

Chapter 13

HEALTH - ECONOMY - EFFICIENCY - EQUALITY: KEY CONCEPTS

Ahmet YILDIZ¹

Introduction

The level of development of a community is closely related to the health status of that community. Generally, health indicators of developed countries are better than those of undeveloped or developing countries. Countries divide a significant portion of Gross Domestic Product (GDP) into health to improve the health status of the population. Of course, sufficient resources should be allocated to the health sector, but on the other hand it should be taken into account that the resources are not limitless. Therefore, efficient use of resources is required. Furthermore, equitable distribution of the resources allocated to the health sector should be ensured among the individuals constituting the society. But it is difficult to be both equal and fair. For example, everyone may be required to provide high quality services, but resources may be inadequate. If you provide services at a certain level, you can have resources, everyone will have equal service, but this time some individuals that either paying more tax or paying enough money may demand higher standard services. If these requests are not met, they may complain that they are not fair. If you are paying a different standard to those who are paid, those who are not able to pay can complain that they are not treated equally. Health, economy, productivity and equality concepts are key concepts in the health sector. These concepts are examined below.

Health Concept

The concept of health by the World Health Organization (WHO) is defined as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. The bibliographic citation for this definition is: Preamble to the Constitution of WHO as adopted by the International Health Conference, New York, 19 June - 22 July 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of WHO, no. 2, p. 100) and entered into force on 7 April 1948. The definition has not been amended since 1948. (WHO, 2012).

¹Assistant Professor, Batman University, Department of Health Institutions Management, Health Services Vocational School, Batman, TURKEY. ahmet.yildiz@batman.edu.tr

Inputs used to produce output and output must be known as quantity or monetary value so that their efficiency can be measured. "Physical efficiency" when the proportioning process performed to determine efficiency is made between all inputs that can be measured in terms of total output (production) and quantity; economic efficiency "when it is realized between the monetary value of the total output and the total cost of the inputs (Çakmak & ark., 2009).

Equality

The United Nations recognizes that every individual is entitled to a healthy life and basic education. In many countries, health is considered a fundamental right under the definition of individual rights. As mentioned before, the development of a perspective on health in terms of "right", justice and equality is realized within the "normative approach". There is a general consensus that people, regardless of their language, religion, race, gender, income, wealth, prestige and status, benefit from health services in the context of equality, justice and rights. (Altay, 2007).

The goal of equality in health care should be to reach the health level of all regions or social groups at the same level, or at least to greatly reduce health disparities. Because health services are one of the many factors that create health disparities in the country, and the improvement of health services alone can not reach the desired level of public health. Equality in health care is defined as follows (Çelik, 2011):

- Equal availability of health services for equal needs
- Equal use for equal needs
- Serves equal quality for everyone.

Conclusion

Health is the most basic human right. Health care services that are needed by all the people who make up the society should be provided. However, efficiency should be ensured in health expenditures considering that resources are also limited. In addition, equitable use for equal needs in health service delivery and should try to provide high standard service to everybody.

Reference

- Acar, A. & Yeğenoğlu, S. (2006). Sağlık ekonomisi perspektifinden farmaekonomi. *Hacettepe Üniversitesi Eczalık Dergisi*, 6 (1), 39-55.
- Ak, B. & Sevin, H. D. (2000). *Hizmet sektörünün genel yapısı ve sağlık hizmetlerinin özellikleri*. Tatar, M., Şahin, İ. ve Erigüç, G. (Ed.). I. Ulusal Sağlık İdaresi Kongresi (25-32). Ankara: Minpa Matbaacılık.
- Altay, A. (2007). Sağlık hizmetlerinin sunumunda yeni açılımlar ve Türkiye açısından değerlendirilmesi. *Sayıştay Dergisi*, (64), 33-58.
- Asunakutlu, T. (2005). *Sağlık Hizmetlerinde Kalite*. Erişim: 26 Kasım 2008, <http://www.canaktan.org/politika/kamuda-kalite/asuna.pdf>
- Çakmak, M., Öktem, M.K. & Ömürgönülçelen, U. (2009). Türk kamu hastanelerinde teknik verimlilik sorunu: veri zarflama analizi ile sağlık bakanlığına bağlı kadın doğum hastanelerinin teknik verimliliklerinin ölçümü. *Hacettepe Sağlık İdaresi Dergisi*, 12 (1), 1-36.

- Çalışkan, Z. (1999). *Ulusal sağlık hizmetleri sisteminin finansman kaynakları yönünden Türkiye’de uygulanabilirliği*. Akdeniz Üniversitesi Yüksek Lisans Tezi, Antalya.
- Çelik, Y. (2011). *Sağlık ekonomisi*. Ankara: Siyasal Kitabevi
- Fuchs, V.R. (1983). *Who shall live? Health, economics, and social choice*. The University of New York, Basic Books, New York: Inc. Publishers.
- Karabulut, K. & Yaprak, Ş. (2000). *Sağlık hizmetlerinde algılanan kalite düzeyinin belirlenmesi: Erzurum’da bir uygulama*. Tatar, M., Şahin, İ. ve Erigüç, G. (Ed.). I. Ulusal Sağlık İdaresi Kongresi (279-292). Ankara: Minpa Matbaacılık.
- Kavuncubaşı, Ş. (2000). *Hastane ve sağlık kurumları yönetimi*. Ankara: Siyasal Kitabevi.
- Kesgin, C. & Topuzoğlu, A. (2006). Sağlığın tanımı; Başaçıkma. *Journal of İstanbul Kültür University*, (3), 47-49
- Resmi Gazete (1961) Sağlık hizmetlerinin sosyalleştirilmesi hakkında kanun. Sayı: 10705, No: 224, Tarih: 05.01.1961.
- Sağlık Hizmetlerinin Sosyalleştirilmesi Hakkında Kanun. (1961). T.C. Resmi Gazete, 224, 12 Ocak 1961.
- Tutar, F. & Kılınç, N. (2007). Türkiye’nin sağlık sektöründe ekonomik gelişmişlik düzeyi ve farklı ülke örnekleriyle mukayesesi. *Afyon Kocatepe Üniversitesi İİBF Dergisi*, 9 (1), 31-54.
- Yeğenoğlu, S. ve Emre, H. (2004). Farmaekonomi alanında temel kavramlar. *Ankara Ecz. Fak. Dergisi*, 33 (1), 41-61.
- World Health Organization (WHO). Frequently asked questions. Erişim Tarihi: 22 Ekim 2012. <http://www.who.int/suggestions/faq/en/index.html>