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Health Transformation Program of Turkey – An Overview

Starting 2003, the Ministry of Health (MoH) of Turkey launched a World Bank supported health care reform, entitled the “Health Transformation Programme” (HTP). The aim of this programme was to organise, finance and deliver health services in line with the principles of equity, efficiency and effectiveness. The programme included three major initiatives.

- introduction of a general health insurance scheme
- strengthening of public health care and the introduction of a family practitioner scheme
- enabling hospitals to have financial and administrative autonomy.(1)

Since 2003, family practitioner scheme has been introduced in 33 out of the 81 provinces (2). This is a major policy initiative with its great potential to strengthen the role and efficacy of primary care in Turkey. Since, the annual budget allocated for primary care is doubled from 2 billion to nearly 4 billion Turkish liras in 2009 (3). Each primary care physician can record 4000 people on his list and patients will be free to choose their physician after a while. The number of primary care doctor offices increased by 2.5 times and this yielded an increase in number of examinations per million people from 74 to 167, without a significant increase in the number of primary care physicians. This means that the average number of consultations per person per year at primary health care level increased from 1 to 2.3 between 2000 and 2008. Among the all examinations (primary + secondary + tertiary care) in the provinces where family medicine implementation was launched, the percentage of examinations performed in primary care is increased from 40 to 51% and patient satisfaction rate increased by 11% (3). Infant mortality rate was 29 per1000 live births in 2003 and this number decreased to 17 in 2008 (4). This improvement possibly results from more accessible primary care through mobilization of primary healthcare services and closer follow-up of infants' health status among the population by primary care physicians.

Although these figures are quite promising, there are still some challenges to deal with. First of all, the available number of physicians who have specialized in family practice remains far from adequate to serve the entire population (1). Thus there is a need to train the physicians without vocational training. In the current situation, short term adaptation training is compulsory for all primary care physicians without vocational training before starting to work in the provinces where family medicine is implemented and long term in-service training programs are under development (3). On top of that, to reach the target of having competent family physicians in primary care units (which are called family health centres), family medicine vocational training should be widely available and compulsory for the fresh graduates who prefer to serve in primary care. Therefore country wide implementation of a vocational training scheme with the involvement of family health centres is a high priority. An official declaration of a date after which only family physicians will be employed in primary care is necessary. Consensus is emerging on 2017.

Another challenge is the gate keeper role of primary care. Currently, no convenient referral system has been utilized. MoH points to the inadequate number of physicians for not being able to initiate referral chain obligation (3). An efficient gate keeper role is a must for an effective primary care, therefore it is also a must for the success of the Health Transformation Programme.

In 2008, Turkey has 1.4 physicians and 1.3 nurses per 1000 people (3). There is a serious demand of nurses and health professionals other than physicians at all healthcare levels. HTP recognizes health professionals other than physician or dentist as “family health staff” and only one family health staff per family health centre is being appointed. According to the characteristic of working conditions, this person can be a midwife, a nurse, a health technician, an emergency medicine technician, a medical secretary or a laboratory technician (5). Specific

roles of nurses, midwives and health technicians in primary care are not defined in details by HTP. What is more, the definition of family health staff devaluates their role and makes it replicable by medical secretaries. If they have their deserved role in the context of team work at primary care level, this will be an important contribution for the success of HTP.

HTP addresses citizen/human centeredness and patient satisfaction as indispensable indicators (3-5). Besides family health centres, HTP also presents Community Health Centres. These centers located in each subprovince, minimum one in number. They perform public health and administrative services, together with training

and supervision activities. Although all these features are somehow contributing to community orientation, HTP is still far away from being a community oriented primary care. Activities to improve community diagnosis and involvement, comprehensiveness and coordination of care (6) can be planned. Accessibility and continuity of primary healthcare services should be re-evaluated after the implementation of HTP all over Turkey.

One of the important driving forces behind the current health reform is the prospect of European Union (EU) membership (1). Thus, volition of EU towards stronger primary care will increase the Turkish Government's ability to enforce new legislations and review inefficient practices.

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Starting 2003, the Ministry of Health (MoH) of Turkey launched a World Bank supported health care reform, entitled the "Health Transformation Programme" (HTP). The aim of this programme was to organise, finance and deliver health services in line with the principles of equity, efficiency and effectiveness. First of all, the available number of physicians who have specialized in family practice remains far from adequate to serve the entire population. In order to reach the target of having competent family physicians in primary care units (which are called family health centres), family medicine vocational training should be widely available and compulsory for the fresh graduates who prefer to serve in primary care.

Key Words: primary care, reforms, family physicians.

Огляд Програми трансформації охорони здоров'я в Турції

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Починаючи з 2003 року Міністерство охорони здоров'я (МОЗ) Туреччини за підтримкою Всесвітнього банку почало реформу охорони здоров'я, під заголовком «Програма Перетворення здоров'я» (ППЗ). Мета цієї програми полягала в організації, фінансуванні та надання послуг охорони здоров'я відповідно до принципів справедливості, ефективності та результативності. Перш за все, доступне число лікарів, які спеціалізуються на сімейній практиці залишається зовсім недостатнім, щоб забезпечити все населення. Для того, щоб досягти поставленої мети щодо наявності компетентних сімейних лікарів в центрах первинної ланки (які називаються центри охорони здоров'я сім'ї), професійна освіта з сімейної медицини повинна бути широко доступною і обов'язковою для випускників, які вважають за краще працювати в первинній медичній допомозі.

Ключові слова: первинна медична допомога, реформи, сімейні лікарі.

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