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Health Expenditure and Its Place in Economy: The Case of Turkey

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***Abstract*—**While health is a source of prosperity for individuals, it is also one of the most important determinants of economic growth for a country. Health, by increasing the productivity of labor, contributes to economic growth. Therefore, countries should give the necessary emphasis to health services. The primary aim of this study is to analyze the changes occurring in health services in Turkey by examining the developments in the sector. In this scope, the second aim of the study is to reveal the place of health expenditures in the Turkish economy. As a result of the analysis in the dataset, in which the 1999-2013 periods is considered, it was determined that some increase in health expenditures took place and that the increase in the share of health expenditures in GDP was too small. Furthermore, analysis of the results points out that in financing health expenditures, the public sector is prominent compared to the private sector.

***Keywords*—**Healthcare, health service, health expenditures, Turkey.

I. Introduction

HEALTH is among the most important and central factors in sustaining the happiness and prosperity of individuals. When an individual's health fails and they fall ill, one turns to the available health services for treatment. Health services are medical activities that are carried out to reduce or eliminate the various factors damaging human health and to protect society from the impact of these factors, to treat and rehabilitate those patients whose physical and emotional abilities have declined, and to restore their health. Health services are social services, whose resources are basically allocated by government. Services aiming to protect people against illness are among the most important components of health services. Countries, on the one hand, now need to offer the most advanced medical methods and practices, employing the latest technological advances to offer these services in treatment and diagnosis, and on the other, need to allocate the necessary budget to provide preventive health services and also make the required investments in the sector.

By providing effective and adequate health services, a country is able to ensure a healthier and more productive society. However, in order to realize this aim, a country needs to have adequate economic power and growth. The expenditure emerging as a result of providing health services will be referred to as health expenditure at this point. Social, economic, cultural and technological factors may cause an increase in health expenditure in an economy.

The aim of this study is to reveal health expenditure's place in the Turkish economy. In this scope, through exploring the data obtained from the Turkish Statistical Institute, the dimensions of health expenditures in the country and its role in GDP were analyzed.

II. The Concept of Health Services and the Historical Development of Health Services in Turkey

Before defining the concept of health services, it is necessary to define the concept of health. Health is the level of functional or metabolic efficiency of a living organism. For human beings, it is the ability of individuals or communities to adapt and to overcome physical, mental or social challenges [1]. The World Health Organization (WHO) defined health in its broader sense in its 1948 constitution as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity [2], [3].

The concept of health services expressed in this paper is a general and comprehensive definition outlined in the "Law on Socialization of Health Services", No. 224 and dated 5.1.1961, which is described as follows: "Health services are medical activities undertaken to eliminate the various factors damaging to human health and to protect society from the impact of these factors, to treat patients, and to rehabilitate those patients whose physical and emotional abilities decrease" [4].

Health care is considered in three dimensions: Preventive health services, curative health services and rehabilitation services. Within the dimension of preventive health services, there are social based issues such as providing clean and safe drinking water; environmental health; education and services to overcome harmful habits such as smoking, tobacco, and excessive alcohol use; struggles with malaria and contagious diseases; increasing immunity; early diagnosis; nutrition; obesity; family planning; and health education, in order to sustain a healthy lifestyle as a way of reducing ones susceptibility to poor health and disease [5]. Curative health services are the next stage of preventive health services and include more specific benefits. In this context, the definition of curative health services can be given as services that include the diagnosis and treatment of disease [6]. In the case of health problems which cannot be eliminated by preventive services and cannot be treated by curative health services, rehabilitating health services move into the scene. In terms of physically handicapped patients, with the medical

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rehabilitation service, it is aimed to get them healthy again, while social rehabilitation service scan also be given to individuals experiencing loss of motivation, adaptation, and morale [7].

The increasing needs of people and the changing environment in which we live, means that greater importance and enormous demands are being placed on health services. Therefore, health care has become an important industry today. To better understand the present case of the Turkish health service, it is necessary to regard the changes experienced in health services through its historical development [8]. In this scope, the development of Turkey's health services is examined under two headings as the "pre-Republic period" and the "post-Republic period".

A. Pre-Republic Period

From Seljuklu Empire to Turkish republic period, it can be expressed that there was a developed health system in the Turkish states. In the Seljuklu period, as it was in the Ottoman Empire, health services were presented through aid foundations. In the period of the Ottoman Empire, due to the fact that administrative organization is military and court-centered, health services were carried out as generally court and army-oriented by the government. After the second half of the 19th century, westernization movements began and the first steps of introducing health services to the common masses were taken [8].

Prior to the modern Turkish Republic, the poor would seek assistance from charities for problems related to health, while those with the financial means would access private health services. Public health services started to be viewed among the duties of government with the foundation of GNAT (The Grand National Assembly of Turkey) [9].

B. Post-Republic Period

Even prior to the establishment of the modern Turkish Republic, health services in the country were considered as a government duty. The establishment of the Republic was a turning point in activating the struggle against diseases as a result of legal arrangements and institutional structuring works for people remaining helpless against diseases earlier [8].

In 1920, alongside the foundation of the Ministry of Health between the years 1920-1938, new arrangements were made in the area of health and Dr. Adnan Adıvar was appointed as the first Minister of Health, serving until 1937, when he was replaced by Dr. Refik Saydam. In this period, the requirement of giving emphasis to the methods of struggling with contagious diseases such as syphilis, trachoma, and especially malaria, was elaborated [10]. In the period of Dr. Refik Saydam, producing preventive health services regarding the diseases mentioned above could be realized, as forming the infrastructure of the health system. For achieving the targets, all of these should be realized together with policies to bring health services to rural areas. Forming the necessary infrastructure in the area of health and reaching the targets took a long time. In order to be able to conduct health services across the entire country, it was necessary to assign health staff from cities to towns and from towns to villages and to establish health units [11].

Looking at the period 1946 to 1948, major changes were implemented in health management in Turkey. The Minister of Health at that time, Behçet Uz, in accordance with the country's first 20 year National Health Plan prepared in 1947, was to see the foundation of rural health centers to provide services for up to 40 villages. Each health center was principally expected to have two doctors, 11 nursing and general staff, and 10 beds for emergency cases. The plan was never fully applied, and although some of the necessary infrastructure was built, these centers served only as ineffective small hospitals [4].

In the first years of the Republic, although health services were deemed among the duties of government, private agencies were also led to present health services. As a result, this dual structure of health policy became more remarkable after 1950s and, especially, at government level, the tendency of transferring services to the private units and agencies has become dominant. These institutes and agencies began to search remedies and therapies to health problems with their own resources, and began to establish the various organizations and units producing health services. One of those was the hospitals established in 1952 depending on the Social Security Administration implemented with a law enacted in 1945 [6].

With the 1982 Constitution, the articles defining social security services as a duty of the government were removed, and instead, articles expressing that these services will be arranged by the government were replaced. The main feature of the last 20 years is the efforts to make health sector compatible with this new official policy [12]. Depending on the comprehensive plan formed by the State Planning Organization related to the health sector in 1992, the First National Health Congress was held and the reorganization process started. In the Second Health Congress held in 1993, national health policies were determined. After these years, in order to be able to meet the health services of citizens without the financial ability to pay and a place in the scope of social security, the application of the "green card" was passed.

In the 2000s, the most important development in the health sector came with the "*Program of Transformation in Health*" (PTH), announced by the Ministry of Health with a small brochure to the public opinion. With the PTH, it was planned to evaluate the reform and works in the past, to design a health system for the future, and to make the necessary changes for facilitating this system. What is targeted with PTH is to organize health services effectively and fairly, to provide finance, and to deliver these services [6]. In 2005, the application of family practice was first implemented in the province of Düzce and was later applied in the provinces of Denizli, Adıyaman, Edirne and Gümüşhane in 2006. At the end of 2010, the application of the family practice was realized in all provinces [10]. Beginning slowly to separate the financing of health services from service presentation was realized by Law No.5510 on Social Securities and General Health Insurance, which came into force on October 1, 2008.

With this law, citizens, who were members of the Social Security Institute, Government Retirement Fund, Social Security Organization for Artisans and the Self-Employed (Bağ-Kur) were placed in health security under the umbrella of General Health Insurance. The regulations to include the citizens having Green Card* in the scope of General Health Insurance were also realized in this period [9].

Before and after the foundation of the Turkish Republic, when the changes realized in the health services system are considered, it can be said that the changes carried out were breakthroughs that will constitute an example for not only the citizens living in the country, but also the entire world [12].

III. Financing Health Services in Turkey

For acquiring a general opinion about the case of health and welfare, it is necessary to look at the financing system of health services in that country. In less developed and developing countries, the fact that accessibility to health services is difficult and that health services are expensive pushes individuals to poverty. In this case, the issue which these countries have to feature is to finance health services with a sound and fair financing model. Considering in terms of developed countries, the studies on the subject of how the funds will be formed to meet the increasing demands of citizens to health services are intensified and thus, it is tried to improve the quality and accessibility of health services [13].

Financing health services are generally made as direct or indirect. Indirect financing is organized by central government and local governments, obligatory insurance institutes, voluntary insurance institutes, and charities. Direct financing is based on the principle that the individuals, who will utilize health services, meet the expenditures that these services require. Individuals, paying for the cost of the health service that he/she needs, purchases it at the measure of his/her own financial abilities [7].

One of the most important barriers in front of studies for the reform and review of health services in Turkey is a fragmented structure of health services' financing. In Turkey, the most needed information for revising health services is the information of flow of resources and funds, and distribution of these funds between health services and the needs competing with each other through this structure [12].

Finance of health services in Turkey is provided by [14];

- General budget, basically financed by tax incomes and used for health expenditures of the Ministry of Health, Ministry of National Defense, university hospitals, the other public institutes, and civil servants working actively; social security contributions deducted from monthly incomes of the members of Bağ-Kur, SGK (Social Security Institutes), and Government Retirement Fund;
- Direct cash payments to private health institutes and physicians serving in their private clinics; and premiums of private health insurance.

In Turkey, since a mixed financing and service presenting model is applied, those individuals having social security are also obliged to pay for some of the expenses in cash. As an example, individuals with SGK can demand a service from private health institutes, provided that they pay for some part of the cost in cash to utilize those health services. The reason for this is that the government, as a requirement of the contract it made with private health institutes, reimburses some part of the fee and the remaining part has to be paid by citizens [15].

IV. Literature

Günaydın [8] studied the economic efficiency of the health sector in Turkey. As a result of the data regarding the period, when he carried out the study, in Turkey, he observed that 30% of the population was excluded from the social security system, and total of health expenditures accounted for about 3% of Gross Domestic Product (GDP).

Karabulut [4] studied the health sector in the province Erzurum. As a result of the study, he identified that health institutes in the province Erzurum were able to deliver health service to approx. 10 million people. He reached the conclusion that the important problems of the health sector were inadequate personnel and equipment, and incompetent management. He stated that if these problems were solved, the province of Erzurum would be the leader of the health sector in the East Anatolian Region.

Aydın [11] studied health services in the establishment years of Turkish Republic. In the study he carried out, he uttered that together with the Republic administration, firstly health problems concerning the general public were dealt with; preventive health services were prioritized; and that a health system that can be accessed by all citizens was attempted to be established.

Dağlı [7] studied the structure of the health sector in Turkey and concluded that the dominance of the public sector was still continuing.

Üzmez [16] examined the effects of globalization on the health sector and health expenditures in Turkey. As technological developments made the world smaller, he expressed that some changes were experienced in the definition of health and health policies. He reached the conclusion that after the 1990s, in the rest of the world, as in Turkey, the effects of the neo-liberal stream was seen and, depending on this, health expenditures in Turkey increased with the increasing use of private sector health services.

Akın [5] attempted to evaluate the relationship between health and the economy, using health indicators accepted as global development indicators. At the end of the study, Akın reached the conclusion that there was a positive directional relationship between life expectancy at birth and gross domestic product per capita at nominal values; and that there was a negative directional relation between new born mortality rate, child mortality rate, and crude death rate.

Kılıç [12] examined the level of economic development in the health sector in Turkey. In Turkey, for the health status of society to rise and reforms in health to be able to be made

* The Green Card is given to the poor by the Social Security Institute.

successfully, he suggested that the facts of the country should be considered; that the right policies should be identified; and that the policies identified should be executed in a scientific framework. For this, he says that there was need for a sustainable health policy; and that the Ministry of Health should undertake the leadership function.

Filiz [9] examined the effects of the changes occurring in the health indicators in the economy and in what ways the changes occurring in the economy affected health indicators. In this framework, he made several deductions. The first effect of a good level of health on the economy is that longer life expectancy allows individuals to benefit more from capital investments. In addition, long life expectancy will increase the private savings. Increased savings will reduce the cost of investment and this will contribute to economic growth. On the other hand, a high health level enables the quality of education, which is another element of human capital, to increase; more educated individual's means a more qualified labor force for the economy, and thus, becomes a factor increasing production. The improvement of the health level enables resources not previously utilized to be operated. In addition, thanks to the various diseases prevented through preventive health expenditures, it can enable the resources allocated for health to be shifted to the other areas. For these reasons, it was concluded that health made contributions to the human resource accumulation of countries and, thanks to this accumulation, to economic growth.

Yanar [14] examined the health sector and health expenditures in the province of Gaziantep. As a result of the study, he observed that investments made to the health system increased over time, as with the rest of Turkey, and that in the coming years the province of Gaziantep would attain European standards through the new investments made and the health reforms applied in the health sector.

Yavuz [6] examined how the health level in the country developed from the past to the present, and the general structure of the health sector. Examining the history of the health system, he concluded that the health system in Turkey witnessed continuous arrangements and renewals until today, but the works made were not adequate in meeting world standards. He said that in 2003, a transformation program in healthcare was important at this point; with this program, a set of actions were taken and implemented to present an effective, efficient, and fair service in the health sector.

Yılmaz [15] examined how citizens living in central neighborhoods of the district Ovacık in the province of Tunceli used health services, their reasons for selecting the health agencies they utilize, the satisfaction of service they received, and the factors affecting these. As a result of the study, he identified that the presence of health security in selecting health institutes and reaching the institute were important, and in the case of illness, the place of the first referral in general was to the district hospital, due to the ease of transportation and obligation; and in the case of more critical cases, due to the preference of a specialist physician, the public health institutes of Tunceli and Elazığ were preferred.

Akdağ [10] examined the relationship between health expenditures and quality of life; he concluded that the increases occurring in total health expenditures or health expenditures per capita led to improvement in the quality of life based on the health of individuals. Also, he suggested that only increasing health expenditures did not mean an increase quality of life based on health. At this point, effectively managing the expenditures is important.

Alacahan [13] using the data from 2000, attempted to reveal the effect of the health sector on development. While carrying out the study, he utilized the Human Development Index, a development criterion; and concluded that health expenditures had a positive effect on development.

V. Health Expenditures in Turkish Economy

For a country to be able to have a healthy society, it is necessary to present health services to meet the needs of society. For this, it is necessary for the economy to be strong; and to provide economic growth and make it sustainable. All expenditures made for providing health services are collected under the name of health expenditures. In addition, health expenditures are not only expenditures made to recover health in case of a loss of health, but also all expenditures supporting the aim of protecting health, such as vaccinations and the struggle against sexually transmitted diseases and development aimed expenditures, such as nutrition and health investments are accepted as "health expenditure" [9].

Health expenditures are evaluated as expenditures increasing the growth and productivity in an economy. The reason for this is that as a result of the increase of the quantity and quality of health services, life expectancy is extended, years of service in employment increases. Health expenditures, via preventive health services, enable individuals to maintain health over time and thus increasing their productivity which leads to economic growth. When curative health services are considered compared to preventive health services, we see that it requires more health expenditure. At this point, it should be noted that utilizing preventive health services is important not only for countries, but also for individuals themselves [16].

Today, for countries to be able to use scarce resources effectively, analyzing each item of expenditure economically and questioning whether or not the expenditures made reach its aim is important. It is a reality that health expenditures, consisting of a large part of public expenditures, are on the rise around the world. The question: "*What are the factors increasing health expenditures?*" comes to mind here [12]. The most important reasons for increasing health expenditures can be classified as economic, social, and cultural reasons. The main reason for the increase of health expenditures from an economic point of view is explained with the increase of the demand of individuals, whose incomes increase. The reason for the increase of health expenditures, from a social and cultural point of view, is that as the educational status of individuals in developed societies increases, so too, does the understanding of health and the demands for health services of

individuals. When considered from a technological perspective, the reason for the increase in health expenditures is a result of technological developments in the area of health that are based on long term efforts and studies, increasing the costs [13]. In addition, urbanization and extended life expectancy can be evaluated among the reasons increasing health expenditures. In regions where urbanization is taking place, an epidemic that may emerge can spread to a large mass; this reveals the need for increasing health investments. As a result of extended life expectancy, and as the number of older people increase in population, health expenditures will increase due to the increasing need for health services [5].

To be able to compare different countries and make the necessary informed decisions associated with the health sector and health policies, analysis of health expenditures is of great importance [1]. The World Health Organization suggests that the rate of the share of financing allocated for the health expenditure of a country to GDP should be a minimum 5%; this rate is set as a target that must be reached by less developed and developed countries [14].

In Turkey, the share of health expenditures actualizing in GDP in the period 1999-2013 is presented in Table I. According to Table I, while the share of health expenditures in GDP in the period 1999-2013 was 4.8% in 1999, it was realized at 5.4% in 2013, not showing a significant increase. In respect to 1999, the target set by the World Health Organization was not achieved. In 2013, although this target was achieved, it was concluded that the developments provided in health services did not have a marked change the rate of health expenditures in GDP.

TABLE I
HEALTH EXPENDITURE IN GDP, (MILLION TL) [17], [18]

Years	HE	GDP	HE/GDP
1999	4.985	104.595	4,8
2000	8.248	166.658	4,9
2001	12.396	240.224	5,2
2002	18.774	350.476	5,4
2003	24.279	454.781	5,3
2004	30.021	559.033	5,4
2005	35.359	648.932	5,4
2006	44.069	758.391	5,8
2007	50.904	843.178	6
2008	57.740	950.534	6,1
2009	57.911	952.559	6,1
2010	61.678	1.098.799	5,6
2011	68.607	1.297.713	5,3
2012	74.189	1.416.798	5,2
2013	84.390	1.567.289	5,4

Notes: HE: Health Expenditure; GDP: Gross Domestic Product.

In Turkey, in the period 1999-2013, health expenditures with respect to the public and private sectors are shown in Table II. In Table II, it is revealed that there are important variations occurring in the financial structure of health expenditure. In 1999, while 61.1% of health expenditure was financed by the public sector and 38.9% by the private sector, in 2013, the share of public finance rose to 78.5% and the finance share of the private sector fell to 21.5%. As a result, in the period of 1999-2013, it was identified that in Turkey, the share of public sector financing of health services increased.

TABLE II
HEALTH EXPENDITURE, (MILLION TL) [17]

Years	PHE	PRHE	THE	PHE/THE	PRHE/THE
1999	3.048	1.937	4.985	61.1	38.9
2000	5.190	3.058	8.248	62.9	37.1
2001	8.348	3.958	12.396	67.3	32.7
2002	13.270	5.504	18.774	70,7	29,3
2003	17.462	6.817	24.279	71,9	28,1
2004	21.389	8.632	30.021	71,2	28,8
2005	23.987	11.372	35.359	67,8	32,2
2006	30.116	13.953	44.069	68,3	31,7
2007	34.530	16.374	50.904	67,8	32,2
2008	42.159	15.580	57.740	73	27
2009	46.890	11.021	57.911	81	19
2010	48.482	13.196	61.678	78,6	21,4
2011	54.580	14.028	68.607	79,6	20,4
2012	58.785	15.404	74.189	79,2	20,8
2013	66.228	18.162	84.390	78,5	21,5

Notes: PHE: Public Health Expenditure; PRHE: Private Health Expenditure; THE: Total Health Expenditure.

In Table III, in Turkey, in the period 1999-2013, the share of health expenditures of the public and private sectors in GDP is summarized. Table III shows the distribution of health expenditures in Turkey. In 1999, while the share of public health expenditures in GDP was 2.91%, in 2013, this rate rose to 4.23%. While the share of health expenditure of the private sector in GDP was 1.85% in 1999, in 2013, this share fell to 1.16%. The rate of total health expenditures to GDP did not show further change in the periods of interest. As a result, in the financing of health expenditures, while the share of the public sector increases, it was identified that the share of the private sector has a tendency to fall.

TABLE III
THE PLACE OF THE HEALTH EXPENDITURES OF THE PUBLIC AND PRIVATE SECTORS IN GDP [17]

Years	PHE	PRHE	THE
1999	2,91	1,85	4,76
2000	3,11	1,83	4,94
2001	3,47	1,64	5,11
2002	3,79	1,57	5,36
2003	3,84	1,5	5,34
2004	3,83	1,54	5,37
2005	3,7	1,75	5,45
2006	3,97	1,84	5,81
2007	4,1	1,94	6,04
2008	4,44	1,64	6,07
2009	4,92	1,16	6,08
2010	4,41	1,2	5,61
2011	4,21	1,08	5,29
2012	4,15	1,09	5,24
2013	4,23	1,16	5,39

Notes: PHE: Public Health Expenditure; PRHE: Private Health Expenditure; THE: Total Health Expenditure.

In Turkey, in the period 1999-2013, income distribution according to those providing the finance of health expenditures takes place in Table IV. According to Table IV, in the period 1999-2013, in terms of those providing the finance of health expenditure, the most important increase was experienced in SGK expenditures. SGK expenditure actualizing as TL 1.616 million in 1999, in 2013, actualized as TL 46.996 million and thus it was identified that there was approximately a 29-fold increase. While the share of SGK expenditures in public health expenditure actualized as 53% in 1999, this rate rose to 71% in 2013.

TABLE IV
FINANCING OF HEALTH EXPENDITURE, (MILLION TL) [17]

Years	SSI	CM	LGO	PHE	OPE	OPHE	PRHE	Total
1999	1.616	1.274	158	3.048	1.449	488	1.937	4.985
2000	2.686	1.846	458	5.190	2.280	778	3.058	8.248
2001	4.595	3.612	231	8.438	2.832	1.126	3.958	12.396
2002	7.631	5.283	356	13.270	3.725	1.779	5.504	18.774
2003	10.662	6.317	482	17.462	4.482	2.335	6.817	24.279
2004	13.231	7.659	500	21.389	5.775	2.856	8.632	30.021
2005	14.000	9.520	467	23.987	8.049	3.323	11.372	35.359
2006	17.667	11.766	683	30.116	9.684	4.269	13.953	44.069
2007	19.697	13.966	867	34.530	11.105	5.269	16.374	50.904
2008	25.346	15.948	865	42.159	10.036	5.545	15.580	57.740
2009	28.277	17.946	667	46.890	8.142	2.879	11.021	57.911
2010	30.695	17.209	577	48.482	10.062	3.134	13.196	61.678
2011	34.937	19.086	554	54.580	10.590	3.438	14.028	68.607
2012	41.630	16.493	662	58.785	11.750	3.654	15.404	74.189
2013	46.993	18.425	810	66.228	14.156	4.006	18.162	84.390

Notes: SSI: Social Security Institutions; CM: Central Management; LGO: Local Governments and Other Public Institutions; PHE: Public Health Expenditure; OPE: Out of Pocket Expenses; OPHE: Other Private Health Expenditure; PRHE: Private Health Expenditure.

VI. CONCLUSION

In this study, examining the historical development of health services in Turkey, the aim was to analyze the changes occurring in the health system and its place in the economy. The requirement for health services is an indisputable issue in all countries. When the history of health services in Turkey is regarded, together with the period of the Republic, health services began to be considered as the primary duty of government.

A health service in Turkey is in a mixed structure; health services are provided by both the public sector and private sector. While health expenditures made by Social Security Institutes, Central Government, Local Governments and other public institutes, are referred to as health expenditures made by Government, payment in cash and the other specific health expenditures are those made by the private sector.

While the share of health expenditures in GDP was 4.8% in 1999, by 2013, this share rose to 5.4%. In a similar way, in 1999, while 61.1% of health expenditures in Turkey were financed by the public sector and 38.9 % by the private sector: by 2013, the share of public financing in the sector rose to 78.5%, and the share of private sector financing fell to 21.5%. On the other hand, the share of the health expenditures in GDP was 2.91% in 1999, this share rose to 4.2% in 2013. As a result of the analyses, it was identified that in the period 1999-2013, in regard to the financing of health services in Turkey, the share of the public sector increased.

Meanwhile health expenditures made by the public sector, SGK, have the largest share. SGK expenditures actualized as TL 1.616 million in 1999, as TL 46.993 million in 2013, a 29-fold increase, while the share of SGK in public expenditure actualized in 1999 as 53%, in 2013, this share rose to 71%.

REFERENCES

[1] Huber M, Knottnerus JA, Green L, van der Horst H, Jadad AR, Kromhout D, Leonard B, Lorig K, MI Loureiro, van der Meer JWM, Schnabel P, Smith R, van Weel C, Smid H. (2011). "How should we define health?", BMJ 343, http://savenhshomeopathy.org/wp-content/uploads/2012/09/Huber-Definition-Health-BMJ-21.pdf.

[2] In Grad, Frank P. (2002). "The Preamble of the Constitution of the World Health Organization". Bulletin of the World Health Organization 80 (12): 982.

[3] World Health Organization. 2006. Constitution of the World Health Organization –Basic Documents, Forty-fifth edition, Supplement, October 2006.

[4] Karabulut, Kerem (1994). Economic Analysis of the Health Sector in the Province of Erzurum, M.Sc., Ataturk University Institute of Social Sciences, Erzurum, in Turkish.

[5] Akın, CemilSerhat (2007). Spending on Economic Growth Impact of the Health and Wellness: Health and Expenditures in Turkey, Master Thesis, Çukurova University Institute of Social Sciences, Adana, in Turkish.

[6] Yavuz, Nurgül (2011). A Comparison and Health Systems in the Turkey and OECD Countries, Master's Graduation Project, SuleymanDemirel University, Institute of Social Sciences, Isparta, in Turkish.

[7] Dağlı, Gamze H. (2006). Structure of Health Sector in Turkey, Master Thesis, Ankara University Institute of Social Sciences, Ankara, in Turkish.

[8] Günaydın, Gönül (1994). Economic Efficiency of the Healthcare Sector in Turkey, M.Sc., Anadolu University Institute of Social Sciences, Eskişehir, in Turkish.

[9] Filiz, Yasemin (2010). Relationship between Economic Growth and Health Expenditure, M.Sc., Atılım University Institute of Social Sciences, Ankara, in Turkish.

[10] Akdağ, Akın (2012). Make Effective Measurement of the Quality of Life Health Expenditures, M.Sc., Pamukkale University Institute of Social Sciences, Denizli, in Turkish.

[11] Aydın, Erdem (2002). "Health Services Established in the Republic of Turkey", *Ankara University Journal of Faculty of Pharmacy*, Vol. 31 (3), 183-19, in Turkish.

[12] Kılıç, Emine (2008). Economic Development Level in Health Sector in Turkey: A Comparative Analysis of Selected EU Countries, M.Sc., Nigde University Institute of Social Sciences, Nigde, in Turkish.

[13] Alacahan, Engin (2015). The Role of the Health Sector Expenditures in Turkey's Development, M.Sc., EskişehirAnadolu University Institute of Social Sciences, Eskişehir, in Turkish.

[14] Yanar, Yemliha (2011). Health Expenditures and Health Sector in Gaziantep, Master Thesis, Institute of Social Sciences of the University of Gaziantep, Gaziantep, in Turkish.

[15] Yılmaz, Şükran (2011). Satisfaction Levels Measurement and Health Services Utilization of Living People in Tunceli-Ovacık, Master Thesis, Okan University Institute of Social Sciences, Istanbul, in Turkish.

[16] Üzmez, Onur (2006). Globalization and its Effect on Health Sector Health Expenditure in Turkey, M.Sc., Kocaeli University Institute of Social Sciences, Kocaeli, in Turkish.

[17] TÜİK (Turkish Statistical Institute) 2015a. Health Expenditure Statistics, *http://www.tuik.gov.tr/PreTablo.do?alt_id=1084*, Available at: 28.11.2015.

[18] TÜİK (Turkish Statistical Institute) 2015b. Expenditure on the gross domestic product at current prices (annual) Data,*http://www.tuik.gov.tr/PreTablo.do?alt_id=1105*, Available at: 28.11.2015.