PRESENTATION

We are highlighting one issue starting from the first day of the Justice and Development Party government.

This issue is to look at the Turkey photograph thoroughly. By looking at the photograph's whole, we attribute special importance to the solution of Turkey's problems in line with each other and in a manner supporting each other.

Our purpose is to increase the life quality of every citizen living in Turkey, to use country's facilities in the most rational way for this and to provide the distribution of resources in accordance with the equity.

For this reason, we should carry out the postponed requests of our people for years, while carrying out this, we should find the most productive way of solution in the shortest period.

In order to realize a fair development, we should re-organize all institutions of the public with a new point of view in accordance with contemporary world norms.

Within this framework, the "Health Transformation Project" is a very important step taken for the provision of rearrangement in the field of health in accordance with the re-organization of public sector.

The aim of this project is, as in every field, to raise the life quality of our citizens in also in the field of health and to guarantee their health. To guarantee the right of living of the citizen and the maintenance of a healthy life is one of the main indicators of social government concept.

Despite some enterprises for promotion in the in the field of health in the previous government periods, unfortunately, none of these studies has not been successful at the expected level and could have not advanced to remove or reduce the troubles in the in the field of health.

Different from others, the AK Party government, as a consequence of the promise it gave to our people before the election and aware of the political power which our people gave to it as well, and believing that no endurance has remained any more in the in the field of health, has decided to take important steps in accordance with science and world standards also paying regard to the realities of the country at the same time.

"Health Transformation Project" whose purpose, content and the way it will be implemented are explained in the booklet in your hand is the step of such understanding and determination.

As it is known, the first step of the Health Transformation Project has been taken by integrating the State Hospitals, Insurance Hospitals and Institution Hospitals and opening them to the use of all citizens jointly. After this, primary health services will be enforced by family medicine, our hospitals will be autonomous in terms of administration and finance, the Ministry of Health will be reconstructed to undertake a planner and inspector role. A general health insurance system covering the population thoroughly will be realized.

Our government, while taking urgent and concrete steps in the areas of priority, which have no endurance to wait, is providing the issuing of the laws to prepare the legal infrastructure.

No doubt as it is in every field, also in the field of health, for the new regulations' success, all the institutions involved in the system and the whole community should support the program.

I believe that this social awareness has raised and thus the program will be implemented successfully.

For this reason, I would like to thank to our successors, bureaucrats, scientists, health workers, our voluntary organizations, international organizations who has contributed to health and the development of health systems in our country to date, and wish success to everybody who will contribute to this issue from now on.

Recep Tayyip Erdoğan
The Prime Minister

PREFACE

Health is the most important element of our life. In every breath we take, in every step we take, health is our constant element in the whole life. All of the parameters of the life are hidden within this principal structure. Every detail we experience during the whole life is evaluated according to this constant element. Health that we symbolize by white color contains every color as it is in white color and gives life to every color.

Now, we offer a real transformation programme in the field of health, which is the main structure of our life. We prepare ourselves to take new and exciting steps all together in health, which is the constant element of our life. Transformation and changes are difficult. Transformation disturbs the settled one. Changes force to leave the usual one. By venturing to initiate a progress having challenges and difficulties, we are aiming to solve many important problems that we currently experience. By venturing transformation and changes, we are aiming to bring a stronger system to the health sector, which is the main structure of our life. We are willing to show and make live all colors of the life in the whiteness of our health.

"Health Transformation Programme" is aiming to solve the problems of the health sector, which have not been solved until now, and which grew as they were not solved, therefore which are perceived as never changeable, with a new point of view. As the Health Transformation Programme has existed for a long time, it is not moving through the patterns constantly creating problems and that are accepted as a part of the system. However, the Programme considers the main exit point as the solution of the problem starting from this point. Health Transformation Programme starts the studies neither from zero by neglecting what it was done in the past nor neglects the future by short-term plans.

Health Transformation Programme was prepared with a view considering all values that the people of our country formed with their works by accepting all the previous works, law drafts and formed opinions as a step. We are trying to built a new future not by refusing the past, but by evaluating the past. In the way we proceed for this purpose, we are calling everybody who is contributing and whose contribution is possible to health, which is our common value in every step of the transformation.

On this occasion, we would like to thank to all governments, ministers, bureaucrats, scientists, health workers, NGOs, international organizations giving support to our country, relevant private and judicial people who worked until now for the amelioration of health and health systems in our country.

In addition, we express our deep appreciation to our parliamentarians who are working very intensively during day and night without holiday, our ministers that I have honor to work with, the members of the Health Commission of the Parliament who are one of the most important architects of this success by accelerating our very important steps, Mr. Recep Tayyip Erdoğan, our Prime Minister, who made very considerable contributions to our works through his valuable opinions and comments.

We want to have a success as "us, all of us". We are working as being aware of the fact that our efforts for this purpose will provide important contributions to the happiness of the whole humanity, especially to our nation. With the belief and hope that we will make progress all together, I express my best regards to all of you.

Prof. Dr. Recep Akdağ
Minister of Health

CONTENT

1. INTRODUCTION

The efforts of improving health services continue to be not only the principal and priority agenda item of the developing countries like Turkey, but also, that of the developed countries. Even during the election studies in USA and United Kingdom, the improvement of health services and in other words reform needs in health is emphasized. This reality shows that all of the world is making new searches in the provision of health services. Although it shows discrepancies related to the development level, it is difficult to define a country, which completely solved its health problems in general.

Health service has always been a problem. A lot of studies have been carried out by governments to improve health data and the provision of health services since the first years of our Republic. The period of Refik Saydam between 1923-1937 and afterwards the period of Behçet Uz are the years during which the studies and reforms were deeply effective. The Socialization of the Health Services that was initiated to be implemented during 60's under the leadership of Nusret Fişek, is one of the most important studies.

The period until 1980 was the witness of the applications like the improvement of the services, organization and infrastructure of health.

The years after 1983 are the years where considerable changes were performed. During these years, "reform" studies based on "the comprehension that the current situation is a problem" were accelerated.

The projects implemented with the support of the World Bank at the end of the year 1990, are principally on reform studies in the field of health and during this period, the name of the reform studies was turned into "health projects".

The target of the reform need should not only be towards the increase of the satisfaction of the patients. Within the current understanding of a modern administration, the provision of a higher quality service with more reasonable cost or to purchase it should be one of the principal targets.

When the studies performed within the reform of the countries in the field of health are examined, it is observed that it is a program having increases and decreases, necessitating struggle, insistence, patience that were spread to long years as common features in all countries.

For this reason, health reform studies have been continued for years and although serious improvements have been carried out in the system, need of a new reform still has insistently been brought to the agenda even in England the name of which is often given as a developed country.

As a result, it is not possible to reach the perfection in the health services. It is necessary to meet the needs raised in the current conditions and solve the problems with the limited sources. When the health reforms are examined, it is seen that the followings are the main components affecting the success; whether the current government is stable, whether a common idea exists within the government and whether these studies are supported by the Prime Minister and the Ministers and the working periods of the governments and the approach of the newly appointed governments to the experiences and the studies started in the past. It is seen that it is important to have the support of the groups who will be affected and benefited from the results by explaining the results obtained from the studies, social marketing of the study and the media introduction regarding this and whether the bureaucrats and technocrats are dealing with the issue. Another important method which brings success is determining the main problem of the system and making maybe small but effective interventions, implementing necessary arrangements in deficient points instead of a completely new constitution and making a continuous step by step improvement. This is the most important difference between the developing countries and the developed countries. Since there is not a continuous and step by step improvement in developing countries, antipathy, disbelief or hopelessness arise in some groups.

This document that you have is the first framework of the Health Transformation Programme presented to the public opinion. The Programme will be developed through researches and negotiations that we will make and through suggestions and orientations that will be made by our public. However, we are not consuming time with unnecessary details to initiate the implementation, but, we are not postponing reaching the good to seek for the perfect.

The Health Transformation Programme will design the health system that is planned to be implemented in the future and will facilitate the transition to the designed system by evaluating the inheritance of the experiences of the "reform studies" and "health project". Small but effective interventions made within the system will provide taking the preparation steps immediately. It is the only way that a continuous change and development can be obtained and the success can be provided.

In Chapter I, the adventure of our health policy starting from the establishment of our Republic till today is discussed. In Chapter 2, the current health situation of Turkey and the data concerning health sector are summarized. In Chapter 3, the purpose and principles are explained and in Chapter 4, the framework of the components of the programme is drawn. In Chapter 5, some principles concerning the logic of application is mentioned, in the conclusion part, it is emphasized that this programme will succeed in on condition that a national participation is provided.

2. OUR HEALTH POLICIES FROM PAST TO DAY

2.1 1920-1938 Period

Ministry of Health, which was established in 1920, has made legal arrangements in many fields between 1920-38. When taking the conditions of that period into consideration, the aims of these arrangements, which are of priority, were;

- Solving the post-war problems,
- Supporting health personnel in quality and quantity,
- Establishing the structure starting from centre to villages,
- Spreading preventive health services

Vertical organization regarding the communicable diseases mainly malaria, syphilis, trachoma still continues to exist within the current organization.

Institutions like Central Hygiene Institute and School, Dispensary, Health Center and Health House have found application area up to date without any change.

The following laws, which were issued in the same period, still present in the current regulation although they have been exposed to various changes;

Law on Legal Medicine dated 1920 and numbered 38
Law on Bacteriology and Chemistry Laboratories dated 1927 and numbered 992
Law on Pharmaceuticals and Medical Preparations dated 1928 and numbered 1962
Law on Practice of Medicine and its Branches dated 1928 and numbered 1219
Law on General Hygiene dated 1930 and numbered 1593
Law on Officers and Establishment of the Ministry of Health and Social Help
Law on Treatment with Radiology, Radium and Electricity and Other Physiotherapy Institutions dated 1937 and numbered 3153.

2.2 1938- 1960 Period

Legal arrangements and practices were carried out to strengthen the central structure and develop policies with social content.

"Extraordinary Malaria Control Law" which aimed to struggle against malaria, smallpox, syphilis and leprosy epidemics emerged after the Second World War has been issued and disease focused vertical organizational structures specific to diseases were further expanded.

Labor Insurance Institution, which forms the beginning of Social Security Institution, has been established in 1945, thus the monopoly of the Ministry of Health in the field of service and employment has been removed.

Studies regarding the establishment of the Pension Fund have also been carried out in this period and the coverage of social security has started to be expanded. Hospital services executed by Provincial Private Administrations and local authorities are transferred to the Ministry of Health. Regional institutional organization was performed in this period. Regional Numune Hospitals, maternal, children, tuberculosis, mental diseases hospitals were also the works of that period. Spreading of health houses have also accelerated in these years.

Many laws made in these years are still in force and constitute the basis of our health organization.

Law on Opticianry and Opticians dated 1940 and numbered 3958
Law on Turkish Medical Association dated 1953 and numbered 6023
Law on Pharmacists and Pharmacies dated 1953 and numbered 6197
Law on Nursery dated 1956 and numbered 6283
Law on Turkish Pharmacists Association dated 1956 and numbered 6643 are the main examples of these laws.

2.3 1961-1980 Period

Different health policies have started to be discussed in this period but socialization of health services has been adopted. The Law on the Socialization of Health Services numbered 224 has come into force in 1961 and this law has application areas since 1963. Health policies applied until 1980 were formed within the context of this law.

Vertical organizations were partially decreased and structures giving different health services were integrated within the health houses. Socialization was started with pilot practices and free-working of the doctors working in this context has been prevented by this law. Although spreading of socialization to the whole country in 15 years was suggested, this could not be achieved. This has been changed into an unsuccessful application also according to Mr. Nusret Fişek, who prepared the socialization law.

After 1960, planned period was started and five years development plans became one of the most important elements in determination of health policies. Programs based on socialization policies were also constructed in the First Five Years Development Plan.

Discussions on General Health Insurance concept, which would be talked about for years, were started in these years. General Health Insurance Draft was firstly prepared in 1967 but could not be sent to the ministerial board. Establishment of General Health Insurance was expected in 1969 in the Second Five Years Development Plan, General Health Insurance draft was submitted to the Grand National Assembly of Turkey but not accepted. The draft was re-submitted to the Grand National Assembly of Turkey in 1974 but it could not be discussed.

All laws, regulations and circulars prepared in this period aimed arrangements based on the main basis of socialization.

2.4 1980-Today

1982 Constitution includes arrangements parallel to 1961 Constitution in health services and administration. Article 60 includes, everybody "has social security right and the state undertakes this responsibility" expression. General Health Insurance is included in Article 58 of the 1982 Constitution with the expression "General Health Insurance can be established".

80s witnessed to the efforts for expansion of socialization policies started in 1961. With the increase in health finance management, general health insurance again came into the agenda in 1987 but legal arrangement regarding this issue could not be implemented. Main Law of Health Services was issued at the same year. However, arrangement necessary for the implementation of this law could not be prepared until today.

SPO made a master plan regarding health sector prepared and First National Health Congress was held in 1992 in line with this plan and re-structuring process was started. In the Second National Health Congress held in 1993, national health policies were determined and Green Card project for poor people out of social security coverage was started.

In parallel to the resolutions of the Second National Health Congress held in 1993 some arrangements have been made up to now, unfortunately expected consequences could not be obtained. No results have been obtained from the studies regarding privatization and autonomization of hospitals.

3. CURRENT SITUATION

3.1 Demographic and Epidemiological Features

Our country with 67.85 million population is one of the twenty most crowded countries in the world. There exists a young population as a result of high fertility and growing rates in the past. 30 % of the population is below the age of 15 and 11% of the population is below the age of 5. More than 17.8 million (38%) women are in the fertile period, i.e. between the ages of 15-49. However, a decreasing trend has been observed in these rates. Total fertility number was 5 children per woman at the beginning of 1970s and it is less than 3 in 1990s.

It is a fact that the health status of Turkey is not at a good level both absolutely and when compared to the other countries with the same income level. The sector has problems in each parts but it is necessary to deal with some problems immediately. Maternal mortality rate (Table 1), which is still very high, comes at the beginning of these problems.

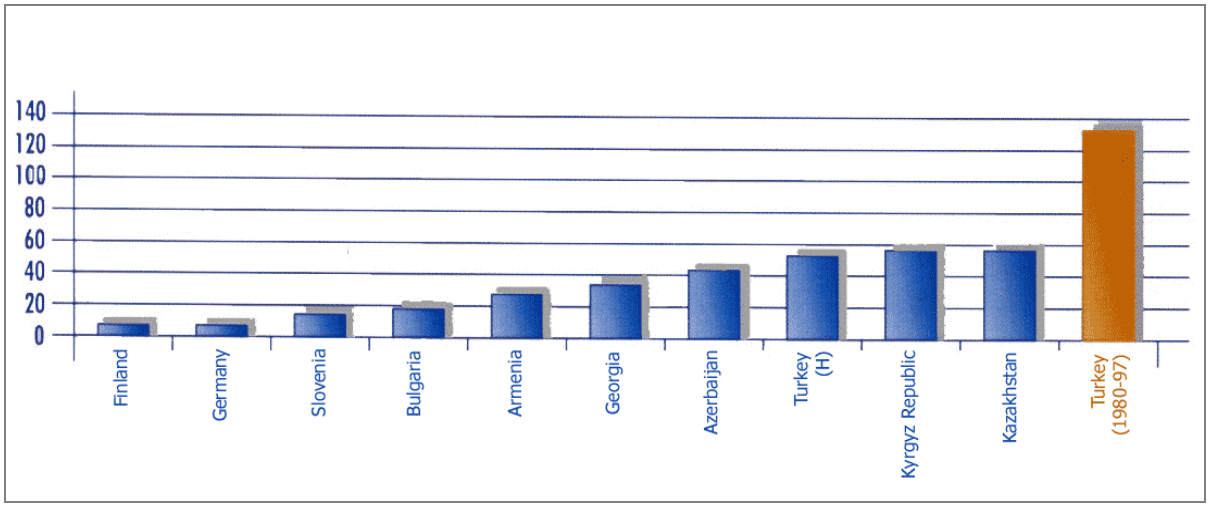

Table 1: Maternal Mortality Ratio in some countries 1998

The second important problem is the high infant mortality rate. Although this rate was reduced to 40 for 1000 live birth in 1998 compared to more than 150 in 1000 alive birth in 1970 and decreased more in last years, Turkey is worse than many other countries in Europe (Table 2).

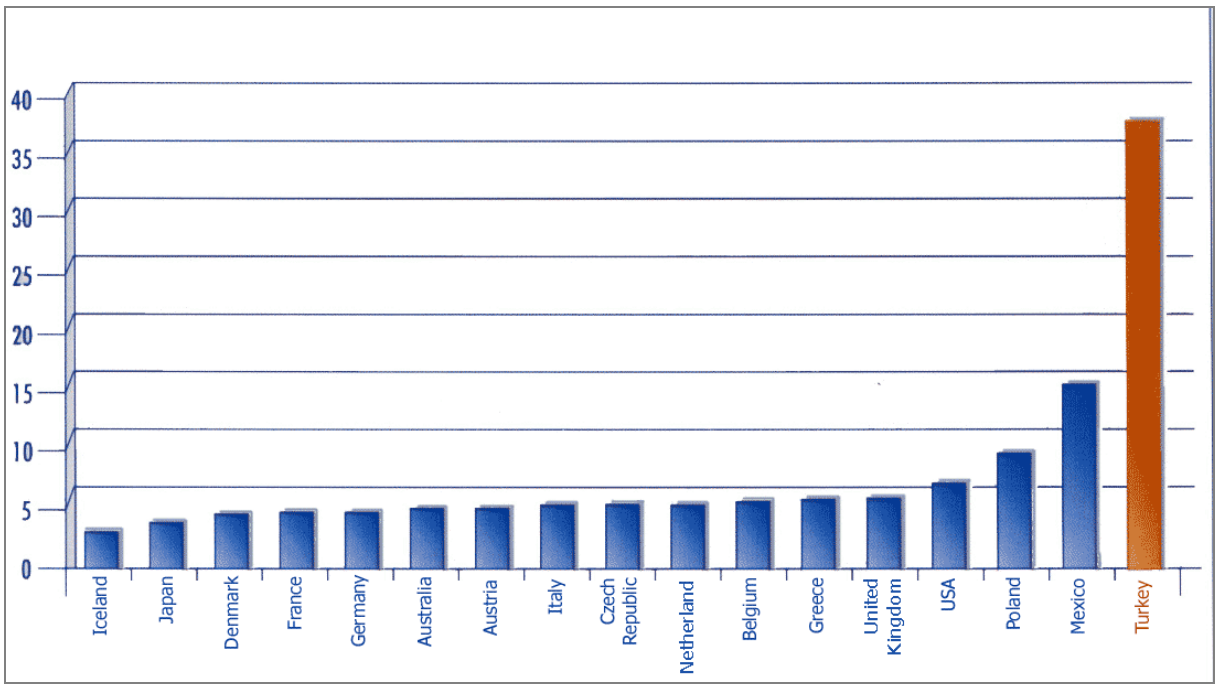

Table 2: Average Infant Mortality Rate (in 1000) in OECD Countries – 1998

Change in infant mortality rates as to years are given below (Table 3).

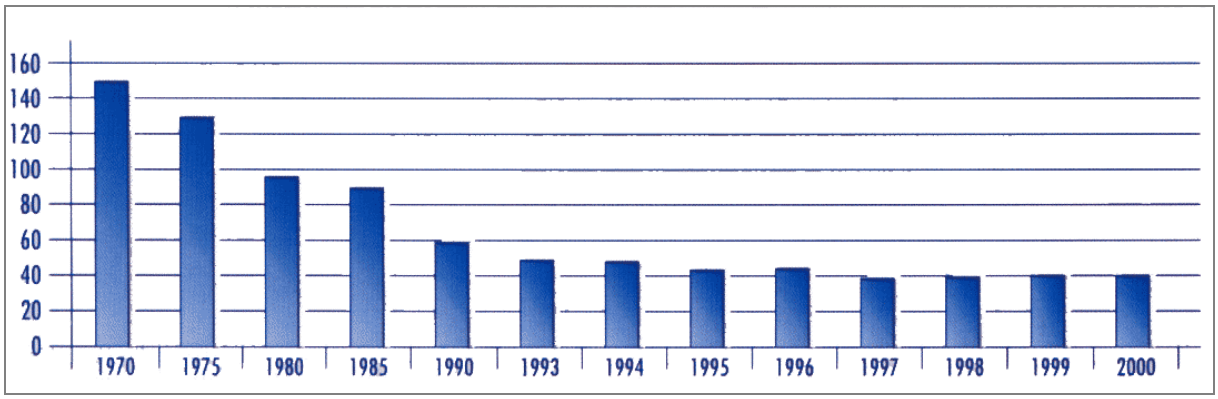

Table 3: Infant Mortality Rate in every 1000 alive birth

Factors such as insufficient follow up of pregnant women, medical intervention during and after birth and insufficiency of care are some of the reasons of high infant mortality.

Another issue with high priority is the existence of great differences in health indicators both between rural and urban areas and between the regions. It is necessary to take this issue into consideration while planning and developing health policies. Our immunization rates, which constitute an important place within the preventive health services, should be evaluated in this respect (Figure 1).

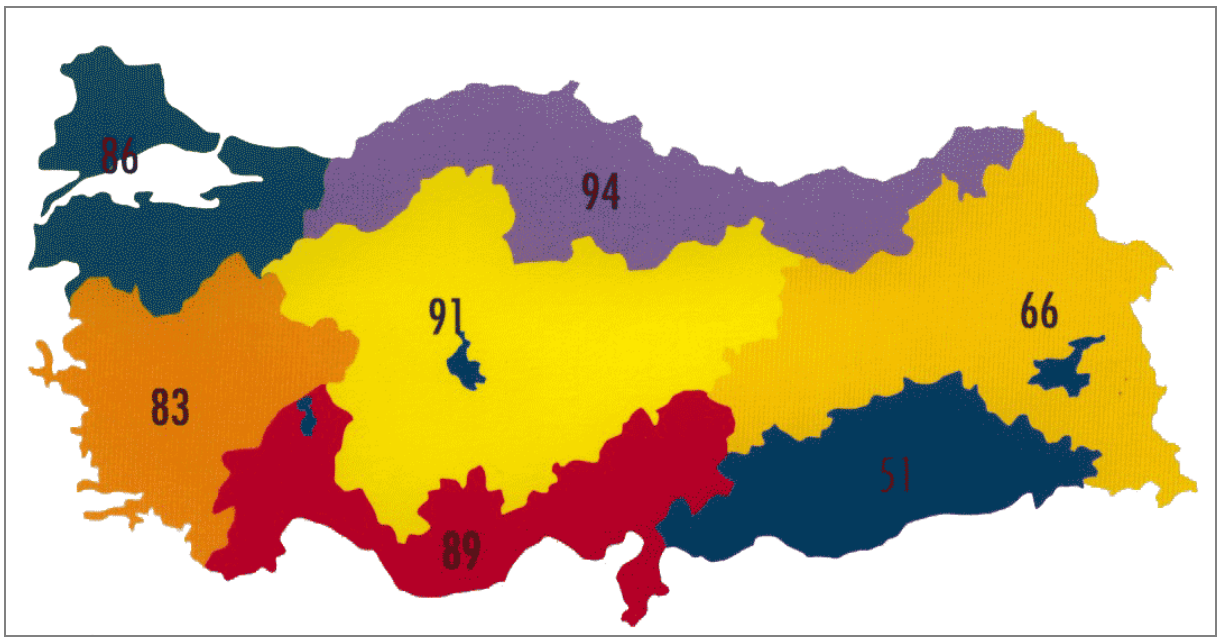

Figure 1: Regional distribution of the immunization situation in children before 12 months, Turkey, 2000 (%)

Population projections made according to 2000 census show that our country will reach to 78 millions population in 2010 and 92 millions in 2015. The population increase rate of our country is 18 per 1000. This is a higher rate in comparison to many countries. Change observed in population structure brings the aging of the population. When taking the tendency in the past into consideration, important changes will be expected in population pyramid. It is expected that the 20-54 age group will be doubled and the rate of the aged population will reach to 10% in the next 20 years.

Life expectancy at birth is about 66 for males and about 71 for females and this period is 10 years shorter than the average of OECD countries.

Today, 65% of our population live in cities and the projections performed shows that the urban ratio will reach to 80% in near future. Rapid urbanization period that our country has experienced caused various problems, infrastructure and town planning services could not be submitted properly and ghettos appeared. In parallel to these problems in the delivery of the health services increasingly multiplied.

3.2 Health Level

In spite of the rapid improvements in the near past, Turkey is still behind of the most of the middle-income countries in terms of health level. Less than two third of all mothers receive prenatal care and full dosage tetanus toxin injection could be given less than one third of them. In the average a doctor is present in only 2 of the 5 births (40%). 11.6% of the women in the poorest group give birth under the control of a doctor

on the other hand 72.3% of the women in the richest group. This ratio is over 90% in the countries with middle-income (Table 4).

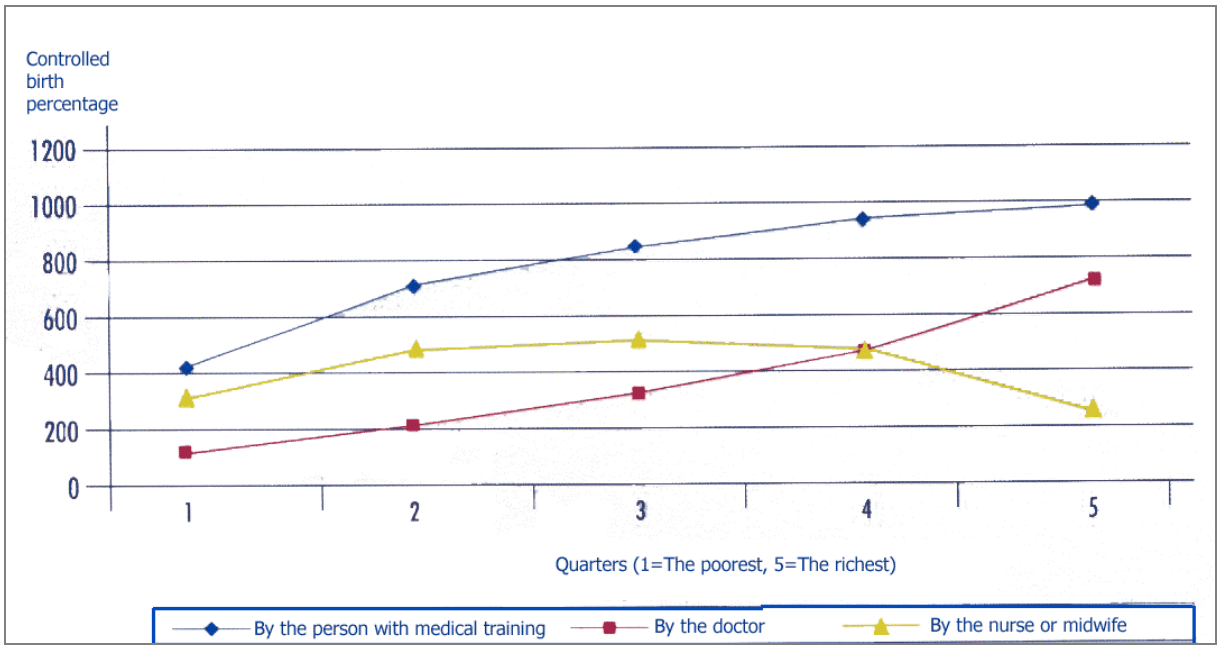

Table 4: Births under the control of the qualified people

Among the reasons of death under the age of 5, perinatal reasons constitute the highest rate. However, among the reasons of death above the age of 5, diseases like hearth diseases, brain-vascular diseases, diabetes and cancer dominate. This data shows that while frequency and importance of the infectious diseases, which is dominant in the past, decreases; an epidemiological transition to chronic diseases is observed. In this transition period, health planners should give the same priority to both communicable diseases and chronic diseases. As it is mentioned above there exist great differences between our rural areas and cities and between our western and eastern regions in terms of health indicators. These differences dramatically appear even between the central district of big cities and ghettos.

While, our country is at the 17th rank in the global scale as an economical power, it is at the 86th rank in the human development index prepared in line with the social indicators in which health and education are involved.

3.3 Organization and Delivery of Health Services

Health services seem to be as complex and multi-pronged structures. "Strategic Management" is a serious deficiency in the sector. Since the Ministry of Health concentrates on giving service in its own institutions, it remains insufficient in providing direction to the sector and policy development.

Since there is no effective coordination among the Ministry of Health, Social Insurance Institution, university hospitals, institutional hospitals and private hospitals; planning of services and investments cannot be carried out in parallel with the social needs. Demographic and epidemiological characteristics have been overlooked in health investments and planning (Table 5). Since the "primary level" is not sufficiently strong for constructing the services, the desired level has not been achieved in the delivery of primary health care services. Health centers have completed its organization on a large scale in the rural areas. However, physicians' being not educated and not directed to give service in this field and non-institutionalization of the management of the health centers cause a barrier for the effective service delivery. The infrastructure of the health centers is insufficient in rural areas, especially in urban areas.

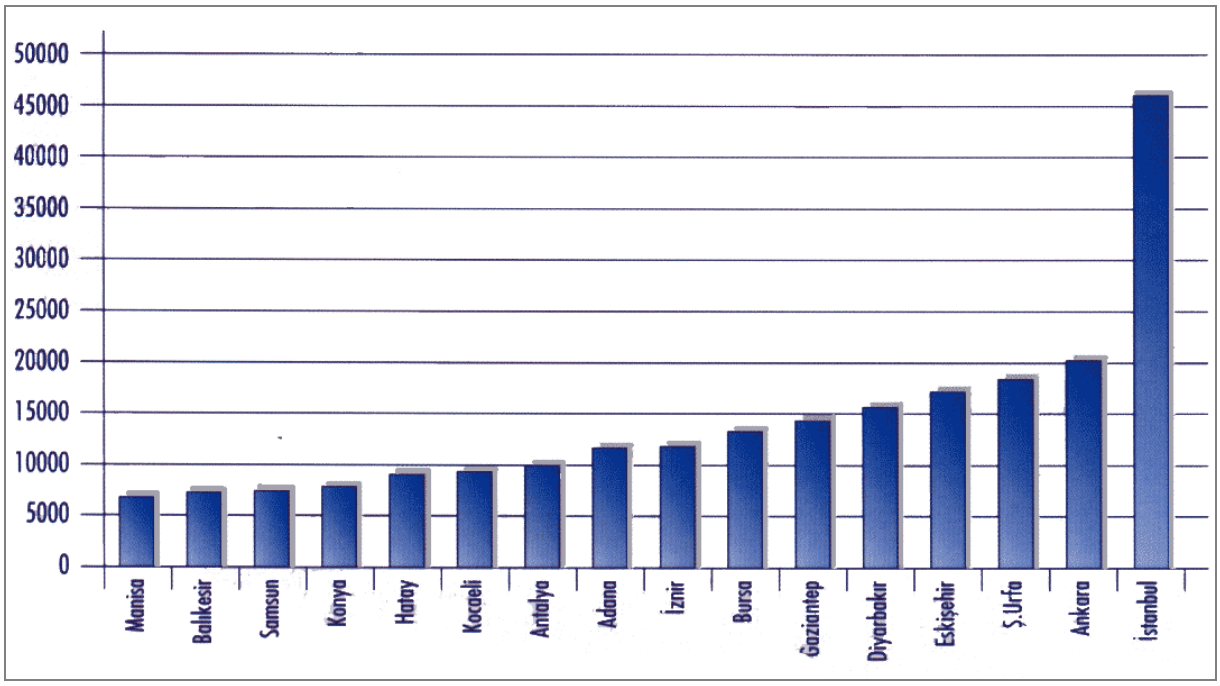

Table 5: Population per health center in some provinces

Most of the primary health care institutions established for certain purposes such as Tuberculosis Control Dispensary and Mother and Child Health Centers have either completed their work or have remained as non-functional because of deficiency in maintaining the necessary importance.

General practitioners working in the primary health care services cannot concentrate on their services sufficiently due to the socio-economic condition and specialization expectation. On the other hand, our citizens seem to be reluctant to get health services at this level. As a result, our people have tendency to go to the hospitals directly.

Unproductiveness remains as an important issue in delivery of the hospital services. Insufficiencies in the primary health care and referral system cause accumulations in hospitals and increase the costs while decreasing the quality of service. Bed occupancy rates remain low due to unbalanced investments in the hospitals that are operated without management approach because of political concerns. Since people who are under the coverage of different social security institutions such as Pension Fund, Social Insurance Institution (SSK), BAĞ-KUR (Social Security Organization for Self-Employed) get services from certain hospital groups, this situation increases the unproductiveness. Centralized structure of the Ministry of Health and SSK hospitals; irrational and inflexible management of equipment and personnel are important factors in this increased unproductiveness. The study we have initiated as of 1 July in 6 provinces has been successfully carried out and our citizens under the coverage of SSK can get services from the organizations and institutions of our Ministry.

In the near future, this implementation, which we will expand throughout our country, both increased the attitudes of enjoying primary health care services and prevented the accumulation in SSK hospitals.

In spite of being frequently mentioned in the health services, the concept of "quality" seems to have an open-ended meaning. It is necessary to expand this concept by making it to be understood correctly, to train qualified specialists and to employ them in the sector. Approaches based on measuring the outcomes regarding how much do health services, especially medical service quality, increase the health status of patients are too few. Although important advances have been achieved regarding the standards that health services suppliers have to adapt during the establishment stage, concrete steps could not be taken in measuring the outcomes of services and service process. In connection to this situation, concept conflict still continues related to licensing and accreditation.

3.4 Financing of the Health Services

There are two main models in the financing of health services. One of them is completely financing from the public resources and the other is financing from those who demand the service. Turkey has a mixed structure between these two points. Health expenditures have three main sources in Turkey: state budget, social security institutions and personal expenses of the individuals. Since, there is no "national health account system" which provides recording and monitoring of the health accounts periodically in our country, it can not be possible to reach the accurate information in this subject. Main findings regarding the form and situation of the health financing are as below:

- Sources allocated for health in Turkey are less than OECD Countries in terms of proportion.

- These sources are used unfruitfully as a result of lack of coordination.

- There is not a general health insurance covering all individuals of our country and the current insurance institutions have very different systems.

- The number of currently insured people has not been known exactly. As a result of the mistakes in calculating the number of insured people, wrong information has been obtained and this situation makes it difficult to calculate the health expenditure per person.

- Personal payments of the individuals have not been known exactly. However, it is estimated that the rate of this amount is higher than all OECD Countries, even reaching about 50 %.

- Inability to calculate the health service expenditures and to identify the payment from pocket exactly prevents making projection for the future and planning process.

Since the formation of public financing which constitutes the most important part in health financing of our country as different from the developed countries, is complex and uncontrolled; this situation increases the burden on the budget indirectly. On the other hand, it cannot be provided for health expenditures to take portion from the Gross National Product. In other words, health financing and services in Turkey have been loaded to the state in a large scale (Table 6).

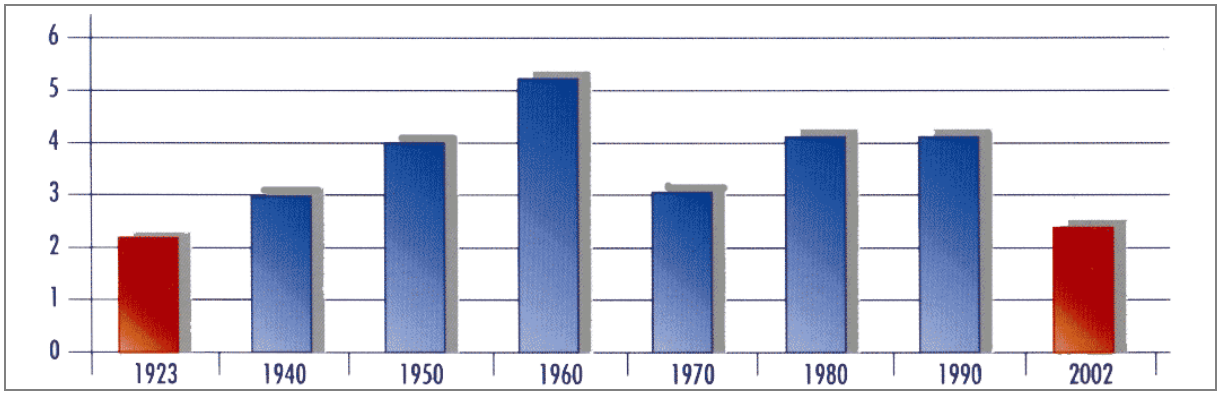

Table 6: The proportion of the budget of the Ministry of Health to the budget of the state (%)

State, while financing the health in a large scale in one hand, in other hand tries to deliver the services. State, indirectly, conveys much more than the expected source to this sector. Use of these sources cannot be controlled due to the complex structure and management of the sector and the need for source has increased. It has been tried for the increased needs to be covered from the budget that remains constantly deficit.

3.5 Human Resources

Quantitative deficiencies of human resource in the health sector, imbalances in the expansion of personnel throughout the country and quality problems are among the main problems. It has been tried to provide the balanced expansion of practitioners through obligatory service practices; however, it failed as the other practices having the expression of "obligatory" in it. Among the health workers between practitioner/nurse and specialist practitioner/general practitioner, there are imbalances in the rates against nurses and general practitioners (Table 7). Planning, training and utilization of human resources have been carried out by different institutions. Planning has been performed by State Planning Organization (SPO), training has been performed by universities and employment has been performed by the Ministry of Health and Social Security Organization. Since there is no effective coordination between these institutions, problems arise.

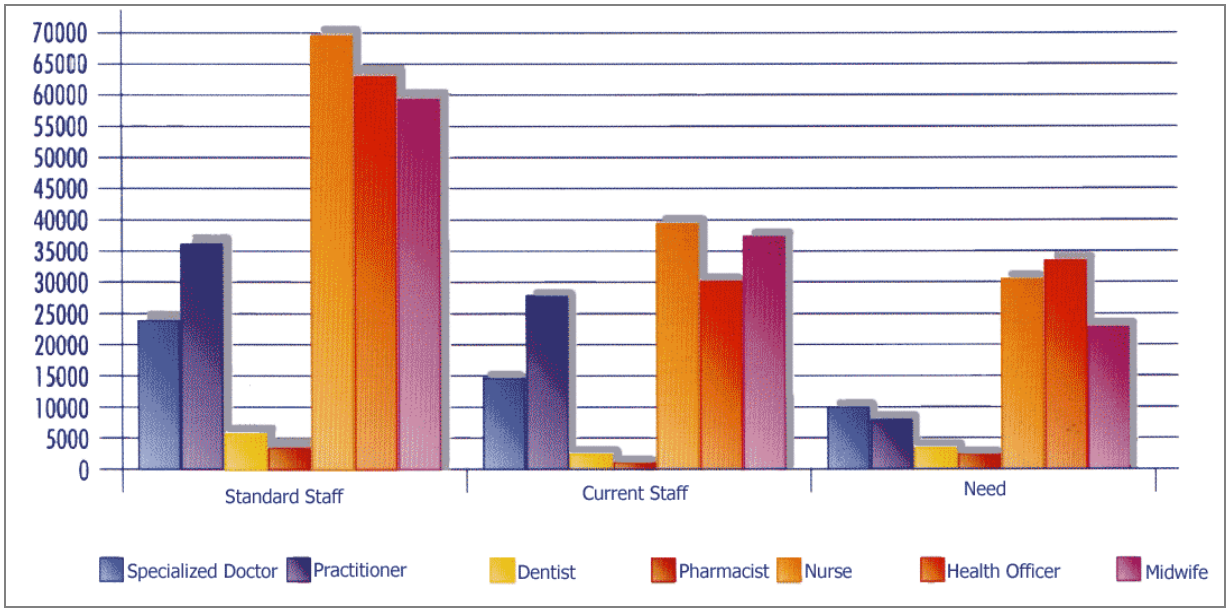

Table 7: Numerical distribution of the health personnel

Rapid increase in the number of medicine faculties during the last ten years, insufficient infrastructure and limited practical training facilities lead serious concern regarding the quality of medicine training. Problems arise from the situation that graduates of occupational health high schools and nurses graduated from a two-year university programme and nurses

with B.Sc. Degree are in the same system and discussions carry on regarding the need for the "training of nurses to be at the university level". Since, occupational definition of many profession groups who graduated from our schools training non-practitioner health profession staff does not take part in the laws, these qualified personnel can not be utilized in the public sector adequately.

The fact that health and operational management are not separated, difficulties in finding the qualified directors and deficiencies in training of directors weaken the system. Developing the health policy, health management based on population, directors equipped with adequate information and skill related to hospital management and the training programmes to train them are limited in terms of quantity and quality.

There are inconveniences since the health personnel is at the state officer status. The first inconvenience is the practice of fixed wage between personnel regardless of province, region differences. Moreover, interventions from the headquarters decrease the working safety. Problems increase when this situation is combined with the intensity of political influences.

3.6 Information Systems

Ministry of Health produces statistics together with its own institutions instead of providing information to whole sector. Different units collect different data in line with its own needs, and this data is conveyed to the Ministry of Health through Provincial Health Directorate. Data has been collected by the related unit; compiled and published as an Annual Statistics by the Council of Research, Planning and Coordination Board. However, this data has not been converted to the information and could not be used for the purpose of management. Statistical outcomes have been examined in terms of reliability since adequate control could not be provided in collection and flow of the data. This examination and raised distrust prevent the data to be used in the decision mechanisms.

Health registrations of individuals remain at the level of policlinic card in most places and unsystematically registered files in the hospitals have sometimes been lost in the archives. In fact, it cannot be possible to understand the content of the found files. There is not an integrated system in which health registrations of individuals will be recorded and a disease registration and notification structure that will analyze the epidemiological data could not be established completely.

The fragmented structure of Turkish health system, disorder in the health registration system and the efforts of each institution to establish its own system have led a complex structure. In short, there is not a medical registration system in which the health registrations of individuals

are recorded regularly and continuously starting from the primary health care.

Electronic hospital information systems, established in line with the technological developments emerged, have a structure in which accountancy registration is made mostly. In most of these programs, an automation approach does not exist which provides the stock follow-up, material management and financial analyses. Hospital information systems, in which patients are registered, almost do not exist. Behavioral change of hospital staff regarding data keeping in the programs having this property has not also been provided. In addition to these, owing to the centralist attitude of our Ministry, in some of our hospitals, electronic register systems have not been established.

Although a definite standard structure in hospital information systems on finance, accountancy and invoicing exist, main standards for medical patient registration have not been developed and different implementations do not allow an integrated data analysis. To date, the use of information systems have completely stayed at the stage of registration, collecting and storing and for this reason, benefits such as transformation of data into information, making analysis of it, use of information and support of it to the management which are essential functions of information systems have not been provided. This situation turns information systems into a work burden.

The most important problems in health information systems are the difficulty in analysis of needs and change of needs in time. Thus, information system can turn into an old-technology in a short time even before the completion of the project.

Establish the information systems are not enough by its own but it is also necessary to maintain them in a working manner. For this reason, trained health staff and technical staff are required. However, rapid change in staff, inability to train the new staff creates serious problems.

3.7 Drug Policy

Challenges of nonexistence of a national medicine policy with determined borders reveal itself in this field. Although implementations to protect the administrative structure and economy of each country have been projected in the acquisitions of European Union, it is necessary to activate certain standards.

Scientists, commissioned in the commissions of medicine inspection and license, have worked in a voluntarily based manner. This situation reduces the dynamism of commissions, and implementations, which should be carried, out very actively and rapidly remain delayed.

Problems, related to drugs, which is an important component of health sector, is not limited with this. Besides the licensing of drugs, production, pricing, selling, exportation, introduction, control, rational use, activities of research-development, intellectual property rights of them, the burden that the increase in drug expenses bring to the government budget and social security institutions are among the current problems. Recently, although social security institutions such as Pension Fund, Social Insurance Institution and Social Security Institution for Self-Employed, have carried out effective regulations on this matter, more rational solutions are required.

When compared with developed countries, although drug consumption does not seem very high at the first glimpse, its share in health expenditures is twice more. There are differences among social security institutions and drug expenses in general health expenditures reaches to 40% (Table 8). As can be understood from these, health sector with all its areas has serious problems. These problems have become more serious by overlapping and have complicated and serious bottlenecks have occurred.

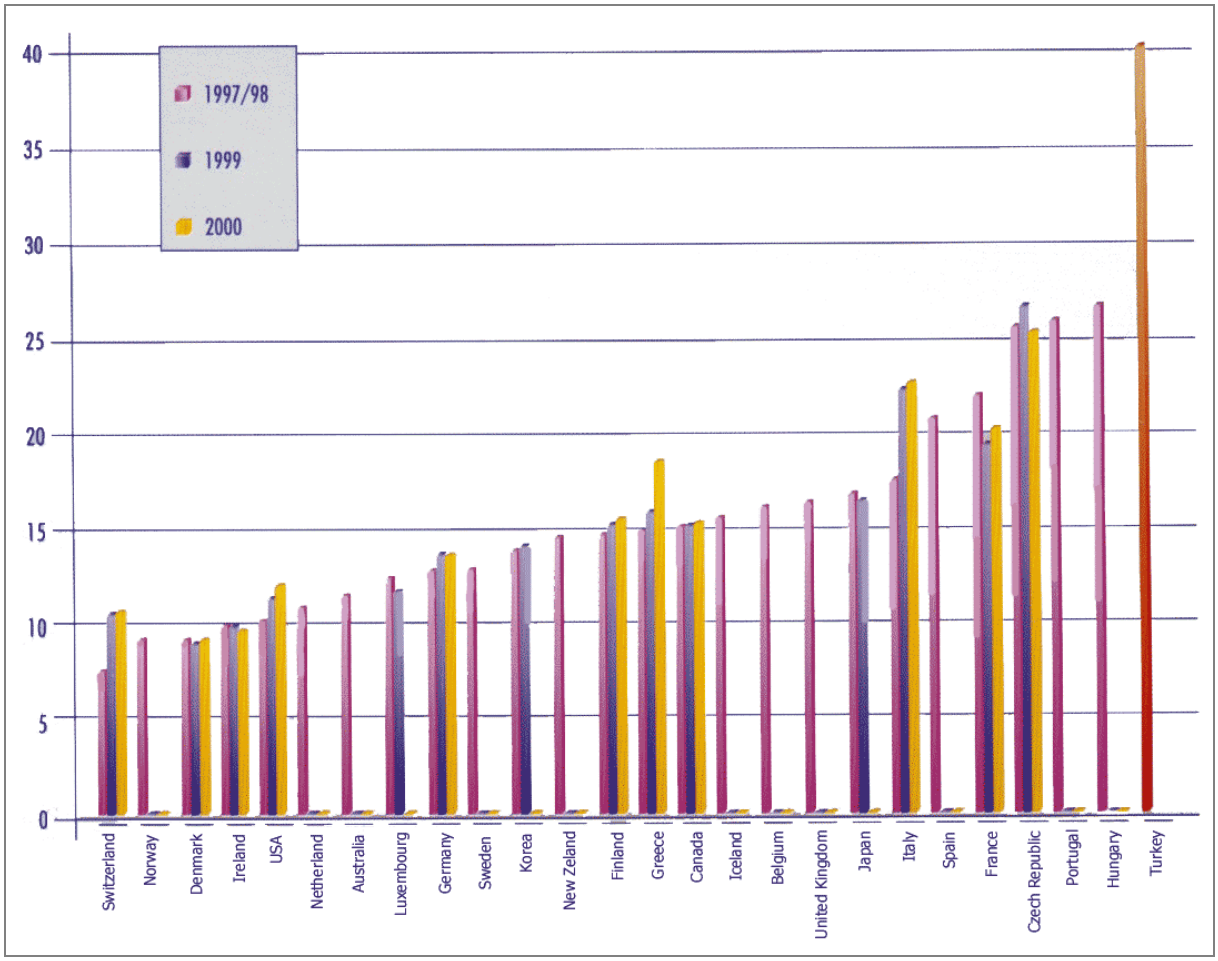

Table 8: The proportion of drug expenditures within the health expenditures in the OECD countries

3.8 Current Structure of the Ministry of Health

Responsibilities of the Ministry of Health in Turkish Health System are as follows:

- To protect individual and public health in order to provide the continuation of physically, psychologically and socially wellbeing of everybody's lives, for this purpose, to make plans and programs covering the country, implement them and make them to be implemented, to take all the measures related to health, to make the necessary organizations.

- To give preventive services by fighting against communicable, epidemic and social diseases, to give curative services by treating the ill person and to give rehabilitative services by bringing services to elderly and disabled people.

- To realize services regarding the protection of mother and child health and family planning.

- To control and inspect the production and consumption of medicine, drugs and psychotropic substances at every stage, to make regulations regarding the opening and working of production and distribution places of pharmaceuticals, medical substances and ready-made medicine and to inspect them.

- To produce vaccine, serum, blood products and to make them produced and import them in case of need.

- To carry out the control services of food and food production places in terms of health.

- To take necessary measures related to environmental health in coordination with the local administrations and other related institutions.

- To take preventive health measures at the land border gates, seaports and airports against communicable, epidemic human diseases.

- To carry out the control services of cancer, tuberculosis and malaria, to provide the coordination and inspection studies of organizations and institutions giving service in this field.

The Ministry of Health has established organizations and institutions in order to carry out its responsibilities mentioned above and has realized a widespread organization throughout the country. Operating, investment and human resources of these organizations have been aimed to be carried out by central planning and inspection. It already has certain vertical structural system for primary and secondary health services.

Malaria Control Department to fight against malaria, Tuberculosis Control Department to fight against tuberculosis, General Directorate of Mother Child Health and Family Planning to reduce mortality rates of mother and child have been established.

This structure in the control and fight against diseases can not be ignored, however, nowadays contemporary approach is integrated health services. Working with separate staff, separate building, separate vehicle on separate issues and inability to give integrated health services have led wasting of human and financial resources and this situation prevents to give better services with the available facilities.

While the Headquarters has been designed to carry out these services, it turned into a stable structure, which is formed by low efficient human resources and overlapped task and responsibility areas. Staff appointments and transfers throughout the country are the main issues hindering the operating of the Headquarters. While intensive efforts have been made in the provision of finance, investment and human resources of the health institutions and organizations, the continuation of these institutions has been provided, namely, the health services have been provided by the Ministry. On the other hand, even indirectly, it turns into a position that it finances the services by the Green Card practices. When tasks of identifying and inspecting the standards of the service are taken into account, conflicting responsibility areas are observed. For this reason, a balanced investment, a good quality service and a continuous, dynamic inspection do not exist.

Health institutions of Social Insurance Institution, which is in the second main health services provider, experience this chaos more than the others and have more disadvantages.

The Ministry of Health, whose main duty is to protect health of individuals and public and for this purpose to make plans, programs covering the country, could not respond the expectations of the public. The service capacity of the Ministry has not been sufficient in terms of making policy, identifying the priorities of health sector, determining the service standards, focusing on the issues of accreditation and inspection of institutions.

Our country has got the power and resources to solve these problems. Solution needs to be carried out by getting in touch with each component with a comprehensive program approach in a systematic manner. The order to be followed up in the solution of the problems and the planning of the functions and relations of them with each other within a project mentality are prerequisites. Our Government is determined to solve these problems one by one by taking into account the sector thoroughly by the HEALTH TRANSFORMATION PROJECT.

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4. HEALTH TRANSFORMATION PROGRAMME IN TURKEY

4.1 Why is Health Transformation Programme?

There have been a number of efforts and projects of Ministry of Health produced with national and international partnership until now and these projects have been called as 'reform'. We know that the Ministry has worked upon many projects, which aim the same goal. The reason of why we don't talk about a reform today is because we are aware of the fact that we don't produce a new point of view in the field of health. As the Ministry of Health, we should expand the current inherited experience of the civilized world. The public, however, has lost its confidence towards these reforms because similar reform efforts have been unfruitful until now. On the other hand, it is not very realistic to move into a completely new system, abandoning the current system all at once.

In order to achieve the desirable change, it is necessary to alter the existing structure into a planned target without harming the existing one. We are determined to realize the aforementioned changes. Therefore, we have launched a set of actions in which all the involving parties will be able to get responsibility in order to blaze up the ambition of the public, which has already turned into dismay. We call this as a 'Transformation Programme'.

4.2 Objectives and Targets

The objectives of the Health Transformation Programme are

- to organize
- to provide financing and
- to deliver

the health services in an *effective, productive and* equal *way*.

Efficiency means the aim of improving the health level of our public through effective policies. The main target in the delivery of health service must be the prevention of people from the diseases instead of the treatment of the patient. Attaining this objective will be possible with the advances in the epidemiologic indicators. A decrease in the maternal and child mortality and morbidity ratios and an increase in the life expectancy at birth will be the most concrete proofs of the above-mentioned objectives.

Productivity is the proper use of the resources is by reducing the cost and producing more services with the same resources. Distribution of the human resources, management of materials, rational drug use, health administration and preventive medicine practices should be evaluated under the framework of this goal. Involvement of all sectoral resources of the country in the system and achievement of integration will enhance productivity.

Equity is the achievement of the access of all citizens in Turkey to health services and their contribution to the finance of the services on the extent of their financial power. The scope of equity includes decreasing the gaps concerning access to heath services, and health indicators among different social groups, between rural and urban areas and between east and west.

4.3 Main Principles

The principles of the Health Transformation Programme are as follows:

- **Human centrism:** This principle means that the individual citizen should get maximum benefit from the system and the individual's need, demand and hope should be central in the planning of the system and in the delivery of service. The individual should be addressed in the framework of 'family health' concept according to the fact that the health is produced in the atmosphere of family.

- **Sustainability:** It signifies the harmonization of the new system with the conditions and resources of our country and the continuity of the system by renewing itself.

- **Continuous quality improvement:** It signifies the formation of a feed back system in which the flaws or insufficiencies in the delivery of the services are detected and amended in the best way possible so that the system always reviews itself.

- **Participation**: Obtaining the opinions and recommendations of all stakeholders and the formation of platforms, which will enable a constructive discussion environment during the development, and implementation of the system means participation. Furthermore, this principle aims at involving all the components of the health sector into the scope of the system and the achievement of resource unity in practice.

- **Reconcilement**: Reconcilement is the lookout in reaching the common points by taking into consideration the interests of different units of the sector as a requirement of democratic governance. Instead of an implementation based on the conflict of the interest, the achievement of unity in methods, standards and control mechanisms and the commitment of the stakeholders to them are aimed.

- **Volunteerism**: It is the method that enables acting of all units in the system towards the planned objectives without making any distinction between service suppliers and service demanders and

between individuals and institution. It is essential that service supplier and service demander participate in the system voluntarily and not compulsorily in line with the encouraging measures.

- **Division of Power**: It means the division of powers providing the finance of health services, making plans, undertaking control and producing service. In this way, there won't be any conflicts of interest and more productive and more qualified services will be delivered.

- **Decentralization**: The institutions should be recovered from the clumsy structure. Parallel to the changing conditions and contemporary vision, self-management is planned. Therefore, autonomous companies in terms of administration and financing will have rapid decision mechanisms and will use the resources productively.

- **Competition in service:** It signifies the transfer of the delivery of health service from the monopoly to the competitive different service deliveries appropriate for certain standards. Thus, an environment, which encourages towards continuous quality development and decreasing the cost will be established.

During the achievement of the following objectives, Health Transformation Programme will take into consideration the 'Health for All in 20th Century' policy of the World Health Organization, 'Accession Partnership' document prepared by the European Union, the need for harmonization of Turkish health legislation with European Union health legislation in line with the 'National Programme' for Turkey and other international experience

5. GENERAL FRAMEWORK OF HEALTH TRANSFORMATION PROGRAMME

Health Transformation Programme consists of 8 components, which have been formed to cover the sector with all its dimensions. Each component is matched with other component and covers the solutions appropriate for the programme.

It may not be possible for the elements in health system to achieve 'perfection' which they have themselves defined in terms of the completeness of the system. In this situation, we have to produce the most suitable solutions that will respond to the important and priority needs in line with the resources and facilities of our country. Nevertheless, it is important to give service units in the system a chance to unrestricted movement to achieve perfection. That is to say, service components must act in a free way that will contribute to the system.

Health Transformation Programme is prepared with the understanding of these prospects. When each piece that composes the programme is addressed one by one, it may be possible for every piece to define and form more developed piece than itself. Then the difficulty of implementation of the programme as a whole can be seen. We even know that the anxiety of achievement of perfection in a single piece has increased our failure in the past.

Various groups in the health sector may have different opinions on the components of Health Transformation Programme. At this point, we hope to evaluate the impact of different opinions on each piece upon the whole and to make comments and provide advice only after then. Within this framework, we welcome the comments within the holistic view of the programme that won't harm the completeness but maintain the objectives and principles of the programme.

6. COMPONENTS OF HEALTH TRANSFORMATION PROGRAMME

6.1 The Ministry Of Health as the Planner and Controller

The Ministry of Health in the vision of Health Transformation Programme is in the position to develop policies, define standards, make control and steering efforts in order to enable appropriate use of resources allocated for health, in an effective, productive and equal way. As a result of this understanding, re-construction of the associated institutions of the Ministry of Health in the light of self-management principles will be achieved and the Ministry will be positioned as a strategic institution which makes planning. Therefore, the Ministry of Health, as stated in the Turkish Constitution will carry out the task of 'central planning' of the health sector.

In order to attain this target in an organizational model removing the vertical structure of the Ministry of Health and giving priority to the integrated health service, it is necessary:

- To review its structure in order to define its new mission, objectives and tasks in the fields of strategic planning, human resource policies, personnel management, distribution of resources, and material management,

- To re-organize its structure in order to support the transfer of financial and administrative control into rural areas while undertaking more active leadership in the health sector,

- To redefine its mission, sector policies, organizational structure, functions at central and rural level, to modernize and promote the health system and services,

- To develop a management model that will encourage central and rural authorities to take responsibility in the management and administration of health sector with its management bodies, its roles, policies and methods,

- To develop, implement and control education programmes at graduate and postgraduate levels in order to train personnel that will be able to take active role in the planning of health education in various levels of health administration system.

During the achievement of its re-organization, planning and delivery of health services, the Ministry of Health will give priority to preventive services and strengthen primary health services. The main task and responsibility of the Ministry of Health is to prepare the policy and control the system. Quality control and training of the consumers are some of the fields on which the Ministry of Health should concentrate. From now on the Ministry of Health should focus on the decision of priorities for health sector, monitoring and control of quality, accreditation of institutions and giving license to experts, arrangement and control of insurance, management of public health functions and surveillance of communicable diseases.

6.2 General Health Insurance Gathering Everybody under a Single Umbrella

An insurance model in which the citizens will contribute according to their financial capacity and will use the services on the extent of their needs, which is compatible with the justice objective of the Health Transformation Programme is essential. This approach is one of the requirements of the social state and is clearly stated in Article 56 of our Constitution. Today, SSK (Social Insurance Institution), BAĞ-KUR (Social Security Organization for Self-Employed) and Emekli Sandığı (Social Security Organization for Civil Servants) are our institutions working for this goal. Although these institutions are quite far from the professional insurance perspective because of irrational arrangements in which health and retirement insurance are not separate, and the gaps are compensated from the budget; an important part of the society is covered by these insurance institutes. These institutions have not reached standard conformity because they produce or purchase services at different levels and ways. Moreover, there is a considerable number of people who doesn't have any insurance at all. Some of these people are covered by the Green Card and some of them are covered by private health insurance companies. Yet, the problems are known by everybody.

There is a need for mandatory health insurance system that covers the whole society. This will not only improve the quality of services, but also deliver primary health care service to every patient at an equal level and eliminate the financial relations between the patient and the doctor.

Such an insurance system will aim at decreasing the cost of health expenses and will encourage and stipulate preventive medicine practices. Control and sanctions of General Health Insurance Institution will decrease squandering of medicines and medical materials, which increasingly constitute high ratios in the health expenditures. Price control and financing of health services should be covered from one centre and the patient-doctor relation should not be based on money.

Within the scope of Health Transformation Programme, the efforts are carried out on the following points in order to set up General Health Insurance that will take all our community under guarantee.

- A level of poverty will be defined in order to determine the ones who cannot finance health expenses. An evaluation system to determine the financing capacity of the citizens will be established.

- A source will be provided with public resources partially or fully in order to refund the premium of people who don't have financial capacity.

- For the short term, a system for collecting the premium of people who don't have social insurance will be set up.

- Health premium pool will be separated from the other branches of social security and its own balances will be set up.

- Main guarantee package in the health services will be defined.

- A structure to will be formed to define the need of health service at provincial and if necessary, at district level. Based on demographic and epidemiological characteristics.

- In accordance with the defined needs, mechanisms will be established to make contracts in order to purchase service from primary health institutions and hospitals.

- A structure to define whether services are appropriate for the determined qualities will be formed through making 'appropriateness and convenience' controls.

In addition to these, 'National Health Budget' will be set up to compensate for the lack of knowledge on health financing in Turkey. Therefore, it will be possible to pursue how much resource has been spent annually or where the resource has been used in the field of health.

In addition to setting up General Health Insurance system, establishment of private health insurance will be supported and the existent private health insurance within the system will be provided with a

complementary role. Further to the guarantee package included by Mandatory General Health Insurance, the people that demand service can be covered under private insurance and can demand their services through these companies. Thus, private insurance will be encouraged.

Retirement insurance and health insurance in the existing social security institutions will be separated and health insurance tasks will be gathered under a single umbrella.

Significant points on General Health Insurance are as follows:

- Each Turkish citizen will be covered and a single number will be given to every citizen. MERNIS number system will be an economic approach.
- Health insurance will be separated from other insurance systems.
- Health institutions will not check whether the premium is paid or not, rather insurance institutions will be responsible for the payment of premiums.
- Payback will be carried out to the service suppliers on time and regularly.

These efforts are launched with the coordination of the Ministry of Labour and Social Security.

6.3 Widespread, Easy Accessible and Friendly Health Service System

It is not possible to transfer any programme in any country into our country and it is also not true to establish a homogenous system all across the country because of geographical characteristics. In Turkey every region has different problems waiting for solutions. There are tiny settlements in the middle of a field or at the top of a mountain with only a few houses, some villages, which can be reached only in some seasons because of climate conditions and towns, more crowded than some of the large city centers. We have to take into account these characteristics when planning the delivery of health services that our citizens deserve, commensurate with modern norms.

Health home and health house system model established with the law for The Socialization of Health Services numbered 224 and dated 1961 is one of the modern and developed systems in our time. However, it is difficult to say that the objective aimed with this law has been achieved or implemented adequately.

Suburban areas that develop and integrate with the cities as a result of increase in population and immigration from village to city and enormous gaps in income distribution show us that it is mandatory to adapt the past into present instead of accepting the past without any change. Today our task is to adapt the logical structure of this system that is appropriate for socio-economic, demographical and epidemiological structure of 1960's to the changing conditions of Turkey in 21st century.

In accordance with this target, we consider that it is necessary to create a competitive service environment covering all dynamics willing to deliver health service. Private initiatives, especially foundations and associations, are supposed to be in the service network. This understanding will entail the use of country resources effectively and pave the way for an easily accessible service.

Any programme that doesn't aim at reducing health inequalities will be meaningless for this country. The inequality between east and west has increased when compared to the inequality between rural and urban areas. This situation is not too easy to describe with economic reasons. In order to solve these inequalities, we won't reduce the public health facilities equally in each area and pass them into the private sector. On the contrary, developing public facilities where necessary, increasing the quality of these facilities and competition with private sector are aimed.

6.3.1 Strengthened Primary Health Care Services

In the field of primary health care, there is not a well-organized health system approach devoted to performance. The primary health care should reach to a point where it will compete with and control the other service levels. The starting point of these transformations in this regard is to improve the relative conditions of individuals in general and patients and health professionals in particular.

As well as supporting the preventive health services in rural areas undertaken by the health homes, these services will be rendered in the public health centres in towns and cities in a common, organizational and strict way. Other service units in health sector will be integrated to this institutional structure.

Sharing of the responsibility in the primary health services and the approach to individual with 'one window' system are the factors that promote success. Therefore, preventive services towards individual and primary diagnosis and treatment services are aimed to be carried out by the physician chosen by the individual. Physician and family members will make up closer and individual relations and physician will play an important role in health education, prevention of diseases and promoting of health. Preventive dental practices will be involved in primary health services. Keeping the health records of individuals by primary care

physicians will contribute significantly to the control, follow-up and risk analysis.

We believe that a discussion on the terms of 'family physician' and 'general practitioner' is unnecessary. The number of family physicians in our country is very few. To start the practice after a short-term training to existing general practitioners and supporting them with continuous trainings within the practice period will be the most practical solution. Such a start will enable general practitioners who have already lost their esteem, to gain credit. It is easier to integrate the physicians who have taken specialization training into the system.

The infrastructure of health associations in rural areas will form a basis for such practice. Private physician practice and private health centres will assume responsibility in the cities where the infrastructure is insufficient.

6.3.2 Effective and Staged Referral Chain

The prerequisite for establishing an effective referral system is to obtain primary service from the doctor that the patient chooses and trusts. This depends on strengthening of the primary health care services as mentioned above and the quality of the service delivered by the family physician. In short, the basis of the system is the family practitioner practice aiming at satisfaction of the patient.

In order to reach to this target, planning and encouragement is essential. We know that most of the problems of the patients can be solved at primary health services whereas hospital outpatient clinics are full of such patients. Rendering the system more effective will decrease both unnecessary crowds in the hospitals and the waste of health expenses and also increase the quality of primary health care services. Referral system is not just a single direction way. Many patients transferred to secondary or third level institutions for diagnosis or treatment are sent back to the institutions at lower levels for the follow-up, monitoring and further care. Feedback of the consultation service at the higher levels to the primary care physician who is responsible for keeping the registry of the patient will strengthen the medical registration system. In this way, it will be possible for physicians to pursue the individuals and to deliver health service more quickly and at a lower cost without making a concession from the quality.

Nobody can force the patients to get into the referral chain if they do not want to be included in. If the patient prefers not to enter the referral chain and applies to the hospital directly, then the additional cost the patient is going to pay won't be a practice against social state approach and patient rights.

6.3.3 Health Enterprises Having Financial and Administrative Autonomy

All hospitals in our country can deliver services to all citizens if they make contracts with insurance institutions and fulfill the referral system principles strictly. During the delivery of these services, the hospitals will be checked whether the quality of the services and prices are in accordance with the principles of the contract. Instead of institutions, individuals will be supported in the financing of health. The institutions delivering this service will take share according to the level of their service.

Public hospitals should be released of their current central depended structure in order to adapt to the changing structure, and be converted into more effective administrations in order to compete with the other actors of the sector. Autonomy will be provided to all hospitals of the Ministry of Health and Social Insurance Institution (SSK) in terms of both financing and administration and also for the procurement of necessary input for producing and managing health services. This system will enhance the productivity of the hospitals. All public health institutions will be autonomous institutions under the control of the Ministry of Health. At the first step, unification of service delivery will be provided in these hospitals and at the second step, separate autonomy will be provided to each establishment. It is not obligatory for health institutions to depend on state directly. Municipalities, private companies, foundations, provincial authorities, universities will be able to set up health institutions. It will be requested from public health institutions to finance themselves and they will not be allowed to be expensive institutions or make concessions from the quality of service for the sake of profit.

As a natural result of this structure, every hospital will be responsible for its own management decisions, service quality and productivity. Considering the demographic distribution that is not homogenous and the existence of deprivation areas, health institutions, which are not productive economically, will be supported for the continuity and quality of service. At the first hand, health institutions will be organized as non-profit establishments and will give priority to necessity and productivity in every investment and planning. Consumer oriented organization structure in which local dynamics will take a role in decision mechanisms will be initiated.

We have to move into performance management from nominated stationary management. Performance indicators will be determined and payment systems based on performance will be developed.

It is necessary to create opportunities for organizations, which provide outpatient treatment of people who actually don’t need in-patient treatment. This will save cost. Developed policlinics and laboratories,

outpatient intervention and daily surgery centres are included in secondary health services.

Treatment for the handicapped and necessary rehabilitation services after treatment should be rendered in specialized health centres that are independent from but in cooperation with curative services. Rehabilitation centres that will be set up for this purpose will be encouraged.

6.4 Health Manpower Equipped with Knowledge and Competence and Working with High Motivation

Completing transformation with success depends on the availability of qualified and necessary human resources. In the framework of programme, tasks and responsibilities of health professionals will be determined in line with the harmonization process with European Union. Within this framework, tasks and responsibilities of health profession staffs working with the patients directly will be described.

A new education programme will be prepared for the specialization of family physicians who will work in the primary care area. This programme will be run in cooperation with the universities in order to educate the physicians before graduation according to the needs of our country.

Our main tasks are to make our society aware of the dental health, to enable training and to provide a structure aimed at treatment with preventive medicine efforts. Within the primary health services, all dentists will be available for the service and specialized dentists will give the second and third level dental care.

Arrangements for improving nursing training to international level and for improving nursing service as a scientific discipline towards patient care will be made. 'Family health nursing' will be developed to make 'family health' concept that form the core of Health Transformation Programme operational and this service will be within the primary health care.

Attaining the objectives of Health Transformation Programme is possible with having effective management staff. Employment of physicians in management administration results in both inexperienced administration and also useless investment to physician. Attention and priority will be given to planning, research and training facilities to strengthen the development of health system management as an independent discipline from physician.

Health Transformation Programme will enable the balanced distribution of health professionals across the country by means of encouraging voluntary policies. As a result of this approach, compulsory

service will be abolished. Measures will be taken in order to encourage more keen and more effective efforts in public institutions.

Local governments, non-governmental organizations and labor associations should be involved in the system effectively. Decentralized human resource planning and management skill will be formed and participation of health administrations into human resource planning effectively will be provided.

6.5 Education and Science Institutions Supporting the System

It is clear that people having knowledge and skill of public health, especially who have sound knowledge on health policy, health management, health economy and health planning are needed in order to realize the transformation and to maintain success permanently. There is a lack of institutions, which make sectoral analysis, plan researches, consult the governments and offer postgraduate training to people that the health sector needs.

Non-existence of such an institution for the training of health professionals that will use the developed techniques in the field of public health and implement multidisciplinary approach and planning of arrangements is a serious deficiency. Public health departments in our universities are units intended for public health practices formed within medical faculties. However, public health is a science that covers different disciplines including public health physician. To establish such an institution in our country is among the priority targets of Health Transformation Programme.

Improving Refik Saydam Hygiene School, which was established after the foundation of our Republic but survives only on paper, into a modern institution according to the needs of our century is our loyal debt.

Medicine education will not be considered as a preparatory education for specialization but rather will aim to equip the physicians with the knowledge and skill, which they will need to fulfill the tasks envisioned by the Health Transformation Programme. Specialization education in the medicine education programme should be developed and controlled with the participation of the union organizations. An institutional structure that will reorganize education hospitals, plan the current specialized education in medicine, make standardization and control will be established. These practices will be reunited to an academic structure under Health Academy or Health Specialization Institution.

6.6 Quality and Accreditation for Qualified and Effective Health Services

Acceptability and standard of service in health sector is as important as the medical consumption equipment used and the quality of the diagnosis and treatment devices. Suitability of health units to certain standards is not enough. Setting up a mechanism in which the service delivery process and obtained outputs are evaluated is necessary. Although the subject of quality has been ignored before, both service providers and financial resource providers have begun to pay attention to this subject.

Health Transformation Programme gives priority to a need, which has not taken place in the agenda of our country so far. 'National Quality and Accreditation Institution' which is going to be established will organize the authorization, certification and accreditation of services, as it must be. Establishing this institution in an autonomous structure and with the management of the involving stakeholders is aimed. The institution will develop systems for the measurement of health outcomes and these measures will be used to formulate performance indicators for health service supplier. Thus, database including the performance of service supplier will be formed and the determination of applicable health indicators will be provided through the definition of good practices.

Furthermore, the protection of ethical values is the fundamental principle in the delivery of health services. This can be achieved through the establishment of an ethic board, which has a strong power of sanction. This board should be formed with the contribution of various representatives and comprehensive authority should be given.

6.7 Institutional Structure in the Management of Rational Medicine and Equipment

There is a need for an institutional establishment that will be able to catch up with the international norms on issues of standardization, authorization and rational use of medicines, equipment and medical devices. The organization of these institutions autonomously and independently from political anxiety and sanctions will be implemented. These specialized institutions may work separately or together with each other.

6.7.1 National Institution of Medicine

Expenses related to medicines and pharmaceutics products in Turkey are very high. Because of the current policies of the social security institutions, great part of the population is sensible to the prices of drugs. We know that the increase in medicine prices doesn't depend on a scientific basis. Within the framework of Health Transformation

Programme, a platform will be formed where dialog and reconciled approaches of the involving stakeholders will be possible on a scientific basis in order to solve the problems relating to medicines.

'National Institution of Medicine' will be responsible for the arrangement and support for the decision policies relating to medicines and the issues on authorization, production, marketing of medicines and management of research and development activities. This institution will work independently, clear from every kind of effects and will execute the tasks in accordance with national policies.

The process on the authorization of medicines will be more effective, transparent and rapid. There is a need for developing a method concerning the pricing of medicines that all stakeholders will reach agreement. International marketing of medicines produced in Turkey and the investment of Turkish drug industry abroad are among the important and priority topics that will be addressed within the scope of Health Transformation Programme. Addressing protection of intellectual property rights on medicines within the framework of our national interests, our international law and our commitments and reaching an agreement with the stakeholders on the basis of a dialog are our main objectives.

Directing the medicine purchase of public with the methods developed in the light of pharmacoepidemiology and pharmacoeconomy is our main principle. It is also necessary to direct medicine consumption on scientific criteria.

6.7.2 Institution of Medical Devices

For the time being, medical devices and other medical supplies are imported to a great deal. External references on the issues of control, quality certificate and calibration are taken into consideration. Besides international references, determination of national standards and the arrangement of quality certificates will make domestic production easier. These efforts will increase the periodical calibration of medical devices, hence the safety and productivity of diagnosis and treatment.

Standardization and control of medical supplies and medical devices are very important. The establishment of Institution of Medical Devices will be designed as an institution focusing on the clinical engineering services in the hospitals and having authority on control, education and arrangement at national level. This institution will establish a knowledge data base, provide information on planning and purchase of medical devices, comparative evaluation of medical devices safety programme, clinical engineering, and will advise on laws and arrangements in related fields. Rendering on-line and continuous training programme or financing third persons with applicable researches are among the tasks of this institution.

Standardization of devices and medical supplies according to the international norms will increase the productivity of service. It prevents waste of time and material and leads to an increase in quality. It contributes to the economy by paving the way to international health service. The most important thing is that, it raises the level of the delivery of appropriate health service to the level of international standards.

Today, plastic and electronic industry infrastructure is very sophisticated in our country. These sectors should be encouraged and directed to the investments that will make production for medical technology. The manufacturing of products according to standards will render legislative aspects of manufacturing easier and will enable our country to become an exporting country and prevent waste of resources.

6.8 Access to Effective Information at Decision Making Process: Health Information System

We believe that health system policies and management decisions should be based on knowledge. The decisions not based on correct information result in undesirable outcomes. True information can be obtained by means of well-chosen, correct and well-analyzed data. There is a need for integrated health information system to enable harmonization among all components of Health Transformation Programme. There is a need for vertical integration on the flow of information and horizontal integration at the point of evaluation of service delivery and finance data in the institutions delivering health service.

We want to establish Health Information System to form health inventory, to keep medical records of individual, to enable flow of information among transfer steps and to collect data on primary health care. Keeping health records in a reliable and permanent way, improving of the productivity of services, pursuing where and how the resources are used is possible with the establishment and management of an effective system. Our approach is to construct a structure growing with modular structures as necessary, and decreases the user-service supplier relation significantly with the developing technologies.

Health information system will collect and process sufficient data which can be used for scientific research and studies on the determination of policies relating to health, deciding on the problems and priorities in the health sector, taking measures, planning of sector resources, tasks and investments, and evaluation of delivered health services.

This system will be run over the common data system, which is able to operate by using today’s communication facilities. Transfer system will change into a more effective, more rapid and more reliable system. Furthermore, the adaptation of a special reference number such as

MERNIS in all health databases will facilitate matching of data on insurance system with data concerning the use of heath services. Using this number given to each Turkish citizen will give the chance to mutual match of data kept under different databases and check rapidly whether the patient is covered by any insurance or not and determine the people getting benefit from more than one insurance system.

The main points of the health insurance system must:

- Make standard data transfer from independent hardware of family physician, hospital and other component based on web technology.
- Access to sufficient and necessary information necessary for decision mechanisms from the centre.
- Make epidemiological and demographic analysis on disease burden and health expenses.
- Support data collecting, evaluation of data under an institutional structure and establishment of feedback mechanisms in order to solve problems by using the technology. This will make service planning possible in accordance with the obtained data on health and delivery of health service at country level.
- Establish early warning systems on health related events with applications, which will support the National Surveillance system and provide integration with international systems.
- Create a chance to drug (medicine) control with drug provision system.
- Give opportunity to control the level of distribution in the delivery of health service.
- Should be based on the individual reference registration with MERNIS number.
- Match family physicians with their own patients and give authority to them.
- Be patient oriented and give opportunity to minimum service delivery by providing patient satisfaction such as 'electronic appointment'.

7. IMPLEMENTATION PROCESS OF HEALTH TRANSFORMATION PROGRAMME

We need to emphasize the integrated approach in each step taken for transformation. It is necessary to develop policies and programmes valid for all actors of health system and to see the whole picture of the health sector together. The application of Health Transformation Programme will be carried out in four phases with possible small changes relating to its each component.

7.1 Conceptualism

The first phase is 'conceptualism' phase. The document that has been prepared, which takes into account the targets of our governments and accumulation of past experiences is a draft document and the first product at this phase. Objectives, principles, development implementation processes concerning each component in this document will be produced in a conceptual manner and will be made clear and developed after discussion with national and international experts on the subject.

7.2 Legitimization

In parallel to conceptualism, the second phase is 'legitimization' process. Once conceptually clarified, necessary arrangements will be made in terms of legislation (such as law, regulation and cabinet minister decision).

7.3 Controlled Local Practices

It is known that implementation of the programme as a package is far from the reality. At this phase, limited and controlled practices of some innovations and promotion within the framework of the programme will be made before spreading it across Turkey. It is possible to address specific promotion practices in line with main principles not taking into account the conceptualism and legitimization phases. However, components of the programme compose the subject of the phases. Thus, it will be possible to detect the caveats in the system and to take necessary measures.

7.4 Spreading of Health Services Across Turkey

Fourth phase is transition to the implementation across Turkey. Naturally, it may not be necessary for each component to go through this phase. It is not necessary for all phases of each component to be carried out at the same time period. Some components may progress without waiting for the others, but some components need to wait for the completion of some others.

During the preparation and implementation process of Health Transformation Programme, management will be transparent. All efforts will be available to the public at a special web site and there will be every kind of opinion in this site. Our goal is to find the common truth.

Within this process we strive to take the opinions of scientists, professional associations, trade unions, industrial institutions, business world, private sector health enterprisers, volunteer organizations, political parties, members of parliament and public and to find optimum solutions by considering these opinions.

We have to build up mechanisms to get maximum benefit from the knowledge and experience of the World Health Organization and other international institutions, experts and academicians in order to keep up with the developments in the world. Within this scope, we will perform an effective cooperation to use the resources from European Commission effectively and to achieve these projects.

Naturally, the efforts concerning the Health Transformation Programme will not prevent or slow down the routine health practices of our government. On the other hand, attention will be paid to enable every application compatible with Health Transformation Programme. Amendments in the current system will be made through various short and long term measures.

Every effort will be made to explain the studies of Health Transformation Programme, and to give information to our public on this programme and to take their support. We believe that such a great Transformation Programme can be achieved with the support of the public.

8. CONCLUSION

Health Transformation Programme is a comprehensive programme taking into consideration all efforts that have been made so far and aiming at producing the most suitable solutions with democratic decision processes. The success of the programme depends on fulfillment of everyone's commitment in the field of health. Our government will try to carry out its commitment with great sensitivity and determination. National synergy that we will create in this field and the support and reliance of our public will carry us to success.

In conclusion, Health Transformation Programme will deliver the health services in a qualified, effective, sustainable and equal way and will be a system that will assume an increase in income level based on the performance of health professionals. We want our public to receive the service it deserves.

We need to advance in our efforts carefully and attentively, thanks to our past experiences and knowledge. We will start a change and transformation process at once. All our need is people who are determined and hard working. These people exist and we will reach our goal.

IMPROVEMENTS IMPLEMENTED IN HEALTH

1- **Promotion of the Health Investments**: Obstacles, in the front of the representatives of private sector, who wish to make investment in health, have been removed. Bureaucratic processes have been reduced to the minimum and have been made as an attraction center. Benefits of public and social aspects that the health sector should include have been protected carefully.

2- **Saving in Health Expenditures**: Pricing application, depending on diagnosis, has been launched. From now on, invoices, including exaggerated analysis and treatment, depending on service, will not be accepted. Control units, examining all the invoices, sent by health institutions, have been established.

3- **Public Staff's Benefiting from Private Health Institutions**: With the change made in regulations, civil servants have been enabled to be examined and treated in private health institutions. Thus, burden on state hospitals has been reduced without affording an extra cost and foundations of their taking service have been laid without causing public staff to lose time and workforce.

This will lead to a competitive environment together with the autonomization of state hospitals and will affect the quality of the service positively.

Patients are referred to the related specialization branch instead of hospital and freedom of hospital and doctor selection of patients has been made functional.

4- **Increasing the Productivity of the Services**: With the regulations made, instead of purchasing medical equipment for public institutions which needs considerable investment, services with reasonable cost can be purchased from private sector which has this equipment. With the implementation of purchasing services which is the cheapest and the most practical way of offering service without forcing the limited public resources and experiencing the difficulties in the provision of trained personnel, queues on specific issues and lasting for months will be dissolved immediately.

5- **Income Depending on Performance and Freedom of Doctor Selection**: The system for our successful health staff to receive additional payment from revolving fund according to their performance has been activated. This system has been prepared by placing the patient-centered satisfaction in the forefront together with the patients' freedom of selecting the doctor. The hard-working staff who satisfy his patients will earn more. Initiated pilot implementation will continue by spreading throughout the year.

6- **Organization of a Contemporary Ministry of Health**: Organization law of our Ministry and establishment laws of institutions such as Accreditation Institution, Institution of Medical Equipment and Medicine, Health Academia, School of Public Health of our Ministry which are mentioned in the law, have been prepared and made ready to be referred to the parliament.

7- **Re-organization in Emergency Health Services**: 149 fully-equipped new ambulances have been distributed and all of the 112 Emergency Health ambulances have been adapted to the regulations. In cooperation with İstanbul Grand City Municipality, municipality's 20 ambulances together with their staff have been transferred to control and coordination our Ministry. Staff and station cooperation with the 1st Army Commandership and Municipalities of Bağcılar, Küçükçekmece, Bakırköy, Silivri, Sarıgazi has been provided. In addition, financial support from Traffic Foundation for the maintenance and repair of the ambulances has been provided.

8- **Giving Priority to Primary Health Care:**

- Within the framework of child health programs;

Control program of Hemoglobinopathy, national neonatal surveillance program, maintenance, encouraging and supporting of breast-feeding, program of prevention of anemia of iron deficiency, elimination of measles and neonatal resuscitation program have been initiated.

The goals of the neonatal resuscitation program are; the provision of standard and neonatal reanimation training to all health staff having roles in the birth process throughout the country and renewing these skills in certain periods. Thus, neonatal mortality that is high in our country can be reduced to low levels.

- Within the framework of maternal health programs;

With United Nations and reproductive health program supported by European Union, training of undergraduates, in-service assistants and managers, improvement of indicators of population and development and establishment of a data bank has been aimed.

- Spreading primary health care services;

Utilization of primary health care services has been tried to be increased trough allowing the public staff to apply to the private polyclinics.

9- **Decentralized Management in Health:** Authorization transfer to lower ranks and the provinces has been carried out in order to get rid of the clumsy structure which has been brought together with the central management of institutions and to adapt the changing conditions without delay. Henceforth, pharmacy license and inspection operations are completely given to provinces. Also, licensing operations of private hospitals, private branch centers, medical centers and dialysis centers are about to be transferred to the provinces.

10- **Voluntary Service Instead of Obligatory Service**: Injustice in the distribution of health staff among regions will be abolished by the law proposal being discussed nowadays in the parliament and the abuse of public resources will be prevented. Fixed contractual health staff implementation will be initiated in our 26 provinces by this law. In addition, norm staff study ended in order to provide the implementation of staff employment in all health institutions and organizations under the control of our Ministry in accordance with the service requirements.

11- **Encouraging of Medicine Production and Export:** Bureaucratic operations have been reduced and style medicine production and export have been facilitated in order to encourage private sector to invest in the field of health. Intensive studies are going on in order to reduce the licensing period to a level acceptable by everybody.

12- **Inspection of Dialysis Centers**: Regulations regarding the opening, operation, staff and service standards of these centers are at the publishing stage. Thus, progress will be provided on inspection, standards and education.

13- **Green Card Organization:** Green card has been transformed into ration card with photocopy. Thus, unfair and inappropriate use will be prevented and extravagance in the use of medicine will end. People having Green Card will be re-evaluated and real holders of right will be identified.

14- **Common Delivery of Health Services:** The protocol, prepared in order to enable the members of Social Security Organization for Self-Employed, Pension Fund, active civil servants, Green Card holders to use facilities, health manpower, medical and technological opportunities of all the health institutions and organizations belonging to the Ministry of Health and Social Insurance Institution, has come into force as of 1 July 2003 and has been implemented successfully in the provinces of Ankara, İstanbul, İzmir, Sivas, Rize and Yalova. Our aim is to spread this implementation throughout our country.

15- **Health Inventory Study:** Studies of laying out of a health profile of our country with in situ identifications in 81 provinces have been completed in order to designate health investments with idle capacities, workforce, medical equipment and to plan country resources correctly and appropriately.

We are sure that our country will attain a new and nice appearance in the health area with the addition of our studies, which we are planning to realize, to these ones and similar completed studies. We invite everybody to contribute and support the studies we are carrying out for our people's future.