

TURKISH HEALTH CARE SECTOR AND SWOT ANALYSIS OF THE MINISTRY OF HEALTH

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ABSTRACT

This paper aims to conduct a SWOT analysis in Turkish health-care sector. The first step of SWOT analysis in health-care sector involves the compilation and assessment of key data on health-care sector in Turkey. The main problems of the Ministry of Health will also be explained. At the second stage, the data collected is organized into four categories; strengths, weaknesses, opportunities and threats (SWOT).

Key Words: Health-care services, Turkey, Ministry of Health of Turkey.

JEL Classification: I00, I18.

I. INTRODUCTION

This paper aims to conduct a SWOT analysis in Turkish health-care sector. In section II and III, Turkish health-care sector and its main functions as well as roles and responsibilities of Turkish health ministry will be summarized. In section IV, main problems of the Ministry of Health will be explained. The following section will focus on SWOT analysis of Turkish health-care sector. The first step of SWOT analysis in health-care involves the compilation and assessment of key data on health-care sector. At the second stage, the data collected is organized into four categories; strengths, weaknesses, opportunities

and threats (SWOT). At the third stages a SWOT matrix is developed. The paper ends with concluding remarks.

II. TURKISH HEALTH CARE SECTOR AND MAIN FUNCTIONS

It is possible to consider the main functions of the Turkish Health Care under the following four categories: identifying policies at national level; management, general coordination and regulation of policies at national level; health care provision; health care financing. (Figure-1) ¹

Decision making and policy making in the field of health-care services in Turkey has been distributed among; the Grand National Assembly of Turkey, the Ministry of Health, the Higher Education Council and the Constitutional Court. The primary task and function in policy making at national level in the field of health belongs to the Grand National Assembly of Turkey and the Ministry of Health.

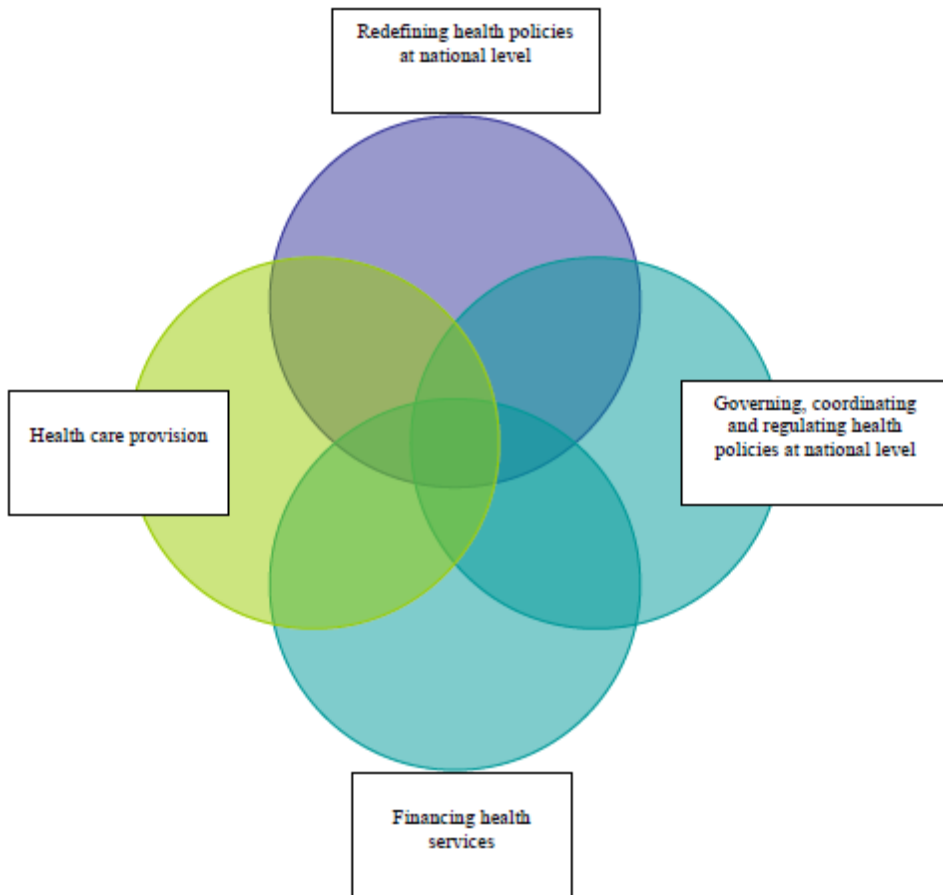
Looking at the financing of nationwide health services, public and private sectors are found to be working on the same platform. The primary financing bodies are the Ministry of Finance, Social Security Institution, private funds, foundations and private insurance companies.

It is possible to look into the Turkish health care provision under the following three groups: Public (Ministry of Health, Universities, Social Security Institution, etc); private sector (private hospitals, minority hospitals, private polyclinics, laboratories and diagnosis centers); associations and foundations.

The General directorship of all nationwide health services is under the responsibility of the Ministry of Health.

¹ For more information regarding the main roles and functions of the Ministry of Health in Turkey, see: Aktan and Saran, 2007; Sağlık Bakanlığı, 2002; Sağlık Bakanlığı, 2003; TÜBİTAK, Vizyon 2023, Türkiye’de Sağlık Hizmetlerinin Durumu, SWOT Analizi, (Yazan: Ali Savaş), (bkz:<http://vizyon2023.tubitak.gov.tr>).

Figure-1: Major Functions in the Field of the Health in Turkey



III. THE MINISTRY OF HEALTH: ORGANIZATION, ROLES AND RESPONSIBILITIES

At central level, the MoH is responsible for establishing and implementing general decisions and policies with regard to health care services. At provincial level are Provincial Health Directorates, one for each province. The Directorates operate under the Governorship as far as their administrative role and status, but owe their technical responsibility to the MoH. While the administrative responsibility covers at large the personnel and the regional management, the technical responsibility includes decisions on matters such as the scope and

volume of Health care provision. The MoH designates the Provincial Health Director with an approval from the Governorship.

The MoH is the head organization with the responsibility to provide first and second level health care services as well as a body that provides services regarding preventive health care. First level health care services are provided by the MoH via health clinics, health houses, mother-child health and family planning centers as well as outpatient clinics for combating tuberculosis, malaria centers and centers for combating cancer. Second and third level health care provision is done through other public bodies, associations, foundations, private persons and the MoH.

According to the Turkish Constitution, the state is responsible for ensuring that every individual living within country territory lives in a healthy environment and regularly receives health services.

The competent body with the responsibility to undertake this state task is, in Turkey, the Ministry of Health (MoH). The MoH is the highest organ designated to plan, implement, inspect and evaluate health services by forming contact with relevant public institutions and bodies where necessary, in fulfilling this duty.

The tasks of the MoH have been laid down as the following under Decree no 356 of 24.01.1989 on "*the Organization and Tasks of the Ministry of Health and Social Aid*":

- To protect health of the individuals and of the society in order to maintain the physical, mental and social wellbeing of all and to this ends, to prepare plans and programs covering the entire nation, ensure their implementation, take all necessary measures and to ensure the establishment of the necessary organizational structures;
- To combat communicable, epidemic and social diseases and provide preventive and therapeutic medication and rehabilitation services.
- Carry out services for family planning and the protection of mother and child health;
- To control and inspect at all stages, the production and consumption of pharmaceuticals, stimulants and psychotropic substances; to lay down principles regarding the establishment and operation of manufacturing

sites and distribution points of pharmaceuticals and medical substances and combinations and to carry out the necessary inspections.

- To ensure the manufacturing or, where necessary, import of needed vaccines, serum, blood products and pharmaceuticals;
- To carry out services related with the controls of foodstuffs and their manufacturing sites in collaboration with the Ministry of Agriculture, Forestry and Rural Affairs and local administrations with main responsibility on the Ministry of Health;
- To ensure that all necessary measures are taken as regards environmental health in collaboration with local administrations and with other relevant bodies;
- To take necessary preventive health measures at border gates, sea and airports against outbreaks;
- To carry out services concerning combat against cancer, tuberculosis and malaria and to ensure the coordination and inspection of bodies and institutions providing services in this area;
- To establish and operate the necessary facilities in order to fulfill these duties and to train the relevant personnel;
- To collaborate with international as well as domestic institutions and bodies for health care services.

IV. MAIN PROBLEMS WITH THE MoH'S CENTRAL ORGANIZATION

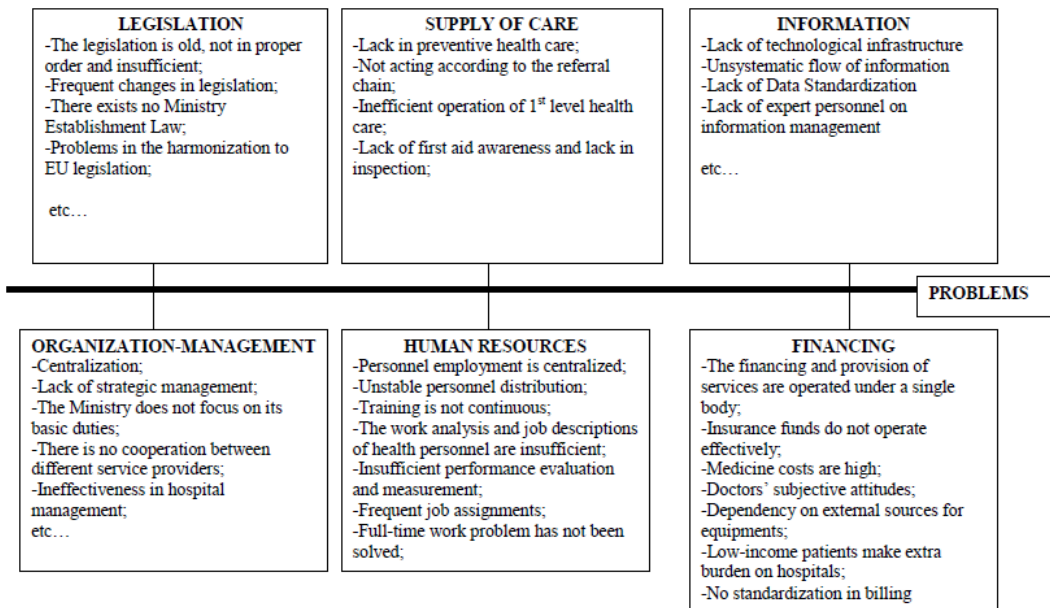
Before coming up with proposals seeking to improve the administrative capacity of the MoH, it is essential that its current problems are put under a thorough analysis. It is possible to look into the main problems of the Ministry's central organization under the following headings: (see Figure-2.)²

- Problems concerning legislation,
- Problems concerning HR management,
- Problems concerning administration and organization,
- Problems concerning health care provision,
- Problems concerning information,

² Please see : Aktan and Saran, 2007; Sağlık Bakanlığı, 2002; Sağlık Bakanlığı, 2003; Sağlık Bakanlığı, Sağlık Projesi Genel Koordinatörlüğü, 1992; Sağlık Projesi Genel Koordinatörlüğü, 1993; Sağlık Projesi Genel Koordinatörlüğü, 1997; Sağlık Projesi Genel Koordinatörlüğü, 1998. ; Ministry of Health, 1993; Ministry of Health, 1999.

- Problems concerning financing.

Figure 2: Ishikawa Diagram displaying the Problems of the Ministry of Health Central Organization



Source: Developed by the author.

1.Problems concerning legislation

There exists no certain establishment law for the MoH up to this day. The Ministry performs its organization in line with a Decree. It is possible to say that the legislation presently in force is a quite old (since 1930), unorganized, inadequate and confusing one.

One thing that needs to be said about making frequent changes in legislation is that this may give rise to problems at the stage of implementation.

There is no statutory regulation laying down employee personal rights of the staff, along with job descriptions and hence acknowledging new occupational groups.

The fact that the legislation for training (faculty) hospitals and service hospitals have not been distinguished; that legal arrangements necessary for granting financial autonomy to hospitals have not been taken forward; that legislation concerning R&D are not suitable enough; that the Regulation on employee designation and transfer is frequently made subject to changes; and that the legislation and legal system has not been constructed in line with EU norms, can be listed among other problems.

2.Problems concerning HR Management

The largest share of health personnel employment throughout the country belongs to the MoH. With their significant role in the provision of health care, one thirds of specializing physicians and two thirds of practitioner physicians are employed in MoH's positions. While 61% of the nurses serve in health institutions linked to the MoH, this percentage reaches up to 93% for midwives.

The most significant problem with Turkey's health care manpower is the immoderate distribution among institutions and service areas. This instability in distribution varies depending on regional location (East-West) or level of urbanization due to the difference of development between regions, the piling of educational and technological facilities in big cities and to the lack of social facilities.

There has been some effort to regulate personnel distribution by resorting to a variety of methods such as mandatory service, incentives, regional and institutional grading and restriction in task appointments, but this has not been enough to put an end to the problem.

Listed among other problems are; insufficient pay for health personnel, the lack of a performance based policy for pays and promotions, absence of job description and job analysis of the health personnel, insufficient focus on career background during recruitments, lack of conformity to regulations on employee personal rights such as designations, transfer and promotion and the lack of regulations prescribing penalty for those who don't work or rightly fulfill their duties.

One other problem as regards manpower in health is the failure to ensure full-time work in public institutions. Although several methods have been tried with a view to solving this problem, no exact solution has been arrived at yet.

The ratio of auxiliary personnel does not meet the number needed for an effective provision of health care. The amount of nurses/midwives is found to be quite low when considering the number of doctors.

Medical training is completed in a course of 6 years. Those who graduate from medical faculties receive the status of a practitioner physician. During the 1990s this instability in distribution has been overlooked, causing an assumption that there aren't enough doctors which has led to opening many Medical Faculties. Due to the fact, however, that due consideration for recruitment, number of academicians, application field and for lack of material has been neglected; the quality of training in medical faculties has dropped low.

3.Problems concerning management and organization

It is possible to say that the MoH has an excessively centralized organizational structure. It displays the appearance of an institution overly focused on service provision yet far from its essential task involving policy making, inspection and leadership. A major part of the tasks and scope of authority is held by the MoH's central organization. Because the provincial organization has not been provided with enough support in terms of adequately trained manpower, it remains dependent upon the central organization as far as implementation is concerned.

No particular distinction has been made as regards rural and urban living in health care organization. Law no 224 has it that number of health care clinics be determined in accordance with the number of population. Due to the migration factor however, the objective to form a health care organizational structure taking into view the changing population structure for different regions, still remains unachieved.

The number of hospitals providing nationwide first and second level treatment care under the MoH is displaying an uncontrollable increase.

4.Problems concerning health care provision

The MoH is the foremost organization providing health care at first and second level and the only institution providing preventive health care.

The most significant problem with regard to nationwide health care provision has to do with strategic aspects. Over long years, the MoH central organization has

focused on provision of treatment care instead of preventive health care. Such course of strategy and practice has resulted in a passive and ineffective health care in health clinics providing preventive health care.

Due to reasons such as inefficient operation in health clinics; in compliance to the patient referral sequence laid down in law no 224; and the lack of technical facilities in first level health providers, hospitals are overcrowded with patients, which in turn reduces effectiveness and efficiency in the care provided.

The lack of material and equipment in many of the hospitals result in the failure of carrying out certain medical proceedings which causes patients to resort to training hospitals in bigger cities (Ankara, İstanbul, İzmir) in order to access the necessary treatment facilities.

One other factor reducing the quality of health care is the weak cooperation between first, second and third level health institutions.

Failure to direct the necessary attention toward environmental health has of course been to the disadvantage of preventive health care. Overlapping fields in the distribution of task and authority spheres has been causing problems in carrying out the services.

Excessive fertility rate especially in the Eastern Anatolian Region has quite negative effects on the health of both women and children. Malnutrition is another major problem in children and the pregnant.

5.Problems concerning information

Having served, since 1936, as the body responsible for organizing data collection procedures and evaluating the collected data, the “The Office of Health Propagation and Medical Statistics” was closed in 1982 and since then, a unit to coordinate health information systems has not been set up yet.

Most health institutions today, lack the necessary infrastructure to ensure that records are kept electronically.

The absence of substantial and standard criteria at the stages involving definitions, terminology, coding, function, control and evaluation leaves no chance for other institutions utilize and make comparisons of the collected data and information.

There are significant information gaps in terms of data concerning health and health care and especially those which are epidemiologic (e.g. Morbidity, mortality, etc). As a consequence, insufficient and inaccurate flow of information across the provincial organization as well as the absence of a system of feedback to enable data check, the reliability and accuracy of collected data remains a question.

6.Problems concerning financing

When looking into our national health expenditure against world scale, it is possible to see that the share allocated in GDP for health care is quite low.

Because hospital enterprises are unable to operate at expected levels of efficiency, undesired increases occur in the relevant costs. Single shift operation function in hospitals with a high level of demand, keeps the capacity low and causes increase in hospital costs due to prolonged examination and treatment durations.

One other factor leading to problems in hospital costs is the wrong patient referral habits resulting from the personal attitude and behaviors of physicians. The rate of social costs such as work power and economic loss arising from incorrect referral practices is quite high.

V. SWOT ANALYSIS FOR THE MoH's CENTRAL ORGANIZATION

It will be beneficial to make an analysis of not only the MoH's problems but of the overall situation as well. As it is known, one of the techniques widely employed in making analyses for determining the prevailing situation is the SWOT analysis. SWOT analysis is a managerial technique utilized to identify the strengths and weaknesses of an organization as well as the opportunities and threats lying ahead in its outer sphere.

Below are findings on the general SWOT analysis of the MoH's Central Organization.³

³ Concerning SWOT analysis of the Ministry of Health, see: Aktan-Saran, 2007; Dünya Bankası, 2002; Ministry of Health, 1993; Ministry of Health, 1999; Sağlık Bakanlığı, 1993; Sağlık Bakanlığı, 2003; World Bank, 2002; World Bank, 2003.); TÜBİTAK, Vizyon 2023.

The MoH's weaknesses expressly outweigh its strengths. Put differently, there exist serious deficiencies in the Ministry's organizational and administrative capacity. While on the other hand, considering the new circumstances borne by rapid world change, some new opportunities as well as threats and dangers await the MoH

SWOT ANALYSIS: Strengths

- Despite all the deficiencies and drawbacks, the MoH has been coming a long way in providing efficient health care.
- Access to health care is, at large, achieved across the country.
- A gradual improvement can be seen in health indicators.
- Although it does not operate at desired standards, a significant part of the population is covered by social security.
- Despite all its weaknesses, Turkey does have an established medical training system.
- Increasing the number of medical faculties has compensated for the lack of physicians and thus lifted a significant part of the burden from state hospitals.
- Turkish public's strong commitment to their traditions has had a slowing impact on the spread of HIV Infection and AIDS.
- The rate of drug dependency, alcohol use and rate of alcoholism is lower compared to Western countries.
- Despite all the deficiencies and weaknesses at first level Health care (health clinics, etc), there does exist a physical infrastructure and service network.
- Health controls at inspection points in land and sea border gates for detecting tourists carrying risk of communicable diseases prevent, to a certain degree, the entrance of outbreaks from foreign countries.
- Lessons have been drawn from past experiences and inter-institutional cooperation platforms as well as disaster plans have been created.
- Widespread emergency aid units have been established nationwide for situations calling for first aid and emergency care.

SWOT Analysis: Weaknesses

- A major part of the services have been focused to a single center, leaving decentralization quite weak.

- A strong tradition of centralized and bureaucratic system dominates the field of health in Turkey.
- No long-termed strategic planning has been established up to this day.
- There is a lack, both in terms of number and quality, in professional health administrators within the health system.
- Amounts allotted from the budget to health expenditure are not sufficient.
- Most of the resources allocated for health expenditure are used in flowing costs and fields promising no fruit.
- There is inflation in the permanent staffing of the MoH's both central and provincial organization.
- A multiple headed organization structure and the lack of coordination between relevant institutions leads to duplications in servicing and to the inefficient use of resources.
- No efficient mechanism for performance assessment and awarding is available to be applied on health personnel.
- The principle of suitability and competence is neglected in post appointments.
- The excessive number of newly opened medical faculties has lowered the quality of education.
- Dependence on outer sources still continues to a considerable extent, in the health sector for pharmaceuticals, medical material and technical equipment.
- Problems are faced with in patient transportation and ambulance services as far as management and financing are concerned.
- A widespread institutional structure has not been established for medical jurisprudence services and no realistic arrangement has been made for autopsy practices.
- Functions such as quality control, standardization, productivity analyses, and inspection feedback channels do not operate effectively.
- Studies on information and statistics are very far from achieving the desired level.
- Health related technological investments lack a good planning and are carried out without an inspection function.
- There is an increasing need for social treatment health care due to the widespread extent of malnutrition and lack of hygiene.
- Out of line urbanization has negative impact on public health.

- A strong understanding of training and employing professional administrators has still not been established.
- Unnecessary analyses and tests performed only in order to raise liquid capital increase health expenditure.
- There is no unit within the body of the MoH to do a follow up on claims amounting from health care and which have not

SWOT Analysis: Opportunities

- Turkey has a very young population. Provided that this young population is given sufficient job opportunities, they may pose an advantage for the health sector in terms of work power, financing and human resources.
- The present process of conforming to the EU may bring along with it positive developments and improvements in the field of health.
- Turkey's accession to the EU may provide opportunities for Turkish physicians and health personnel to find jobs in European countries.
- Rational practices in the field of health may improve health tourism at international level.
- Turkey's membership and partnership role in EU's scientific framework programs may provide new resources for Turkish physicians and researchers.
- New occupational groups may provide useful contributions to health care.
- The "telemedicine" practice may, to an extent, prevent overcrowding of patients in hospitals.
- Spreading health insurance within the scope of health reform may constitute an important step towards achieving the ultimate aim of providing all with health insurance.

SWOT Analysis: Threats

- The government's short-term thinking habits may be an obstacle in adopting the understanding of a long-term strategic planning.
- Technological developments in servicing necessitate demand analysis in cost increases and innovations in health technology are not shown in guarantee packages covering service provision due to their high costs.
- Graduates of medical faculties established without any consideration to infrastructure may pose a threat to public health in the future.

- Unplanned and rapid urbanization resulting from deficiencies in infrastructure threatens public health.
- Globalization has increased person mobility which means that diseases such as AIDS, SARS, and bird flue can rapidly spread across continents.
- The foreseen increase in the aged population and the consequent potential increase in chronic illnesses may bring an extra burden to the health system.
- Illnesses resulting from wrong dietary habits may show an increase due to increasing poverty.
- Turkey is among the countries where casualties resulting from traffic accidents are seen the most.
- Turkey's critical location in terms of earthquakes entails certain special precautionary measures and extra costs in health care.

VI. CONCLUSION

Before taking the course of reconstruction however, it is of considerable importance that the MoH's current situation is analyzed and that the main causes of problems are identified. After identifying the present situation and making an analysis of problems, a strategic plan suiting the newly defined role and functions of the Ministry should forthwith be drawn up and the strategy and action plans to be formed in line with this plan should be implemented with due speed.

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