

Universal Health Insurance- Turkey

Introduction

Health Transformation Program (HTP) launched in 2003 aimed to increase access to health services. This included eliminating fragmentation in financing by merging the then five health insurance schemes (including the Green Card Program) into Universal Health Insurance (UHI) scheme. The new scheme was managed by a newly created institution SSI – Social Security Institution (Tirgil, Ipek, & Atun, 2018).

Multiple health insurance schemes were integrated into a single purchaser SSI. The coverage included in-patient treatment costs, outpatient services, and outpatient prescription drugs. Health expenditure ranging from 4.5% to 5.8% of GDP since 2000 contributing significantly to the UHI (Sparkes & Reich, 2015).

Key Stakeholders

- Ministry of Health, Turkey
- Social Security Institution
- Employed citizens
- Registered hospitals and pharmacies

Implementation of the practice

- The coverage included in-patient treatment costs, outpatient services, outpatient prescription drugs
- The public sector doctors were given responsibilities to provide healthcare for a population in a defined area and incentivised accordingly based on beneficiaries' feedback
- For the provision of primary and preventive care on a priority basis, the remuneration of the doctors is based on the population covered
- The government of Turkey strongly discouraged public sector doctors to go for private practice
- Multiple health insurance schemes were integrated into a single purchaser SSI
- The adoption of the Social Security and Universal Health Insurance Law in 2008 created the legal and institutional basis for a fully harmonized health insurance system (UHI)
- Execution of a single Health Implementation Guide, published annually
- Key developments in the HTP

2002-2006

- Focus on improving access to health services
- Health Transformation Program (HTP) is designed, building on work done in the previous decade, including elements of the Basic Health Law
- Introduction of higher salaries and performance incentives for hospital clinicians to encourage a voluntary transition from dual practice to full time working
- Green Card benefits expanded to include outpatient benefits and pharmaceuticals. Conditional cash transfers were introduced, covering 6% of the population (for pregnant women and children from the

	<p>most disadvantaged households), to encourage the use of maternal, neonatal, and child health services</p> <ul style="list-style-type: none"> • Contract-based employment introduced for healthcare personnel in rural and less developed regions • Major changes in pharmaceutical policy, including changes to pricing and value-added tax • Hospitals belonging to the Social Insurance Organisation integrated with the Ministry of Health hospitals • Universal health insurance is legally adopted as a part of broader social security reforms
2007-2010	<ul style="list-style-type: none"> • Contract-based family medicine scaled up in all provinces of Turkey • Cost-sharing for primary health-care services was abolished. Primary health care available for all citizens free at the point of delivery. • Social Security Institution established as a single organization for financial pooling and purchasing • Free availability of emergency services and intensive care services (including neonatal intensive care) for the whole population • Mobile pharmacy services introduced to improve access in rural areas • Tracking system for drugs introduced
2011-2013	<ul style="list-style-type: none"> • The Green Card scheme joins the Social Security Institution and unified social health insurance is fully implemented • The Ministry of Health strategic plan for 2013-17 is developed

Results of practice

- Key improvements in health indicators in the decade since implementation:

Indicator	Before Implement of program	Results after short span
Life Expectancy	71 (2000)	75 (2009)
Infant Mortality	36 (2000)	9.6 (2011)
Under 5 Mortality	42 (2000)	12.5 (2011)

- Formal health coverage of Turkish population increased over 95% in the period 2000-2015.
- Significant improvement in health coverage for the poor in Turkey.
- Gradual steps taken in this regard, helped in improved targeting, expand benefits to the Green Card Program, including the improvement in the quality of service delivery within a comprehensive reform in the sector. Patient satisfaction improved from 39.5% in 2000 to 75.9% in 2011 (TurkStat - Life Satisfaction Survey, 2011).

Lessons learnt

The success story of Turkey can be attributed to the following factors:

- Legislation like Social Security and Universal Health Insurance Law in 2008 that ensured UHC
- Proactive role of the Government
- Importance had been given to primary health care

Conclusion

- Health expenditure as a % of GDP plays a critical role in achieving the goal of UHC. Health expenditure in Turkey ranges from 4.5% to 5.8% of GDP since 2000 contributing

significantly to the UHI (Sparkes & Reich, 2015)

- UHI implementation has led to the elimination of major sources of fragmentation of public health delivery system and has reduced the inequality in access to and utilisation of services across the nation.

Further reading

- i. *Successful Health System Reforms: The case of Turkey*
- ii. *Tirgil, A., Gurol-Urganci, I., & Atun, R. (2018). Early experience of universal health coverage in Turkey on access to health services for the poor: regression kink design analysis. Journal of global health, 8(2).*