Balancing the Primary Care and Secondary Care provision for more integration and better health outcomes!

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How to affect Financial Flows for Population Activities on Primary Level in Turkey

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Highlights of the presentation

• ICPD
• The Resource Flows Project SURVEY in Turkey
• Health Expenditures in Turkey
• The Health Transformation Programme in Turkey
• Sexual&Reproductive Health Services
“The [ICPD] Programme [of Action] is critical to achieving the Millennium Development Goals. It is especially important for goal # 5: to cut maternal mortality and achieve universal access to reproductive health care... To fully carry out the Cairo Programme of Action means providing women with reproductive health services, including family planning.”

Secretary-General Ban Ki-moon, General Assembly Commemoration of the 15th Anniversary of the International Conference on Population and Development, October 2009
The Resource Flows Project

• Since 1997, UNFPA has contracted with the Netherlands Interdisciplinary Demographic Institute (NIDI), a research organization in the Netherlands, to collect data annually on international and domestic resource flows in developing countries.

• To collect data on donor assistance, NIDI sends detailed questionnaires to developed-country governments and nongovernmental organizations, and also obtains data from the Development Assistance Committee of the Organization for Economic Cooperation and Development (OECD).

• The objective of the project is to monitor the financial flows required to address population and HIV/AIDS issues worldwide.
The Resource Flows Project, what is the project all about .....

- The Programme of Action adopted at the 1994 International Conference on Population and Development (ICPD) in Cairo outlines specific funding targets to be met to achieve the ICPD population and development objectives.

- The term “population activities” refers to projects, programmes and activities within the following four categories:

  1) Family planning services;
  2) Basic reproductive health services;
  3) Sexually transmitted diseases and HIV/AIDS prevention;
  4) Basic research, data and population and development policy analysis.
The Resource Flows Project

• At the core of the Resource Flows Project’s activities are the annual donor and domestic (E-) mail surveys whereby financial data on population expenditures are collected at the programme level. The data collected cover expenditures during the previous year and expected expenditures during current year and several years ahead.

• Two different questionnaires were collected:
  1. for government departments
  2. for national NGOs.

• In addition to these questionnaires, consultants were completed a special questionnaire on the national budget, on private sector expenditures for population activities, and on future expected national budget for population activities.
Millennium Development Goals

All countries are trying to reach Millennium Development Goals (MDGs) by the year 2015 and the MDG 4, 5 and 6 set targets in reproductive health related areas.

At this point, in order to reach targeted health indicators, integration of reproductive health services at primary care level is essential.

In the last seven years, a special attention has been paid to mother and child health programs within Health Transformation Programme as an important part of reproductive health in Turkey.
Categories and examples of population activities

- **Family planning services:**

- *Direct Service Delivery, Drugs, Supplies and Personnel Costs*

- *Family Planning Programme and Systems Costs*

  - Capacity-building for information, education and communication (IEC) regarding family planning and population and development issues
  - National capacity-building through support for training
  - Infrastructure development and upgrading of facilities
  - Policy development and programme evaluation
  - Management information systems
  - Basic service statistics
  - Focused efforts to ensure good quality care, including supervision and assessment
  - Advocacy for family planning services
Categories and examples of population activities

Basic reproductive/maternal health services:

*Direct Service Costs, Drugs, Supplies and Equipment*

- Information and routine services for prenatal care, normal and safe delivery, post-natal care
- Abortion, management of post-abortion complications

*Reproductive/Maternal Health Programme and Systems Costs*

- Information, education and communication (IEC) about reproductive health, human sexuality and responsible parenthood, and against harmful practices
- Counselling
- Diagnosis and treatment for reproductive tract infections,
- Referrals, education and counselling services for pregnancy
Primary Funds of Donor Countries For Population Assistance, Turkey, 1999-2009

Thousands of current $ US

Distribution of National Budget for Population Activities
Overall Government Departments and Institutions
Universities and NGOs in Turkey /2011 (USD)

- Government Departments and Institutions: 269,503,311,00 USD
- Universities: 206,513,00 USD
- NGOs: 807,596,00 USD
Survey difficulties

• In fact, many in-country informants have complained in response to the UNFPA/NIDI surveys that much of their spending on “population” activities is not captured because so many health programs are integrated. Because individual services cannot easily be disaggregated, spending on family planning and reproductive health often goes unrecorded. Thus, the developing country data reported here should be considered an underestimate.
Survey difficulties

• The communication language used in the questionnaires.

• The survey instrument does not fully correspond to the financing and expenditure system in Turkey, and as a result of this, the incapability of the agencies to complete the questionnaire as per the requirements. This clearly had an adverse effect on the quality of the responses, and probably also influenced and caused the low response rate.

• The timing of the survey.
Increasing health expenditures

• In 1990, total health expenditure in Turkey was 2.7% of GDP, but by 2008 it had increased to 6.1% of GDP ($913), similar to that achieved by EU countries for which average health expenditures were 5.2% of GDP.

• Health expenditures increased especially in 2003–08.

• In 2010, of the EU countries, Turkey had the greatest proportion (75.2%) of the total health expenditures coming from public sources.

Universal health coverage in Turkey: enhancement of equity

_The Lancet_, Volume 382, Issue 9886, Pages 65-99, June 2013
Increasing health expenditures

• Among the OECD countries, Turkey allocates the largest proportion of its public health budget, about 7.7%, to investment, compared with the OECD average of 4.2%. The budget allocated to expanding prevention and primary health care to underserved areas has also increased 58% in real terms.

• Increase in the share of the government budget allocated to health expenditure and the HTP from 11.5% in 2000 to 13.1% in 2011.
Financial Access

- Total expenditure on health (% GDP)
  3,6 (2000)  5,6 (2008)


- Out of pocket expenditures on health as percentage of total health expenditure

Health expenditure per capita (current US$)

Health Expenditures by capita

World Health Organization National Health Account database
(see http://apps.who.int/nha/database/DataExplorerRegime.aspx for the most recent updates).
Health expenditure, public (% of total health expenditure)

World Health Organization National Health Account database
(see http://apps.who.int/nha/database/DataExplorerRegime.aspx for the most recent updates)
Health expenditure, total (% of GDP)

- Total health expenditure is the sum of public and private health expenditure. It covers the provision of health services (preventive and curative), family planning activities, nutrition activities, and emergency aid designated for health but does not include provision of water and sanitation.

Health expenditure, total (% of GDP) by year
The “Health Transformation Program”

• According to the new model of MoH, reproductive health services are located in the Women & Reproductive Health Department.

• Immunization, family planning and antenatal services are the responsibility of the General Directorate of Primary Health Care Services.
The Symposium on Sexual and Reproductive Health Care Services in Primary Health Care
Ankara 2010

• The objectives of the symposium were to review integration of sexual and reproductive health in primary care studies to share the country experiences and the success stories in the European countries which have adopted Family Medicine Implementation earlier than Turkey, to develop standards in providing sexual and reproductive health services in primary care and to offer recommendations for the implementation of identified standards and increasing the capacity of family physicians and staff working in the field of sexual and reproductive health.

• During the symposium, country experiences of various national and international organizations were revealed and strengthening of reproductive health services provided within primary care in Turkey was discussed.
The following problems are examples of obstacles in the provision of reproductive health and family planning services:

- Collaboration between the units in the MoH is very poor.
- Bureaucratic procedures for spending the budget of MoH are very complex, which causes wasting of time and resources.
- Turnover among health personnel is very high. Qualified personnel are changed and sometimes a new staff person is not skilled in delivering reproductive health services.
- In addition, the distribution of health personnel across the country is not well balanced between rural and urban areas and western and eastern regions.
Provision of Sexual & Reproductive Health Services

Family planning and antenatal services are the responsibility of the General Directorate of Mother and Family Planning and Child Health, which also has branches within the provincial health directorates. Prior to the implementation of the family practitioner scheme, these services were primarily provided by maternal and child health centres and health centres; now family physicians provide these services, but secondary health care institutions can also provide these services.
Reproductive Health Services

If health sector reform works well, it should make basic preventive health care, including reproductive health services, widely available. Reforms should also make health providers more responsive to client needs.
In summarizing the outcomes of ICPD

Reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases.
A sexual and reproductive health programme has five major components

- Maternal health
- Newborn health;
- Family planning; prevention of unsafe abortion;
- Management of reproductive tract infections and sexually transmitted infections, including HIV/AIDS;
- Promotion of sexual health.

A programme needs to serve all segments of the population, including adolescents.
Under the Performance Based Contracting Scheme

Turkey’s family medicine program offers something different from all the other countries. It applies negative incentives (reductions in base salary) in lieu of the more traditional positive incentives (additional increases to the base salary) in motivating health workers to meet performance targets. Under the program, the negative incentives (for not meeting MCH indicator targets)
Under the Performance Based Contracting Scheme

• A salary deduction system (Performance point system) focusing on three performance indicators and targets which applies to FMP physicians and to FMP health staff as well as to FMP managers.
• Immunization coverage rate of registered children for each target vaccination
• Registered pregnant women with a minimum of 4 antenatal care visits
• Follow-up visits of registered babies & children
• Current funding levels in Turkey are far below what is necessary to meet current needs. Given the global financial crisis and the uncertainty of future funding levels, full implementation of the ICPD PoA agenda may be in jeopardy. Both international and domestic allocation of resources to population activities must increase from present levels to meet current and future needs.

• However, the results for Turkey indicate that spending on RH has reduced quite dramatically. This downward trend is related to the reorganisation of the health care system in Turkey, and the move toward primary care as part of that process. One consequence of this process of change has been that the traditional MCH/FP centres have been closed down, and there functions are supposed to have been largely taken over by family doctors. However, in practice this transition has been rather unsuccessful until now.