MINISTRY OF HEALTH OF TURKEY

STRATEGIC PLAN
2013 - 2017

DECEMBER - 2012

FOREWORD BY THE MINISTER

The human being…
First, comes the human being…
The human being, the most honorable of all the created….

We set off with this motto. Our guide in this journey was "The most propitious person is the one that serves people". In light of this guide, we prepared our strategic plan by also embracing universal values and standards.

The World Health Organization defines a strategic plan for health as a comprehensive document that lays out the vision, goals and priorities of a healthcare system. A strategic plan should encompass all the strategies that will enable the healthcare system to develop the policy of "Health for All". Individuals must be able to reach a good health level so that they can lead more socially and economically productive lives.

The primary objective of economics and politics is to efficiently utilize and fairly distribute resources while achieving good health. We believe that fair utilisation of these resources is the right of our people. This right can only be fully achieved through proper policies, targets and correct strategies. The Health Transformation Programme was the turning point in the formation of policies recognising the right to health for our the citizens of Turkey and setting out the strategies needed to achieve optimum health for the entire population.

We have made huge progress since we assumed office in 2002. We have achieved great success via the the Health Transformation Programme which we initiated with the saying "First comes the human being". We said "health for all" and made a tremendous transformation.

We protected our people from the catastrophic effects of high health expenditures and we will continue to do so. We will continue to develop a safe healthy environment for our people and health staff.

We improved our health indicators at a pace and level that are rare in the world and set a global example of success. With this transformation, we have shown that we can overcome any obstacle and reach any objective.

As the Ministry of Health, we developed our second strategic plan on the 10th anniversary of the Health Transformation Programme. The "Strategic Plan of the Ministry of Health for 2013-2017", presented in this book, is a product of our intense "human-centred" planning efforts. This Strategic Plan of the Ministry of Health which conforms to the Tallinn Charter and the European Health 2020 has been praised by the WHO/Europe in the following statement:

"The Strategic Plan developed by the Turkish Ministry of Health is expected to provide an example for other Member States of WHO/Europe on how Health 2020 can be incorporated into a national strategic plan." *

Undoubtedly, the changes envisioned will need to be supported both socially and organisationally for true success. The contribution of our country to global health will only be possible through multi-sectoral and multi-dimensional efforts and activities. Based on this concept, we have developed our strategic goals and objectives in line with the "Whole-of-Government" and "Whole-of-Society" approaches.

We have set ambitious targets according to and compatible with our vision to make Turkey a country where healthy lifestyle is embraced and the right to health is easily achievable by everyone. To reach these targets by 2023 we are planning to have Turkey rank among the ten best healthcare systems in the world. We have the required knowledge, experience, resolution and commitment to achieve this goal.

The Strategic Plan of the Ministry of Health for 2013-2017 will be a milestone toward reaching our target of being a "Leading Nation: Turkey 2023". I hope this plan, which I believe would contribute to the health of all mankind, will yield significant benefits and I extend my sincere thanks to all the colleagues, who invested their time and energy in this process.

Prof. Dr. Recep AKDAĞ
Minister of Health

* http://www.euro.who.int/

FOREWORD BY THE UNDERSECRETARY

Due to a number of factors such as rapid change and development in the last quarter of the 20th century and in the first part of the 21st century, the world is becoming like a small village. Globalisation, increase in the production and consumption rate of knowledge, and the increasing importance of individual rights and freedoms worldwide have affected all sectors and pressured them to adapt to these trends.

As a result of such changes, the finance and service sectors have surpassed the real sector which is reflected in all fields based on a human-centred understanding of service provision.

The Public sector has also felt the need to review and restructure. Outdated and organisation-based policies have been abandoned and the need has emerged to develop a forward looking, human-centred policy. With concurrent administrative and financial bottlenecks, governmental organisations were forced to carry out their activities based on a "plan". After the Law on Financial Management and Control in the Public Sector Number 5018 was issued, the public sector in Turkey adopted a new method for public financial management.

In the new public financial management process, the Strategic Management Model is preferred in order to ensure financial discipline, allocate resources by strategic priorities, monitor whether these resources are effectively and efficiently used and develop a mechanism of accountability for this purpose.

The Strategic Management Model consists of three stages: strategic planning, strategic implementation and strategic control. Developing the "Strategic Plan of the Ministry of Health for 2013-2017", the Ministry of Health of Turkey has already completed the first stage. In this context, I hope the strategic planning activities for 2013-2017 will prove to be successful and enable the Ministry of Health to achieve its vision for becoming a leading Ministry of Health; and I would like to thank all my colleagues and our stakeholders for their endeavours toward this end.

Prof. Dr. Nihat TOSUN
Undersecretary

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ACRONYMS

AÇSAP	Maternal and Child Care and Family Planning Centre
AMATEM	Alcohol and Substance Abuse Treatment and Training Centre
BCG	Bacillus Calmette–Guérin
BHSM	Basic Health Statistics Module
CBRN-I	Chemical, Biological, Radiological, Nuclear and Industrial
CRMS	Core Resource Management System
DRG	Diagnosis-Related Groups
EHR	Electronic Health Records
ECDC	European Centre for Disease Prevention and Control
EDMS	Electronic Document Management System
ETMS	Electronic Tuberculosis Management System
FMIS	Family Medicine Information System
GARD	Global Alliance for Respiratory Disease
GCAIS	Green Card Accrual Information System
GCP	Good Clinical Practice
GMP	Good Manufacturing Practice
GNP	Gross National Product
GPvP	Good Pharmaco-Vigilance Practice
HCRS	Health Coding Reference Server
HFA-DB	European Health-for-All Database
HIMS	Hospital Information Management System
HL7	Health Level Seven
HRMS	Human Resources Management System
HSPA	Turkish Health Systems Performance Assessment
ITS	Investment Tracking System
MHDS	Minimum Health Data Sets
MSI	Market Surveillance and Inspection
MSSS	Management System for Sources of Supplies
NGOs	Non-governmental Organisations
NHDD	National Health Data Dictionary
NHIS	National Health Information System

ODHC	Oral and Dental Health Centre
OECD	Organisation for Economic Co-operation and Development
PFS	Patient Follow-up System
PHCF-IMS	Private Healthcare Facilities Information Management System
PHIS	Public Health Information System
PIB	Physician Information Bank
PIS	Personnel Information System
PTTS	Pharmaceutical Track&Trace System
SABİM	Health Information Communication Centre
SAKOM	Health Disaster Coordination Centre
SO	Strategic Objective
SPT	Strategic Planning Team
SSI	Social Security Institution
STDs	Sexually Transmitted Diseases
SWOT	Strengths, Weaknesses, Opportunities, Threats
TB	Tuberculosis
TİTUBB	Turkish National Databank for Pharmaceuticals and Medical Devices
TDHS	Turkey Demographic and Health Survey
TSI	Turkish Statistical Institute (TURKSTAT)
TÜRKÖK	Turkish Stem Cell Coordination Centre
UAS	Uniform Accounting System
UMKE	National Medical Rescue Team
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization
YÖK	Council of Higher Education

EXECUTIVE SUMMARY

An ideal health system must be accessible, of high-quality, efficient and sustainable. The system must have a human-centred approach and ensure financial equity. Individuals must have access to healthcare services in a timely and equitable manner.

The state of the Turkish health system at the end of 2002 was in need of radical changes in many significant areas of health, from service delivery to financing to human resources to information systems.

Within this framework, we have developed the Health Transformation Programme which is a structural, methodical and sustainable Turkish model based on the socio-economic realities of our country and global developments.

The programme we have been implementing since 2003 is one of the best examples of the "Strategic Management" model. In this context, we prepared the 2010-2014 Strategic Plan, the first in the history of the Republic.

Strategic management means renewal of the goals and objectives of the organisation in line with the changing world rather than planning for the future only once. The 2013-2017 Strategic Plan has been prepared in line with national and international health strategies and the new organisational structure in the Ministry, which also revised the 2010-2014 Strategic Plan.

We worked with the World Health Organization during the preparation of this plan and we took the Tallinn Charter, the European Action Plan for Strengthening the Public Health Capacities and Services, and Health 2020 into consideration. The European Office of WHO cites it as an exemplary health sector strategic plan for other countries.

Our ultimate purpose with this plan is "to maintain and improve the health status of our people in an equitable manner". We have identified four strategic goals and 32 objectives for this purpose.

Ultimate Goal

To protect and improve the health of our people in an equitable manner

To protect the individual and the community from health risks and foster healthy life styles

Objective 1.1. To develop healthy dietary habits, increase the level of physical activity, and reduce obesity

Objective 1.2. To sustain the fight against tobacco and to reduce the exposure to tobacco and the use of addictive substances

Objective 1.3. To develop health literacy to increase individuals' responsibility for their health

Objective 1.4. To raise awareness of reproductive health and encourage healthy behaviours.

Objective 1.5. To reduce the negative impact on health of public health emergencies and disasters

Objective 1.6. To protect and promote the health and well-being of employees by improving occupational health

Objective 1.7. To mitigate the negative impact on health of environmental hazards

Objective 1.8. To carry out effective actions on social determinants of health by mainstreaming health in all policies

Objective 1.9. To combat and monitor communicable diseases and risk factors

Objective 1.10. To reduce and monitor the incidence of non-communicable diseases and risk factors

To provide accessible, appropriate, effective, and efficient health services to individuals and the community

Objective 2.1. To improve the quality and safety of health services

Objective 2.2. To protect and improve maternal, child, and adolescent health

Objective 2.3. To ensure the effective utilisation of preventive and essential health services

Objective 2.4. To sustain appropriate and timely access to emergency care services

Objective 2.5. To improve the integration and continuity of care by strengthening the role of primary healthcare

Objective 2.6. To control and reduce the complications of non-communicable diseases

Objective 2.7. To strengthen the regulations of traditional, complementary and alternative medical practices to ensure the effectiveness and safety

Objective 2.8. To continue to improve the distribution, competences and motivation of human resources for health, and to ensure the sustainability of human resources for health

Objective 2.9. To improve the capacity, quality and distribution of the health infrastructure and technologies and to ensure their sustainability

Objective 2.10. To ensure accessibility, safety, efficacy and rational use of drugs, biological products and medical devices, and the safety of cosmetic products

Objective 2.11. To enhance the health information systems for monitoring and evaluation of, and evidence-based decision-making for, the health service delivery system

To respond to the health needs and expectations of individuals based on a human-centred and holistic approach

Objective 3.1. To strengthen the role of individuals in order to ensure their active participation in decisions regarding their healthcare

Objective 3.2. To better meet the needs of individuals with special needs due to their physical, mental, social or economic conditions by ensuring easier access to appropriate health services

Objective 3.3. To contribute to ensuring equity in the financing of health services and protection of individuals from financial risks

Objective 3.4. To increase the satisfaction of individuals with their health services and that of health workers with their working conditions

To continue to develop the health system as a means to contributing to the economic and social development of Turkey and to global health

Objective 4.1. To maintain the financial sustainability of health care system without compromising service quality through implementation of evidence-based policies

Objective 4.2. To monitor health system performance and to document its contribution to health and the national economy

Objective 4.3. To promote research, development, and innovation in priority fields of the health sector

Objective 4.4. To promote the contribution of the health sector to the economy

Objective 4.5. To strengthen health tourism in Turkey

Objective 4.6. To be among the leaders in the development and implementation of global and regional health policies

Objective 4.7. To contribute to global health through cooperation and development aid

PART I

STRATEGIC ANALYSIS

1.1. A BRIEF HISTORY OF THE MINISTRY OF HEALTH OF TURKEY

When we review the health policies of Turkey from the past to the present, cultural unity and continuity of the Seljuk-Ottoman medical tradition in the organisation of the healthcare services are significant. During the early days of the Turkish Republic, a western-oriented path was mostly followed in the organisation of the state and its institutions and establishing service policies. Within this process, health policies were developed in accordance with global trends.

Health Policies from 1920-1923

The Ministry of Health (MoH) was established by Law No. 3 dated 3 May 1920 following the opening of the Turkish Grand National Assembly. The first Minister of Health was Dr. Adnan Adıvar. At this time, there was no opportunity for regular documentation on health because the focus of the MoH was primarily on addressing war casualties and drafting legislation. It is noteworthy that the MoH was one of the first ministries to be established in this young state and was organised during the struggle for independence before the Republic was founded. The Government of the Turkish Grand National Assembly continued to work for the institutional organisation of the healthcare services even during the toughest years of warfare.

During this period, Law No. 38 on Forensic Medicine (1920) was also enacted.

Health Policies from 1923-1946

During his ministerial term beginning from the foundation of the Republic in 1923 until 1937, Dr. Refik Saydam made great contributions to the establishment and development of healthcare services in Turkey. According to the records we have to date, in 1923 healthcare services in Turkey were provided by the government, municipal and quarantine centres, small sanitary offices through 86 inpatient treatment institutions, 6,437 hospital beds, 554 physicians, 69 pharmacists, 4 nurses, 560 health officers and 136 midwives.

In addition, during this period, the following laws, which are still in effect, were enacted:

- Law No. 992 on Bacteriology and Chemical Laboratories (1927),
- Law No. 1219 on the Practice of Medicine and its Branches (1928),
- Law No. 1262 on Pharmaceuticals and Medical Preparations (1928),
- Law No. 1593 on General Hygiene (1930),
- Law No. 3153 on Radiology Radium, Electrotherapy and Other Physiotherapy Facilities (1937).

The health policies of the Refik Saydam period were identified based on the following four priorities:

1. Central execution of the planning, programming and management of the healthcare services.
2. Making the central administration responsible for preventive medicine and local administrations responsible for curative medicine.
3. Improving the attractiveness of medical schools in order to meet health manpower requirement, opening dormitories for the students of schools of medicine, and establishing compulsory duty for medical school graduates.
4. Introducing control programmes for communicable diseases such as malaria, syphilis, trachoma, tuberculosis and leprosy.

In light of these principles;

– Healthcare services were conducted using the model of "single-purpose service in a wide area/vertical organisation",

– The "preventive medicine" concept was developed through legislation. Local administrations were encouraged to open hospitals and offices of government physicians were established in each district.

– Diagnosis and treatment centres were established in 150 district centres in 1924 and 20 in 1936 starting with the regions with higher population first; physicians were banned from working independently.

– Ankara, Diyarbakır, Erzurum, Sivas Numune Hospitals were opened in 1924, and Haydarpaşa hospital in 1936, Trabzon Numune hospital in 1946, and Adana Numune hospital in 1970 to set an example for the other provinces.

Health Policies from 1946-1960

The "First Ten-Year National Health Plan", which could be called the first health plan of the Republican Era, was approved by the Higher Council of Health in 1946 and announced by the Minister of Health, Behçet Uz, on 12 December 1946. However, Minister Behçet Uz left his post in the MoH before the plan, which was prepared with intense efforts was enacted.

Dr. Behçet Uz became the Minister of Health again in the government of Hasan Saka (10.8.1947 - 10.6.1948) and the same National Health Plan became a draft law approximately 18 months later. The draft law was negotiated and approved by the Council of Ministers and four Commissions of the Turkish Grand National Assembly. However, it was never enacted due to a change of government because the new Minister of Health, Dr. Kemali Bayazit, withdrew the plan.

Even though the National Health Plan and the National Health Programme could not be turned into legal documents or implemented in their entirety, the majority of the ideas included in them deeply influenced the healthcare structure in Turkey.

Inpatient treatment institutions, which had been under the supervision of the local governments, began to be managed by the central government. The National Health Plan, in an effort to provide healthcare services at the community level, attempted to establish ten-bed health centres for every group of 40 villages and to provide curative medicine and preventive healthcare services together. Furthermore, efforts were made to assign two physicians, one health officer, a midwife and a visiting nurse to those centres along with village midwives and village health officers, who would work for groups of ten villages.

By 1945, there were eight of these new health centres, increasing to 22 in 1950, 181 in 1955, and to 283 in 1960.

In 1952, the MoH established a Division of Maternal and Child Health. In 1953, the first Maternal and Child Health Development Centre was established in Ankara in collaboration with and with assistance from international organisations, such as UNICEF and WHO.

During this period, the child mortality rate and mortality due to infectious diseases were high. This led to intensive implementation of the policies for increasing the population. In this context, significant progress was made in terms of developing health centres, delivery centres, infectious disease centres and human resources for health.

Average life expectancy at birth was 43.6 years in 1950-1955, 52.1 years in 1960-1965 and 57.9 years in 1970-1975.

The "National Health Programme and Activities of the Health Fund", which served as a continuation of the First Ten–Year National Health Plan, was announced by Dr. Behçet Uz on 8 December 1954. The First Ten-Year National Health Plan and the National Health Programme and Activities of the Health Fund are the cornerstones of health planning and organisation of Turkey.

The National Health Plan divided the country into seven health regions (Ankara, Balıkesir, Erzurum, Diyarbakır, Izmir, Samsun, Seyhan), suggested the establishment of a school of medicine in each region and increasing the number of physicians and other health staff. In contrast, the National Health Programme envisioned a structure comprised of 16 health regions (Ankara, Antalya, Bursa, Diyarbakır, Elazığ, Erzurum, Eskişehir, Istanbul, İzmir, Konya, Sakarya, Samsun, Seyhan, Sivas, Trabzon, Van) and planning was made accordingly.

In order to increase the number of healthcare professionals, Ege University School of Medicine was established as the third medical school in Turkey (after those at Istanbul University and Ankara University) and started accepting students in 1955. As a result, the number of physicians increased from 3,020 in 1950 to 8,214 in 1960. Similarly, the number of nurses increased from 721 to 1,658, while the number of midwives grew from 1,285 to 3,219 during this time period, corresponding to a more than 100% increase in the three occupations in 10 years.

The number of hospitals and health centres also increased as did the number of beds. In addition, this period saw an increase in the number of pediatric hospitals, delivery centres and tuberculosis hospitals.

There were 14,581 beds in 118 MoH-affiliated institutions in 1950, increasing to 32,398 beds in 442 institutions in 1960. Although these increases were in part the result of the centralization of the hospitals under the jurisdiction of the local administrations, when we consider these increases on a population basis, the number of beds increased from 9 beds per 100,000 population in 1950 to 16.6 beds per 100,000 in 1960.

In addition to the positive developments in the expansion of health institutions and the increase in bed numbers, health indicators also improved, tuberculosis mortality declined substantially, as did infant mortality. Tuberculosis mortality decreased from 150 per 100,000 population in 1946 to 52 per 100,000 population in 1960 in provinces and district centres, while infant mortality declined from 233 deaths per 1000 live births in 1950 to 176 per 1000 live births in 1960.

Both the National Health Plan and the National Health Programme intended to insure the public in return for a fee, pay for care of uninsured persons and poor people from a special administrative budget and establish a health fund to finance health expenditures. They also intended to control the production of medical supplies, such as medicines, sera and vaccines; and to establish industrial organisations to produce foods, such as milk and infant formula, for children and infants.

It was within this framework that the Biological Control Laboratory was established in 1947 under the Refik Saydam Hygiene Centre Presidency and that a vaccination station was put into service. From that year onward, intra-dermal Bacillus Calmette–Guérin (BCG) vaccine was produced in Turkey, while the production of whooping-cough vaccine in Turkey was initiated in 1948.

Within the same framework, a Workers' Insurance Administration (Social Insurance Agency) was established in 1946. Furthermore, starting in 1952, health institutions and hospitals were opened specifically for insured workers. Efforts were also initiated during this period to establish a Retirement Fund, thereby expanding the coverage of the social security net.

This period also saw the development of legislation to establish a legal framework for non-governmental organisations (NGOs) and certain medical occupations:

– Law No. 6023 on the Turkish Medical Association (1953)
– Law No. 6197 on Pharmacists and Pharmacies (1953)
– Law No. 6283 on Nursing (1954)
– Law No. 6643 on Turkish Association of Pharmacists (1956)

Health Policies from 1960-1980

Law no. 224 on the "Socialization of the Healthcare Services" was adopted in 1961, but implementation did not begin until 1963. A widespread, continuous, graduated and provincially integrated structure was developed. This structure included health posts, health centres, provincial hospitals and district hospitals. Vertical organisations were partially reduced and the structures that provided different healthcare services were integrated under the health centres.

Law no. 554 on Population Planning was adopted in 1965. This anti-natalist (limiting population increase) policy reversed an earlier pro-natalist (increasing population) policy.

The "multi-dimensional service in a narrow area" approach was adopted instead of the "single purpose service in a wide area".

A draft law on Universal Health Insurance was prepared in 1967, but it could not be sent to the Cabinet at that time. However, in 1969, the second Five-Year Development Plan foresaw the introduction of Universal Health Insurance once again. In 1971, the draft "Law on Universal Health Insurance" was sent to the Parliament, but it was not adopted. In 1974, the draft was presented to the Parliament again, but it was not discussed.

In 1978, a "Law on the Principles of Healthcare Personnel's Full-Time Practice" was adopted, prohibiting physicians in the public sector from setting up private practices. After the military coup d'état on 12 September 1980, however, it was repealed by the "Law on the Compensations and Working Principles of the Healthcare Personnel" and the freedom to establish private practice was re-introduced.

Health Policies from 1980-2002

Turkey's 1982 Constitution included provisions regarding both citizens' right to social security and the State's responsibility to effectuate this right. According to the 60th Article of the Constitution: "Everyone has a right to social security, and the State shall take the necessary measures to establish the necessary organisation to provide this security". Additionally, according to the 56th Article of the Constitution, "To ensure that everyone leads their lives in conditions of physical and mental health and to secure cooperation in terms of human and material resources through economy and increased efficiency, the State shall regulate the central planning and function of the healthcare services. The State shall fulfill this task by utilizing and supervising the healthcare and social institutions both in the public and private sectors." This article also included a provision stating that "Universal health insurance may be introduced by law."

The "Fundamental Law No. 3359 on Health Services" was adopted in 1987. However, because the necessary regulation for the execution of this law was not developed and because the Constitutional Court repealed some of its articles, the law was only partially put into effect.

As the financial management in healthcare gained importance, universal health insurance was brought to the agenda once again in 1987. However, the required legal regulations on this matter could not be agreed upon. In addition, in 1986 health benefits were introduced for Bağ-Kur enrollees (self-employed), thus a three-pronged structure emerged in public health insurance. The most significant outcome of this development was that the three institutions had separate approaches and pricing systems for the same healthcare services. While some institutions covered the cost of certain services, the others did not.

In 1990, the State Planning Organisation (SPO) prepared a basic plan for the health sector and in line with this plan, the first National Health Congress was held in 1992. The development of a "Master Plan for the Health Sector" was carried out by the MoH and SPO and was in a sense the beginning of healthcare reforms.

The First and Second National Conferences on Health were held in 1992 and 1993, and with them theoretical studies on health reform gained momentum. The Green Card Programme was introduced in 1992 with Law no. 3816 for low income citizens without social security coverage. In this way, vulnerable people who did not have the economic means to access healthcare services gained limited health insurance coverage.

The "National Health Policy", prepared by the MoH in 1993, included five main chapters: assistance, environmental health, lifestyle, provision of healthcare services and a healthy Turkey.

In 1998, a Universal Health Insurance plan was presented to the Parliament by the Cabinet under the name of "Draft Law on Personal Health Insurance System and Establishment and Operation of the Health Insurance Institution" but it did not pass. In 2000, a draft law on a "Health Fund" as part of the general health insurance system was presented to the other ministries for their opinion; however, no agreement was reached.

The main aspects of the health reform studied in the 1990s were:

- Establishment of a Universal Health Insurance Programme by merging the existing social security institutions into a single organisation,
- Development of a primary care system in the family medicine field,
- Transformation of hospitals into autonomous health facilities,
- Providing the MoH with a structure that plans and supervises healthcare services and prioritizes preventive healthcare services.

This period is best characterized as one in which theoretical studies were conducted but not put into practice.

Turkish Health Transformation Programme from 2003 – 2011

At the end of 2002, the state of the Turkish healthcare system made it necessary to undertake radical changes in many areas ranging from service delivery to financing, human resources and information systems. With this aim, we launched the Health Transformation Programme in 2003. We prepared the programme by getting inspiration from our own past experiences, particularly related to the socialization of healthcare services, as well as from the recent studies on health reform, and from successful examples of health reform around the world.

The programme set out not only to seriously affect the present but also the future of health services in Turkey, seeking to become a significant milestone in the achievement of objectives set in the field of health. With it the MoH showed decisive commitment to implement the programme and through its many reforms to achieve the desired improvements in health status.

During this period, courageous and determined steps were taken to simplify the lives of the Turkish people. In addition, the hospitals of other public institutions, including those of the Social Security Institution (SSI) were transferred to the jurisdiction of the MoH.

The coverage of Green Card Programme for low-income groups was expanded and outpatient expenditures for healthcare services and pharmaceuticals were covered by the state.

Furthermore, the value-added-tax (VAT) on pharmaceuticals was reduced and the pharmaceutical pricing system was changed. A large discount on the price of pharmaceuticals was introduced, thereby reducing the burden of these expenses on individuals and families, and in the process significantly increasing access to medicines.

"112 Emergency Healthcare Services"were added in both cities and villages. The number of emergency stations was increased and ambulances were equipped with state-of-the-art technology and equipment. Sea and air transportation vehicles were also added to the system.

Primary care services, particularly preventive healthcare and maternal-child healthcare services, were strengthened; and family medicine, which is an important element of modern health philosophy, was introduced across the country. Moreover, comprehensive programmes were implemented to prevent ill-health and premature deaths associated with non-communicable diseases. In this context, national programmes were planned and implemented for certain diseases, such as cardiovascular diseases, cancer, diabetes, chronic respiratory diseases, stroke and renal failure.

As a result, our indicators for communicable diseases declined to the level of the developed countries after the commencement of the Health Transformation Programme.

Regions lacking buildings, equipment, or healthcare personnel were designated as priority areas and the imbalances in these areas were largely eliminated. During the last nine years, a total of 2,021 new health facilities, including 554 independent hospitals and new hospital buildings, were put into service. During the same period, the number of personnel working in public health institutions increased by 226,000, reaching 482,000 persons, including those on service contracts. The large-scale transformation programme that was put in place during the past nine years has been admired by the rest of the world.

In addition, while the overall (non-interest) public expenditure have increased by 95% from 2003-2011, the increase in the public health expenditure has only been 74%, illustrating that public resources are now being used more efficiently due to the Health Transformation Programme. Moreover, financial sustainability has been guaranteed with the adoption of a medium-term financial plan for 2010-2012.

In 2003, the level of satisfaction with healthcare services was 39.5%; by late 2011 this figure had reached 75.9%. As a result of the changes made under the Health Transformation Programme, our people have started to demand better service. In addition, their trust and expectations have risen as well. In order to meet these expectations it will be necessary to complete the ongoing reforms and undertake new initiatives, but we have the determination, decisiveness, and experience to make it happen.

1.2. LEGISLATION ON THE ACTIVITIES OF THE MINISTRY

A- Article 56 of the Constitution of the Republic of Turkey stipulates the following:

"Everyone has the right to live in a healthy and balanced environment. It is the duty of the State and the citizens to improve the natural environment, preserve environmental health, and prevent environmental pollution. The State shall regulate central planning and the functioning of the health institutions in order to ensure that all people enjoy their lives in conditions of physical and mental health, and to maximize savings and productivity in human and material power and to realize collaboration. The State fulfills this task by utilizing and supervising healthcare and social institutions in the public and private sectors. In order to establish widespread health services, the law may introduce a universal health insurance."

B- "Statutory Decree No. 663 on the Organisation and Duties of the Ministry of Health and the Affiliated Agencies":

Purpose and Scope

ARTICLE 1- (1) The aim of this Statutory Decree is to regulate the principles on the organisation, duties, mandate and responsibilities of the Ministry of Health and the affiliated agencies.

Duties

ARTICLE 2- (1) The duty of the Ministry of Health is to ensure that everyone enjoys his/her life in complete well-being physically, mentally and socially.

(2) Within this framework, the Ministry manages the health system and identifies the policies with regard to

a) Protection and development of public health and decreasing risks of diseases.
b) Conducting diagnostic, curative and rehabilitative healthcare services.
c) Preventing international public health risks from entering into the country.
d) Development of health training and research activities.
e) Ensuring the availability of safe and high-quality pharmaceuticals, special products, substances subject to national and international control, active and auxiliary substances used in drug production, cosmetics and medical devices that are used in healthcare services and delivery of them to the people and identification of their prices.
f) Ensuring equal, high quality and efficient service provision throughout the country by making savings in manpower and material resources, increasing efficiency, and by a balanced distribution of health manpower in the country and cooperation between all the stakeholders.

g) Planning and rolling out healthcare institutions to be opened by public and private legal persons and real persons.

(3) With this purpose, the Ministry

a) Identifies the strategies and objectives, plans and streamlines activities and ensures coordination.

b) Ensures international and inter-sectoral cooperation

c) Provides guidance, monitoring and evaluation, promotion and supervision and enforces sanctions.

d) Plans and carries out healthcare services in emergencies and disasters.

e) Takes measures to eliminate the regional discrepancies and ensure access to healthcare services by each individual.

f) Guides the relevant institutions in their practices and arrangements related to factors that directly or indirectly affect human health and social determinants of health, provides feedback and opinion about them and enforces sanctions.

g) Takes all kinds of measures required for the duties and services.

(4) The principles and procedures with regard to the determination of drug prices are identified by the Council of Ministers upon the proposal of the Ministry of Health.

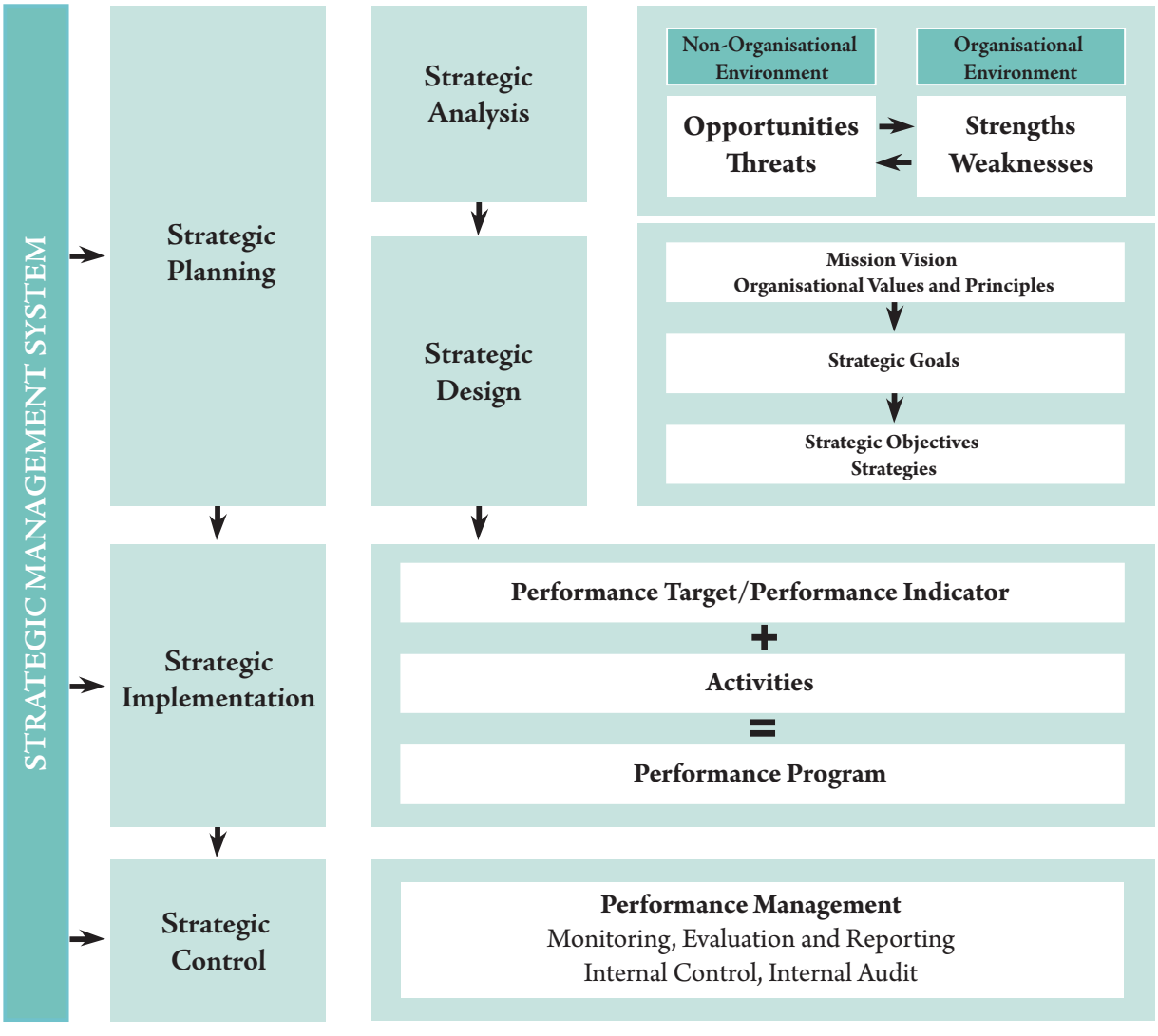
C- The other legislation within the area of responsibility of the Ministry of Health:

- Law No. 209 on Revolving Capital to be Provided to the Healthcare Institutions Associated with the Ministry and the Rehabilitation Institutions.
- Law No. 224 on the Socialisation of Health Services.
- Statutory Decree No. 560 on the Production, Consumption and Inspection of Food.
- Law No. 1219 on the Procedures for the Practice of Medicine and its Branches.
- Public Hygiene Law No. 1593.
- Law No. 2238 on Harvesting, Storage, Grafting and Transplantation of Organs and Tissues.
- Law No. 5624 on Blood and Blood Products.
- Law No. 3224 on Turkish Dentists' Association.
- Law No. 3294 on Promotion of Social Assistance and Solidarity.
- Fundamental Law No. 3359 on Health Services.

- Law No. 3816 on State Coverage of Treatment Costs of Citizens Who Lack the Ability to Pay By Granting Them Green Card.
- Law No. 4207 on the Prevention of Damages and Control of Tobacco Products.
- Public Procurement Law No. 4734.
- Law No. 5179 on the Adoption of Amended Decree on Production, Consumption and Inspection of Food.
- Opticianry Law No. 5193.
- Law No. 5258 on Family Medicine.
- Cosmetics Law No. 5324.
- Law No. 5510 on Social Insurance and Universal Health Insurance.
- Law No. 6023 on Turkish Medical Association.
- Law No. 6197 on Pharmacies and Pharmacists.
- Law No. 6283 on Nursing.
- Law No. 6643 on Turkish Pharmacists' Association.
- Law No. 7183 on Tuberculosis Control.
- Law No. 7402 on the Elimination of Malaria.

1.3. STRATEGIC MANAGEMENT

Strategic management is a management process that ensures achieving objectives through development of the right strategies.



▸ ***Figure 1.*** *Strategic Management System*

The Strategic Management System, consists of Strategic Planning, Implementation and Control processes (Figure 1).

Strategic Planning, includes the fundamental principles, policies, goals, objectives and performance criteria, and the methods and resource allocations to achieve them.

Strategic Implementation, means putting the identified activities into practice and achievement of the objectives.

Strategic Control consists of monitoring, evaluation and reporting processes.

1.4. THE STRATEGIC PLANNING PROCESS

The institutional structure of the Ministry of Health was changed in 2011 and we therefore initiated the preparation of a second Strategic Plan covering the period between 2013 and 2017.

A) The Strategic Planning Team

The Strategic Planning Team consisted of the Higher Board for Strategic Development, the Strategic Planning Executive Committee, the Strategic Planning Work Teams and the Strategic Planning Coordination Unit.

1. The Higher Board of Strategic Development

We established the Higher Board of Strategic Development in order to oversee and steer the strategic planning process and make critical decisions during the process. The Board was chaired by the Undersecretary and included the Deputy Undersecretaries and all the Heads of Departments in the MoH.

2. The Strategic Planning Executive Committee

We established the Executive Committee in order to guide, review, and finalize the activities of the Strategic Planning Work Teams. The Board was chaired by the Deputy Undersecretary and consisted of the Deputy General Directors/the Department Heads of each unit and the Head of the Strategic Development Department.

3. The Strategic Planning Working Teams

All the stakeholders must be represented in the Strategic Planning activities to the maximum extent possible in order to ensure that their input is incorporated into the SP; one of the most important elements of the Strategic Management approach. We established Strategic Planning Working Teams in order to coordinate and consolidate the Strategic Planning activities. In addition to experts and managers from the Ministry of Health, we also included experts from the Ministry of Development, WHO, UNICEF, UNDP and the World Bank.

4. The Strategic Planning Coordination Unit

Support services for SP activities were provided by the Strategic Development Department. This Department was responsible for document management, training, collection of data, etc. for all the planning activities.

B) Literature Review for the Strategic Plan

National and international strategic plans and source books (e.g., Strategic Plan 2010-2015 of the Department of Health of the USA; Strategic Plan 2004-2014 (10-year plan) of the Ministry of Health of Canada; Ontario Strategic Plan 2010-2013; Department of Health Business Plan for 2011-2015 of the United Kingdom; Strategic Plan 2000 of the Ministry of Health of New Zealand; WHO 2008–2013 Medium Term Strategic Plan; and WHO Health 2020 European Policy Framework), scientific articles and the legislation on strategic planning were reviewed.

C) Strategic Plan Training

We provided training on the preparation of Strategic Plans to the working teams in collaboration with WHO experts and Strategic Planning consultants.

D) Informational and Policy Dialog Meetings

We held informational meetings for the employees and the heads of units in the MoH in order to raise awareness of and increase participation in the strategic planning process.

We also held policy dialog meetings in order to obtain feedback from key stakeholder and integrated their views into the Strategic Plan, wherever possible.

E) Elements of Strategic Planning

We have taken two elements as the basis of **our vision:**

- "Health comes first…"
- "Equity in Health and Health Service Delivery"

We have taken two elements as the basis of **our mission:**

- "Human first…"
- "Health for All"

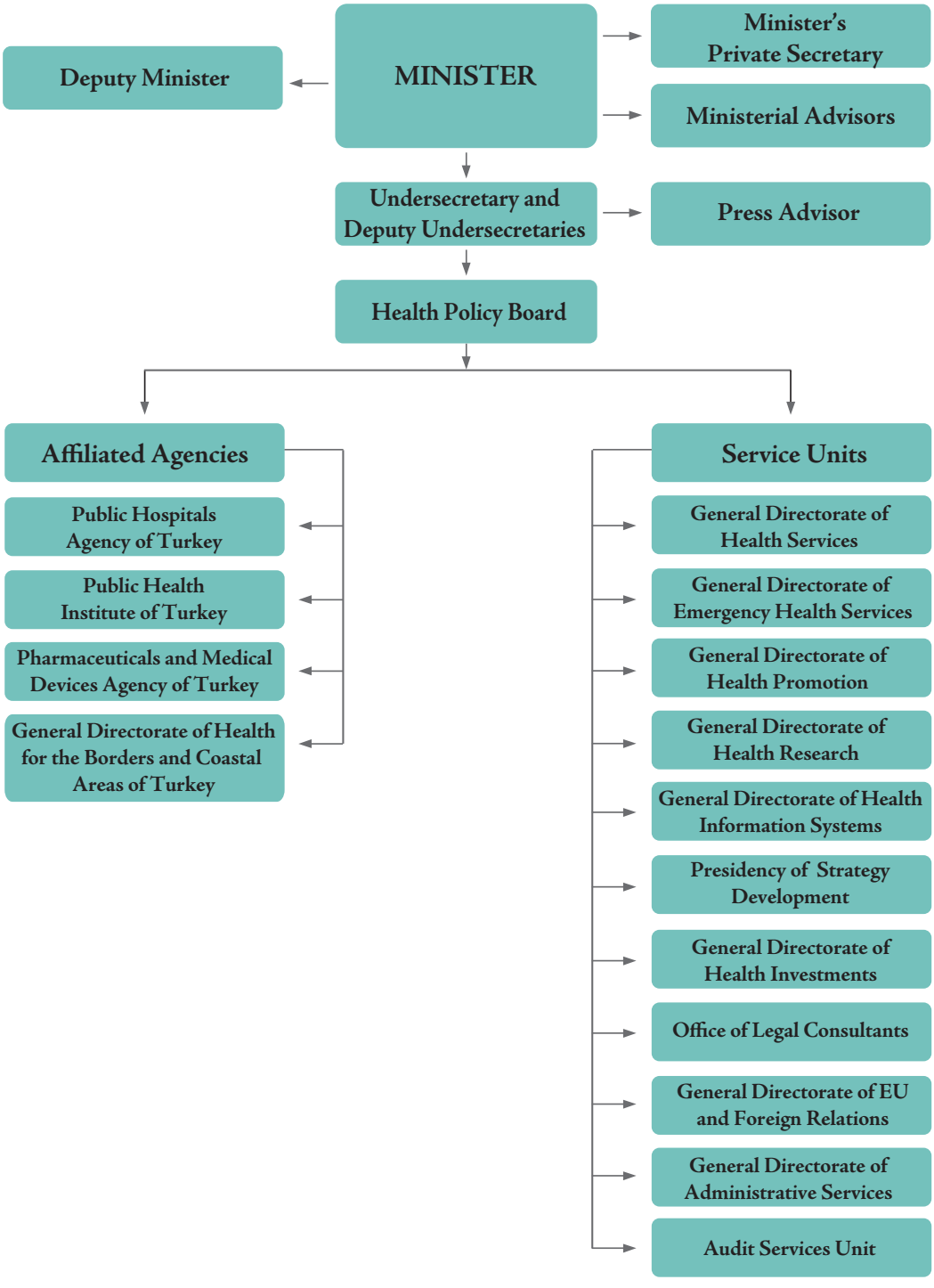
We have taken two elements as the basis of our **fundamental principles and values:**

- "Ethics"
- "Science"

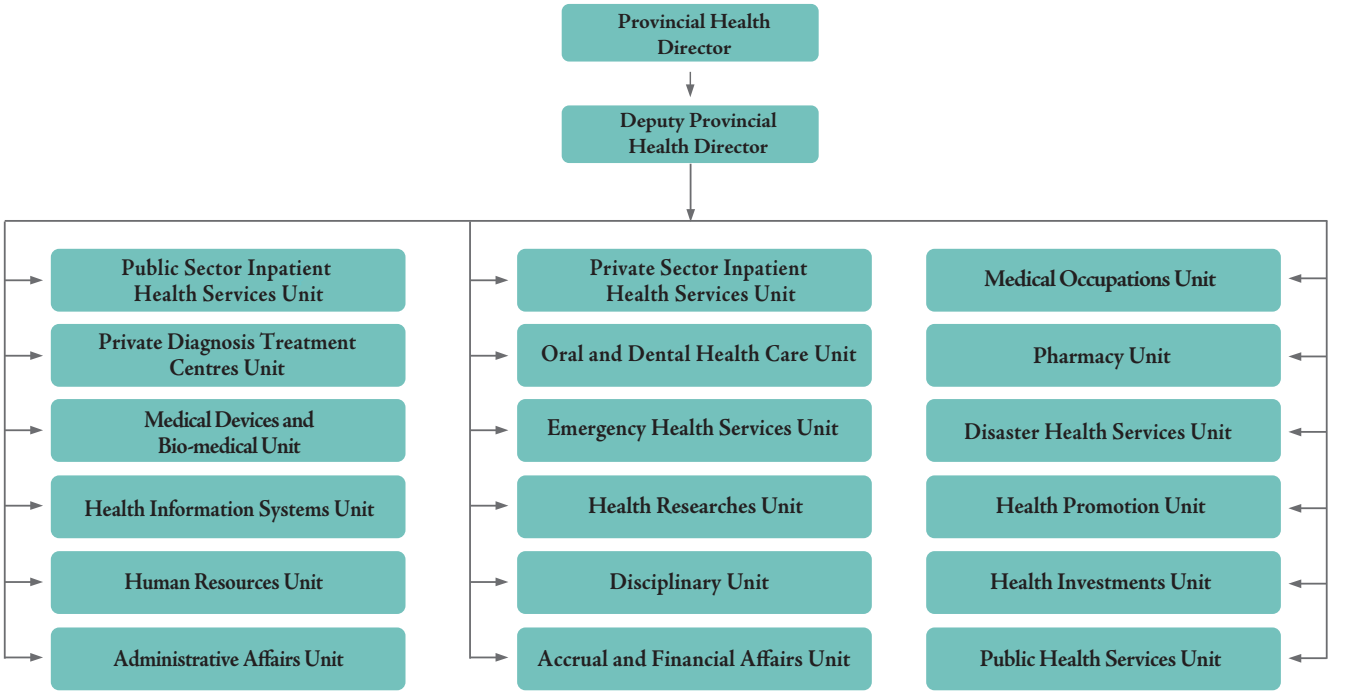
Our ultimate goal: "Good health"

1.5. ORGANISATIONAL STRUCTURE OF THE MINISTRY OF HEALTH

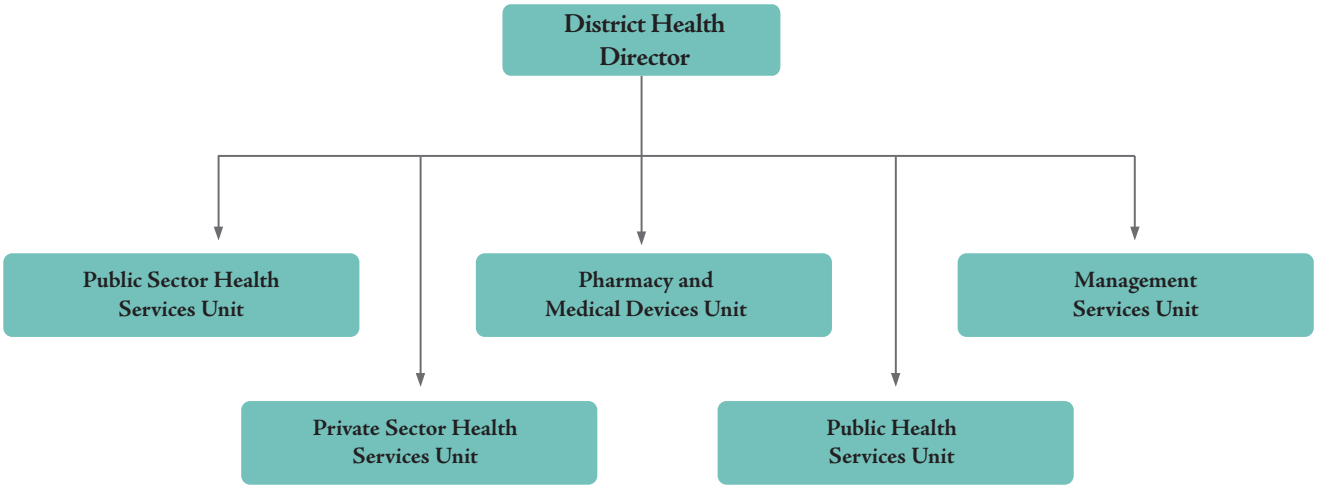
We restructured the Ministry of Health with the "Statutory Decree No. 663 on the Organisation and Duties of the Ministry of Health and Affiliated Agencies". Our Ministry now consists of the central organisation (Figure 2) and provincial organisations (Figures 3, 4, 5, 6).



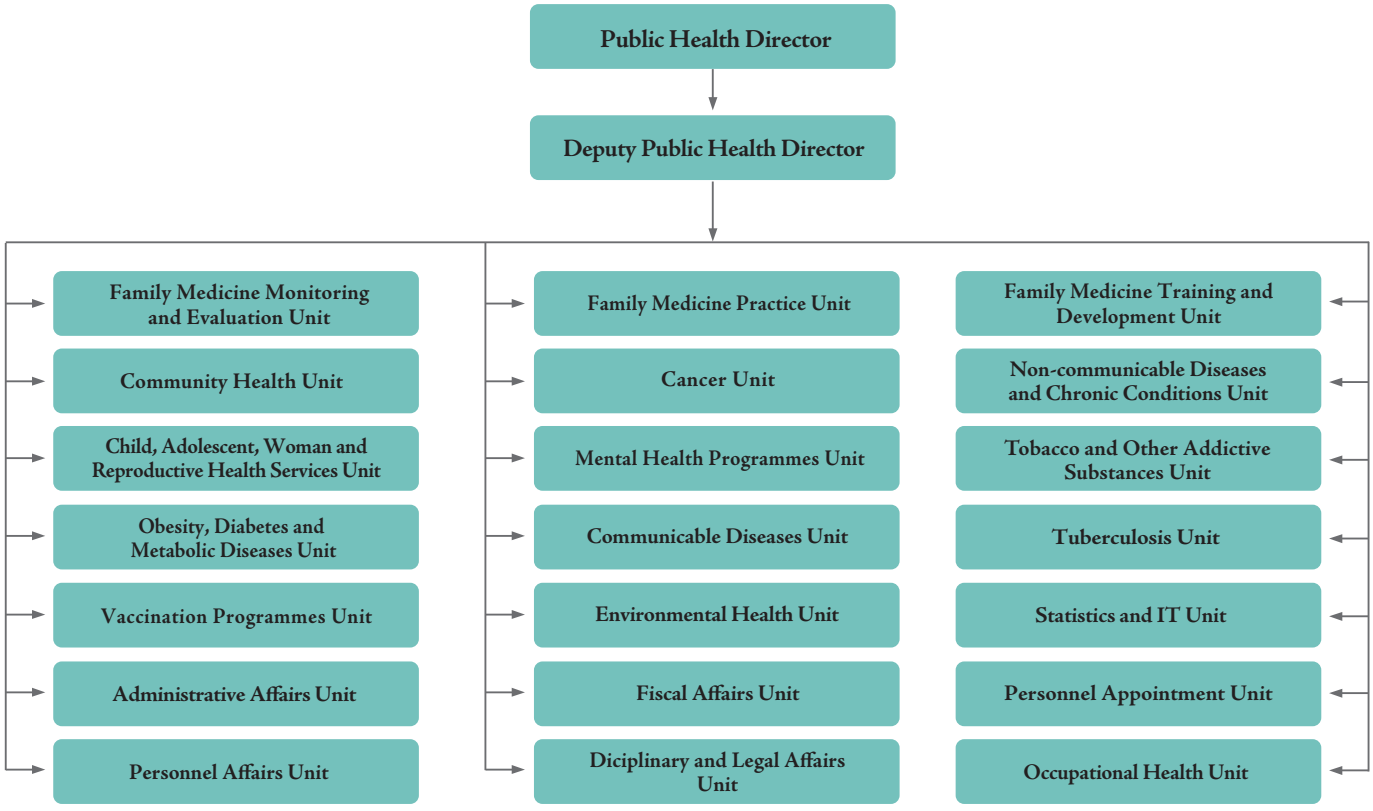
▸ ***Figure 2.*** *Central Organisation of the Ministry of Health*



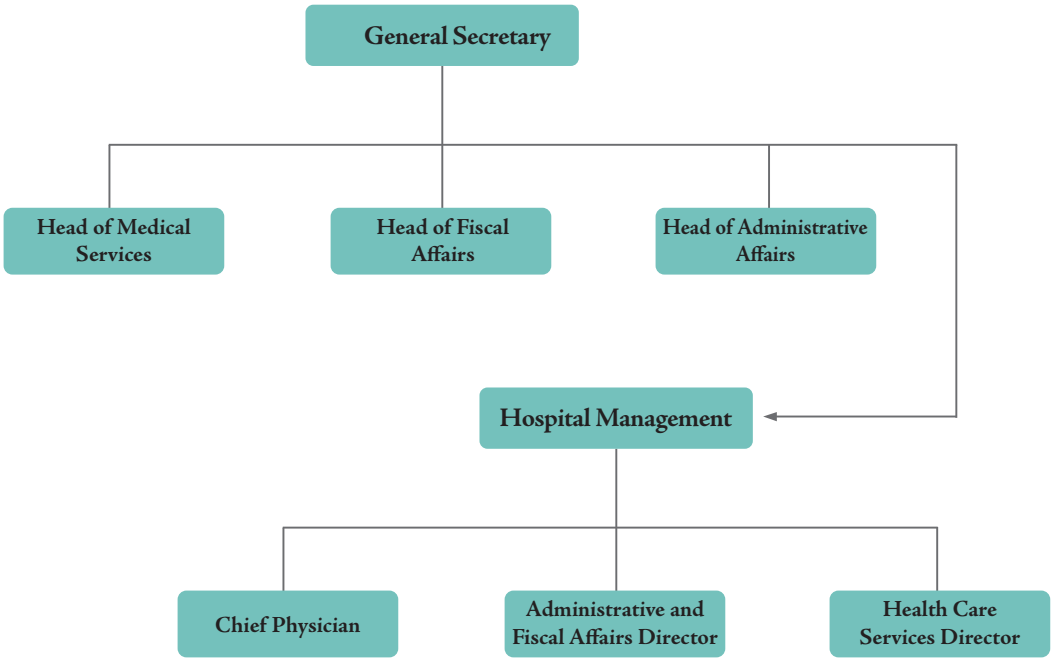
▸ ***Figure 3.*** *Provincial Organisation of the Ministry of Health 1*



▸ ***Figure 4.*** *Provincial Organisation of the Ministry of Health 2*



▸ ***Figure 5.*** *Organisational Chart of Provincial Health Directorates 3*



▸ ***Figure 6.*** *Organisational Chart of Provincial Health Directorates 4*

1.6. RESOURCES

1.6.1. Human Resources

In 2002, the number of physicians per 100,000 population was 139, the number of dentists per 100,000 population was 25, the number of pharmacists per 100,000 was 34 while the number of midwives and nurses per 100,000 was 173 in Turkey. The number of physicians per 100,000 population increased to 169, the number for dentists, pharmacists and midwives and nurses increased to 28, 35 and 237, respectively in 2011.

▸ ***Table 1.*** *Number of Healthcare Personnel in Turkey (2002, 2011)*

	2002		2011	
	Number	Per 100,000	Number	Per 100,000
Specialist Physicians	45,457	69	66,064	88
General Practitioners	30,900	47	39,712	53
Resident Physicians	15,592	24	20,253	27
Total Number of Physicians	91,949	139	126,029	169
Dentists	16,371	25	21,099	28
Pharmacists	22,289	34	26,089	35
Nurses	72,393	110	124,982	167
Midwives	41,479	63	51,905	70
Other Health Personnel	50,106	76	110,862	148
Other Personnel and Service Contracts	83,964	127	209,126	280
Total Number of Personnel	378,551	573	670,092	897

Note: 2002 population was 66.008.000 (according to TURKSTAT Population Projections)
2011 population was 74.724.269 (according to the Address-Based Population Registration System)

1.6.2. Financial Resources

The financial resources (from the general budget and from the global budget) of the Ministry of Health are shown on Table 2.

▸ ***Table 2.*** *The General Budget and the Global Budget of the Ministry of Health*

	2011 / Deducted Initial Appropriation ₺	2012 / Deducted Initial Appropriation ₺	Rate of Change (%)
General Budget Sum (Excluding Green Card)	12,546,539,200	13,813,938,000	10.1
Revolving Fund Budget (Global Budget)	14,170,000,000	16,290,000,000	14.9
Grand Total	26,716,539,200	30,103,938,000	12.7

1.6.3. Information and Technology Resources

The information and technology projects of the Ministry of Health focus on institution, service and IT. (Table 3)

▸ ***Table 3.*** *Information and Technology Projects*

Institution-oriented Projects	Service-oriented Projects (Open to Stakeholders)	Health IT Standards
Core Resource Management System (CRMS)	Health-Net	National Health Data Dictionary (NHDD)
Management System for Sources of Supplies (MSSS)	Tele-Medicine	Health-Net
Human Resources Management System (HRMS)	Electronic Health Records (EHR)	Tele-Medicine
Decision Support System (DSS)	Central Hospital Appointment System (CHAS) – Call Centre 182	Health Coding Reference Server (HCRS)
Electronic Document Management System (EDMS)	E-Prescription	Electronic Health Record (EHR) Database
Investment Tracking System (ITS)	Physician Information Bank (PIB)	Minimum Health Data Sets (MHDS)
Private Healthcare Facilities Information Management System (PHCF-IMS)	Family Medicine Information System (FMIS)	Disease Coding and Classification Systems
Physician Information Bank (PIB)	Electronic Tuberculosis Management System (ETMS)	Health Level Seven (HL7)
E-signature	Patient Rights	Hospital Information System Procurement Framework Principles
Family Medicine Information System (FMIS)	Turkey Organ and Tissue Transplantation Information System (TOTT-IS)	Primary Level Information System and Peripheral Units Procurement Guide
Hospital Information Management System (HIMS)	Dialysis Information System	PACS Procurement Framework Principles
Uniform Accounting System (UAS)	Intensive Care Follow-up System	
Patient Follow-Up System (PFS)	Organ Donation Information System	
Training through Video Conference System	Newborn Hearing Screening	
Electronic Tuberculosis Management System (ETMS)	National Disability Data Bank	
Basic Health Statistics Module (BHSM)	MoH Call Centre (SABIM)184	
Health Personnel Data Bank	Pharmaceutical Track&Trace System	
Revolving Fund Analytic Budget Module	Smoke-Free Air Zone - Call Centre 171	
Monitoring and Evaluation System for Programmes	Hospital Infections Surveillance System	
Personnel Information System (PIS)		
Hospital Infections Surveillance System		
Green Card Accrual Information System (GCAIS)		
Social Utilities Accounting Information System		
Emergency Service Information System – Call Centre 112		
White Code – Call Centre 113		
Central Hospital Appointment System (CHAS) – Call Centre 182		

1.7. THE CURRENT SITUATION

World Health Organization believes that the health system of a country must be designed in such a way as to ensure the provision of high quality health services for all. These services must be effective, affordable, reasonable and acceptable to society. Countries are recommended to take these factors into consideration and develop their own unique health systems.

By the end of 2002, the state of the Turkish Health System required radical changes in many areas ranging from service provision to finance and from manpower to information systems.

WHO Regional Office for Europe (2012), *Successful Health System Reforms: The Case of Turkey* (page 6):

"At the beginning of the new millenium, the performance of Turkey's health sector in terms of health outcomes, financial protection and patient satisfaction put it at the bottom of the OECD countries and the European Region of WHO."

We therefore initiated the Health Transformation Programme in order to ensure effective, efficient and equitable health service delivery and financial sustainability. With this Programme, we set a global example by improving our indicators at a rare pace and level.

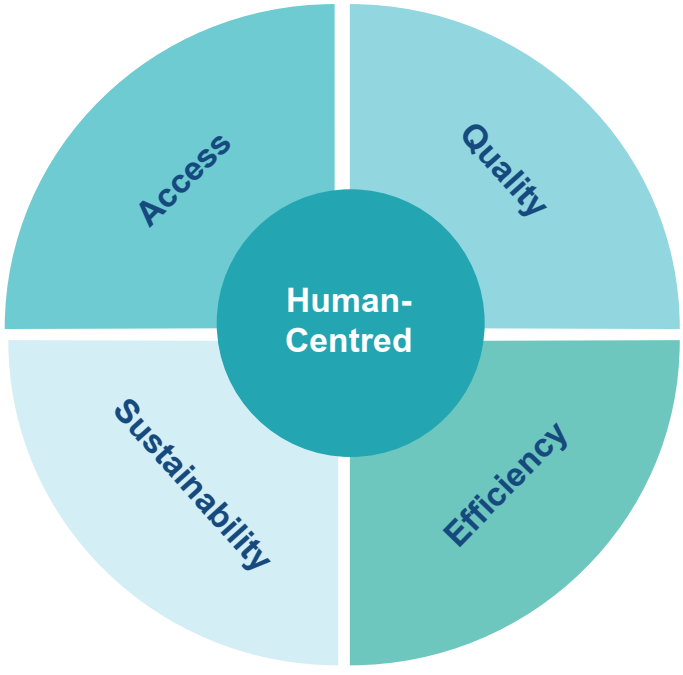
OECD – World Bank, (2008), *OECD Review of Health Systems-Turkey*, (page 107)

"The content of the Health Transformation Programme appears to represent a 'textbook' set of reforms for a health system of the type found in Turkey prior to 2003, building on the strengths of the system, yet targeting the weaknesses."

So, how did we accomplish this?

We designed the Health Transformation Programme as an efficient, good quality and sustainable model aimed at providing equitable access to health services with a human-centred approach (Figure 7).

▸ ***Figure 7.*** *The Health Transformation Programme*

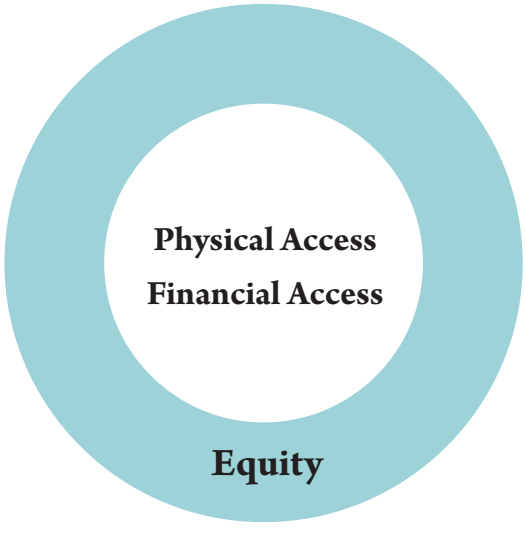


Reference: Value For Money in Health Spending, OECD, 2010 (modified)

A. Access

The most important dimension of access to health services is equity. We eliminated the physical and financial obstacles to access in order to ensure equity and ensured that people had access to the required services in a timely manner (Figure 8).

▸ ***Figure 8.*** *Access to Health Services*



A.1. Physical Access

Human Resources for Health

Human resources for health are very scarce in Turkey. Turkey ranks the 52nd out of 53 countries in the WHO European Region in terms of number of physicians per 100,000 population. The number of physicians per 100,000 population is 326 in the WHO European Region, while it is 169 in Turkey. Thus, the number of physicians per 100,000 people is half that in the WHO European Region.

Before the Health Transformation Programme, there was a serious unemployment problem in the health sector in addition to the dearth of human resources for health. There was also an imbalance in the distribution of the health staff throughout the country. The Health Transformation Programme initiated effective and efficient use of all resources. While the number of health staff was 256,000 including those on service contracts in 2002, it had increased to 482,000 by the end of 2011. Furthermore, we had also ensured a more equitable distribution of staff across the country. The ratio of difference between the province with the highest population per physician and the one with the lowest was 1/14 in December 2002; by December 2011, we had decreased it to 1/2.7.

The number of visits to physicians per capita was 3.2 in 2002 and it increased to 8.2 in 2011. The total number of examinations went up from 209 million to 611 million during the same time period.

We also facilitated **access to emergency healthcare services,** by providing a 112 emergency hot line service, both in cities and in rural areas. Furthermore we added ambulances with snow pallets, snow vehicles with patient cabin, especially equipped ambulances, and land, air (airplane, helicopter) and sea ambulances to the system.

We established the largest National Medical Rescue Team (UMKE) in Europe. Using the NMRT consisting of 4.847 voluntary health staff, we created an emergency response capability for disasters and emergencies.

WHO (2010), *Crisis Preparedness Assessment of Health Systems, Turkey* (page 54):

"Turkey has gathered a vast amount of experience in the provision of medical aid in numerous national and international operations and disasters. This experience must be shared with WHO European Region and used for joint capacity building activities."

We rolled out **family medicine** throughout the country and merged preventive health services and the first level diagnosis, treatment and rehabilitation services in family health centres. Furthermore, we gave the task of preventive health services for communities to community health centres.

In addition, we attached special importance to **mother and child care**. In 2002, 75% of births took place at the health institutions; we increased this to 94% in 2011 under the Health Transformation Programme. We also initiated the "Guest-Mom" Project for pregnant women living in rural area and provided "conditional cash support" to encourage pregnant women and children in poor families to regularly have their health checks done. Moreover, we provided free iron support for the pregnant women and free Vitamin D and iron support for babies.

Between 2002 and 2011, the proportion of pregnant women receiving prenatal care increased from 70% to 95%. In addition, we increased the use of reproductive health services. In 2002, only 3.2 million couples received reproductive health services; by 2011 this number had increased to 8.2 million.

We also expanded the scope of neonatal screening programmes in the country in order to ensure the healthy development of neonatal babies and we initiated neonatal hearing, hypothyroidism and biotinidase screening. The number of "Baby-Friendly Hospitals", which we started in order to promote breastfeeding, increased from 141 in 2002 to 906 in 2011. Currently, all our maternity hospitals are "Baby-Friendly Hospitals".

Furthermore, we strengthened **immunization** services both in terms of scope and content. In 2002, the vaccination rate was 78% in Turkey, while it was 93% in WHO European Region, including our country. However, the average immunization rate in the WHO European Region is presently 96%, while it is 97% in Turkey.

In 1980, there were six antigens in the routine immunization programme of Turkey. By 2002 this figure had gone up to seven. In 2011, we added modern vaccines to the calendar and increased the number of antigens to 11.

We also put into practice comprehensive programmes that integrated health promotion and healthy life style programmes in order to reduce the burden of disease due to **chronic diseases** and premature deaths.

Equally important, we began to implement the National Tobacco Control Programme and became the first and only country to complete the MPOWER Policy Package to reverse the tobacco epidemic in 2012.

We prepared and carried out a "Healthy Eating and Active Life Programme of Turkey" in order to decrease the prevalence of obesity and diseases associated with obesity. We also organised communication campaigns that included calculation of body mass index, portion control and increasing physical activity.

Furthermore, we began implementation of the Strategic Plan and the Action Plan for Turkey prepared under the Prevention and Control Programme for Diabetes. Smilarly, we put into practice the Turkey Prevention and Control Programme for Cardiovascular Diseases.

We also joined the Global Alliance against Respiratory Diseases (GARD) Project and prepared the GARD Turkey Action Plan, the first of its kind in the world.

In addition, we started implementation of the Turkish Mental Health Action Plan which entails the development of community-based mental health services. We have established 50 community-based mental health services in 44 provinces.

We have also established Cancer Early Diagnosis Screening and Training Centres (KETEMs) which provide free cancer screening in all of our provinces.

We improved **oral and dental health services**, opening at least one Oral and Dental Health Centre (ODHC) in each province. In 2002, there were 14 ODHCs and we increased this number to 117. In addition, we increased the number of dental hospitals from 1 to 5. As a result, the number of dental fillings increased from 371,000 in 2002 to 8,334,000 in 2011. During the same time period, the number of fixed protheses increased from 349,000 to 5,576,000.

The number of **intensive care and burn beds** and the intensive care beds in public hospitals from 869 to 9,581, and burn beds from 35 to 367. The number of organ transplant procedures increased from 745 in 2002 to 3,920 in 2011.

We also rolled out a **Central Hospital Appointment System** (CHAS) throughout Turkey and created the capacity to make online appointments.

Finally, we initiated implementation of **Home Care Services** to provide medical care and rehabilitation services to bed ridden patients in their own homes.

WHO (2011), *Health System Performance Assessment Turkey 2011* (page 16):

"The confidence of people in public services increased as health services became accessible."

A.2. Financial Access

We have increased the number of people covered by the Universal Health Insurance from 69.8 % in 2002 to 98.2% in 2011 and combined the fragmented health finance structure into one under a unified Universal Health Insurance scheme to increase access to health services.

We have also begun to provide free emergency and intensive care services in private hospitals in addition to those already provided (free of charge) in public hospitals. Moreover, we have ensured that no additional payment is charged by private hospitals for burns, cancer treatment, neonatal care, organ transplants, congenital abnormalities, dialysis and cardiovascular surgery.

Furthermore, we have prepared a"Full-Time Practice Law" to:

- Better balance the workload distribution on health staff of whom there is an insufficient number
- Eliminate any direct monetary transaction between physicians and patients
- Strengthen the trust between population and physicians
- Facilitate access to health services for patients.

We have also implemented reference pricing for medicines, thereby decreasing the average price by 80%. We have also reduced the VAT on medicines and raw materials for medicinal products to 8% in order to facilitate access to medicines.

In addition, we have decreased total out-of-pocket health expenditures from 19.8% in 2002 to 12% in 2011. Smilarly, per capita out-of pocket health expenditures declined from 139₺ in 2002 to 113₺ in 2011.

OECD – *World Bank (2008), OECD Health System Reviews Turkey* (page 73):

"It appears that the Turkish health system performs quite well in terms of equity and financial protection, both in absolute terms and relative to other countries."

B. Quality

We have implemented a large number of initiatives to improve the quality of Turkish health services. We have established **quality criteria** as well as "Hospital Service Quality Standards" that cover all health institutions. We have also carried out Performance and Quality Development activities and published books and manuals to guide health institutions.

We are also renewing and modernizing **health investments** and have begun construction of numerous city hospitals. In the past decade we opened a total of 2,114 health institutions: 606 hospitals and outbuildings and 1,508 primary healthcare institutions. In part as a result of these efforts, the average duration of a consultation increased from 4.5 in 2002 to 9.5 minutes in 2011.

Furtermore, we introduced a **Quality Room System** and increased the rate of "quality beds" from 6% in 2002 to 31% in 2011. Since 2003, all (completed or new) investments have been "quality beds".

We have established a Patient's Rights Unit to support our patients in all Ministry of Health hospitals.

We have also introduced **the Right to Choose Your Physician** and have implemented this practice initiated in all of our hospitals and ODHCs as of the end of 2010.

In addition, we have improved **access to and use of high technology in health.** In 2002, there was a total of 18 magnetic resonance imaging (MR) devices in all public hospitals, a number we increased to 273 in 2011. At the same time, we increased the number of computerized tomography (CT) devices from 121 to 446, and ultrasonography devices (USG) from 495 to 2,125, while the number of dialysis devices increased from 1,510 to 4,481.

We also established a **National Health Information System** (USBS). With this programme, we developed national standards for health information systems and thus created the basis for an effective information system. Furthermore, we improved the availability of tele-medicine services, connecting 61 sending and 10 receiving hospitals to each other so that we now can send an x-ray image shot taken in Bahçesaray to Ankara in seconds and have it interpreted there.

Finally, we have developed a **Pharmaceutical Track&Trace System** (PTTS) which is the first widespread implementation in the world of a system that uses data matrix and does tracking.

These many initiatives are part of the reason that **satisfaction with health services** has increased from 39.5% in 2003 to 76% in 2011.

C. Efficiency

We have also carried out a number of efforts to improve the efficiency of our healthcare system. We have, for example, set up a **performance-based supplemental payment system**, which had a number of positive consequences. The working hours at our hospitals increased voluntarily. Specialist physicians preferred to close down their private clinics and work full time at the hospitals. Which increased the the proportion of specialist physicians working full-time in public hospitals from 11% in 2003 to 100% in 2011.

> OECD – World Bank (2008), *OECD Health System Reviews Turkey* (page 14)
>
> "Indeed, there may be much that other countries can learn from the recent health reforms in Turkey, especially the use of performance-related pay to raise staff productivity."

We also introduced a system allocated **one examination room per physician**. As a result, the number of examination rooms in our hospitals increased from 6,643 in 2002 and to 23,631 in 2011. The enabled number of examinations in MOH hospitals to increase 1.7 fold. In addition, the number of patients seen per day per physician decreased from 60 to 26.

We also reduced **public pharmaceutical expenditures**. In 2002, the number of pharmaceutical boxes consumed was 699 million and this number reached 1 billion 721 million in 2011, corresponding to an increased of 146%. During the same period public pharmaceutical expenditures went up from 13 billion 430 million ₺ to 15 billion 865 million in 2011 prices, thus increasing only 18%. We used the savings on drug expenditures to facilitate access to drugs.

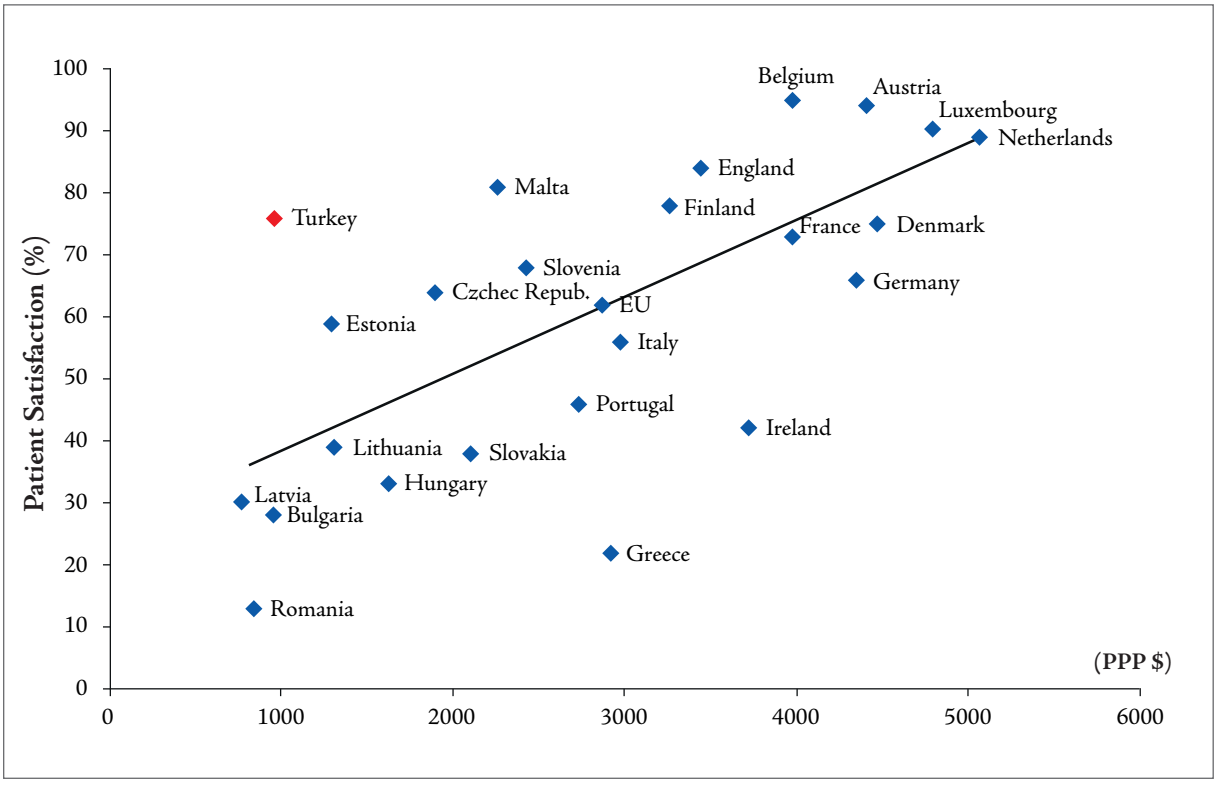
If the pharmaceutical pricing system which was in place between 1994-2002 had continued pharmaceutical expenditure in 2011 would have been "473,8 billion ₺". We thus achieved a 30-fold increase in efficiency due to the new the pharmaceutical pricing policy.

In a similar vein, we also decreased **radiological imaging prices** by 70% between 2002 and 2011 in real terms. Moreover, we used our investment budgets more rationally and reaped efficiency gains in health investments. Between 1923 and 2002, a total of 7 million m^2 of public health institutions were built, but we added 7 million m^2 to that in the last decade. If the investment expenditures had continued at the same rate as that from 1994-2002, then investment expenditures would have been 17 billion ₺ instead of 7,1 billion ₺ between 2002

Using the resources allocated to health better, we created a more effective, efficient and equitable health system. In addition to being more efficient, also health expenditures in Turkey doubled in seven years and life expectancy at birth increased to 75 years. Other OECD countries took 16 years and a tripling of health expenditures to reach this figure.

Similarly, it took Turkey 9 years and a doubling of health expenditures to reduce infant mortality to 7.7 per 1000 live births, whereas other OECD countries had to increase their health expenditures 15 times and wait for 31 years to reach this level. Turkey was also five times more effective in terms of improving patient satisfaction in comparison to other countries in the same group. As a result, Turkey was three times more effective than other countries at the same in come level when considering the relation between per capita health expenditures and satisfaction (Graph 1).

▸ ***Graph 1.*** *Patient Satisfaction and Per capita Health Expenditures*



Reference: OECD Health Data, EU Social Climate Report 2011, Turkish Statistical Institute, Life Satisfaction Survey 2011.

D. Financial Sustainability

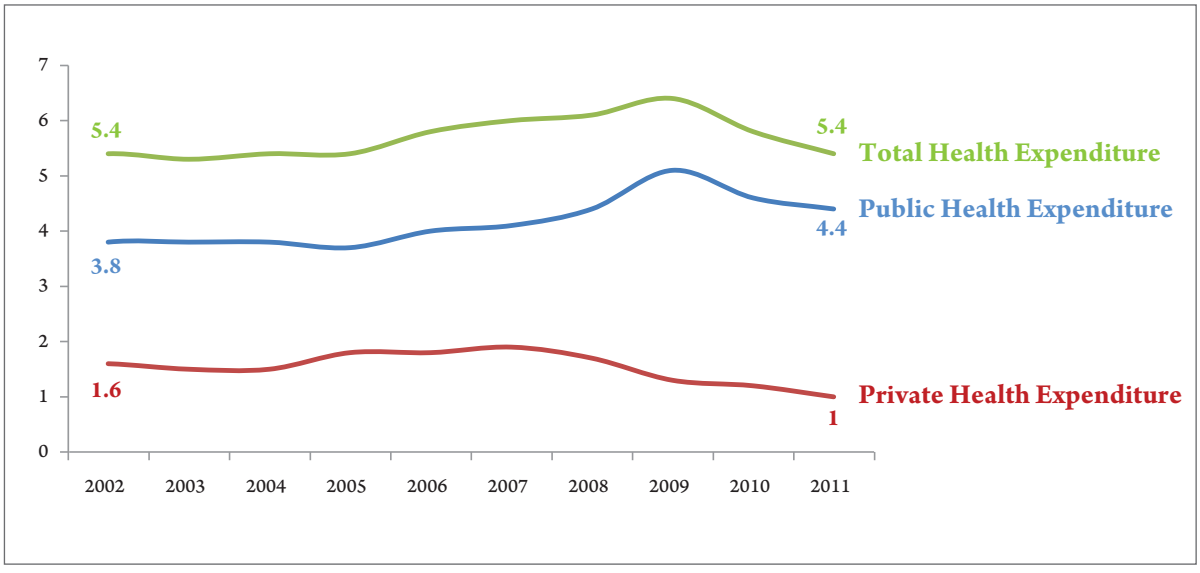
Financial sustainability is critical to the success of the Transformation Programme successfully. One of the most important achievements of the Health Transformation Programme is financial sustainability.

How did we ensure financial sustainability?

We mostly filled the existing gap in health services as well as the medical technology gap. We now procure medical technology in a cost-effective manner and have increased staff productivity as well as efficiency by outsourcing certain services. Moreover, we have strengthened preventive health services and are now promoting healthy lifes. Additionally, we have controlled pharmaceutical prices and are implementing global budgets. In the meantime the country's economy is continuing to grow.

In 2002, total expenditure on health as percentage of GDP was 5.4% and it remained 5.4% in 2011 (Graph 2).

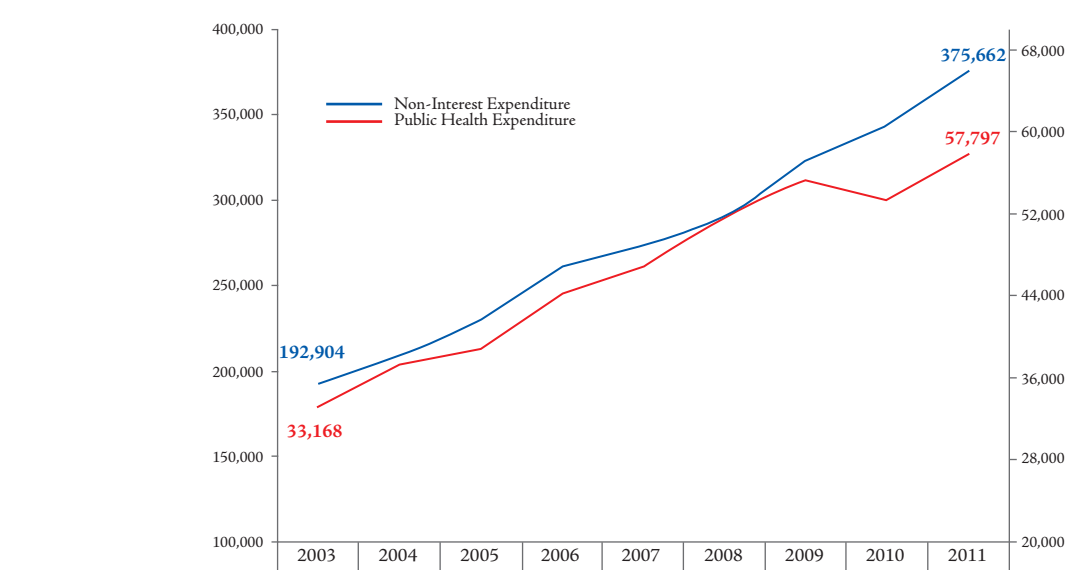
▸ ***Graph 2.*** *Share of Health Expenditures in GDP (%)*



Reference: Turkish Statistical Institute, OECD Health Data 2011.

While public health expenditures as a percentage of GDP was 3.8% in Turkey in 2002, it increased to 4.4% in 2011. Health expenditures as a proportion of GDP thus remained level during a period of time where radical and comprehensive reforms took place and satisfactory access to services was achieved.

▸ **Graph 3.** *Public Health Expenditures and Non-Interest Expenditures by 2011 Prices*



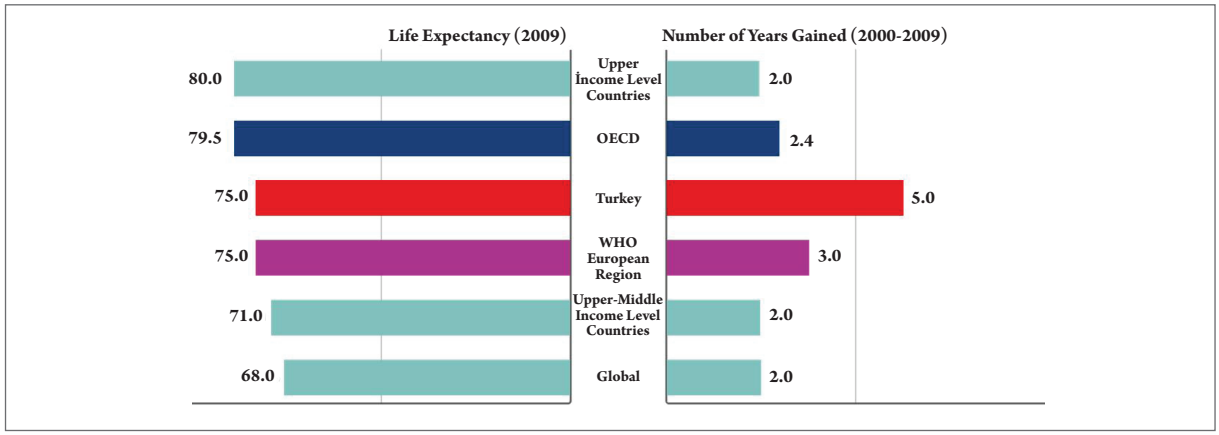
	2003	2004	2005	2006	2007	2008	2009	2010	2011
Non-Interest Expenditures*	192,904	209,227	229,648	260,541	272,707	288,609	323,082	343,857	375,662
Public Health Expenditure	33,168	37,411	38,782	44,428	46,838	51,779	55,347	53,293	57,797

Reference: Ministry of Finance, Ministry of Development, Turkish Statistical Institute
*Excluding public health expenditures

Non-interest general public expenditures increased 95% between 2003-2011, while the increase in public health expenditures was only 74% (Graph 3).

E. Conclusion

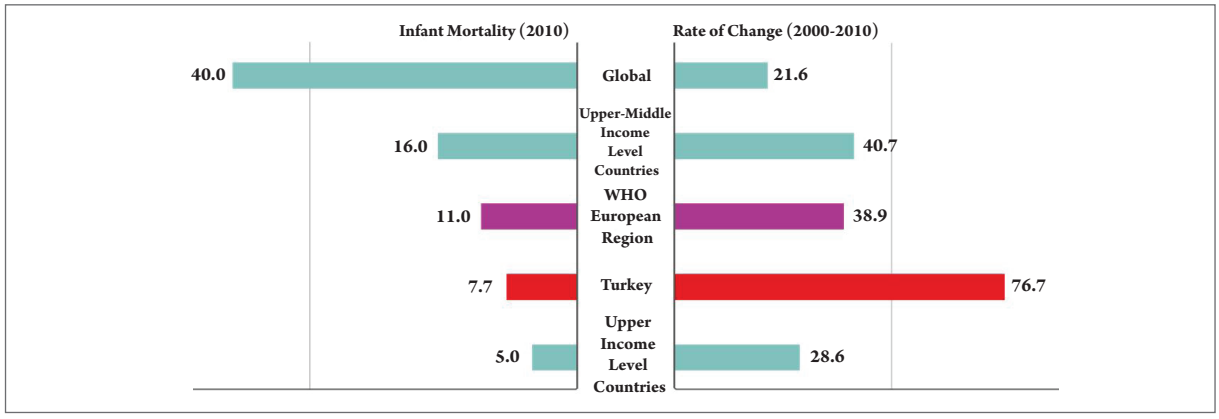
▸ ***Graph 4.*** *Life Expectancy at Birth, (year)*



Reference: OECD Health Data July 2012, WHO World Health Statistics 2011

WHO considers life expectancy at birth the most important health indicator. In its 1998 World Health Report the life expectancy at birth for Turkey was predicted to reach 75 years in 2025, however, we reached this figure in 2009. As can be seen in Graph 4, life expectancy at birth in upper-middle income countries was 71 in 2009. In these countries, average life expectancy increased by two years, while in Turkey it grew by five years. (Graph 4).

▸ ***Graph 5.*** *Infant Mortality Rate, (per 1000 live births)*

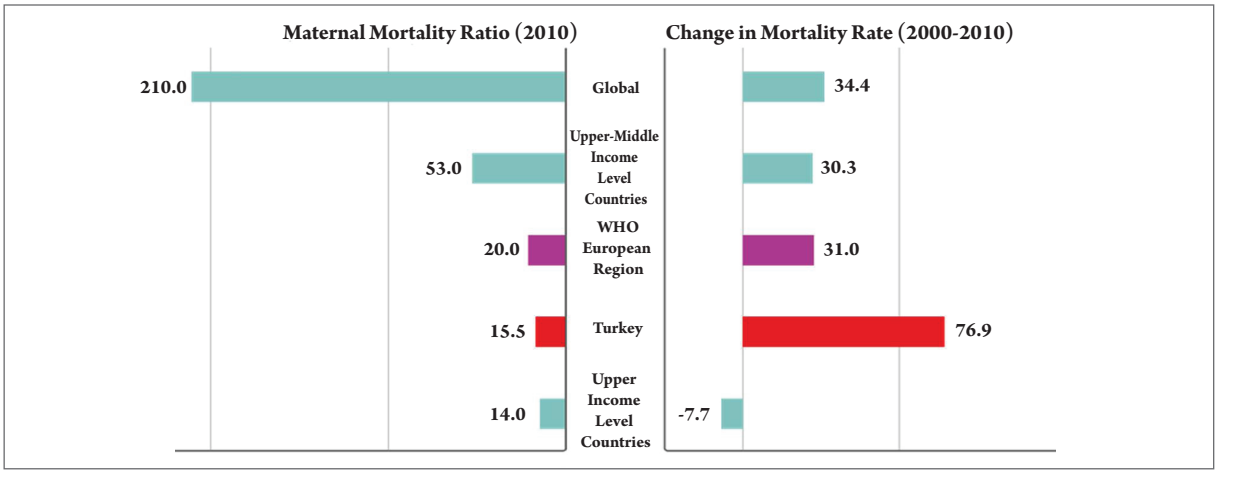


Reference: İstanbul University, Marmara University, Yıldırım Beyazıt University 'Infant and Under-5 Infant Mortality Research 2012', WHO World Health Statistics 2012,

Note: The data on Turkey are from 2001.

The 1998 World Health Report predicts infant mortality in Turkey in 2025 to be 16 per 1000 live births. Our infant mortality rate, which was 31.5 per 1000 live births in 2002 declined to 7.7 per 1000 live births in 2011. In contrast, infant mortality in upper-middle income countries was 16 per 1000 live births. In the past decade, the rate of change in infant mortality in upper-middle income countries was 40.7 % while it was 76.7% in Turkey (Graph 5).

▸ ***Graph 6.*** *Maternal Mortality Ratio, (in 100.000 live births)*



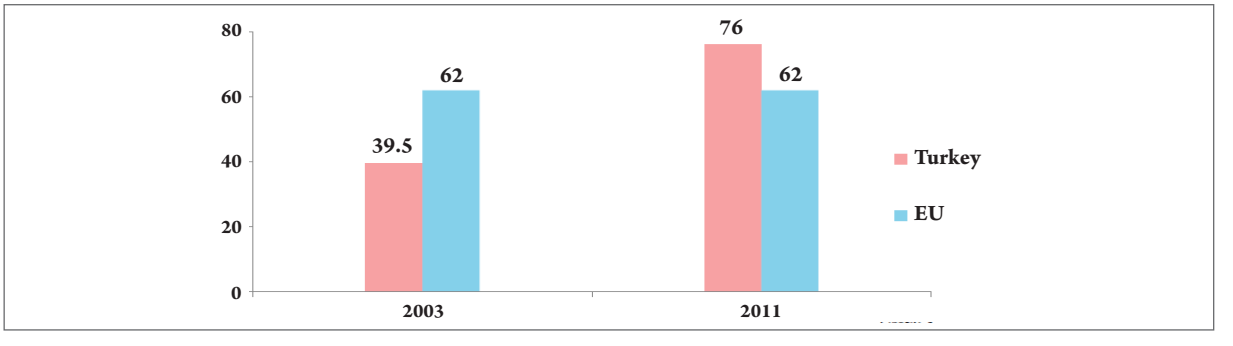
Reference: Ministry of Health, Health Statistics Yearbook 2011, WHO World Health Statistics 2012
Note: Data on Turkey are from 2011

In 2002, maternal mortality was 64.0 per 100.000 and we decreased it to 15.5 per 100.000 in 2011. In contrast maternal mortality was 53 per 100.000 in all upper-middle income countries. During the past decade, the rate of change in maternal mortality was 30.3% in upper-middle income countries while it was 76.9% in Turkey 30.3 (Graph 6).

WHO Europe Regional Office (2012), *Successful Health System Reforms: The case of Turkey* (page 9)

"Another similarly impressive development is the fact that general satisfaction with the health sector went up from 39.5% in 2003, to 75.9% in 2011."

▸ ***Graph 7.*** *Satisfaction with Health Services, Turkey 2003 and 2011(%)*



Reference: Bulletin of the World Health Organization 2009, 87:271-278, European Commission Social Climate Report 2011, Turkish Statistical Institute Life Satisfaction Survey, 2011

In 2003, satisfaction with health services was 62% in the European Union and 39.5% in Turkey. By 2011, we had increased the satisfaction with health services to 76% while it had remained at 62% in the European Union (Graph 7).

Health Indicators

Turkey is an upper-middle income country. With the implementation of the Health Transformation Programme our health indicators reached the same level as those in upper-income countries (Table 4) and set an example to the world.

WHO Europe Regional Office (2012), *Successful Health System Reforms: The case of Turkey* (page 28)

"Turkey has done what few other countries have managed to do: To drammatically improve health and health system outcomes in a very limited period of time".

▸ ***Table 4.*** *Some Health Indicators*

	2002	2011
Life Expectancy at Birth (years)	71.8	75.0 (2009)
Infant Mortality Rate (per 1000 live births)	31.5	7.7
Maternal Mortality Ratio (per 1000 live births)	64	15.5
Under-5 Mortality Rate (per 1000 live births)	40.0	11.3
Routine Vaccination Rate (%)	78	97
Tuberculosis Prevalance, (in 100.000 population)	38	24
Number of Domestic Measles Cases	7,810	0
Number of Domestic Malaria Cases	10,184	0
Number of Thypoid Cases	24,390	26
Number of Physicians (per 100.000 population)	139	169
Number of Hospital Beds (per 100.000 population)	235	273
Number of Intensive Care Beds	869	9,581
Number of Ambulances	618	2,766
Number of Transported Cases (thousands)	350	2,700
Health Insurance Coverage (%)	70.0	98.2
Total Health Expenditures as percentage of GDP (%)	5,4	5.4
Public Health Expenditures as Percentage of Total Health Expenditures (%)	70.7	81.0
Out-of-pocket Health Expenditures as Percentage of Total Health Expenditures (%)	19.8	12
General Satisfaction with Health Services (%)	39.5 (2003)	75.9

1.8. STAKEHOLDER ANALYSIS

Stakeholders consist of individuals, groups or organisations that are directly or indirectly, positively or negatively affected by the services of the Ministry of Health or affect these services.

Stakeholders' viewpoints must be taken into account and systematically analyzed during the preparation of the strategic plan.

The components of stakeholder analysis are identification, prioritization, assessment and receiving the opinions and recommendations of the stakeholders.

1. Identification of the Stakeholders:

We held face-to-face meetings with the heads of the central units of the Ministry. We received individual recommendations from the employees of the stakeholders working in the central organisation of the Ministry via stakeholder identification forms. We identified the stakeholders accordingly.

2. Prioritisation of the Stakeholders:

We assessed the impact on stakeholders of the changes to the provision of the services provided by the MOH. Splitting the group into two-internal and external-stakeholders we also show how they were affected by changes.

3. Assessment of the Stakeholders:

We assessed the stakeholders in terms of their relation to and expectations of the services provided by the Ministry and the extent of which they might affect these services or be affected by them. We used a stakeholder service matrix and stakeholder influence/importance matrix in this analysis.

4. Soliciting Stakeholder Opinions and Recommendations:

a) Policy Dialogue Meetings

We held policy dialogue meetings in which we discussed the expectations of 44 external and 110 internal stakeholders in face-to-face meettings. Sincere and off-the-record meetings were held in line with the rule of Chatham House that reads as follows: "Participants are free to use the information received during the meeting, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed."

In the meetings;

- We ensured a fair representation of the stakeholders.
- We brought together the parties that affect decisions to be taken by the Ministry or are affected by them.
- We discussed lessons learned from the 2010-2014 Strategic Plan.
- We identified the main challenges and priorities of the healthcare system in Turkey.
- We received input and feedback with regard to the vision, mission, values, goals and objectives.

b) Survey

We sent electronic surveys to internal and external stakeholders using the CAWI (computer-assisted web interviewing) method. We surveyed the central and district employees of the Ministry, governorships, municipalities, universities, relevant public institutions and organisations. In total, 4,042 people representing both internal and external stakeholders participated in the survey.

We asked the stakeholders to assess the goals and strategic objectives in the 2013-2017 Strategic Plan and to identify the Strengths, Weaknesses, Opportunities and Threats of the Ministry of Health. The SWOT Analysis was evaluated by the Strategic Planning team.

Survey Evaluation

The survey yielded the following results:

1- The Ministry of Health is considered adequate by the stakeholders on the following issues: continuity of the services, openness to change, adherence to contracts and agreements.

2- The Ministry of Health must improve in the following areas:

bureaucratic simplicity, communication between the employees and management of institutions.

3- Evaluation of the goals and objectives:

Stakeholders think that the goals in the Strategic Plan reflect the priority issues that must be dealt with in the health system. They believe that the objectives are feasible and will contribute to achieving the goals (Table 5).

▸ ***Table 5.*** *Evaluation*) of Goals and Objectives in the Strategic Plan by Stakeholders (2013-2017)*

	Goal 1	Goal 2	Goal 3	Goal 4
%	To protect the individual and the community from health risks and foster healthy life styles.	To provide accessible, appropriate, effective, and efficient health services to individuals and the community.	To respond to the health needs and expectations of individuals based on a human-centred and holistic approach.	To continue to develop the health system as a means to contributing to the economic and social development of Turkey and to global health.
Does the goal reflect a priority issue or issues that need to be dealt with in the health system?	68.1	71.8	68.2	64.0
Are the objectives feasible?	76.4	80.7	80.2	77.8
Will the objectives contribute to achieving the relevant goal?	85.2	88.7	84.8	81.2

**) Percentage of respondent giving a positive response to each question (for each goal).*

1.8.1. ASSESSMENT OF INTERNAL STAKEHOLDERS

Primary Internal Stakeholders

Primary internal stakeholders are the individuals, units, organisations, institutions and groups that will be directly involved in the planning, implementation, monitoring, evaluation and auditing of the activities carried out within the scope of the Strategic Plan and in the services provided by the Ministry of Health. The most important internal stakeholders of this group are the top management of the Ministry and employees of the Ministry of Health:

1) The Minister
2) The Deputy Minister
3) The Undersecretary
4) Deputy Undersecretaries
5) The Health Policy Board
6) The Health Professions Board
7) The Proficiency in Medicine Board
8) Unit Managers of the Central Organisation
9) Employees of the Central Organisation
10) Managers of the Affiliated Organisations
11) Employees of the Affiliated Institutions
12) Employees of the Provincial Organisations
13) Provincial Directorates of Health
14) Directorates of Public Health
15) District Directorates of Health
16) Family Health Centres
17) Community Health Centres
18) The Centre for Mother and Child Health and Family Planning
19) Public Health Laboratories
20) Tuberculosis Dispensaries
21) Command Centres of 112 Emergency Healthcare Services
22) Public Hospitals
23) Research and Teaching Hospitals
24) Branch Hospitals
25) Oral and Dental Health Centres and Hospitals
26) Rehabilitation Centres
27) Ministry of Health Cancer Early Diagnosis Screening and Training Centres (KETEM)

Secondary Internal Stakeholders

Secondary internal stakeholders are the individuals, units, institutions, organisations and groups that will directly influence the implementation, monitoring, evaluation and auditing of the activities carried out within the scope of the Strategic Plan and the services provided by the Ministry of Health. The indirect internal stakeholders included in this group was identified by the stakeholder analysis as the following:

1. The Higher Council of Health
2. The Internal Auditing Unit
3. Inspectors and Internal Auditors

Tertiary Internal Stakeholders

Tertiary internal stakeholders are the individuals, units, institutions, organisations and groups that will not directly influence the implementation, monitoring, evaluation and auditing of the activities carried out within the scope of the Strategic Plan and the services provided by the Ministry of Health, but may indirectly affect the institution by the reports they prepare, the decisions they make, and the implementations thereof.

1. Governors
2 District Governors

1.8.2. ASSESSMENT OF EXTERNAL STAKEHOLDERS

Primary External Stakeholders

Primary external stakeholders are the institutions, organisations and groups that are directly or indirectly affected by the services provided and the activities carried out within the scope of the Strategic Plan by the Ministry of Health or that directly grant permission, endorsement or approval and provide political, legal, financial and technical support for these activities. They include:

1. Citizens
2. Grand National Assembly of Turkey
3. Prime Ministry
4. Ministry of Finance
5. Ministry of Development
6. Ministry of Family and Social Policies
7. Ministry of National Education (MONE)
8. Ministry of Food, Agriculture and Livestock
9. Ministry of Environment and Urbanization
10. Ministry of Forestry and Water Affairs
11. Ministry of Interior
12. Ministry of Labor and Social Security
13. Ministry of Culture and Tourism
14. Ministry For European Union Affairs
15. Ministry of Justice
16. Council of State
17. Constitutional Court
18. Turkish Court of Accounts
19. Court Cassation(Supreme Court of Appeals of the Republic of Turkey)
20. Social Security Institution (SSI)
21. Disaster and Emergency Management Presidency (AFAD)
22. Council of Higher Education (YÖK)
23. Housing Development Administration of Turkey (TOKİ)
24. Turkish Statistical Institute (TÜİK)
25. Universities
26. State Personnel Administration (DPB)
27. The Scientific and Technological Research Council of Turkey (TÜBİTAK)
28. Tobacco and Alcohol Market Regulatory Authority (TAPDK)
29. Turkish Atomic Energy Agency (TAEK)
30. Turkish Accreditation Agency
31. Military Healthcare Institutions
32. Special Provincial Administrations
33. Municipalities

Secondary External Stakeholders

Secondary external stakeholders are the institutions, organisations or groups that are directly or indirectly affected by the services provided and activities carried out within the scope of the Strategic Plan by the Ministry of Health or that indirectly grant permission, endorsement or approval and provide political, legal, financial and technical support to these activities. They include:

1. Ministry of Economy
2. Ministry of Youth and Sports
3. Ministry of Science, Industry and Technology
4. Ministry of Transportation, Maritime Affairs and Communications
5. Ministry of Customs and Trade
6. Ministry of National Defence
7. Ministry of Foreign Affairs
8. Ministry of Energy and Natural Resources
9. Radio and Television Supreme Court (RTÜK)
10. Turkish International Cooperation and Development Agency
11. Presidency of Religious Affairs
12. Turkish National Police
13. Institution of Forensic Medicine
14. General Directorate for Highways
15. Turkish Standards Institution (TSE)
16. Undersecretariat for Defense Industries
17. Central Bank
18. Southeastern Anatolia Project Regional Development Administration
19. General Directorate for Foundations
20. Public Administration Institute for Turkey and the Middle East

Tertiary External Stakeholders

Tertiary external stakeholders are the national and international institutions, organisations or groups that are directly or indirectly affected by the services provided and activities carried out within the scope of the Strategic Plan by the Ministry of Health or that may indirectly affect the Ministry positively or negatively by the decisions they make and implementation and thereof.

They include:

1. Professional Associations
   - Turkish Medical Association
   - Turkish Dental Association
   - Turkish Pharmacists' Association and etc.
2. Unions
3. Private Healthcare Organisations
4. Associations
   - The Red Crescent
   - The Green Crescent
   - Association of Research-based Pharmaceutical Companies
   - Association of Private Hospitals and Healthcare Institutions
   - Association of Patient and Patient Relatives' Rights
   - Federation of Family Physicians
   - Association of Public Health Specialists
   - Turkish Nursing Association
   - Association of Health Administrators
   - Turkish Midwives Association
5. International Stakeholders of the Ministry of Health
   - World Health Organization (WHO)
   - United Nations
   - European Union
   - UNICEF
   - UNESCO
   - UNDP
   - UNAIDS
   - UNFPA
   - World Bank
   - OECD
   - International Labor Organization
6. Other Non-governmental Organisations (NGO)

1.9. SWOT ANALYSIS

We used the meetings with, and the survey of, the stakeholders to carry out a SWOT analysis, which is one of the most important steps of strategic analysis.

Strengths

A deeply-rooted organisational culture and institutionalized structure
Determined decision-making and execution
A positive image in the public, the public's trust and support for the administration
Having carried out social security reform
Continuity of the HTP, which has been a successful health policy
Qualified, highlyeducated, experienced, competent and dedicated personnel welcoming innovation with intrinsic ethical values and team spirit
Performance-based supplementary payment for employees
Openness to the use of modern management techniques and technologies
Excellent cooperation with all public institutions/private sector facilities and national and international organisations
Successful management of overseas healthcare services
Availability of "revolving funds" for healthcare services in addition to the general budget funds
A larger share of Gross Domestic Product (GDP) spent on health expenditures

Weaknesses

Undersupply of health service personnel to meet the demand for services and institutional requirements
Obsolete, noncompliant, complex and inadequate regulation
Dispersed arrangement of central organisation units
Occasional resistance to novelty and change
Despite gradual decrease in bureaucracy and paperwork, failure to reach the desired speed in processes and procedures
Rapid changes in demographic movements and urbanisation

Opportunities

Atmosphere of stability in our country
Young population in our country
Increase in the resources to be allocated for healthcare services with increased national income
Restructuring of the MoH in line with contemporary norms
Establishment of the public hospital unions
Rolling out of services aimed at health promotion and improving life styles
Increased quality of employment in the health sector
Expanding the use of information and communication technologies in healthcare facilities due to the advancement of technology
Rapid transformation into a knowledge society and greater attention given to research and development
Increased interest in the concept of strategic management
Development of policies in conformity with Health 2020, the WHO European Health Policy Framework
Close relations with international organisations and agencies
Allowance and facilitation of "off-set practices"
Enabling the establishment of free health zones
Enhanced health tourism

Threats

Increasing rate of obesity in the population
Reduced total fertility rate and society aging
Regional wars and political instability
Global and/or regional economic crises
Probable threats to health from neighboring and nearby countries
A risk of an accelerated spread of epidemics due to increased demographic mobility
The emergence of newly defined and unpredicted diseases due to unexpected changes in existing diseases
Natural disasters and environmental threats

1.10. STRATEGIC ISSUES

We identified strategic issues to ensure protection of individuals and the community from health risks in an equitable manner, human-centred health service and good health. We aimed at contributing to national development and global health with these goals.

A. To improve leadership and participatory governance

- To strengthen the leadership role of health
- To improve health governance
- To align health with non-health governance

B. To work together on common policy priorities in health

1) To invest in health through a life course approach and strengthen the role of individuals.
   - Healthy women, mothers and babies
   - Healthy children and adolescents
   - Healthy adults
   - Healthy elderly
   - Health for vulnerable groups
   - Equity in health
   - Active participation of the individual in decisions regarding their own health
2) To tackle major disease burdens.
   - Non-communicable diseases
   - Mental health
   - Accidents and injuries
   - Communicable diseases
3) To strengthen human-centred health systems, public health capacity and emergency preparedness, surveillance and response
   - Health systems
   - Public health services
   - To improve accessibility and quality of health services
   - Health resources

4) To cooperate within the framework of International Health Regulations for emergency preparedness and response affecting global public health

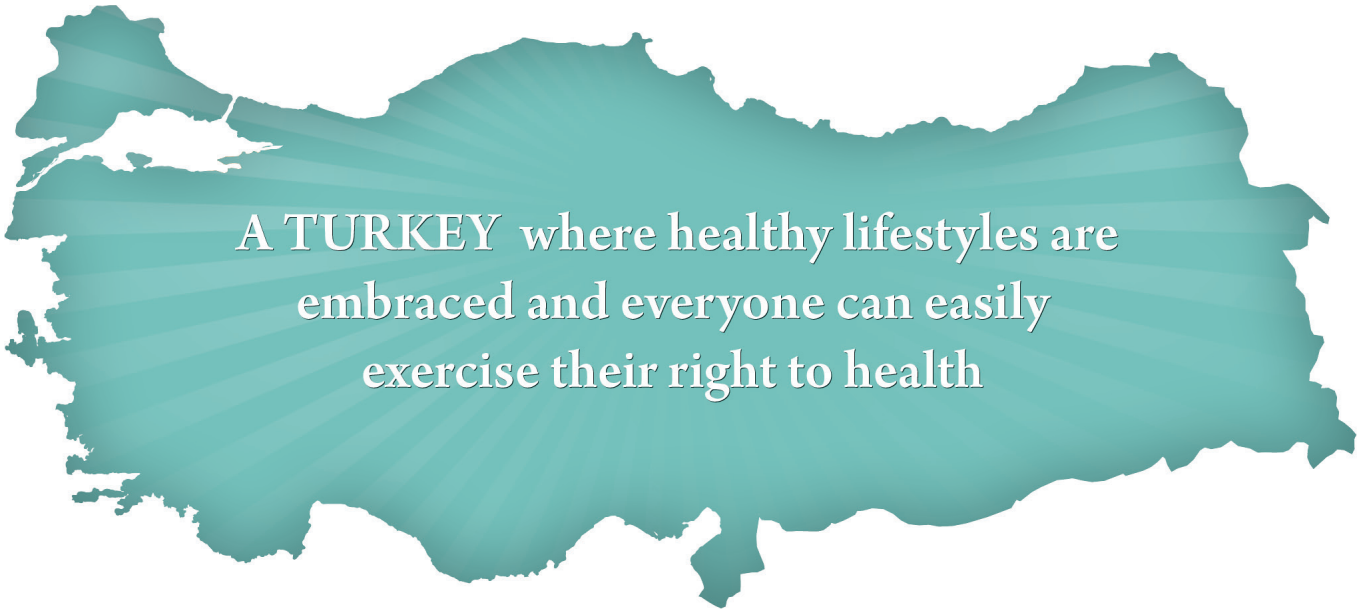
5) To create supportive environments for health and resilient communities

- Physical environment
- Urban environment
- Local administrations and civil society organisations
- Social determinants of health
- Sustainable development

PART I I

STRATEGIC DESIGN

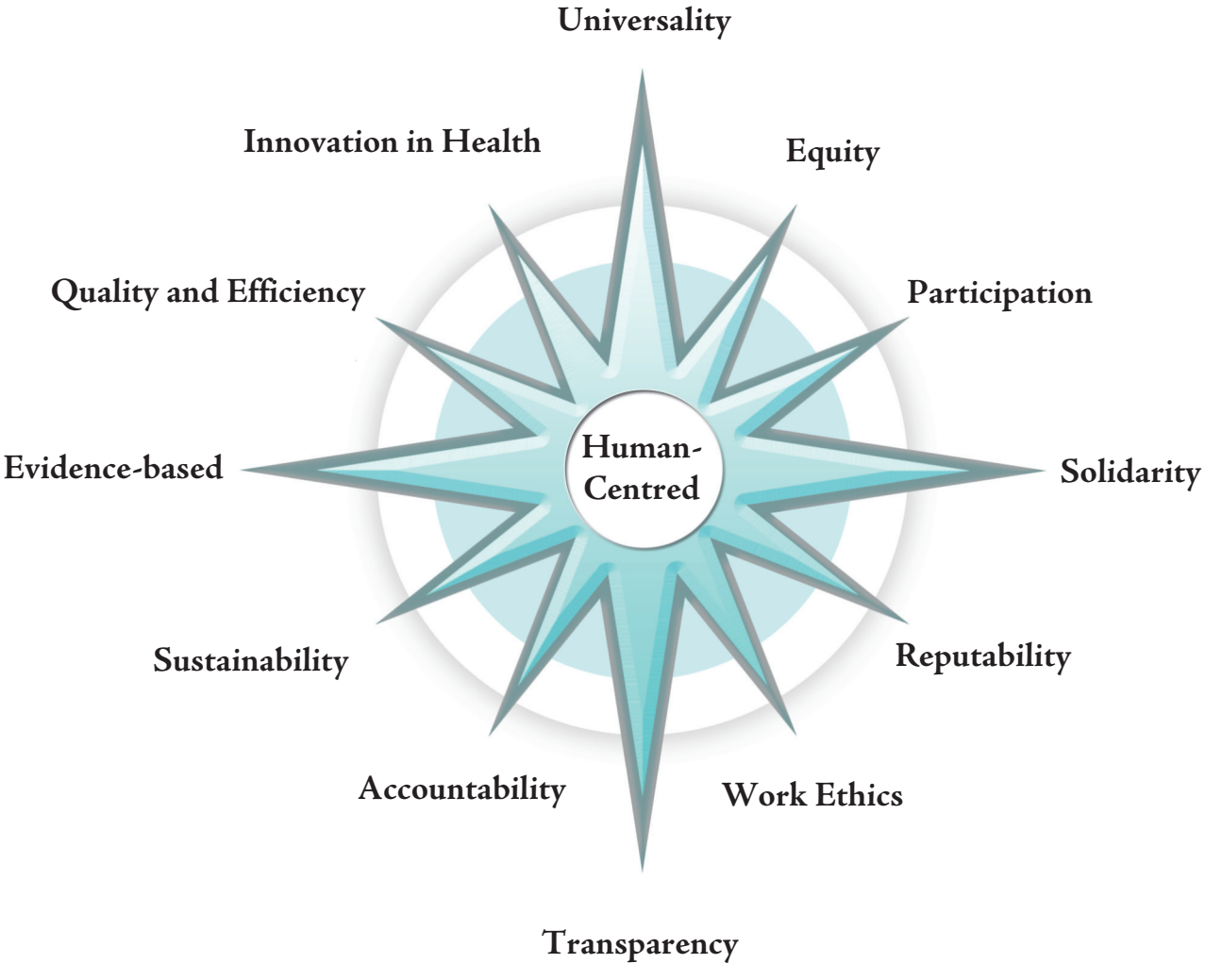
2.1. VISION


A TURKEY where healthy lifestyles are
embraced and everyone can easily
exercise their right to health

2.2. MISSION

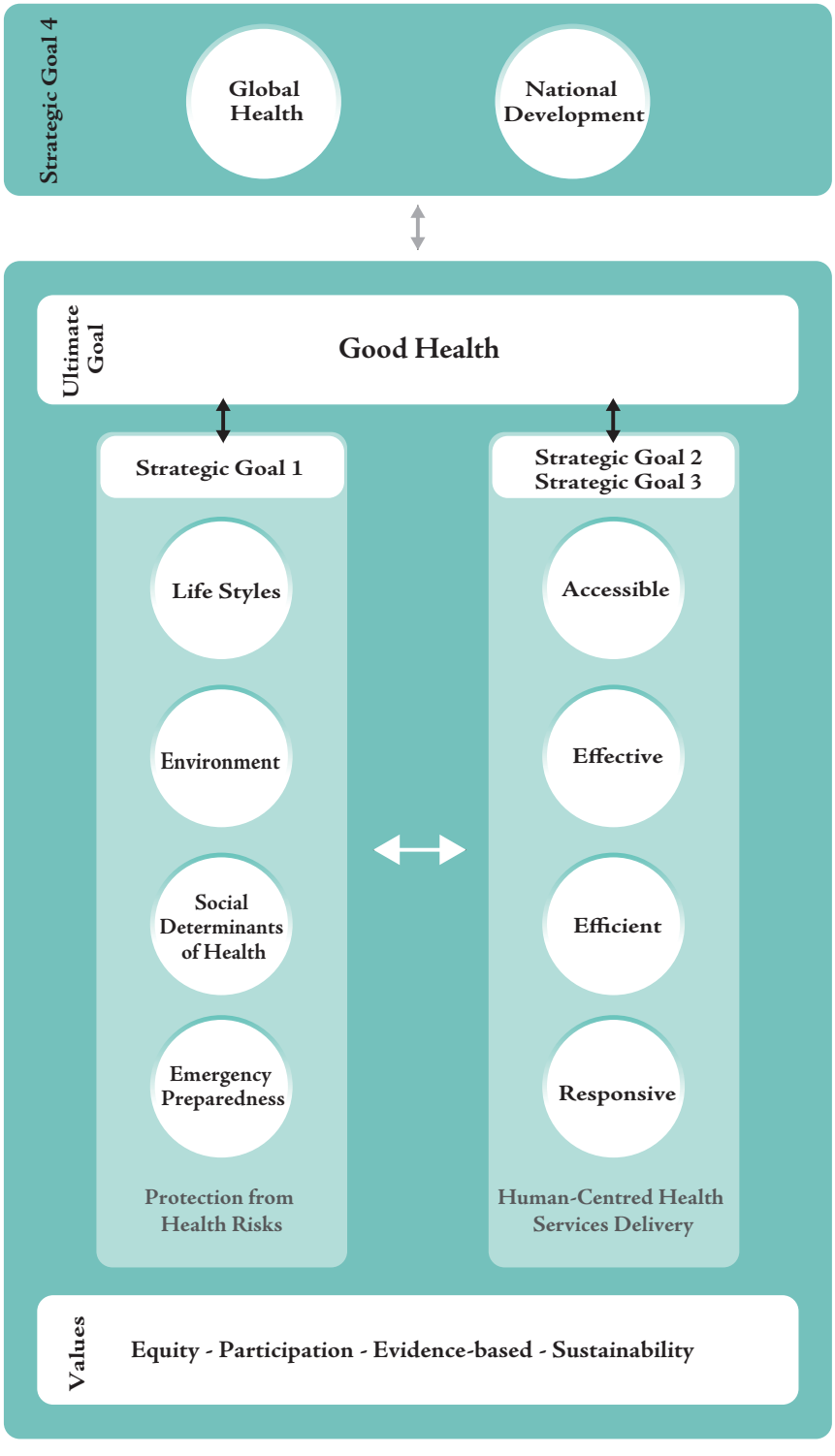
To maximise the protection of individual and community health with a human-centred approach and to offer timely, appropriate and effective solutions to health problems

2.3. FUNDAMENTAL PRINCIPLES AND VALUES



▸ ***Figure 9.*** *Fundamental Principles and Values*

2.4. GOALS, OBJECTIVES AND STRATEGIC OBJECTIVES



▸ ***Figure 10.*** *Strategic Plan Matrix*

Ultimate Goal:

To protect and improve the health of our people in an equitable manner

Strategic Goal 1

To protect the individual and the community from health risks and foster healthy life styles

Strategic Goal 2

To provide accessible, appropriate, effective, and efficient health services to individuals and the community

Strategic Goal 3

To respond to the health needs and expectations of individuals based on a human-centred and holistic approach

Strategic Goal 4

To continue to develop the health system as a means to contributing to the economic and social development of Turkey and to global health

Strategic Goal 1

To protect the individual and the community from health risks and foster healthy life styles

All kinds of measures must be taken in order to protect individuals and the community against all health risks. These measures must aim at both the individual and the environment. The most important way to protect people from many health risks is to establish healthy behaviours. Behaviour change benefits both the individual and the community. On the other hand, efforts must be made to reduce the adverse effects on health of environmental, social and occupational risks, as well as emergencies and disasters. In this way, it will be possible to fight both communicable and non-communicable diseases as well as their risk factors.

The main principle of protecting individuals and the community against health risks and promoting healthy life styles is to implement "Whole of Government" and "Whole of Society" approaches and to address social determinants of health by putting health at the centre of all policies. However, ultimate success can only be achieved by every individual taking responsibility of his/her own health and by establishing a healthy environment.

OBJECTIVE 1.1. To develop healthy dietary habits, increase the level of physical activity and to reduce obesity

Objective-Oriented Strategies

1.1.1. To change individual dietary and physical activity behaviours through health promotion programmes

- To organise national campaigns to promote healthy dietary habits, increase the level of physical activity and reduce obesity
- To organise activities to be supported by societal role models to promote healthy diets and physical activity
- To organise seminars, conferences and competitions, etc. for students and enlisted soldiers and draftees to promote healthy diets and physical activity
- To establish a hotline to provide counseling on obesity and physical activity to promote healthy diets and physical activity

- To monitor behavioural change programmes to promote healthy nutrition and physical activity
- To ensure that the individuals monitor the impact and outcomes of the programmes to promote healthy nutrition and physical activity

1.1.2. To develop standards for identification, monitoring and treatment of overweight individuals.

- To develop monitoring and treatment standards for monitoring of children of risk for obesity and chronic diseases
- To develop monitoring and treatment standards for over-weight patients
- To establish a data collection system to monitor people's life styles (diet, exercise etc.)
- To inform patients about healthy dietary habits and physical exercise
- To develop standards for hospital food according to the programme to fight obesity

1.1.3. To facilitate healthier food choices

- To contribute to inter-sectoral coordination and cooperation to improve food safety and nutritional quality
- To ensure inter-sectoral coordination and cooperation to reduce sugar, fat and salt content
- To ensure the establishment of a food labelling system to promote healthy food choices
- To establish health protection standards for food advertisements
- To monitor food supplement advertisements and ensure that sanctions are enforced in the event of adverse reactions

OBJECTIVE 1.2. To sustain the fight against tobacco and to reduce the exposure to tobacco and the use of addictive substances

Objective-Oriented Strategies

1.2.1. To prevent the use of tobacco and addictive substances through health promotion programmes

- To organise national campaigns within the framework of the fight against tobacco and addictive substances
- To organise activities to be supported by societal role models within the framework of the fight against tobacco and addictive substances
- To organise seminars, conferences and competitions, etc. for students, enlisted soldiers and draftees within the framework the fight against tobacco and addictive substances

1.2.2. To improve governance in the fight against the use of tobacco and addictive substances

- To prepare a National Tobacco Control Programme and Action Plan for 2013-2017
- To combat overt and covert advertisements within the framework of the fight against tobacco
- To improve the measures to ensure the implementation of bans in indoor areas within the framework of the fight against tobacco
- To prepare an action plan for the fight against non- alcohol, substance abuse and implement, monitor and evaluate its performance
- To implement, monitor and evaluate the Alcohol Control Programme of Turkey

1.2.3. To improve smoking cessation services

- To strengthen the integration of smoking cessation services within primary healthcare services
- To support smokers who wish to quit smoking through Smoking Cessation Hotlines and polyclinics

1.2.4. To improve the provision of preventive, curative and rehabilitative services for other addictive substances

- To improve prevention programmes for other additive substances
- To improve the provision of curative and rehabilitative services offered by the Alcohol and Addictive Substances Abuse Treatment Centres (AMATEMs)

OBJECTIVE 1.3. To develop health literacy to increase individuals' responsibility for their health

Objective-Oriented Strategies

1.3.1. To identify, monitor and increase the level of health literacy in the population

- To establish a surveillance system to monitor the level of health literacy
- To increase the training, infrastructure and technological capacity for people to enable them to take more responsibility for their health
- To ensure inter-sectoral cooperation to promote health literacy
- To carry out joint activities with the Ministry of Education in order to incorporate health literacy into the curricula of primary and secondary education
- To update the curricula for health and hygiene courses so that they can serve as a basis for developing health literacy
- To develop capacity-building programmes for trainers and teachers of health literacy
- To raise student awareness of health promotion by cooperating with the Council of Higher Education (YÖK)
- To establish bachelor's and master's degree programmes in health promotion by cooperating with the Council of Higher Education (YÖK)

1.3.2. To strengthen communication efforts aimed at improving health literacy in the society

- To organise campaigns to inform people about how to access authoritative health information
- To update the written information and the documents given to patients in order to make them easier to understand
- To develop informational materials for patients with chronic diseases and disadvantaged groups

OBJECTIVE 1.4. To raise awareness of reproductive health and encourage healthy behaviours

Objective-Oriented Strategies

1.4.1. To change individuals' behaviours through programmes and activities aimed at promoting reproductive health

- To organise campaigns to raise awareness of reproductive health and promote healthy behaviours
- To organise activities on "special days and weeks" to raise awareness of reproductive health and promote healthy behaviours
- To organise activities for students and enlisted soldiers and draftees in order to raise awareness of reproductive health and promote healthy behaviours

1.4.2. To improve reproductive health services

- To develop training materials to enhance communication between individuals and health staff in reproductive health service delivery
- To modernise reproductive health services to better respond to the needs of individuals
- To strengthen reproductive health services provided by healthcare facilities
- To set up a 24/7 hotline for counseling on reproductive health services

1.4.3. To improve reproductive health services for abortions

- To hold training and information programmes to reduce abortions as a means of contraception
- To provide psychological support to women having miscarriages or medically indicated abortions

1.4.4. To improve the effectiveness of pre-marital counseling services via inter-sectoral cooperation

- To support pre-marital counseling services in order to raise awareness of reproductive health and to promote healthy behaviours

OBJECTIVE 1.5. To reduce the impact on health of public health emergencies and disasters

Objective-Oriented Strategies

1.5.1. To strengthen disaster preparedness

- To decrease the health risks of emergencies by preparing an emergency communication plan
- To update hospital disaster plans and oversee standardisation of their implementation

1.5.2. To strengthen coordination during disasters

- To coordinate implementation of the disaster plans in 29 health regions of Turkey
- To increase the training, infrastructure and technological capacity of Disaster and Emergency Coordination Centre of the Turkish Ministry of Health (SAKOM)

1.5.3. To improve service delivery during and after emergencies and disasters

- To develop a risk management plan for disasters and emergencies
- To enhance the quantity and quality of equipment and intervention teams within the framework of disaster preparedness and response
- To improve the quantity and quality of National Medical Rescue Team (UMKE) members
- To hold training programmes and exercises to protect against and respond to chemical, biological, radiological, nuclear and industrial (CBRN-I) attacks
- To set up psycho-social teams to provide services during and after disasters and emergencies

OBJECTIVE 1.6. To protect and promote the health and well-being of employees by improving occupational health

Objective-Oriented Strategies

1.6.1. To increase employee and employer awareness of occupational health

- To organise training programmes and campaigns in order to protect, improve and raise awareness of occupational health
- To cooperate with SSI and labour unions in order to improve and raise awareness of occupational health

1.6.2. To strengthen occupational disease surveillance

- To organise training programmes and campaigns and to prepare legislation to avoid occupational accidents and increase reporting of them when they occur
- To organise training programmes and campaigns and to prepare legislation to prevent occupational diseases
- To establish a recording system and prepare regulations to increase identification and reporting of occupational diseases

1.6.3. To improve the delivery of occupational health services

- To integrate basic occupational health services into primary healthcare services
- To organise training programmes and prepare legislation to improve the quality of occupational medicine
- To develop occupational and employee safety programmes for healthcare personnel

OBJECTIVE 1.7. To mitigate the negative impact on health of environmental hazards

Objective-Oriented Strategies

1.7.1. To increase public awareness of the negative health impact of environmental hazards

- To improve training programmes, campaigns and legislation to decrease the negative health impact of environmental hazards
- To increase the training, infrastructure and technological capacity to decrease the negative impact of electromagnetic pollution, global warming and climatic changes on human health and increase public awareness of these matters
- To continue the monitoring and analysis of the products falling under the jurisdiction of the Ministry of Health in order to ensure consumer safety

1.7.2. To cooperate with relevant agencies to reduce the risk of carbon monoxide poisoning

- To organise training programmes and campaigns to prevent carbon monoxide poisoning
- To increase the number of inspections in cooperation with relevant agencies to prevent carbon monoxide poisoning

1.7.3. To reduce the negative impact of water, air and land pollution on environmental and human health

- To organise inter-sectoral cooperation to minimise the negative impact of water, air and land pollution and hazardous substances on environmental and human health
- To ensure the treatment of polluting sources for the purpose of minimising the negative impact of polluted water, air and land on environmental and human health.
- To ensure hygienic production of bottled water; and to carry out inspections to ensure clean and safe distribution to consumers

OBJECTIVE 1.8. To carry out effective actions on social determinants of health by mainstreaming health in all policies

Objective-Oriented Strategies

1.8.1. To establish policies and programmes that ensure health equity and that influence social determinants of health within the framework of multi-sectoral cooperation

- To identify the roles and responsibilities of the sectors to make health and health equity a common value among them
- To enhance the capacity for education, infrastructure and technology for the purpose of strengthening inter-sectoral cooperation
- To evaluate and follow-up the impact of multi-sectoral cooperation on health equity
- To conduct studies addressing social determinants of health and give feedback and impose legal sanctions when necessary

1.8.2. To strengthen inter-sectoral cooperation in high-priority areas

- To ensure inter-sectoral cooperation to improve the physical environment
- To ensure inter-sectoral cooperation to improve the biological environment
- To ensure inter-sectoral cooperation to improve the chemical environment
- To ensure inter-sectoral cooperation to improve the human habitat
- To ensure inter-sectoral cooperation to improve healthy nutrition
- To ensure inter-sectoral cooperation to improve the management of non-communicable diseases
- To ensure inter-sectoral cooperation to improve the safe and rational use of medical devices
- To ensure inter-sectoral cooperation to improve occupational health
- To ensure inter-sectoral cooperation for disaster preparedness and prevention of accidents
- To ensure inter-sectoral cooperation to improve evidence-based health communication

OBJECTIVE 1.9. To combat and monitor communicable diseases and risk factors

Objective-Oriented Strategies

1.9.1. To organise training programmes and campaigns to promote general hygiene and hand-washing

1.9.2. To strengthen the surveillance system for early diagnosis and management of communicable diseases

- To strengthen the early warning system for communicable diseases
- To develop a national hospital infection surveillance system
- To strengthen the laboratory capacity to diagnose communicable diseases

1.9.3. To sustain and strengthen communicable and zoonotic diseases control programmes

- To improve water and food-borne disease programmes
- To improve vaccine-preventable disease programmes
- To improve respiratory system disease programmes
- To improve the National Tuberculosis Control Programme within the scope of the Stop-TB Strategy
- To improve the HIV/AIDS National Action Programme Framework, including comprehensive prevention, diagnosis, treatment, care and support to prevent the spread of HIV/AIDS
- To prepare an action plan for the new communicable diseases that are of growing importance due to climatic changes

OBJECTIVE 1.10. To reduce and monitor the incidence of non-communicable disease and risk factors

Objective-Oriented Strategies

1.10.1. To raise awareness of non-communicable diseases and risk factors

- To organise training programmes and campaigns on non-communicable diseases and risk factors

1.10.2. To establish a surveillance system to monitor and manage non-communicable diseases

1.10.3. To strengthen the prevention and control programmes for non-communicable diseases

- To increase the training, infrastructure and technological capacity to improve the Prevention and Control Programme for Cardiovascular Diseases
- To increase the training, infrastructure and technological capacity to improve the Prevention and Control Programme for Diabetes
- To increase the training, infrastructure and technological capacity to improve the prevention and control programme for Chronic Respiratory Diseases
- To increase the training, infrastructure and technological capacity to improve the National Cancer Control Programme
- To increase the training, infrastructure and technological capacity to improve the National Mental Health Action Plan
- To prepare an action plan for the Prevention and Control Programme for Musculoskeletal System Diseases

Strategic Goal 2

To provide accessible, appropriate, effective and efficient health services to individuals and the community

Strengthening the capacity of the system and improving its quality and safety are necessary to provide individuals and the community with accessible, appropriate, effective and efficient healthcare. In this regard, preventive, emergency, curative and rehabilitative services must be integrated in such a way to include traditional and complementry medical practices. Their integration must be supported by improving human resources for health, ensuring rational use of pharmaceuticals and biological products, and developing health technologies and health information systems. Service provision must be regularly monitored and evaluated to ensure evidence-based decisions.

OBJECTIVE 2.1. To improve the quality and safety of health services

Objective-Oriented Strategies

2.1.1. To continue to improve healthcare services in terms of administration, structure and function

- To update the quality standards for public and private healthcare institutions
- To establish common criteria for licensing, monitoring and evaluation of public and private healthcare institutions
- To periodically evaluate compliance of public and private healthcare institutions with these quality standards
- To update the procedures related to management and use of pharmaceuticals and medical devices to be used in public and private healthcare institutions
- To strengthen the mechanisms aimed at ensuring confidentiality and safety of health data
- To ensure the accreditation of public and private healthcare institutions
- To organise training programmes to improve the management, leadership and coaching skills of health managers

2.1.2. To improve the quality and safety of primary healthcare services

- To improve the quality standards of primary healthcare services
- To improve, monitor and inspect the clinical quality standards in primary healthcare services
- To prepare, roll out and update evidence-based clinical guidelines for primary healthcare institutions
- To improve safety standards for patients and staff in primary health care services
- To establish an outcome-oriented monitoring and evaluation system in primary healthcare services
- To conduct periodic work and work-load analysis for Family Health Centres
- To ensure that all family physicians are specialists

2.1.3. To improve the quality and safety of diagnostic and curative services

- To improve the quality standards for diagnostic and curative services
- To improve, monitor and inspect the clinical quality standards for hospitals
- To prepare, roll out and update evidence-based clinical guidelines for hospitals
- To use a clinical team approach in the delivery of services at hospitals
- To improve the safety standards for patients and staff at hospitals
- To conduct periodic-work and work-load analysis for hospitals
- To improve the infrastructure and the capabilities of the Public Health Laboratories
- To establish international reference laboratories
- To update hospital infection control programmes
- To develop a monitoring and evaluation capacity to identify and prevent medical malpractices

- To strengthen the management capacity of blood and blood product services in collaboration with the Turkish Red Crescent to stop the suffering of individuals seeking blood transfusions and blood products
- To update the national guidelines in order to ensure proper utilisation of blood and blood products
- To raise public awareness of the importance of blood donation
- To organise training programmes and campaigns to increase organ and tissue donation
- To strengthen human resources, technology and training capacity in organ and tissue transplantation services
- To strengthen human resources, technology and training capacity of Turkey Stem Cell Coordination Centre (TÜRKÖK)
- To improve the clinical quality in dialysis services

2.1.4. To improve the quality and safety of rehabilitation services

- To improve the quality standards of mental health services
- To integrate psychiatric clinics into community-based healthcare services
- To improve the quality and safety of healthcare services provided in psychiatric clinics
- To adapt the education and in-service training of mental health staff to the community-based mental health model
- To improve the quality standards of physical therapy and rehabilitation centres
- To develop and roll out evidence-based rehabilitative services in physical therapy clinics
- To improve the quality and standards of the services needed for advanced rehabilitation

OBJECTIVE 2.2. To protect and improve maternal, child and adolescent health

Objective-Oriented Strategies

2.2.1. To protect and improve maternal health

- To develop a surveillance system for pregnancies and births
- To improve and implement the existing care management guidelines within the framework of safe motherhood services
- To improve the service provision for the monitoring of women's health between the ages of 15-49 years
- To improve and sustain vitamin and mineral supplementation programmes for pregnant women and breastfeeding mothers
- To improve and sustain the Guest Mother Programme
- To improve and sustain emergency obstetric care programmes
- To roll out the mother-friendly hospital programme in order to ensure that all births take place in safe environments
- To make the structural changes (infrastructure, human resources, technology, etc.) needed to reduce unnecessary Cesarean section rates
- To organise training events and campaigns to increase the awareness of the importance of exclusive breastfeeding in the first 6 months of life and of supplemental breastfeeding between 6 months–2 years of age

2.2.2. To protect and improve neonatal and infant health

- To update neonatal and infant monitoring protocols
- To improve and implement breast-milk bank programmes in order to prevent acute nutrition disorders
- To improve and sustain vitamin and mineral supplementation programmes for infants
- To improve and sustain neonatal and infant screening and treatment programmes

- To improve neonatal intensive care and resuscitation practices and to increase staff capacity in these areas
- To develop and implement programmes to reduce congenital anomalies and related mortality
- To improve and sustain the programmes implemented to reduce premature births and related mortality

2.2.3. To protect and improve child and adolescent health

- To update the monitoring protocol for children
- To improve the monitoring protocol for adolescents
- To establish Child Monitoring Centres throughout the country
- To structure health centres in such a way to facilitate access to youth-friendly services
- To improve the programmes that support the psycho-social development of children and adolescents
- To improve the programmes implemented to reduce the ratio of children with acute nutrition disorders
- To sustain the programmes supporting healthy nutrition for children aged 6-24 month in addition to breastfeeding in order to prevent chronic nutrition disorders
- To conduct research to update the percentile figures for children aged 0-18 years for Turkey

OBJECTIVE 2.3. To ensure the effective utilisation of preventive and essential health services

Objective-Oriented Strategies

2.3.1. To roll out the use of health promotion and healthy life style programmes

- To roll out the implementation of the Programme to Combat Obesity
- To roll out the implementation of the Prevention and Control Programme for Diabetes
- To roll out the implementation of the Prevention and Control Programme for Tobacco
- To roll out the implementation of the Prevention and Control Programme for Cardiovascular Diseases
- To roll out the implementation of the Prevention and Control Programme for Chronic Respiratory Diseases

2.3.2. To increase access to primary healthcare services

- To sustain the immunisation services by updating them according to scientific developments
- To sustain the neonatal screening programmes in line with scientific developments
- To increase the number of family physicians
- To improve and sustain mobile health services
- To roll out mobile pharmacies in rural areas
- To organise training and support programmes to increase the awareness of the importance of family medicine services

2.3.3. To increase the utilisation of preventive dental care services

- To improve and implement the programme on preventive dental care services
- To organise events supported by societal role models to increase the awareness of the importance of preventive dental care services
- To organise events on "special days and weeks" to increase the awareness of the importance of preventive dental care services

2.3.4. To improve preventive mental health services

- To enhance the infrastructure and increase the technological and educational capacity of providers for the purpose of improving mental health services to children and adolescents
- To improve the implementation of the Support Programme for the Psychosocial Development of children aged 0-6 years
- To improve programmes that provide psycho-social support to pregnant women

2.3.5. To improve and expand the scope of cancer screening programmes

- To strengthen the organisational capacity for cancer registration
- To organise events supported by societal role models to increase the awareness of the importance of early diagnosis of cancer
- To organise events on "special days and weeks" to increase the awareness of the importance of early diagnosis of cancer
- To improve cancer screening programmes
- To open new Early Diagnosis, Screening and Training Centres for Cancer (KETEM)

OBJECTIVE 2.4. To sustain appropriate and timely access to emergency care services

Objective-Oriented Strategies

2.4.1. To increase the proper use of emergency call services

- To organise events supported by societal role models to increase the awareness of the proper use of the emergency call services
- To organise training programmes for school-age children to increase the awareness of the proper use of emergency call services

2.4.2. To improve the emergency response system

- To continue to renew ambulance models
- To improve the air ambulance system
- To improve the sea ambulance system.
- To increase the quantity and improve the quality of motorised emergency aid teams
- To train Call Centre personnel in panic management and in responding to calls
- To improve and sustain the emergency care services provided in difficult to access regions due to geographical and weather conditions

2.4.3. To improve emergency care services in hospitals

- To improve the professional and quality standards of emergency service staff
- To inform patients in the emergency room about the service delivery process
- To train emergency care service staff on basic security, communication and stress management
- To organise training programmes and information campaigns aimed at increasing the awareness of the proper utilisation of emergency care services

2.4.4. To reduce the negative health impact of accidents, injuries, and poisoning

- To cooperate with the relevant sectors on road safety
- To organise training programmes and campaigns aimed at increase the awareness of first aid training
- To provide first aid training to teachers, security officials, enlisted soldiers and draftees
- To update the first aid curricula in primary and secondary education in cooperation with the Ministry of Education
- To establish training programmes on first aid knowledge and skills for the public

OBJECTIVE 2.5. To improve the integration and continuity of care by strengthening the role of primary healthcare

Objective-Oriented Strategies

2.5.1. To improve the practice of family medicine

- To integrate health promotion and healthy life style programmes into the practice of family medicine
- To strengthen the roles of family health staff (midwives/nurses) in the implementation of maternal and child health programmes
- To strengthen the mobile health services provided by the family physicians in the rural areas
- To develop programmes that ensure the rational use of drugs by family physicians
- To establish a feedback system to allow family physicians to access information about the diagnostic and medical procedures received by their registered patients in other healthcare institutions
- To ensure that family physicians are at the centre of the management of chronic diseases

2.5.2. To strengthen the integration of other primary healthcare services into the family practice system

- To integrate geriatric health services into the family medicine system
- To improve the integration of home care services into the family medicine system
- To improve the integration of mental health services into the family medicine system
- To improve integration of palliative health care services for cancer patients into the family medicine system

2.5.3. To strengthen the integration of family medicine into hospital and laboratory services

- To strengthen the infrastructure and technological capacity of family medicine laboratory services
- To develop a system that will enable family physicians to consult with relevant specialists
- To improve the hospital appointment system by integrating it into the family medicine system
- To improve laboratory services by integrating them into the family medicine system

OBJECTIVE 2.6. To control and reduce complications of non-communicable diseases

Objective-Oriented Strategies

2.6.1. To increase the awareness of the importance of complications of non-communicable diseases

- To organise events supported by societal role models to raise awareness of the importance of complications of non-communicable diseases
- To organise events on "special days and weeks" to raise awareness of the importance about complications of non-communicable diseases

2.6.2. To improve the quality of healthcare services for chronic diseases

- To establish a management system for complications of chronic diseases by integrating primary healthcare and hospital services
- To identify, monitor and evaluate clinical quality standards for complications of chronic diseases
- To establish programmes to address the social and psychological problems that may occur due to complications of chronic diseases

OBJECTIVE 2.7. To strengthen the regulations of traditional, complementary and alternative medical practices to ensure their effectiveness and safety

Objective-Oriented Strategies

2.7.1. To develop evidence-based policies and programmes on traditional, complementary and alternative medical practices

- To make an evidence-based definition of traditional, complementary and alternative medical practices
- To improve measures to prevent abuse of traditional, complementary and alternative medical practices
- To establish an evidence-based licensing programme for traditional, complementary and alternative medical service providers

2.7.2. To improve the governance of evidence-based traditional, complementary and alternative medical practices

- To ensure inter-sectoral cooperation on evidence-based traditional, complementary and alternative medical practices
- To identify service standards for evidence-based traditional, complementary, and alternative medical practices
- To build the capacity to monitor, evaluate and inspect evidence-based traditional, complementary and alternative medical practices
- To hold training programmes and campaigns aimed at rational use of evidence-based traditional, complementary and alternative medical products

2.7.3. To improve the quality of traditional, complementary and alternative medical practices

- To develop quality standard guidelines for evidence-based traditional, complementary and alternative medical practices
- To develop standards for the training of providers of evidence-based traditional, complementary and alternative medical practices
- To identify clinical quality standards for providers of evidence-based traditional, complementary and alternative medical practices

OBJECTIVE 2.8. To continue to improve the distribution, competences, and motivation of human resources for health, and to ensure the sustainability of human resources for health

Objective-Oriented Strategies

2.8.1. To improve the distribution of human resources for health

- To develop simulation models for human resource planning at macro and micro levels
- To improve the dynamic staff distribution programmes in compliance with health service delivery needs
- To sustain the health staff employment model that aims to achieve inter-regional equity

2.8.2. To increase the competence of human resources for health

- To update the description of the tasks, rights and responsibilities of health occupations
- To describe the tasks, rights and responsibilities of new health occupations
- To improve the programmes for health staff that aims to continue their personal development and professional training
- To adapt the curricula for health occupations to the health policies in cooperation with the Ministry of National Education and Higher Education Council, and to update and sustain them
- To develop programmes that enable healthcare staff to develop their professional experience abroad
- To develop national and international tele-medicine practices to improve the competence of the human resources for health in Turkey
- To increase the number of programmes enabling health managers to work in international organisations with the aim of increasing their knowledge and experience
- To develop dynamic training programmes for health managers that are specific to their status and that will increase their managerial competence

2.8.3. To improve the motivation of human resources for health

- To organise training and information programmes aimed at increasing the respect for healthcare personnel
- To improve the governance-based management system for healthcare institutions
- To sustain the performance-based supplementary payment system by improving equity
- To sustain the improvements in the personal rights of health staff

2.8.4. To ensure the sustainability of human resources for health

- To continue to cooperate with the Higher Education Council to increase the human resources for health
- To increase the number of international training opportunities to enhance the human resources for health

OBJECTIVE 2.9. To improve the capacity, quality and distribution of the health infrastructure and technologies and to ensure their sustainability

Objective-Oriented Strategies

2.9.1. To improve the capacity, quality and distribution of the infrastructure of healthcare institutions

- To continue to improve the physical infrastructure and security conditions of healthcare organisations
- To complete the construction of environmentally-friendly health campuses through Public-Private Partnership Model
- To implement energy and water saving measures in healthcare institutions
- To ensure that all the buildings of all health institutions are earthquake-resistant
- To continue to improve the architectural and structural standards for healthcare institutions
- To develop a hospital ship

2.9.2 . To improve the capacity, quality and distribution of health technology

- To carry out joint work programmes with internationally accredited organisations in the area of health technologies
- To continue to plan the rational use and distribution of health technology resources
- To inspect the compliance of medical devices with hardware and technology standards
- To develop medical quality criteria for efficiency and effectiveness of medical devices for diagnosis and treatment, and to monitor and inspect the compliance with these criteria

OBJECTIVE 2.10. To ensure accessibility, safety, efficacy and rational use of drugs, biological products and medical devices, and the safety of cosmetic products

Objective-Oriented Strategies

2.10.1. To ensure that drugs, biological products and medical devices are of high quality, accessible, safe and efficient

- To improve, monitor and evaluate quality standards for pharmaceuticals, biological products and medical devices
- To develop, monitor and evaluate evidence-based implementation standards for medical devices used for treatment purposes
- To organise awareness-raising events to increase the reporting of adverse effects of pharmaceuticals, biological products and medical devices
- To activate the pharmaco-vigilance system
- To increase the number of inspections for Good Pharmaco-vigilance Practices (GPvP), Good Clinic Practices (GCP) and Good Manufacturing Practices (GMP)
- To improve the evaluation of applications and licensing processes for pharmaceuticals
- To authorise and inspect manufacturers, dealers, distributors, calibration agencies, technical repair and maintenance service departments and notifying bodies
- To activate a warning and registration system under the Turkish National Information Bank of Pharmaceuticals and Medical Devices (TİTUBB) and establish a monitoring system
- To increase Market Surveillance and Inspection (MSI) of medical devices

2.10.2. To ensure the rational use of drugs and medical devices

- To conduct activities to raise the awareness of rational use of pharmaceuticals and medical devices
- To improve the guidelines for the rational use of pharmaceuticals and medical devices
- To monitor and evaluate the rational use of pharmaceuticals and medical devices

2.10.3. To ensure the safety of cosmetic products

- To establish a registration system for cosmetic products
- To activate cosmeto-vigilance activities and to establish a monitoring system for cosmetics
- To increase market surveillance of cosmetic products
- To conduct activities aimed at raising the awareness of proper use of cosmetic products

OBJECTIVE 2.11. To enhance the health information systems for monitoring and evaluation of, and evidence-based decision-making for the health service delivery system

Objective-Oriented Strategies

2.11.1. To improve the Turkish Health Information System which established to collect health data in a joint database and share the data in a safe environment

- To complete the integration of all family physicians, hospitals and other facilities with Health-Net
- To ensure that the Health Net-integrated e-prescription system is used by all the physicians
- To develop and roll out the Health Net-integrated clinical radiology database
- To integrate the Pharmaceutical Track&Trace System (PTTS) with Health-Net
- To integrate the Core Resource Management System (CRMS) with Health-Net
- To establish and roll out a Public Health Information System (PHIS)

2.11.2. To develop an Electronic Health Record system and a portal to collect, monitor and provide safe access to and sharing of personal health records

- To provide access to personal health data through e-government or Health.Net
- To establish systems that enable people to reach all their health data and share them with others by using mobile devices
- To use social networks and mobile applications to increase people's health awareness and to obtain their feedback on health services

2.11.3. To establish data silos for the "Decision Support System" that has been established to plan health services and improve data mining practices

- **To r**oll out the utilisation of the Decision Support Systems
- To improve the IT infrastructure required for data mining activities
- To establish Geographical Information Systems integrated within the Decision Support System
- To ensure that health data are reported in line with the standards identified by international organisations and agencies
- To establish a system that will enable access to all health research and health information at one single point

2.11.4. To improve health IT standards in order to increase e-health practices by service providers and users and to roll out e-health practices

- To update the National Health Data Dictionary in line with new requirements
- To improve administrative and financial datasets in health
- To improve the Public Health Information System datasets
- To update the codes and classification systems in the Health Coding Reference Server (HCRS)
- To improve "Interoperability" practices in cooperation with stakeholders
- To develop standards for image archiving, communication and sharing
- To identify standards in Tele-Medicine and Tele-Health
- To establish standards for the mutual sharing of health data with the European countries

2.11.5. To ensure the integration of health information systems into Health.Net and to roll it out to improve the quality and efficiency of service provision and to increase access to health services

- To roll out the Tele-Medicine and Tele-Health services
- To support homecare services with mobile technologies
- To establish the "digital hospital" concept in the healthcare institutions under the Ministry of Health and its affiliates
- To provide medical counseling (e-family medicine) via Internet
- To establish an e-appointment system that will cover all healthcare institutions
- To establish remote follow-up of patients via institutional mobile practices and attachable wireless sensors
- To establish an information and communication platform via a portal for physicians

2.11.6. To improve the quality and security standards for the people and institutions using the Health Information Systems

- To establish hardware and software standards for the institutional procurement process for health information systems
- To improve the software standards used in health IT

2.11.7. To improve the quality and the security standards for the sector developing Health Information Standards

- To register and certify the companies active in the field of health IT, software products and the users of their products
- To establish standards for Hospital Information Management Systems (HIMS) and Family Medicine Information Systems (FMIS) and ensure their accreditation

2.11.8. To identify and implement the confidentiality, security and privacy principles for personal and institutional health records within the framework of information security and protection ofpersonal privacy

- To prepare and implement legislation on processing, sharing of personal health data and ensuring the privacy of data
- To improve and roll out information security policies
- To ensure personal and institutional security in Health.Net, and the software used in family medicine and hospital information management systems
- To establish inter-sectoral cooperation when rolling out the systems (e-signature, smart phone, new Turkish Republic Smart Identity Card, etc.) used for identity validation and authorisation in health information systems

Strategic Goal 3

To respond to the health needs and expectations of individuals based on a human-centred and holistic approach

The "individual" must be at the centre of the health system. The role of the individual within the system must be strengthened and access to health services for individuals with specific health needs must be facilitated. All individuals must also be protected against financial risks. The health system must respond to the needs and expectations of both individuals and the health staff.

OBJECTIVE 3.1. To strengthen the role of individuals in order to ensure their active participation in decisions regarding their healthcare

Objective-Oriented Strategies

3.1.1. To increase the awareness among individuals of the need for their active participation in decisions regarding their healthcare

- To cooperate with Ministry of National Education in order to increase the awareness at schools of the need for active participation of individuals in decisions regarding their healthcare
- To organise training, information, and media campaigns to ensure the active participation of individuals in decisions regarding their healthcare
- To improve the capacity of Patient Rights Units to better respond to the needs and expectations of individuals.

3.1.2. To initiate behaviour change among healthcare staff to encourage individuals to actively participate in decisions regarding their healthcare

- To cooperate with the Ministry of Education and the Council of Higher Education (YÖK) to change the curricula in the health departments of universities to ensure the active participation of individuals in decisions regarding their healthcare
- To develop training and information programmes that will initiate behaviour change among healthcare staff to facilitate the active participation of individuals in decisions regarding their healthcare

- To improve the right-to-choose-a-physician in such a way so as to better respond to the needs and expectations of individuals

3.1.3. To develop health communication channels to better respond to the needs and expectations of individuals

- To improve the way the Ministry of Communication Centre (SABIM) functions in order to make it more human-centred and solution-oriented
- To improve the web site and social networking sites of the Ministry of Health to better respond to the needs and expectations of individuals
- To improve the web site and social networking sites of healthcare providers to better respond to the needs and expectations of individuals
- To support the relevant sectors of social determinants of health in order to share correct information on web sites and social networking sites so that the health-related needs and expectations of individuals would be met
- To provide guidance and support to radio, television and internet programmes to increase the roles of individuals and to ensure their active participation in decisions regarding their healthcare.

3.1.4. To better respond to the needs and expectations of individuals

- To establish hotlines, press and visual media programmes so that they can respond to the needs and expectations of individuals
- To improve the infrastructure and education capabilities of counseling units that provide information to patients and relatives regarding service delivery in healthcare facilities
- To establish legal regulations to inform patients about diseases

OBJECTIVE 3.2. To better meet the needs of individuals with special needs due to their physical, mental, social, or economic conditions by ensuring easier access to appropriate health services

Objective-Oriented Strategies

3.2.1. To improve healthcare services provided to disabled individuals

- To ensure that architectural and landscape planning in healthcare facilities ensures easier access for disabled persons
- To improve the infrastructure, technology and education to ensure easier access of people with disabilities to healthcare services
- To cooperate with the Ministry of Family and Social Policies and other relevant institutions on the provision of healthcare services to people with disabilities

3.2.2. To improve the delivery of homecare services

- To organise information and media campaigns to raise awareness among individuals of homecare services
- To improve the infrastructure, technology and education of departments delivering homecare services
- To ensure inter-sectoral cooperation in the area of homecare services
- To establish an alarm system for severely ill patients and people living alone to ensure their fast and timely access to care

3.2.3. To improve mental healthcare services

- To improve the infrastructure, technology and education of institutions delivering mental healthcare services
- To increase the quality and quantity of community-based mental health centres
- To develop programmes on widespread developmental disorders and specific learning disabilities within the scope of psychosocial development of children
- To develop training and support programmes to raise awareness of the need for suicide prevention
- To monitor and assess how the media reports suicide cases as news and provide guidance to the media on this issue
- To cooperate with other sectors to meet the needs of persons with mental disorders in terms of care, employment and psychosocial support

3.2.4. To improve healthcare services within the framework of gender equality and combat violence against women

- To cooperate with the Ministry of Family and Social Affairs and the other relevant institutions on gender equality and violence against women
- To organise training events and seminars to increase awareness of gender equality issues and violence against women among health professionals
- To improve the quality and extent of counseling, treatment and rehabilitation services at healthcare institutions within the framework of combat violence against women

3.2.5. To improve healthcare services for the elderly

- To develop healthy ageing programmes that encourage individuals to adopt a healthy, safe and socially active lifestyle
- To improve the infrastructure, technology and education to facilitate access of the elderly to the healthcare services
- To improve the practices that give priority to the elderly in health care services.
- To cooperate with the Ministry of Family and Social Policies and other relevant institutions to promote healthy ageing and socialisation of the elderly

3.2.6. To improve the healthcare services provided to individuals with low income

- To cooperate with relevant sectors to increase the health status and social welfare of individuals with low income
- To improve the conditional health benefits provided to children between 0 and 6 years of age and pregnant women, in cooperation with the Ministry of Family and Social Policies
- To ensure that hotels on Health Campuses can accommodate low-income relatives of patients free of charge

OBJECTIVE 3.3. To contribute to ensuring equity in the financing of health services and protection of individuals from financial risks

Objective-Oriented Strategies

3.3.1. To carry out activities that contribute to ensuring equity in the financing of healthcare services

- To cooperate with the Turkish Statistical Institute in national health accounts activities to monitor equity in health financing
- To cooperate with the Social Security Institution (SSI) and the Ministries of Finance and Development to reduce inequity in the financing of healthcare services

3.3.2. To improve the practices that protect individuals against impoverishment due to health expenses

- To continue providing healthcare services in emergency and intensive care units free of charge in public and private hospitals
- To continue not to charge extra for burn injuries, cancer treatment, organ transplants, congenital abnormalities, dialysis treatment and cardiovascular surgery in private hospitals
- To decrease the number of visits to private physician offices by improving the physical conditions and quality of healthcare services in public facilities
- To improve the legal arrangements to prevent physicians from receiving unlawful payments from their patients
- To carry out research studies to determine the number of households incurring catastrophic expenditures and the reasons for these expenditures in order to minimise catastrophic health expenditures
- To cooperate with the Social Security Institution and the Ministries of Finance and Development to improve the health services financing and universal health insurance with the aim of decreasing catastrophic health expenditures

OBJECTIVE 3.4. To increase the satisfaction of individuals with their health services and that of health workers with their working conditions

Objective-Oriented Strategies

3.4.1. To increase the level of satisfaction among patients and healthcare staff

- To continue to analyze the perceptions and expectations of individuals in terms of healthcare services
- To continue to carry out studies such as Patient Satisfaction with Healthcare Service Surveys
- To continue to evaluate feedback from individuals regarding healthcare services
- To continue to measure service quality and medical quality provided by healthcare facilities
- To continue to analyze the perception and expectations of healthcare staff
- To continue to carry out studies such as Healthcare Personnel Satisfaction Surveys
- To continue to evaluate the feedback provided by healthcare staff
- To improve the physical working environment, the technological equipment, and the social opportunities provided to healthcare staff

Strategic Goal 4

To continue to develop the health sector as a means to contributing to the economic and social development of Turkey and to global health

The health system should contribute to the economic and social development of a country. The system must therefore be financially sustainable and innovation must be promoted. The contribution of the health sector to the economy and health tourism in particular must be strengthened. The performance of the system must be monitored and the contribution of health to the economy measured in order to document its importance. In addition, a country should also seek to contribute to the development of global health policies and to global health.

OBJECTIVE 4.1. To maintain the financial sustainability of the health system without compromising service quality through the implementation of evidence-based policies

Objective-Oriented Strategies

4.1.1. To establish a dynamic structure that defines and detects problems in order to preserve the financial sustainability of the health system

- To determine the areas requiring change or reform in terms of healthcare service delivery and to estimate their costs
- To identify changes in factors on the supply side of the health system (health premiums, new treatment technologies, and options, etc.) and to estimate their costs
- To determine changes in the factors on the demand side of the health system (demographical changes, life styles, chronic diseases, expectations, etc.) and to estimate their costs
- To monitor changes in macroeconomic conditions (e.g., economic growth, the share of health in the budget, the share of health in GDP) in Turkey and to measure the impact of these changes on the health system

4.1.2. To develop programmes and methods to ensure the optimum use of resources in order to maintain the financial sustainability of the health system without compromising service quality

- To increase the share of the budget allocated to programmes on preventive health and healthy lifestyles
- To establish cooperation in order to integrate healthcare services with social care to ensure a more effective and efficient use of resources
- To improve the performance-based payment system to promote the rational use of drugs and medical devices
- To continue the implementation of global budgets in health, taking into account total cost
- To continue to meet the need for drugs and supplies in healthcare institutions through minimum stock and mass purchase methods
- To improve controlled and sustainable investment programmes such as public-private partnerships in health
- To improve the use of health technologies based on evidence-based policies and cost effectiveness
- To increase the use of medical protocols (standards) prepared in conformity with the clinical guidelines and to ensure uniform implementation
- To improve and increase the delivery of day surgeries and procedures in healthcare institutions
- To improve the programmes that will decrease the cost of administrative and bureaucratic procedures in healthcare institutions
- To improve the education, infrastructure and technological capacity for financial management in health

4.1.3. To monitor and assess programmes implemented to preserve the financial sustainability of healthcare services without compromising quality

- To monitor programmes implemented to preserve the financial sustainability of health system through budget realisation and financial analysis
- To establish cooperation with relevant organisations and institutions to improve the infrastructure, training, and technological capacity with a view to monitoring and assessing the financial sustainability of the health system

4.1.4. To convert the payment system for Ministry of Health staff into an Outcome-Oriented Financing Model

- To develop parameters related to health, finance and management for an Outcome-Oriented Financing Model by developing Diagnosis-Related Groups (DRG)
- To improve the training, infrastructure, and technological capacity to introduce an Outcome-Oriented Financing Model in healthcare institutions
- To cooperate with the relevant institutions to develop an Outcome-Oriented Financing Model

OBJECTIVE 4.2. To monitor health system performance and to document its contribution to health and the national economy

Objective-Oriented Strategies

4.2.1. To develop, monitor and evaluate the performance measurement system for 2013-2017 Strategic Plan of the Ministry of Health

- To improve the training, infrastructure and technological capacity to develop a performance measurement system for the 2013-2017 Strategic Plan
- To identify key performance indicators for each department to measure the achievement of the strategic objectives
- To monitor the achievement level of each strategic objective
- To develop performance reports for managers from all organisational levels of the Ministry of Health

4.2.2. To develop and institutionalise the Turkish Health System Performance Assessment (THSPA)

- To improve the training, infrastructure and technological capacities to carry out THSPA
- To perform a THSPA study for the Turkish health system every year with the participation of all stakeholders
- To ensure the dissemination of the THSPA results to national and international institutions and organisations
- To monitor and evaluate international health system performance assessment

4.2.3. To establish evidence for the contribution of health to the national economy

- To carry out research to measure the impact of health on education, labour markets and savings
- To carry out research to measure the impact of health on the macro and micro economy
- To carry out research to measure the impact of health on social welfare

OBJECTIVE 4.3. To promote research, development and innovation in priority fields of the health sector

Objective-Oriented Strategies

4.3.1. To develop support programmes to promote research, development and innovation in health

- To develop programmes to support institutions that carry out R&D activities in the field of healthcare services
- To support the foundation of clinical research and innovation centres
- To develop programmes to support institutions engaged in R&D studies on cell, tissue, organ and nerve engineering
- To develop programmes to support institutions engaged in R&D studies on health nanotechnology and biotechnology
- To promote the production of vaccines within Turkey and to ensure that at least two vaccines are produced with all stages of production being carried out in Turkey

OBJECTIVE 4.4. To foster the contribution of the health sector to the economy

Objective-Oriented Strategies

4.4.1. To develop activity that will increase the contribution of the health sector to the economy

- To establish Free Health Zones.
- To promote Off-Set Procurement in health.
- To improve the programmes that are aim to open up the local pharmaceuticals and medical device industry to the world
- To develop programmes to increase the exports of medical products and services
- To establish a product tracking system for the medical devices and cosmetic products and integrate it into the Pharmaceutical Track&Trace System (PTTS), and to reduce the size of the informal sector
- To promote the use of local products in the health facilities

OBJECTIVE 4.5. To strengthen health tourism in Turkey

Objective-Oriented Strategies

4.5.1. To launch promotions and to become a destination centre for health tourism

- To cooperate with the Ministry of Culture and Tourism to promote the health tourism at the international level
- To cooperate with the Ministry of Culture and Tourism to promote the health tourism to the foreigners in our country
- To establish promotional campaigns on health tourism at international fairs
- To cooperate with the international airlines for the promotion of health tourism
- To establish cooperation with the other sectors in order to integrate health tourism with the other tourism services

4.5.2. To improve the quality of the service provision in health tourism

- To identify the standards for the health facilities to provide health tourism services
- To increase the infrastructure, training and technological capacity of the health facilities providing health tourism services
- To increase the number of the accredited health facilities providing health tourism services
- To carry out national and international inspection of the health tourism facilities

4.5.3. To expand the scope of health tourism services

- To identify the standards of thermal tourism (Hot Spring + Spa & Wellness) and health tourism for elder care
- To increase the infrastructure, training and technological capacity of thermal tourism (Hot Spring + Spa & Wellness) and health tourism for elder care
- To increase the number of the accredited facilities providing thermal tourism (Hot Spring + Spa & Wellness) and health tourism services for elder care
- To ensure the integration of health tourism activities with evidence-based alternative medicine practices

4.5.4. To improve the health tourism governance

- To establish scientific counseling boards to ensure that health tourism practices are carried out as evidence-based
- To continue the cooperation with the sectors on investment, planning and incentives within the framework of health tourism
- To cooperate with the other sectors to identify the education standards for the intermediary/support staff to work in health tourism services and to provide their education in cooperation with the Ministry of Education and the Council of Higher Education

OBJECTIVE 4.6. To be among the leaders in the development and implementation of global and regional health policies

Objective-Oriented Strategies

4.6.1. To increase the capacity in global and regional health issues

- To increase the infrastructure, training and technological capacity on global and regional health policies
- To continue close cooperation with the key organisations (WHO, OECD, UNICEF, ECDC, etc.) related to global and regional health policies
- To increase the financial resources for global and regional health services

4.6.2. To influence global and regional health priorities

- To educate experts to increase the quantity and quality of the representation of our country in international health institutions
- To prepare scientific documents (reports, articles, communiqués, etc.) that identify the priorities and strategies of international health policies
- To increase the infrastructure, training and technological capacity in order to closely follow and assess global and regional health policies and practices.
- To establish communication networks with international representative offices and relevant institutions that are strong in the area of health
- To cooperate with the national and international professional organisations, NGO's and the private sector
- To carry out activities with the framework of the EU Acquis

4.6.3. To become a role model for other countries on the matters of international importance

- To become a role model on emergency, disaster and crises preparedness
- To become a role model on the global combat against smoking
- To become a role model improving maternal and child health indicators in a short time
- To become a role model on the Guest Mum Project.
- To become a role model for eliminating of measles.
- To become a role model for eliminating of malaria.
- To become a role model for making the number of typhoid cases sporadic.
- To become a role model for the establishment of a Communication Centre within the Ministry of Health.
- To become a role model on the regulation of the prices of pharmaceuticals.
- To become a role model on the Pharmaceutical Track&Trace System that follows the drugs at every stage.
- To become a role model on mobile pharmacy.
- To become a role model on the cost-effective use of advanced health technology.

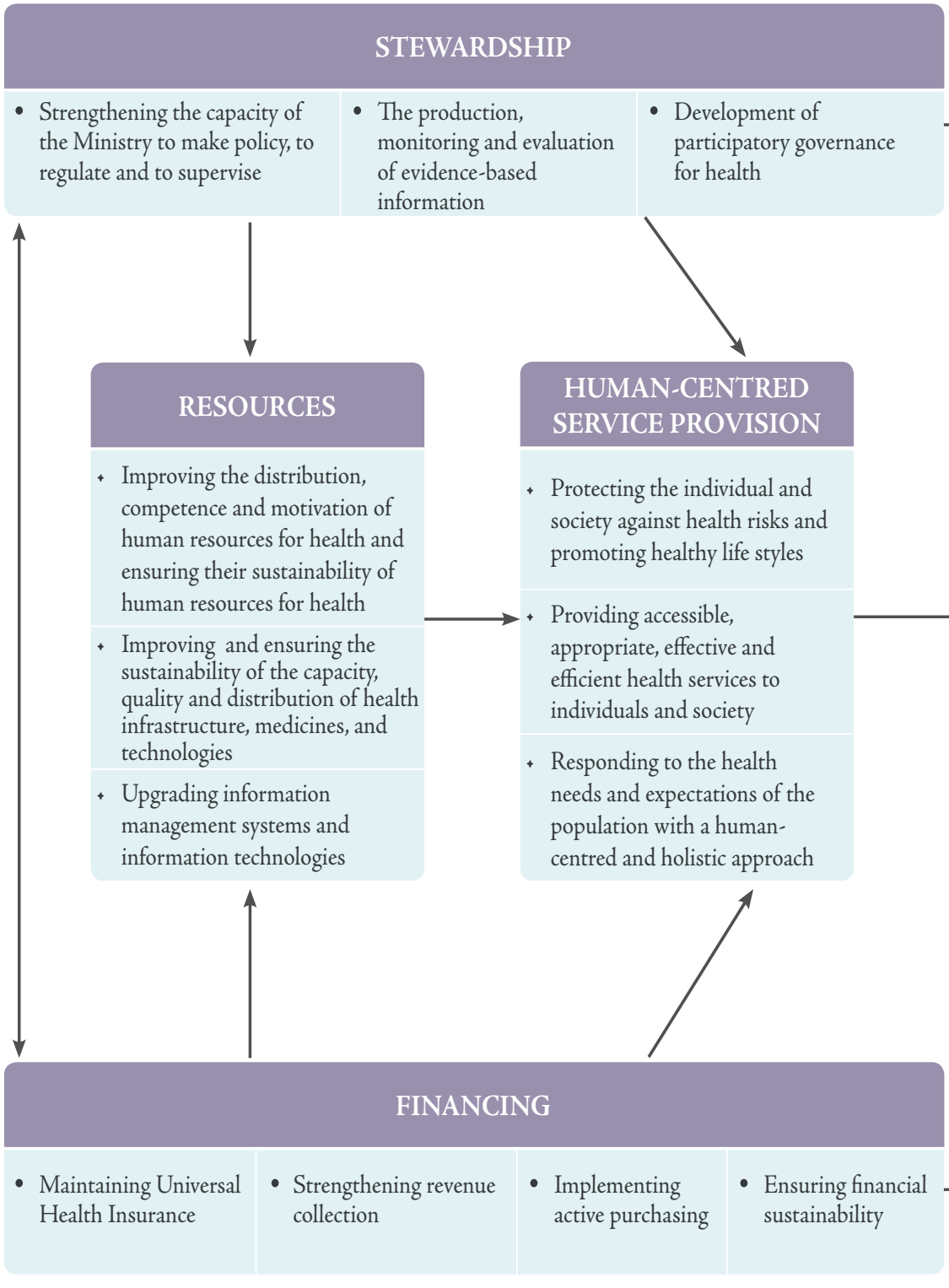
OBJECTIVE 4.7. To contribute to global health through cooperation and development aid

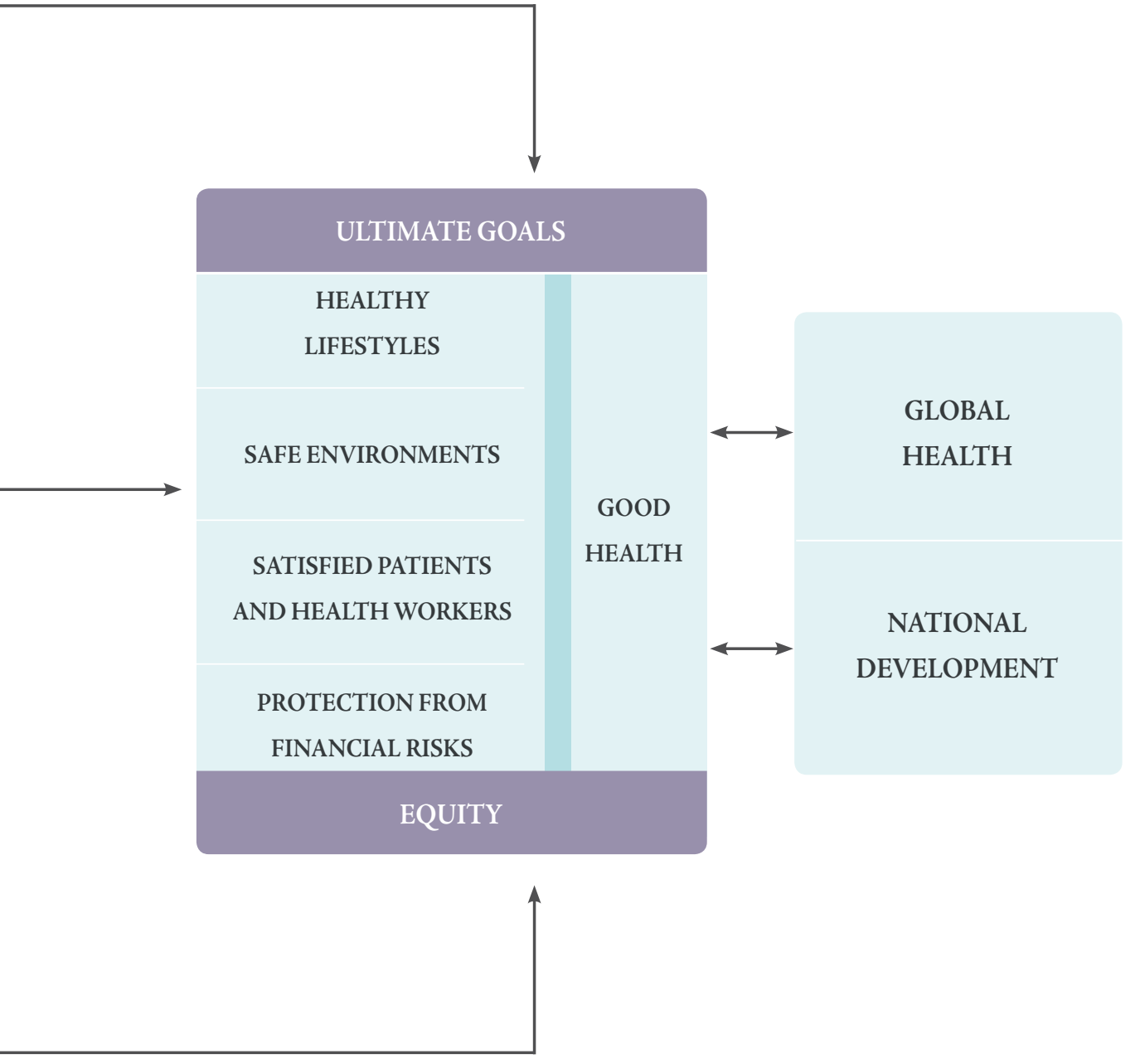
Objective-Oriented Strategies

4.7.1. To increase the amount of humanitarian aid and development aid to countries in need of aid at the global and regional level

- **To** continue to support countries at the global and regional level in emergencies and disasters
- To continue to support countries at the global and regional level in the area of health management and provision
- To continue to provide investment, personnel, pharmaceuticals and medical device support to countries at regional and global levels

2.5. TURKISH HEALTH SYSTEM STRATEGIC MAP





▸ ***Figure 11.*** *Turkish Health System Strategic Map*

Strategic Map

We revised the Turkish Health System Performance Assessment strategic map based on the 2013-1017 Strategic Plan of our Ministry (Figure 11). Specifically, we used the goals and objectives of strategic plan as the basis for drawing up the map.

The strategic map contains the following dimensions: stewardship, resources, financing, service delivery, ultimate goal, global health and national development. Each is explained below.

A. Stewardship

The Ministry of Health of Turkey is the national authority entrusted with stewardship of the health sector and charged with protecting and promoting the health of the Turkish people. In this context it formulates policies, sets out fundamental rules and principles, conducts inspections and monitors and evaluates the performance of the health system. Other responsibilities include enhancing governance, raising awareness of other sectors of importance for health, ensuring inter-sectoral cooperation, making legal amendments and utilising the management information systems.

B. Resources

Resource generation includes physical infrastructure, equipment, medical devices, supplies, medicines, human resources as well as information technologies. Physical infrastructure must be developed in sufficient number and be of adequate quality to ensure access to health services. Furthermore, appropriate technology must be available to ensure the delivery of quality health services. Ensuring a balanced distribution of healthcare personnel as well as encouraging and motivating employees are also important components. Finally, increasing the speed, reliability and ease of information exchange as well as use of information technologies are critical dimensions of resource generation.

C. Financing

Healthcare financing includes revenue collection, pooling of funds as well as purchasing of services and procurement of goods. Efficient mechanisms for raising and managing funds for health are essential for financial sustainability.

The goal of the health financing system is to protect individuals and families against catastrophic and impoverishing health expenditures.

D. Service Delivery

Reducing health risks and preventing diseases through preventive healthcare services are one of the main pillars of health service delivery. In this context, it is important to raise public awareness of the importance of healthy lifestyles and to facilitate that individuals take responsibility for their health.

Health service delivery should be evidence-based, focus on patient and employee safety and be effective and high-quality.

E. Ultimate Goal

Avoiding disease and meeting people's expectations of healthy living are the main principles of human-centred healthcare systems.

In order to achieve equity, one should ensure that people, who are in need of healthcare services, make contributions to the financing of services according to their ability to pay. The healthcare system should also be responsive to the non-health expectations of the users to ensure a high-level of satisfaction with the health system.

The ultimate goal of health policy in Turkey is to increase the health, welfare and happiness of its population. Whether this goal will be reached or not will be determined by the progress made on basic health indicators.

F. Global Health and National Development

A healthcare system should help the economic and social development of a country. To this end, the system must be financially sustainable and the system's performance should be monitored on a regular basis. A strong domestic health system will enable Turkey to play a leading role in the development of global health policies.

PART III

LINKAGES BETWEEN THE STRATEGIC PLAN AND HIGH-LEVEL POLICY DOCUMENTS

Table 6. *Links between the Objectives of the 9th Development Plan and the Strategic Plan of the Ministry of Health 2013-2017*

ECONOMIC AND SOCIAL DEVELOPMENT AXES												
I. INCREASING COMPETITIVE POWER			**II. INCREASING EMPLOYMENT**			**III. STRENGTHENING HUMAN DEVELOPMENT AND SOCIAL SOLIDARITY**			**IV. ENSURING REGIONAL DEVELOPMENT**			**V. INCREASING QUALITY AND EFFICIENCY OF PUBLIC SERVICES**		
1	Making Macroeconomic Stability Permanent	O:4.1 O:4.2 O:4.3 O:4.5	1	Developing Labour Force Market	O:1.8 O:2.7 O:2.8 O:2.10 O:4.3 O:4.4 O:4.5	1	Activating the Health System	O:1.8 O:1.9 O:2.1 O:2.2 O:2.3 O:2.4 O:2.5 O:2.6 O:2.7 O:2.8 O:2.9 O:2.10 O:3.2 O:3.3 O:3.4 O:4.1 O:4.2 O:4.3 O:4.4 O:4.6 O:4.7	1	Activating Regional Development Policies at the Central Level	O:1.8 O:4.1 O:4.3 O:4.5 O:4.6 O:4.7	1	Rationalisation of Inter-organisational Authority and Responsibilities	O:1.1 O:1.2 O:1.3 O:1.4 O:1.5 O:1.6 O:1.7 O:1.8 O:1.9 O:4.3 O:4.5 O:4.6 O:4.7
2	Improvement of Working Environment	O:1.6 O:2.7 O:2.8	2	Increasing Sensitivity of Education towards Labour Force Demand	O:1.4 O:2.7 O:2.10 O:3.2	2	Improving Income Distribution, Social Inclusion, Fight Against Poverty	O:3.1 O:3.2 O:3.3 O:3.4	2	Ensuring Institutional Capacity at the Local Level	O:2.1 O:2.4 O:2.7 O:2.8 O:2.10 O:4.2 O:4.4	2	Increasing Policy Formation and Implementation Capacity	O:1.8 O:2.10 O:4.1 O:4.2 O:4.4 O:4.6
3	Improving the Financial System	O:3.4 O:4.1 O:4.2 O:4.3				3	Increasing Efficiency of Social Security System	O:2.1 O:2.2 O:2.4 O:2.9 O:2.10 O:3.1 O:3.2 O:3.3 O:3.4 O: 4.1 O:4.2 O:4.4	3	Ensuring Development in Rural Areas	O:1.2 O:2.1 O:2.2 O: 2.3 O:2.4 O:2.7 O:2.8 O:3.2 O:3.4	3	Developing Human Resources in the Public Sector	O:1.6 O:2.7
4	Protection of Environment and Improving Urban Infrastructure	O:1.7 O:1.8										4	Dissemination and Activating E-State Applications	O:2.8 O:2.10 O:4.4
5	Developing Research & Development and Innovation	O:2.8 O:2.9 O:2.10 O:4.4										5	Improving Justice System	O:3.1 O:3.2 O:3.4
6	Disseminating Information and Communication Technologies	O: 1.9 O:2.8 O:2.9 O:2.10										6	Activating Security Systems	O:1.4 O:1.8 O:2.8 O:3.3
7	Shifting to Production Structure with High Added Value in Industry and Services	O:1.6 O:1.8 O:2.1 O:2.8 O:4.1 O:4.3 O:4.4												

▸ ***Table 7.*** *Links between the Tallinn Charter and Objectives of the Strategic Plan of the Ministry of Health 2013-2017*

Commitment to Act	MoH Str.Obj	Strengthening Health Systems from Assessment to Action	MoH Str. Obj	Financing of the System	MoH Str.Obj	Fund Raising	MoH Str. Obj	Stewardship	MoH Str. Obj
Promote shared values of solidarity, equity and participation	3.1, 3.2, 3.3, 3.4, 4.6, 4.7	Distribute burden of funding fairly according to people's ability to pay	3.3	Reduce financial barriers to needed services and protect against financial risk of using care	3.2, 3.3	Long-term planning and investment to respond to changing healthcare needs and service delivery models	2.8, 2.9, 2.10, 2.11, 4.1, 4.4, 4.5	Address social, economic and environmental determinants of health	1.7, 1.8, 4.2
Invest in health systems and foster investment across sectors that influence health	1.8, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7,	Be responsive to people's needs and preferences and treat them with dignity and respect when they make contact with the system	2.1, 2.11, 3.1	Overall allocation of resources should strike an appropriate balance between health services, disease prevention and health promotion	4.1	International recruitment of health workers should be guided by ethical considerations and cross country solidarity	2.8, 4.7	Include health considerations in all policies and advocate their effective implementation across sectors	1.8
Promote transparency for health systems performance	2.1, 2.11, 4.2	Improve access to high-quality health services and strengthening information on how individuals can improve their health	1.3, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 3.1, 3.2			Health technology assessment should be used to support better informed decision making	2.1,2.10, 2.11, 4.3	Monitoring and evaluation of health system performance and balanced cooperation with stakeholders at all levels of government	1.3, 1.8, 2.11, 4.2
Make health systems more responsive to people's needs, preferences and expectations	1.3, 1.4, 1.5, 1.8, 3.1, 3.2, 3.3, 3.4	Strive to make possible the provision of quality services for all, particularly for vulnerable groups in response to their needs and to enable people to make healthy life style choices	1.1, 1.2, 1.3, 1.4 , 1.7 , 1.8, 2.1, 2.6, 2.8, 2.9 , 3.1, 3.2						
Engage stakeholders in policy development and implementation	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 3.2, 3.3	To use the most appropriate technology to ensure patient safety and evidence –based medical practices	2.1, 2.11						
Foster cross-country learning and cooperation on design and implementation of health systems	4.2, 4.3, 4.4, 4.5, 4.6, 4.7	Respect for privacy, dignity and confidentiality	2.1, 2.11						
Ensure that health systems are prepared and able to respond to crises	1.5, 2.5, 4.7	Cooperation with communities, families, professional associations and other sectors for effective primary healthcare services	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 2.1, 2.2, 2.4, 2.6						
		Integrate the targeted specific disease programmes in to the existing structures and services in order to obtain sustainable results	1.9, 1.10, 2.3, 2.4, 2.6						
		Ensure an integrated approach to services	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.10, 2.1, 2.3, 3.2						

Reference: WHO European Health Systems, Ministerial Conference, "Health Systems, Health and Welfare", Tallinn, Estonia, 25-27 June 2008, Tallinn Charter: Health Systems for Health and Wealth

▸ ***Table 8.*** *Links between Health 2020 and Policy Priorities, and the Objectives of the Strategic Plan of the Ministry of Health 2013-2017*

Health 2020 Broad Target Areas	Health 2020 Targets	Health 2020 Policy Priorities	Health 2020 Policy Priority Elements	Ministry of Health Strategic Objectives
Healthy people, well-being and determinants	• Increase life expectancy in Europe • Reduce inequities in health in Europe (social determinants target) • Enhance wellbeing of the European population	1. Investing in health through a life-course approach and empowering people	Effective life- course strategy that gives policy and research priority to new approaches to promoting health and preventing disease	1.2, 1.4, 1.6, 2.2, 2.3, 4.3
			Health promotion programmes based on engagement and empowerment	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 2.2, 3.1, 3.2, 3.4
			Healthy living for young people and involving them to support health programmes	1.3, 2.2, 3.1
		2. Creating resilient communities and supportive environments	Protect human health from the risks of a hazardous or contaminated environment	1.6, 1.7
Burden of disease and risk factors	• Reduce premature mortality in Europe by 2020	3. Tackling Europe's major health challenges of non-communicable and communicable diseases	Whole-of-government and whole-of-society approaches to prevent non-communicable diseases	1.1, 1.2, 1.8, 1.10, 2.3, 2.4, 3.2
			Combat communicable disease	1.9, 2.2, 2.4, 2.6, 2.10, 2.11
Processes, governance and health systems	• Universal coverage and the "right to health" • National targets set by the Member States	4. Strengthening people-centred health systems, public health capacity and emergency preparedness	Priority to disease prevention, continual quality improvement, integrated service delivery, continuity of care, and self-care	2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.9, 3.1, 3.2, 4.1
			Universal coverage, including access to high-quality and affordable care and medicines and sustainability	2.1, 2.4, 3.3, 4.1
			Strengthening primary healthcare	1.3, 2.6, 3.1
			Strengthening public health: institutional arrangements, capacity-building, health protection, health promotion, and disease prevention	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.9, 1.10, 2.2, 2.3, 2.4, 2.6, 2.8, 2.9
			Cooperation on global health and health challenges of a cross-border nature	4.6, 4.7
			Education and training of health professionals: team-based delivery of care, new forms of service delivery, patient empowerment self-care, strategic planning, management and leadership capacity	2.8, 3.2
			Multi-hazard, inter-sectoral and cross-border approach to emergency preparedness to humanitarian disasters including communicable disease outbreak	1.5, 1.9, 4.7

References: World Health Organisation Regional Office for Europe. Third meeting of the European Health Policy. Forum of High-Level Government Officials. Brussels, Belgium, 19–20 April 2012, Health 2020: A European policy framework supporting action across government and society for health and well-being.
2012 World Health Organization Regional Office for Europe. Regional Committee for Europe. Sixty-second session. Malta, 10–13 September 2012. Health 2020 policy framework and strategy. EUR/RC62/8. 2012

▸ ***Table 9.*** *Links between the European Action Plan for Strengthening Public Health Capacities and Services and the Objectives of the Strategic Plan of the Ministry of Health 2013-2017*

European Action Plan for Strengthening Public Health Capacities and Services	Ministry of Health Strategic Objectives
Surveillance of population health and well-being	1.1, 1.2, 1.3, 1.4 1.5, 1.6, 1.7,1.8 1.9, 1.10
Monitoring and response to health hazards and emergencies	1.5, 1.7, 1.9, 2.5 2.11
Health protection including environmental, occupational, food safety and others	1.1, 1.6, 1.7
Health promotion including necessary actions to address social determinants and health inequity and to solve the problems in this area	1.8, 3.3
Disease prevention, including early detection of illness	1.3, 1.9, 2.1, 2.2 2.3, 2.4
Assuring governance for health and well-being	1.8
Assuring a sufficient and competent public health workforce	2.8
Assuring sustainable organisational structures and financing	3.3, 4.1
Advocacy, communication and social mobilisation for health	1.3, 1.8, 3.1
Advancing public health research to inform policy and practice	4.3

Reference: World Health Organization European Regional Office, European Regional Committee, Sixty second session, Malta, 10-13 September 2012, European Action Plan for Strengthening Public Health Capacities and Services. EUR/RC62/R5 2012

▸ ***Table 10.*** *Links between the WHO Strategy on Integrated Health Services Towards Universal Coverage and the Strategic Plan of the Ministry of Health 2013-2017*

WHO Universal Coverage Strategy Broad Areas	WHO Universal Coverage Strategy Analytical Framework	WHO Universal Coverage Strategy Analytical Framework Elements	Ministry of Health Strategic Objectives
Access	Removing barriers to accessing integrated health services	Addressing financial barriers	3.2, 3.3
		Addressing geographical barriers	2.5, 2.9
		Addressing cultural barriers	3.2
		Addressing access to medicines	2.10
Human-centred care	People's needs, demands and expectations as the starting point for organising integrated service delivery, including rights and entitlements	Multi-sectoral, long-term participatory approach within the context of significant health reform	1.8, 3.2, 3.4
		Service providers should understand the way people perceive their need for healthcare	2.7, 3.2, 3.4
Hospitals, primary care and other facilities	The role of various settings for integrated health services	Addressing the role of hospitals, specialised ambulatory facilities, primary care facilities, community care, home-care, nursing homes, hospices, etc.	2.5, 2.6, 2.9, 3.2
Quality of care	Quality of health service delivery	Addressing inefficiency and poor quality	2.1, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11
Integrated care	Disease/population specific programme linkages with systems approaches to integrating health services	Addressing the predominance of fragmented, curative, hospital-based and disease-oriented services, with little integration into the broader health system	1.1, 1.2, 1.3, 1.4, 1.9, 1.10, 2.2, 2.4, 2.5, 2.6, 3.1, 3.2
Economic aspects	Economic, industrial and labour market aspects of integrated health services	Economic, industrial and labour market aspects of integrated health services	4.1, 4.2, 4.4

Reference: World Health Organization. Concept Note: Towards a WHO Strategy on Integrated Health Services to Achieve Universal Coverage, 2012

PART IV

STRATEGIC IMPLEMENTATION

4.1. OBJECTIVES AND PERFORMANCE INDICATORS

Ultimate Goal: To protect and improve the health of our people in an equitable manner

PERFORMANCE INDICATOR	CURRENT SITUATION 2011	OBJECTIVES TO BE MET 2017 E*	OBJECTIVES TO BE MET 2023 E*
Life expectancy at birth (in years)	75.0 (2009)(1)	80	85
Infant mortality rate (per 1000 live births)	7.7(2)	6	4
Under-5 mortality ratio (per 1000 live births)	11.3(2)	8	6
Maternal mortality ratio (per 100,000 live births)	15.5(2)	10	8
Out-of-pocket health expenditures as percentage of total health expenditures (%)	12(3)	10	9
Level of satisfaction with health services (%)	75.9(3)	80	85

* Estimate

(1) WHO World Health Statistics 2011

(2) Health Statistics Yearbook 2011

(3) General Directorate of Health Research

Goal 1

To protect the individual and the community from health risks and foster healthy life styles

SO 1.1. To develop healthy dietary habits, increase the level of physical activity and reduce obesity

PERFORMANCE INDICATORS	CURRENT SITUATION	OBJECTIVES TO BE MET	OBJECTIVES TO BE MET
	2011	2017 E	2023 E
Rate of obesity in the adult population, (aged 19+years)	30.3[1]	25	20
Age-standardized rate of insufficient physical activity in the population age 15+years (%)	56 (2008)[2]	40	20

(1) Health Statistics Yearbook 2011
(2) WHO Global Health Observatory Database

SO 1.2. To sustain the fight against tobacco and to reduce the exposure to tobacco and the use of addictive substances

PERFORMANCE INDICATORS	CURRENT SITUATION	OBJECTIVES TO BE MET	OBJECTIVES TO BE MET
	2011	2017 E	2023 E
Rate of daily tobacco use among adults (aged 15+years) (in %)	Men: 37.3 (2012)[1]	Men: 30	Men: 22
	Women: 10.7 (2012)[1]	Women: 10	Women: 8
Annual average alcohol consumption (in liters) per capita (aged 15+years)	1.3 (2010)[2]	1.1	0.9

(1) Turkish Statistical Institute
(2) World Health Statistics 2012

SO 1.3. To develop health literacy to increase individuals' responsibility for their health

PERFORMANCE INDICATORS	CURRENT SITUATION	OBJECTIVES TO BE MET	OBJECTIVES TO BE MET
	2011	2017 E	2023 E
Level of health literacy (%)	Analysis of the current situation	50 ↑	100 ↑

SO 1.4. To raise awareness of reproductive health and encourage healthy behaviours

PERFORMANCE INDICATORS	CURRENT SITUATION	OBJECTIVES TO BE MET	OBJECTIVES TO BE MET
	2011	2017 E	2023 E
Rate of individuals (aged 15-24 years) with correct and sufficient knowledge of reproductive health issues (%)	Analysis of the current situation	60 ↑	100 ↑

SO 1.5. To reduce the impact on health of public health emergencies and disasters

PERFORMANCE INDICATORS	CURRENT SITUATION	OBJECTIVES TO BE MET	OBJECTIVES TO BE MET
	2011	2017 E	2023 E
Number of National Medical Rescue Team members (per 100,000 population)	6.5 (1)	8	16
Number of staff that has received psychosocial support training per 100,000 population	64 (2)	70	80

(1)Turkish Health Transformation Programme Evaluation Report (2003-2011)
(2)Turkish Public Health Institute

SO 1.6. To protect and promote the health and well-being of workers by improving occupational health

PERFORMANCE INDICATORS	CURRENT SITUATION	OBJECTIVES TO BE MET	OBJECTIVES TO BE MET
	2011	2017 E	2023 E
Rate of identification of occupational diseases, (per 100,000 population)	4(1)	100	400

(1)Turkish Public Health Institute

SO 1.7. To mitigate the negative impact on health of environmental hazards.

PERFORMANCE INDICATORS	CURRENT SITUATION	OBJECTIVES TO BE MET	OBJECTIVES TO BE MET
	2011	2017 E	2023 E
Population having access to improved sanitation (%)	90 (2010)(1)	95	100

(1)World Health Statistics, 2012

SO 1.8. To carry out effective actions on social determinants of health by mainstreaming health in all policies

PERFORMANCE INDICATORS	CURRENT SITUATION	OBJECTIVES TO BE MET	OBJECTIVES TO BE MET
	2011	2017 E	2023 E
Rate of completed actions defined within the scope of multi-sectoral cooperation (%)	Under preparation	50	100

SO 1.9. To combat and monitor communicable diseases and risk factors

PERFORMANCE INDICATORS	CURRENT SITUATION	OBJECTIVES TO BE MET	OBJECTIVES TO BE MET
	2011	2017 E	2023 E
Incidence of tuberculosis (per 100,000 population)	24 (1)	16	12
Incidence of malaria (per 100,000 population)	0.2* (2)	0	0
Incidence of measles (per 100,000 population)	0.1* (2)	< 0.1	< 0.1
Incidence of AIDS (per 100,000 population)	0.11(2)	< 0.1	< 0.1

(1) WHO Tuberculosis Report 2012
(2) Health Statistics Yearbook 2011
*Imported case

SO 1.10. To reduce and monitor the incidence of non-communicable diseases and risk factors

PERFORMANCE INDICATORS	CURRENT SITUATION	OBJECTIVES TO BE MET	OBJECTIVES TO BE MET
	2011	2017 E	2023 E
Prevalence of diabetes in population aged 20+years (%)	11(1)	10	8
Prevalence of COPD (%)	5.0(1)	4	3
Prevalence of hypertension (%)	24.0(1)	21	18

(1) Turkish Chronic Diseases and Risk Factors Incidence Study

Goal 2

To provide accessible, appropriate, effective, and efficient health services to individuals and the community

SO 2.1. To improve the quality and safety of health services

PERFORMANCE INDICATORS	CURRENT SITUATION	OBJECTIVES TO BE MET	OBJECTIVES TO BE MET
	2011	2017 E	2023 E
In-hospital case fatality rates within 30 days of admission for Acute Myocardial Infarction (%)	Under preparation	7	6
Surgical wound infection rate (%)	0.9 (2010)(1)	0.5	0.1
Average length of hospital stay (number of days)	3.9(2)	3.7	3.5
Bed occupancy rate (%)	65.6(2)	67	72
Unplanned re-admission rate to hospitals for the same condition within 7 days of discharge (except for control examinations %)	Analysis of the current situation	20 ↓	40 ↓
Incidence of nosocomial infection (%)	Analysis of the current situation	20 ↓	50 ↓
Rate of cases treated in accordance with treatment guidelines for primary healthcare (%)	Under preparation	75	90
Rate of cases treated in accordance with hospital clinical guidelines (%)	Under preparation	75	90
Number of successful kidney transplants (%)	96(3)	97	98

(1) European Health for all Database (HFA-DB)
(2) Health Statistics Yearbook 2011
(3) General Directorate of Health Services

SO 2.2. To protect and improve maternal, child and adolescent health

PERFORMANCE INDICATORS	CURRENT SITUATION	OBJECTIVES TO BE MET	OBJECTIVES TO BE MET
	2011	2017 E	2023 E
Infants exclusively breastfed for the first 6 months of life (%)	41.6 (2008)(1)	70	80
Antenatal care coverage (at least one visit) (%)	95 (2)	97	99
Low birth weight newborns (%)	11 (2005-2010)(3)	9	8
Rate of primary Caesarean section	24.9 (4)	17	12
Rate of births by Caesarean section (in all births)	47 (2)	27	20
Births attended by trained health personnel	91 (2005-2011)(3)	97	99
Stunted children aged < 5 years (children whose average height by age is below 2SD)	10.3 (2008)(1)	8	6

(1) Turkey Demographic and Health Survey (TDHS) (2008)
(2) Health Statistics Yearbook 2011
(3) WHO, Global Health Observatory
(4) Turkish Public Health Institute

SO 2.3. To ensure the effective utilisation of preventive and essential health services

PERFORMANCE INDICATORS	CURRENT SITUATION	OBJECTIVES TO BE MET	OBJECTIVES TO BE MET
	2011	2017 E	2023 E
DaPT 3 immunization rate, (%)	97 (1)	98	99
DMFT-12 index (average number of decayed, missing and filled teeth among children at the age of 12)	1.9 (2004)(2)	1.5	1.0
Rate of newborn babies screened (%)	96 (3)	98	99
Breast cancer screening amoung women aged 50–69 years (%)	12.4 (3)	70	80
Cervical cancer screening amoung women aged 20–69 years (%)	24.9 (3)	70	80

(1) Health Statistics Yearbook 2011
(2) HFA Database
(3) Turkish Public Health Institute

SO 2.4. To sustain appropriate and timely access to emergency care services

PERFORMANCE INDICATORS	CURRENT SITUATION	OBJECTIVES TO BE MET	OBJECTIVES TO BE MET
	2011	2017 E	2023 E
Percentage of emergency calls with a response time of less than 10 minutes in urban areas (%)	94 (1)	96	98
Percentage of emergency calls with a response time of less than 30 minutes in rural areas (%)	96 (1)	97	99
Number of people who have undergone first aid training (in thousand)	0.5 (1)	20	40

(1) General Directorate of Emergency Health Services

SO 2.5. To improve the integration and continuity of care by strengthening the role of primary healthcare

PERFORMANCE INDICATORS	CURRENT SITUATION	OBJECTIVES TO BE MET	OBJECTIVES TO BE MET
	2011	2017 E	2023 E
Proportion of family physician admissions among all admissions (%)	39 (1)	50	70

(1) Health Statistics Yearbook 2011

SO 2.6. To control and reduce complications of non-communicable diseases.

PERFORMANCE INDICATORS	CURRENT SITUATION	OBJECTIVES TO BE MET	OBJECTIVES TO BE MET
	2011	2017 E	2023 E
Percentage of diabetic population with hemoglobin A1c level <= 7 %	50.2 (1)	85	95
Percentage of diabetic population with hemoglobin A1c level >= 9 %	Under preparation	7	3
Percentage of people with total cholesterol level >= 200 (15 and above) (%)	27.5(2)	22	17
Number of hypertensive patients with kidney disease caused by high blood pressure (%)	Analysis of the current situation	30 ↓	50 ↓
Number of hypertensive patients with retinopathy caused by high blood pressure (%)	Analysis of the current situation	30 ↓	50 ↓

(1)TURDEP Study
(2) Turkish Chronic Diseases and Risk Factors Incidence Study

SO 2.7. To strengthen the regulations of traditional, complementary and alternative medical practices to ensure their effectiveness and safety

PERFORMANCE INDICATORS	CURRENT SITUATION	OBJECTIVES TO BE MET	OBJECTIVES TO BE MET
	2011	2017 E	2023 E
Number of evidence-based guidelines for traditional, complementary and alternative medical practices	Under preparation	20	35
The number of evidence-based authorisation programmes for traditional, complementary and alternative medical practices	Under preparation	20	35

SO 2.8. To continue to improve the distribution, competence and motivation of health human resources, and to ensure the sustainability of human resources for health

PERFORMANCE INDICATORS	CURRENT SITUATION	OBJECTIVES TO BE MET	OBJECTIVES TO BE MET
	2011	2017 E	2023 E
Total number of physicians per 100,000 population	169(1)	199	237
Total number of nurses + midwives per 100,000 population	237(1)	330	400
Total number of dentists per 100,000 population	28(1)	36	45
Total number of pharmacists per 100,000 population	35(1)	40	46

(1) Health Statistics Yearbook 2011

SO 2.9. To improve the capacity, quality and distribution of the health infrastructure and technologies, and to ensure their sustainability

PERFORMANCE INDICATORS	CURRENT SITUATION	OBJECTIVES TO BE MET	OBJECTIVES TO BE MET
	2011	2017 E	2023 E
Population per 112 emergency care ambulance	27,015(1)	25	20
Population per family physician	3,696(1)	2,938	1,681
Number of hospital beds per 1,000 population	2.6(1)	30	32
Number of MR devices per 1,000,000 population	10.5(1)	11	11
Number of CT devices per 1,000,000 population	14.6(1)	15	15

(1) Health Statistics Yearbook 2011

SO 2.10. To ensure accessibility, safety, efficacy and rational use of pharmaceuticals, biological products and medical devices, and the safety of cosmetic products

PERFORMANCE INDICATORS	CURRENT SITUATION	OBJECTIVES TO BE MET	OBJECTIVES TO BE MET
	2011	2017 E	2023 E
Average time needed for GMP licensing per pharmaceutical (days)	350 (1)	210	180
Average time needed for licensing of a medical device production facility (days)	-	30	20
Average time needed for granting a license to a medical device sales facility (days)	-	20	10

(1) Turkish Pharmaceuticals and Medical Devices Agency

SO 2.11. To enhance the health information systems for monitoring and evaluation of, and evidence-based decision-making for, the health service delivery system

PERFORMANCE INDICATORS	CURRENT SITUATION	OBJECTIVES TO BE MET	OBJECTIVES TO BE MET
	2011	2017 E	2023 E
Civil registration coverage of birth (%)	94 (2010)(1)	99	100
Civil registration coverage of death (%)	76 (2009)(1)	99	100
Rate of ill-defined causes in death registers (%)	<10 (2009)(1)	< 1	< 1
Rate of paperless hospitals (%)	< 5(2)	90	100
Rate of indicators available on Health.Net that meet international standards (%)	80(2)	95	100
Rate of health institutions that share electronic information	60(2)	95	100
Rate of appointments made via Central Hospital Appointment System	20(2)	70	80

(1) WHO, World Health Statistics 2012
(2) General Directorate of Health Information Systems

Goal 3

To respond to the health needs and expectations of individuals based on a human-centred and holistic approach

SO 3.1. To strengthen the role of individuals in order to ensure their active participation in decisions regarding their healthcare

PERFORMANCE INDICATORS	CURRENT SITUATION	OBJECTIVES TO BE MET	OBJECTIVES TO BE MET
	2011	2017 E	2023 E
Rate of patients who are informed by family physicians before and after the physical examination (%)	Under preparation	95	98
Rate of patients who are informed at hospitals before and after the physical examination (%)	Under preparation	95	98
Rate of patients who actively participate in decisions regarding their health	Analysis of the current situation	50 ↑	100 ↑
The number of followers on web and social networking sites of the Ministry of Health (1000s)	Web: 3.926 *Facebook: 147 **Twitter: 26	5,000	10,000

*Between 17.04.2012- 26.12.2012

** Between 13.05.2012-26.12.2012

SO 3.2. To better meet the needs of individuals with special needs due to their physical, mental, social or economic conditions by ensuring easier access to appropriate health services.

PERFORMANCE INDICATORS	CURRENT SITUATION	OBJECTIVES TO BE MET	OBJECTIVES TO BE MET
	2011	2017 E	2023 E
Percentage of population with special needs due to their physical disabilities who are in need of getting healthcare service but delay seeking care (%)	Analysis of the current situation	0	0
Percentage of population with special needs due to their mental disabilities who are in need of getting healthcare service but delay seeking care (%)	Analysis of the current situation	0	0
Percentage of population with special needs due to their social disabilities who are in need of getting healthcare service but delay seeking care (%)	Analysis of the current situation	10	5
Percentage of population with special needs due to their economic conditions who are in need of getting healthcare service but delay seeking care (%)	Analysis of the current situation	0	0
Percentage of the elderly population with special needs who are in need of getting healthcare service but delay seeking care (%)	Analysis of the current situation	0	0
Rate of public healthcare institutions which are accessible for the disabled (%)	Analysis of the current situation	100	100
Rate of individuals receiving homecare service	90(1)	95	100
Number of centres providing community-based mental healthcare service	50(2)	300	400
Rate of patients with schizophrenia and bipolar disorder followed in Community Mental Health Centres (%)	0.68(3)	80	90
Average number of family physician visits among the elderly aged 65 years and older	5.7(3)	9	12

(1) General Directorate of Health Services
(2) Turkish Health Transformation Programme Evaluation Report (2003-2011)
(3) Turkish Public Health Institute

SO 3.3. To contribute to ensuring equity in the financing of health services and protection of individuals from financial risks

PERFORMANCE INDICATORS	CURRENT SITUATION	OBJECTIVES TO BE MET	OBJECTIVES TO BE MET
	2011	2017 E	2023 E
Rate of households with catastrophic health expenditures (in 100,000)	Analysis of the current situation	< 1	< 1
Rate of households with impoverishing health expenditures (in 100,000)	Analysis of the current situation	< 1	< 1
Out-of-pocket health expenditure as a proportion of total health expenditure (%)	12(1)	10	9

(1) General Directorate of Health Research

SO 3.4. To increase the satisfaction of individuals with their health services and that of health workers with their working conditions

PERFORMANCE INDICATORS	CURRENT SITUATION	OBJECTIVES TO BE MET	OBJECTIVES TO BE MET
	2011	2017 E	2023 E
General rate of satisfaction with healthcare services (%)	75.9 (1)	80	85
Healthcare personnel satisfaction rate (%)	Analysis of the current situation	20 ↑	30 ↑

(1) Turkish Statistical Institute

Goal 4

To continue to develop the health system as a means to contributing to the economic and social development of Turkey and to global health.

SO 4.1. To maintain the financial sustainability of the health system without compromising service quality through the implementation of evidence-based policies

PERFORMANCE INDICATORS	CURRENT SITUATION	OBJECTIVES TO BE MET	OBJECTIVES TO BE MET
	2011	2017 E	2023 E
Public spending on health (PPP US $/per capita) and its share in GDP (%)	769 / 4.4[1]	1,010/4.7	1,250/5.0
Private spending on health (PPP USD $/per capita) and its share in GDP	180 / 1.0 [1]	235/1.1	300/1.2

(1) Turkish Statistical Institute

SO 4.2. To monitor health system performance and to document it contribution to health and the national economy

PERFORMANCE INDICATORS	CURRENT SITUATION	OBJECTIVES TO BE MET	OBJECTIVES TO BE MET
	2011	2017 E	2023 E
Research on the contribution of health to the national economy (%)	Analysis of the current situation	Completion (2014/2017)	Completion (2020/2023)

SO 4.3. To promote research, development, and innovation in priority fields of the health sector

PERFORMANCE INDICATORS	CURRENT SITUATION	OBJECTIVES TO BE MET	OBJECTIVES TO BE MET
	2011	2017 E	2023 E
Share of R&D expenditure on health within the total Public Sector R&D expenditures (%)	3 [1]	9	15
Share of R&D expenditure on health within the total R&D expenditures of Universities (%)	33 [1]	35	40
Share of R&D expenditure on health within the total R&D expenditures of the commercial sector (%)	6.7 [1]	10	15

(1) General Directorate of Health Researches

SO 4.4. To foster the contribution of the health sector to the economy

PERFORMANCE INDICATORS	CURRENT SITUATION	OBJECTIVES TO BE MET	OBJECTIVES TO BE MET
	2011	2017 E	2023 E
Export import coverage ratio for pharmaceuticals (%)	12.07 (1)	17	22
Export import coverage ratio for medical devices (%)	12.5 (1)	48	94
Global market share of Turkey in medical device exports	0.077 (1)	0.4	1
Share of pharmaceuticals sector in total exports of Turkey (%)	0.42 (1)	0.54	0.66
Share of medical devices sector in total exports of Turkey (%)	0.19 (1)	0.56	1
Rate of healthcare employment in total employment	2.8	3.3	4.2

(1) Turkish Pharmaceuticals and Medical Devices Agency

SO 4.5. To strengthen health tourism in Turkey

PERFORMANCE INDICATORS	CURRENT SITUATION	OBJECTIVES TO BE MET	OBJECTIVES TO BE MET
	2011	2017 E	2023 E
Number of patients coming to Turkey within the framework of medical tourism	156(1)	400	1,000
Revenue from medical tourism (year) (PPP US $)	1 Billion(1)	5 Billion	10 Billion
Rate of Accredited Healthcare Organisations providing health tourism service (%)	2.5(1)	6	10

(1) General Directorate of Health Services

SO 4.6. To be among the leaders in the development and implementation of global and regional health policies

PERFORMANCE INDICATORS	CURRENT SITUATION	OBJECTIVES TO BE MET	OBJECTIVES TO BE MET
	2011	2017 E	2023 E
Number of positive peer-reviewed articles and citations in international indices on Turkish healthcare system and reforms	Analysis of current situation	100	200
Number of free health zones established	-	4	10
Number of hospital beds provided by Turkey to be used abroad	200(1)	800	1,500
Number of Turkish experts employed in international healthcare organisations	10(1)	25	100
Number of projects carried out internationally	23(1)	50	100
Number of international healthcare personnel trained in Turkey for a week or more	586(1)	750	1,000

(1) General Directorate of Foreign Relations and European Union

SO 4.7. To contribute to global health through cooperation and development aids

PERFORMANCE INDICATORS	MEVCUT DURUM	OBJECTIVES TO BE MET	OBJECTIVES TO BE MET
	2011	2017 E	2023 E
Number of studies started in other countries about Healthcare Services and Health Policies	55 countries 93 cooperation studies	70 countries 200 cooperation studies	100 countries 200 cooperation studies
Number of countries where technical and humanitarian aid have been provided	17(1)	25	40

(1) General Directorate of Foreign Relations and European Union

4.2. TARGET/RESPONSIBLE UNIT MATRIX

MINISTRY OF HEALTH OF TURKEY	SERVICE UNITS											AFFILIATED AGENCIES			
MATRIX OF UNITS RESPONSIBLE FOR SUPPORTING STRATEGIC GOALS AND OBJECTIVES ♦ Responsible Service Unit □ Support Service Unit	General Directorate of Health Services	General Directorate of Emergency Health Services	General Directorate of Health Promotion	General Directorate of Health Information Systems	General Directorate of Health Research	General Directorate of Health Investments	General Directorate of EU and Foreign Relations	Office of Legal Consultants	Audit Services Unit	Presidency of Strategy Development	General Directorate of Administrative Services	Public Health Institute of Turkey	Public Hospitals Agency of Turkey	Pharmaceuticals and Medical Devices Agency of Turkey	General Directorate of Health for Border and Coastal Areas
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
STRATEGIC GOAL 1. To protect the individual and the community from health risks and foster healthy life styles															
1.1 To develop healthy dietary habits, increase the level of physical activity and reduce obesity	□		♦	□	□							♦	□		
1.2 To sustain the fight against tobacco and to reduce exposure to tobacco and the use of addictive substances			♦	□	□							♦	□		
1.3 To develop health literacy to increase individuals' responsibility for their health			♦	□	♦							□	□		
1.4 To raise awareness of reproductive health and encourage healthy behaviours			♦	□	□							♦	□		
1.5 To reduce the impact on health of public health emergencies and disasters		♦	□	□	□						□	♦	□	□	□
1.6 To protect and promote the health and well-being of workers by improving occupational health			□	□	□							♦	□	□	□
1.7 To mitigate the negative impact on health of environmental hazards			□	□	□							♦			□
1.8 To carry out effective actions on social determinants of health by mainstreaming health in all policies	□		□	□			□					♦		□	
1.9 To combat and monitor communicable diseases and risk factors			□	□	□							♦	□		□
1.10 To reduce and monitor the incidence of non-communicable diseases and risk factors			♦	□	□							♦	□		□

MINISTRY OF HEALTH OF TURKEY	SERVICE UNITS											AFFILIATED AGENCIES			
MATRIX OF UNITS RESPONSIBLE FOR SUPPORTING STRATEGIC GOALS AND OBJECTIVES	General Directorate of Health Services	General Directorate of Emergency Health Services	General Directorate of Health Promotion	General Directorate of Health Information Systems	General Directorate of Health Research	General Directorate of Health Investments	General Directorate of EU and Foreign Relations	Office of Legal Consultants	Audit Services Unit	Presidency of Strategy Development	General Directorate of Administrative Services	Public Health Institute of Turkey	Public Hospitals Agency of Turkey	Pharmaceuticals and Medical Devices Agency of Turkey	General Directorate of Health for Border and Coastal Areas
♦ Responsible Service Unit □ Support Service Unit	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
STRATEGIC GOAL 2. To provide accessible, appropriate, effective and efficient health services to individuals and the community															
2.1 To improve the quality and safety of health services	♦		□	□	□			□	□		□	♦	♦	♦	♦
2.2 To protect and improve maternal, child and adolescent health	□		□	□	□							♦	□		
2.3 To ensure the effective utilisation of preventive and essential health services				□	□							♦			□
2.4 To sustain appropriate and timely access to emergency care services		♦		□							□	□	□		□
2.5 To improve the integration and continuity of care by strengthening the role of primary healthcare				□	□							♦	□		
2.6 To control and reduce the complications of non-communicable diseases				□	□							♦	♦		
2.7 To strengthen the regulations of traditional, complementary and alternative medical practices to ensure their effectiveness and safety	♦							□				□	□	□	
2.8 To continue to improve the distribution and competence and motivation of human resources for health and to ensure the sustainability of human resources for health	♦			□	□		□				♦	♦	♦	♦	□
2.9 To improve the capacity, quality and distribution of the health infrastructure and technologies and to ensure their sustainability	♦			□	□	♦						♦	♦	♦	□
2.10 To ensure accessibility, safety and rational use of drugs, biological products and medical devices, and the safety of cosmetic products			□	□	□				□			□	□	♦	
2.11 To enhance the health information systems for monitoring and evaluation of, and evidence-based decision-making for, the health service delivery system	♦	♦		♦	□							♦	♦	♦	□

MINISTRY OF HEALTH OF TURKEY	SERVICE UNITS											AFFILIATED AGENCIES			
MATRIX OF UNITS RESPONSIBLE FOR SUPPORTING STRATEGIC GOALS AND OBJECTIVES	General Directorate of Health Services	General Directorate of Emergency Health Services	General Directorate of Health Promotion	General Directorate of Health Information Systems	General Directorate of Health Research	General Directorate of Health Investments	General Directorate of EU and Foreign Relations	Office of Legal Consultants	Audit Services Unit	Presidency of Strategy Development	General Directorate of Administrative Services	Public Health Institute of Turkey	Public Hospitals Agency of Turkey	Pharmaceuticals and Medical Devices Agency of Turkey	General Directorate of Health for Border and Coastal Areas
♦ Responsible Service Unit															
□ Support Service Unit	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
STRATEGIC GOAL 3: To respond to the needs and expectations of Individuals based on a human-centred and holistic approach															
3.1 To strengthen the role of individuals in order to ensure their active participation in decisions regarding their healthcare	♦		♦	□								♦	♦	□	
3.2 To better meet the needs of individuals with special needs due to their physical, mental, social or economic conditions by ensuring easier access to appropriate health services	♦		□	□	□							♦	♦	□	□
3.3 To contribute to ensuring equity in the financing of health services and protection of individuals from financial risks	♦		□	□	□			□	□	♦		♦	♦	□	
3.4 To increase the satisfaction of individuals with their health services and that of health workers with their working conditions	♦	♦	♦	♦	♦	♦	□	□	□	□	♦	♦	♦	♦	♦

MINISTRY OF HEALTH OF TURKEY	SERVICE UNITS											AFFILIATED AGENCIES			
MATRIX OF UNITS RESPONSIBLE FOR SUPPORTING STRATEGIC GOALS AND OBJECTIVES ♦ Responsible Service Unit □ Support Service Unit	General Directorate of Health Services	General Directorate of Emergency Health Services	General Directorate of Health Promotion	General Directorate of Health Information Systems	General Directorate of Health Research	General Directorate of Health Investments	General Directorate of EU and Foreign Relations	Office of Legal Consultants	Audit Services Unit	Presidency of Strategy Development	General Directorate of Administrative Services	Public Health Institute of Turkey	Public Hospitals Agency of Turkey	Pharmaceuticals and Medical Devices Agency of Turkey	General Directorate of Health for Border and Coastal Areas
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
STRATEGIC GOAL 4: To continue to develop the health system as a means to contributing to the economic and social development of Turkey and to global health															
4.1 To maintain the financial sustainability of health system without compromising service quality through The implementation of evidence-based policies	♦			□	♦			□	□	♦		♦	♦		
4.2 To monitor health system performance and to document its contribution to health and the national economy	□			□	♦			□	♦	♦		□	□		
4.3 To promote research, development and innovation in priority fields of the health sector	□			□	♦		□			□		□	□	□	□
4.4 To foster the contribution of the health sector to the economy				♦	♦	♦				♦		□	□	□	
4.5 To strengthen health tourism in Turkey	♦	□		□		□	□			□		□	♦		
4.6. To be among the leaders in the development and implementation of global and regional health policies	♦	□	□	□	♦	□	♦	□	□	♦	□	♦	♦	♦	□
4.7. To contribute to global health through cooperation and development aid	□	□		□			♦					□	□	□	□

4.3. STRATEGIC PLAN BUDGET

MINISTRY OF HEALTH STRATEGIC PLAN COST (₺)							
Strategic Goals	Strategic Objectives		2013	2014	2015	2016	2017
STRATEGIC GOAL 1 To protect the individual and the community from health risks and foster healthy life styles	SO 1.1.	To develop healthy dietary habits, increase the level of physical activity and reduce obesity	119,668,783	131,529,976	144,115,087	159,679,516	176,924,902
	SO 1.2.	To sustain the fight against tobacco and to reduce the exposure to tobacco and the use of addictive substances	119,443,173	131,280,586	143,841,577	159,376,466	176,589,122
	SO 1.3.	To develop health literacy to increase individuals' responsibility for their health	11,058,003	11,629,014	12,823,479	14,208,414	15,742,923
	SO 1.4.	To raise awareness of reproductive health and encourage healthy behaviours	118,118,689	130,490,218	143,098,697	158,553,361	175,677,125
	SO 1.5.	To reduce the impact on health of public health emergencies and disasters	221,983,720	242,685,536	266,246,081	295,000,662	326,860,730
	SO 1.6.	To protect and promote the health and well-being of workers by improving occupational health	108,373,430	119,792,940	131,380,440	145,569,530	161,291,040
	SO 1.7.	To mitigate the negative impact on health of environmental hazards	155,737,400	172,147,740	188,799,490	209,189,840	231,782,340
	SO 1.8.	To carry out effective actions on social determinants of health by mainstreaming health in all policies	112,188,280	124,009,770	136,005,160	150,693,720	166,968,640
	SO 1.9.	To combat and monitor communicable diseases and risk factors	480,226,950	509,107,000	540,057,580	598,383,800	652,386,390
	SO1.10.	To reduce and monitor the incidence of non-communicable diseases and risk factors	109,306,359	120,749,318	132,415,567	146,716,451	162,561,825
STRATEGIC GOAL 1 TOTAL COST			1,556,104,788	1,693,422,097	1,838,783,157	2,037,371,759	2,246,785,038

MINISTRY OF HEALTH STRATEGIC PLAN COST (₺)							
Strategic Goals	Strategic Objectives		2013	2014	2015	2016	2017
STRATEGIC GOAL 2 To provide accessible, appropriate, effective, and efficient health services to individuals and the community	SO 2.1.	To improve the quality and safety of health services	16,338,552,691	18,034,370,203	19,925.721.238	22.077.699.139	24.462.090.645
	SO 2.2.	To protect and improve maternal, child and adolescent health	132,801,660	146,795,220	160,994,640	178,382,060	197,647,330
	SO 2.3.	To ensure the effective utilisation of preventive and essential health services	213,811,420	236,341,130	259,202,280	287,196,120	318,213,310
	SO 2.4.	To sustain appropriate and timely access to emergency care services	2,048,810,211	2,216,294,757	2,432,218,512	2,694,898,112	2,985,947,108
	SO 2.5.	To improve the integration and continuity of care by strengthening the role of primary healthcare	4,049,000,000	4,494,000,000	4,978,000,000	5,515,624,000	6,111,311,390
	SO 2.6.	To control and reduce the complications of non-communicable diseases	617,818,190	682,435,090	753,056,878	834,387,018	924,500,814
	SO 2.7.	To strengthen the regulations on traditional, complementary and alternative medical practices to ensure their effectiveness and safety	5,391,642	5,716,697	6,306,512	6,987,616	7,742,278
	SO 2.8.	To continue to improve the distribution, competence and motivation of human resources for health and to ensure the sustainability of human resources for health	1,046,972,277	1,130,380,275	1,244,377,933	1,378,770,752	1,527,677,990
	SO 2.9.	To improve the capacity, quality and distribution of the health infrastructure and technologies and to ensure their sustainability	2,129,800,592	2,336,997,404	2,530,315,992	2,803,590,121	3,106,377,861
	SO 2.10.	To ensure accessibility, safety and rational use of pharmaceuticals, biological products, and medical devices, and the safety of cosmetic products	11,840,000	12,695,000	14,780,000	16,376,240	18,144,874
	SO 2.11.	To enhance the health information systems for monitoring and evaluation of, and evidence-based decision-making for the health service delivery system	1,376,052,951	1,532,936,352	1,689,027,162	1,871,442,094	2,073,557,840
STRATEGIC GOAL 2 TOTAL COST			27,970,851,634	30,828,962,127	33,994,001,148	37,665,353,272	41,733,211,440

MINISTRY OF HEALTH STRATEGIC PLAN COST (₺)							
Strategic Goals	**Strategic Objectives**		**2013**	**2014**	**2015**	**2016**	**2017**
STRATEGIC GOAL 3 To respond to the health needs and expectations of individuals based on a human-centred and holistic approach	SO 3.1.	To strengthen the role of individuals in order to ensure their active participation in decisions regarding their healthcare	347,557,971	383,621,004	423,056,633	468,746,745	519,371,391
	SO 3.2.	To better meet the needs of individuals with special needs due to their physical, mental, social, or economic conditions by ensuring easier access to appropriate health services	1,395,114,792	1,540,668,197	1,701,258,543	1,884,994,470	2,088,573,873
	SO 3.3.	To contribute to ensuring equity in the financing of health services and protection of individuals from financial risks	518,469,072	572,051,976	632,053,082	700,314,814	775,948,814
	SO 3.4.	To increase the satisfaction of individuals with their health services and that of health workers with their working conditions	1,685,071,733	1,840,649,734	2,028,826,415	2,247,939,672	2,490,717,151
STRATEGIC GOAL 3 TOTAL COST			**3,946,213,567**	**4,336,990,911**	**4,785,194,673**	**5,301,995,702**	**5,874,611,229**

MINISTRY OF HEALTH STRATEGIC PLAN COST (₺)							
Strategic Goals	**Strategic Objectives**		**2013**	**2014**	**2015**	**2016**	**2017**
STRATEGIC GOAL 4 To continue to develop the health system as a means to contributing to the economic and social development of Turkey and to global health	SO 4.1.	To maintain the financial sustainability of the health system without compromising service quality through the implementation of evidence-based polices	1,623,437,391	1,792,139,143	1,979,434,606	2,193,213,545	2,430,080,611
	SO 4.2.	To monitor health system performance and to document its contribution to health and the national economy	24,310,806	26,117,974	28,779,071	31,887,211	35,331,030
	SO 4.3.	To promote research, development, and innovation in priority fields of the health sector	9,915,944	10,441,466	11,534,832	12,780,594	14,160,898
	SO 4.4.	To foster the contribution of the health sector to the economy	45,235,698	48,555,188	52,597,387	58,277,905	64,571,918
	SO 4.5.	To strengthen health tourism in Turkey	769,876,302	850,030,907	939,206,085	1,040,640,342	1,153,029,499
	SO 4.6.	To be among the leaders in the development and implementation of global and regional health policies	631,249,703	694,959,985	766,911,082	849,737,487	941,509,132
	SO 4.7.	To contribute to global health through cooperation and development aid	14,660,707	14,679,093	15,818,618	17,527,029	19,419,948
STRATEGIC GOAL 4 TOTAL COST			**3,118,686,550**	**3,436,923,755**	**3,794,281,681**	**4,204,064,113**	**4,658,103,036**

MINISTRY OF HEALTH STRATEGIC PLAN TOTAL COST (₺)					
Strategic Goals	**2013**	**2014**	**2015**	**2016**	**2017**
Strategic Goal 1	1,556,104,788	1,693,422,097	1,838,783,157	2,037,371,759	2,246,785,038
Strategic Goal 2	27,970,851,634	30,828,962,127	33,994,001,148	37,665,353,272	41,733,211,440
Strategic Goal 3	3,946,213,567	4,336,990,911	4,785,194,673	5,301,995,702	5,874,611,229
Strategic Goal 4	3,118,686,550	3,436,923,755	3,794,281,681	4,204,064,113	4,658,103,036
General Total	**36,591,856,539**	**40,296,298,890**	**44,412,260,659**	**49,208,784,846**	**54,512,710,743**

PART V

MONITORING AND EVALUATION PROCESS

MONITORING AND EVALUATION

Monitoring is the systematic follow-up and reporting of achievements in relation to objectives set out in the strategic plan. Evaluation is the measuring of implementation results by comparison to strategic goals and objectives. These analyses are critical for improvement of the health system and for increasing accountability and transparency.

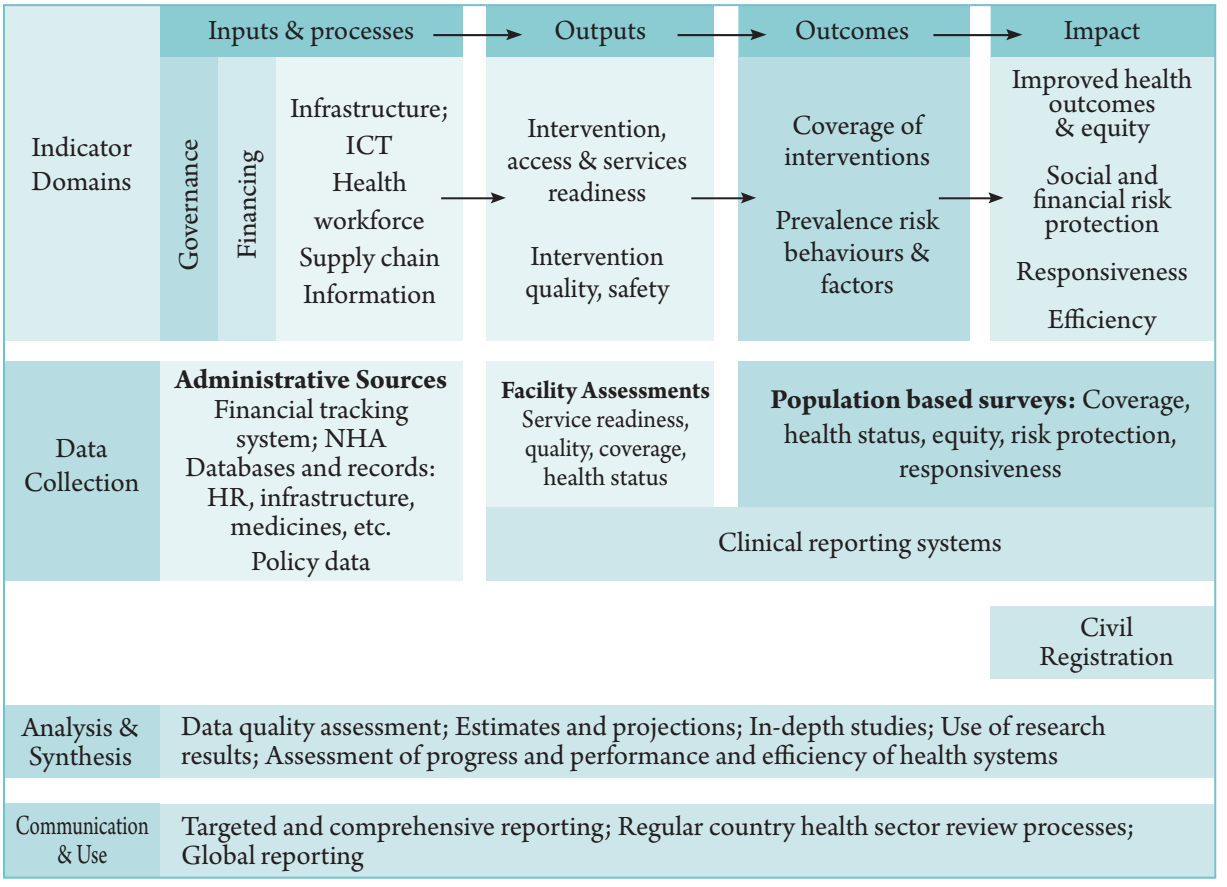
Monitoring and evaluation ensures the achievement of the strategic plan.

Monitoring	Evaluation
To convert the objectives into indicators	To monitor the implementation process
To collect data about indicators	To analyse the results
To compare actual results with objectives	To identify performance outcomes
To report the progress made	To give recommendations

Monitoring and Evaluation Framework

The monitoring and evaluation components of the Strategic Plan (2013-2017) have been identified with the involvement of all key stakeholders. Key performance indicators were used for this purpose and certain methods defined to assess these indicators in terms of data quality and outcome assessment.

The monitoring and evaluation framework enables following up on the inputs (financing, human resources and infrastructure), activities (service delivery), outputs (efficiency, quality and access), outcomes (health indicators, protection from financial risk and satisfaction) and impact (good health level) (see Figure 12).



▸ ***Figure 12.*** *Monitoring and Evaluation Framework (WHO 2010)*

We have considered the following parameters while identifying the key performance indicators:

- Relevance (relation with strategic goals and objectives)
- Comprehensiveness (all aspects of strategic goals and objectives)
- Validity (indicator's representation of the target which it aims to measure)
- Responsibility (connection with a unit)
- Stability (compliance of several indicators)
- Objectivity (clarity and openness of the definition)
- Simplicity (easiness of calculation and interpretation)
- Reliability (consistency of the data set and comparability in time)
- Accessibility (ability to collect data easily and at suitable cost)
- Practicality (efficiency in decision-making and learning)

Monitoring and Evaluation Process

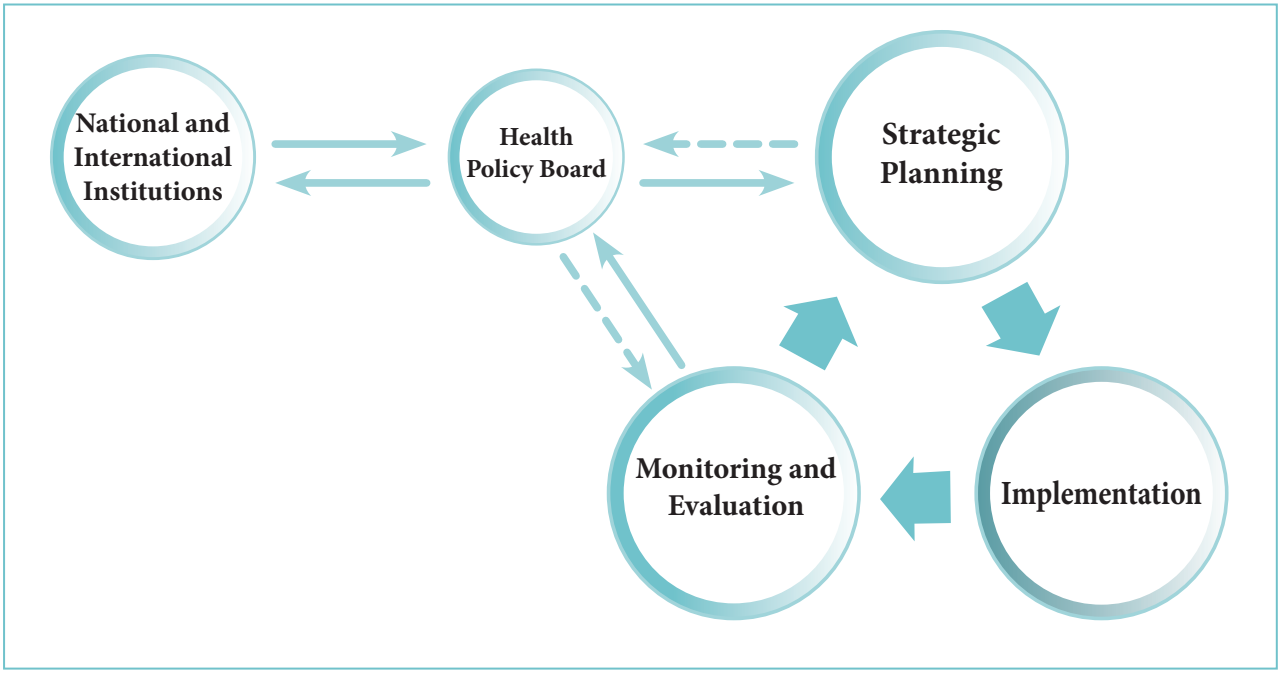
We carried out the following actions in the monitoring and evaluation process:

- We identified key performance indicators for each department to measure the success of strategic objectives.
- We set up a "Balance Scorecard System" and "Score Performance Assessment System".
- We associated activities with the relevant units.
- We improved the infrastructure to enable units to send the information regarding indicators.

We plan to do the following within the scope of the monitoring and evaluation process:

- To follow up on the success level of the strategic objectives by determining the level of impact of each indicator on objectives and upper-level indicators.
- To develop performance scorecards for managers from all levels of the Ministry of Health.
- To carry out strategic plan analysis through the Health Policy Board (Figure 13).

The Health Policy Board will be responsible for monitoring and evaluation of the plan with national and international institutions (Figure 13).



▸ ***Figure 13.*** *Monitoring and Evaluation Process*

Effective and Regular Reporting

Reports shall assess data, progress made and measures taken:

- **Annual Progress Report:** Used to develop performance programme and activity report
- **Turkey Health System Performance Assessment (HSPA) Report:** Measures the performance of health system and is associated with the Strategic Plan
- **Activity Report:** Prepared annually
- **Interim Report:** Shows the progress made till mid-2015
- **Final Report:** Will be prepared in 2018
- **Special Reports:** Prepared as needed to address any goal, objective or strategy

Monitoring and Evaluation Responsibility

The departments are responsible for the provision of data for both monitoring and evaluation purposes. Coordination of monitoring and evaluation activities will be undertaken by the Presidency of Strategy Development Department and analysis will be carried out by the Health Policy Board.

The Health Policy Board will carry out the following in the analysis of the Strategic Plan:

- Follow up the monitoring and evaluation processes
- Establish advisory boards and commissions
- Give recommendations for revisions based on the findings

Sustainability of Monitoring and Evaluation

We plan to do the following to ensure the sustainability of monitoring and evaluation:

- To improve the training, infrastructure and technological capacity to strengthen the monitoring and evaluation processes
- To explain to those who collect data, provide information and to others involved in the process how the data are used (analysed) and what kind of contributions they provide to the project
- Include information on actual results in the performance evaluation processes
- Associate the information on actual results with budget and resource allocations
- Ensure the participation of both the public and private sectors

Human being…

First comes the human being…

Human being, the most honourable of all the created…

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