Ankara Üniversitesi Dikimevi Sağlık Hizmetleri
Meslek Yüksekokulu Dergisi, Cilt 10, Sayı 1, 2011

HEALTH SECTOR PUBLIC-PRIVATE PARTNERSHIP POLICY IN TURKEY

***Perihan SENEL TEKIN*[1] *Yusuf CELIK*[2]**

[1]*Ankara University, Vocational School of Health, Ankara, Turkey, ptekin@ankara.edu.tr*
[2]*Hacettepe University, Health Care Administration, Ankara, Turkey.*

ÖZET

Sağlık sektöründe kamu ve özel sektörün ortaklığına dayalı kamu-özel ortaklığı (KÖO) yöntemi Türk sağlık sektöründe de uygulanmaya başlamıştır. Son yıllarda Türkiye sağlık sektörü büyük bir değişim göstermekte ve giderek artan şekilde KÖO'nı kullanmaktadır. Bu kapsamda çalışma Türkiye sağlık sektörü politikalarında yaşanan bu değişime odaklanmıştır. Çalışmada Türkiye sağlık altyapı yatırımlarında bir finansman yöntemi olarak KÖO politikasının politika haritalama yöntemi ile analiz edilmesi amaçlanmaktadır. Bu analiz yardımıyla politikanın kapsamı, aktörleri, yanında ve karşısında yer alanlar ile henüz bu politika ile ilgili bir taraf olmayanların pozisyon, etki ve güçleri, kaynakları, bu politika ile ilgili çıkarları veya karşı çıkış sebepleri, bu politikadan etkilenecek gruplar incelenmektedir. Bu çalışmanın evrenini, Türkiye sağlık sektöründe altyapı finansman yöntemi olarak KÖO politikası içinde yer alan kamu ve özel sektör temsilciler ve bu politika ile ilgili diğer kişi ve gruplar oluşturmaktadır. Bu araştırmada veri toplama aracı olarak doküman inceleme ve yarı yapılandırılmış soru formları ile yüz yüze görüşme yöntemleri kullanılmaktadır. Araştırma kapsamında Mayıs-Kasım 2009 tarihleri arasında 35 kişi ile görüşme yapılmıştır. Toplanan veriler PolicyMaker 4.0 programı ile analiz edilerek sonuçlar literatür ışığında tartışılmıştır.

Anahtar Kelimeler: Kamu-Özel Ortaklığı, Sağlık, Türkiye, Politika Haritalama, PolicyMaker.

ABSTRACT

Public-Private Partnership (PPP) models, public and private collaboration to service facility in health care sector, has began to be practiced in the Turkish health care sector. Currently, the Turkish health care sector is going thorough some changes and the use of PPP is becoming more prevalent. With all these interesting developments on the political agenda the study focuses on the Turkish health care sector. In the study political mapping to identify the understanding of PPP Policy in Turkish health care infrastructure investment, the position, the interests and influence of the main policy actors. The population of this study is consist of public, private sector representetives who work in public private partnerships policy as a financing method in Turkey health care infrustructure and other people and groups who are related to the policy. Snowball or chain sampling, purpose sampling has been used. In this study, the document analysing, face to face interview with semi structured question form are used as a tool to reach data. 35 interviews in May-November, 2009 have been conducted and the data have been analysed using PolicyMaker 4.0 Program.

Keywords: Public-Private Partnerships, Health Care, Turkey, Political Mapping, PolicyMaker.

1. Introduction

1.1. Public-Private Partnerships

The first phase of liberalization in the economy movement beginning with the eighties is seen as the privatization practices. With privatization, governments revolve the economic enterprises to private sector in order to increase efficiency and productivity in the economy. Either because of private sector's high efficiency, or because the governments' insufficiency in providing adequate resources

for increasing demands, many governments such as the United Kingdom (UK) government look for ways to benefit from the efficiency of the private sector. As a result of this, an alternative financial method, Public-Private Partnerships (PPP) method, characterized as the second phase of liberilization movement, is used in public goods and services; from hospitals to highways, infrastructure to energy, defence to airports, and schools to jails [1]. In the UK, the approach is named as Private Finance Initiative (PFI) while in international literature it is stated as the PPP method. It is the most important project financing method used in developed countries especially in the European Union (EU).

PPP method can be defined as an "upper concept" which covers the models of supply goods and services by government and public sector participation and governments supplying the services from somewhere between classical methods and private sector [16, 38]. Other than this general definition, by other authors PPP is defined as the objective, scope, benefits and managerial reform according to practice, problem transforms, moral renewal, sharing risks, reorganization of public services, share of power [24, 25] and special type of governance [6]. PPP is practiced differently according to the nature of the project, the degree of the public and private sector participation in the project, and the distribution of the risk between the parties.

PPP is clearly different from privatization. Moreover, since PPPs ensure differences in the organizational frames without administrative loss of power, PPPs are seen as an alternative to privatization and socialization [1, 14, 26]. PPP has tree main structures. Initially, PPP consists of multi job contracts, where the responsibility is drawn together and the finance is left to the private sector [1, 5, 16, 28]. Another factor making PPP use attractive in public procurement is the fact that the risks are devolved on private sector. Therefore, the most efficient transfer strategy will be, leaving the risks to the one who can best manage it [12, 43]. Additionally, in defining the characteristics of PPP, Klijn and Teisman (2003) have affiliated the expression "extra value" [6]. An important factor for PPP is innovation (technological development, change) in project delivery. Innovation increases the success of the project, the absence of innovation will bring along the absence competition [7].

Designing a PPP project is a difficult process for public, private and non governmental sectors. All of the three sectors have different economical and social characteristics. While public sector focuses on public benefits, social responsibility and environmental awareness, private sector is seen as dynamic and creative. "The third sector" takes action with responsibility and compassion [33]. Yet, the three sectors intercept on specific points. The parties, having different objectives and structures, work in cooperation in a network with common objectives [6].

Although PPP method has defined advantages, it also has difficuilies which needs to be argued. Before all else, PPP contracts are complex, so the contract designs and management should be done by professionals. There is always risk in PPP practices in new fields in the public sector. Since the private sector debt raises, the resource costs can be high. Devolving the jobs previously done by the public sector, cause a capacity loss in the government. Because it may evoke foreign capital, estrangement and capitulations, it can also cause public opinion reaction. Since the PPP contracts are designed for a long-term phase, long-term payments from the general budget decrease elasticity and planning an investment becomes more complex. The payments of PPP practices are shown as expenditures so the dimension of the PPP projects might not be seen on the balance sheets. Especially incorrect distribution of risks, deficient and missing sanctions in contract designs might cause long term problems in this model. PPP opponents are concerned about public benefits which they think are in danger because of the fact that the profit objective of the private sector is in contradiction with public values [6, 28, 33]. In the blur between the public and private distinction, the New Public Management might eliminate transperancy, democratic choice and accountability. Especially the ability of solving

public problems of project based partnerships is open to question. In PPPs the public sector must use its authority and barter its autonomy in order to be in collaboration with the private sector. This is a big potential danger for public interest and public liability. Indefinite objectives and responsibilities abate especially the political responsibility. Besides, equality, participation, democracy, problems of intercommunication are important topics of PPP public benefit performance. Moreover, in many practices it is seen that PPP does not decrement democracy; it even heightens in some circumstances [33].

According to some point of views, PPP practices have been successful in transportation sector and therefore the it is seen as an evidence for success of other sectors [35]. Further, others say that, just like sectors have differences, different projects in the same sector also have differences. To this respect, it would be wrong to say that PPP can be practiced in every sector and in every project [3, 11, 32]. Although their efficiency can be discussible, many research show that partnerships are an important development strategy and will continue to be so [25, 33]. In Europe, according to the countries' juristic structure, various types of PPP are widely used. Even though all of the EU countries are interested in PPP, their PPP experiences are limited. UK has the widest history in many sectors in PPP. Belgium, France, Germany, Greece, Irland, Portugal and Spain have comprehensive PPP laws. In the central government level PPP departments are established. One of the objectives of these departments is to organize PPP [6].

Governments are in necessity of providing big investments to health sector with small budgets. Many hospitals and health facilities are not capable of providing modern health services. The increase of financial needs, force health sector to look for an alternative financial tool. In this concept, inspite of the fact that PPP method has unsuccesfull experiences and a powerful opposition, it is seen as an alternative for healthcare infrastructure in many countries [39-41].

1.2. Health Care Sector and Public-Private Partnetship in Turkey

Traditionally public services being opened to private sector participation go all the way back to the eighties. But PPP models have come up in the nineties in the fields of electricity production; drinking water etc. and models like Build-Operate-Transfer/BOT and Build-Operate/BO have been used. Political, economical and juridical infrastructure and stability deficiency and mistakes in designing contracts have brought serious complications in public private partnirships, and the reliability of these models have been seen as arguable in the public opinion and have fend off managements from PPPs. But recently successful practices are being seen in this field. As a matter of fact, in an airport construction and operation practice, a capacity increase of 50 million passengers/year has been obtained by 6 different projects, approximately with 1 billion US dollars investment [38, 39]. Similarly, General Directorate of Highways of Turkey, Gocek Tunnel Project is conducted by BOT model. After all these practices, Turkey has gained important experiences in private sector participation in generating infrastructure [39, 40].

Turkey has started to have contracts with the private sector beginning in the eighties for non medical services (laundry, security, cafeteria, domestic services etc). In 04.01.1985 the Ministry of Health has published a circular for hospitals to outsource domestic services [from private firms]. Later, contracts with the private sector included cafeteria, security, computer maintenance etc. For this purpose BOT model is characterized as build-operate-transfer-model especially in the services social content like the health services. In public hospital sector build-operate-transfer model is used especially in outpatient treatment units such as, computerized tomography units and MR units. Patients tgetting these services in the same hospitals, save the public hospitals from very high fixed investment costs [8, 37].

The first concrete PPP arrangement is made by adding an item to the Health Services Basic Law No 5396 in 2005. According to the item, if the Supreme Planning Council decides to health facilities build on treasury lands by

the private sector can be leased, and all of the services other than medical services can be provided by the private sector. It is a PPP model and is called the Build-Lease-Tranfer and has come into affect in July 2006. Project attempts have started [39].

2. MATERIAL AND METHOD

The aim of this study is to analize PPP policy as a financial method in health infrastructure investments in Turkey by using policy mapping method. In scope of these analyses, policy actors, the positions and powers, resources, benefits of policy promoters and opponents and neutrals, goups which will be affected by this policy and their characteristics and strategies in order to perform the policy will be explained throughout the study.

Policy analysis has two important tasks. In the first instance, the task is to explain why there is political awareness in some problems while there is no political awareness in others. And the other task of policy analysis is to explain why some shareholders support reforms while others do not. Furthermore policy analysis can define results of a political decision and help develop and apply the policy [9].

Managing policy development process is a difficult task. This difficulty is also current in the health sector. It is important to understand the policy process because healthcare reforms redistribute resources and this brings changes in benefits of groups. While it brings some new benefits to some groups, it also brings new costs to others. In order for health reforms to be successful, strong policy management, evaluation of applicability of the policy, good management of policy design and acceptance and strategies for application are needed. Reformers, especially in deveoping countries, need political strategies in order to get support of the interest groups, bureaucrats, technocrats and international organizations' representatives for the policy [31, 39, 40].

In developing countries it is difficult to understand health policy decision making process. Policy making process is blurring for the ones outside the policy while ambiguous for the ones inside. Mostly policy making process in reality evolves different than in formal structures. In order to understand this structure, policy needs to be analyzed. Many methods have been developed to analyze policy. One of these methods is the policy mapping method [31]. Policy mapping method is a systematic tool to quickly evaluate policy changes [31].

Policy mapping first of all, is an effective tool for providing information on how the policy has come to agenda, to define the actors, resources, networks and to provide the needed information to evaluate potential effects of the policy. In his study computer based policy analysis, PolicyMaker is used in order to define shareholders and their relationships in a special policy [2, 34, 36]. PolicyMaker is used by formal organizations, interest groups, private enterprices, international agencies, and acedemicians in universities. It is used and tested in health sector reforms at national level in Latin America, Europe, Asia, Africa and at state level in the USA. It is also used in training of professionals in policy analysis practices in Africa, Latin America, Europe and the USA [2, 10, 17, 19, 36, 45]. These experiences show that PolicyMaker program is an effective tool in defining policy process of public policies, showing how the past decisions have been made and suggesting strategies for performing political dimensions of political decisions.

The population of this study consists of public, private sector representetives who work in public private partnerships policy as a financing method in Turkey health care infrustructure and other people and groups who are related to the policy. Purpose sampling has been used. The sampling method used in this study is one of the sampling methods of purpose sampling which is, snowball or chain sampling. This approach is effective in determining individuals or cases that can provide information [20, 27, 47]. The policy mapping method used in this study requires a qualitative method because of the texture and topic and expected results of the study [27]. In this study, the document analysing and face to

face interview with semi structured question form are used as a tool to reach data.

Literature on PPP has been studied. Related scientific research, official papers, country experiences, news on the press, official publications, and thesis and legal articles have been searched thoroughly. A semi structured question form with open ended questions has been developed for face to face interviews. Semi structured question form has been designed for individuals and groups directly related with the policy. In order to analyze health sector infrastructure financial method of PPP in Turkey, questions on the interview form were prepared according to Reich (1994) health policy mapping method analyisis guide. With individuals whom have the most information on the policy process deepen interview have also been conducted. 35 individuals have been interviewed.

The interviews were held between the dates of May-November 2009 by face to face interview method. Each interview has taken 45-60 minutes. The interviews have been recorded by a tape recorder with the permission of the interviewee. If the interviewee's permission was not taken then the interviewer has reported the answers on the form by hand. Non-verbal communications emphasises and information on the environment has also been reported after each interview. The records taken by the tape recorder has been transcribed and analyzed by the researcher. After each interview the researcher has checked and arranged he records to fit for the purpose. The researcher has asked each interviewee for recommendations of other related individuals that need to be interviewed on this policy and interviews have continued until the recommended individual major in a subject became the first interviewee.

The objective and scope of the research has been explained to the interviewees and the interviews were conducted under the given circumstances of identification confidentiality. The data arranged has been analyzed using the PolicyMaker 4.0 Program.

3. RESULTS AND DISCUSSION

3.1. Findings

3.1.1. Definition, Scope, Objectives and Process of the Policy

According to the PPP arrangement in financial method for health infrastructures, if the Supreme Planning Council decides to health facilities build on treasury lands by the private sector can be leased and all of the services other than medical services can be provided by the private sector.

Globalization of neo-liberalism has abated government interfere to health sector and governments have started to cut down their primary and essential responsibility in health sectors. This process has also reflected public hospitals. In this concept, developing countries including Turkey are aiming to build autonomous hospitals which are responsible of their own incomes and outcomes rather than the budget of central governments. Merely, what should firstly be done is that renewing public hospitals and building modern facilities which can cover the needs.

There are approximately 122,000 beds with 61,2 % bed occupancy rate in Turkey [48]. These beds are quantitatively efficient but most of them are qualitatively inefficient for modern health services provision. So the objective of the Ministry of Health is to rebuild old hospital structures in modern conditions. The most important handicap is the financial problems for reconstruction or renovation of these facilities. There aren't sufficient resources to bring these facilities in order to be expected conditions in public budget so there is a need for alternative infrastructure financial resources other than public resources. There are two important financial resources of the Ministry of Health in order to provide health services in modern buildings. The first one is the Housing Development Administration of Turkey (TOKI), the Ministry of Health exchange building plots with TOKI and have new hospitals build, and the second one is PPP. In other words PPP is a new financial model to build health organizations, which also is one of the objectives of Health Transformation Project.

Ministry of Health is aiming to eliminate old hospitals by using both the dynamism and financial ability of the private sector and the provision of health services of the public sector and improve the number of beds and build modern hospitals. For this purpose, building "Health Cities" which include different specialization hospitals, high technology laboratories, research centres and health techno parks, social facilities, hotels and medical hotels, shopping centres, administrative centres, central emergency and intensive care units, central pharmacy and storage, accommodation facilities, waste management, sufficient parking lot is planned [39].

There are two models for PPP management practice. For building the health facility Build-Lease-Transfer and for trade earnings Build-Operate will be practiced. Hospitals which are desultory in practice are planned to be gathered together in a campus. This practice is not only planned for large scale investments it is also planned for small health buildings. The facilities build through PPP are planned to be devolved to unions after the Hospital Union Law pass into law [39].

Pilot health cities have been determined in Kayseri, Etlik and Bilkent in Ankara, in Ikitelli in Istanbul. Other than these regions 120 health campuses are planned to be built through PPP method. This model has come up into minds in 2004-2005 international visits of Ministry representatives. They have especially focused on PFI model of the UK. The Ministry of Health has examined UK, Italy, Australia, and Spain Public Private Partnership systems and because the medical services will be provided by public services, has adapted a model similar to PFI [39].

The first concrete PPP arrangement is made by adding an item to the Health Services Basic Law no 5396 in 2005 and the law has come into effect in July 2006. Ministry of Health, State Planning Organization, Treasury, Ministry of Finance, Privatization Administration, public sector representatives practicing PPP models and nongovernmental organizations have held place in regulation endeavours. Two conferences have been held with the attempt of nongovernmental organizations supporting the policy. In these conferences, health cities projects of the Ministry have been introduced to the public opinion and the private and public sector representatives have exchanged information. After the legislation structure has been determined, the Ministry of Health has founded Public-Private Department and has posted a Head of Department and provided personnel employment in 2006. But during this process a specialized infrastructure could not be established and the Head of Department has been changed three times. The region of hospitals and number of hospital beds planning had been arranged with the Directorate of Treatment Services. For building campuses, 40 provinces with at least 400 beds and 200-300 bed hospitals have been determined. Consultations with experienced international project firms have been provided for adapting this method in Turkey. Kayseri Project has received the acceptance of the Supreme Planning Council and is in the process of pre-qualification bidding. Prequalification bidding of Kayseri Project which was held in September 2009 and in 2010 January Etlik, Ankara Health Campus prequalification bidding announcement has been performed. Estimated costs of these projects are 400 million dollars for Kayseri Health Campus and two billion dollars for Etlik Health Campus [39].

3.1.2. The Results/Outcomes of the Policy Financial Effects

The information derived from the interviews according to the financial effects of the policy has been listed below:

- It is an alternative financial method for investment fields which have limited general budgets.
- Health facility construction will conclude in 8-10 years through traditional method, while through PPP it will conclude in 1-2 years.
- The financial resources are provided by the private sector and the public sector does not spend any money until the facilities start providing services.
- Since there is no financial problem, 8-10 projects can be conducted simultaneously.

- Since the facilities are concluded in a short time, the quality health services provision will gain speed and this will also provide social benefit and financial contribution to public sector.

- Public resources can be used for other public needs.

- The refunds of health facilities concluded with the PPP method will be circulating capital. But if the circulating capital of the facility will not be able to cover the refunds, the ministry central circulating capital will cover the refunds. When the number of projects increases, this situation will cause refund burden on the central circulating capital.

- There is no chance of minimum deficit in health cities project. These projects are with high capitals. There is no other chance than relying on foreign capital.

- Many sectors like architecture, construction, finance and technology will benefit from this policy.

- If the health sector gets under the hands of private sector some impositions will take place, the market will be under private sector control and there will be inequalities in health services use and health expenditures will not be able to be under control.

- With these policy health expenditures costs might increase. The public sector which cannot cover these costs will withdraw from health services.

Managerial Effects

In scope of this policy, a new path has been drawn for Ministry of Health. A new legislation has been established a new department has been formed within the Ministry, program consultants have been assigned to the department and consults have been purchased on law, finance, city planning, and architecture. Economics, business administration, law graduates have been hired for this department. One of the managerial effects of this policy is the fact that traditional investment methods have been changed. In this concept State Planning Organization's tasks on the PPP process has undergone change. The policy plans to gather public hospitals together. Health campuses are large scale projects which can be established by big international firms. Although in the beginning projects are seen as only in the construction phase but later medical services might also be provided by international firms.

For Whom the Policy is Beneficial?

The information derived from the interviews according to beneficial of the policy has been listed below:

- Ministry of Health will have big structures in a short time and renew its infrastructure.

- Patients and their family will benefit from this policy.

- Investors and financers will benefit from projects with high costs, low risks, high profit, Ministry guarantee.

- Health personnel will work in modern facilities with low risk.

- Having modern and qualified educational services in the health facility

- When the people getting services from the health facility are satisfied, the politicians, healthcare and the government will also be reflected.

- Projects conducted by PPP models are is a resource for employment. Annuities will be evaluated and people owning a property in the related region will benefit from the annuity.

- Since the municipality the project is being conducted will bring infrastructure services like new roads, subway and overway crossings, social facilities, the people living in that municipality will benefit from the project.

- Consulting firms working for PPP will achieve both experience and material gains.

- A practice and research field will be open for researchers and academicians.

For Whom the Policy is Destructive?

The information derived from the interviews according to destructive of the policy has been listed below:

- Small contractors working with the Ministry formerly will not be able to be included in large scale projects.
- Refund of the project will be provided by circulating capital. This may cause incorrect practices to increase incomes and health personnel, patients and the social security system will be harmed.
- Leasing can be high in cost because of inefficient feasibilities or incorrect model choice and the government will be harmed.
- There might be competition between the health personnel.
- Public hospitals will be a serious competitor for Private hospitals.
- Public interference might be blocked and a structure without any auditing by the local authorities might be formed.
- As a result of these projects, there will not be any structure between family medicine and health campuses and the institutions providing health services will turn into a dualist structure.
- This structure might increase health expenditures and the power of social security system in financing health services might weaken.
- Concepts like audit, transparency and common good might not be taken into consideration.
- The management of this facility might be passed to foreign firms.
- International consortiums will soon be a monopoly and the "white collar" term used for the health personnel will become reality.

Policy Actors

The actors mostly supporting the policy are Minister of Health, Justice and Development Party (JDP), Prime Minister, Ministry of Health bureaucrats and consultants, Finance Ministry, UK, Spain, World Bank, EU, Secretariat of Treasury, Directorate of Privatization Administration, national and international investors, consultants, nongovernmental organizations, banking sector, International PPP Turkey Platform, Society for Health Management and Education, Turkish Contractors Association, Society for PPP and NKY Architecture. State Planning Organization and health personnels are medium supporting actors. The oppositions of the policy are the Turkish Doctors' Union, Medicine Institution, Public Health Specialists and their unions, academicians, Private Hospitals Union, Patient and Patient Relatives, Union of Bars of Turkey and opposition political parties. There are also neutral actors in the policy process. These are IMF, Social Security Institution, Organization of Patients and Patients Relatives Rights and Society of Health Administrators. Table 1 shows the actors of the policy according to their levels, sectors, positions and powers. When the policy is analyzed according to policy actors' levels, sectors, positions and powers the policy turns out to be applicable [See Fig. 1 and 2].

4. CONCLUSION

PPP method is accepted as the second phase of liberal policies in effect of globalization coming right after privatization after the 1980's. PPP method is being used in different sectors as well as health sector in many countries. Although it has been successful in other countries, it has been in the agenda of Turkey very recently. It does not yet have concrete results but is a health policy of "Health Transformation Project" of JDP. This model has come up into minds in 2005 by being influenced from the UK experiences but the first project practices have started in 2009.

According to the information gathered by the interviews held, even though the policy is implemented successfully, the Ministry of Health does not still have the sufficient infrastructure for PPP applications. Both the place and the human resources are inefficient. Specialists of finance, economics, business administration, law, engineering, and architecture and health management should be hired.

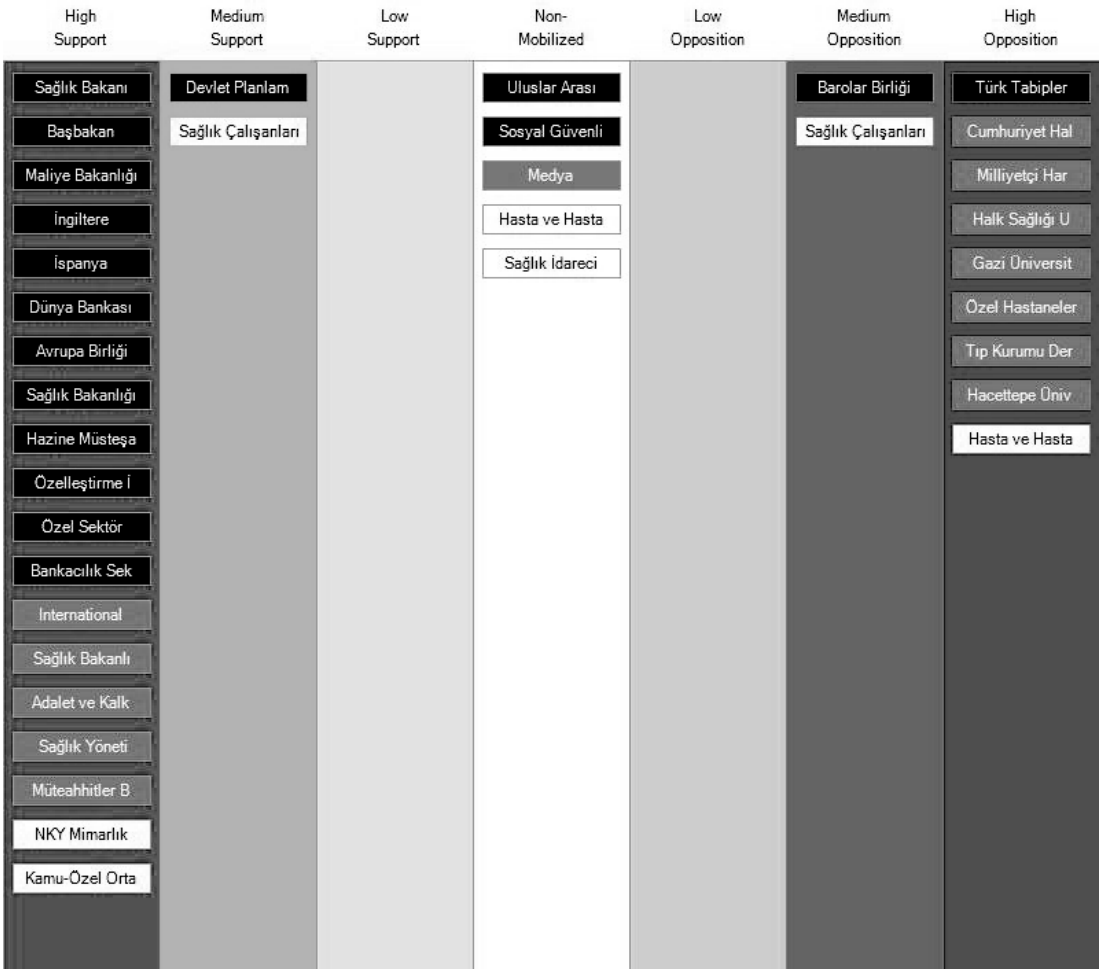
The opposition actors stand for the fact that health campuses and public hospitals will get under the control of international consortiums. Their concern is that it is only health campuses construction at this moment but in the future the health system will be

transferred to private sector. Health services transferred to private sector will cause health services to become a trade sector which is expensive and is not audited. These criticisms are made for health and education PPP applications in every country [6, 28, 29, 30, 33, 44].

Another criticism towards this policy is that, generalization of the PPP success will be unadvisable. The related literature overlaps with this criticism, just like sectors have differences, different projects in a sector also have differences [3, 11, 32].

The preparation process approximately takes 18-24 months. There are 2-2,5 years before bidding phase. But these are found to be long phases for political powers. The politicians wish to see the results of the project. In fact the Prime Minister and the Minister of Health have mentioned health campuses in 2005-2006 even though the legal structure had not yet been established. So politicians expect to see the results of this policy. The results will be seen in the future.

Table1. The actors of the policy according to their levels, sectors, positions and powers.



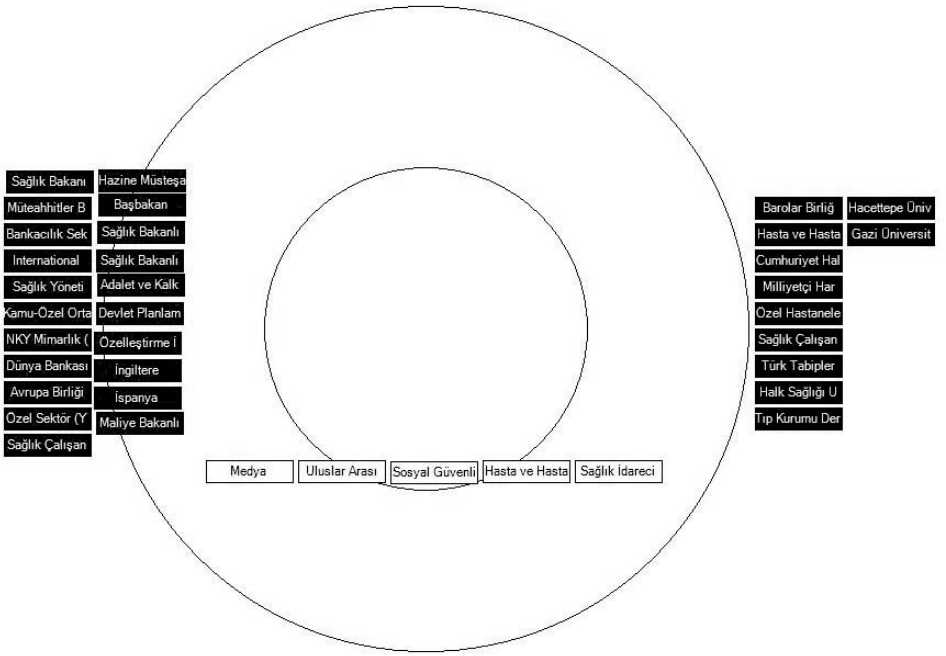


Figure 1. The actors of the policy according to their positions.

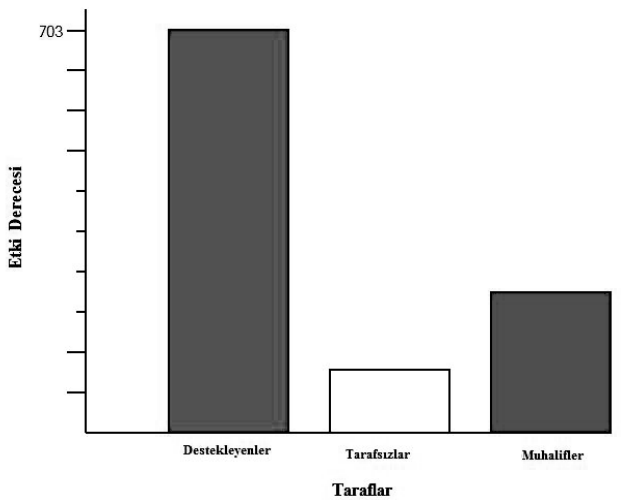


Figure 2. Current Feasibility of the policy.

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