

Health-care reform in Turkey: far from perfect

Authors' reply

We are delighted with the discussion generated by our report *Universal health coverage in Turkey: enhancement of equity*.¹

In analysing the effects of the Turkish health reforms, we were careful to use reliable data from the Turkish Demographic and Health Survey (TDHS) 1993, 1998, 2003, and 2008; the Turkish Household and Budget Surveys (THBS) 2003–11 done annually by the Turkish Statistical Institution; and the health expenditure and health insurance coverage data from the Social Security Institution. We used WHO data for life expectancy in Turkey and European (E7) countries; Organisation for Economic Co-operation and Development (OECD) data for economic indicators; OECD Health data and World Bank data for health expenditures and health system performance of E7 countries; Maternal Mortality Estimation Inter-Agency Group estimates for maternal mortality ratios in E7 countries in 1990–2010; and UN Inter-agency Group for Child Mortality Estimation for under-5, infant, and neonatal mortality in E7 countries. These data are publicly available and offer the opportunity for scholarly analysis to provide scientific basis for hitherto unsupported assertions. We also used Ministry of Health human resources data. The report's appendix (pp 2–13)¹ details the data sources and study methods.

The TDHS sample used in our analysis consists of children younger than 5 years for antenatal visits, births in a health facility, and births attended by trained staff (TDHS reports sample consisting of children who were born within 5 years before the survey date), and children aged 12–24 months for immunisation rates (for 2008, the TDHS report used a cutoff of 15–26 months). For mortality rates, we used different timeframes for our sample than in TDHS reports. Although

between 1993 and 2008 in eastern regions, the infant mortality rate might have declined less (in percentage) than that in western regions, our analysis shows that inequality across urban versus rural regions and across asset groups decreased. We could not find a publication supporting Onur Hamzaoglu's assertion that in 1993–2008 preventable deaths increased in all infant mortality. We found no evidence supporting the assertions that the Health Transformation Program (HTP) led to privatisation of the Turkish Health System, as stated by Murat Civaner, Ozdemir Aktan and colleagues, Feride Aksu Tanik, and Bulent Kilic in their Correspondence. HTP is publicly financed—the public sector provides 83% of health services.¹ Moreover, we could not find evidence supporting violation of right to health, mentioned by Civaner. Indeed, by contrast with Kayihan Pala's and Kilic's claims, our analysis of THBS shows that insurance coverage has increased more rapidly for the poor, with 84% of the poorest decile covered by some kind of insurance in 2011 compared with 24% in 2003. We could not find evidence supporting Kilic's assertions that the General Health Insurance fails to protect the poor, that several treatments are not covered by the scheme, or that out-of-pocket health expenditures increased from 16% to 26%. Our analysis that used THBS data shows that out-of-pocket expenditures decreased from 2.2% to 1.9% of total household spending, and from 3.1% to 2.4% of the total non-food spending between 2003 and 2011. As public spending on health increased by around 110% (in US\$ purchasing power parity adjusted) between 2003 and 2008 and real out-of-pocket expenditures at the household level increased by 49% between 2003 and 2011 (according to THBS data),² it is difficult to see how the share of out-of-pocket expenditures would have increased in overall health spending in Turkey through the HTP.

In identifying current challenges in the Turkish health system, we note

the increased workload for health professionals and the opposition from the Turkish Medical Association to elements of HTP, including performance-related pay for health staff, which are used in health systems globally.^{3,4} We stress the importance of managing public expectations and expanding opportunities for professional development to create a committed and well-trained health workforce.¹

Finally, violence against health staff is unacceptable in Turkey or elsewhere. The Commission established by the Turkish Grand National Assembly to investigate violence against health staff is very timely and welcome.

RiA has acted as an adviser and a consultant to the Ministry of Health of Turkey, including in the Health Transformation Program, and has undertaken consulting assignments in Turkey for the Ministry of Health of Turkey, WHO, and the World Bank. SA was the Undersecretary of the Ministry of Health of Turkey from 2002 to 2009. MA and IG have undertaken analytical consulting assignments for the Ministry of Health of Turkey. SC works for the World Bank and was involved in the World Bank-funded Health Transition Project in Turkey. ReA was the Minister of Health of Turkey from 2002 to 2012.

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- 1 Atun R, Aydin S, Chakraborty S, et al. Universal health coverage in Turkey: enhancement of equity. *Lancet* 2013; **382**: 65–99.
- 2 Turkish Statistical Institute. Consumption expenditure. <http://tuikapp.tuik.gov.tr/gelirdagitimingapp/menu.zul> (accessed Dec 17, 2013).
- 3 Christianson J, Leatherman S, Sutherland K. Financial incentives, healthcare providers and quality improvements: a review of the evidence, 2007. <http://www.health.org.uk/public/cms/75/76/313/571/Financial%20incentives.pdf?realName=5GmFYW.pdf> (accessed Dec 17, 2013).
- 4 Houle SK, McAlister FA, Jackevicius CA, Chuck AW, Tsuyuki RT. Does performance-based remuneration for individual health care practitioners affect patient care? A systematic review. *Ann Intern Med* 2012; **157**: 889–99.

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