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Turkish Healthcare: Overview of the Health System



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The healthcare system in Turkey has a highly complex structure. The Ministry of Health (MOH), universities and the private sector are the health service providers in the Turkish health system.

History of Healthcare

The Turkish MOH was initially established in 1920, and the foundations of the current Turkish public health system were built in the period between 1923 and 1946. In 1946, the Social Insurance Organisation called "Sosyal Sigortalar Kurumu" or "SSK" was created to provide health insurance to privatesector and blue collar public-sector employees (OECD 2008).

In 1950 Government Employee's Retirement Fund (RF) called "Emekli Sandigi" was established to provide service to white-collar programme was introduced as a temporary solution until the adoption of employees (government employees), military personnel with retirement and disability pension, local administration council members, parliamentary and military school students (Alkan et al. 2008).

The Universal Health Insurance (UHI) system was introduced by the government in the first five-year development plan in 1963 and then reintroduced in the National Health Policy (1990), however it could not be applied because of changes in government, economic crisis and lack of investment.

Between 1986 and 1989, the government adopted the Law on programme was introduced as a temporary solution until the adoption of Launching Health Insurance through Bağ-Kur (the Social Insurance Agency for Merchants, Artisans and Self-employed). Then, in 1992 the Green Card programme was introduced a temporary solution until the adoption of UHI. It aimed to provide free healthcare services to poor and uninsured people. However, as of the end of 2007 approximately 9 million citizens have utilised the Green Card system (Erus and Aktakke 2009). By 2003, there were a number of different social security schemes used by Turkey; namely Social Insurance Organisation (SSK), Government Employees Retirement Fund (Emekli-Sandigi), Bağ-Kur and Green Card (Yesil Kart). Insured citizens were allowed to use different facilities and pharmacies according to their social security service. Payment mechanisms across the health insurance funds also varied.

Health Transformation Programme

In 2003, the Health Transformation Programme (HTP) covering the period 2003-13 was adopted by the MOH. The EU accession process has also provided additional momentum for the implementation of a more streamlined healthcare system (Varol and Saka 2008). By October 2008, the harmonisation of the benefit package was completed and finally UHI gathered all insured citizens (Bağ-kur, SSK, Emekli Sandigi and Green

Card holders) under a single insurance umbrella.

Under this new umbrella, the programme was introduced as a temporary solution until the adoption of Health Insurance Certificate (“Sağlık Karnesi”), which formally served as a document to prove health insurance plan coverage, was abolished and a new health information system was implemented making patients’ records easily accessible by using their identity card numbers. There is also a plan to issue employees with credit card-like social security cards, which can be easily swiped to provide hospitals and pharmacies with their insurance details.

After the introduction of the HTP, family medicine was adopted in some cities, and the aim of the programme is to further generalise its’ implementation across Turkey. Additionally, a Performance-Based supplementary Payment system was initiated. According to this system, revolving funds are distributed to healthcare personnel based on the comparative level of deprivation of their workplace. Preventive care practices are also emphasised as performance criteria. By the beginning of 2003, the share of full-time practitioners was 11 percent, and this has reached 75 percent as a result of these implementations (OECD/Organisation for Economic Co-operation and Development, 2008).

The other objectives of the HTP are to:

- Strengthen primary healthcare services;
- Improve the administrative and financial autonomy of health facilities; suffer from overcapacity and lack of finances; University Hospitals, which have
- Accelerate the accreditation for qualified and effective health services;
- Support the health system by education and science institutions;
- Improve the home care policy,
- Generalise Tele-Medicine and Tele-Health systems in order to provide remote health services in the field of screening;
- Improve the quality and increase the number of intensive care units;
- Decrease maternal and infant mortality rates; and
- Carry out the European Union harmonisation/accession process (SGK/Republic of Turkey Social Security Institution, 2008).

Financing of Healthcare System

The financing of healthcare system has three main sources, which are: Government budget funded by taxation revenue, contributions from employed citizens, and out-of-pocket payments (differing from 3 to 10 Turkish Lira according to the type of hospital), which are made by each individual who uses the health service (SGK/Republic of Turkey Social Security Institution, 2008). Citizens in vulnerable groups of society such as pregnant women, war veterans, diabetics and tuberculosis patients do not have to pay any charges. Expats, however, are obligated to pay for health services until they have lived and worked continuously in Turkey for two years.

Employers must register their employees with the health insurance fund and then income is automatically deducted from employees’ salary. Dependant family members are covered by the contributions paid by employed family members. The unemployed, old age pensioners and people on long-term sickness benefit or maternity leave do not have to make payments. Self-employed people must make their own contributions to the health insurance fund suffer from overcapacity and lack of finances; University Hospitals, which have (Orhaner 2006).

Hospitals

There are several types of hospitals throughout Turkey: State-funded hospitals, which suffer from over capacity and lack of finances; University Hospitals, which have the highest standard of care out of all three of hospital types and boast highly skilled personal, and private hospitals. Although a limited percentage of Turkish citizens can afford to use private healthcare, it is affordable in comparison to Western expectations and on a par with western standards. Therefore, in recent years there has been a marked increase in the number of people travelling to Turkey as “medical tourists” to take advantage of this cost disparity.

Pharmacies

Only general practitioners (GPs) and consultants (senior doctors who have completed a higher level of specialised training) can prescribe medicine and prescription medicine is only available from registered chemists or hospital pharmacies. Employed people and dependent family members pay 10 percent of medicine price and it is 20 percent for the other citizens (SGK/Republic of Turkey Social Security Institution, 2008).

Emergency Care

Emergency care is available free for Turkish citizens including those without state health insurance. Emergency departments are open non-stop all year and can be reached by dialling 112. By 2008 all ambulances, which are used in 112 Emergency Health Services, were accredited to the

European standards (Akdag 2008).

Dentists & Ophthalmologists

Dental care in Turkey is of a high standard. The dentists have facilities, which meet Western standard and they are mainly private with no fixed prices for treatments. Also Turkey has a reputation for expert laser surgery, to the point where some Turkish lasik surgeons now train ophthalmologists in other countries. Thus, many foreigners come to Turkey for ophthalmologic procedures.

Conclusion

The last few years have seen a rapid reformation of the healthcare system in Turkey. The health transformation programme and the European Union harmonisation / accession process have been the leading pressures on this reformation. In order to reach the expected quality levels and complete the transformation programme, future steps must be taken towards overcoming the deficiencies in Turkey's healthcare system and accelerating the accreditation process of healthcare organisations and their services.

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