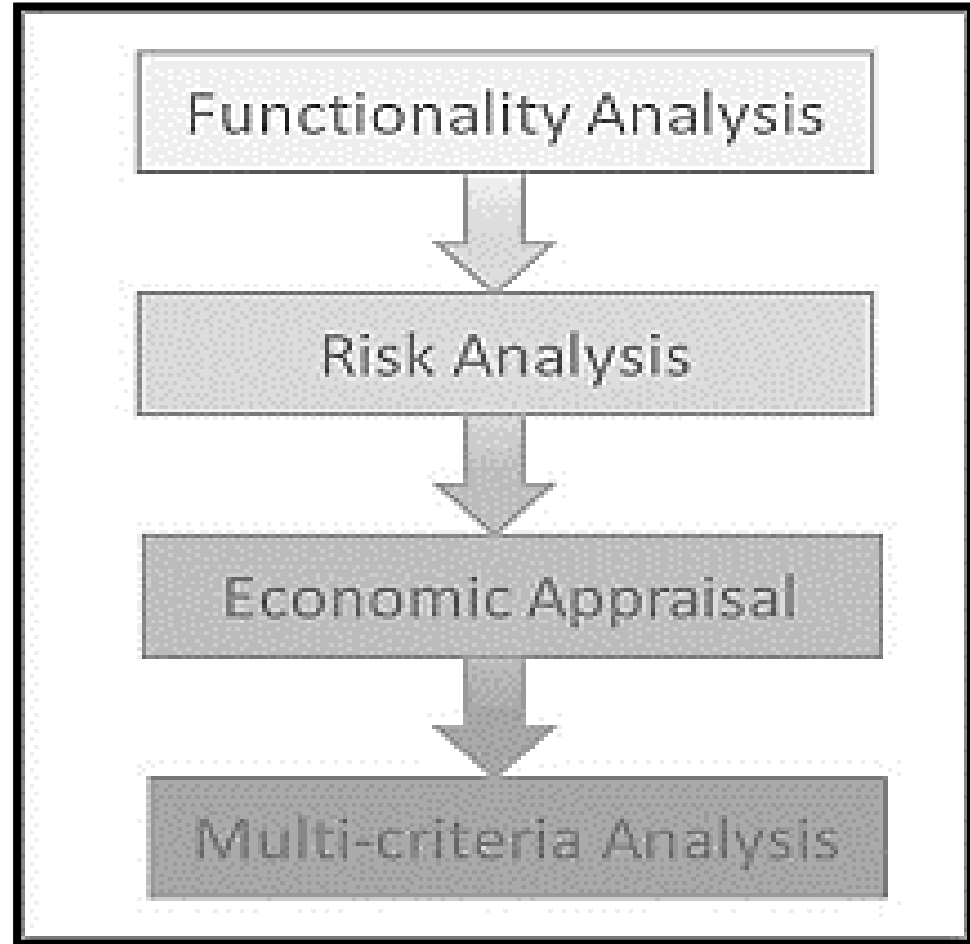
Yeldan, E. 14.12.22. ["Yeni Ekonomik Model" in dayanılmaz yalnızlığı - Sarkaç \(sarkac.org\)](http://sarkac.org)



# Summary ...

- While the cost of healthcare increases continuously all over the world, some restrictions exist on the table particularly in low-income countries.
- *Global amount of total health expenditure reaches 10% of annual income.*
- Particularly diagnostic - therapeutic and rehabilitative fields are highly costly.
- *Governments continuously struggle for limiting the climbing of healthcare costs as a kind of tiny rival of pharmaceutical & medical technology giants.*
- The role of physicians for rational utilising of diagnostic - therapeutic and rehabilitative tools is very crucial. So, choosing the most rational modality for saving limited sources is an absolute must on the ground of EBM (*Evidence Based Medicine*) following standard protocols and guidelines.
- There is no alternative for Medicine if yes, it's still again Modern Scientific Medicine.
- ***Most effective solution is defining absolute priority to Preventive Medicine including promoting health with an integral / wholistic human right approach.***

*Thank you for attendance and interest....*



***Never forget; HEALTH is a Basic Human RIGHT!***



*Thank You*

***«The burden  
of medical  
responsibility is a  
heavy profession  
above all,  
even then death.»***

**Mustafa Kemal  
ATATÜRK  
Founder of  
Turkiye**