

Phase 1 lecture, 2022 - 23 academic year, spring semester 24th Feb. 2023, Ankara - TURKIYE

Turkish Health System Turkish Ministry of Health (MoH)

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The Turkish MoH it is responsible for proposing and executing the government policy on social cohesion and inclusion, family, protection of minors, youth and of care for dependent or disabled persons.

Learning objectives....

At the end of this lecture, students are expected to;

- * Recognize Turkish Health System in terms of organisational chart & functions...
- ❖ Order main administrative units, as of general dirctorate and others within Turkish MoH
- Understand the place of health system in Turkish Constitution
- Have an idea at basic level about Turkish health legislation
- Realise how to organise for a rational supplying of equal services to all citiziens
- * Examin the central managerial bodies of Turkish MoH
- * Examin the peripheral managerial bodies of Turkish MoH and community participation
- Conceive Global&National challenges for healthy society and future organisational models

Turkish MoH

The Ministry of Health (*Turkish: Sağlık Bakanlığı*) is the Ministry of the Government of Turkiye responsible for proposing and executing the government policy on health, planning and providing healthcare and protecting *all citiziens*.

Likewise, it is responsible for proposing and executing the government policy on social cohesion and inclusion, family, protection of minors, youth and of care for dependent or disabled persons.

The Ministry of Health is headed by the Minister of Health, who is appointed by the President of Turkiye.

The current minister is Dr. Fahrettin Koca, as a pediatrician, has been serving since 10th July 2018, almost 5 years.



The following units are linked to the Turkish MoH:

- •Internal Audit Unit
- Inspection Board
- Department of Strategy Development
- Office of Press and Public Relations
- Medicines and Medical Devices Institution
- •General Directorate of Legal Services
- •General Directorate of Emergency Health Services
- •General Directorate of Health Promotion
- •General Directorate of Administrative Services
- •General Directorate of Health Investments
- •General Directorate of Health Information System
- •General Directorate of EU and Foreign Affairs
- •General Directorate of Health Services
- •General Directorate of Borders And Coastal Health of Turkiye
- •General Directorate of Turkish Public Hospitals
- General Directorate of Public Health





The Turkish of Ministry of Health - MoH



Foundation of Ministry (1920 - 1946)

- ❖ Continuity and organization of healthcare were a key focus in the Seljuk-Ottoman medical tradition. Following the foundation of the Grand National Assembly of Turkiye (23rd April 1920), the Ministry of Health was established on 3rd May 1920 as the 3rd one in the world. The main goal of this initial period was to heal the wounds of the war, tackling infectious disease & building required legislation rather than developing a regular registration system.
- After the Republic was proclaimed (29th October 1923), **Dr. Refik Saydam** held the ministerial office until 1937. Dr. Saydam contributed gigantrically to the design and development of healthcare services in Turkiye.
- In 1923, healthcare services were delivered at governmental and municipal facilities. The country had 86 hospitals and 6.437 patient beds back then. During this period the Law on Practice of Medicine and Medical Sciences (1928) and the Law on Preventive Health (1930) were adopted. These two and similar other laws are still in effect.

*The health policies during this era had four main pillars:

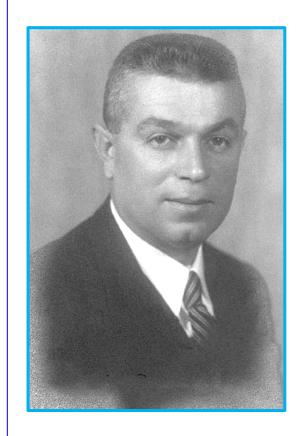
Organisation & Services of the MoH (1920 - 1946)

- 1. Plan, design and implement healthcare centrally,
- 2. Organize preventive care at central level and curative care at local administrations,
- 3. Raise the appeal of medical faculties to citizens to increase the number of health workers and enforce mandatory public service for medical faculty graduate physicians,
- 4. Launch programs to fight **against communicable diseases** like **malaria, syphilis, trachoma and leprosy**.

Under these pillars, healthcare services were based on the "single-purpose care in broad geography - *vertical organization*" model. Legislation was developed to promote *preventive care* and local administrations were encouraged to open hospitals. The objective was to have a government physician in every district. Starting from densely populated settlements, diagnostic & treatment offices were opened in 150 district centers in 1924 and 20+ in 1936. *The salaries of physicians* providing preventive care were raised and they were forbidden to engage in private practice.

National Health Plan and Program (1946–1960)

- The "First 10-Year National Health Plan", the first written health plan of Turkiye, was adopted at the Supreme Health Council in 1946.
- The plan was announced by the MoH **Dr. Behçet Uz** in 1946.
- It took nearly one and a half year for the National Health Plan to become a draft bill.
- It was approved by the Council of Ministers (The Cabinet) and at four different Parliamentary committees.
- However, the bill was not enacted because of the change of government.
- Although the National Health Plan and the National Health Program were not entirely implemented in the form of a law, the two documents deeply influenced the healthcare organization around the country.



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National Health Plan and Program (1946 - 1960)

- The basic approach was to centralize inpatient facilities that had been controlled by local administrations.
- The Plan aimed to expand healthcare to far rural areas by establishing a 10-bed health center for every 40 villages, roughly 25 K population.
- The care design of these facilities consisted of delivering *preventive and curative services* together.
- By design, each facility included two physicians, one health officer, one midwife, one visiting nurse and a village midwife and a health officer for every 10 villages.
- The number of the health centers was 8 in 1945, 181 in 1955 and 283 in 1960.



TR, MoH
Dr. Behcet Uz Research &
Training Hospital (İzmir)

The Democrat Party Period (1950 - 60)

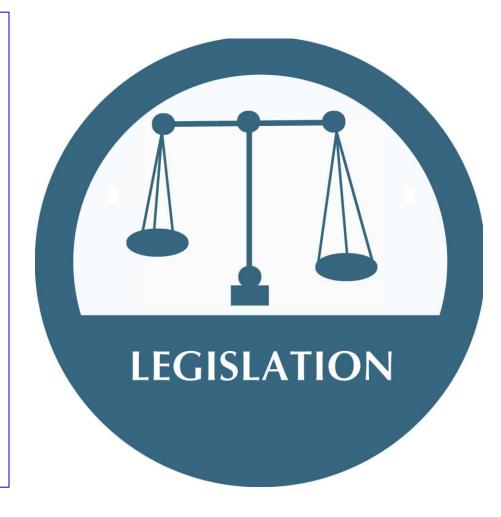
- The *Maternal and Child Health* (MCH) Section was established at the MoH in 1952.
- ➤ A Maternal and Child Health Development Center was established in Ankara in 1953 with assistance from The UNICEF & The World Health Organization.
- In this period, *pro-natalist policies* were adopted aiming growing country population due to high rate of child and infection related mortalities.
- Therefore, Turkiye continued to increase the number of *rural health centers*, maternity facilities and infection prevention centers and strengthened its corps of health professionals.

The Democrat Party Period (1950-60)

- ✓ In 1954, the **MoH** announced the "National Health Program and *Health Bank* Studies".
- ✓ Following on the first 10-Year **National Health Plan**, the Program provided the building blocks of *healthcare planning and organization* in Turkiye.
 - ✓ The National Health Plan split the country into 7 health districts (Ankara, Balıkesir, Erzurum, Diyarbakır, İzmir, Samsun and Seyhan).
 - ✓ On the other hand, the National Health Program divided the country into 16 health regions.
- ✓ After İstanbul (1827) and Ankara Universities (1945, the medical faculty of Ege University started admitting students in 1955 in order to strengthen the *health workforce / manpower*.
 - ✓ The number of physicians, nurses and midwives increased more than 100% within 10 years.

Some Legislation activities.. (1950 - 60)

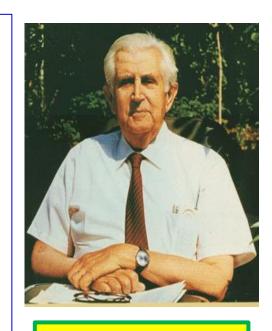
- Law on Turkish Medical Association (1953)
- Law on Pharmacists and Pharmacies (1953)
- Nursing Law (1954)
- Law on the Union of Turkish Pharmacists (1956)



Socialization of health services; Prof. Dr. Nusret FİŞEK

Health Policies in the 1960 - 2002 Period

- □ Socialization in health was launched in 1963 and expanded to the whole country in 1983.
- ☐ Health posts, health centers and district and provincial hospitals were opened countrywide to provide extensive, continuous, integrated and 3 staged (hierarchical) healthcare; as of *Primary, Secondary and Tertiary care*..
- ☐ The *Population Planning Law* was adopted in 1965 shifted the policy of the country from a *pro-natalist* to an *anti-natalist* policy.
- ☐ The MoH was authorized to establish a dedicated organization, obtain or manufacture or outsource provision of contraceptive drugs & tools (condom, IUD etc.), provide citizens in need with such tools for free or on a rate cheaper than the production cost or take measures to that effect.



The Socialization

Law is
a revolutionary
breakthrough
in the footsteps
of Atatürk.

Period of State Planning Organization (SPO-DPT)

- ☐ In 1990, the **State Planning Organization** prepared the «*Healthcare Sector Master Planning Study*» together with the MoH.
- ☐ This basic plan on the healthcare sector marked the beginning of a process of addressing **health reforms**.
- ☐ The preparatory theoretical efforts for the health reforms gained momentum with the 1st and 2nd National Health Congress held in 1992 and 1993.
- ☐ This introduced the *green card for poor citizens* without **social security**. This policy allowed low-income people to be covered by health insurance although coverage of care package was limited.
- ☐ In 1993, the MoH developed the "National Health Policy" which consisted of 5 main components including environmental health, support, healthcare delivery and goals for healthy Turkiye.



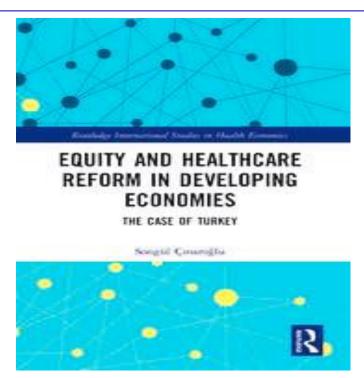


Ministry of Development

Health Reform efforts in 1990s

The main components of the Health Reform efforts in 1990s were as follows:

- 1. Create General Health Insurance by merging all social security institutions (SGK),
- 2. Introduce **family practice** for primary care,
- 3. Grant autonomy to hospitals,
- 4. Reorganize the Ministry of Health to become a planning and coordinating body with a special focus on *preventive healthcare*.
- 5. This was a period when major theoretical work was done but without noteworthy chances for implementation.



Health Transformation Program (2003-2013)-1

- ☐ The Government of Turkiye started the Health Transformation Program (HTP) in 2003.
- To address the challenges, **the World Bank** has supported Turkey's *Health Transformation* Program since 2003 with two Adaptable Program Loans *(debts!)* (APLs).



- The Bank also provided technical guidance and shared the experiences of other countries.
- ☐ The Plan included the following targets under the title "Health for All":
- ❖ The main but covered fonction of the WB is opressing the countries/governments to privatise health services an limitate the proportion of public health services via credits / loans.
- The neo-liberal globalisation, ideologically is in fact, dedicated to marginalise almost all kinds of public sevices and opening a field to both national and international capital(ism) by means of de-regulatory legal arrangenments un de the mask of HEALTH TRANSFORMATION.
 This pro-capital international agressive policy is clear enough that neither national nor domestic in nature.

Health Transformation Program (2003-2013)-2

- ☐ The Program was developed and launched in early 2003 based on the earlier experiences including **Socialization** and subsequent health reform efforts.
- Complaints about long waiting lists decreased.
- ☐ Patients stranded in hospitals for failing to pay the bills became a thing of the past as the main concern was the provision of **social insurance and universal health care**.
- After addressing the emergency transportation issues, demands were now focused on qualified intensive care unit beds in sufficient numbers.
- ❖ But, at the end of 2 decades implementation in Turkiye, private health sector was overnourished by limitless public funds and developed against the public sector.
- The **privatised health sector** started to absorb financial sources of National Social Security System (SGK) extreemly unfair when compared with the volume of health services that they performed.
- ❖ The Turkish Social Security System (SGK) has been facing with huge budgetary deficits to be covered by the general budget transfers. And over 10 m people are incapable to pay monthly premium and out of coverage!

Patients = Costomers!?

Hastalara müşteri gözüyle bakılacak'



Oğlu için organını satıyor

G aziantep Nurdağı'nda Akdeniz Anemisi hastası olan oğlu Berat Can'ın tedavi masraflarını karşılayamayan İlyas Öztürk (38), son çare olarak yasak olmasına rağmen organlarını satışa çıkardı. Çay ocağında günlük 5 milyon liraya çalışan Öztürk, her ay bir kez kanı değiştirilen oğlunun tedavisini sürdürecek gücü kalmadığını belirterek, "Evdeki eşyaları sattım. Akrabalara borçlandım. Yeşil Kart'ım yok. Aylık tedavi masrafı 500 milyonu buluyor. Bir böbreğimle gözümün birini vermeye hazırım. Yeter ki oğlum kurtulsun" dedi. ■ RAMAZAN TÜNCER DHA

AYŞEGÜL AYDOĞAN İstanbul

stanbul'daki Sürmeli Oteli'nde dün başlayan 'Sağlıkta Dönüşüm Programı ve Sektörel İstişare' toplantısında konuşan Sağlık Bakanı Recep Akdağ, hizmeti daha verimli ve hakkaniyetli sunmak istediklerini belirterek, "Bu doğrultuda Sağlık Bakanlığı dümeni ele almalıdır" dedi. Çalışma ve Sosyal Güvenlik Bakanlığı ile başlattıkları ortak hizmete değinen Akdağ, bu sistemle SSK'lı vatandaşların daha rahat randevu alır hale geldiğini ve halkın hizmete daha kolay ulaştığını söyledi.

Gönüllü hizmet dönemi

Döner sermaye uygulamasının hekim seçme özgürlüğünü getirdiğini sayup in Akdağ, "Artık hastalar,memnun edilecek müşteri olarak kabul edilecek" diye konuştı Mecburi hizmetin yerine gonulu hizmetin getirileceğini belirten Akdağ, söyle devam etti: "Önceki dönemlerde Türk sağlık sistemi, ateşi düşürülmeye çalışılmış hasta gibiydi. Ateşi yükselmiş ama düşürülememiş. Acil müdahalelerle bu vücut ısısını bir an önce düşürmemiz gerekiyordu. Biz bu ateşi kabul edilebilir duruma getirdik."



Former Minister of Health Prof. Dr. Recep AKDAĞ

From now on, patients will be satisfied and accepted as customers!

Health Transformation Program (2003 - 2013)

- 1. Reorganize the administration and functions of the Ministry of Health,
- 2. Cover all citizens under universal health care,
- 3. Merge all health facilities under a single body,
- 4. Grant administrative and financial autonomy to hospitals,
- 5. Introduce family medicine,
- 6. Attach special focus on maternal and child health,
- 7. Expand preventive healthcare,
- 8. Promote private sector investment in healthcare,
- 9. Delegate powers to lower levels in all public institutions,
- 10. Address shortage of health professionals in priority development regions
- 11. Launch digital transformation in health.



Health Transformation Program (2003 - 2013)

- ☐ The 60th government of Turkiye added 3 more points to HTP which are the promotion of healthy lifestyle, mobilizing stakeholders and multi-dimensional health responsibility for intersectoral collaboration and deliver cross-border health services which will for furthering Turkiye's position internationally.
- ☐ In 2003, only 39.5% of the population was satisfied with health services, whereas by 2011 this proportion had increased to 75.9%.
- ☐ In the same period, the overall health workforce increased by 36 %, growing from 295,000 to 460,000. (1,24 m at the end of 2021).



The Turkish Medicines and Medical Devices Agency (TMMDA)

- «Türkiye İlaç ve Tıbbi Cihaz Kurumu» is a regulatory agency of the Government of Turkiye that acts as the highest sanitary authority in terms of medical safety on medicines, health products, cosmetics and personal care products.
- ❖ It is responsible for the enforcement of the Turkish Cosmetic regulations, which came into effect in 2005. The current Medical Device Regulation came into force on June 7, 2011.

A new draft regulation aligned with the new *European regulation* was published in 2018.

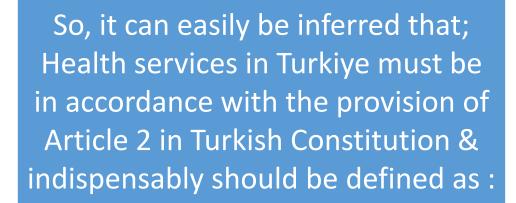


The Turkish Medicines and Medical Devices Agency (TMMDA)

- ❖ In 2013 the Agency proposed to permit some pharmacies to import medicine independently, bypassing legally established *The Turkish Pharmacists Association* although the Association successfully contested this decision.
- Under Law No. 7151 on Amendment of Certain Laws and Decrees related to Healthcare, published in December 2018 the *Social Security Institution* and some state institutions and organisations approved by the MoH can import medicine.
- ❖ It announced principles for the approval of secondary packaging and storage facilities for pharmaceuticals in January 2019.



- The Republic of Turkiye is a
 - <mark>democratic</mark>,
 - *secular* and
 - *social* state
 - governed by rule of law,
 - within the notions of <u>public</u> <u>peace</u>,
 - national *solidarity* and *justice*,
 - respecting human rights,
 - loyal to the nationalism of Atatürk,
 - and based on the fundamental tenets set forth in the preamble.



- Democratic

- Secular

- Fair

- Based on solidarity

- Respectful to human rights

- Social

- Depends on Atatürk's principles

- Everyone has the right to life and the right to protect and improve his/her corporeal and spiritual existence.
- The corporeal integrity of the individual shall not be violated except under medical necessity and in cases prescribed by law;
- and shall not be subjected to scientific or medical experiments without his/her consent.
- No one shall be subjected to *torture* or mal-treatment;
- No one shall be subjected to penalties or treatment incompatible with human dignity.

CONSTITUTION OF THE REPUBLIC OF TURKEY

Current version of the Turkish Constitution including latest amendments is available in English on our website.

- Everyone has the right to *personal liberty and security*. No one shall be deprived of his/her liberty except in the following cases where procedure and conditions are prescribed by law:
- ... execution of measures taken in conformity with the relevant provisions of law for the treatment, education or rehabilitation of a person of unsound mind, an alcoholic, drug addict, vagrant, or a person spreading contagious diseases to be carried out in institutions when such persons constitute a danger to the public;

CONSTITUTION
OF THE
REPUBLIC OF TURKEY

Current version of the Turkish Constitution including latest amendments is available in English on our website.

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Protection of the family, and children's rights

- Family is the foundation of the Turkish society and based on the equality between the spouses.
- The State shall take the necessary measures and establish the necessary organization to protect peace and welfare of the family, especially mother and children, and to ensure the instruction of family planning and its practice.
- Every child has the right to protection and care and the right to have and maintain
 - a personal and direct relation with his/her mother and father unless it is contrary to his/her high interests.
- The State shall take measures for the protection of the children against all kinds of abuse and violence.

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Provisions relating to labour

Right and duty to work

- ✓ Everyone has the <u>right and duty</u> to work.
- √ The State shall take the necessary measures to raise the standard of living of workers,
- ✓ and to protect workers and the unemployed in order to improve the general conditions of labor,
- ✓ to promote labor, to create suitable economic conditions for prevention of unemployment and to secure labor peace.



 Everyone has the right to live in a healthy, balanced environment. It is the duty of the state and citizens to improve the natural environment, and to prevent environmental pollution. To ensure that everyone leads their lives in conditions of physical and mental health and to secure cooperation in terms of human and material resources through economy and increased productivity, the state shall regulate central planning and functioning of the health services. The state shall fulfill this task by utilizing and supervising the health and social assistance institutions, in both public and private sectors. In order to establish widespread health services, general health insurance may be introduced by law.

Protection of the youth

- The State shall take measures to ensure the education and development of the youth into whose keeping our independence and our Republic are entrusted, in the light of positive science, in line with the principles and reforms of Atatürk,
- and in opposition to ideas aiming at the destruction of the indivisible integrity of the State with its territory and nation.
- The State shall take necessary measures to <u>protect youth</u> from *addiction to alcohol and drugs, crime, gambling,* and similar vices, and ignorance.

- Right to social security
- Everyone has the right to social security.
- The State shall take the necessary measures and establish the organisation for the provision of *social security*.

UDHR article 22:

Everyone, as a member of society, has the right to social security...



Turkish Social Security Institution was established by the Act of (no 5510) «Social Insurances and General Health Insurance» and covered entire population with mandatory membership paying premium in addition to taxation.. Is it fair??

Persons requiring special protection in the field of social security

- The State shall protect the widows and orphans of martyrs of war and duty, together with invalid and war veterans, and ensure that they enjoy a decent standard of living.
- The State shall take measures to protect the disabled and secure their integration into community life.
- The aged shall be protected by the State. State assistance to, and other rights and benefits of the aged shall be regulated by law.
- The State shall take all kinds of measures for social resettlement of children in need of protection.
- To achieve these aims the State shall establish the necessary organizations or facilities or arrange for their establishment.

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Ratification of international treaties

- The ratification of treaties concluded with foreign states and international organisations on behalf of the Republic of Turkiye shall be subject to adoption by the Grand National Assembly (TGNA) of Turkiye by a law approving the ratification.
- No appeal to the Constitutional Court shall be made with regard to these agreements, on the grounds that they are unconstitutional.
- In the case of a conflict between international agreements, duly put into effect, concerning *fundamental rights and freedoms* and the laws due to differences in provisions on the same matter, the *provisions of international agreements shall prevail*.

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Administration of State of Emergency

In the event of war, the emergence of a situation necessitating war, mobilization, an *uprising*, strong rebellious actions against the motherland and the Republic, widespread acts of violence of internal or external origin threatening the indivisibility of the country and the nation, emergence of widespread acts of *violence* aimed at the destruction of the Constitutional order or of fundamental rights and freedoms, serious deterioration of public order because of acts of violence, occurence of *natural disasters*, *outbreak of dangerous* epidemic diseases or emergence of a serious economic crisis...

National Medical Rescue Team (UMKE)

- ☐ National Medical Rescue Team (Turkish: Ulusal Medikal Kurtarma Ekibi, UMKE)
- ☐ Is a governmental **emergency service** organization for medical assistance in natural **disasters** and **accidents**.
- ☐ UMKE is part of the MoH.
- ☐ It is specialized in *medical disaster relief at site*.
- ☐ In addition to the first aid at the site of extraordinary events, it also provides health care with other medical personnel at nearby hospitals to preserve life, prevent the condition from getting worsened or promote recovery.





The National Medical Rescue Team (UMKE)

- Following the August 17 İzmit and November 12 Düzce earthquakes in Turkiye in 1999, a restructuring of the emergency organizations in the country became inevitable.
- The National Medical Rescue Team was established by a governmental executive order in 2004.
- With its over 4,900 personnel in 21 regions, and all 81 provinces, it is capable of providing 24/7 service on *natural disasters* and extraordinary events in and outside the country.
- They were also appointed for the quake of Marash, 2023





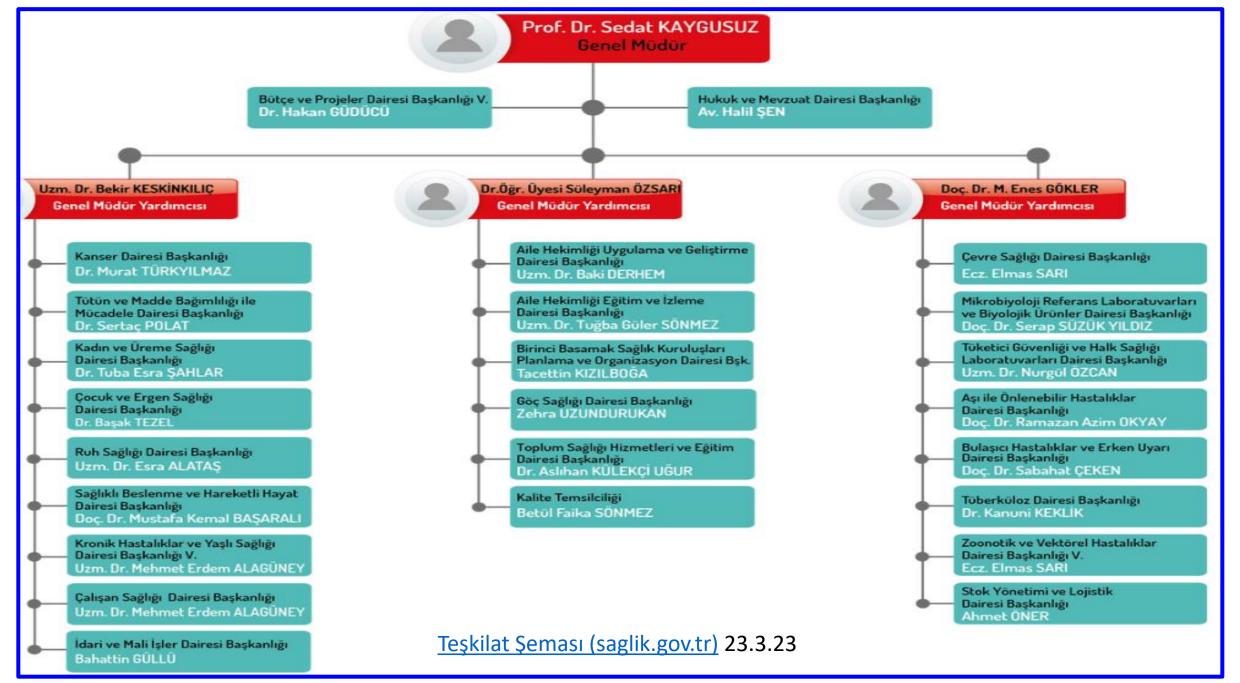
National Medical Rescue Team (UMKE)

- Staff are selected among specialized health care personnel on voluntary basis. Personnel from other governmental or private health organizations can join and participate at training and exercises at various times during the year.
- The appointment for participation at disaster relief is ordered by the Ministry or the provincial Governor of the event site.
- To carry out the necessary logistics, transportation and technical works, voluntary support personnel are at service.

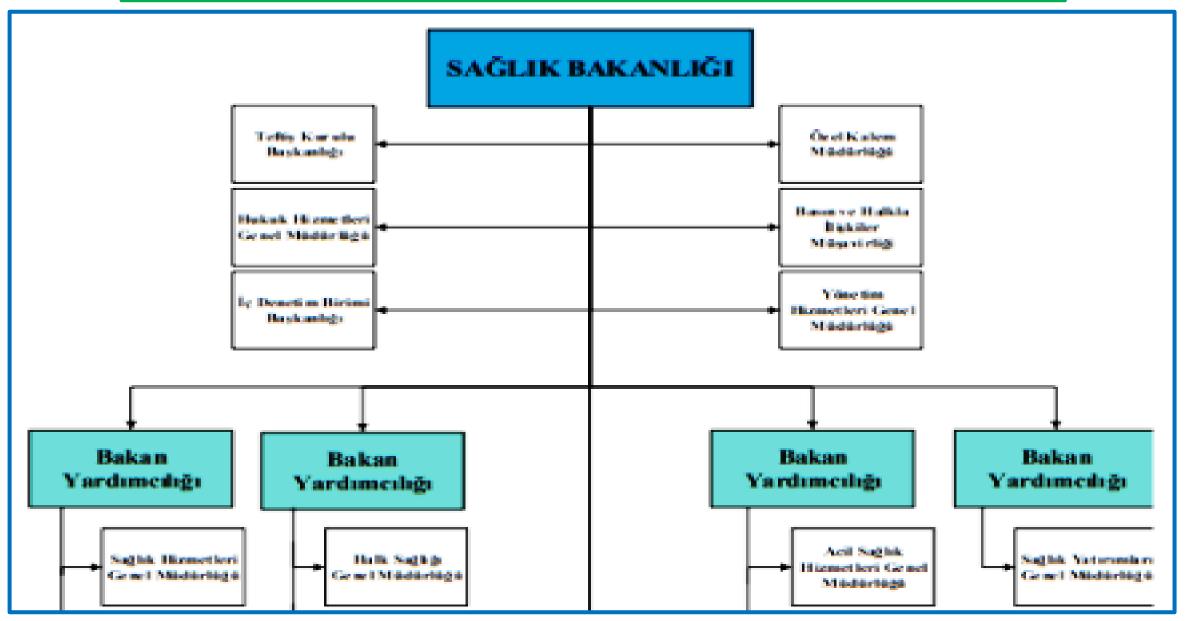








Organisational Chart of Turkish Ministry of Health



Border and Coasts General Directorate of Health

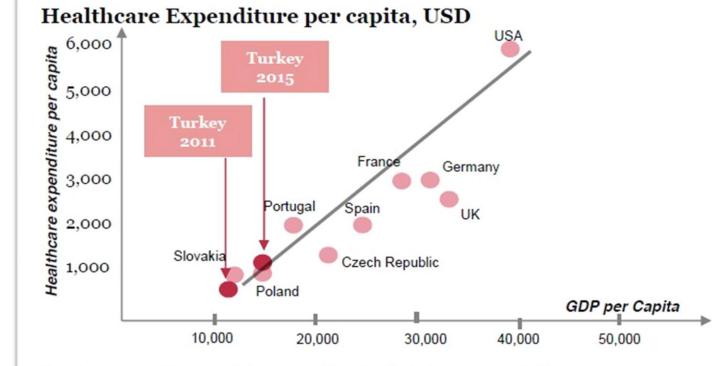
The institution, which was restructured with the Decree Law no. 663 on the Organization and Duties of the Border and Coasts General **Directorate of Health**, the MoH and its Affiliates; International legislation such as the Lausanne Peace Treaty, the Montreux Straits Convention, the International Health Regulations-IHR (2005), the ILO (International Labor Organization) Conventions, the Transfer of Funerals Agreement; It is responsible for fulfilling basic responsibilities such as preventing contagious and epidemic diseases from entering the country within the framework of national legislation such as the General Sanitary Law no. 1593 and the Official Ship Sanitation Law no. 2548 and performing sanitary inspections on vessels that will transit the *Turkish Straits* or dock at ports. This general directorate is a private budget institution affiliated to the MoH. Its head office is in Istanbul.



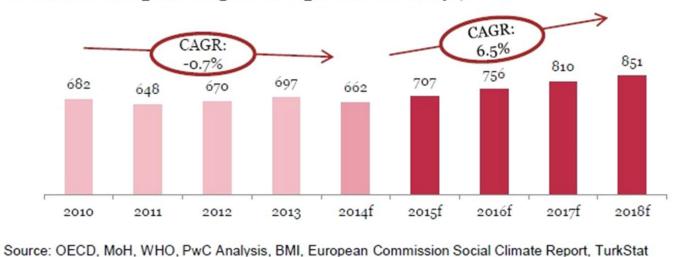


Healthcare in Turkiye

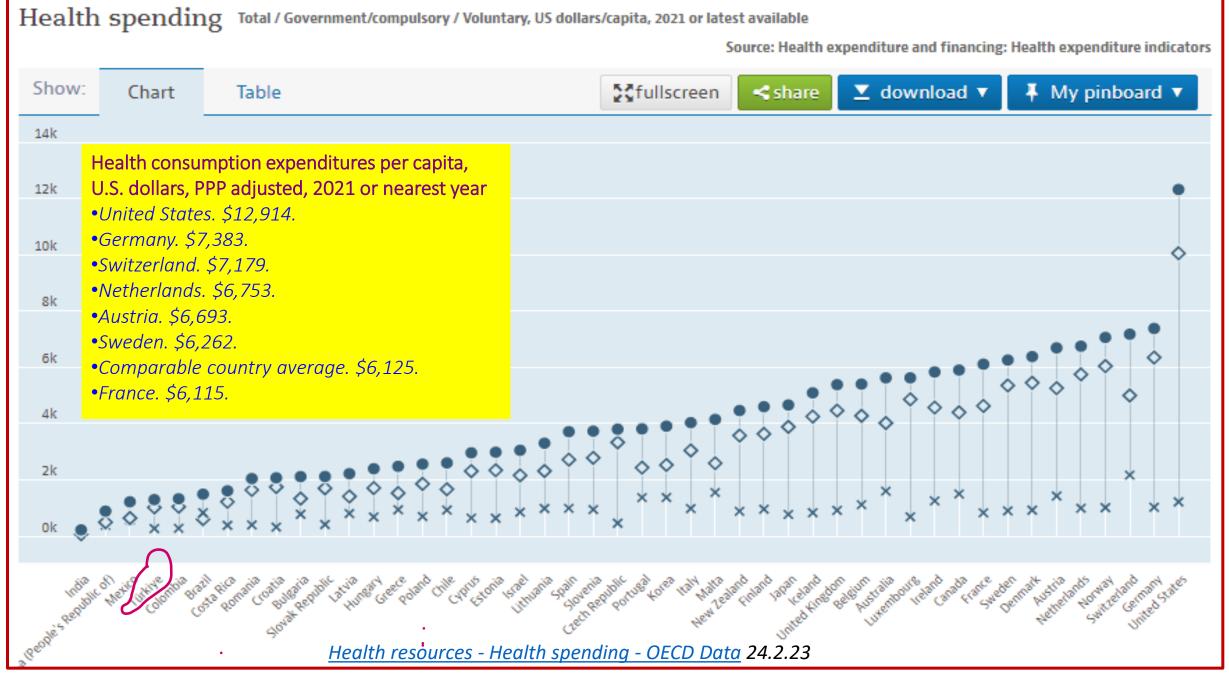
Healthcare in Turkiye consists of a mix of public and private health services. Turkiye introduced universal health care in 2003. Known as Universal Health Insurance (Genel Sağlık Sigortası), it is funded by a tax surcharge on employers, currently at 5%. Public-sector funding covers approximately 75.2% of health expenditures. Despite the universal health care, total expenditure on health as a share of GDP is the lowest among OECD countries at 6.3% of GDP, much lower than the OECD average of 9.3%. Median age in Turkiye is 33,5 compared to 44 in EU countries. Aging population is the prime reason for higher healthcare expenditure in the developed world. Average *life expectancy* is 78.5 years, compared with the EU average of 81 years. Turkiye has one of the highest rates of obesity in the world, with nearly one third (29.5%) of its adult population obese.



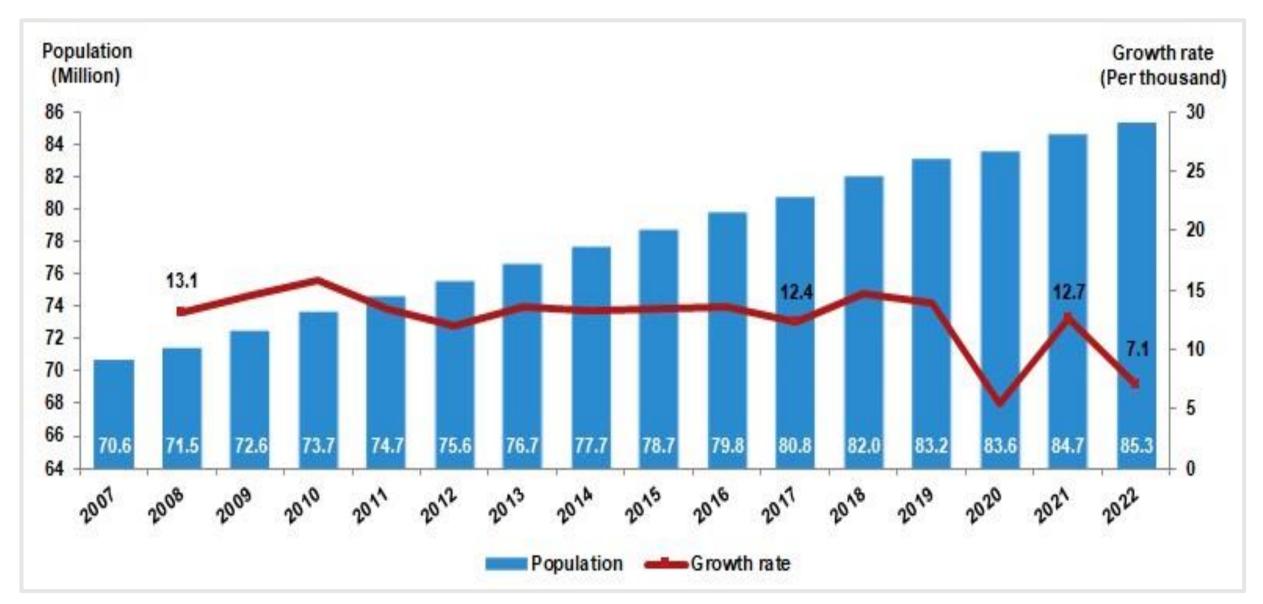
Healthcare Spending Per Capita in Turkey, USD



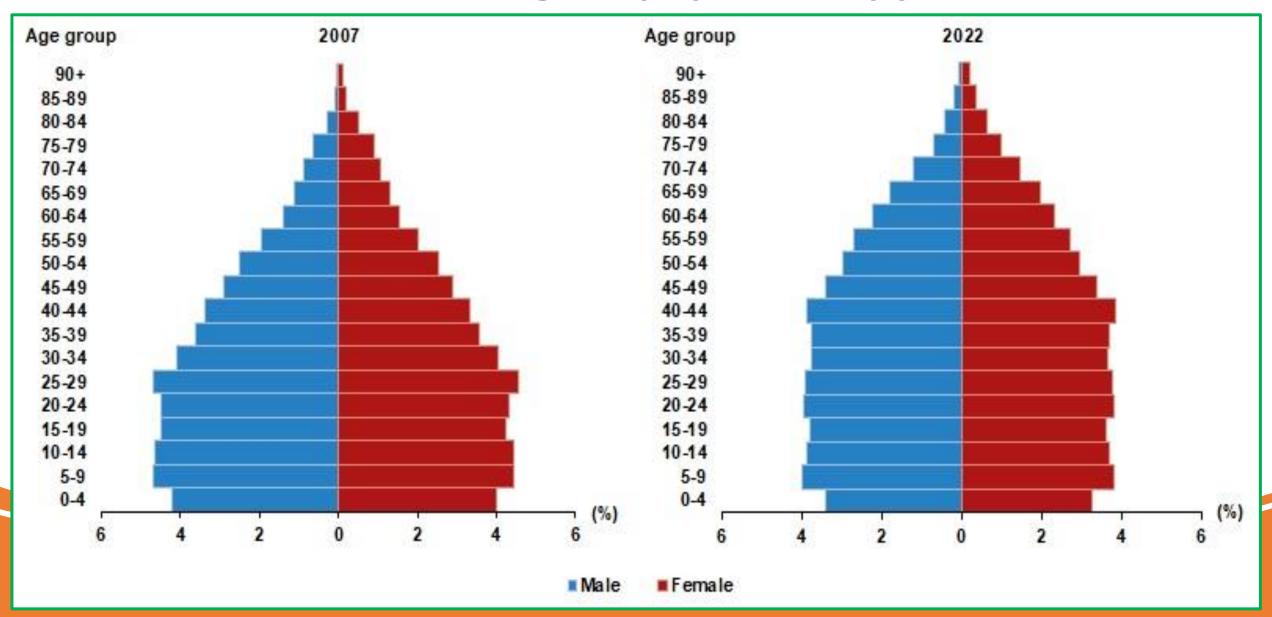




Population and annual population growth rate, 2007-2022



Structural change in population pyramid



Proportion of population by age groups, 2007, 2022



Medical tourism in Turkiye

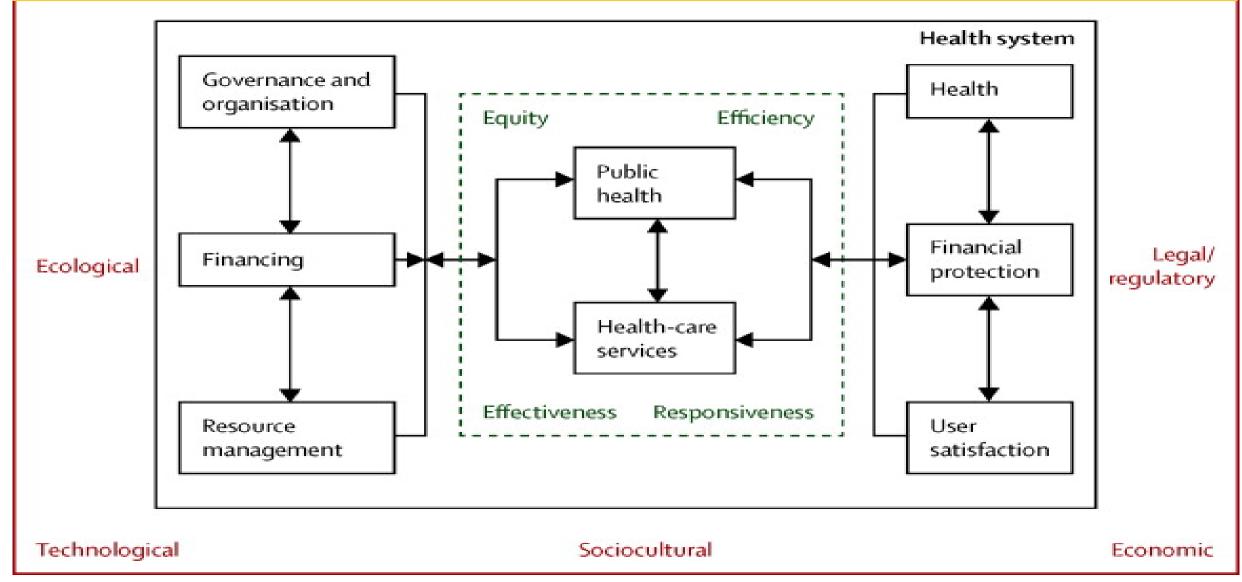
There is a substantial medical tourism business in Turkiye, with almost 178 thousand tourists visiting for health purposes in the first six months of 2018.

67% used private hospital, 24% public hospitals and 9% university hospitals.

The Regulation on *International Health Tourism and Tourist Health* came into force on July 13th 2017.

It only applies to those coming specifically for treatment.

Healthcare Systematic



Some url's for Turkish MoH

https://hsgm.saglik.gov.tr/depo/birimler/saglikli-beslenme-hareketli-hayat-db/TURKEY_DIETARY_GUIDELINES/TBSA_2017_Ozet_Bulgular_ENGpdf.pdf

https://hsgm.saglik.gov.tr/tr/beslenmehareket-yayinlar1/beslenmehareket-ingilizce-yayinlar

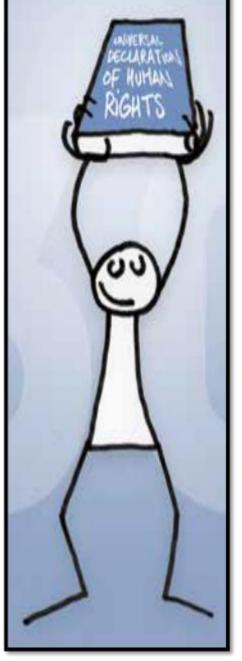
https://hsgm.saglik.gov.tr/depo/birimler/saglikli-beslenme-hareketli-hayat-db/Yayinlar/ingilizce-yayinlar/Cosi-Tur-2013.pdf

https://hsgm.saglik.gov.tr/depo/birimler/saglikli-beslenme-hareketli-hayat-db/TBSA_RAPOR_KITAP_2017_ENG_.pdf



US President Franklin Roosvelt:



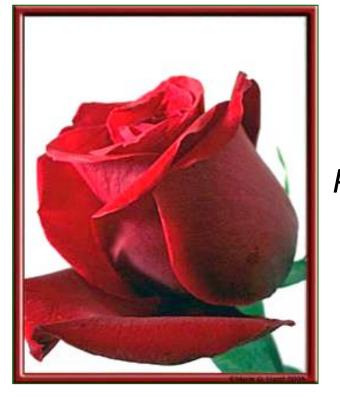




Any QUESTIONS? or COMMENTS??

for

Thank you for joining..





Ahmet SALTIK Professor of Public Health MD, BSc, LLM

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