Neoliberal health reforms in Turkey

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Overview of the presentation:

• Milestones of neoliberal health reforms in Turkey

• Assessment of the reforms in terms of social partners
  • Community
  • Health manpower
  • Global capital
Milestones of neoliberal health reforms in Turkey

• 24 January 1980: Neo-liberal era began in Turkey.
• 12 September 1980: Neo-liberal policies were settled by military coup.
• 1982: «Health services» approach was changed in the new constitution
  • 1961: «State provides medical care to everyone»
  • 1982: «State plans and organizes all health institutions»
• 1983-2002: various initiatives to support private sector
  • 1987: Health Services Basic Law (3359)
  • Marketization of public health institutions
  • Precarious employment for health manpower
• 2003- It was given a new name: «Health Transformation Program (HTP)»

Canceled by Constitutional Court in 1988
<table>
<thead>
<tr>
<th>Health Transformation Program aims transformation in the framework of 8 themes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ministry of Health as the <strong>planner</strong> and <strong>supervisor</strong>,</td>
</tr>
<tr>
<td>2. <strong>Universal health insurance</strong> gathering everyone under single umbrella,</td>
</tr>
<tr>
<td>3. Widespread, easily accessible and friendly health service system,</td>
</tr>
<tr>
<td>a) Strengthened primary health care services and <strong>family medicine</strong>,</td>
</tr>
<tr>
<td>b) Efficient and gradual <strong>referral chain</strong>,</td>
</tr>
<tr>
<td>c) Health facilities having <strong>administrative and financial autonomy</strong>,</td>
</tr>
<tr>
<td>4. Health manpower equipped with knowledge and skills and, working with high <strong>motivation</strong>,</td>
</tr>
<tr>
<td>5. Education and science institutions to support the system,</td>
</tr>
<tr>
<td>6. Quality and accreditation for qualified and efficient health services,</td>
</tr>
<tr>
<td>7. Institutional structuring in the rational management of medicine and supplies,</td>
</tr>
<tr>
<td>8. <strong>Access to effective information at decision making process</strong>: health information system.</td>
</tr>
</tbody>
</table>

Who is the owner of HTP?

- «Turkey Reforming the Health Sector for Improved Access and Efficency» report published in Turkish by World Bank in June 2002 (5 months before election).
World Bank: «Major reforms are essential»

«The strategy proposed for health sector reforms in Turkey in this document is based on the assessment that piecemeal changes at the margin are unlikely to revitalize the health system, and nothing short of major restructuring and reorganization of the health system will work if the desired objectives of universal access to quality health services produced and delivered in an economically and institutionally sustainable environment are to be met.»

World Bank (2002), Turkey Reforming the Health Sector for Improved Access and Efficency, report no: 24358 – TU, pp.44.
World Bank’s health reform strategy for Turkey (2002)

1. Universal Coverage: The Case for Social Health Insurance
2. Developing a package of essential services and targeting public spending
3. Reorganizing public hospitals and providing greater autonomy
4. Consolidating and redefining institutional responsibilities
   • Ministry of Labor and Social Security
   • Ministry of Health
5. Strengthening delivery of primary care services

World Bank (2002), Turkey Reforming the Health Sector for Improved Access and Efficiency, report no: 24358 – TU, pp.44.
Who is the owner of HTP?

• Health Minister: «We have prepared this program by getting inspiration from our past experiences, particularly the socialization of health services, the recent works for health reform and the successful examples in the world.»


• WHO: «The Health Transformation Program, a health system reform programme funded by the World Bank has been in place since 2003 and consists of two phases (2003-2009 and 2010-2013).

After the implementation of HTP... (2003 - )

- Social security organizations were combined and «Social Security Institution» was established in 2006.
- «Social Health Insurance» was introduced in 2006.
  - Premium, user fee, basic package
- Ministry of Labour and Social Security’s hospitals were transferred to the Ministry of health
- Social Security Institution began to purchase health care services from public or private institutions.
- Complementary “private” insurance was established.
After the HTP... (2003 - )

- The Ministry of Health’s administrative structure has changed in 2011.
- Ministry was withdrawn service delivery directly.
  - «Public Hospitals Institution of Turkey» was establish as a subsidiary of the Ministry.
  - Public hospitals managed by CEOs.
    - Most of them are physician.
After the HTP... (2003 - )

- Public health centers were closed instead of «Family Health Centers» were opened in 2010.
  - A type of private outpatient clinic
  - A person-list-based family medicine model
    - On average 3,500 people are registered to each center
  - Payment model for physicians: Capitation
  - Expenses (rent, electricity, cleaning etc.) are met by physicians.
After the HTP... (2003 - )

- Numerous medical faculty were opened.
  - 2002: 50
  - 2015: 86 (72%)
After the HTP... (2003 - )

• Employment method was changed for health manpower;
  • Transition from civil servant to subcontracted worker

• Payment method was changed for physicians who worked in public sector;
  • GP: Transition from salary to capitation
  • Specialists who worked in public hospitals: Salary + Performance Based Supplementary Payment System
    • «Fee-for-service»
Assessment of the reforms in terms of social partners

• Community
• Health manpower
• Global capital
Assessment of the reforms in terms of community

- Access to Care
- Quality of Care
- Equity of Health System
- Long, Healthy Lives
- Views of the Health Care System: Patients satisfaction

- Efficiency of Health System
- Health expenditures
Universal coverage?

• Unregistered insured population: 13.8 million
  • Person whose General Health Insurance premiums paid by state\(^1\): 7.6 million
  • Others? = 6.2 million

• Person who has social health insurance premium debt\(^2\):
  • (5510, 4/a) Employer Under Service Contract: 1.7 million
  • (5510, 4/b) Self-Employed: 3.3 million

• Exclude coverage (estimation): over 15%

\(^1\): SSI, Monthly Basic Indicators, January 2015.
Transforming Turkey’s Health System — Lessons for Universal Coverage
Rifat Atun, M.B., B.S., M.B.A.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health expenditures</td>
<td></td>
</tr>
<tr>
<td>Per capita (U.S.$)</td>
<td>665</td>
</tr>
<tr>
<td>Percentage of GDP</td>
<td>6.3</td>
</tr>
<tr>
<td>Out-of-pocket (% of private health expenditures)</td>
<td>64.4</td>
</tr>
<tr>
<td>Public sources (% of total)</td>
<td>73.9</td>
</tr>
<tr>
<td>Health insurance</td>
<td></td>
</tr>
<tr>
<td>Rate in population (%)</td>
<td>98</td>
</tr>
<tr>
<td>Source of funding</td>
<td></td>
</tr>
<tr>
<td>Employers (7.5%) and employees (5%)</td>
<td></td>
</tr>
<tr>
<td>government contributions for Green Card beneficiaries</td>
<td></td>
</tr>
</tbody>
</table>
Big problem: Statistics are distorted for propaganda
Statistics are distorted for propaganda

Which one is true?
Increase in admissions to emergency services?

• More than 110.9 million admissions\(^1\) to emergency services in 2015.

• With HTP, Turkey is now the only country where the number of emergency admissions exceeds the total population\(^2\).

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## User fee...

<table>
<thead>
<tr>
<th></th>
<th>User fee for medical examination (Million TL)</th>
<th>Household health expenditure (Million TL)*</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>466</td>
<td>8.142</td>
<td>5.72</td>
</tr>
<tr>
<td>2012</td>
<td>2.142</td>
<td>11.750</td>
<td>18.14</td>
</tr>
</tbody>
</table>

* TÜİK Health Expenditure Statistics.

- **Medicine?**
- **Informal payment to private sector?**
OECD: «Few indicators of quality are collected, and those that exist, point to poor quality of care by OECD standards»

- Mortality within 30 days of hospital admission for acute myocardial infarction in Turkey – 10.7 per 100 patients – is 35% higher than the OECD average of 7.9.

- Similarly for stroke, case fatality within 30 days of hospital admission is the third highest in the OECD (11.8 per 100 patients), following Mexico and Slovenia.

- Admission rate for uncontrolled diabetes (402.6 per 100,000 population) is a clear outlier at nearly ten times the OECD average of 47.3
Quality of primary care

• Cancer screening rates, a core primary care activity, are low.
  • In 2011, only 15.5% of Turkish women aged 20-69 were screened for cervical cancer, compared to an OECD average of 59.6%.
  • 27.3% of women aged 50-69 were screened for breast cancer (OECD average 61.5%) and
  • 3.2% of adults aged 50-74 were screened for colorectal cancer (EU15 average 12.7%).

• Important measures of quality of primary care that are collected by other OECD counties are not available for Turkey.
  • rates of hospital admission for chronic conditions deemed fully manageable within primary care, such as asthma, chronic obstructive pulmonary disease (COPD) or diabetes.
  • Other relevant measures, such as frequency of annual retinal exam in diabetics, is not available either.

Prevalence of raised fasting blood glucose*, ages 18+, 2014 (age standardized estimate)
Female

* ≥ 7.0 mmol/L or on medication for raised blood glucose

Note: For mapping purposes, the map shows identical values for Sudan and South Sudan. These values concern the former Sudan as it existed prior to July 2011.
The percentage of children receiving all basic vaccinations (2008): **80.5%**
The percentage of children receiving all basic vaccinations (2013): **74.1%**

### Table 11.9 Vaccinations by source of information

<table>
<thead>
<tr>
<th>Source of information</th>
<th>DTaP-IPV-Hib</th>
<th></th>
<th></th>
<th></th>
<th>Hepatitis B</th>
<th></th>
<th></th>
<th></th>
<th>PCV</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BCG</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>MMR</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td><strong>Vaccinated at any time before survey</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaccination card</td>
<td>73.2</td>
<td>74.4</td>
<td>73.8</td>
<td>72.6</td>
<td>69.3</td>
<td>75.2</td>
<td>75.0</td>
<td>72.2</td>
<td>72.9</td>
<td>72.4</td>
<td>70.8</td>
<td>63.6</td>
</tr>
<tr>
<td>Mother's report</td>
<td>21.2</td>
<td>20.0</td>
<td>15.3</td>
<td>13.8</td>
<td>20.5</td>
<td>21.2</td>
<td>17.0</td>
<td>14.9</td>
<td>16.6</td>
<td>12.6</td>
<td>10.8</td>
<td>10.5</td>
</tr>
<tr>
<td>Either source</td>
<td>94.4</td>
<td>94.4</td>
<td>89.1</td>
<td>86.4</td>
<td>89.8</td>
<td>96.4</td>
<td>91.9</td>
<td>87.1</td>
<td>89.5</td>
<td>85.0</td>
<td>81.6</td>
<td>74.1</td>
</tr>
<tr>
<td><strong>Vaccinated by 15 months of age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>94.4</td>
<td>94.4</td>
<td>88.6</td>
<td>84.3</td>
<td>88.5</td>
<td>96.4</td>
<td>91.9</td>
<td>86.5</td>
<td>89.5</td>
<td>84.8</td>
<td>80.6</td>
<td>70.0</td>
</tr>
</tbody>
</table>

1. BCG, MMR, and three doses each of DTaP-IPV-Hib, Hepatitis B, and PCV.
2. For children whose information is based on the mother’s report, the proportion of vaccinations given during the first year of life is assumed to be the same as for children with a written record of vaccination.
Efficiency?

- Bed occupancy rate in Turkish hospitals is only 64.9%, the third lowest in the OECD after the Netherlands and the United States, and it is only just above 50% in the private hospital sector.
- The number of caesarean sections in Turkey are the highest in the OECD. Between 2006 and 2011 the number of caesarean sections increased from 297 to 462 per 1000 live births, which is the highest rate of growth in the OECD.
- COPD admission rate of 877.2 per 100 000 population is over four times in excess of the OECD average of 201.3.
- ...

Figure 7.13. Bed Occupancy Rate by Years and Sectors, (%), Turkey

Source: General Directorate of Health Services

Figure 7.16. International Comparison of Acute Bed Occupancy Rate in Hospitals, 2013

Source: OECD Health at a Glance, 2015
Neoliberal health reforms have changed the financial structure of public hospitals

• While the share of general budget has gradually decreased, the share of extra-budgetary sources such as health insurance has increased. This change in financial structure has eliminated the “public” nature of hospitals.
  • Depending on this change, revolving fund has been a dominant financing tool in hospital unions.
  • Nowadays, a large part of the income is derived from the revolving fund and almost all of the expenditures (except salary of civil servants) are made from the revolving fund.
The change in financial structure of public hospitals have led to many changes in patient care

- Hospitalization period has reduced.
- Long term care services began to be transferred out of hospital.
- Many services in hospitals (Hospitality, home care, pathology and other laboratory services, kitchen, cleaning, archive services etc.) are purchased externally.
Figure 7.17. Average Length of Stay in Hospitals by Years and Sectors, (Days), Turkey

Source: General Directorate of Health Services
Figure 7.20. International Comparison of Average Length of Stay in Hospitals, (Days), 2013

Source: OECD Health Data 2015
The Health Transformation Program has not provided a significant improvement in community health indicators. Today, Turkey is far behind the developed countries in public health indicators.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>EU28</th>
<th>TR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy:</td>
<td>80,3</td>
<td>77,6</td>
</tr>
<tr>
<td>Infant mortality rate (2012)</td>
<td>3,8 (%)</td>
<td>11,6 (%)</td>
</tr>
<tr>
<td>Unmet healthcare needs</td>
<td>Eu27: 3,0%</td>
<td>TR: 15,0%</td>
</tr>
</tbody>
</table>
1.15. Regional variation in the % of population with unmet medical needs, 2013

- Minimum
- Country average
- Maximum

StatLink: http://dx.doi.org/10.1787/888933362995
Assessment of the reforms in terms of health manpower

- Employment status
- Employee rights
- Working conditions
  - Violence
  - Workload (over 80 patients per day for physicians...)
  - Exposure assessment
  - Income
- Views of the Health Care System: Workers satisfaction
Figure 7.1. Total Number of Per Capita Visits to a Physician in Health Agencies and Institutions by Years, All Sectors, Turkey

<table>
<thead>
<tr>
<th>Year</th>
<th>Primary Health Care</th>
<th>Secondary and Tertiary Health Care</th>
<th>Per Capita Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>1.1</td>
<td>2.0</td>
<td>3.1</td>
</tr>
<tr>
<td>2010</td>
<td>2.7</td>
<td>4.6</td>
<td>7.3</td>
</tr>
<tr>
<td>2011</td>
<td>3.3</td>
<td>4.9</td>
<td>8.2</td>
</tr>
<tr>
<td>2012</td>
<td>3.1</td>
<td>5.1</td>
<td>8.2</td>
</tr>
<tr>
<td>2013</td>
<td>2.9</td>
<td>5.3</td>
<td>8.2</td>
</tr>
<tr>
<td>2014</td>
<td>2.8</td>
<td>5.5</td>
<td>8.3</td>
</tr>
</tbody>
</table>

Source: Public Health Institution of Turkey, General Directorate of Health Services
Figure 7.3. International Comparison of Per Capita Visits to a Physician, 2013

Source: OECD Health Data 2015
Basic issues...

• «Security of life» of health workforce
• «Assurance of employment»
• «Assurance of regular income»
• Professional independence
  • Cost-containment policies
  • ...

• «Security of life» of health workforce
• «Assurance of employment»
• «Assurance of regular income»
• Professional independence
  • Cost-containment policies
  • ...
Violence in the health workplace
(Official data, 14 May 2012-27 August 2014)

• 23,120 case (Average 30 case per day)
  • 10,271 public hospitals
  • 6,241 training & research hospitals (public)
  • 2,626 family health centers
• 15,269 verbal
• 7,851 physical
• 12,975 violence against physician
• 7,795 polyclinics
• 7,208 emergency services

Outsourced employment is growing

Number of temporary workers increased to 126,000 in 2012 from 11,000 in 2002.

1 out of every 4 people working in the Ministry of Health is working in outsourcing companies!
Weekly working hours of physicians (TMA)
Assessment of the reforms in terms of **global capital**

- **Profit maximation**
  - Purchasing of services in public system
    - Outsourcing of services in public hospitals
    - Purchasing of health care from private hospitals
  - Increase in demand (Provoked demand, supply induced demand)
    - More patients, tests, imaging methods (CT, MR, PET, ...), medicines, surgery, ...
- **Monopolization**
  - Chain of private hospitals
  - Corporatization of public hospitals
- **Privatization**
  - Public-Private-Partnership
Outsourcing Trend in Turkey (2011 to 2008)

Today all public hospitals are using outsourcing.

### Distribution of outsourced services (2008, first 10)

#### Non-clinic

<table>
<thead>
<tr>
<th>Types of Support Services</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housekeeping</td>
<td>468</td>
<td>94,0</td>
</tr>
<tr>
<td>Automation</td>
<td>462</td>
<td>92,8</td>
</tr>
<tr>
<td>Security</td>
<td>347</td>
<td>69,7</td>
</tr>
<tr>
<td>Catering</td>
<td>314</td>
<td>63,1</td>
</tr>
<tr>
<td>Secretary</td>
<td>246</td>
<td>49,4</td>
</tr>
<tr>
<td>Insect Control</td>
<td>222</td>
<td>44,6</td>
</tr>
<tr>
<td>Technical service</td>
<td>186</td>
<td>37,3</td>
</tr>
<tr>
<td>Laundry</td>
<td>158</td>
<td>31,7</td>
</tr>
<tr>
<td>Medical equipment repair and maintenance</td>
<td>154</td>
<td>30,9</td>
</tr>
<tr>
<td>Landscaping services</td>
<td>128</td>
<td>25,7</td>
</tr>
</tbody>
</table>

#### Clinic

<table>
<thead>
<tr>
<th>TYPES OF SERVICES</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magnetic resonance (MR)</td>
<td>183</td>
<td>36,7</td>
</tr>
<tr>
<td>Computerized tomography (BT)</td>
<td>163</td>
<td>32,7</td>
</tr>
<tr>
<td>Biochemistry laboratory services</td>
<td>113</td>
<td>22,7</td>
</tr>
<tr>
<td>Microbiology laboratory services</td>
<td>84</td>
<td>16,9</td>
</tr>
<tr>
<td>Radiology</td>
<td>82</td>
<td>16,5</td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td>60</td>
<td>12,0</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>44</td>
<td>8,8</td>
</tr>
<tr>
<td>Nursing</td>
<td>39</td>
<td>7,8</td>
</tr>
<tr>
<td>Medical staff (physician) services</td>
<td>27</td>
<td>5,4</td>
</tr>
<tr>
<td>Bone densitometry</td>
<td>10</td>
<td>2,0</td>
</tr>
</tbody>
</table>

Social health insurance expenditures: Private sector **more expensive**

<table>
<thead>
<tr>
<th>Years</th>
<th>State 2. step</th>
<th>State 3. step</th>
<th>Private</th>
<th>University</th>
<th>Average cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>41,28</td>
<td>75,65</td>
<td>68,32</td>
<td>179,71</td>
<td>63,49</td>
</tr>
<tr>
<td>2010</td>
<td>43,33</td>
<td>80,93</td>
<td>70,79</td>
<td>170,63</td>
<td>66,44</td>
</tr>
<tr>
<td>2011</td>
<td>46,12</td>
<td>84,61</td>
<td>71,52</td>
<td>169,46</td>
<td>68,87</td>
</tr>
<tr>
<td>2012</td>
<td>49,48</td>
<td>91,29</td>
<td>77,00</td>
<td>180,01</td>
<td>73,10</td>
</tr>
<tr>
<td>2013</td>
<td>49,74</td>
<td>90,19</td>
<td>79,82</td>
<td>176,66</td>
<td>73,74</td>
</tr>
<tr>
<td>2014</td>
<td>50,92</td>
<td>93,09</td>
<td>86,50</td>
<td>180,58</td>
<td>76,45</td>
</tr>
</tbody>
</table>

Social Security Institution
Private hospitals: 2-fold increase
Growth rate (2002-2014):
• MoH: 15.2 %
• University: 39.2 %
• Private: 227.0 %
Figure 6.13. Number of Hemodialysis Centers by Years and Sectors, Turkey

Source: General Directorate of Health Services
### Chronic kidney failure

#### Prevalence of chronic kidney failure:
1. Marmara
2. Southeastern Anatolia

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**Table 6.4. Actively Used Hemodialysis Equipments per 1,000,000 Population by NUTS-1 and Sectors, 2014**

<table>
<thead>
<tr>
<th>NUTS-1</th>
<th>Ministry of Health</th>
<th>University</th>
<th>Private</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western Blacksea</td>
<td>127.1</td>
<td>14.5</td>
<td>138.2</td>
<td>279.7</td>
</tr>
<tr>
<td>Eastern Blacksea</td>
<td>104.8</td>
<td>5.5</td>
<td>91.6</td>
<td>261.8</td>
</tr>
<tr>
<td>Central Anatolia</td>
<td>78.5</td>
<td>16.5</td>
<td>158.5</td>
<td>253.5</td>
</tr>
<tr>
<td>Aegean</td>
<td>64.9</td>
<td>17.5</td>
<td>167.6</td>
<td>250.0</td>
</tr>
<tr>
<td>Western Anatolia</td>
<td>40.4</td>
<td>35.3</td>
<td>159.9</td>
<td>236.6</td>
</tr>
<tr>
<td>Eastern Marmara</td>
<td>66.1</td>
<td>12.5</td>
<td>140.2</td>
<td>218.9</td>
</tr>
<tr>
<td>Western Marmara</td>
<td>80.6</td>
<td>5.7</td>
<td>128.6</td>
<td>214.8</td>
</tr>
<tr>
<td>Mediterranean</td>
<td>63.4</td>
<td>21.8</td>
<td>128.4</td>
<td>213.6</td>
</tr>
<tr>
<td>Turkey</td>
<td>63.8</td>
<td>15.2</td>
<td>127.8</td>
<td>206.8</td>
</tr>
<tr>
<td>Istanbul</td>
<td>19.1</td>
<td>7.9</td>
<td>151.8</td>
<td>178.8</td>
</tr>
<tr>
<td>Northeastern Anatolia</td>
<td>121.9</td>
<td>9.5</td>
<td>30.8</td>
<td>162.3</td>
</tr>
<tr>
<td>Midwestern Anatolia</td>
<td>85.5</td>
<td>19.5</td>
<td>45.0</td>
<td>149.9</td>
</tr>
<tr>
<td>Southeastern Anatolia</td>
<td>55.1</td>
<td>6.4</td>
<td>51.3</td>
<td>112.8</td>
</tr>
</tbody>
</table>

Source: General Directorate of Health Services

---

**Graph:**

- Marmara: 19.7%
- Ege: 13.8%
- Karadeniz: 16.1%
- Akdeniz: 11.7%
- İç Anadolu: 12.4%
- Doğu Anadolu: 14.2%
- Güneydoğu Anadolu: 18.6%

CREDIT: Türkiye KBH Prevalans Araştırması (Turkey KBH Prevalence Study)
### Table 6.5. Number of Equipments of Inpatient Treatment Institutions by Years, Turkey

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MRI</td>
<td>58</td>
<td>562</td>
<td>625</td>
<td>678</td>
<td>709</td>
<td>720</td>
<td>751</td>
<td>757</td>
</tr>
<tr>
<td>CT</td>
<td>323</td>
<td>759</td>
<td>838</td>
<td>904</td>
<td>974</td>
<td>1.017</td>
<td>1.058</td>
<td>1.071</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>1.005</td>
<td>2.117</td>
<td>2.283</td>
<td>2.436</td>
<td>3.775</td>
<td>4.282</td>
<td>4.756</td>
<td>5.286</td>
</tr>
<tr>
<td>Doppler Ultrasonography</td>
<td>681</td>
<td>1.095</td>
<td>1.251</td>
<td>1.397</td>
<td>2.091</td>
<td>2.480</td>
<td>2.793</td>
<td>3.151</td>
</tr>
<tr>
<td>ECHO</td>
<td>259</td>
<td>689</td>
<td>791</td>
<td>881</td>
<td>1.181</td>
<td>1.379</td>
<td>1.542</td>
<td>1.793</td>
</tr>
</tbody>
</table>

**Growth rates:**
- MRI: 1205%
- CT: 232%
- Ultrasound: 426%
- Doppler Ultrasonography: 363%
- ECHO: 592%

Source: General Directorate of Health Services
More surgical operations...

Number of operations

- 2002: 2,053,651
- 2010: 14,741,948
- 2014: 14,741,948
### Table 7.23. Consumption of Drugs by Years, (Million Boxes), Turkey

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alimentary T. &amp; Metabolism</td>
<td>243.1</td>
<td>268.7</td>
<td>278.8</td>
<td>280.6</td>
<td>286.7</td>
</tr>
<tr>
<td>Respiratory System</td>
<td>231.3</td>
<td>268.7</td>
<td>257.8</td>
<td>263.8</td>
<td>276.5</td>
</tr>
<tr>
<td>Systemic Anti-Infectives</td>
<td>266.0</td>
<td>280.8</td>
<td>278.4</td>
<td>275.1</td>
<td>270.3</td>
</tr>
<tr>
<td>Nervous System</td>
<td>211.0</td>
<td>234.5</td>
<td>242.6</td>
<td>258.5</td>
<td>260.7</td>
</tr>
<tr>
<td>Musculo-Skeletal System</td>
<td>207.1</td>
<td>222.8</td>
<td>233.4</td>
<td>216.8</td>
<td>228.0</td>
</tr>
<tr>
<td>Cardiovascular System</td>
<td>155.8</td>
<td>168.9</td>
<td>177.5</td>
<td>185.2</td>
<td>191.4</td>
</tr>
<tr>
<td>Dermatologicals</td>
<td>87.0</td>
<td>97.6</td>
<td>101.6</td>
<td>96.5</td>
<td>98.8</td>
</tr>
<tr>
<td>Blood &amp; B. Forming Organs</td>
<td>66.4</td>
<td>72.6</td>
<td>77.8</td>
<td>77.1</td>
<td>82.7</td>
</tr>
<tr>
<td>Hospital Solutions</td>
<td>46.4</td>
<td>59.2</td>
<td>61.9</td>
<td>72.1</td>
<td>75.8</td>
</tr>
<tr>
<td>G.U. System &amp; Sex Hormones</td>
<td>56.2</td>
<td>63.4</td>
<td>64.4</td>
<td>64.1</td>
<td>66.1</td>
</tr>
<tr>
<td>Sensory Organs</td>
<td>46.5</td>
<td>48.9</td>
<td>50.6</td>
<td>55.2</td>
<td>58.2</td>
</tr>
<tr>
<td>Systemic Hormones</td>
<td>30.3</td>
<td>36.5</td>
<td>37.5</td>
<td>37.5</td>
<td>41.7</td>
</tr>
<tr>
<td>Diagnostic Agents</td>
<td>9.1</td>
<td>11.1</td>
<td>11.7</td>
<td>13.2</td>
<td>14.8</td>
</tr>
<tr>
<td>Antineoplastic &amp; Immunomodul</td>
<td>6.3</td>
<td>6.9</td>
<td>7.6</td>
<td>8.2</td>
<td>9.3</td>
</tr>
<tr>
<td>Parasitology</td>
<td>5.0</td>
<td>5.0</td>
<td>4.7</td>
<td>5.1</td>
<td>5.0</td>
</tr>
<tr>
<td>Various (Other)</td>
<td>2.2</td>
<td>2.6</td>
<td>2.9</td>
<td>3.4</td>
<td>4.0</td>
</tr>
<tr>
<td><strong>Total Pharmaceutical Consumption</strong></td>
<td><strong>1,669.90</strong></td>
<td><strong>1,848.30</strong></td>
<td><strong>1,889.40</strong></td>
<td><strong>1,912.20</strong></td>
<td><strong>1,969.97</strong></td>
</tr>
</tbody>
</table>

Source: Pharmaceuticals and Medical Devices Institution of Turkey

- **2003:** 769 million box (11 box per capita)
- **2014:** 1,970 million box (25 box per capita)
Figure 9.6. Public and Private Health Expenditure per Capita by Years, PPP US $, Turkey

Source: TURKSTAT
Privatization process of public hospitals: PPP (PFI) in Turkey

- Current trends related with public hospitals reform is defined as "autonomy", "corporation" and "privatization" by World Bank.
  - This is often also called "new public management" or "marketization".
  - Extreme component of marketization of public hospitals is privatization.

- One of the methods of privatization of hospitals is a model of public-private partnerships (Also called “city hospitals” in Turkey). A huge new source is transferred to global capital with city hospitals using “public” name.
Public Private Partnership in Turkey

From the international company:
«We are the sole international technical advisor helping to make this programme bankable. With the support of the World Bank, the Ministry of Health has been implementing 26,000 bed Health Transformation Programme to:
• Renovate healthcare infrastructure throughout Turkey to meet increasing healthcare demands
• Bring together smaller hospitals under several integrated health campuses
• Increase the quality and efficiency of the health service»

«We worked with the Ministry, sponsors and their advisors to develop a commercial solution with a risk profile acceptable to the lending community»

https://www.mottmac.com/article/1123/health-ppp-programme-turkey
The public sector enters into long-term contracts (25 years) with private sector companies to design, build, finance and operate (non-core services) a new hospital.

- Cost: more expensive
  - PPP Kayseri hospital (1583 bed):
    - Fixed assets investment: 427 million TL
    - PPP total payment for 25 years: 3.443 million TL

As a result;

• In the aftermath of neoliberal health reforms, we’ve to answer this question: **Who gains, who loses?**

  • Community
  • *Health manpower*
  • *Global capital*

*thank you*