Vol. 7 Issue.1

Evaluation of Health Policies in Turkey's Development Plans¹

YAŞAR AKÇA

Bartın University, Economics and Administrative Faculty, 74100 Bartın/Türkiye Email: yakca@bartin.edu.tr
Tel: 00903782235368

Abstract

Five Years Development Plans, which are prepared by the Ministry of Development, which was previously named State Planning Organization (SPO), are the basic policy documents that include plans for Turkey's economic, social and cultural development issues in the long term. Development plans ensure a unity in terms of goals both for government and for general society. Ten different special development plans for the years between 1963 and 2018 are prepared. The basic goal of all these different plans are the same: Enabling Turkish society has a happy and prosperous life. Quantitative goals that will enable development in upcoming periods in Turkey are determined in the frame of these plans. The concept of health, which is defined as physical, spiritual, social well-being, is one of the significant factors that should be taken into consideration while creating these development plans. Health policies are the precautions that are taken by governments in order to generalize and develop healthcare services for ensuring a spiritually and physically good life for society. Manpower can be efficient in development efforts only when physical and mental health is ensured. Health policy of a nation is firstly determined in development plans. Both governments and families spend a lot of time and money on health care services. The goal of this study is to present the preparations for upcoming periods in the field of health policies in development plans, to draw attention to present and potential financial problems, to develop ways to solve determined financial and humane problems and to make suggestions. Qualitative pattern document analysis technique is used in this research. At the end of the study, research finding, result and suggestions are presented.

Keywords: Development Plans, Health Policies, Health Utulities, Health Financing, Healthcare Professionals.

Introduction

Today the concept of health has been gaining more importance everyday while the attitude of the public towards health is always alive. Through the health policies presented in development plans, it is attempted to establish and process a health system that is in line with the realities of country. State is responsible for the health of citizens. The basic policy of Turkey's development plans about health is to increase the general health level of the public. For this reason, it is significant to establish a health system that basically ensures public's physical and mental wellness and their medical care. The basic goals are to enable the entire public have social and basic health services and to increase the quality of these services as much as possible. Efficiency, sustainability and availability are significant points mentioned in health policies in development plans. The attempt to have healthy individuals and society by protecting and enhancing physical and mental health is called 'health services' (Turan, 2004:3).

ISSN: 2306-9007 Akça (2018) 251

¹ This article was presented orally in 4th International Congress on Accounting and Finance Research, December 13-17, 2017, Erzurum, Turkey

Vol. 7 Issue.1

The most important point in the field of health services is to increase life quality besides life time. Ensuring a complete wellness including physical, mental, social and spiritual dimensions, increasing life quality besides life time and creating a healthy society on the basis of these factors is the basis. Health services should be presented equally, they should meet the necessities and demands of the public, they should be of high quality, they should be available and efficient, they should decrease the differences in different type societies' health levels, they should be in harmony with the necessities of modern life and patient rights should be taken into consideration as a significant factor.

Development Plans

Health policies in the Republic of Turkey's ten different development plans including the years between 1963 and 2018 will be presented in the below mentioned sections.

The First Five Years Development Plan (1963-1967)

In order to increase Turkey's health level, it was determined in the period that environmental conditions shall be developed, people shall be educated about health, nutrition mistakes shall be determined and corrected and contagious diseases shall be prevented. Home remedy and ambulatory treatments shall be prioritized and hospitals shall be used as subsidiary factors (SPO, 1963:39). As medical personnel weren't sufficient, it was not possible to reach the goals in a short time in that period (SPO, 1963:406). Raising personnel in health services, developing environmental conditions, educating public about health, correcting and developing mother and child mental health, community mental health, improving nutrition conditions, supporting health laboratories, preventing contagious diseases, developing treatment facilities, having sufficient health equipments and ensuring maintenance of these equipments were the main goals of the period (SPO, 1963:409). Establishing a health organization that could reach villages and small settlements were prioritized (SPO, 1963:406). It was determined that precautions shall be taken in order to ensure a balanced distribution of health personnel and services (SPO, 1963:413). Health institutions and hospitals that have less than ideal number of beds shouldn't be established. Public institutions shall be established until health services could be centralized. Private sector shall be supported in order to increase enterprises about establishing hospitals. Domestic pharmaceutical industry shall be supported. Supervisory power of the Ministry of Health on the issue of drug price shall be implemented carefully and rigorously. Necessary steps shall be taken in order to establish an efficient medical insurance system (SPO, 1963:414).

The Second Five Years Development Plan (1968-1972)

It was determined that medical staff of the period wasn't sufficient in terms of number and they weren't distributed equally along the country (SPO, 1968:147). In the period of the second five years development plan, the main goal was to increase public's general health level. Protection of the public's spiritual and physical health, increasing the opportunity of benefiting from health services and presenting equal health services to public, establishing programs including preventive medicine services were the other goals of the period (SPO, 1968:215). Child mortality, childbirth mortality and mother mortality were high in Turkey. Mother and child health services were especially insufficient because of the lack of crew and limited financial possibilities (SPO, 1968:220). The number of mental health centers was insufficient. Modern diagnosis and treatment instruments of hospitals weren't at international level (SPO, 1968:221). Region laboratories shall be equipped with mobile laboratory units in order to be able to diagnosis the diseases in villages (SPO, 1968:223). Vaccination campaigns shall be organized and cooperation among companies that produce vaccine shall be ensured in order to control diseases. Preventive health services and education for ensuring and protecting worker health shall be prioritized. Legal difficulties that restrain full time employment shall be removed. Mental health institutions shall be supported in terms of quality and quantity (SPO, 1968:224). Drug prices shall be arranged according to public purchasing power (SPO, 1968:228).

Vol. 7 Issue.1

The Third Five Years Development Plan (1973-1977)

Health services weren't sufficient in terms of number, distribution and quality. As most of the health personnel were living in developed cities, there was difficulty in presenting health services in small villages. On the other hand, basic health services such as environmental health, mother and child health, society's education about health didn't function sufficiently (SPO, 1973:111). One of the most important contributions of the State to the process of improving living conditions and increasing health level is to ensure a health system that is distributed along the country equally (SPO, 1973:150). Health service demand of low income group shall be prioritized while expanding national health system; an efficient health system in line with urbanization and industrialization processes shall be presented (SPO, 1973:809). Insufficient and malnutrition was a significant public health problem in the period. There were diseases resulting from protein and calorie insufficiency in preschool child, baby, mother, pregnant woman and nursing mother group (SPO, 1973:815). There was the tendency to increase preventive medicine services as there was a young population in Turkey, contagious disease rate was high, infant mortality rate was high and environmental health conditions were insufficient in Turkey (SPO, 1973:820). It was determined that ambulance services shall be increased and home remedy services shall be developed (SPO, 1973:826).

The Fourth Five Years Development Plan (1979-1983)

In this development plan period, it was determined that preventive medicine services were insufficient and they should be increased in order to develop health services. As there were still insufficient health personnel and they weren't distributed fairly around the country, expected developments couldn't be completed. Most of the doctors were still living in bigger cities (SPO, 1979:144). Number and capacity of medical vocational high schools shall be increased (SPO, 1979:458). Number of health personnel shall be increased. In order to be able to obtain maximum benefit from limited resources, general purpose hospitals and maternity hospital capacities shall be increased. Hospitals shall be established and equally distributed to different regions (SPO, 1979:465). The basic goal was to distribute health services equally and to ensure sustainability. Health necessities of individuals who don't have health insurance shall be ensured by the State (SPO, 1979:468). Extravagancy in drug use shall be prevented. Diagnosis and treatment instruments shall be produced sufficiently by the State and they should be of proper quality (SPO, 1979:469). Active agents in drugs shall be produced domestically (SPO, 1979:534).

The Fifth Five Years Development Plan (1985–1989)

In order to decrease infant mortality and increase child health, mother and child health services shall function together with basic health services (DPT, 1985:125). Manpower shall be developed and expanded for health services and employment opportunities shall be presented. Drug production shall be increased and supported (SPO, 1985:151). In order to prevent patients from coming to bigger cities for treatment, a chain of health services shall be established including community clinics in villages. Training and research hospitals that have too many beds shall not be established anymore; regional hospitals shall be established. Private health centers and hospitals shall be supported. Medical equipment waste shall be prevented, maintenance services shall be developed and personnel shall be educated. Health services that rehabilitate after treatment shall be improved both in terms of quality and quantity (SPO, 1985:152).

The Sixth Five Years Development Plan (1990–1994)

As parts of the basic health services, services presented to the communities with high infant and maternal mortality shall be prioritized (SPO, 1990:285). Families shall especially be informed about issues such as growing children, healthy and balanced nutrition (SPO, 1990:287). Necessary precautions shall be taken in order to decrease public's demand from treatment facilities, people shall be properly and sufficiently informed about these facilities. In order to protect and develop health, individuals and societies shall be directed towards educational activities that improve health awareness (SPO, 1990:289).

Vol. 7 Issue.1

Primary health facilities shall be supported and an efficient patient transfer system shall be established in order to prevent patients from going to incorrect departments for treatment. Home care services shall be improved. Treatment and rehabilitation services for the disabled or old individuals and for the ones with mental problems shall be improved; capacity of the already existing services shall be increased (SPO, 1990:290). Private projects based on the conditions of the country shall be developed and functional health centers shall be organized. Health regulation shall be reorganized according to the conditions of the period (SPO, 1990:291). Health services and units in rural areas shall be expanded (SPO, 1990:321).

The Seventh Five Years Development Plan (1996–2000)

The necessity to prevent infant and child mortality, which are mostly resulted from preventable causes, removing problems that prevent children growth and protection from diseases was still existing in this plan period; it was still necessary to increase the efficiency of institutional structure of hospitals (SPO, 1996:13). Professional, functional and equal geographic distribution of health personnel couldn't be completed (SPO, 1996:14). Units that present primary care shall be improved in terms of personnel and substructure; basic health services shall be improved. Programs about fighting with contagious diseases, educations about mental health, school health, protection from harmful habits, mouth and dental health, elderly care, diseased care, home care services, health and nutrition shall be organized and supported (SPO, 1996:46). Maternity services shall be supported and developed by prenatal and postnatal services (SPO, 1996:37). There was still a need to update health regulation, and necessary legislative regulations about finance, service, worker policies, administrative structure and protection of social structure weren't made. Various health problems resulting from malnutrition were still important (SPO, 1996:41). Private health insurance couldn't be generalized (SPO, 1996:44). Substructure shall be renovated and entire public will be able to use substructure services (SPO, 1996:45). Public subsidy shall be gradually removed from the hospitals that cover their expanses and work under market conditions (SPO, 1996:46). Policies that remove problems about blood products, vaccines and serum production shall be prioritized along with the policies that organize rational use of medicines (SPO, 1996:47). Activities of private investment in health sector shall be supported (SPO, 1996:48).

The Eighth Five Years Development Plan (2001–2005)

Problems about health worker insufficiency and inequality in the distribution of substructure, coordination problems between institutions and service were still significant in this plan period (SPO, 2001:15). Preventive health services weren't prioritized and they couldn't be presented to the public properly, in an order (SPO, 2001:85). Health problems and high mortality rate because of traffic accidents were still significant. Immediate support services and first aid services shall be nationwide, mobile health services shall be developed, management and coordination centers shall be established (SPO, 2001:86). Preventive health service presentation shall be integrated with primary care units. Health education programs that must be presented to individuals starting from primary school shall be established. Public health services such as maternal and infant health, reproductive health, mouth and dental health, nutrition, environment protection, occupational health and safety services shall be prioritized. A home care service model in coordination with ambulatory diagnosis and treatment centers and inpatient treatment institutions shall be developed. Presenting and financing health services shall be divided from one another, everybody shall have the right to benefit from health insurance (SPO, 2001:87). Rational use of medicines shall be developed; vaccine production capacity shall be increased. Private sector investment shall be supported (SPO, 2001:88).

The Ninth Five Years Development Plan (2007–2013)

Because of substructure, worker and quality insufficiencies in primary health units and inefficiency of patient transfer services, patients consult to the secondary and tertiary health services, which cause accumulation and insufficient services (SPO, 2007:41). In the ninth plan period, it was planned to ensure improvement in the number of hospital beds and doctors, which were determined to be two significant

Vol. 7 Issue.1

indicators of health services (SPO, 2007:63). In service trainings shall be increased in order to increase the education and capacity of health workers. Citizens and health personnel shall be informed about patient rights (SPO, 2007:87). Health service substructure shall be improved; the process of improvement shall include primary care and other levels of services. National standards about service presentation and personnel shall be determined; health unit accreditation shall be ensured through an efficient system. Hospitals shall be gradually privatized executively and financially in order to be able to organize them. Health database on the basis of international criteria shall be established. With the use of efficient patient transfer chain and use of information systems, service organizations in the hospitals shall be more efficient and health spending shall be controlled. Preventable diseases such as contagious diseases and maternal and infant health problems shall be prioritized besides problems such as nutrition and environmental health services (SPO, 2007:88).

The Tenth Five Years Development Plan (2014–2018)

Protective and preventive health services, patient transfer chain, health manpower shall be developed. The problem in these fields are still remaining today. Healthy lifestyle shall be supported; a more available, proper, efficient health service shall be presented (Ministry of Development, 2014:34). Efficiency of secondary and tertiary health services shall be increased. Quality of medicines and medical devices, use of them and expanses about them shall be controlled. Consumers shall be informed about sufficient and healthy nourishment. Animal products and water products shall be consumed more. Product and service providers about integrative medicine treatments shall be controlled, standards shall be determined and the field shall be under control. Manpower, demographic developments and future professions in health field shall be determined, related research and development projects shall be prepared (Ministry of Development, 2014:35).

Main Problems of Turkish Health System

There are various problems in health sector. These problems prevent presenting efficient health services to the public.

- Political and diplomatic factors are highly effective in health services provided by the State (Turan, 2004:44).
- Basic health services couldn't be prioritized, necessary substructure couldn't be established and manpower couldn't be ensured; inpatient treatment services, which require more resources, were carried out.
- Mouth and dental health services should be expanded and supported.
- Resources of health expanses aren't sufficient. On the other hand, efficient use of present resources, management and organization, manpower, service presentation, regulation and information dimensions shall be reconstructed.
- Treatment services with beds aren't managed efficiently on the basis of modern administration rules; they cannot cover their own expanses, they are not competitive, they couldn't be transformed into financially and administratively autonomous institutions.
- Besides the fact that the resources for the field of health aren't sufficient. There is a lack of coordination between private and public health institutions. There is not a proper organization, machines and instruments aren't sufficient and there are deficiencies in employment policies. While the capacity is insufficient in some areas, there is inactive capacity in some other areas related to health services.

Vol. 7 Issue.1

Financing Structure of Health system in Turkey

Financing structure of Turkey's health system is mixed. Obtained taxes (Beveridge model), obtained insurance premiums (Bismark model), social assistance and solidarity foundation, special provincial administration incomes, out-of-pocket expenses and private health insurances finance the health system in Turkey (Atasever, 2014:43).

Suggestions for Developing Turkish Health System

- Family doctors should teach health courses in secondary education institutions and high school curriculums.
- Preventive medicine measures should be taken.
- Fig, nuts, grapes and milk should be given to students in order to grow a healthy generation. Variety and frequency of distribution should be increased and controlled.
- The number of public service ads about avoiding wastage in health should be published in radio and television.
- Curriculum of health education should be checked and controlled frequently.
- Health personnel should be equally distributed to regions.
- Private sector should be used more in order to give health services.
- Manpower, substructure, management and technology should be developed.
- Medicine, medical materials and devices should be increasingly produced.
- Health tourism should be developed; potential of presenting health opportunities to countries with aging population should be used.
- Necessary steps should be taken in order to prevent lack of physical activities, obesity, tobacco use; related programs should be developed.
- Health substructure and health services in Turkey should be standardized.
- State should take preventive measures in order to prevent violence against health workers.
- Advertising activities for health exportation should be increased.
- Human dimension should be taken into consideration besides economic dimension while making health policies.

Result

One of the basic duties of the State is to enable individuals live a health life. Physical, spiritual and social wellbeing complete one another and health means the situation of wellbeing. Thanks to the family physicians, health services are now more organized and productive. Full time employment law and performance based salary system increased efficiency and productivity in health sector. Legal regulations about health institutions that form the health system and institutions that finance system constitute the health policies. State is responsible for forming and applying health policies. Health services should be widespread, sustainable and integrated (Sülkü, 2011:4).

Public's health needs should be taken into consideration, diseases should be prevented, maternal and child mortality should be decreased, life expectancy should be increased; these are the goals of health policies in Turkey. It is crucial to increase environmental health, develop preventive medicine services, ensure hospitals give high quality and efficient services, enable hospitals cover their expenses with their incomes. Health policies should be based on enabling the public reach health services easily, equally and obtain efficient results.

Vol. 7 Issue.1

References

- Atasever, M. (2014). Türkiye'de sağlık hizmetlerinin finansmanı ve sağlık harcamalarının analizi 2002-2013, Ankara: Sağlık Bakanlığı Yayın No: 983.
- Sülkü, S.N. (2011). Türkiye'de sağlıkta dönüşüm programı öncesi ve sonrasında sağlık hizmetlerinin sunumu, finansmanı ve sağlık harcamaları, Ankara: Maliye Bakanlığı Yayın No: 2011/414.
- Turan, N. (2004). Türkiye'de sağlık hizmetleri ve sağlık sektöründe temel sorunlar, Eskişehir: Anadolu Üniversitesi Yayın No: 1555.
- T.C. Başbakanlık Devlet Planlama Teşkilatı Müsteşarlığı (1963). *Birinci beş yıllık kalkınma planı (1963-1967)*, Ankara: Başbakanlık Devlet Matbaası, Retrieved 09 10, 2017, from http://ekutup.dpt.gov.tr/plan1.pdf.
- T.C. Başbakanlık Devlet Planlama Teşkilatı Müsteşarlığı (1968). İkinci beş yıllık kalkınma planı (1968-1972), Ankara: Başbakanlık Devlet Matbaası, Retrieved 09 10, 2017, from http://ekutup.dpt.gov.tr/plan2.pdf.
- T.C. Başbakanlık Devlet Planlama Teşkilatı Müsteşarlığı (1972). Üçüncü beş yıllık kalkınma planı (1973-1977), Ankara: DPT Yayın No: 1272, Retrieved 09 10, 2017, from http://ekutup.dpt.gov.tr/plan3.pdf
- T.C. Başbakanlık Devlet Planlama Teşkilatı (1978). *Dördüncü beş yıllık kalkınma planı (1979-1983)*, Ankara: DPT Yayın No: 1664, Retrieved 09 10, 2017, from http://ekutup.dpt.gov.tr/plan4.pdf.
- T.C. Başbakanlık Devlet Planlama Teşkilatı (1984). *Beşinci beş yıllık kalkınma planı (1985–1989)*, Ankara: DPT Yayın No: 1974, Retrieved 09 10, 2017, from http://ekutup.dpt.gov.tr/plan/plan5.pdf.
- T.C. Başbakanlık Devlet Planlama Teşkilatı (1989). *Altıncı beş yıllık kalkınma planı (1990–1994)*, Ankara: DPT Yayın No: 2174, Retrieved 09 10, 2017, from http://ekutup.dpt.gov.tr/plan/plan6.pdf.
- T.C. Başbakanlık Devlet Planlama Teşkilatı (1995). *Yedinci beş yıllık kalkınma planı (1996–2000)*, Ankara: 25 Temmuz 1995 Sayılı Resmi Gazete No: 22554, Retrieved 09 13, 2017, from http://ekutup.dpt.gov.tr/plan/vii/plan7.pdf.
- T.C. Başbakanlık Devlet Planlama Teşkilatı (2000). *Sekizinci beş yıllık kalkınma planı (2001–2005)*, Ankara: Retrieved 09 14, 2017, from http://ekutup.dpt.gov.tr/plan/viii/plan8str.pdf.
- T.C. Başbakanlık Devlet Planlama Teşkilatı (2006). *Dokuzuncu kalkınma planı (2007–2013)*, Ankara: Retrieved 09 15, 2017, from http://ekutup.dpt.gov.tr/plan9.pdf.
- T.C. Kalkınma Bakanlığı (2013), *Onuncu kalkınma planı (2014–2018*). Ankara: Retrieved 09 16, 2017, from http://ekutup.dpt.gov.tr/plan10.pdf.