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## About the journal

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A photograph of a green syringe in the foreground and a blurred person in the background.

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## Effect of primary health care reforms in Turkey on health service utilization and user satisfaction FREE

Thomas Hone ✉, Ipek Gurol-Urganci, Christopher Millett, Berrak Başara, Recep Akdağ, Rifat Atun

*Health Policy and Planning*, Volume 32, Issue 1, 1 February 2017, Pages 57–67, <https://doi.org/10.1093/heapol/czw098>

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دانشگاه علوم پزشکی  
و خدمات بهداشتی درمانی تهران

# استاد راهنما: جناب آقای دکتر براهیمی

ارائه دهنده: دکتر محمدمهدی مجتهدی

دستیار پزشکی خانواده



ELSEVIER

- Universal health coverage in Turkey: enhancement of equity
- Transforming Turkey's Health System — Lessons for Universal Coverage
- Health policy for the poor: An exploration on the take-up of means-tested health benefits in Turkey

# Health For All by ۲۰۰۰ (HFA ۲۰۰۰)

- در سال ۱۹۷۸ در شوروی سابق (قزاقستان Alma-Ata) کنفرانس جهانی مراقبتهای بهداشتی اولیه به منظور تأمین و ارتقاء مراقبتهای بهداشتی برای همه مردم و با شعار سلامتی برای همه تا سال ۲۰۰۰ برگزار و اعلامیه آلماتا منتشر شد.
- هدف کلی HFA ۲۰۰۰: دستیابی به سطحی از سلامتی جسمی، روانی و اجتماعی که مردم را قادر سازد زندگی سازنده ای از نظر اجتماعی و اقتصادی داشته باشند.

# Primary Health Care (PHC)

- تعریف مراقبتهای بهداشتی اولیه:
- مراقبتهای بهداشتی ضروری که در دسترس همه افراد جهان قرار گیرد، برای آنها قابل قبول باشد، با مشارکت کامل آنها باشد، قیمت مناسبی برای جامعه داشته باشد و کشور قادر به پرداخت هزینه‌های آن باشد.

PHC در همه کشورها اعم از توسعه یافته یا در حال توسعه، ارزش یکسانی دارد ولی در هر کشور شکل خاص خود را دارد .

فلسفه PHC : سلامتی حق مسلم انسان است. توزیع عادلانه خدمات بهداشتی درمانی و منابع اجتماعی اقتصادی بهداشت، بخشی از توسعه اقتصادی اجتماعی هر کشور محسوب می شود.

جلسه پنجاه و یکم WHO در سال ۱۹۹۸ ، اعلامیه آلماتا (HFA و PHC) را برای قرن ۲۱ نیز مورد تاکید و تایید قرار داد.

اهداف نوین جهانی بهداشت برای همه (HFA) در قرن ۲۱:

- ۱- An increase in life expectancy and in the quality of life for all
- ۲- Improved quality in health between and within countries
- ۳- Access for all to sustainable health systems and services







# Key developments in the Turkish health system—a historical overview

- ۱۹۲۰–۲۹
- ۱۹۲۰: The Turkish Ministry of Health and Social Affairs (MOHSA) is established after the inauguration of the Turkish Grand National Assembly in ۱۹۲۰, with a focus on public health

## a historical overview 1930-49

- 1945: Social health insurance (Social Insurance Organisation) is established for blue collar workers
- 1946: The first national 10-year health plan is developed

## a historical overview

- 1930-49
- 1949: Social health insurance for retired civil servants

۱۹۵۰-۵۹

- ۱۹۵۲: Mother and child health division established in the Ministry of Health
- ۱۹۵۳: Mother and child health development centre established, with support from WHO and the United Nations Children's Fund

۱۹۵۰-۵۹

- ۱۹۵۳: The Turkish Medical Association is established
- ۱۹۵۴: MOHSA assumes a role in the provision of curative services, initially with MOHSA-established model hospitals, and begins training of health workforce

۱۹۵۰-۵۹

- ۱۹۵۴: Health facilities belonging to provincial and municipal administration are placed under MOHSA administration, managed by provinces



۱۹۵۰-۵۹

- ۱۹۵۴: The first national ۱۰-year health programme is declared (which is the cornerstone for planning and organisation of the Turkish national health service)

1960-79

- 1961: The Law on the Socialization of Health is adopted, promoting an integrated health service scheme, and establishing a three-tiered health system (health house, health centre, and district hospital), managed by MOHSA

1960-79

- 1965: The Law of Population Planning is adopted, with pro-natalist policies
- 1971: Bağ-Kur (social health insurance for self-employed people, artisans, and organised groups) is established

۱۹۸۰-۸۹

- ۱۹۸۲: The new constitution reconfirms the importance of the state in protecting the health of the population and in ensuring universal health coverage, including through a unified socia

۱۹۸۰-۸۹

- ۱۹۸۷: Basic Health Law is enacted, prescribing a narrower role for the Ministry of Health in service provision and a focus on regulation, but is not fully implemented because of partial rejection of the law by the Constitutional Court
- I health insurance system

۱۹۹۰-۹۹

- ۱۹۹۲: National Policy Forum is held, with broad stakeholder involvement
- ۱۹۹۲: The Green Card scheme (health insurance for households outside the formal health insurance schemes) is introduced as an interim measure until the creation of a unified health insurance scheme

۱۹۹۰-۹۹

- ۱۹۹۳: the Law of Health Law, Ministry of Health structure and responsibilities, Provincial Health Administration, General Health Insurance is developed

1990-99

- 1996: The laws on health financing institution establishment and process, primary care health services, and family medicine, hospitals, and health entities are developed

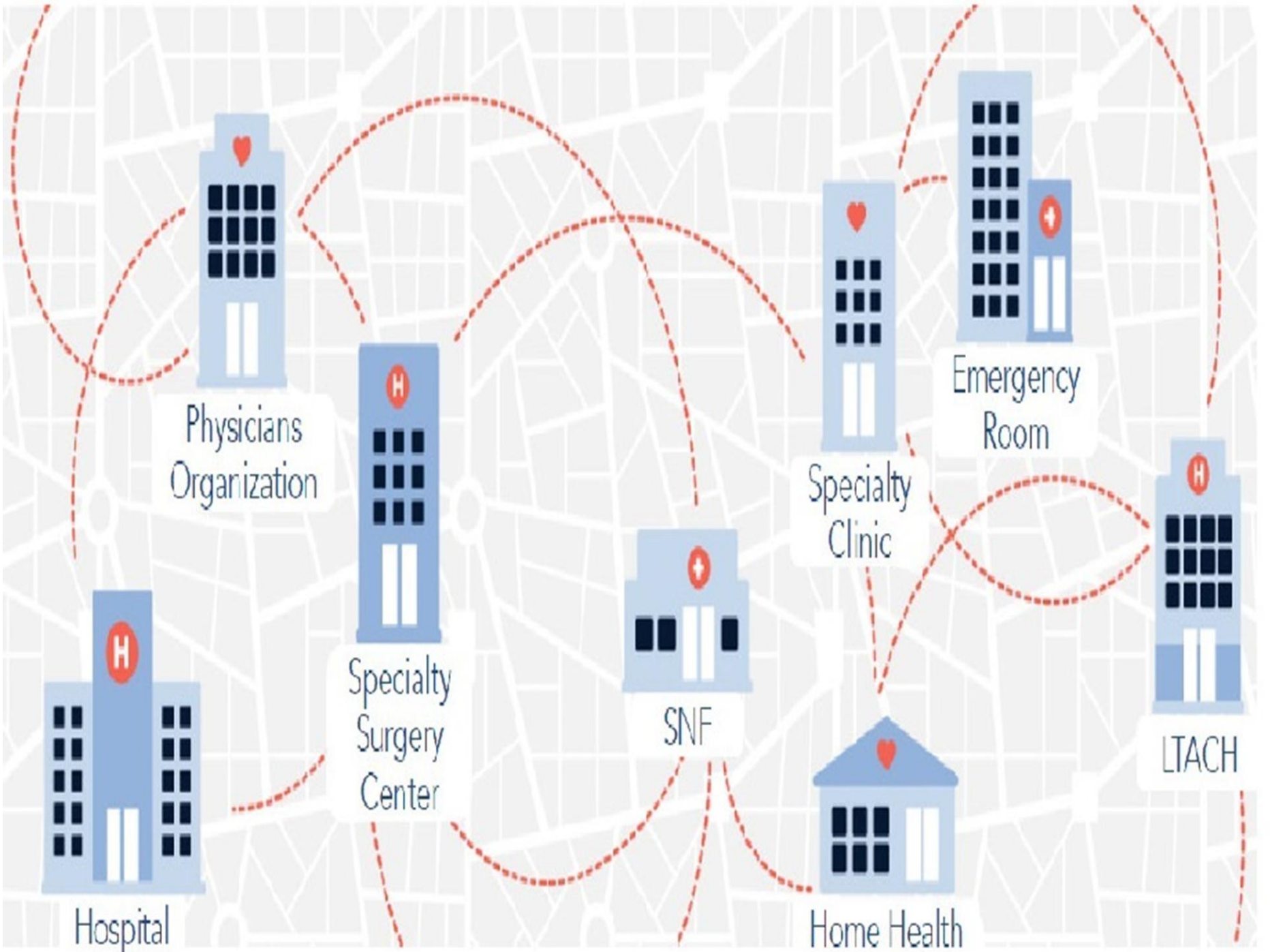


1990-99

- 1998: The law of personal health insurance system and health insurance administrative presidency is developed

۱۹۹۰-۹۹

- ۱۹۹۹: The draft law of health fund institution is developed
- However, the above laws are not enacted because of a political stalemate in the Turkish Grand National Assembly



# Towards universal health coverage: key developments in the HTP, 2002-12

- • 2002: Justice and Development Party includes “improving access to health services” (urgent action plan) in its election platform.
- - Justice and Development Party is elected with a strong parliamentary majority in the Grand National Assembly.

● ۲۰۰۲

- : Ministry of Health Decree (on the first day of the new government) to eliminate involuntary incarceration in hospitals of patients who cannot meet health-care expenses. The decree forbids hospitals from withholding the bodies of deceased patients when families are unable to meet hospital expenses.

## ● ۲۰۰۳

- : The Health Transformation Program (HTP) is designed, building on work done in the previous decade, including elements of the Basic Health Law. Implementation of the HTP begins.
- : Introduction of higher salaries and performance incentives for hospital clinicians to encourage voluntary transition from dual practice to full-time working. Major expansion of the voluntary transition in ۲۰۰۵.

• ۲۰۰۳-۰۴

- Active and retired civil servants are allowed to use private hospitals. Ambulance services declared free.
- Green Card benefits expanded to include outpatient benefits and pharmaceuticals. Conditional cash transfers were introduced, covering ۶% of the population (for pregnant women and children from the most disadvantaged households), to encourage use of maternal, neonatal, and child health services.

● ۲۰۰۴

- Contract-based employment introduced for health-care personnel in rural and less developed regions. Performance-based payments piloted in ten Ministry of Health hospitals.
- Major changes in pharmaceutical policy, including changes to pricing and to value-added tax. International reference price system introduced, replacing the cost-plus model to reduce the price of drugs.



- २००२

- Patient Rights Directive introduced in २००३ is implemented. Patient Rights Units established in hospitals. Electronic systems for patient complaints and suggestions introduced.
- User choice of health-care providers (hospitals, primary care centres, and physicians) introduced.

## • ۲۰۰۵

- Hospitals belonging to the Social Insurance Organisation (۱۴۶ hospitals) integrated with Ministry of Health hospitals. The total number of hospitals managed by the Ministry of Health reached ۸۴۰ in ۲۰۱۱.
- Contract-based family medicine with performance-based contracting piloted in Düzce province.

● ۲۰۰۶

- Universal health insurance is legally adopted as a part of broader social security reforms. Health expenditures start to grow and global budgets (budget ceilings) are introduced for Ministry of Health facilities to moderate growth in services to address unmet need.
- Contract-based family medicine scaled up in all ۸۱ provinces of Turkey.

۲۰۰۷ • ۲۰۰۸

- Cost-sharing for primary health-care services abolished. Primary health care available for all citizens free at the point of delivery.
- Social Security Institution established as a single organisation for financial pooling and purchasing. The Social Insurance Organisation, Bağ-Kur, and the General Employees Retirement Fund join the Social Security Institution.

● ۲۰۰۸

- **Free availability of emergency services and intensive care services** (including NICU) for the whole population extended from public hospitals to all hospitals, including private hospitals with and without Social Security Institution contracts.
- **National air ambulance service** introduced and is available to the whole population free of charge. Major expansion in ۲۰۱۰.
- **Cost-sharing in private hospitals for complex conditions** (eg, burns, renal dialysis, congenital anomalies, cancer, cardiovascular surgery, and transplant surgery) abolished.

## • ۲۰۰۹

- Mobile pharmacy services introduced to improve access in rural areas.
- Tracking system for drugs introduced.
- Central hospital patient appointment system introduced. Major expansion in ۲۰۱۱.

• ۲۰۱۰-۱۱

- Active civil servants join the Social Security Institution.
- The Ministry of Health strategic plan for ۲۰۱۰-۱۴ developed.
- Taxes for cigarettes and alcohol raised.

● ۲۰۱۰-۱۲

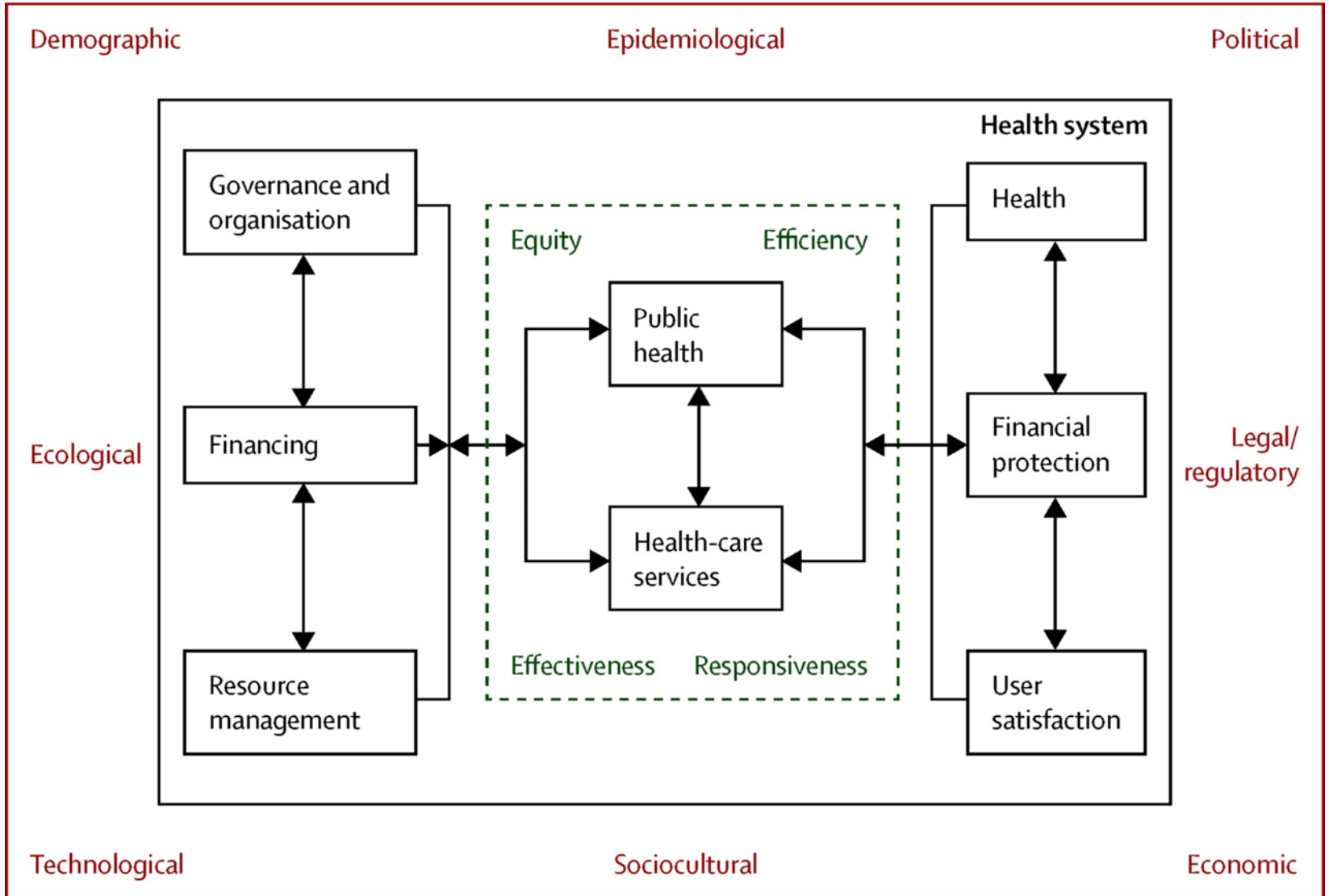
- Laws on Hospital Autonomy and Restructuring the Ministry of Health for a stronger stewardship function are adopted. Public Hospital Authority and Public Health Institution established; Law on Full-Time Practice of University and Health Personnel and Amendments is adopted, paving the way for full-time practice in legal terms.

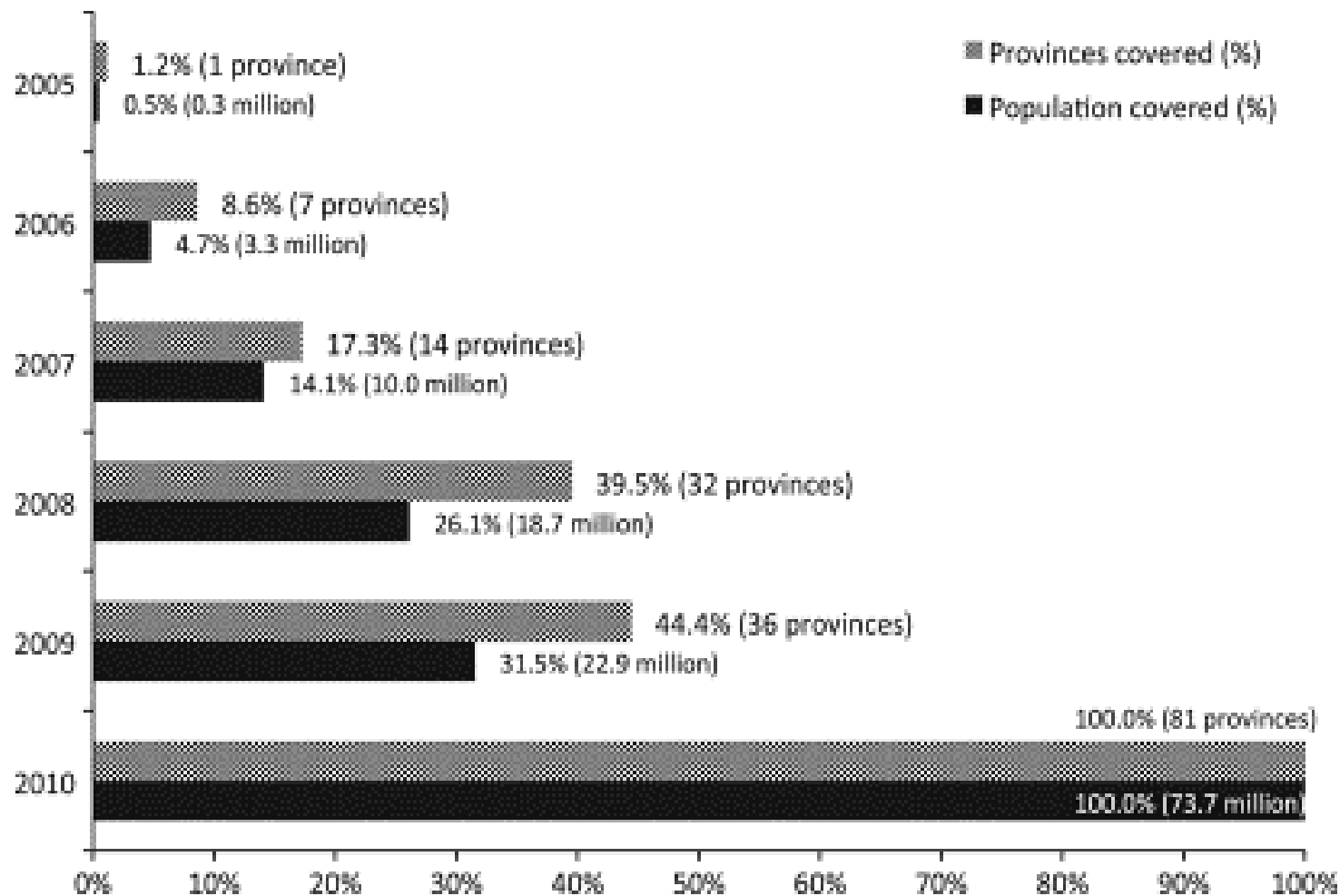


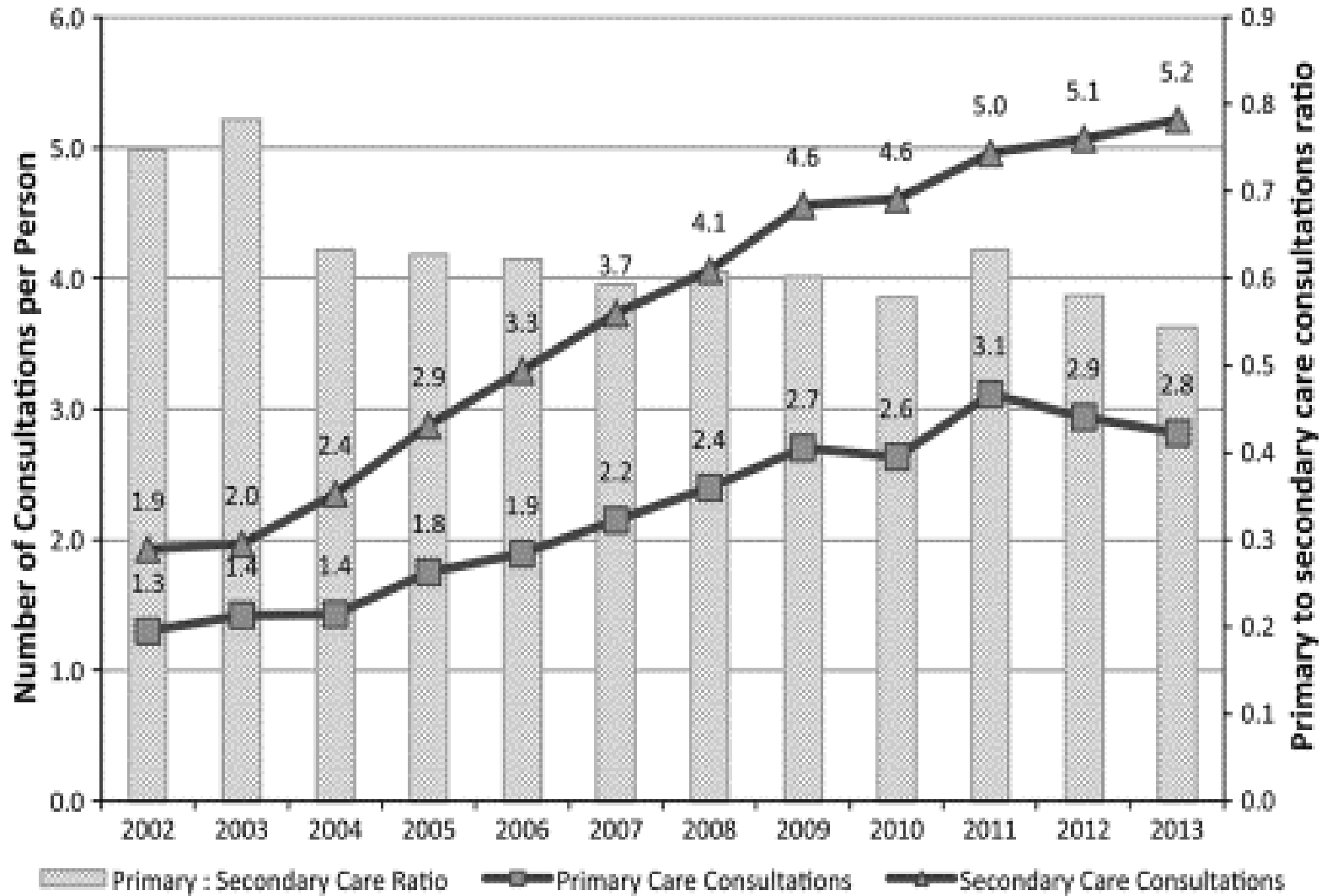
• ۲۰۱۲-۱۳

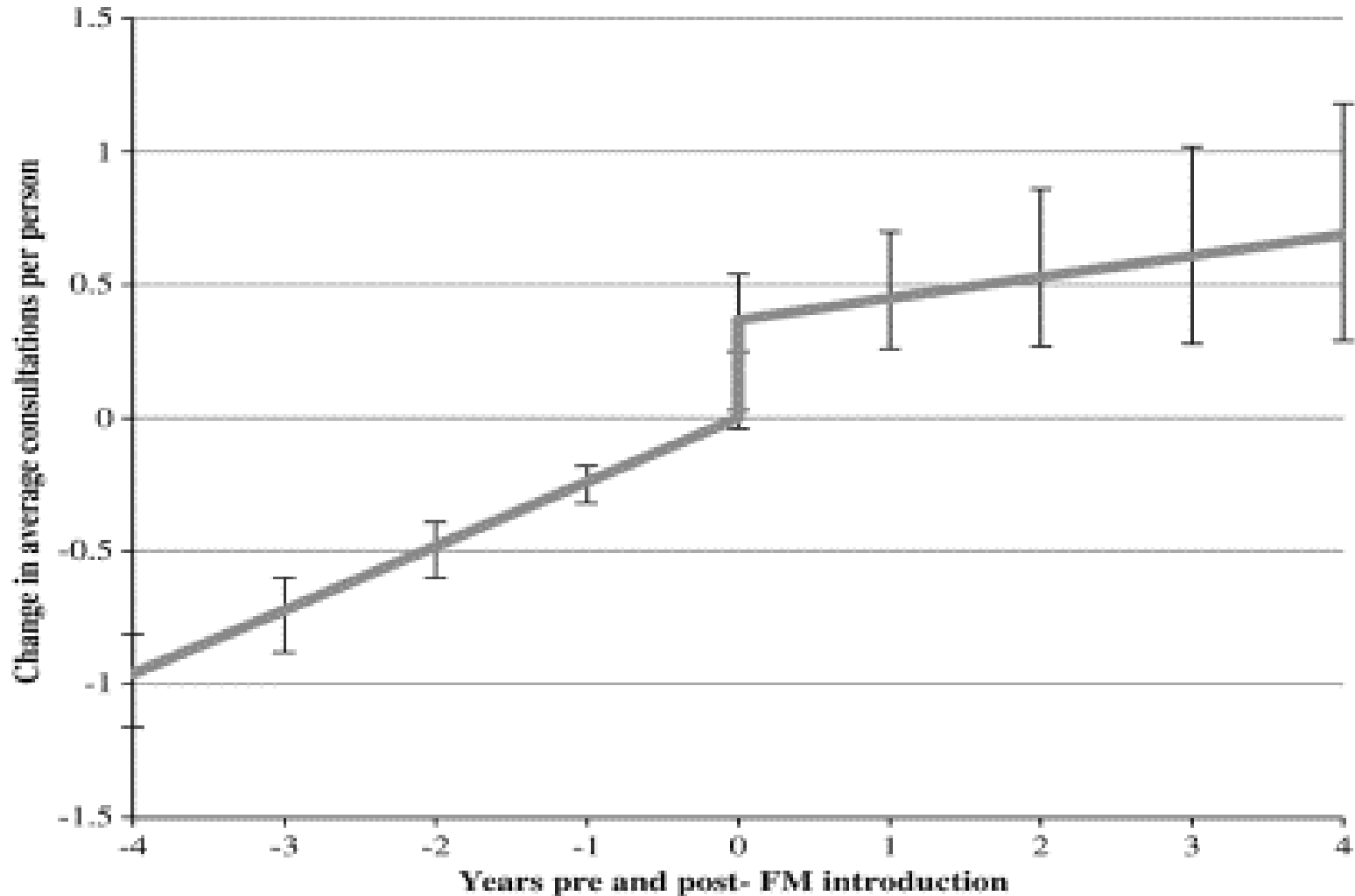
- The Green Card scheme joins the Social Security Institution and unified social health insurance is fully implemented.
- The Ministry of Health strategic plan for ۲۰۱۳-۱۷ is developed.

The context

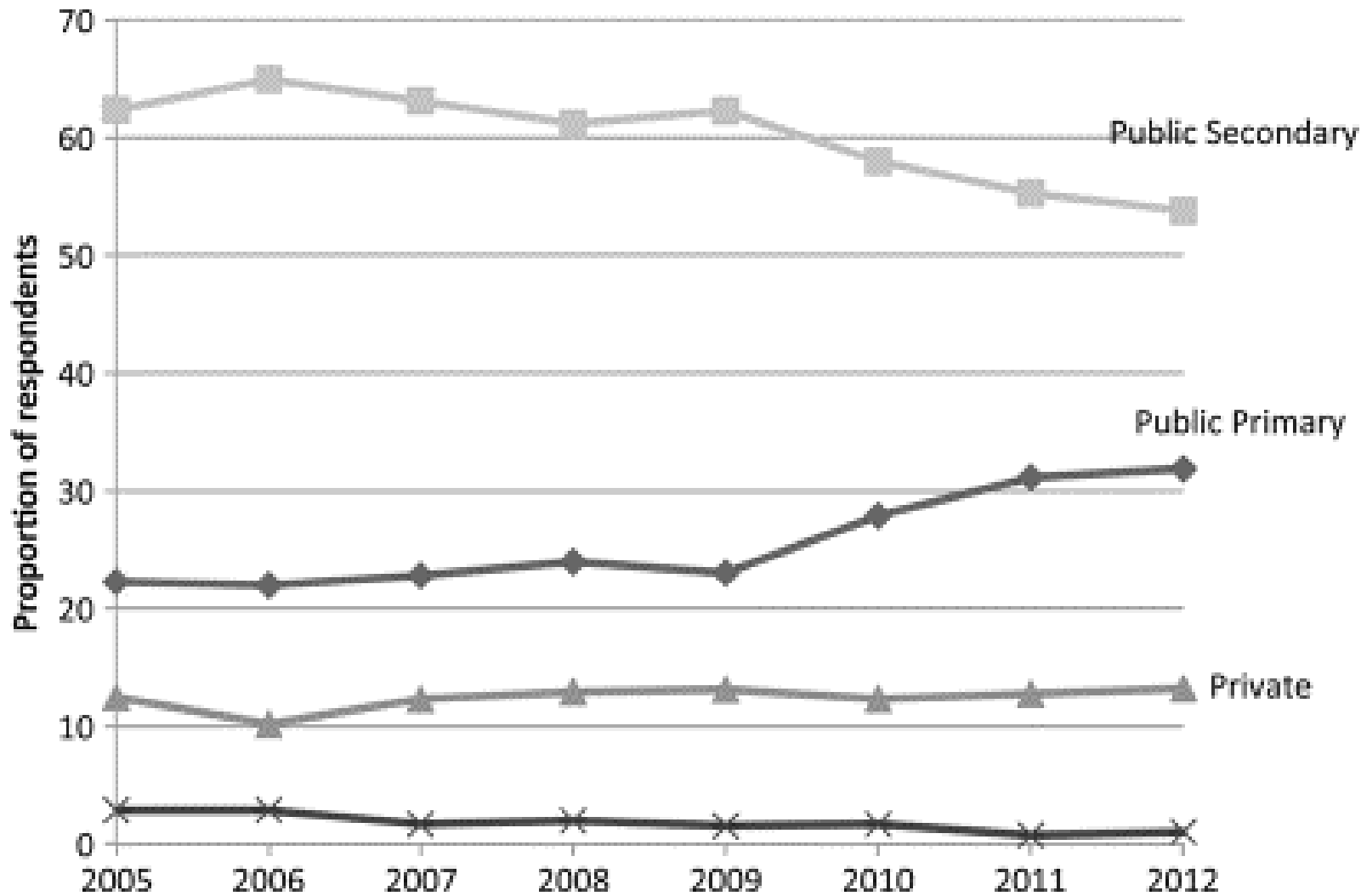


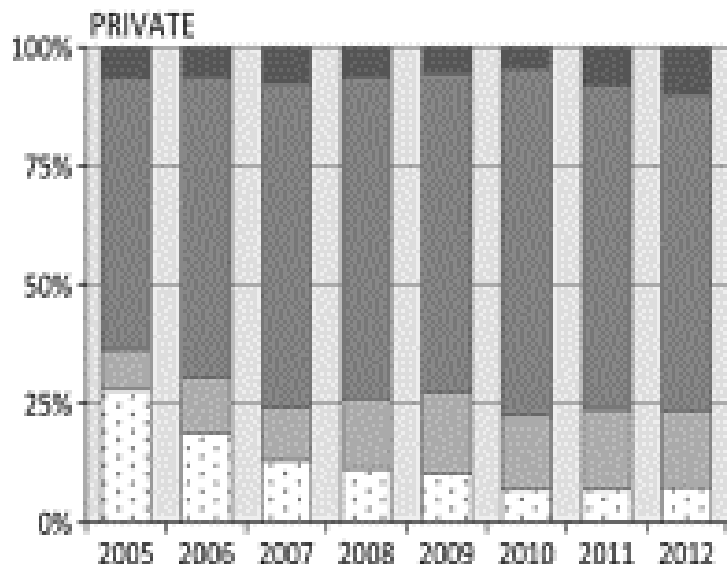
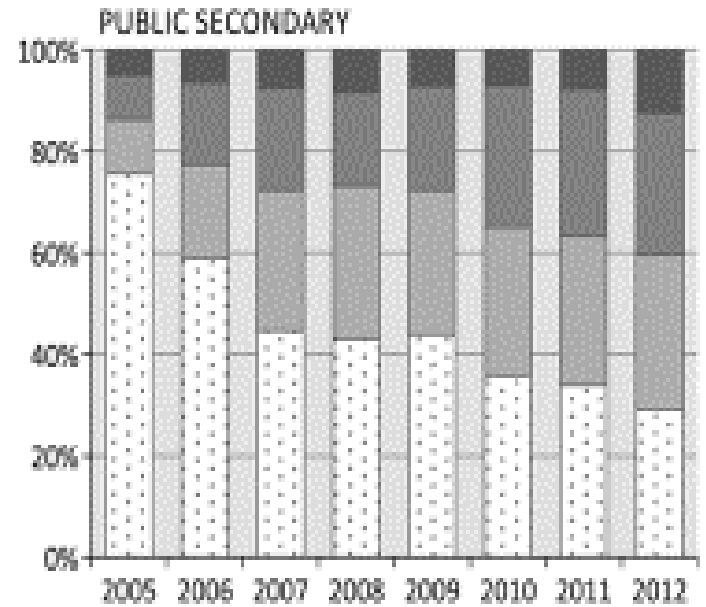
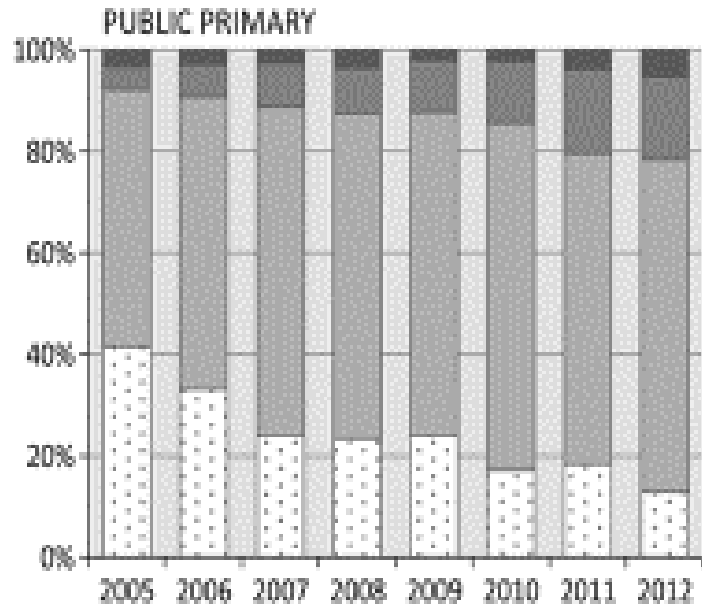






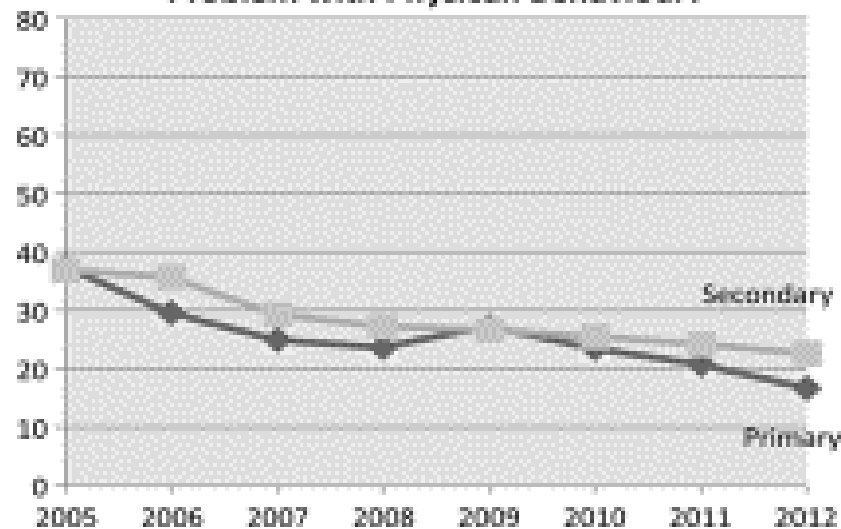
95% confidence intervals shown  
Year 0 = Family medicine introduction



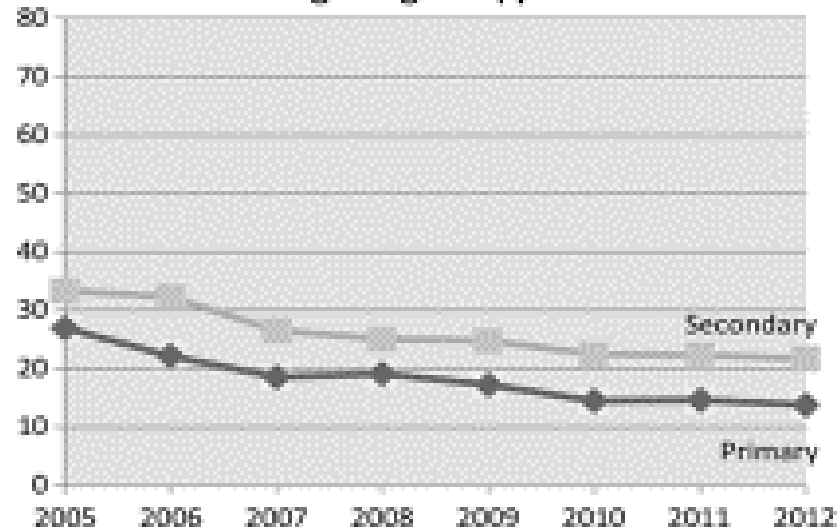


- Other
- Service satisfaction
- Proximity
- Necessity

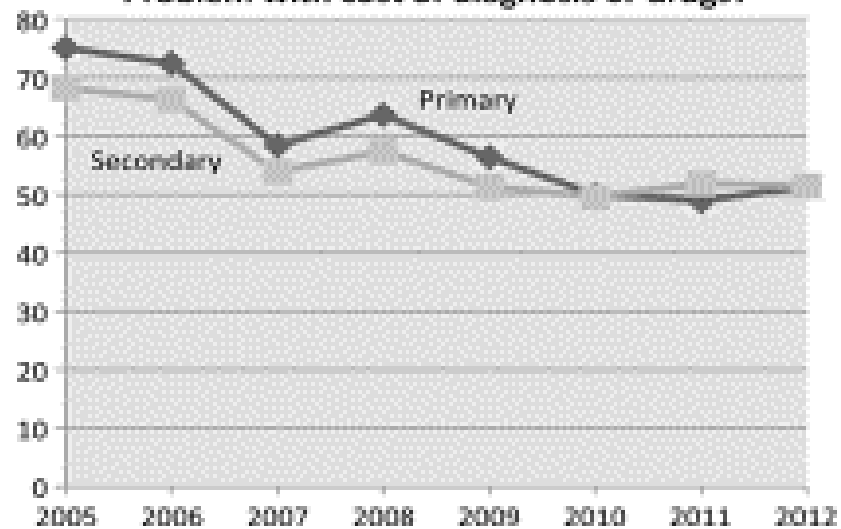
**Problem with Physican Behaviour?**



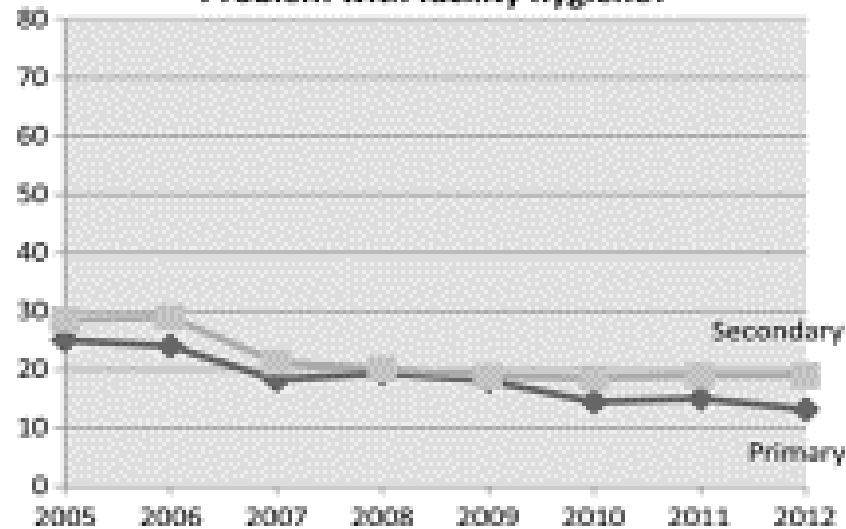
**Problem getting an Appointment?**



**Problem with cost of diagnosis or drugs?**



**Problem with facility hygiene?**







- Highest development index
- High development index
- Medium development index
- Low development index



thanks for attention



Key elements of the benefits package covered by the unified General Health Insurance The benefits package includes:









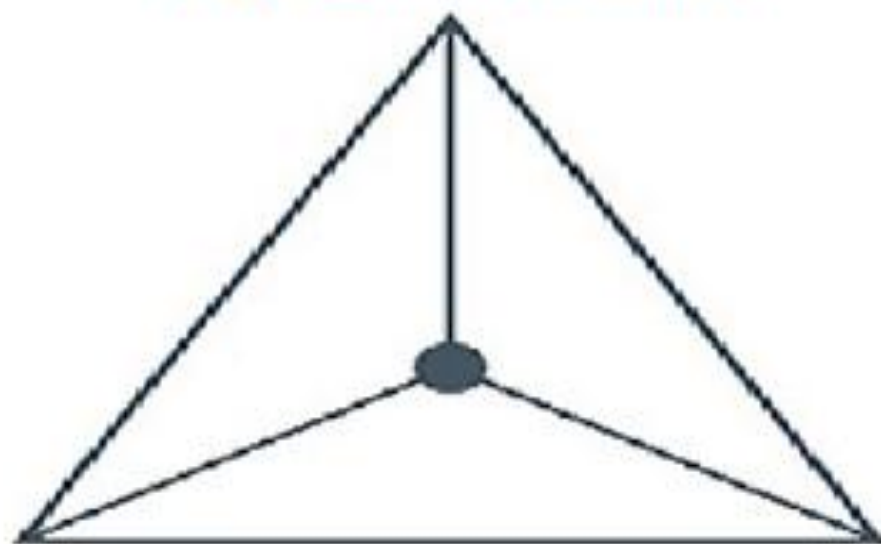




The Triple Aim. Source: Institute for Healthcare Improvement (IHI).

## The IHI Triple Aim

Population Health



Experience of Care

Per Capita Cost

# Stewardship

## Responsiveness

### Delivery of primary care services

Creating  
resources

Access to services

Continuity of care

Financing &  
incentives

Comprehensiveness

Coordination of care

