

TURKEY



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Total population ¹	72 561 312
% under 15 ¹	26.0
Population distribution % rural ²	25
Life expectancy at birth ²	73.6
Under-5 mortality rate per 1000 ³	24
Maternal mortality ratio per 100 000 live births ³	19.4
Total expenditure on health % GDP ⁴	5.5
General government expenditure on health as % of general government expenditure ⁵	12.12
Human Development Index Rank, out of 182 countries ⁶	79
Gross National Income (GNI) per capita US\$ ⁷	9234
Adult (15+) literacy rate ⁸	90.8
Adult male (15+) literacy rate ⁸	96.4
Adult female (15+) literacy rate ⁸	85.3
% population with sustainable access to an improved water source ⁹	96.64
% population with sustainable access to improved sanitation ⁹	87.94

Sources:

¹ 2009 data. Turkish Statistical Institute, Address-Based Population Registration System Data Base, 2009

² 2008 data, Ministry of Health, Health Statistics Yearbook, 2008.

(www.tusak.saglik.gov.tr/saglik_istatistikleri2008.pdf)

³ 2008 data, Ministry of Health, General Directorate of Mother-Child Care and Family Planning 2008. Data collected from 81 provinces through active surveillance method.

⁴ 2007 data, Turkish Statistical Institute, 2009.

⁵ Republic of Turkey Ministry of Finance; General Directorate of Budget and Fiscal Control 2008

⁶ 2007 data. Among 182 countries. Human Development Report 2009, UNDP

⁷ 2008 data, Turkish Statistical Institute, 2008

⁸ 2009 data, Turkish Statistical Institute, 2009 Address-Based Population Registration System Data Base, (Proportions are calculated by excluding unknown).

⁹ 2006 data, Turkish Statistical Institute, Household Budget Survey, 2006

Turkey occupies 779 452 km² at the cross-roads between Europe, Asia and the Middle East. Since the formation of the Turkish Republic in 1923, it has strived to develop a secular democracy. It is the third most populous country in the WHO European Region. In the last two decades instability characterized Turkey's political life and hindered the implementation of long term strategies and policies. However, the country has a majority government since 2002, providing a more favorable context for coherent public sector action. Since 1999, Turkey has been a candidate for membership in the European Union (EU); this is a major objective of the government, with important influence on the direction of economic, political and social policy. To this end, Turkey is in the process of further strengthening consultation with civil society.

HEALTH & DEVELOPMENT

Health services disbursement agencies have been merged within the framework of the "Health Transformation Program (HTP)".

Health care is provided by public, semi-public, private and philanthropic organizations, including the Ministry of Health (MOH), universities, the Ministry of Defense and private health professionals. Provincial Health Directorates (81 provinces) are responsible for service planning and provision at provincial level. Primary health care is provided through health centers, health posts, Maternal and Child Health (MCH) and Family Planning (FP) centers and tuberculosis dispensaries; municipalities play a role in environmental health and sanitation. The most recent initiative at the primary health care level has been the introduction of a family physicians scheme. The Ministry of Health plans to extend the system to the whole country by the end of 2010. Family practitioners will act as gatekeepers in the health care system and will be the first level of contact. Individuals will be free to choose their family practitioner and can change their doctor under certain conditions. Several reforms have been implemented to harmonize health benefits across the different health insurance schemes, as well as Green Card holders who are poor. In 2007, legal measures mandated that all citizens of Turkey would have access to free primary care, even if they are not covered under the social security system. With the legislative changes unifying the three different social security and health insurance schemes (SSK, *Bag-Kur* and *Emekli-Sandigi*) into one unified social security institute, the Social Security Institute of Turkey (SSI) was established in 2006. With an accompanying law the Universal Health Insurance Fund (UHI Fund) was founded. A claims and utilization management system called MEDULA has been established to process claims for all the health insurance funds including the Green Card (Source: *OECD Reviews of Health Systems TURKEY Chapter 2, pp. 46-47*).

Autonomy of hospitals is to increase. In 2004, the MoH owned and operated 57.9% of hospitals and 50.9% of beds; the Social Insurance Association (SSK, a health insurance fund for formal sector workers) was responsible for 12.5% hospitals and 21.4% beds. In 2005, however, reforms led to a transfer of SSK facilities to the MoH, and it is planned to increase the managerial autonomy of these facilities. The law aiming increase in management autonomy of the hospitals was adopted and is in effect. While there were 26.3 beds per 10,000 population in 2008, the proportion is 16.9 beds per 10,000 population in the Ministry of Health hospitals. As for the figures in 2008, the MoH owned and operated 62.7% of hospitals and 63.4% of hospital beds.

The health status of Turkey has improved in recent years but remains worse than the average of the WHO European Region in some health indicators. Population growth has steadily declined since the 1980s. Urbanization has accelerated in the last 40 years, and currently 75% (53 611 723 – in 2008) of the population lives in urban areas due in part to migration from the east. Hasty development led to inadequately controlled construction practices, resulting in potentially unsafe and unhygienic developments.

Access to health care increases in all regions. According to the findings of the Turkish Demography and Health Statistics (TDHS) 2008, decrease in the infant and under five age mortality rates has been accelerated especially in the last 10 years. (Source: www.hips.hacettepe.edu.tr/tmsa2008/data/TDHS_2008_Main_Report.pdf). As indicated by the TDHS conducted in 1998, infant mortality rate was 43 per 1000 live births and reduced to 17 according to the TDHS 2008. The immunization coverage for three doses of 5- component combined vaccine (DPT+IPV+HIB) is 96% (2008). All provinces have DPT+IPV+HIB vaccination coverage minimum 94% as of the year 2008. Maternal mortality ratio decreases in Turkey. While it was 28.5 per 100,000 live births in 2005, it degraded to 19.4/100,000 live births in 2008. (Data for the year 2008 is collected in 81 provinces by the active surveillance method). While the number of per capita visits to health care facilities was 2.78 in 2002, the figure raised to 6.28 in 2008. (Source: Ministry of Health, Health Statistics Yearbook 2008, www.tusak.saglik.gov.tr/saglik_istatistikleri2008.pdf). Ischaemic heart disease and cerebrovascular diseases are major causes of mortality. Perinatal conditions and ischaemic heart disease are major causes of burden of diseases at national level (Source: National Burden of Disease and Cost Effectiveness Study 2003).

Important diseases are prevented in primary health care institutions. Incidence of malaria cases was 0.3 per 100,000 population in 2008. For the same year, tuberculosis incidence is 30 and measles incidence is 0.006 per 100 000 population. (Source: Ministry of Health, Health Statistics Yearbook 2008). In order for diseases such as tuberculosis, malaria, mother-child health care, family planning, cancer and diabetes to be prevented, primary health care institutions such as Anti-Tuberculosis Dispensaries, Anti-Malaria Dispensaries, centers for mother-child health care and family planning, and health centers have operated for years. In addition, Early Diagnosis and Screening Centers for Cancer may offer primary care services in cancer screening and control. Turkey has the low ratios of doctors and nurses per population of other countries in the WHO European Region. For the year 2008, specialist physician/GP ratio (if residents are included in specialist physicians) is 2.2, nurse-midwife/physician ratio is 1.3 and the ratio of total number of nurses-midwives-health officers to total number of physicians is 2. Turkey attaches utmost importance to human resources for health. Human resources strategic plan is under development for the year 2023. Co-work is continuing with all relevant agencies and institutions for the purpose of improving the status of Turkey in human resources for health.

Turkey's economy is growing. The economy contracted significantly after the 2001 financial crisis but has shown steady growth since then, due to political stability and the implementation of an economic programme and structural reforms leading to an environment of increased market confidence and macroeconomic stability. Following the growth rate of 6.2% achieved in 2002, the economy maintained its high growth performance, growing by 5.3% in 2003 and 9.4% in 2004 and 4.5% in 2007; the ratio of budget deficit to Gross National Product (GNP) has also declined from 12.1% in 2001 to well below 5.4% in 2004, and 1.6% in 2007 (Data from Ministry of Finance, General Directorate of Budget and Fiscal Control 2008 www.bunko.gov.tr).

In 1999, Turkey suffered a series of devastating earthquakes.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> Government's health reform agenda, the "Health Transformation Programme" (HTP), provides a coherent vision for comprehensive reform of the health system Within the framework of social security reform, draft bill on "Law Changing Social Security and General Health Insurance Law and Some Laws and Decree Laws (No: 5754)" was approved by the Parliament on 17 April 2008 and approved by the President on 7 May 2008. In order to eliminate inconsistencies in the health financing system, three main social institutions (SSK, Bag-Kur and Emekli Sandigi) were integrated under the roof of Social Security Institution. 	<ul style="list-style-type: none"> Weak health information systems hinder monitoring and analysis of major health risks Limited human resources (HR) capacity at different levels; inappropriate skill mix Fragmentation and incoherence in the organizational structure of the MOH and a rigid and bureaucratic public sector.

PARTNERS

The World Bank is the main international agency contributing to health system reform; the EU also supports health systems development and population and family planning activities; UNICEF plays an important role in supporting child health services. Turkey will seek support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Other United Nations Agencies also provide technical assistance, including FAO, ILO, UNDCP, UNDP, UNFPA, UNHCR and UNIDO.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • The Health Transformation Programme (2003-2013) has strong support by the World Bank-funded Health loan (US\$60 million), with important policy conditionalities • Political stability and the current government majority will allow policy change at the executive level to carry out the major reforms including the health sector. 	<ul style="list-style-type: none"> • Resistance to implementing the most politically challenging aspects of Health Transformation Programme which are also conditions for the World Bank (e.g. extent of increased managerial autonomy for public hospitals).

WHO STRATEGIC AGENDA (2008-2013)

The Country Health Need Assessment (CHNA) outlines changes within WHO to better meet the health needs of Turkey; it identifies strategic directions, operational principles and functions of WHO in the country based on the MOH priorities, the HTP and the Millennium Development Goals (MDGs).

The strategic agenda focuses on:

- **MOH stewardship capacity.** Capacity development at the MOH to help manage the transition to the new system while ensuring the delivery of priority public health interventions, with emphasis on policy making, strategic planning for human resources for health, generating and using information, monitoring and evaluation. Support the MOH and partners by guiding the development of a comprehensive sectoral monitoring and evaluation strategy and performance assessment.
- **Policy development.** With emphasis on health financing, pharmaceuticals, blood-safety and inter-sectoral advocacy.
- **Primary health care/Family Medicine.** Promoting an integrated approach to maternal and child health, reproductive health and developing family medicine as the core of the health care delivery system; strengthen primary care to ensure this and incorporate immunization delivery strategies to improve coverage and reduce inequalities.
- **Health security.** Support the MOH in its leading role to prepare and respond to emergency situations such as new and emerging diseases, humanitarian emergencies, mitigate health effects of climate change or environmental degradation, bioterrorism and other acute health risks ; donor coordination and partnerships for emergency responses.
- **Communicable Disease.** Maintain surveillance system for communicable diseases, including reliable health information systems for surveillance and response including malaria, tuberculosis, HIV/AIDS, and immunization coverage.
- **Non-Communicable diseases.** Strengthening MOH institutional capacity to promote policy and to address injuries prevention, particularly with regard to road traffic accidents and violence

Insert photograph(s)

ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/tur/en/>
EURO country page
<http://www.euro.who.int/countryinformation/CtryInfoRes?COUNTRY=TUR&Ctry>
WHO/CCO/11.05/Turkey

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