

Chapter 12

CURRENT APPROACHES TO HEALTH POLICIES

Kenan YURTSAL¹

DEFINITION OF HEALTH

The World Health Organization defines health as not only the absence of disease or infirmity, but also as a state of complete physical, mental and social well-being. The first acceptance of the right to health in an international document can be seen in the introduction part of the Constitution of the World Health Organization. It was approved in 1978 by the Declaration of Alma-Ata (Nobile, 2019). According to the Universal Declaration of Human Rights, health is a basic human right (Malta et al., 2016).

Health is an essential and indispensable need for individuals and societies (Yurtsever, 2019; İlicik, 2017). Health is an important and priority factor for human happiness. Mostly, the absence of a state of well-being is noticeable for individuals not the existence of it. Today's understanding of health is based on ensuring that individuals make the right decisions about their own health and gaining behaviors that will protect, maintain and develop their well-being (Yurtsever, 2019; Şen et al., 2017). It is extremely important for individuals to be informed about health, which is important for people and the society in general, and to remain healthy by taking protective measures (Başol & Işık, 2015).

PROMOTION OF HEALTH

Health promotion is defined as people's improving their health and gaining power to increase control over their health (Yurtsever, 2019; Bahar&Açıl, 2014). Using the potential and energy of the individual, living a satisfying life, being productive, and having the ability to use their talents about health to the fullest lie behind the concept of health promotion. The aim of health promotion is to ensure that the right health behaviors reach large mass of people (Akdağ, 2012; On, 2016). Health promotion is not just about preventing the disease (Bahar&Açıl, 2014). It enables individuals to maximize their health behaviors in the long term (Yurtsever, 2019; Bahar&Açıl, 2014). Individuals need to change their lifestyle and

¹ Res. Assist., Sivas Cumhuriyet University, kenyurt@yahoo.com

adopt healthy lifestyle behaviors to improve their health (On, 2016). The World Health Organization (WHO) supports the promotion of health in order to ensure healthy life and promote well-being for individuals of all ages, beyond just fighting against diseases (Aydın, 2019).

The basic principle in health promotion is individuals' accepting that they have the capacity to take responsibility for their health (Öztek, 2009). Thus, it is expected that people will develop their awareness of protecting their health and that they will gain health-protecting and improving behaviors by avoiding risky behaviors that may or may not exist in their lives (Şen et al., 2017). Another principle in health promotion is the opinion that health services are not only treatment services but cover a wider area. In other words, it should be paid attention that the environment has a positive effect on health in health promotion efforts (Öztek, 2009).

The understanding of health concept and health care system are constantly changing in the light of scientific developments and technological advances in line with environmental and cultural effects. This change has been towards health protection, maintenance and improvement (Atabey, 2012). The concept of health in the 19th century with industrialization and rapid urbanization has brought a broad vision in all aspects such as environmental sanitation, creating a safe and healthy living space. Promotion of health in our country dates back to the first years of the republic. The necessity of educating the public in the fight against infectious diseases in the first years of the Republic became prominent. The main issues included researching chronic diseases, increasing the level of public awareness about these diseases, fighting against risk factors, giving higher priority to preventive health services, determining risks, reducing disability and workforce losses, rearranging health services according to the needs of the society (Göçmen & Acımiş, 2017).

National Health Promotion Policy (PNPS) has formalized the inclusion of actions in this process (Yamaguchi, Bernuci & Pavanelli, 2016). The ministry campaigns in our country started with the H1N1 pandemic information campaign and continued with the family medicine promotion, medical home, fight with the tobacco and tobacco products, fight with the obesity, love is the best medicine, the school milk, alo 182, I love my baby, I eat healthy, organ donation, vaccination and rational antibiotic use campaigns, and finalized these campaigns. Ongoing health campaigns are Know Your Family Physician Early, Rational Use of Antibiotics Media Campaign (2018), Give Way to Life, 10 Thousand Steps Every Day.

In Brazil, National Health Promotion Policy (PNPS) was proposed in 2006. Today, PNPS includes community-integrated actions to support such as healthy eating habits, reducing alcohol consumption, physical activity, reducing smoking,

road safety, promoting a healthy environment without violence (Ferrari, 2018). Programs related to the international health promotion policies were implemented in Brazil and a marked decrease in smoking prevalence in the adult population were reported thanks to the physical activity, healthy diet, and non-tobacco consumption strategy (Yamaguchi, Bernuci & Pavanelli, 2016).

Brochures, booklets, public spot ads and movies, animations, newspaper news, health information platforms were created to provide health information needed by the public and draw attention to health (Temel Sağlık Hizmetleri Genel Müdürlüğü, 2011). WHO also recognized the importance of social resources as a valuable agent for health promotion behaviors. Social resources are provided at the community level as support provided by important people such as partners and peers in the form of information, financial aid and incentives. It has been shown that social support increases health and well-being, but social isolation has a negative impact on health outcomes (McGowan, Kramer & Teitelbaum, 2019). In a study, it has been shown that social support increases health and well-being in the health promotion regarding obesity, which has become a global disease, and social isolation has a negative effect on health outcomes and social support provided by peers is a useful strategy (Jane et al., 2019). In a study conducted with the mobile application in the health promotion program, it is shown that mobile application based health interventions can be effective (Lee et al., 2019).

In our country, efforts for health promotion that has been carried out in the past have been accelerated in parallel with the developments in the world especially in the last decade. All activities Have Started Tospread Through Media Campaigns (Göçmen & Acımiş, 2017).

HEALTH POLICIES

Health policy covers all actions affecting the institutions, services and financing arrangements of the health system. Health policy also covers the actions of public, private and voluntary organizations that have an impact on health as well as health services. In addition, health policies require working on all kinds of environmental and socio-economic effects that have an impact on health, as well as existing health services, in order for the policy making process to reach the result in an accurate way (Atabey, 2012).

Health care modernization efforts in Turkey dates back to the pre-republic period. In the 19th century, the Ottoman Empire went into a number of efforts to meet the needs of people in the field of health (Er, 2011; İleri, Seçer & Ertaş, 2016). Ministry of Health and Social Welfare Ministry has been the first ministry that was established on May 3, 1920 before the proclamation of the Republic in

Turkey and ten days after the foundation of the Turkish Grand National Assembly. The Ministry of Health determined its service framework as the first task, aiming to determine the priorities in health services, increase health gains and realize the most efficient distribution of resources. During this period, Dr. Adnan Adıvar became the first Minister of Health in our country (İleri, Seçer & Ertaş, 2016).

Health Policies in the 1923-1946 Period

Dr. Refik Saydam became the first Minister of Health after the Republic was proclaimed. Dr. Refik Saydam made great contributions to the establishment and development of our country's health services during his ministry, which lasted until 1937. Dr. Saydam can also be considered as the Minister of Health, who had the greatest impact on the development of Turkish Healthcare services. With health policies during his period, Dr. Saydam both made best case studies in terms of appropriate health services to the social state concept in Turkey and formed the basis for health services that would be presented in the following periods (İleri, Seçer & Ertaş, 2016). The health policies of Refik Saydam's period had four main pillars:

1. Conducting plan, design and implement of healthcare services centrally,
2. Separating preventive care at central level and curative care at local administrations,
3. Increasing the appeal of the medical faculties to increase the number of health workers, opening dormitories for medical faculty students, enforcing mandatory service for medical faculty graduates,
4. Launching programs to fight against infectious diseases such as malaria, syphilis, trachoma and leprosy (Akdağ, 2012).

Health Policies in the 1946-1960 Period

The "First 10-Year National Health Plan", known as the first written health plan of the Republic, was approved by the Supreme Health Council in 1946 and it was announced by the Minister of Health Dr. Behçet Uz on 12 December 1946. However, Dr. Uz had to leave his post before this plan, which was prepared with an intensive study, was enacted (İleri, Seçer & Ertaş, 2016; Akdağ, 2012). Until this period, policies had been implemented so that the management of health institutions, which were controlled by local administrations, depended on the central government. In addition, various policies had been prepared and put into practice for maternal child health, protective and preventive treatment services, and to increase population.

"National Health Program and Health Bank Studies" which was announced by Behçet Uz and which was of great importance for the health planning, was among

the works of this period (İleri, Seçer & Ertaş, 2016; Akdağ, 2012). In this period, in addition to the efforts to increase the number of hospitals, health centers, their beds and healthcare personnel (such as opening medical schools), many activities and studies were carried out to arrange health financing resources and to improve various healthy indicators (such as reducing infections, reducing maternal and infant mortality) (İleri, Seçer & Ertaş, 2016).

Health Policies in the 1960-1980 Period

The Law on the Socialization of Health Services no. 224, enacted in 1961, is one of the most important works of this period regarding health policies. This law adopted in 1961 paved the way for the establishment of national health services in our country (Er, 2011). In the 1980s, the order started to prevail in the country and accordingly, new ideas about health policies started to develop within the framework of the social state approach. In the light of these thoughts, the main prominent studies in this period were the adoption of the dissemination of health services as the main goal, the prioritization of preventive health services, and the studies on maternal and child health planning. Health policies related to population planning, law studies of General Health Insurance, various health policy studies related to the work order of health personnel, and regulations for the implementation of service delivery were among the activities carried out for health services in this period (İleri, Seçer & Ertaş, 2016).

Health Policies in the 1980-2002 Period

With the 1982 Constitution prepared in this period, the social security rights of the citizens were emphasized and the responsibilities of the state in ensuring this right were specified. The social state understanding, which entered our lives with the 1961 constitution, started to be established on stronger foundations with the 1982 constitution (Er, 2011). Studies on health policies in this period were on issues such as family planning, population planning, applications in health financing (green card application) and insurance coverage. “The Basic Law on Health Services”, which had a great importance and scope, was enacted in 1987. “National Health Policy”, developed by the Ministry of Health in 1993, consisted of main components including support, environmental health, healthcare delivery and goals for healthy Turkey. In general, some of the main components of the health reform and health policy efforts in 1990s were to create General Health Insurance by gathering all social security institutions under a single roof, to develop primary health services in the context of family practice, to transform hospitals into autonomous health institutions and to readjust the Ministry of Health to become a planning and coordinating body with a special focus on preventive healthcare (Er, 2011)

In the 1990s, an understanding of trying to turn the role of the Ministry of Health into an institution that prepares policies and sets rules rather than service delivery emerged. In these years, although the concept of health, which is a constitutional right, was not given enough attention, it can be said that health policies were given less importance than necessary. One of the most important developments in health policies during this period was the privatization of hospitals in the provision of health services. At the same time, radical changes in the pricing and reimbursement of institutions in the provision of health services became the most important issues that came up with the health policies prepared. In the light of all these studies, the first noticeable development in the 2000s was the application of family practice. The Social Security System was gathered under a single roof with this change (Atabey, 2012).

Health Policies After 2003 and Turkey Health Transformation Program

The “Health Transformation Program”, which can be considered as a turning point in the health field of our country, was prepared and announced to the public by the Ministry of Health in early 2003. The Health Transformation Program was planned to target 8 themes. These main themes were Ministry of Health as the planner and supervisor, universal health insurance gathering everyone under a single roof, an extensive, accessible and friendly healthcare system, highly motivated health workforce equipped with knowledge and skills, education and scientific institutions to support the system, quality and accreditation for quality and effective health services, institutional organization in rational drug and supply management and strengthened primary care and family medicine (Er, 2011, İleri, Seçer & Ertaş, 2016).

The 2003-2008 was a period when important changes took place in health and serious steps were taken in this direction. Many innovations were launched within the framework of the Health Transformation Program and these innovations were supported by newly created health policies. With the implementation of the Health Transformation Program, our country witnessed a process in which changes in health policies were frequently discussed in the public, and the actions put forward were felt noticeably by the service takers as much as service providers (İleri, Seçer & Ertaş, 2016; Akdağ, 2012).

In parallel with the work carried out in the Health Transformation Program in 2007, 3 new titles were added and the working area of the Program was expanded. These titles were health promotion and healthy life programs for a better future, multilateral health responsibility for the mobilization of the parties and cross-sec-

toral cooperation and cross-border health services that will increase the country's power in the international arena (İleri, Seçer & Ertaş, 2016; Akdağ, 2012).

With the Health Transformation Program, which is a major turning point in the field of health services in our country, it was aimed to finance health services and to provide efficient, productive and equal health services. The basic principles of this program were based on the concept of human centrism, sustainability and continuity. Health policies are important for the prioritization of policies and strategies sensitive to health needs, establishing secondary legislation, maintaining political will, support and determination, maintaining political and economic stability, ensuring continuous improvements, and avoiding populist initiatives and practices that will threaten the system (İleri, Seçer & Ertaş, 2016).

The importance of the current approach to health policies and its necessity to take part in priority issues are clearly seen. It is thought that effective implementation of health policies will contribute positively to public health and therefore to public welfare. It is clear that effective implementation of health policies will positively contribute to the development level and economic welfare of our country.

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