Introduction

- article analyzes the Health Transformation Program (HTP) in Turkey which aimed to achieve universal coverage
- the program increased health service access, equity, and led to quantifiable and beneficial effects on all health system goals
- the program was particularly beneficial for the most disadvantaged groups
- factors that helped achieve universal coverage: economic growth, political stability, comprehensive transformation strategy, rapid policy translation, flexible implementation with continuous learning
- improvements happened simultaneously on both the demand side and the supply side
- the experience of Turkey might be relevant for other low- and middle-income countries introducing new insurance schemes and trying to strengthen their health systems with new programs

Turkey: analysis of context

- upper-middle-income country which had undergone rapid economic growth in the last decade and has a good demographic situation
- population health indicators improved throughout the 1980s and 1990s at a higher pace than those of the other E7 countries
since 1960, universal health coverage has been a prominent political goal but pieces of legislation promoting it were only partially implemented

• in the 1990s Turkey was characterized by weak and indecisive coalition governments, economic fluctuations, high inflation, and high unemployment

• the health insurance sector has been fragmented into many different public schemes and a private sector

• there has been a shortage and uneven distribution across regions of physical and human capital

• high out-of-pocket spending

Acceleration of the journey to UHC in Turkey: implementation of the HTP

• HTP articulated a comprehensive strategy to achieve UHC by strengthening key health system functions of governance, financing, and service delivery

• HTP adopted a rights-based philosophy and set out to improve public health, expand access to health insurance for all citizens, ensure provision of high-quality health services, and develop a patient-centered health system

• leadership and political commitment
  - the transformation leadership comprising the senior officials of the Ministry of Health remained in place for 10 years providing continuity and institutional memory
  - sustained engagement and communication with local officials

• comprehensive strategy informed by evidence
  - systemwide, comprehensive approach with flexible and responsive implementation
  - informed by evidence from various countries
  - collaboration with international agencies, national and international experts
  - investment in newly generated local evidence
  - regular appraisal of HTP implementation and health system performance
• continuous monitoring and learning
  – objective assessment of HTP progress and identification of emerging challenges
  – field coordinator model: multisectoral approach that emphasized inclusive assessment locally, collaborative deliberation, problem solving, and lesson learning
  – field coordinators provided assessment of progress and helped the central government quickly identify challenges at the provincial level

• flexible implementation: strategic and tactical actions
  – an important feature was the emphasis of flexible implementation that balanced strategic and tactical actions
  – two-pronged implementation approach:
    ∗ incremental and tactical changes that were aimed at rapid and visible health sector improvements
    ∗ strategic activities aimed at major structural reforms that needed legislation
  – “quick wins” through tactical moves created public support for deeper reforms

• focus on user satisfaction and the receptivity of context for change
  – regular focus group research and stakeholder analyses to understand the acceptability of changes
  – annual household surveys

The HTP: health system changes and achievements

• health system governance and stewardship
  – legislation defined patient rights to health insurance and health services, and specified provider obligations
  – new mechanisms for citizens to directly express their views on health services
  – these mechanisms provided information on user satisfaction and expectations but resulted in complaints from health staff
  – as a result, they established a web-based system for health staff to raise concerns, inquire about policies, suggest solutions, and share experiences
  – legislation strengthened the Ministry of Health’s stewardship functions and delegated operational responsibilities to new agencies
• health system financing
  – HTP wanted to deal with two financial problems: low health expenditures and inequitable and fragmented health insurance system
  – health expenditures went from 2.7% of GDP in 1990 to 6.1% of GDP in 2008
  – sustained economic growth provided fiscal space for sustained public sector investment which was also accompanied by large increases in private sector investment
  – five health insurance schemes were consolidated into unified general health insurance
  – General Health Insurance now provides comprehensive benefits package
  – health insurance coverage for the poorest people was expanded

• enhancement of equity
  – health insurance coverage was improved greatly for all expenditure deciles
  – improved targeting of the Green Card scheme
  – improved financial protection and reduced catastrophic expenditures

• human resource management
  – increased number of places at universities and higher institutions to train doctors, nurses, midwives and other health personnel
  – higher salaries and performance-related incentives in hospitals and for primary health-care providers
  – new personal contracts with health staff and outsourcing of health services to improve human resources in disadvantaged regions
  – the staff of public hospitals is required to work full-time in public hospitals and is not allowed to engage in parallel private practice

• service delivery
  – expansion of primary healthcare services
  – expansion of emergency and hospital services to address maternal and neonatal emergencies
  – expansion of hospital capacity and services

• public health
  – addressing high-smoking, physical inactivity, and obesity
  – new public health and community-based programs
Effect of the HTP and UHC on access to maternal and child health services and child mortality

- Use of maternal and child health services improved substantially throughout Turkey.
- Improvement most pronounced in the less well-served east region, in rural areas, and in disadvantaged groups.
- Areas of improvement:
  - Antenatal care
  - Use of health services during birth
  - Childhood immunization
- Decreases in under-5 mortality, infant mortality, and neonatal mortality.
- Association between various socioeconomic variables and healthcare use and health measures weakened.
- User satisfaction with health services improved substantially.
- Financial risk decreased.

Discussion

- UHC is an effective platform to achieve health system goals and improve equity.
- Simultaneous improvements on the supply side (infrastructure, human resources, and health services) and the demand side (health insurance coverage, benefits, reduced cost-sharing).
- Separation of stewardship, financing, and service provision.
- Substantial increase in health expenditures.
- Number of health staff almost doubled.
- Improved service access, especially in eastern Turkey.
- Current challenges:
  - Need to generate and assess data on chronic diseases and services for them.
  - Turkey is lagging behind on gender equality.
  - Next phase of improvements needs to focus on quality and safety.
- public health system needs to focus more on the management of chronic diseases
- more investments in health are needed
- need for more accountability
- government should invest in the cultivation of the health workforce

- lessons learned:
  - creation of receptive context
  - health as a fundamental right
  - political stability
  - economic growth and stability
  - transformation team
  - sustained leadership
  - enhanced role of health within government
  - flexible implementation approach and ongoing learning
  - speed of implementation
  - combination of comprehensive demand-side changes with supply-side transformation