World Health Organization

Country Cooperation Strategy at a glance

Turkey

© Perry-Castañeda Library Map Collection

Indicator	Value
Total population (2006)[1]	72 974 000
% under 15 (2006)[1]	28.07
Population distribution % rural (2006)[1]	32.11
Life expectancy at birth (2006)[1]	71.5
Under-5 mortality rate per 1000 (2006)[1]	25.14
Maternal mortality ratio per 100 000 live births (2005)[2]	28.5
Total expenditure on health % GDP (2005)[1]	7.6
General government expenditure on health as % of general government expenditure (2004)[3]	14.2
Human Development Index Rank, out of 177 countries (2005)[4]	92
Gross National Income (GNI) per capita US$ (2005)[5]	4964
Adult (15+) literacy rate (2003)[6]	88.3
Adult male (15+) literacy rate (2003)[6]	95.7
Adult female (15+) literacy rate (2003)[6]	81.1
% population with sustainable access to an improved water source (2004)[4]	96
% population with sustainable access to improved sanitation (2004)[4]	88

Sources:
[1] Turkish Statistical Institute (2006)
[2] Maternal Mortality Death Report (2005)
[3] WHO data on National Health Accounts
[4] Human Development Report 2006
[5] 2006 National Programme of the State Planning Organization (SPO)
[6] Turkish Statistical Institute (2003)

Turkey occupies 779 452 km² at the cross-roads between Europe, Asia and the Middle East. Since the formation of the Turkish Republic in 1923, it has strived to develop a secular democracy. It is the third most populous country in the WHO European Region. There are east-west and urban-rural gaps in income, poverty, infrastructure and services. In the last two decades instability characterized Turkey's political life and hindered the implementation of long term strategies and policies, since new administrations have tended to discontinue the policies of their predecessors. However, the country currently has a majority government, providing a more favourable context for coherent public sector action. Since 1999, Turkey has been a candidate for membership in the European of Union (EU); this is a major objective of the government, with important influence on the direction of economic, political and social policy. To this end, Turkey is in the process of further strengthening consultation with civil society.

HEALTH & DEVELOPMENT

The Turkish health system is fragmented. Health care is provided by public, semi-public, private and philanthropic organizations, including the Ministry of Health (MOH), universities, the Ministry of Defense and private health professionals. Provincial Health Directorates (81 provinces) are responsible for service planning and provision at provincial level. Primary health care is provided through health centres, health posts, Maternal and Child Health (MCH) and Family Planning (FP) centres and tuberculosis dispensaries; municipalities play a role in environmental health and sanitation. The health financing system is also fragmented, with four explicit publicly funded insurance schemes as well as direct supply subsidies to MOH health facilities. Despite this, approximately 10-20% of the population is not covered by any of the existing statutory insurance schemes.

Autonomy of hospitals is to increase. There are 26.39 hospital beds/10 000 population. Until 2005, the MOH owned and operated 56.12% of hospitals and 55.09% of beds; the Social Insurance Association (SSK, a health insurance fund for formal sector workers) was responsible for 11.99% hospitals and 18.8% beds. In that year, however, reforms led to a transfer of SSK facilities to the MOH, and it is planned to increase the managerial autonomy of these facilities. There is a draft law on this subject (to manage the autonomy of the hospitals). It is under discussion among the ministries and other state institutions and nongovernmental organizations (NGOs) (MOH, 2004 Health statistics).

The health status of Turkey has improved in recent years but remains poor compared to the rest of the WHO European Region. Population growth has steadily declined since the 1980s. Urbanization has accelerated in the last 40 years, and currently 68% of the population lives in urban areas due in part to migration from the east. Hasty development led to inadequately controlled construction practices, resulting in potentially unsafe and unhygienic developments.

Unequal access to health care favours urban areas and western regions. The Turkish Demographic and Health Survey (TDHS-2003) showed that infant and child mortality is still high (especially in eastern and rural regions), partly due to infectious diseases (including vaccine preventable) and malnutrition. The immunization status of Turkey: coverage for three doses of diphtheria, pertussis and tetanus (DPT3) is 90%. There is no district with below 84% coverage for three doses of DPT3 (Primary Health Care Annual Report 2005). Maternal mortality rates are also high. Ischaemic heart disease and cerebrovascular diseases are major causes of mortality. Perinatal conditions and ischaemic heart disease are major causes of burden of diseases at national level (National Burden of Disease and Cost Effectiveness Study 2003).

Control programmes for important diseases are still "vertical". Up to 23% of the Turkish population live in areas where malaria is endemic. There has been a reduction in tuberculosis and malaria cases but a steady increase in HIV infections. Control programmes for these diseases, as well as for MCH, FP, cancer and diabetes, are vertical with little integration in primary care. Turkey has the lowest ratios of doctors and nurses per population of any country in the WHO European Region. It is seen from the Human Resources for Health data that the ratio of the specialists to general practitioners is 1.05 and the ratio of nurse/midwife to doctor is 1.2 (MOH Department of Strategy Development-2004).

Turkey's economy is growing. The economy contracted significantly after the 2001 financial crisis but has shown steady growth since then, due to political stability and the implementation of an economic programme and structural reforms leading to an environment of increased market confidence and macroeconomic stability. Following the growth rate of 7.9% achieved in 2002, the economy maintained its high growth performance, growing by 5.8% in 2003 and 10% in 2004; the ratio of budget deficit to Gross National Product (GNP) has also declined from 16.5% in 2001 to well below 7.1% in 2004 (Data from Ministry of Finance *www.bumko.gov.tr*).

Turkey has suffered a series of devastating earthquakes in recent years.

OPPORTUNITIES	CHALLENGES
• Government's health reform agenda, the "Health Transformation Programme" (HTP), provides a coherent vision for comprehensive reform of the health system • The legal basis for health insurance reform was strengthened by the approval (June 2006) of related legislation in the Parliament and implementation will start in 2007. • Implementation of family medicine reform has begun.	• Poor and unequal access to health services and infrastructure • Weak health information systems hinder monitoring and analysis of major health risks • Lack of coherence in the health financing system • Limited human resources (HR) capacity at different levels; inappropriate skill mix • Fragmentation and incoherence in the organizational structure of the MOH and a rigid and bureaucratic public sector.

PARTNERS

The World Bank is the main international agency contributing to health system reform; the EU also supports health systems development and population and family planning activities; UNICEF plays an important role in supporting child health services. Turkey will seek support from the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM). Other United Nations Agencies also provide technical assistance, including FAO, ILO, UNDCP, UNDP, UNFPA, UNHCR and UNIDO.

OPPORTUNITIES	CHALLENGES
• The HTP has strong support by the World Bank-funded Health Project (US$60 million), with important policy conditionalities • Political stability and the current government majority will allow policy change at the executive level to carry out the HTP.	• Resistance to implementing the most politically challenging aspects of HTP which are also conditions for the World Bank-funded project (e.g. extent of increased managerial autonomy for public hospitals).

WHO STRATEGIC AGENDA (2004-2010)

The Country Cooperation Strategy (CCS) outlines changes within WHO to better meet the health needs of Turkey; it identifies strategic directions, operational principles and functions of WHO in the country based on the MOH priorities, the HTP and the Millennium Development Goals (MDGs).

The strategic agenda focuses on:

- **MOH stewardship capacity.** Capacity development at the MOH to help manage the transition to the new system while ensuring the delivery of priority public health interventions, with emphasis on policy making, strategic planning, generating and using information, monitoring and evaluation. Support the MOH and partners by guiding the development of a comprehensive sectoral monitoring and evaluation strategy.
- **Policy development.** With emphasis on health financing, pharmaceuticals, and inter-sectoral advocacy.
- **Primary health care.** Promoting an integrated approach to maternal and child health, reproductive health and developing family medicine as the core of the health care delivery system; strengthen primary care to ensure this and incorporate immunization delivery strategies to improve coverage and reduce inequalities.
- **Emergency preparedness and response.** Support the MOH in its leading role on mitigating health effects of natural disasters; donor coordination and partnerships for emergency responses.
- **Communicable disease surveillance.** Support health information systems development for surveillance and response including HIV/AIDS, malaria, tuberculosis, and immunization coverage. Assist in the preparation of the GFATM proposal.
- **Strengthening of noncommunicable diseases programme.**
- **Human resources for health.**

ADDITIONAL INFORMATION:

WHO country page **http://www.who.int/countries/tur/en/**
EURO country page **http://www.euro.who.int/countryinformation/CtryInfoRes?COUNTRY=TUR&CtryInputSubmit**

© World Health Organization 2007 - All rights reserved.
The Country Cooperation Strategy briefs are not a formal publication of WHO and do not necessarily represent the decisions or the stated policy of the Organization. The presentation of maps contained herein does not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delineation of its frontiers or boundaries.

This brief is available online at the WHO Country Focus web site **http://www.who.int/countryfocus**
WHO/CCO/07.04/Turkey
Updated: March 2007