

Special Article

Health Services and Health Policies from Past to Present in Turkey

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Abstract

Background: In many countries health services are accepted as a service that should be given by the state. However, it can be seen that globalization and neoliberal policies have caused this mindset to disappear gradually. The state's role within the health system and its policies in the field of health are determinants of the state's way of offering health services.

Aim: The aim of this study is to find out the effects of health policies in Turkey on health services by discussing these policies in five periods.

Results: When the literature was reviewed, health policies that have been implemented and the health services that have been presented from past to present have been discussed in five parts in general as follows: 1. Health Services and Health Policies between 1923 and 1937, 2. Health Services and Health Policies between 1938 and 1960, 3. Health Services and Health Policies between 1960 and 1980, 4. Health Services and Health Policies between 1980 and 2002 and 5. Health Services and Health Policies after 2002.

Conclusion: Significant changes have occurred in Turkey in the field of health. Health services are offered and financed by the state and preventive health services are considered important and began to transform the system into "Market Type Health Care System" in which the state becomes the planner and supervisor and in which health services are commercialized.

Key words: Health policy, health care services, nurses.

Introduction

Important changes have occurred in the field of health in Turkey from past to present. It will be useful to analyze the health policies that have been implemented and the health services that have been presented since the Republic was established in order to be able to see these changes. When the literature was reviewed, health policies that have been implemented and the health services that have been presented from past to present have been discussed in five parts in general as follows:

- Health Services and Health Policies between 1923 and 1937

- Health Services and Health Policies between 1938 and 1960
- Health Services and Health Policies between 1960 and 1980
- Health Services and Health Policies between 1980 and 2002
- Health Services and Health Policies after 2002.

Health Services and Health Policies between 1923 and 1938

With the foundation of Turkish Grand National Assembly, health services were addressed as the primary duty of the state. On May 2, 1920 the

Law No. 3 was passed by Turkish Grand National Assembly (TGNA) and Ministry of Health and Welfare was founded. With this law, health services were undertaken by a different ministry. Considering that there was a separate ministry of health only in a few countries at that time, this was an important development in terms of the country (Agırbas, Akbulut, & Onder, 2011; Beylik, Kayral, & Ciraklı, 2015; Tengilimoglu, Akbolat, & Isik, 2012). After the law was passed, Dr. Adnan Adivar was appointed as the first Minister of Health. This period was a period in which there were no records or infrastructure about health services. Thus, this period was accepted as the date in which the foundations of health were laid (Oztek & Eren, 2006). Following Dr. Adnan Adivar, Dr. Refik Saydam was appointed as the minister in 1921 and he was on duty until 1937. Dr. Refik Saydam worked a lot to lay the foundations of health services, to organize and to structure health services. Because of this, this period can also be called “Refik Saydam Era” (Aydin, 2002; Oztek & Eren, 2006). The targets which were aimed were grouped under three main headings. These are listed below:

- Organizing health services and forming the institutions to give services,
- Forming the administrative and legal legislation,
- Training and supplying personnel.

In Refik Saydam era; “*Minister of Health and Ministry Organization*” was founded in the centre, “*Health Directorates*” were founded in cities and “*Office of a Government Doctor*” was founded in districts and thus, foundations of health service organizations were laid. This context, health services expanded nationwide.

The government prioritized primary and preventive healthcare services and these services were supported financially from the budget of the government directly (Aydin, 2002; Oztek & Eren, 2006; Tengilimoglu, Akbolat, & Isik, 2012). A great importance was placed on “Health Legislation” within this period, a great number of laws, especially the three laws below, were passed and the foundations of health services such as health service management and implementations were laid (Table 1).

In this era, health service units under the responsibility of the state were expanded to the country. In order to presentation of health

services to be successful, a sufficient number and quality of health manpower was needed. For this reason, faculties of medicine were opened to increase the number of doctors and compulsory service was introduced to encourage doctors to work in public hospitals. Schools and courses were opened to train other health personnel. In addition, the policy of giving higher salary to health personnel working in preventive health services was adopted to encourage them to work in preventive services. As can be seen from all these practices, health services in Refik Saydam Era were viewed as the primary duties of the state (Akdur, 2006).

Health Services and Health Policies between 1938 and 1960

Dr. Behcet Uz became the minister of health between the years 1946-1950. In 1946, 9th National Medicine Congress was held, “The First Ten-Year National Health Plan” prepared by Dr. Behcet Uz was presented. The aim of the plan was to spread health services to the whole of the country by making them integrated (Akdag, 2009; Akdur, 2006). The purpose of this plan called “Behcet Uz Plan” was;

- To group the country in seven regions and make the health services organizations of each region self sufficient,
- To open a 10-bed “*health center*” in 40 villages of each region and to have two doctors, one medical assistant, one midwife and one visiting nurse in these centers,
- To give both preventive and medical services in these centers,
- To open a faculty of medicine in each region when the regions were formed.

With this plan, the purpose was to integrate preventive and medical services and to form the units based on the population and to make sure that not only cities but also rural areas can also benefit from medical services. The significance of this plan in terms of nurses was the fact that nurses also had a role in preventive services for the first time (Harmanci Seren, 2014).

After Behcet Uz, “Ten-Year Health Plan” fell short of its goals. The health centre for 40 village became costly small hospital. The policy of giving higher salary to health personnel working in preventive health services, which was adopted in Refik Saydam era, was terminated in this era

(Akdur, 2006; Tengilimoglu, Akbolat, & Isik, 2012).

One of the significant developments of this era was the law of occupational safety issued in 1945. This law prepared the basis of the foundation of Social Security Administration (SSA). Following this, in years after 1952, hospitals were opened for workers with social insurance. Thus, both the provision of health services and the recruitment of healthcare workers by the MoH changed. In addition, the legal basis of many health organizations were set. These are;

- Opticianry and Opticians Law No. 3958 (in 1940)

- Turkish Medical Doctors Union Law No. 6023 (in 1953)
- Pharmacists and Pharmacies Law No. 6197 (in 1953)
- Nursing Law No. 6283 (in 1954)
- Turkish Pharmacists Union Law no. 6643 (in 1956)

As can be seen above, Nursing Law was passed within this era and the authorities and responsibilities of the occupation of nursing were specified (Akdag, 2009; Harmaci Seren, 2014; Oztek & Eren, 2006; Tengilimoglu, Akbolat, & Isik, 2012).

Table 1. The most important laws passed in Refik Saydam Era

Year and Law	Content
Law No. 1219 on mode of execution of medicine and medical sciences in 1928	Responsibilities and authorities of the health personnel were specified.
Public Health Law No. 1593 in 1930	It is the constitution of health services and it specified the sub Policies and practices of health services.
Ministry of Public Health and Welfare Organization and Public Servant Law No. 3017 in 1936	The foundation of the Ministry's urban and rural organizations was completed and responsibilities were clarified.

Reference: (Akdur, 2006; Karabulut, 2007; Tengilimoglu, Akbolat, & Isik, 2012).

Health Services and Health Policies between 1960 and 1980

In parallel with the practices in the world, the importance that the government placed on health services increased and the Constitution of the Republic of Turkey was reorganized accordingly. With the items 48 and 49 of 1961 Constitution, health and social security services were made primary duties of the state (Akdur, 2006). In the Item 48 of 1961 Constitution, it was stated as "Everybody had the right for social security. It is the state's duty to found social insurances and social welfare organizations and to allow for the foundation of such organizations in order to give

this right". In the item 49, it was stated that "the State has a duty to make everyone live in physical and mental health and to receive medical care and to meet housign suitable for the health conditions of poor or low income families". The new government and the Ministry of Health started to reorganize health services in line with the items 48 and 49 of 1961 Constitution. Medical services were considered as the supplementaries of preventive services and decisions were made to found a health organization which expanded to small communities and provided treatment at home or as outpatients instead of hospital services to

which very few people could reach (Akdur, 2006; Kurt & Sasmaz, 2012).

Thus, in order to reorganize health services, “Law No. 224 on Socializing Health Services” was prepared under the leadership of the undersecretary of the Ministry of Health Nusret Fisek and it was passed on January 5, 1961. As a result of these developments, this era is called “Socializing Era”. With Law no. 224, it was planned to socialize health services gradually in 15 years. Although Law No. 224 was passed in 1961, socialization in health actually started in Mus in 1963 and it was spread to the whole country in 1983 (Akdag, 2009; Kurt & Sasmaz, 2012; Tengilimoglu, Akbolat, & Isik, 2012). The basic units of the project which aimed to generalize preventive health services and primary health services to the remotest parts of the country were community health centers. Although Law on Socializing Health Services had extremely contemporary principles such as distributing health services equally to whole society, it failed in terms of implementation (Harmanci Seren, 2014).

Neo-liberal policies which began to take over the world in 1970s influenced Turkey, and caused Turkey to get away from the concept of social state. In the middle of 1970s, a period of crisis started with the drop in general profit rates. In this period, the authority of the state was handed to international organizations, mainly the World Bank. Reform programs prepared and imposed by international organizations were realized through the government. This purpose of this new understanding was to give a controlling and organizing role to the state. With the increase in liberal approaches, significant changes occurred in public administration in 1980s and this situation influenced the field of health significantly (Etiler, 2011).

Health Services and Health Policies between 1980 and 2002

The period after 1980 was defined as neoliberal and in favor of exteriorisation. However, discussing this period under two subgroups as 1980-1988 and 1989-1999 will be more useful in terms of understanding the changes. Between 1980 and 1988, “the policy of integrating with the world economy through trade” was adopted and the prerequisites for commercial liberalization were prepared; between 1989 and 1999, “financial liberalization” policy was indicative and liberalization was encouraged in

health policies just like in economy policies (Soyer, 2003).

Health Services and Health Policies between 1980 and 1988

In this period known as “24 January Economic Resolutions”, neoliberal policies became dominant and they had significant influences on the field of health just like in all other fields and health services presented by the state were significantly worn out. Structural adjustment policies which were called “*Restructuring of the State*” played a determinant role on health policies. These policies caused an increase in the pressures for the privatization of public services and a decrease in the resources allocated for social expenses from the general budget. In this period which started with January 24 Resolutions, the years between 1980 and 1983 passed under the rule of National Security Council (NSC) and Anavatan Party ruled after 1983 (Soyer, 2003).

Significant changes were made in the field of health between the years 1980 and 1983 by NSC. The first change within this period, which influenced health policies, was the redefinition of the duties of the state in the field of health with 1982 Constitution. The “*social state concept*” which considered health as a basic human right and proposed that this right should be secured with the items 48 and 49 of 1961 Constitution was replaced with the concept that the state was “*not responsible, but organizer*” in the item 56 of 1982 Constitution. With the thought that “*services cannot be given freely*”, NSC made some organizations to weaken public services and support the private sector. At the end of 1981, the investments on health were taken within the scope of incentives and the state resources transferred to the field of health were began to be transferred to private sector (Soyer, 2003).

On September 27, 1983, regulations were made to privatize of services in state institutions with the Law No. 2907, an extension of Law No. 209. Thus, the share of health institutions from the budget was decreased. As a result of this, health institutions were asked to price their services and the period of pricing the health services started. In addition, the decisions of “Full-time law”, which organized the personal rights of health workers working in state, on payment and financial regulations were repealed and 4 years

of compulsory service was mandated for all doctors (Soyer, 2003).

The years after 1983 were under the rule of 1st ANAP and 2nd ANAP. In this period, the programs of the government and the Fifth Five-Year Development Plan were showed that neoliberal policies will be implemented. In the fifth plan was stated that private organizations would be supported and health institutions would be seen as businesses to increase their efficiency, another way of service would be formed by making agreements with freelance doctors and health insurance practices would be started. The document which best explains the health policies after 1983 was “Health Services Basic Law (HSBL) No. 3359 and 1987 date”. With HSBL, the state was turned health institutions into businesses and was priced the services of all public and private health institutions. With the reaction of health workers associations and some political parties, Constitutional Court rejected some of the items in HSBL and The ANAP government lost its ability to implement this law (Soyer, 2003; Yenimahalleli Yasar, 2008).

Health Services and Health Policies between 1989 and 2002

With the influence of the growth in economy between the years 1989 and 1994, life conditions of a majority of the society improved. However, this situation was reversed with the economic decline which started after the year 1994 (Soyer, 2003; Yenimahalleli Yasar, 2008).

In 1988, Undersecretariat of State Planning Organization (SPO) decided to conduct “*Master Plan Research*” to present the existing problems in the field of health and the solutions to these problems. The study was completed in 1990 and this report was found out the existing situation and needs in the field of health. In 1985, The World Bank and the Ministry of Health were started the agreement which presented the health condition of Turkey. With this agreement, Turkey participated in the study of “*Policy and Strategy of Health for Everyone in 21st century*” which was started by the World Health Organization in 1984 and in 1990. After all these researches, the agreements of “*First Health Project, Second Health Project and Basic Health Services Project*” were signed respectively and “*Health Project General Coordinatorship*” was formed in 1990. The Ministry of Health decided to integrate these projects in the package of projects and wanted the Health Project General

Coordinatship to be under control (Gursoy et al., 2007).

In 1992, the government changed and the Minister of Health organized the “*First National Health Congress*” in March 1992 in order to be able to realize policies. More than 500 people in health sector or other sectors participated and five main titles were summarized as “*Support for Development of Health, Environmental Health, Way of Life, Presentation of Health Services and Healthy Turkey Targets*” (Ministry of Health, 1993).

One of the other significant practices in this period was the acceptance of “*Green Card*” practice in 1992 with the Law No. 3836. With this law, it was decided for the state to pay for the health expenses of citizens who were not under the assurance of social security institution until the practice of “*General Health Insurance*” started in 1992. In 1993, the policy document which was prepared by taking the views of international organizations was presented in “*2nd National Health Congress*” (Ustun, 2016). Health policies adopted in this document are as follows.

- The separation financing and presentation of health services
- Empowerment of Family Medicine Practice
- General Health Insurance which covers the whole population
- Transformation of hospitals into autonomous health care enterprises

Health Services and Health Policies after 2002

The New World Order (NWO) which came out by the thought of free market conditions after 1980s and 1990s began to appear in many fields of life. The field of health was also influenced by this situation. Discussions were made on the changes of policy which greatly influenced the field of health. Policy changes occurred in many countries and international organizations such as the World Bank, International Monetary Fund and World Health Organization were determinants. The purpose of these policies which were implemented in many countries from Africa to Eastern Europe to Asia and Latin America was to decrease the increasing health expenses without preventing to reaching health of citizens. The field of health should be restructured to realize these purposes in line with neoliberal policies. The process of restructuring

was formulized as financing health through health insurance, decentralizing the of health institutions, turning hospitals into autonomous enterprises and increasing the rate of private sector in health services (Elbek & Adas, 2009). Some assessments were made about the health system in Turkey. As a result of these, it was found that the organization, finance and presentation of health services had a fragmented structure, a great majority of the community did not have health insurance or equal access to health services, a great majority of health expenses were made on medical services rather than preventive services and the “Health Transformation Program” came to the forefront (Soyer, 2009).

In line with the neoliberal policies which became common in 1980s and which began to be concretized in 2000s in Turkey, an “Urgent Action Plan (UAP)” was made and the “*Health Transformation Program*” was announced. With the laws and regulations issued, the areas in which the state were effective were decreased and these areas were opened to market. The UAP stated that new regulations were necessary in the field of health. The policies tried before 2003 and the “Health Transformation Plan (HTP)” that started in 2003 influenced the health system in Turkey and created important changes (Ergun & Dericiogullari Ergun, 2010).

The HTP was realized in two periods. The first was “Health Transformation Support Program” and it was between the years 2003 and 2008. The second was “Health Transformation and Social Security Reform Program” and it was between the years 2009 and 2013. HTP which was realized in two stages, consisted of eight main components. These main components included basic applications such as “a supportive Ministry of Health, a general health insurance which comprises everybody, easily accessible health service system, human power working with knowledge, skills high motivation, education and science institutions to support the system, quality and accreditation for efficient health services, institutional structuring in the management of drugs and equipment, health information system to access effective information” (Akinci et al., 2012; Lamba et al., 2014; Ministry of Health, 2003).

When the HTP is analyzed, it can be seen that it consists of four main factors although it has lots of components. These are;

- A controlling and organizing Ministry of Health
- General Health Insurance combining Retirement fund, Social Security Organization for Artisans and the self-employed under the same roof
- Primary Health Service: Family Practice Model
- Public Hospitals Union: Enterprises with administrative and financial autonomy

These components completely corresponded with the localization of the field of health proposed by the World Bank and caused serious changes in the organization, finance and presentation of health services (Ergun & Dericiogullari Ergun, 2010).

Conclusion

As a conclusion, globalization and neoliberal policies have affected a great number of countries. In parallel with the practices in the world, significant changes have occurred in Turkey in the field of health. “*Socialist Health Care System*” understanding, in which health services are offered and financed by the state and in which preventive health services are important, began to transform into “*Market Type Health Care System*” understanding, in which the state becomes the planner and supervisor with medicinal services on the forefront and in which health services are commercialized.

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