OECD Health Data 2005
How Does Turkey Compare

Health spending and financing

Total health spending accounted for 6.6% of GDP in Turkey in 2000 (latest available data), two percentage points lower than the average of 8.6% in OECD countries (2003 data). This places Turkey among the countries with the lowest share in the OECD, after Korea (5.6%), Slovakia (5.9%), Poland (6.0%), Luxembourg (6.1%) and Mexico (6.2%).

Turkey also ranks well below the OECD average in terms of total health spending per capita, with spending of 452 USD in 2000 (adjusted for purchasing power parity), compared with an OECD average of 2307 USD in 2003. Health spending per capita in Turkey is the lowest across OECD countries, but Turkey also has the youngest population with only about 4% of the population being over 65 years of age.

Pharmaceutical spending account for an increasing share of health costs in Turkey and in many other OECD countries. In 2000, spending on pharmaceuticals accounted for 24.8% of total health spending in Turkey, a figure above the OECD average of 17.7%. It is the third highest among the OECD countries, after Slovakia (38.5%) and Hungary (27.6%) (2002 data). In Turkey, spending on pharmaceuticals is financed through both public and private sources, the latter being mainly out-of-pocket.

The public sector is the main source of health funding in Turkey, as in all OECD countries, except the United States, Mexico and Korea. With 62.9% of health spending paid from public sources, Turkey is below the OECD average of 72.1%, but has higher public share than Netherlands (62.4%), Switzerland (58.5%), Greece (51.3%), Korea (49.4%), Mexico (46.4%) and United States (44.4%). While there is no more recent data, it is likely that the share of public financing has increased as a result of the recent expansion of health insurance coverage, benefits and entitlements.

Private financing in Turkey is mainly in the form of out-of-pocket payments which account for 74.6% of all private expenditures. This contrasts with the United States, where private health insurance arrangements account for 66% of total private health financing, and out-of-pocket payments accounting for only 14.1 of total health financing. Out-of-pocket expenditures are lowest in Nordic countries, the United Kingdom and Japan.

Resources in the health sector (human, physical, technological)

Health-care supply is low in Turkey by OECD standards. In virtually all dimensions of human resources for which data are available, Turkey has the lowest ratios, well below the OECD average.

While the number of doctors per capita increased by 40% in Turkey over the past decade or so, up from 1 practising doctor per 1 000 population in 1990 to 1.4 in 2003, the doctor-to-population ratio in Turkey was the lowest among the OECD countries and less than half the OECD average of 2.9 in 2003.

There were 1.7 nurses per 1 000 population in Turkey in 2003, again the lowest among the OECD countries, and a much lower figure than the average of 8.2 in OECD countries. However, as in most other countries, the number of nurses per capita has increased in Turkey, up from 1.3 in 1990.

---

1 All spending and financing data for Turkey is for 2000, while for all other OECD countries and the OECD average they relate to 2003 (except when stated otherwise).
The number of acute care hospital beds in Turkey was 2.3 per 1,000 population in 2003, slightly more than half the OECD average of 4.1 beds per 1,000 population. Unlike other OECD countries where the number of hospital beds per capita has fallen over time, in Turkey the number of beds has increased by 15% since 1990. The average length of stays for acute care in hospitals has slightly decreased over the past decade in Turkey, from 6 days in 1992 to 5.2 in 2002, a downward trend observed in other OECD countries. The acute care bed occupancy rate has also increased gradually in Turkey, from 55.6 in 1993 to 61.9 in 2003, still the lowest figure among OECD countries.

During the past decade, there has been rapid growth in the availability of diagnostic technologies such as computed tomography (CT) scanners and magnetic resonance imaging (MRI) units in most OECD countries. In Turkey, the number of MRI units was 3 per million population in 2003, less than half of the OECD average of 7.6 MRI units, but higher than in France (2.8), Hungary (2.6), Czech Republic (2.4), Greece (2.3), Slovakia (2.0), Poland (1.0) and Mexico (0.2). Similarly, the number of CT scanners in Turkey stood at 7.3 per million population in 2003, less than half the OECD average of 17.9, but still higher than Hungary (6.9), Poland (6.3), the UK (5.8) and Mexico (1.5).

Health status and risk factors

Most OECD countries have enjoyed large gains in life expectancy over the past 40 years, thanks to improvements in living conditions, public health interventions and progress in medical care. Since 1960, Turkey experienced one of the largest increases in life expectancy in the OECD area. Nonetheless, life expectancy at birth in Turkey stood at 68.7 years in 2003, about 10 years lower than the OECD average and the lowest among the OECD countries.

Infant mortality rate in Turkey is the highest among OECD countries, at 29 deaths per 1,000 live births in 2003 compared with the OECD average of 6.1. However, it has fallen greatly over the past decades, from 145 deaths per 1,000 live births in 1970.

The proportion of daily smokers among adults has shown a marked decline over the past two decades in most OECD countries. While Turkey ranks the fifth highest among the OECD countries in terms of the proportion of population over 15 years of age who are daily smokers, it has achieved significant progress in reducing tobacco consumption from 47.4% in 1995 (67.6% in males) to 32.1% (51% in males) in 2003, moving closer towards the OECD average of 26.5%, a success which may in part be attributed to the passage of a comprehensive tobacco control law in 1996 which banned tobacco advertisement and smoking in public places. Sweden, the United States and Canada provide examples of countries that have achieved remarkable success in reducing tobacco consumption, with current smoking rates among adults at about 17%.

Alcohol consumption is the lowest in Turkey, at 1.5 liters per capita, remaining steady over the last ten years and more than six times lower than the OECD average of 9.5 liters per capita among adults of 15 years or older.

Obesity rates have increased in recent decades in all OECD countries, although there remain notable differences across countries. In Turkey, the obesity rate among adults, at 12% in 2003, is higher than in countries like Italy (8.5%) and France (9.4%), but lower than in Spain (13.1%) and Greece (21.9%).

More information on OECD Health Data 2005 is available at www.oecd.org/health/healthdata.

For more information on OECD’s work on Turkey, please visit www.oecd.org/Turkey.