

# Health Transformation Program in Turkish Health System Reforms and Policy Processes

## Türkiye Sağlık Sisteminde Reformlar ve Politika Süreçlerinde Sağlıkta Dönüşüm Programı

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### ABSTRACT

**Objective:** The Turkish healthcare environment has been restructured since 2003 with a reform called the “Health Transformation Programme”. Although the program came to the agenda with the aim of solving the health problems of Turkey, it was in harmony with the transformation in the world. As in many similar countries like Turkey, the program is accepted both in terms of information and finance. The contributions of the Monetary Fund, the World Bank and the World Health Organization are decisive. In this article, the main lines of this is aimed to examine the global transformation, the dynamics of this transformation, its reflections in Turkey and the impact of the transformation on health workers and public health.

**Methods:** Document analysis method was used in the research. Pub Med and Google Scholar pages were used for this study. This study was searched among the English and Turkish Articles and also theses published between 2006-2022 in academic databases pubmed and Google scholar search pages between March and August 2022.

**Conclusion:** While it is in question to focus on the financial aspect of the Health Transformation Program (SDP), the main thing is health. It has been emphasized that there is a marketization of the market and the components of this marketization have been tried to be explained.

**Keywords:** Health Services and Reforms, Transformation Policies in Health, Turkey’s Health Policies

### ÖZ

**Amaç:** Türk sağlık hizmeti, 2003 yılından bu yana “Sağlıkta Dönüşüm Programı” adı verilen bir reformla yeniden yapılandırılmıştır. Program, Türkiye’nin sağlık sorunlarının çözümü amacıyla gündeme gelse de dünyadaki dönüşümle uyum içindedir. Türkiye ve birçok benzer ülkede olduğu gibi program hem bilgi hem de finans açısından kabul görmektedir. Para Fonu, Dünya Bankası ve Dünya Sağlık Örgütü’nün katkıları belirleyicidir. Bu makalede, bunun ana hatları ile küresel dönüşümün, bu dönüşümün dinamiklerinin, Türkiye’deki yansımalarının ve dönüşümün sağlık profesyonelleri ve halk sağlığı üzerindeki etkisinin incelenmesi amaçlanmaktadır.

**Yöntem:** Araştırmada doküman analizi yöntemi kullanılmıştır. Bu çalışma için, PubMed, Mendeley ve Google Akademik sayfalarından yararlanılmıştır. Bu çalışma Mart – Ağustos 2022 tarihleri arasında PubMed, Mendeley ve Google akademik arama sayfaları, akademik veri tabanlarında 2006-2022 yılları arasında yayınlanan tezlerin yanı sıra İngilizce ve Türkçe Makaleler arasında aranmıştır.

**Sonuç:** Sağlıkta Dönüşüm Programının (SDP) finansal yönüne odaklanmak söz konusu olsa da asıl önemli olan sağlık piyasasının bir pazarlaması olduğu vurgulanmış ve bu pazarlamanın bileşenleri ile açıklanmaya çalışılmıştır.

**Anahtar Kelimeler:** Sağlık Hizmetleri ve Reformları, Sağlıkta Dönüşüm Programı, Türkiye’nin Sağlık Politikaları

## 1. INTRODUCTION

Raising the health norms of countries is among the primary and important tasks of governments. For this reason, health programs are developed by governments in order to improve health services and increase service quality. Improving health care is only one part of health reforms. Health reforms and health programs have been on the agenda of all developed or developing world countries. Because of the changing economic, political and social conditions around the world force governments to make new regulations and take opinions in the field of health. Both the conditions of the countries and the health conditions in the world are effective in the decisions taken and the determination of the health programs are implemented (Toth, 2015). Since the establishment of democracy in Turkey, health programs have had an important place in every period, with the improvement of health conditions, the regulation of health institutions and financial systems created a dynamic agenda. After the proclamation of the Republic, serious steps were taken in the establishment and development of health services and important laws regarding the regulation of health services were enacted (Akdur, 2008). It is aimed to plan and manage health services from a single center (Ağırbaş et al., 2011). The importance of public health services has been with the transition to the planned period. With the 1st Five-Year Development Plan, curative services have been expanded and preventive services have gained a reciprocal character (Akdur, 1998). Although the first arrangements for the establishment of General Health Insurance (GHI) were made towards the end of the 1960s and 1970s, they could not be finalized.

(Akdag, 2008). With the Basic Law of Health Services No. 3359 enacted in 1987, it was aimed to implement GHI, to decentralize public hospitals, and to enable hospitals to determine their own operating and workforce programs (Savas et al., 2002). As a result, the law as a whole could not be translated into practice. In the 1990s, studies in the field of health accelerated and a period in which health reform studies were carried out under the leadership of the Ministry of Health (MoH) and the State Planning Organization (SPO). As a result of the congresses, "National Health Policy" was prepared by the Ministry of Health in 1997. The main situations of the health programs that came to the agenda in the 1990s are as follows:

- a. The establishment of GHI by gathering the SSI (Social Security Institution) under one roof,
- b. Establishment of family medicine system in 1st level health services,
- c. Transformation of hospitals into independent health enterprises,
- d. The MoH's non-supervisory and administrative body is the restructuring and prioritization of preventive health services (Akdur, 2008; Ağırbaş, 2011).

Turkey has been restructured with a reform called "Health Transformation Program" since 2003. Although the content of the program is to eliminate and solve Turkey's health problems, it is in harmony with the transformation in the world. In Turkey, as in many similar countries, the program is accepted both in terms of information and finance. The aid of the International Monetary Fund, the World Bank and the World Health Organization (2005) is the determinant of this (Yılmaz, 2018). This article outlines the global transformation in health and its dynamics, the reflections of these dynamics in Turkey and the impact of transformation on medical staff and public health.

### 1.1. Health Transformation Project

The main principles of the program, which Ministry of Health (SB) calls "Health Transformation", are as follows:

- People-oriented,
- Continuity,
- Continuous quality improvement,
- Participation,
- Compromise,
- Volunteering,
- Separation of powers,
- Decentralization
- Competition in presentation

When these principles, which are also stated by the MoH, are examined; it is understood that the HTP entry approach is to provide health support with insurance, the Ministry to withdraw from the provision of health services, and to provide health services by the private health sector. The Ministry of Health also explains how it will proceed under the title of "Health Transformation Factors" (Akdag, 2008, 2012). These are as follows respectively;

- A HTP Undertaking Planning and Supervision,
- GHI Gathering Everyone Under One Roof,
- Wide, Easy to Access and Friendly Health Care System
  - \* Strengthened Primary Health Care and Family Medicine,
  - \* Effective, Progressive, Chain of Delivery,
  - \* Healthcare Enterprises with Executive and Financial Autonomy,
- Health Workforce, Equipped with Knowledge and Talent, Working with High Energy,
- Education and Science Institutions to Support the System,
- Quality and Accreditation for Good and Effective Health Services,
- Institutional Structuring in Rational Medicine and Supply Operation,
  - \* National Medicines Agency,
  - \* Medical Device Agency,

- Effective access to information in the health information system in the decision process

MoH, the implementation phase of the program is divided into 4 groups. In the first stage, conceptualization is mentioned and it is explained that this law-making stage will follow. According to the MoH, controlled state practices and the working and non-working sides of the system will be the last to be seen, and in the final stage, the program will be distributed throughout Turkey (Fedai, 2019).

## 1.2. Health Transformation Project: What is Actually Being Done?

When we look at the HTP, it is understood that it aims at three areas, namely the health services union, which constitutes the unity of the health system, the support of health services and the provision of health services.

- *The organizational structure of Health Services is being changed:* In 1961, the modern organization principles introduced by the Law No. 224 on the Socialization of Health Services were abandoned and replaced by a free market balance (Fedai, 2019). It is known that this practice, which is introduced to the society as the “freedom of physician choice”, contains many problems. Some of these problems are as follows;
  - *Access to health services is limited.* Until recently, the understanding of the state, which provides free services to its citizens in health centers, without asking about health-related social security or any other issues related to this issue, has been abandoned (Kol, 2014).
  - *The understanding of providing health services in a narrow region has been abandoned.* Providing health services in a certain geographical area leaves its place to the provision of non-geographical services, depending on the current preference. Health centers expanded all over Turkey are unlimited and are being replaced by a family doctor model that is not suitable for the country (Soysal et al., 2016). Then it is foreseen that two main problems may arise. First, it becomes difficult to epidemiologically measure and predict the health problems of the population, and state health institutions that play a leading role in the effective fight against epidemics and extraordinary situations are being destroyed (Soysal et al., 2016).
  - Second, the individual’s access to the service and the continuity of the service, inequalities will inevitably increase. In the geographical area instead of the obligation of the health institution, it is focused on profit maximization and “Presentation/demand” preference of health institutions that can be opened / closed according to the balance, especially barriers to poor and low-income citizens’ access to health services will create (Pala, 2007).
  - The understanding of the focus on 1st level health services has been abandoned.: The most problematic aspect of changing the organizational structure of health services
- In the transformation phase will be the disappearance of the understanding of providing primary health care services (Pala, 2007). On the one hand, health centers are closed and public spaces that citizens can go to with the convenience of a single door are destroyed. On the other hand, as an alternative, a family doctor model focused on outpatient curative health services included in the basic coverage package is brought to the public. According to this family medicine model, only the citizen who pays the premium will be able to appear before the family doctor (Okursoy, 2010).
- In the 1<sup>st</sup> step, the team understanding is destroyed: One of the most important features that distinguish ultra-modern health services from traditional health services is that these services are offered with a team approach (Ünal, 2011).

There is no team understanding in the traditional approach to the provision of health services. Service delivery is concentrated on the doctor or even the specialist (Ünal, 2011).HTP rejects the ultra-modern health service delivery approach and brings back the traditional health service delivery with the “family health personnel” approach. In the second paragraph of the Family Medicine Pilot Implementation Law, family health personnel are defined as “medical staff”, such as nurses, midwives, health officers, who work with the family physician. From this statement; it is understood that the professional titles of the members of the 1st level health institutions at the end of their undergraduate education are ignored (Ünal, 2011).

While this attitude lowers the value of non-physician health workers, it also ignores medical professions such as midwife and health officer, where job descriptions are made in detail during socialization.

- *Social Insurance Package is Adopted in Health Financing:* This is the most troublesome part of the project. The reason is that an attempt is made to create a GHI based on premium collection (Ünal, 2011). GHI mainly consists of three parts. These are; the basic coverage package, the premium package and the User benefit.
- *Basic Coverage Package (BCP):* It can be said as the document that determines the content of health services that citizens can take advantage of. In other words, the content of guaranteed health services is defined. Of course, this determination is accompanied by a “restriction the world bank (World Bank Group) which determines the route of transformation by saying “health services should be considered as a basic services package”. The most important point to be emphasized in the BCP is that people are forced to pay a second insurance premium with the agreement of private health insurance companies since the content of health services is far from meeting the needs (Koçkaya et al.,2017). Private health insurance will become widespread with GHI. However, many people will find that the basic promotional content package does not meet with the requirements (Kockaya et al.,2017).

- *Bonus*: In order to benefit from GHI, it is obligatory to pay a premium. Although it is claimed that the premiums of those who are not able to pay premiums will be paid by the state, it is a matter of curiosity who is not in a position to pay premiums (Ünal, 2011). Because the existing business will count those who earn one-third of the minimum wage in the group of those who have the ability to pay premiums. Adopting this understanding will mean that the opportunity to access health services will be blocked, as more than one-third of the country's population will not actually pay even though they are considered eligible for this payment (Ünal, 2011). In this case, the idea of "medical poverty" will come to the fore
- *Consumer Fee*: Another important feature of GHI is the utilization of health services. User fee is required. User fees that are unnecessary which are preventing the use of services can affect different levels of the health system in different ways. Level of the tiered system which is depending on the obligation to pay to improve the use of the service, the service quality and satisfaction of the service users increases the cost awareness of those who produce and use the service. Although it was brought to the agenda with reasons; health care of the poor which increases inequalities by preventing the use of increasing preference, thus reducing productivity and increasing administrative costs have caused significant problems due to (Creese, 1997).

Although the World Bank Group claims that providing health services for free of charge to the public with a personal fee will increase "efficiency", the expected potential benefit has not been realized; the individual's payments did not reduce the costs. In fact, in this process, it has been determined that the poor pay more than the rich while using the service (Pala, 2007). According to WHO, the "GHI collecting everyone under one roof" approach, which is shown as an alternative element of the program, is not realistic for Turkey. Then there will be no discussion of premium values. However, it is also a matter of curiosity how to determine who should pay how much premium. According to the WHO, four conditions must be met for successful functioning of "well-established" financial systems based on social insurance (Orhaner, 2006).

- Making social insurance compulsory for the whole society reduces the insurance threat,
- Uninterrupted and regular collection of premiums from all employers,
- To develop an environment to ensure a balanced distribution of income between low – and high-income persons. Which of these four points does the SB hope to achieve? It seems that only two of these details (a and c) will be fulfilled.

State lags behind in the provision of health services: Health care providers around the world have three core claims: Equality, efficiency and quality. In general, "equality" is used to describe everyone's ability to benefit from health services as much as they need, "efficiency" to use resources

effectively, and "quality" to describe the satisfaction of people benefiting from the service (WHO, 2005). HTP aims to easily interfere with the provision of health services, to distance the state from providing health services, and to leave the field of health at the mercy of the private sector.

The approach of the transformation program as a "Planning and Supervisory Ministry of Health" and the state is withdrawn from the provision of health services. State health service withdrawal from the presentation is tried to be carried out in two stages. Prior to Ministry of Labor SSI hospitals were transferred to the Ministry of Health to provide health services withdrawn from the presentation. This approach is "Public health services from a single source. It has received support from many segments of the society, since it was announced as (Yenimahalleli-Yasar, 2007). In fact, connecting public health institutions to each other is a positive action in terms of health functioning. Nevertheless, this action of the MoH was unfortunately put into practice as the first stage of the state's withdrawal from health services (Yenimahalleli-Yasar, 2007). Immediately after this, it is an attempt to transform state hospitals into businesses. The first action towards this situation showed itself with the "draft law on pilot implementation of public health enterprises", which was transferred to the Prime Ministry by the MoH on 13.12.2006. If the law is implemented, different hospitals in the provinces determined as pilot regions will be transformed into enterprises by the MoH. Since the field of health is handled from a commercial point of view, it always ceases to be a human right and turns into a situation that only those with money can buy, which is the biggest problem faced at the moment (Yenimahalleli-Yasar, 2007).

### 1.3. Medical Failure

Medical incapacity means that people whose health expenses cannot be insured must dispose of their assets or borrow money to cover their treatment costs (Pala, 2003). The increase in non-fund expenditures in public and private health services drags families into poverty and the poverty rates of those who were previously poor increase for this reason (Pala, 2003). Medical incapacity is associated with previously untreated illness, reduced access to health services, long-term impoverishment, and uncontrolled drug use. WHO estimates that one hundred million people fall below the poverty line each year due to medical expenses (Open Knowledge Repository Beta, 2003). In other words, medical expenses are driving millions of people into poverty globally. It should come as no surprise that the neoliberal health programs implemented in Turkey under the name of HTP, if "successful", drag thousands of Turkish citizens among the health poor in the future.

### 1.4. HTP: Who Really Owns the Design?

HTP has been shaped in line with the World Bank Group directives. To reveal the accuracy of this, it will be sufficient to take a look at the report "turkey: reforms in the health

sector to improve prevalence and efficiency” published in June 2020, at least five months before the World Bank Group general elections (Gümüş, 2010). The World Bank Group’s Health Policy for Turkey report is as follows (Bostancı, 2008)

- a. **Unification of Social Security Institutions:** In the report, regarding the subject, “Different health insurances offered by Social insurance Institution, Tradesmen and Craftsmen and Other Self-employed Social Insurance Institution and Pension Fund should be combined under a single compulsory health insurance system or health fund. The Health Fund should be largely independent and professionally managed.”
- b. **General Health Insurance:** It is referred to as “GHI” in the world bank group report. The target is “the creation of general, social and health insurance” and this situation is shown directly.
- c. **Essential Health Package:** Health services should be provided within the framework of the main health package. In fact, many services can be provided by nurses and other paramedical workers, and if necessary, measures should be taken to reduce the number of maternal-infant deaths and diseases by increasing the local recruitment and training level of nurses in areas of need.
- d. **Autonomization of State Hospitals:** In this report, autonomy is given to all MoH and SSI hospitals in terms of administrative and financial aspects and in terms of providing the requested inputs for the production and management of health services in order to increase the efficiency of the hospitals
- e. **Ministry of Health:** Its main duties and responsibilities are explained as preparing policy and supervising order. Other areas that the MoH should focus on in Turkey include quality control and the consumer education.
- f. **Ministries of Health and Labor:** Both ministries should not be directly involved in the production and delivery of health services which is their essence.
- g. **Ministry of Labor and Social Security:** Its main task in health has been defined as supervising and directing the functioning and functions of the GHI system.
- h. **Strengthening of 1st Level Health Services:** The starting point of the reforms to be made in the 1st level health care services, the duty of the 1st level health care providers in the society should be the improvement of basic health. In other words, while providing the basic service package in Turkey, it should be possible to integrate different healthcare service areas in the treatment of the patients who receive and care for the primary health care services at home and in the hospital in Turkey.
- i. **Family Medicine:** Family physicians provide health services to the entire family. They are affiliated with the treating general ailments in medical fields such as internal medicine, gynecology, pediatrics, preventive and preventive medicine, and metastasis of health. Diagnosis,

laboratory and consultation services are provided to those with ailments. For this reason, almost all services are provided under a “single window” system. Thanks to this system, physicians and family members establish more intimate and special relationships and physicians make an important contribution to health education, prevention of diseases and development of health.

### 1.5. Financing of Health Services

One of the issues that HTP focuses on is to create an effective, profitable and virtuous health system by making optimal use of the resources utilized. In this direction, the provision and financing of health services were distinguished from each other, the provision of health services was redesigned and the social security system was rearranged (Gümüş et al., 2014). As a result of the amendments made with the Social Insurance and GHI Law, the social insurance system was re-planned in terms of both functioning and structuring. In this direction, health and social insurance services were initially gathered under the roof of the newly established SSI. After such integration, not only contributors and dependents, but also citizens without social security are included (Gümüş et al., 2014). In addition to these, it is thought that the health expenses of those who are under the age of eighteen, do not have social security and whose income is below the poverty line will be covered by the state (Gümüş et al., 2014). In addition, the number of premium days required for SSI members to benefit from health services has been reduced from 90 days to 30 days.

### 1.6. HTP: What Can Happen in the Years to Come?

In 2009, a report titled “health system reviews – turkey” was presented by the Economic and Cooperation Development Organization (OECD) and the World Bank Group (Doğuc, 2021). This report summarizes what will happen in the health system and what is expected. Old distressing situations may persist, the topic “health can make it better” is important. Continuity of government health expenditures is of critical importance” In order for the HTP to be permanent, the main issue is the sustainability of government health expenditures in the report (Gönç, 2017). It is said that; “decreases in the economic growth rate may make the situation worse...” In short, it is said, “The state of health support is bad, but this situation can be worse especially in times of depression.

The unrealized fiction of the report for the future is especially about what to do in times of crisis. Suggestions are made under the following headings for the depression (Gönç, 2017).

- Controlling the rate of increase in health costs, SSI’s strict upper control over health costs, and an active purchasing process by SSI by controlling the volume and prices of health services,
- Appropriate evaluation of the performance operating system,

- Implementation of the referral system and receiving contributions in undispached departures,
- Further reductions in drug prices and rationalization of increased drug consumption,
- Increasing the number of physicians and doing as much as necessary while doing this, and then reducing the number of re-entering the profession,
- Extending the family medicine system and developing preventive health services, transferring the service purchased in the 2nd step to SSI,
- It has been determined that there are gaps in the titles of better information technologies, evaluation and measurement of health technologies, monitoring and estimation of health costs, and evaluation of differences in technologies.
- For further progress towards equity in access and maintaining the high position achieved in the field of financial protection, further progress towards the equity in access to health services, money and patient follow-up system is recommended, and at the same time, it is recommended to strengthen the capacity of the system. For this purpose, it has been determined that a supply-side system should be adopted.
- In order to secure the solvency of the GHI, it is recommended to pay attention to the balance of taxes, contribution margin and informality.

## 2. METHODS

This study was searched among the English and Turkish Articles and the theses published between 2006-2022 in academic databases pub med and Google scholar search pages in March and August 2022. The search was provided by searching for 12 keywords, 6 in Turkish and 6 in English. These are mainly; the Health Transformation Program, Health Services and Reforms, Health Policies of Turkey, Sağlık Dönüşüm Programı, Sağlık Hizmetleri ve Reformları, Türkiye Sağlık Politikaları. As a result of the search, a hundred articles were identified. As a result of readings and re-elimination, the number of articles were determined as the most suitable and qualified ones.

## 3. RESULTS AND CONCLUSION

In the historical process of Turkey, health policies and health reform have come to the fore in almost every period and reform attempts have been made in the health system in this environment. Health policy studies, which started with the establishment of the Assembly, continued throughout the Republican period. The last link of this process and the most comprehensive health policy is the HTP, which came to the agenda in 2003. The main components of the SDP are; The Ministry of Health is in a planning and supervisory position, everyone is under the umbrella of insurance with General Health Insurance health services are easily accessible and widespread, family medicine model and basic health

services are provided in the primary care, the referral chain is established. Administrative and financial aspects in health institutions change the forms of health. It is aimed to make arrangements for the staff working in the field, to provide accreditation in health services and to make changes in drug and material management. In the Health Transformation Program, primarily the restructuring of the Ministry of Health was discussed. Changes have occurred in the organizational structure of the Ministry of Health, and changes have occurred in the central and provincial organization. Public While hospitals affiliated to the ministry were gathered under the Association of Hospitals structure, the ministry assumed a supervisory and more regulatory role within the system. In this way, a system separated from each other was formed and a functional operability was formed between the units.

Both policy-making structure and auditability are reserved. Setting ground rules, oversight duties and policy in the new structure was given to the ministry. Before the UHI law came into force, there were different social. While there is no norm unity in the utilization of health services by the people within the scope of the security institution and the individuals benefit from different health services in terms of quality and quantity, the whole population has been covered by the new law that came into force and the same health service has been started to be given to everyone equally.

Private sector with the participation of institutions in the health presentation, it is aimed to create a competitive environment that does not compromise on quality in the health sector and to enable individuals to access health services easily and to use public resources efficiently. The health services in our country were mostly within the understanding of the social state and a significant part of these services were provided by public hospitals. However, the important change in the provision of health services in Turkey has been with the Social Insurance Law, which came into force on October 1, 2008. In our country, individuals can receive health services from public institutions as well as from private health institutions operating within the free market system.

With this regulation, the weight of the public in the health service delivery process is shared with private health institutions, making it easier to provide health services. A "family medicine" practice based on patient satisfaction has been established, but although family medicine forms the basis of the referral chain, patients can apply to secondary and tertiary health institutions without being referred from the primary level. One of the most important functions of the health system component of the Health Transformation Program is health businesses that have financial and administrative autonomy. The freedom to use their own resources, the flexibility of management, the delegation of authority to hospitals, and additional payments to medical staff from revolving funds have increased efficiency and ensured the transformation of health institutions into patient-oriented service institutions. Successful realization of the Health Transformation Program in order to achieve its goals,

it largely depends on having an effective managerial staff, the appropriate and qualified human resources department. In order to the Social Security Institution to be sustainable and to remain in a strong structure, it is necessary to create human resources in health for the future, to establish and monitor performance criteria from health personnel. Health personnel started to be employed in deprived regions and health facilities with new employment models. One of the priorities addressed with the Health Transformation Program is the establishment of an equitable and objective system in the personnel transfer and assignment, manpower planning and personnel employment by determining realistic standards according to titles and minimizing the differences in personnel distribution between regions. Parallel to the developments in the health sector in recent years, "patient safety" and "quality" are the two most important issues, but the accreditation process provides an important infrastructure for the realization of these goals.

The concepts of patient safety and quality are two related concepts. The most basic condition for a health institution to be accredited is the patient, security and quality service delivery. With the Health Transformation Program, the Department of Standards and Accreditation was established under the General Directorate of Health Information System of the Ministry of Health. With the application, it is aimed to define the good performances by storing the performances of the service providers in the database and to determine and establish applicable criteria. 663 published in the 1st Repeated Official Gazette dated 02.11.2011 in order to serve the society with regulatory, supervisory and directive actions for pharmaceuticals, medical devices, traditional herbal, supportive and advanced treatment medicinal products and cosmetic products.

With the Decree-Law no 663, Turkish Medicines and Medical Devices Agency with a special budget was established under the Ministry of Health. The use of information technologies is great in solving many problems which provides convenience that is contributing to high quality and effective patient care in the field of health (Core Source Management System (CSMS), Human Resources Management System (HRMS), Material Resources Management System (MRMS), Private Health Institutions Management System (PHIMS), Investment Tracking System (ITS). It is aimed to use health information systems such as Basic Health Statistics Module (BHSM), Health Informatics Network (HIN), Central Physician Appointment System (Hello 182), Electronic Document Management System (EDMS), e-Pulse, Personal Health system. Countries with a healthy society have achieved economic growth, have a strong economy and have made its growth sustainable.

Before the implementation of the global budget in our country, billing was used in the financing of health services. Since this system has a costly and bureaucratic form of collection and invoicing, the global budget management system with HTP has been started to be implemented. The "revolving fund contribution payment according to performance", which

has been implemented by the Ministry of Health since 2004, is designed as a remuneration and payment structure that will encourage the quality and efficient service provision of health personnel. The method is vaccination. A significant budget has been allocated by the Ministry of Health was used in vaccination studies. As a result of these studies, there has been a decrease in the number of vaccine-preventable diseases in our country and the deaths due to these diseases.

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