



# THE ECONOMIC BURDEN OF COVID-19 TREATMENT

HEALTH FINANCING  
REPORT  
(May 21, 2021)

[www.tusap.org](http://www.tusap.org)

**TUSAP** <sup>5</sup> years  
HEALTH PLATFORM

## HEALTH FINANCING REPORT

May 21, 2021

ISBN: 978-605-4123-56-8

### TÜSAP EXECUTIVE BOARD

Prof. Dr. Sabahattin AYDIN / RoT Ministry of Health, Deputy Minister (President)  
Dr. Şuayip BİRİNCİ / RoT Ministry of Health, Deputy Minister  
Surg. Dr. Reşat BAHAT / OHSAD, Chairman  
Prof. Dr. Haluk ÖZSARI / Association of University Hospitals Union, General Secretary  
Turgay Ufuk EREN / Volitan Global CEO  
Feyzullah AKBEN / Ajansfa, Chairman of the Executive Board  
Prof. Dr. Teyfik DEMİR / TOBB University of Technology  
Savaş MALKOÇ / IEIS, General Secretary  
Prof. Dr. Kemal MEMİŞOĞLU / Istanbul Provincial Health Director

### SECRETARIAT

Beşir Kemal ŞAHİN / SATUR, CEO

### EDITORIAL COORDINATOR

Feyzullah Akben

### EDITORIAL SERVICES

Funda Çamözü

### SECTOR COMMUNICATION COORDINATOR

Hande Uysal

### ORGANIZATION VISITOR RELATIONS

Songül Karadeniz

### ORGANIZATION CONTACT

Satur Organization and Tourism Inc.  
Kore Şehitleri Cad. Yonca Apt. A Blok No:1/5  
Zincirlikuyu / Şişli - İSTANBUL  
Phone: +90 212 272 61 06

### SUPPORT PARTNERS



# VISION MEETINGS 22<sup>nd</sup> MEETING



## HEALTH FINANCING



FRIDAY, MAY 21, 2021

PLACE

Online Platform:

ExpoNext  zoom  
by EKSPOTURK



## PROLOGUE

**Prof. Dr. Sabahattin AYDIN**

RoT Ministry of Health, Deputy Minister  
TÜSAP Chairman of Executive Board

## COVID-19 CREATES THE PROBLEM OF ACCESS TO HEALTH CARE

At the 22nd TÜSAP Meeting that we held today, we will address the economic burden of COVID-19 treatment and postponed health services under the main title of "Health Financing." Surely, when it comes to the cost or economic burden of COVID-19 -if we say not only the economic burden of the treatment but also the "cost" in a broader concept-, it has many serious burdens that also exceed the economy. COVID-19, perhaps unlike the pandemics the world has experienced so far because communication and transportation channels operate very quickly, causes the rapid spread of the disease, rapid dissemination of the information about the disease, and disinformation about the disease. It is necessary to see that these also have indirect effects on costs.

The COVID-19 pandemic has caused serious job losses globally. Decreased production, closed workplaces, and seriously increasing unemployment caused the economic growth of many countries to turn negative. Besides all these serious social costs, and traumas in community psychology, individual psychological traumas are seen as outside of health, but they are actually fields within health.

If we look at the issue from a health perspective, diagnosing and treating people who are directly diagnosed with COVID, the impact of the actions taken beyond the burden and economic cost of the health care system, keeping certain age groups at home, preventing them from going out, and

widespread e-mobilization promote healthy living while it is an environment where we force people to live unhealthily. On the one hand, there are not few examples where the health infrastructure is pushed to its limits and sometimes insufficient, while the health personnel is working hard day and night to overcome the health problem.

This picture, on the one hand, prevents the transportation of non-COVID cases to health institutions; on the other hand, it creates a serious problem of access to health services caused by the psychology of the society and the fear of going to the hospital, showing that we are facing a very common problem that is beyond what we can measure.

All countries give the number of deaths per day, but statistically, it is not possible to give all the deaths on that day clearly, or more precisely, to reveal the cause of death. Therefore, these figures given by countries are estimates. Many cases need to be reconfirmed by examining the files. Even if it is meant to show a trend, since there are different discussions about COVID deaths even in the World Health Organization definitions, we probably do not have data when adding the indirect effects, such as leading to an unhealthy life in the world, preventing access to health, emerging social problems, social psychology and trauma beyond those who die directly from this disease. Maybe these will be able to be calculated few years after the COVID pandemic; however, it is estimated that there will be indirect deaths at least as much as the population claimed to have died from COVID. There were even those who tried to commit suicide due to the effect of the disease; there are also examples of this in our country. In short, the cost of the COVID pandemic to the world has been very high. It has confronted humanity with serious costs that cannot be compared with or that can be overshadowed by the economic costs or the costs of treatment.

Of course, economic systems, social systems, and natural health systems were put at risk. As our main theme is health, we focus on the costs in health here, and these costs are of great interest to us in terms of meeting them in the short term. In this respect, I would like to thank our main speaker today, Prof. Dr. Simten Malhan, Dean of the Faculty of Health Sciences at Başkent University.

As in every meeting, this meeting also has support partners. I would like to thank the companies Abbott, Atabay Kimya, Eczacıbaşı, Janssen, and Roche Turkey for their support, as well as our NGOs, who have given serious support to TÜSAP from the very beginning, and wish the meeting to be productive.



## MAIN SPEAKER

**Prof. Dr. Simten MALHAN**

Baskent University Dean of the Faculty of Health Sciences

## THE FINANCIAL BURDEN OF COVID-19 ON THE TURKISH HEALTH ECONOMY

With the cooperation of Başkent University and Istanbul University-Cerrahpaşa Faculty of Medicine, we have calculated one year financial burden of COVID-19 on the Turkish health economy. In this study, real-life data were used, and the data of patients who applied to Istanbul University-Cerrahpaşa Medical Faculty were evaluated. The data of this study was an important source of data, as it reflected a full-year pandemic period. Two more studies from Turkey included very short periods and were conducted with simulation models. However, since it is based on real-life data, we believe these data will be valuable in the literature.

In the study designed using real-life data, we first used the cost of disease methodology. The cost of the disease actually tells us the economic burdens on the society when one of the members of the society gets any disease. Therefore, not only direct costs but also indirect costs create an economic burden. In addition, there are also moral costs; however, we do not see moral costs in these studies. Because these costs are not taken into account due to the difficulty of digitizing them. In this study, we tried to reveal the cost of treatment and the state's burden only from the perspective of the Social Security Institution and the Ministry of Health. In addition to this, of course, there are out-of-pocket health expenditures and even more indirect costs. When we talk about indirect costs, we are talking about the cost of labor losses due to illness, the cost of early retirement, and early death, which we have not yet been able to reach these calculations due to the shortage or lack of data. The burden of COVID-19, which I want to present to you today, represents the burden on the Turkish health system.

As of March 16, the admission of patients started at Cerrahpaşa Medical Faculty. As of March 16, we have reached the data of 2942 patients. Among these patients, we included the costs of 1056 patients after data cleaning was done by excluding those whose ICD 10 diagnosis codes were not compatible, those with different episodes of hospitalization, those under the age of 15, and those with insurance coverage outside of the SSI. In this data, while there are only patient groups who receive the diagnosis as an outpatient and continue their treatment with the filiation team; on the other hand, we calculated the average patient cost over a pool, including the data of many complicated patients who were directly referred to the intensive care units and hospitalized there for a long time, even up to 93 days, went down to the service and were taken back from the service to the intensive care unit, intubated, extubated, re-intubated, died or discharged. Then we calculated the annual cost based on the data of the Ministry of Health. Since our study ended in the 11th month, we calculated the annual COVID-19 disease burden by projecting the 12th month.



Between March 16 and July 31, 2020, the cost per patient was calculated by averaging the costs of 1056 patients treated at Istanbul College Faculty of Medicine - Cerrahpaşa. The 11-month cost was calculated by multiplying the total number of patients at the time of analysis by the Ministry of Health data, and the 12-month COVID-19 burden of disease was calculated by extrapolating here. While conducting the study, only direct medical costs such as testing, diagnosis, treatment, and medication were considered; however, the vaccine cost per patient was excluded from the study.

The mean age of 1056 patients in the study was 56.6. Of the patients, 55% were male, and 45% were female. While the rate of patients hospitalized in the intensive care unit was 15.4%, patients receiving health services only in the service was 84.6%. The severity of the disease had a significant impact on the cost. Therefore, a breakdown was created in the costs according to the severity of the disease. Here, the asymptomatic patient group constituted 6%, while the patients with the mild course were 17%, the patients with the moderate course were 41%, and the patients with the severe course were 36%. Concomitant diseases were present in 43% of the patients. We found an increase in cost along with concomitant diseases. In particular, within this group, there were patients with hypertension (22.9%), diabetes (13.6%), asthma (9.1%), heart disease (8.1%), and cancer (7.6%). The mortality rate among all hospitalized patients was 9.5%.



The mean duration of hospitalization varied according to the course of the disease. While the mean duration of hospitalization was 9.1 days in all patients, it was 8.5 days for females and 9.6 days for males.



It was observed that the cost of treatment increased as the severity of the disease increased. The costs of severe disease and O<sub>2</sub> treatment were observed to double the costs in the treatment process. The cost of patients with the mild course was 6,830.5₺, while patients with the moderate course were 8,791.1₺, and the cost of patients with the severe course was 13,405.9₺. The cost of treatment for the patient who did not need O<sub>2</sub> was 8,095.2₺, the cost of treatment for the patient who needed O<sub>2</sub> was 16,747.5₺, and the cost of the patient who needed intensive care with O<sub>2</sub> treatment was 30,257.3₺.

Other cost-increasing disease characteristics were 1.5 times higher in PCR-positive patients than in patients with PCR-negative but radiologic findings consistent with COVID and 1.17 times higher in patients older than 65 years than in patients younger than 65 years. Again, the cost of comorbidities was 2.4 times higher than in the group without any disease.



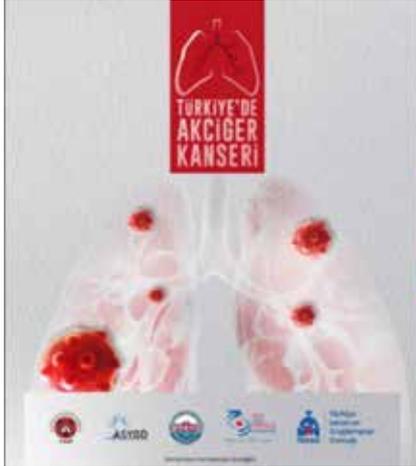
The average cost per outpatient, including the medications given by the filiation team, is 405₺, as per CoHP (Communiqué on Healthcare Practices) rules. And when we generalize with the figures given to us by the Ministry of Health at the end of 11 months, the cost of outpatient treatment was determined to be 900,000,000₺, and that the cost per patient receiving inpatient treatment was determined to be 10,004₺. Again, when generalization was made to the number of inpatients given by the Ministry of Health, the cost of inpatient treatment was found to be 2,500,000,000₺.



Projecting all 12 months, the total medical cost of COVID-19 on the health system, excluding vaccine, was determined as 3,700,000₺. It is estimated that the share of this figure in public health expenditures is 2 percent, and its share in SSI health expenditure is 3.8 percent.



## Evaluation of 3,700,000€



2018  
Direkt maliyetler : 2,7 milyar  
Dolaylı maliyetler : 6 milyar  
Toplam :8,7 milyar TL

In the study of the economic burden of lung cancer in Turkey in 2018, total costs were 8.7 billion ₺ -2.7 billion ₺ as direct costs and 6 billion ₺ as indirect costs- from the perspective of SSI in accordance with the CoHP rules for 50 thousand patients with lung cancer.



Kasım 2017

### Türkiye'de Tip 2 Diyabet Tedavisinde Uyum ve Sürekliliğin Geliştirilmesi

Kaçınılabılır ekonomik ve toplumsal yüke yaklaşım nasıl olmalı?

Önümüzdeki 10 yıl için ortalama direkt maliyeti  
17 milyar TL



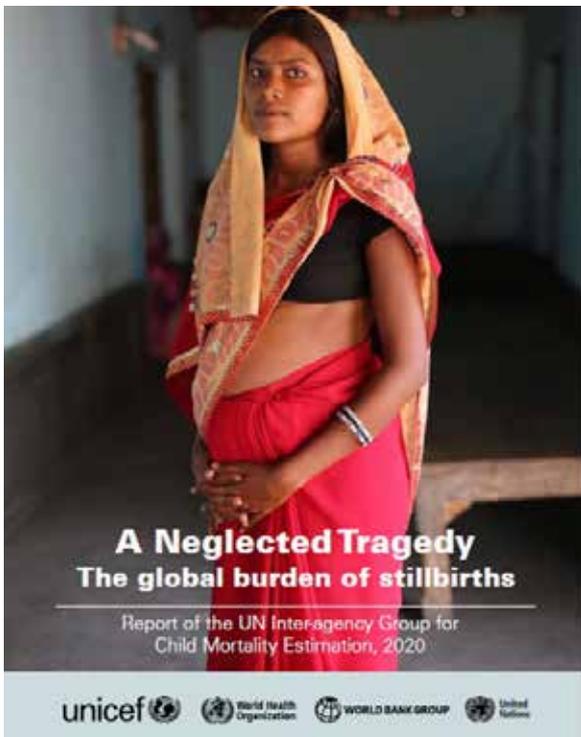
According to the IQVIA study, the average direct cost for the next ten years to improve compliance and continuity in Type 2 diabetes treatment for 7.5 million people in Turkey was determined as 17 billion TL. When we compare this group of diseases with each other, we have examples of chronic diseases. In other words, if we look at the examples of these chronic diseases that can develop complications over the years and lead to more severe images, loss of limbs, and organ failure, the average direct cost of these diseases for ten years is TL 17 billion for 7.5 million people. However, suppose we consider only

for COVID the cost of one episode and spend 3.7 billion TL for the group of patients hospitalized for nine days and treated as outpatients, we can see the the burden caused by COVID-19 to the health system. Considering the second applications and other health care demand costs that may occur during the year due to COVID, it is possible to say that this figure will rise much higher.

## WHAT WAS THE ECONOMIC, SOCIOLOGICAL, PSYCHOLOGICAL BURDEN OF THE COVID-19 DISEASE?

The burden of COVID-19 does not end here, either. These figures we can present are just the tip of the iceberg. The unseen costs are much larger and more serious. It will affect the entire globe for years, economically, sociologically, and psychologically. Disease burden is a very different concept that can be measured with the Daily. In other words, the burdens of premature deaths and disabilities... We do not have any data or information on these. We will see them together over the years. In addition to this, we have indirectly taken over many economic burdens. Sociological and psychological burdens also appeared. When sharing some global and national data about the burden of the COVID-19 process;

This means an 8.8% reduction in global total working hours in 2020 and the loss of 255 million full-time jobs. Unemployment rose globally by 1.1%, or 33 million, reaching 220 million. According to TSI (Turkish Statistical Institute) workforce statistics, the unemployment rate was 13.4% in July 2020. The International Labor Organization (ILO) announced that "the unemployment rate in Turkey rose to 28.8%" in 2020, based on the data obtained with a different system. There were premature deaths worldwide. Almost 3.5 million people faced premature deaths.



- ✓ Due to the coronavirus pandemic; a **50%** decline encountered in access to health services due to the pandemic in **117** low- and middle-income countries,
- ✓ Approximately **200,000** additional stillbirths in 12 months
- ✓ The number of stillbirths increased by **11.1%**.
- ✓ A 20% or more increase in stillbirths in 13 countries over 12 months.

When examining the global data, it was seen that there was a 50% decrease in access to health services during the COVID period, and there were approximately **200,000** additional stillbirths in the study by UNICEF, WHO, WBG, and the UN.



| Years | Number of Births |
|-------|------------------|
| 2014  | 1.351.088        |
| 2015  | 1.336.442        |
| 2016  | 1.314.764        |
| 2017  | 1.297.638        |
| 2018  | 1.252.745        |
| 2019  | 1.183.652        |
| 2020  | 1.091.143        |

When examining Turkey's newborn statistics, it was seen that the annual population growth rate was 13.9 per thousand in 2019, while it decreased to 5.5 per thousand in 2020.

#### **Immunization rate in the COVID-19 period**

Routine immunization has emerged as a very important risk during the COVID-19 period. According to UNICEF and WHO data, while 2.29 billion vaccine doses were provided in 2019, this number decreased to 2.01 billion doses in 2020 due to the disruptions caused by the COVID-19 pandemic.

- ✓ The number of measles cases reported in 2019 reached the highest level recorded in the last two decades. The death rate is also expected to rise.
- ✓ Polio cases will increase in Pakistan and Afghanistan, as well as in many regions in Africa that do not have full access to immunization services. If polio is not eradicated, the disease will become an epidemic again worldwide, causing 200,000 new cases each year within ten years.

#### **The cost of not being routinely immunized against COVID-19**

- ✓ According to the WHO survey, despite some progress compared to the situation in 2020, more than a third (37%) of responding countries still experience disruptions in routine immunization services.
- ✓ Mass vaccination campaigns were interrupted. Of such campaigns, 60 have already been postponed in 50 countries.
- ✓ The result puts nearly 228 million people, most of them children, at risk for diseases such as measles, yellow fever, and polio.
- ✓ The fact that 23 of the postponed campaigns are measles campaigns puts an estimated 140 million people at risk.

#### **Refugee children in the COVID-19 period**

COVID-19 has led to a dramatic reduction in basic services to migrant and displaced children worldwide and increased risks regarding protection. A 50% reduction in humanitarian aid and a 50% decrease in access to health services are in question. It has been reported that 25% of the refugee camps where displaced people live have experienced cuts in water, hygiene, and sanitation services. This is also

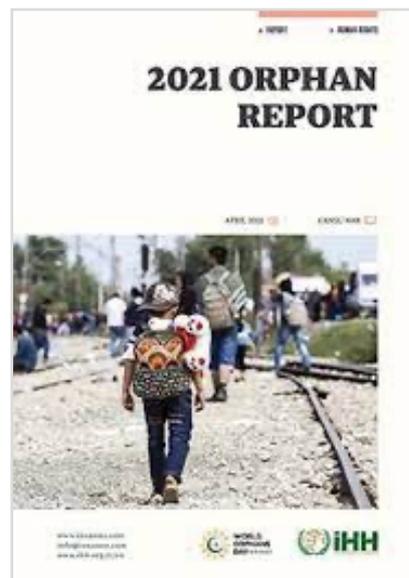
thought to be the source of different public health problems. In countries where these refugee camps are located, it is predicted that the COVID-19 process will also prolong.

### **The number of orphans will increase by one fifth**

According to the world orphan report, the number of orphaned children in the world is 200 million. Every day, 10,000 children are orphaned, and the number of orphans will increase by 1 in 5 due to COVID-19.

According to a study conducted in the USA, 43 thousand\* children were left without a mother or father during the COVID-19 process. In the same study, it was recommended that schools start face-to-face education immediately so that children can access potential sources of support and prevent future traumatic situations.

If a country consisting of orphans in the world was established, they would be in 3rd place regarding their population. The scientists reported that children who lost their parents are at high risk for a range of problems, including depression, lower education, economic instability, and suicide due to traumatic long-term grief.



### **School closures during COVID-19 period**

1.5 billion children cannot go to school, and 463 million cannot access an alternative education system. If children don't go to school for another year, future generations will be affected.

- ✓ Children cannot develop their reading, and basic math skills sufficiently are in question during this period.
- ✓ The health, safety, and well-being of children in the vulnerable group are at risk.
- ✓ Access to secure food is declining.
- ✓ Physical fitness declines and is replaced by emotional stress.
- ✓ In the absence of social safety networks offered by schools, the number of child abuse, child marriages, and child labor is expected to increase.

According to UNESCO, the cost of the global education crisis is \$129 million annually. Its economic and social effects will be felt for ten years.

---

\*At Least 43,000 Kids in the U.S. Have Lost a Parent to COVID-19, Study Finds

\*Kidman R, Margolis R, Smith-Greenaway E, Verdery AM. Estimates and Projections of COVID-19 and Parental Death in the US. JAMA Pediatr. Published online April 05, 2021. doi:10.1001/jamapediatrics.2021.0161



### **COVID-19 raises the risk of child marriages**

According to UNICEF, child marriages could increase by another 10 million in the next ten years.

- ✓ The risk of increasing poverty due to COVID-19, the inability of girls to go to school, and child marriage continued even before the pandemic.
- ✓ In the last ten years, the proportion of young women in child marriage has decreased by 15% worldwide, falling from 1 in 4 to 1 in 5 on average.
- ✓ This meant that 25 million marriages were prevented.
- ✓ However, this achievement is now under threat.

### **Quarantine in children in the COVID-19 period**

UNICEF states that at least 1 in 7 children (332 million children worldwide) has stayed at home due to quarantine policies for at least nine months since the start of the COVID-19 pandemic. It also warns that this puts children's mental health and well-being at risk. According to the World Health Organization (WHO), the COVID-19 pandemic has disrupted or halted critical mental health services worldwide in 93% of countries.

### **The deceased health workers are another value**

According to Amnesty International, 17,000 healthcare workers worldwide have died. As of March 31, 2021, the number of health personnel who died while working actively in Turkey is 387. About 200,000 healthcare workers have been infected. In other words, 1 out of every five health workers and this rate corresponds to 18% of health workers.

### **Report of the health workers of Turkey (February 18, 2021)**

According to the survey conducted by the Turkish health workers report on 4044 health workers, 56 percent of health workers experienced violence at least once during the COVID -19 process. Sixty-four percent reported experiencing psychiatric or psychological complaints during the pandemic period, and 83 percent reported suffering from feelings of psychological burnout.

### **Postponed healthcare needs**

According to the Turkish Thoracic Society, there was a significant decrease in tuberculosis cases in 2019-2020. The number of examinations, the number of people under protection, the number of contacted examinations, and bacteriological examinations in Tuberculosis Dispensaries decreased by approximately 40%. The number of newly registered tuberculosis patients decreased by 26%. However, each untreated patient infects 5-15 people per year.





**THE LANCET  
Oncology**

EDITORIAL | VOLUME 37, ISSUE 8, P411-419 | APRIL 2021

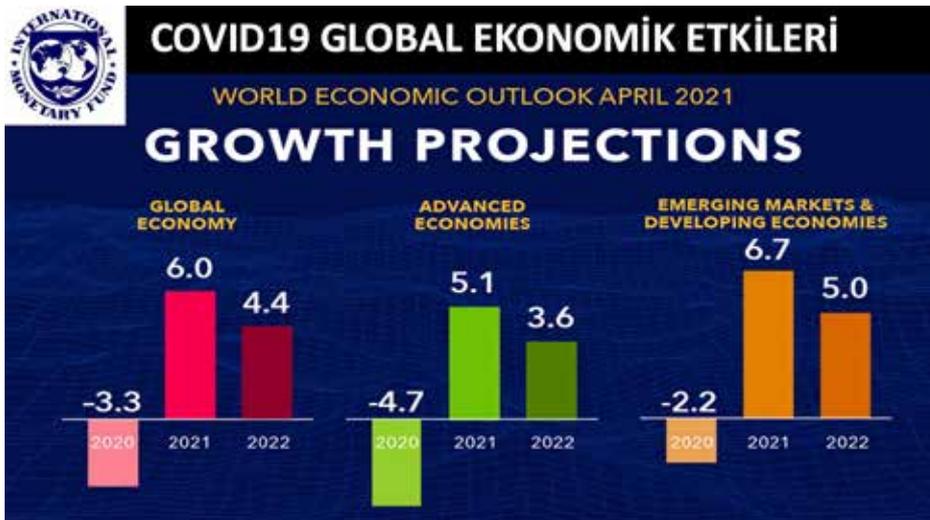
**COVID-19 and cancer: 1 year on**

The Lancet Oncology

COVID-19 has had devastating effects on patients with cancer, with huge numbers of missed diagnoses and delayed treatments due to health systems under pressure and patient reluctance to seek medical care. Despite repeated reassurances from officials that the UK's National Health Service (NHS) remained open for urgent care, a study estimated that 45% of those with potential cancer symptoms did not contact their doctor during the UK's first wave of the pandemic (March–August, 2020), citing reasons including fear of contracting COVID-19 and avoiding placing extra strain on the NHS. Consequently, suspected cancer referrals fell by 350 000 compared with the same period in 2019. Combined with interruptions in cancer

The pandemic has also caused major delays in cancer treatments. Around 40 000 fewer people than normal started cancer treatment in the UK last year, and US hospitals have been deluged by COVID-19 cases, rendering patients with cancer unable to obtain timely care. WHO has reported that one in three European countries had partially or completely interrupted cancer care services early in the pandemic. The UK's NHS currently has more than 4.6 million people on waiting lists for surgery and 300 000 people have been on hold for more than 12 months—a wait time that is 100-times higher than before the pandemic. A large proportion of these delays are for patients with cancer, and the Royal College of Surgeons is particularly concerned, stating that it could take several years to clear the backlog. Moreover, UK cancer surgeons are increasingly fearful of a wave of compensation claims from patients unable to receive their treatment during the pandemic and whose cancers have subsequently progressed and become harder to treat. Moreover, lockdown-associated lifestyle habits—eg, unhealthy diets and

The Lancet Oncology Journal examined the relationship between cancer and COVID-19 for one year; in the article published, it was said that 45% of the patients showing potential cancer symptoms in the NHS system in the UK, 45% of 350 thousand people were not in contact with a doctor at all and did not present to any health institution compared to 1 year ago. Again in the UK, it has been reported that up to 6 million people are on waiting lists for surgery in the NHS system due to COVID-19, and 300,000 of these patients have been on waiting lists for more than one year.



The global economic effects of COVID-19 are quite devastating and catastrophic. According to IMF data, a 3% constriction was observed in the economy worldwide. Developed countries, unfortunately, experienced this much more deeply with an average of 4.7%. Developing countries, on the other hand, are constricted by 2.2%.

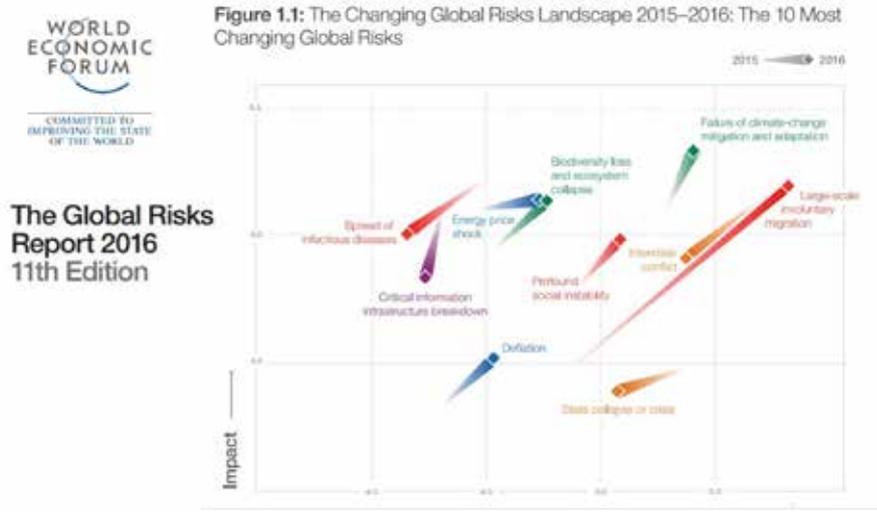


Europe, which is one of the regions bearing the burden of contraction among developed countries, saw a 6.6 percent decline, and especially the European economy, which was hit by the trade war between America and China just before the pandemic, faced the pandemic at a time when Brexit discussions were taking place, and the foundation of EU was shaken, and as we all know, their healthcare systems could not cope with the pandemic and almost came to a standstill.



### Why was humanity so unprepared for the pandemic?

A Global Risks Report is shared at the World Economic Summit held in Davos every year. These reports contain data since 2015, and where all reports intersect is health. In other words, there are some data that global risks will cause health problems, and these health problems will create significant burdens on health systems. I think any country in the world did not think that we would come face to face with these risks so closely.



According to a Global Risks Reports at the World Economic Summit, one of the most important components is climate change and the decrease in biodiversity caused by climate change and the collapse of the ecosystem. The result of all this is the rapid increase in infectious diseases. In addition, large-scale involuntary migrations bring hunger and many problems with it. The world population has tripled since 1950, and again since 1950, we have been changing together with the world we have lived in for 200 thousand years, and we use our resources roughly. The result is climate change and the risks it brings. So much so that the thickness of the North Pole has decreased by 40%. If we continue in the same way, we will lose its surface by 2050. The result of this is the extinction of 1 in 4 living species... So we've already broken the balance. Contamination of freshwater sources with saltwater and water scarcity.



This image is from Lagos City, Nigeria... It's a fast-growing city. Its population of 700,000 is estimated to increase to 16 million in 2025. It is an incredibly migration-receiving province. Those who come to this city are the farmers whose agricultural lands have been destroyed. They come not to get rich, but to survive. The result of these is different, unhealthy, and unsafe lives and many global health problems...



India could be the most water-scarce country in the next century. In order to meet the water needs of the increasing population, 21 million wells have been dug in the last 50 years; however, they have already lost 30% of them. Because the groundwater has dried up. Monsoon rains are expected to fill the water tanks. Woman peasants dig the warehouses with their hands during the dry season. It is thought that important migrations will come from these regions.



According to the 2020, The Lancet Countdown report, pandemics and climate change should not be evaluated separately. Since the pandemic is actually the result of climate change. The world countries are not ready for the consequences of climate change. In this report, wildlife that has lost their habitats has become much closer to humans, and there are opinions that many zoonotic diseases are imminent. In the report, there are some data that deadly vector-borne diseases such as dengue fever, malaria, and vibrio will turn into epidemics again as the dangers are very close to us. If climate change is not addressed globally, the effort to eradicate these diseases for decades will be wasted.



### What is the world doing in the meantime?

In 2015, the Paris Climate Agreement took place, and an agreement was signed to keep the global temperature below 2°C by the end of the century. According to this agreement, if we cannot keep the global temperature below 2°C, 1.6 billion people will face the risk of flooding by 2050. More than 2.7 to 3.2 billion people are also at risk of facing water scarcity.



Although China and America are among the signatories of the climate agreement, the United States left this agreement in 2019 because it conflicted with its national interests. China is still in this struggle, and there is a promise to reduce its carbon emissions to zero.



The Chinese city, Shanghai, home to millions of people, was a small fishing town 40 years ago. But now, more than 3,000 skyscrapers have been built, and hundreds more are still under construction.



New York is a metropolitan polluting the world the most. Millions of people are in a consumption frenzy of coal and oil-based industrialization and energy. The resulting radiation is a big deal. New York, which continues to receive immigration, is one of the regions where carbon emissions are experienced at the highest level.



The number of cars in Los Angeles, spread over 100 km, is equal to the number of people, and the energy consumption continues at the same speed, day and night. Carbon emissions are at the maximum level. The swamps have already been drained to accommodate cars. Soils are now turned into living arrangements.



### Consequences of climate change: Global stress

The consequences of climate change will return to us in the future as different health problems and their burdens will be added to the health system as different burdens. We are already caught in global stress. Scarcity, poverty, malnutrition, and diseases are at our doorstep... Suppose we cannot restore this balance by 2050. In that case, 175 million people will have health problems due to zinc deficiency, 122 million people due to protein deficiency, and 1 billion people due to iron deficiency. While 700 million people were diagnosed with mental illness in 2019, WHO estimates that 1 in 4 people will struggle with a mental illness symptom in 2030. There will be an incredible increase in the incidence of epidemic diseases. The increase in the incidence of epidemic diseases that started with COVID-19 also provides an important clue to the pharmaceutical industry. The pharmaceutical industry, which invests in genetic treatments, especially orphan drugs, needs to re-evaluate their type lines. In particular, investments need to be directed towards antibiotic groups that have not been developed for 20 years or maybe new ones, and antiviral drugs need to be re-evaluated.

### What did Europe do?

In 2019, the European Green Deal was signed. The goal is to completely protect the EU countries and form a new trade model. The EU aims to be the first carbon-neutral continent by 2050. For this reason, the EU, with the European Green Deal, offers its commercial stakeholders its efforts to reduce various global greenhouse gas emissions, such as the carbon tax they regulate to reduce carbon emissions arising from international commercial activities.

### Avrupa Yeşil Mutabakatı Neleri Kapsar?



Turkey signed the Paris Climate Agreement but did not become a party. There is a very good reason for not becoming a party. Because Turkey was exempted from financing resources and privileges granted to other countries. Therefore, Turkey has determined its health and climate change strategic targets and will implement them. In addition, it is important to be able to participate in the European Green Deal. If it does, it will reduce the costs incurred due to using fossil fuels. If they cannot participate,

the EU's impositions are in question. In particular, a carbon tax on export goods will be collected, and an emission volume will be determined. Therefore, this will deeply affect the Turkish economy. In other words, exports will decrease, and current account deficits will increase, causing significant declines in national income. The EU required Turkey to sign the Paris Agreement before signing the European Green Deal. Therefore, Turkey, which is held exempted from the privileges of the Paris Climate Agreement, is on hold for the time being.

Europe needs to do a self-criticism a little while signing this Green Deal. Greenhouses in Almería, Spain, are Europe's vegetable garden. Every day, hundreds of trucks transport the same size of various vegetables to different supermarkets across the continent.



This is an animal farm and animals that have never seen a pasture in their life produce the same amount of meat in the same duration. They continue to be fed with artificial feeds from all over the country.

## İspanya'da sinek çiftliği kuruldu



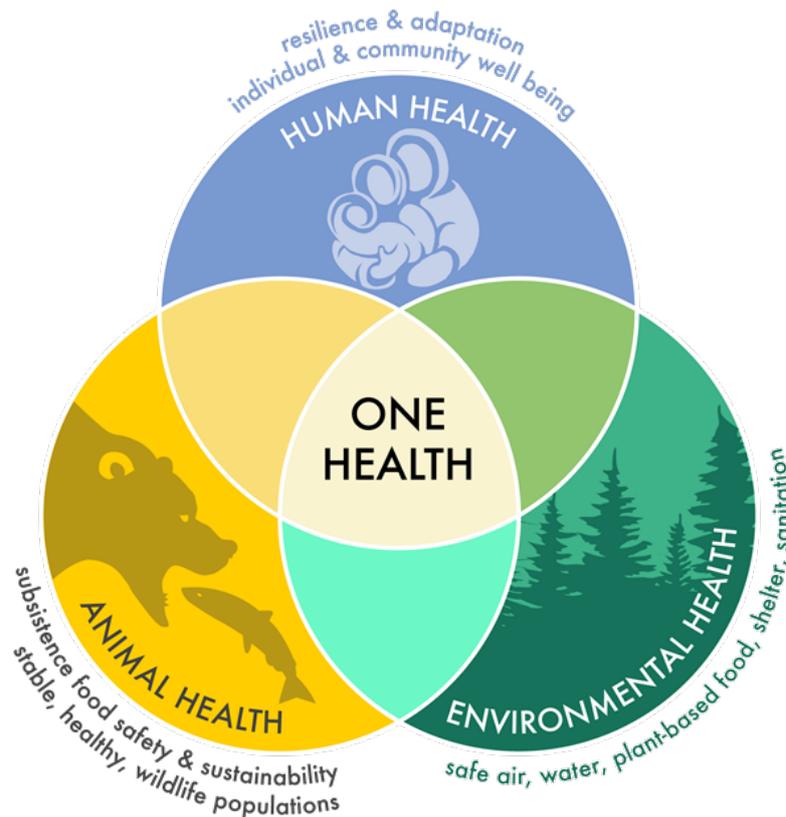
### Son Haberler

- 19:14 Bakan Kurum değişikliğiyle çalışmalarına
- 18:39 Beyaz Saray: güvenliğini sa bir sorumluluk
- 19:17 Al Jazeera: İsi barbarca bir e
- 18:23 THY'nin İstani seferleri başla
- 18:10 Avusturya'da sosyal medya siyasetçi ihraç

13 Mart 2017, www.TRTHaber.com



Europe has already forgotten the concept of “one health.” So much so that a fly farm was established in Spain in 2017 because of the nature it has destroyed. The country's first fly farm, established in Spain, raises flies to be used as feed in livestock and aquaculture. Spain actually made history. It has used its resources so roughly that it has caused biodiversity to be destroyed.

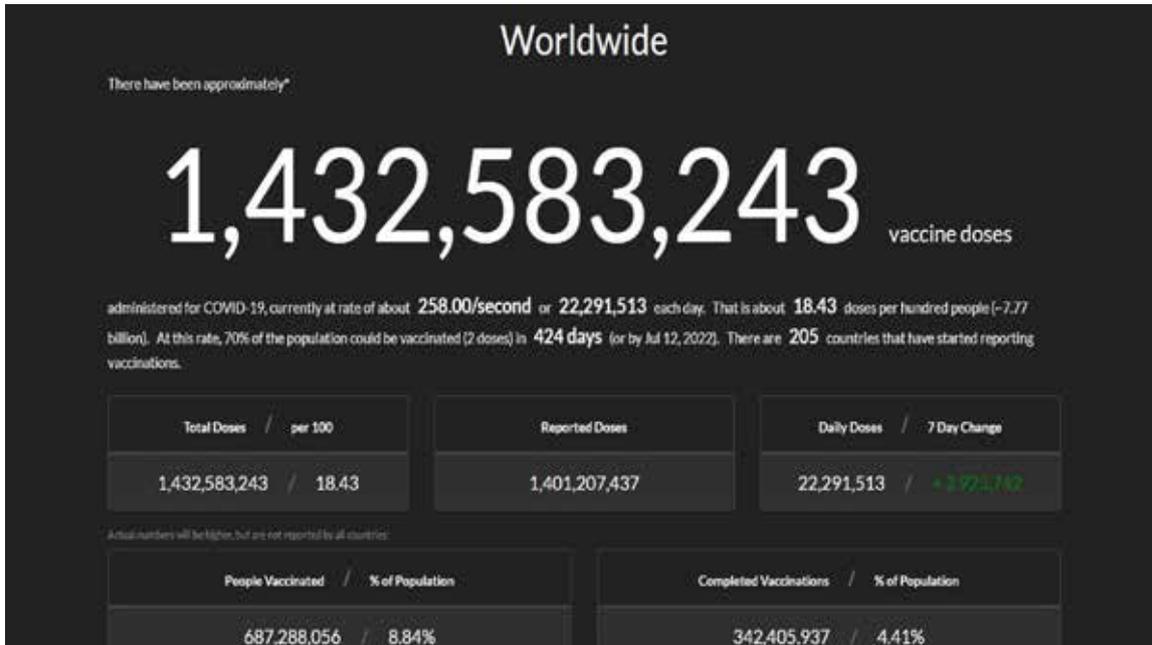


The concept of one health tells us that human health cannot be alone. Animal and plant health and environmental health are a whole. But we have already disrupted the world's balance.

### **Global risks and sustainability of health systems**

Global risks will continue and create huge burdens on health systems.

In this case, for a sustainable health system, fossil fuels should be removed from the system, and possible health risks should be reduced. To reduce costs, current situational analyzes such as determining the economic burden of the disease, conducting prevalence-incidence studies, and integrating HTA models in all health areas into the system (determining cost-effectiveness criteria) are needed. New markets such as health tourism have been presented to Turkey from all over the world, and it is necessary to turn to new sources of finance like this. To fight global risks, it is necessary to use controlled digitalization and digitalization in health, increase health literacy, and emphasize protective and preventive medicine services much more.



And as you know, we will not reach wellness unless 70% of the population is vaccinated.

**Final words...**

COVID-19 has given us very important clues about the future and the destruction that may occur in our lives and livelihoods. We understood that for a sustainable economy and a sustainable healthy life, Mankind has to protect its home. Because the health of the world means our health.



## QUESTIONS-ANSWERS AND COMMENTS

**Vaccine costs were excluded from the study, were testing costs included, or were they excluded as well?**

Except for the kits, PCR costs were included.

**Are the infrastructure, administrative, and fixed costs regarding the hospital included in the study?**

All economic burdens were mentioned here; however, this study is only the burden of patients admitted to the hospital to the health system. Institutional costs such as labor or depreciation costs are not taken into account. The costs incurred due to CoHP rules are included in the study.

**COVID-19 patients were followed up for one year or more in Cerrahpaşa and Istanbul Medical Facilities, and many other institutions. Are these also included in direct costs?**

Only the costs at the time of the first application and discharge of the patient are in question here.

### **Participant contribution**

A second factor should also be considered when performing cost analysis. While this whole process was going on, a part of Cerrahpaşa also stopped operating. Departments such as cardiovascular surgery, orthopedic surgery, and plastic surgery became units whose case numbers stopped operating and did not work in that period. In fact, these units were making a health expenditure. Maybe this expenditure stopped and was transferred to COVID. In this respect, if we make a cumulative calculation, while COVID itself creates an additional cost as COVID, it also creates an effect that may reduce costs due to certain reasons such as bed shortage, patients' fears, elective surgery.

### **Participant contribution**

According to the information received from the National Audit Office (NAO) for the UK, the expenditure so far is £271 billion, the burden per family is £9,700. The health budget in the UK is around £148 billion; of the £271 billion spent, £58 billion was spent on health and social care. £32 billion was added to the health budget, of which £15 billion was personal protective equipment, £10 billion was testing, and monitoring and £5.5 billion was another expenditure. A campaign has been started regarding NHC in the UK at the moment about how this can be overcome. Because this is a big problem in the UK as well as all over the world. The existing equivalent at the health system of COVID-19 expenditure equates to a total of 1-year outpatient services, diagnostic services, emergency services, critical care, and mental health expenditure. It should be clearly stated that the new name of the health and economic crisis all over the world is COVID-19.

### **Participant contribution**

In Israel, for a period, doctors go on strike for eight months and do not enter any cases only except for emergencies. A significant decrease in mortality rates in chronic diseases related to that period is noted. If a similar study is conducted for our country, there will be an opportunity to question our clinical effectiveness in chronic diseases such as diabetes, cancer, and hypertension. It is necessary to investigate further the effect of service interruption on mortality reductions. If the data is shared, this study can be conducted with pleasure.



## MODERATOR'S PRESENTATION

**Prof. Dr. Haluk ÖZSARI**

TÜSAP Member of Executive Board

General Secretary of the University Hospitals Association

In this meeting of TÜSAP Vision meetings, which we hold every year under four main headings; 'Health Technologies,' 'Health Service Delivery,' 'Pharmaceuticals and Pharmacy,' and 'Health Financing,' the subject of 'Health Financing' constitutes our agenda. As you know, we are closing the year with the 5th Summit meeting, where these four meetings are evaluated.

In this meeting, which took place for the 22nd time in our 5th year, we discussed the economic burden of COVID-19 treatment. The main speaker of this meeting, Dean of Başkent University Faculty of Health Sciences, Prof. Dr. Simten Malhan, put forward a good study on a difficult subject such as cost in health services in a short period of one year and even the last month by projecting it. She presented a perspective that started as pandemic-based and went from national to global. We would like to thank them for their efforts and contributions and all our participants who contributed to this meeting.



## METHODOLOGY

To opinion leaders representing the health sector, 23 different questions were asked. Participants answered each question by ticking the options they preferred through the downloadable application or their online link. Result graphics prepared based on the responses of 71 senior executives representing the government, NGOs, private sector, and the participants were again interpreted by the participants. NGO representatives constituted 31% of the participants, and government executives 25%. Private-sector managers took their place with a rate of 20%, and universities focused on the health field took their place with a rate of 24%.

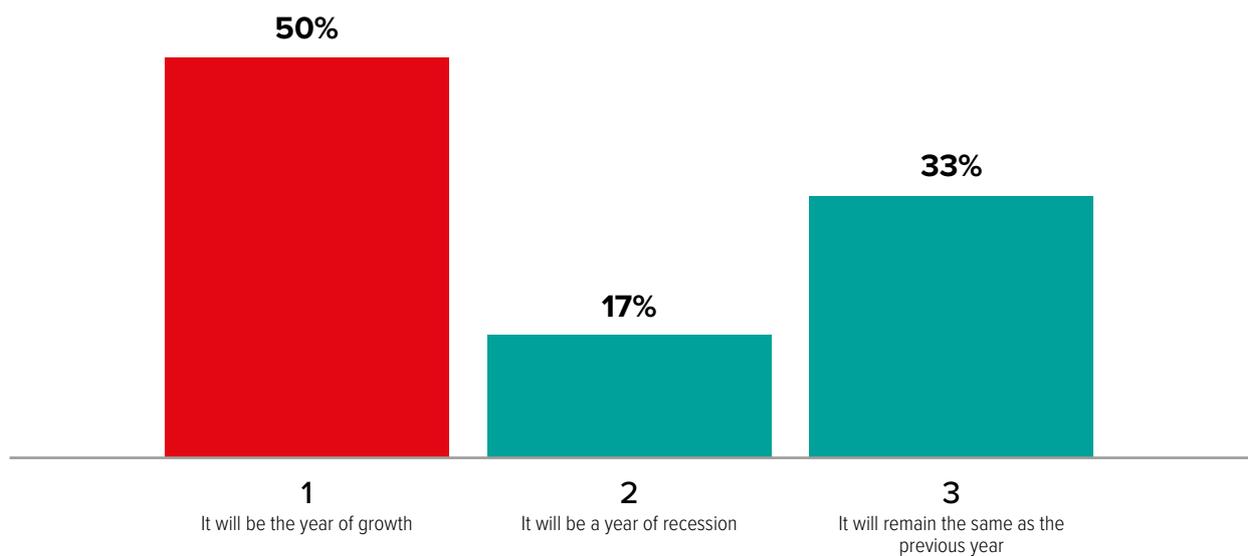


## 2021 WILL BE A YEAR OF GROWTH IN HEALTH INVESTMENTS

The 22nd TÜSAP Vision Meetings were held with the participation of 71 people who shape the health sector. It was observed that, to the question “What is your prediction for the health sector investments in 2021 in Turkey”, which measures the development of the health sector with a holistic eye, 50% of the participants answered, “It will be the year of growth.” Of the participants, 17% marked "It will be a year of recession," and 33% marked the option "It will be the same as the previous year."

### For Turkey, what is your prediction for healthcare sector investments in 2021?

1. It will be the year of growth
2. It will be a year of recession.
3. It will remain the same as the previous year

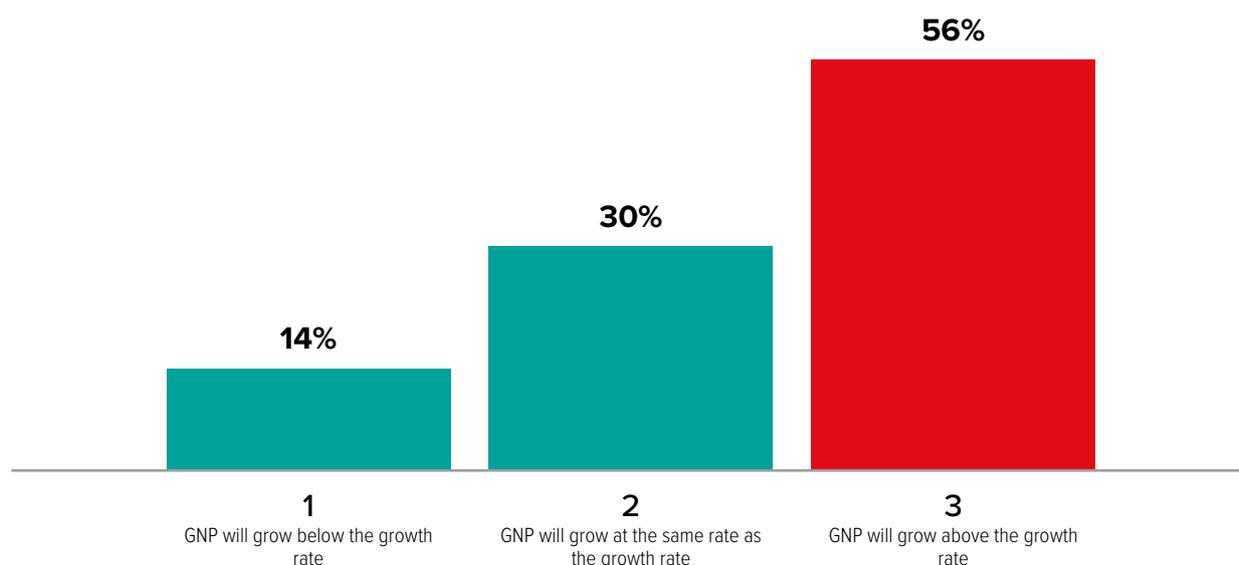


## IN THE NEXT FIVE YEARS, A GROWTH IN HEALTH INVESTMENTS IS EXPECTED

When asked to evaluate the next five years, it was seen that 86% of the participants had growth expectations. Of the participants, 14% stated that the Gross National Product (GNP) would grow below the growth rate. While 30% expected growth at the same rate as GNP, another 56% predicted that it would grow more than the growth rate of GNP.

### For Turkey, health investments in the next five years;

1. GNP will grow below the growth rate
2. GNP will grow at the same rate as the growth rate
3. GNP will grow above the growth rate



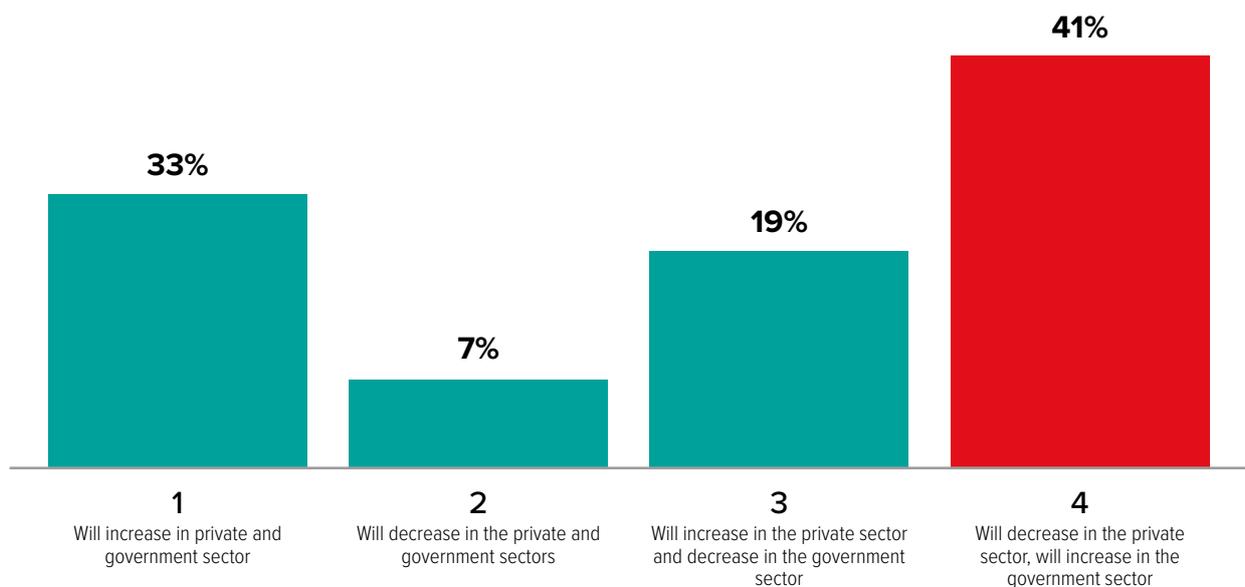


## HEALTH INVESTMENTS WILL DECREASE IN THE PRIVATE SECTOR AND INCREASE IN THE GOVERNMENT IN 2021

Regarding the expectation of an increase in health investments, 33% of the participants evaluated that health investments would increase in both the government and private sectors in 2021, and 7%, on the contrary, made an evaluation as will decrease in both. While 19% of the participants marked the option of an increase in the private sector and a decrease in the government sector, 41% of the participants marked the expectation of an increase in government investments and a decrease in private sector investments.

### For Turkey, health investments in 2021;

1. Will increase in private and government sector
2. Will decrease in the private and government sectors.
3. Will increase in the private sector and decrease in the government sector
4. Will decrease in the private sector, will increase in the government sector

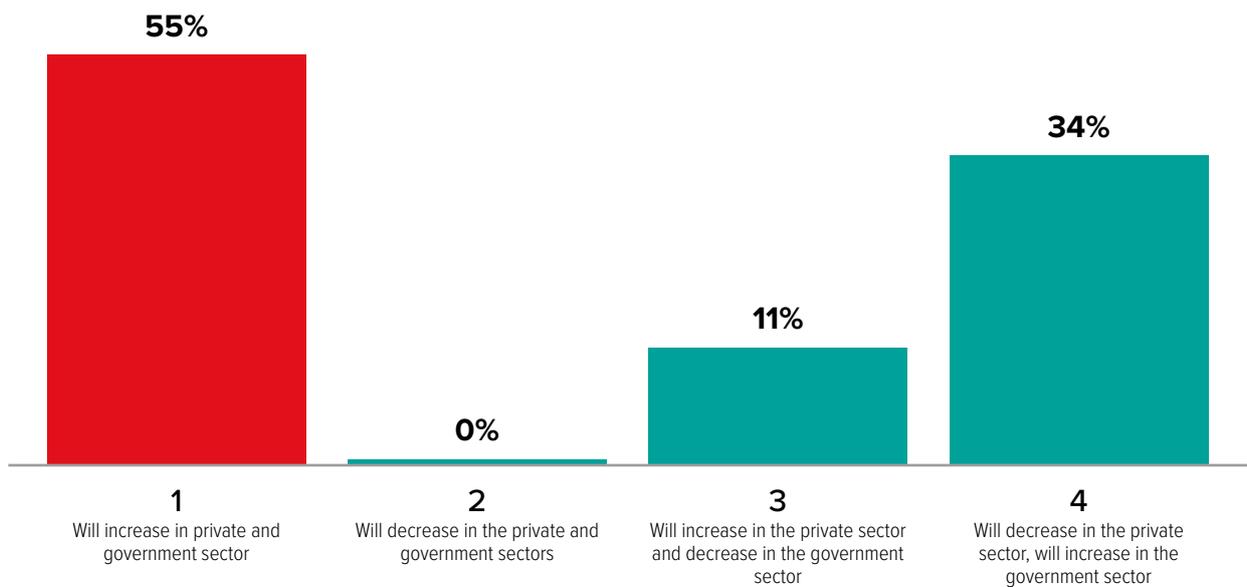


## HEALTH INVESTMENTS WILL INCREASE IN THE PRIVATE SECTOR AND THE GOVERNMENT IN THE NEXT FIVE YEARS

Regarding the expectation of an increase in health investments, while 55% of the participants evaluated that health investments will increase in both the government and private sectors in the next five years, on the contrary, no one chose the option that it would decrease in both. While 19% of the participants marked the option of an increase in the private sector and a decrease in the government sector, 41% of the participants marked the expectation of an increase in government investments and a decrease in private sector investments.

### For Turkey, health investments in the next five years;

1. Will increase in private and government sector
2. Will decrease in the private and government sectors.
3. Will increase in the private sector and decrease in the government sector
4. Will decrease in the private sector, will increase in the government sector





## **IN GOVERNMENT INVESTMENTS, MANY PRIVATE SECTOR INVESTORS ARE ACTUALLY INVOLVED AS SUBCONTRACTORS**

When it comes to health investment, it was stated that it is perceived as a hospital investment with a general practice, and it was expressed that the public mostly receives the service, in fact, from the private sector. Although the private sector does not appear to be the main direct investor, it was noted that many private sectors were involved when considered as a subcontractor. It was said that even though the incentives for investments such as pharmaceuticals and vaccines are from the state, the main investment is in the private sector, and although public hospitals are seen as government investments, many sub-services such as imaging and laboratories within the hospital are received from the private sector. In the coming years, it was stated that health investments would increase as the government-private separation becomes more difficult due to the introduction of 5 city hospitals.

## **IF CONTRACTORS WILL BE ACCEPTED AS PRIVATE SECTOR ACTORS, THE PROBLEM IS HUGE**

In the government-private relationship, it was assumed that the contractors could be considered as the private sector, but It was emphasized that in the health issue they should be considered service providers. In other words, it was stated that there should be two types of investments as the public service provider and investments related to it, and private sector service provider and investments related to it, and it was expressed that if the contractors are accepted as private sector actors, the problem is huge. Hesitations about whether service providers can invest in the private sector in the next five years and whether they can contribute to the sector's development were shared. It was only said that the companies that provide sub-contractors only for imaging and laboratory services with high prices at CoHP are actually subcontractors. They are no different from the contractor.

## **IT IS NECESSARY TO THINK ABOUT A MULTI-DIMENSIONAL AND COMPLEX INVESTMENT NETWORK, INCLUDING COMMUNICATION COMPANIES**

It was stated that big companies such as Turkcell made incredible investments in telehealth and that these would be among the health service investors, and it was noted that there would be changes in classical hospital management. It was mentioned that it would be beneficial to consider a multi-dimensional and complex investment network in which communication companies are also involved.

## **THE CONTRIBUTION OF AN INVESTMENT IN HEALTH TO THE ECONOMY IS 3 TIMES**

In a study by McKinsey, it was concluded that each investment made in the field of health would actually have a 3-fold return to the economy. In addition, it was mentioned in the research conducted by the Economist Magazine on the vaccine that, the contribution of 1 dose of vaccine between 4-30 dollars to the economy was 3000 dollars.

## **IT IS DIFFICULT TO SURVIVE FOR ECONOMIES IN WHICH INVESTMENTS HAVE NOT BEEN MADE IN HEALTH**

It was said that the NHS Reset Campaign is working on this issue. According to these studies, it is predicted that expenditures in the field of health will increase much more. It is difficult to survive for economies in which investments have not been made in health.

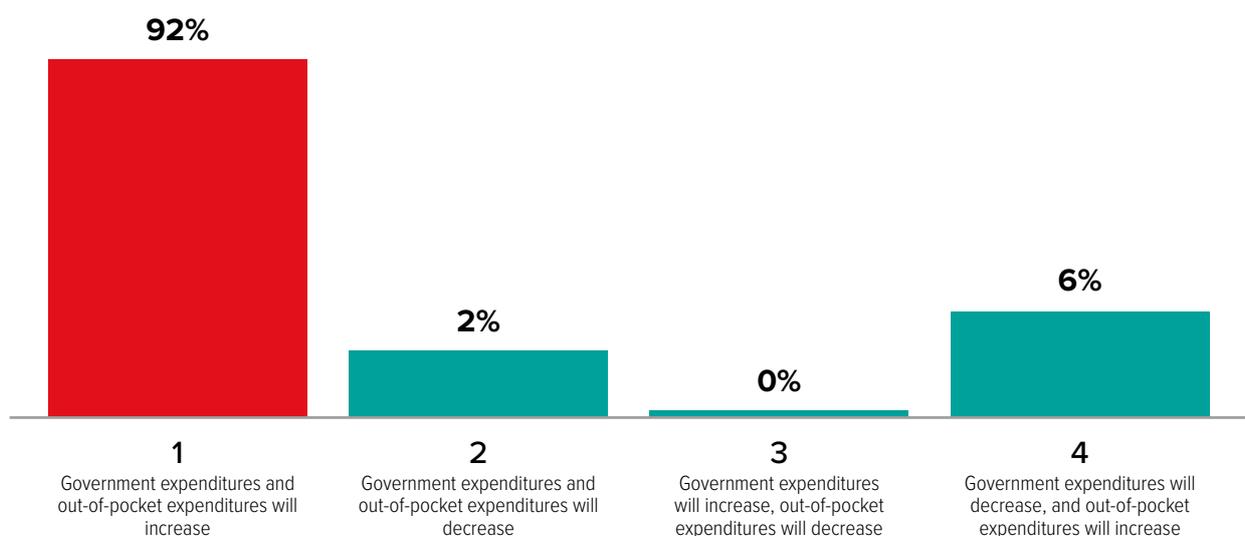


## GOVERNMENT EXPENDITURES AND OUT-OF-POCKET EXPENDITURES WILL INCREASE IN THE NEXT FIVE YEARS

Of the participants, who were asked about their predictions about the total health expenditures, which was 4.4% of GDP in 2019, in the next five years after COVID-19, 92% marked the option that government expenditures and out-of-pocket expenditures would increase. The rate of those who think out-of-pocket expenditures will increase, while Government expenditures will decrease in the next five years after COVID-19, was 6%. Of the participants, 2% marked the option that government expenditures and out-of-pocket expenditures would decrease.

### Total health expenditures, which was at the level of 4.4% of GDP in 2019, in the next five years after COVID-19;

1. Government expenditures and out-of-pocket expenditures will increase
2. Government expenditures and out-of-pocket expenditures will decrease
3. Government expenditures will increase, out-of-pocket expenditures will decrease
4. Government expenditures will decrease, and out-of-pocket expenditures will increase

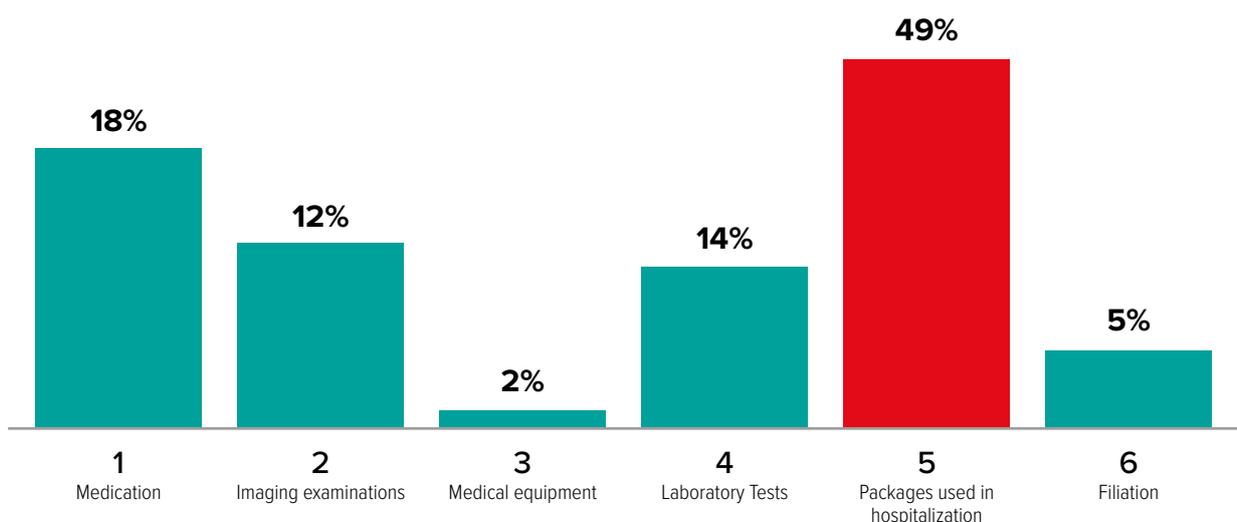


## PACKAGES USED IN HOSPITALIZATION INCREASE THE DISEASE BURDEN OF HEALTH INSTITUTIONS

Of the 22nd TÜSAP Vision Meeting participants, 49% thought that the highest component that increases disease burden for health institutions due to COVID-19 is the packages used in hospitalization. Of the participants, 18% marked "medicine", 14% "laboratory examinations", 12% "imaging examinations", 5% "filiation", and 2% "medical equipment" as the highest component that increases the burden of disease.

### Which component do you think is the highest increasing disease burden for healthcare institutions due to COVID-19?

1. Medication
2. Imaging examinations
3. Medical equipment
4. Laboratory Tests
5. Packages used in hospitalization
6. Filiation



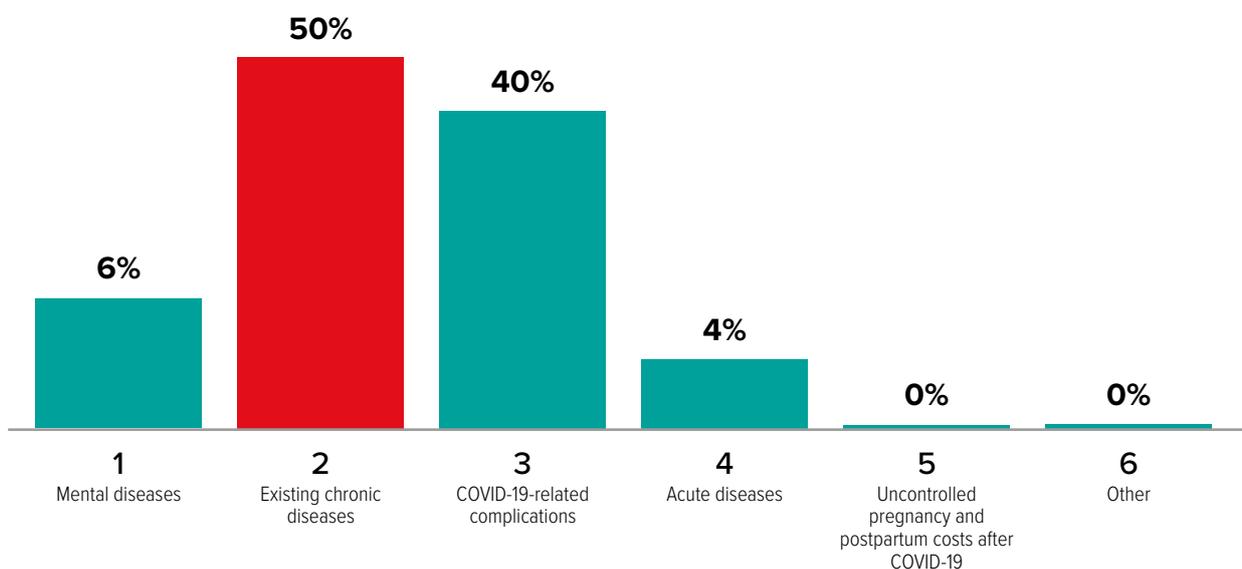


## CURRENT CHRONIC DISEASES AND COVID-19-RELATED COMPLICATIONS WILL CAUSE HIGH COSTS IN THE SHORT TERM

Asked which of the consequences of COVID-19 will cause higher costs in the short term, 50% of the participants thought existing chronic diseases, and 40% thought that complications due to COVID-19 would create high costs. While 6% of the participants marked the "mental diseases" and 4% "acute diseases" options, it was seen that uncontrolled pregnancy and postpartum costs after COVID-19, which is one of the options, were not thought to cause high costs in the short term.

### Which of the COVID-19 consequences will cause higher costs in the short term?

1. Mental diseases
2. Existing chronic diseases
3. COVID-19-related complications
4. Acute diseases
5. Uncontrolled pregnancy and postpartum costs after COVID-19
6. Other

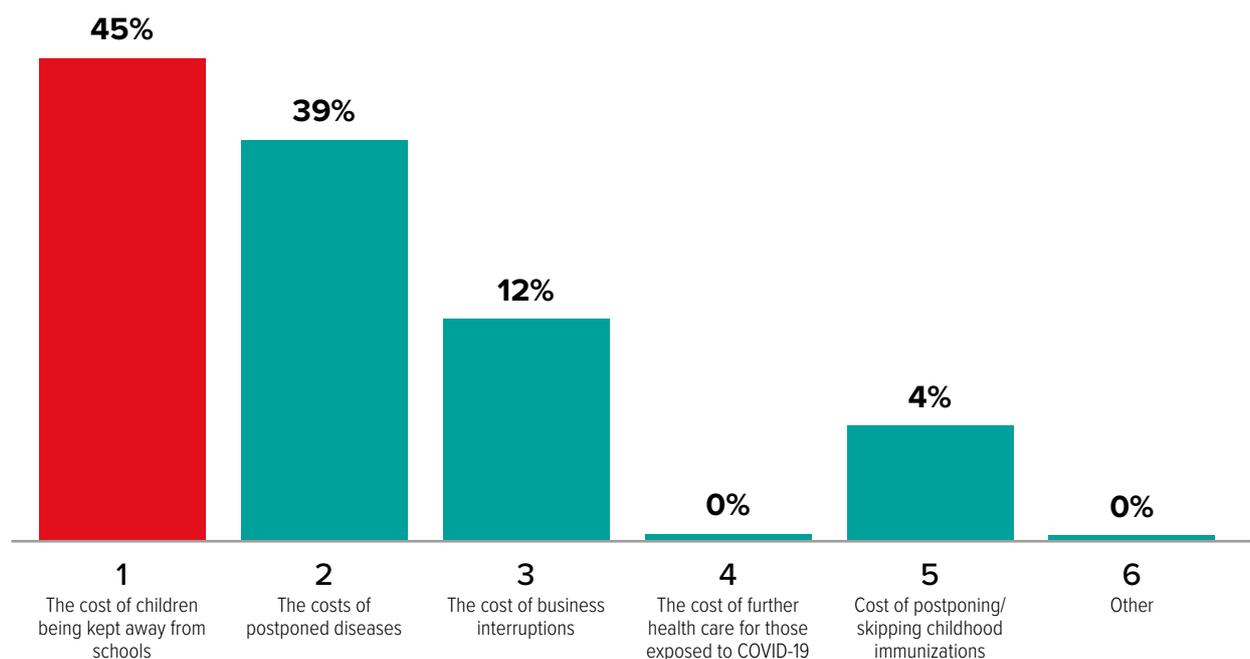


## KEEPING CHILDREN AWAY FROM SCHOOLS WILL CAUSE HIGH COSTS IN THE LONG TERM

Asked which of the consequences of COVID-19 will cause higher costs in the long term, 45% of the participants thought that keeping children away from schools, and 39% thought that the costs of postponed diseases would create high costs. While 12% of the participants chose the "cost of interrupting the workplaces" and 4% "the cost of postponing/skipping childhood immunizations,"; "the cost of further health care needs of those exposed to COVID-19, will cause high costs in the long term" option was not chosen as an answer.

### Which of the COVID-19 consequences will cause higher costs in the long term?

1. The cost of children being kept away from schools
2. The costs of postponed diseases
3. The cost of business interruptions
4. The cost of further health care for those exposed to COVID-19
5. Cost of postponing/skipping childhood immunizations
6. Other





## **KEEPING CHILDREN AWAY FROM SCHOOLS MEANS INCREASING COSTS ALSO FOR FUTURE GENERATIONS**

It has been said that the cost of keeping children out of school will actually impact future generations. When the cost to those generations is factored in, a correct result was obtained by 45% of the participants favoring this option, and this item will have the highest cost in the long run.

## **STUDENTS OF SPECIALTY IN MEDICINE ARE MISSING FROM THE TRAINING IN THEIR FIELD**

It was stated that one of the most important student groups receiving health education is the students of specialty in medicine, and some of them have been working entirely on COVID for one and a half years. It was also said that the education of these students in their field was lacking and that this situation would be an important factor affecting the health sector in the future. It was stated that these students should come face to face with the patients in their field and that a compensatory year can be provided to the students of specialty in medicine after they return to normal.

## **COVID PANDEMIC CHANGED THE RESULT OF THE EXAMS FOR SPECIALTY IN MEDICINE AND SUB-BRANCH**

It was said that the COVID pandemic process completely revised the results of the specialty in medicine and sub-branch examinations and that SME (Specialty in Medicine Examination) students could no longer receive their education in branches such as surgery and internal medicine and that these students preferred hospitals where SME students were kept less and that the places where four night-shifts instead of 5 is applied were always preferred. In this sense, it was stated that the scores of the university hospitals increased slightly, and the scores of the affiliated hospitals with a little more COVID night-shifts decreased and that the intensive care demands decreased as a result of the specialty in sub-branch exam.

## **EDUCATIONAL INSTITUTIONS WERE NOTIFIED THAT THE TERMS OF RESEARCH ASSISTANTS COULD BE EXTENDED**

It was explained that the educational institutions were informed that the terms of the research assistants could be extended up to the maximum duration allowed in the regulation, that this was not in the form of an "extension" order to the institutions, but by delegating the authority to the instructors, and that therefore, if they were not sufficient and the pandemic continued, the regulation could be amended if necessary.

## **COVID-19 HAS HUGE DAMAGE ON CHRONIC PATIENTS**

Related to diabetes, obesity, and hypertension, it was stated that in the first waves of COVID-19, patients could not be called to the hospital, then they did not want to come, and the process still did not improve due to the next waves, and also that COVID-19 itself caused new damages on patients with diabetes. It was noted that chronic patients kept at home and sedentary gain weight as they spend more time eating and drinking, and both the patients and the health system would bear the brunt of this.

## **DUE TO COVID-19, 75% OF COUNTRIES DAMAGED IN RESPECT TO CHRONIC DISEASES**

According to WHO's study with 163 countries in 2020, 122 countries reported that services related to non-communicable diseases were interrupted, especially during the COVID-19 period. It was said that as COVID-19 increases, the damage related to non-communicable diseases increases more and more, especially in the departments such as rehabilitation services, hypertension, diabetes, diabetes complications, palliative care, dental health, cancer treatment, cardiovascular and emergencies. It was stated that 46% of the countries canceled their cancer screening programs, 26% stopped both hospitalizations and outpatient services related to non-communicable diseases, and 39% directed their personnel especially related to non-communicable diseases, to COVID-19 services, due to COVID-19. For this reason, it was expressed that 75% of the countries reported that they suffered damage concerning chronic diseases.



## **MORE THAN 40% OF COVID-19-RELATED EXPENDITURES IN THE UK GOES TO THE LABOR FORCE**

Referring to the study of the UK National Audit Office (NAO), it was said that around £129 billion, or more than 40% of the £271 billion expenditure, spent for the labor force at the initial stage, and this should be taken into account when assessing the consequences of COVID-19-related burdens.

## **IN ADDITION TO CANCER, THERE ARE SIGNIFICANT LOSSES IN RARE DISEASES**

According to The Global Cancer Observatory (GCO) and WHO data, it was said that in 2018, 183 out of every 100 thousand females and 259 out of every 100 thousand males were diagnosed with cancer, and in 2020, approximately 230 thousand new cancer cases were detected in our country. The rare diseases were also underlined, and it was emphasized that, for example, in pulmonary hypertension, it sometimes takes up to 5 years for patients to reach the correct diagnosis, and there is a significant loss in this field within a year.

## **THE CONCEPT OF “POSTPONED DISEASE” AROSE IN DIFFERENT FIELDS OF SPECIALTY**

In a study conducted, it was said that the concept of a postponed disease, which reaches 40% in different specialties, emerged, and this is compatible with the data in the world, and the study will be published next month.

## **ESPECIALLY IN BRANCHES WHERE ONE-TO-ONE WORK WITH PATIENTS IS REQUIRED, THE MEDICAL STUDENTS WERE DEPRIVED OF THESE EXPERIENCES**

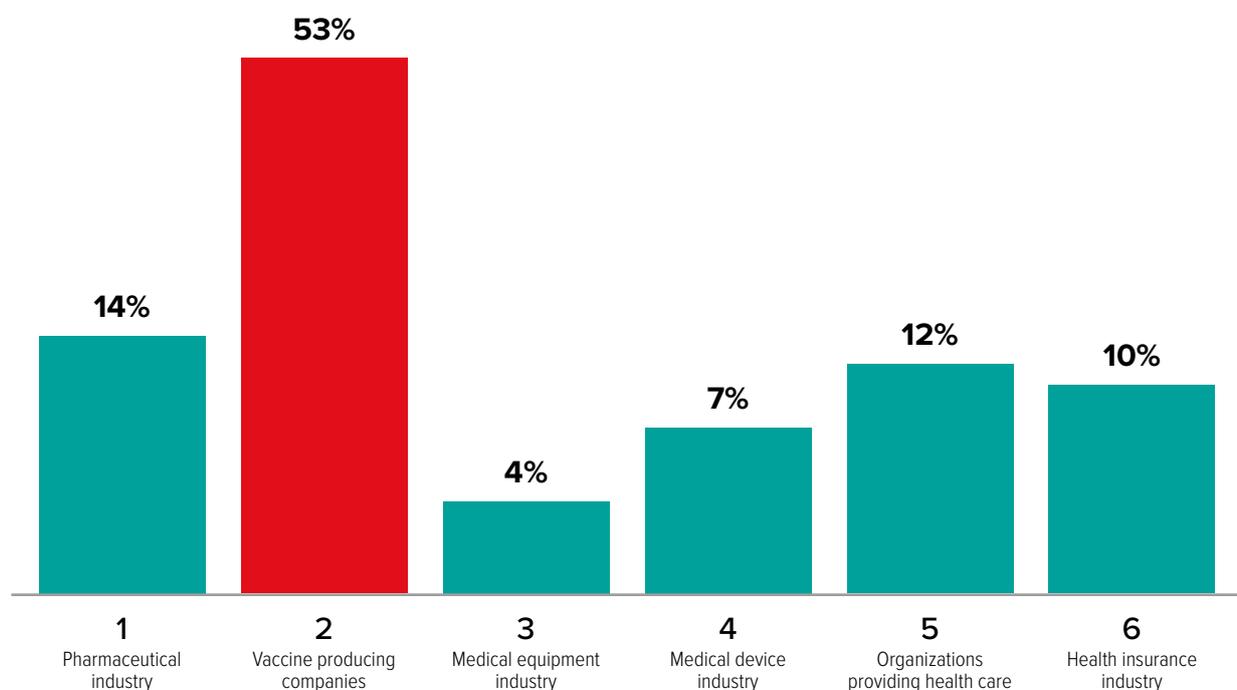
It was stated that medical students studying medicine, dentistry, and nursing faculties were away from schools, and the negative consequences of this will be felt in the next few years. It was also pointed out that especially in the branches where one-on-one work with the patient is required, the graduates will be deprived of these experiences, and the current situation regarding at least 2-year graduates was noted.

## THE LEAST NEGATIVELY AFFECTED SECTOR STAKEHOLDERS FROM THE COVID-19 CRISIS ARE THE COMPANIES PRODUCING VACCINES

Asked which health sector stakeholders were least affected by the COVID-19 crisis, 53% of the participants thought that companies producing vaccines were more advantageous than other stakeholders. The pharmaceutical industry followed this option with 14%, the organizations providing health services with 12%, the medical device industry with 7%, and the medical equipment industry with 4%.

### Which healthcare sector stakeholder is least adversely affected (most advantageous) by the COVID-19 crisis?

1. Pharmaceutical industry
2. Vaccine producing companies
3. Medical equipment industry
4. Medical device industry
5. Organizations providing health care
6. Health insurance industry



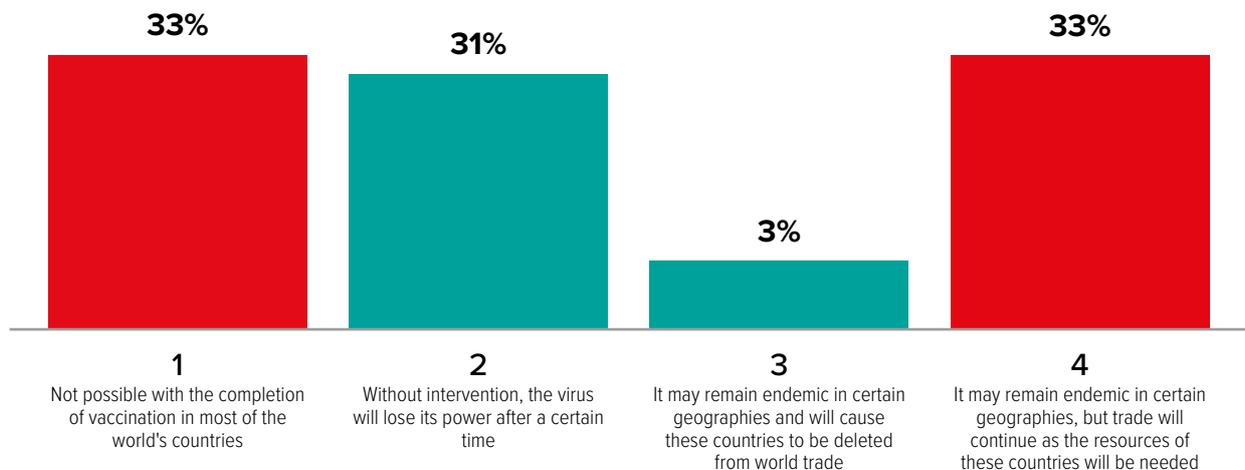


## THE EFFECTS OF COVID-19 ON TRADE WILL BE REDUCED IN PROCESS

Asked about the possibility of COVID-19 remaining in world geographies and the effects of this situation on the economy, the participants were observed to be generally optimistic. Of the participants, 33% marked the option that COVID-19 may remain endemic in certain geographies, but trade will continue as the resources of these countries will be needed; 33% marked the option that it will not even remain endemic in certain geographies after the completion of vaccination in most of the countries; and 31%, on the other hand, marked the option that the virus would lose its power after a certain time without intervention.

### Is it possible for COVID-19 to remain endemic in certain geographies? How does this affect the world economy?

1. Not possible with the completion of vaccination in most of the world's countries
2. Without intervention, the virus will lose its power after a certain time.
3. It may remain endemic in certain geographies and will cause these countries to be deleted from world trade.
4. It may remain endemic in certain geographies, but trade will continue as the resources of these countries will be needed.

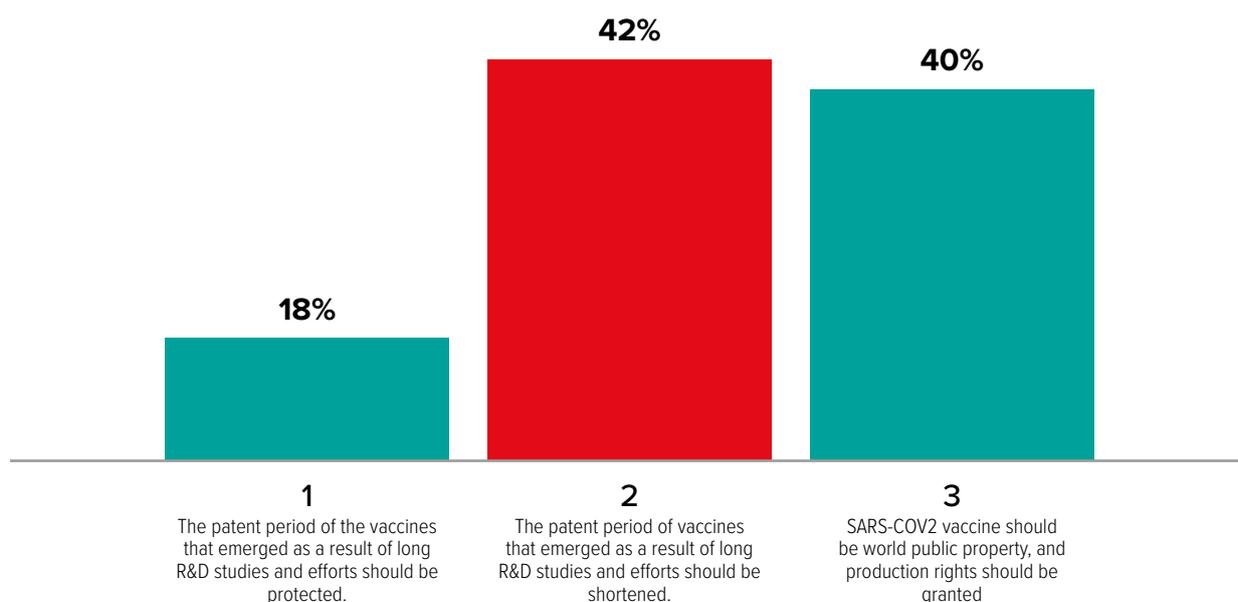


## VACCINES LIKE SARS-COV2 SHOULD BE WORLD PUBLIC PROPERTY, OR THEIR PATENT PERIODS SHOULD BE SHORTENED

To the question of should COVID-19 vaccines be world public property, 42% of the participants stated that the patent period of the vaccines that emerged as a result of long R&D studies and efforts should be shortened, and 40% opined for the option that the SARS-COV2 vaccine should be world public property and the right to manufacture should not be given. On the other hand, 18% of the participants marked the option that the patent period of the vaccines that emerged as a result of long R&D studies and efforts should be protected.

### Should COVID-19 vaccines be world public property?

1. The patent period of the vaccines that emerged as a result of long R&D studies and efforts should be protected.
2. The patent period of vaccines that emerged as a result of long R&D studies and efforts should be shortened.
3. SARS-COV2 vaccine should be world public property, and production rights should be granted



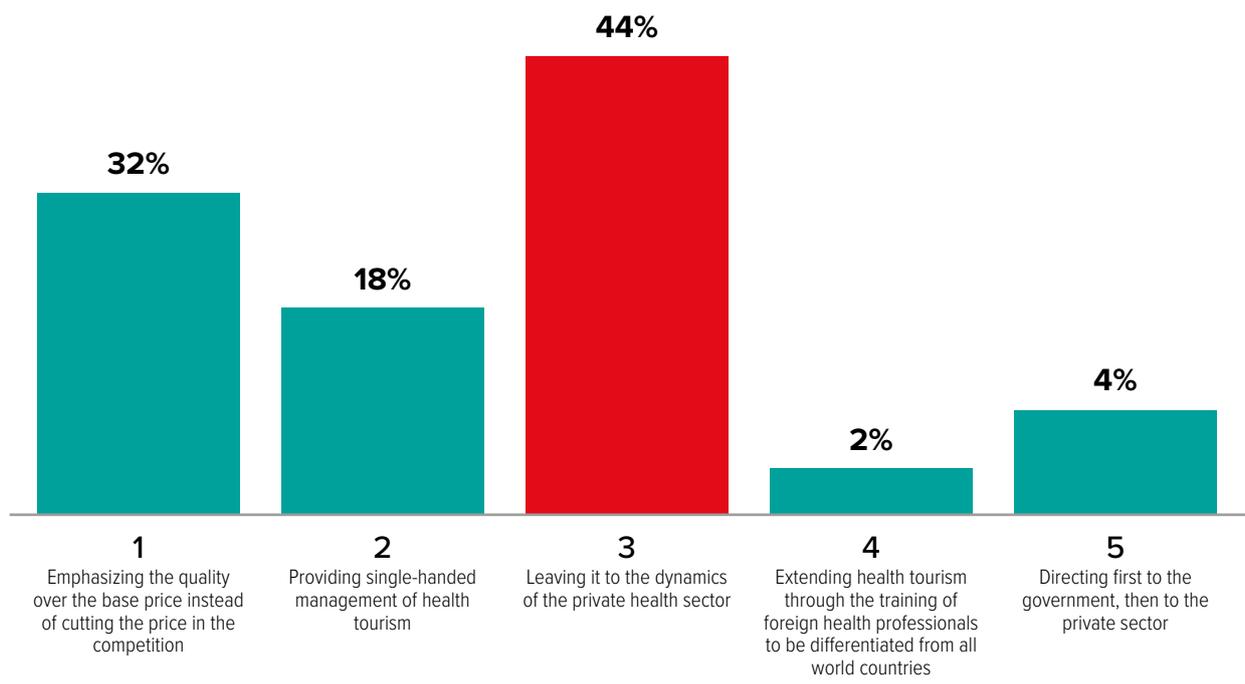


## HEALTH TOURISM MUST BE LEFT TO THE DYNAMIC OF THE PRIVATE HEALTH SECTOR

Asked to mark the closest option about what should be done to use health tourism and create attraction in terms of developing constricted resources and new health financing after COVID-19, 44% of the participants marked the option regarding leaving these areas to the dynamics of the private health sector, and 32% marked the option regarding emphasizing the quality over the base price instead cutting prices in the competition, and 18% marked the option regarding providing a single-handed management of health tourism. On the other hand, 4% of the participants marked the option that health tourism should be directed first to the government and then to the private sector to develop constricted resources and new health financing, and 2% marked the option to extend health tourism through the training of foreign health professionals to differentiate them from all countries in the world.

**To use health tourism and create attraction for the development of constricted resources and new health financing after COVID-19;** (Mark the option closest to you)

1. Emphasizing the quality over the base price instead of cutting the price in the competition
2. Providing single-handed management of health tourism
3. Leaving it to the dynamics of the private health sector
4. Extending health tourism through the training of foreign health professionals to be differentiated from all world countries.
5. Directing first to the government, then to the private sector

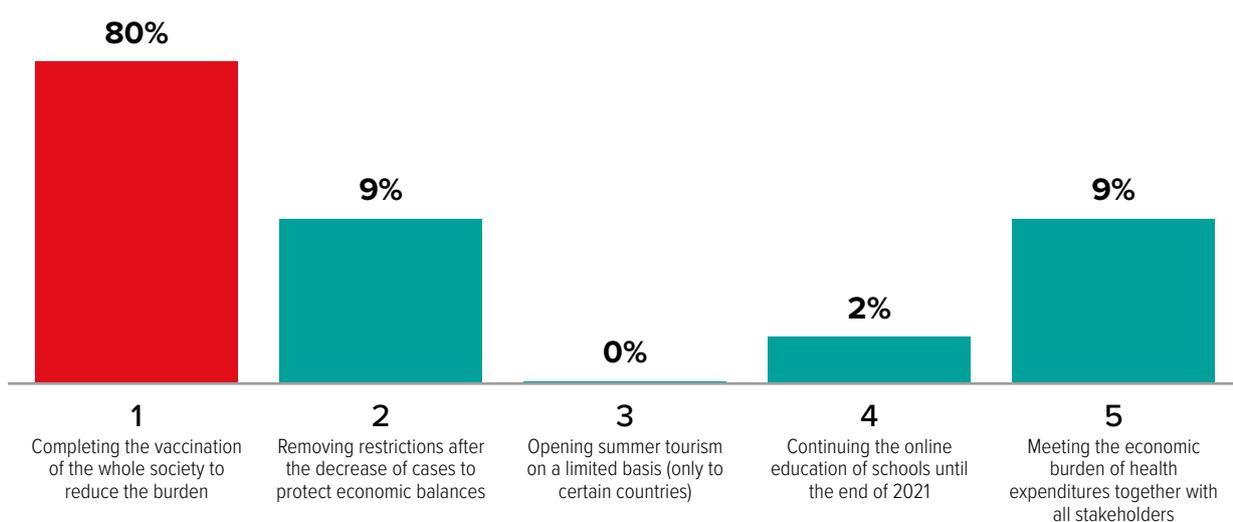


## TO REDUCE THE BURDEN OF COVID-19 ON THE HEALTH ECONOMY, THE WHOLE COMMUNITY SHOULD BE VACCINATED

Asked to mark the option that comes closest regarding what should be done to reduce the burden of COVID-19 on the health economy, 80% of the participants agreed that it is necessary to complete the vaccination of the whole society to reduce the burden. In this question, for each option, 9% of the participants marked the options "to remove the restrictions after the decrease of the cases in order to protect the economic balances" and "to meet the economic burden of health expenditures together with all stakeholders."

**To reduce the burden of COVID-19 on the health economy;**  
(Mark the option closest to you)

1. Completing the vaccination of the whole society to reduce the burden
2. Removing restrictions after the decrease of cases to protect economic balances
3. Opening summer tourism on a limited basis (only to certain countries)
4. Continuing the online education of schools until the end of 2021
5. Meeting the economic burden of health expenditures together with all stakeholders





## **INNOVATIVE MEDICINES SHOULD ALSO BE INCLUDED IN THE ALGORITHM RELATED TO REDUCING THE BURDEN OF THE HEALTH ECONOMY**

It was stated that innovative medicines might have value to reduce the burden of COVID-19 on the health economy, and it was said that the effect of Remdesivir on the costs of intensive care in the treatment of COVID-19 was investigated. It was noted that the role of Remdesivir in reducing the rates of going to mechanical ventilation and the length of hospitalization was obtained from the literature and the financial benefits were evaluated, and that since it is a Turkey-specific study, Global Gilead's discounted prices were used for costs in Turkey, and that Remdesivir resulted in savings for the health system in selected patient groups as a result of the study. For this reason, it was emphasized that innovative medications should also be included in the algorithm to reduce the burden of the health economy.

## **COVID-19 INCREASED THE SHARE OF VACCINES IN THE WORLD PHARMACEUTICAL MARKET**

It was noted that the only winner of COVID-19 is the new vaccine technology that can produce a vaccine, and the perspective on the vaccine will completely change in the coming period. Considering that the world pharmaceutical market in 2019 is \$1.3 trillion and only \$33 billion, that is, 3%, belongs to the vaccine, it is said that only the cancer drugs market is 142 billion dollars, which is almost four times the rate of the vaccine. It was noted that, in 2021, Moderna's, whose name was not even known five years ago, 1-year turnover for the COVID-19 vaccine was \$17 billion and Pfizer's \$15 billion. It was stated that the size of the one-year COVID-19 vaccine industry would exceed \$100 billion, that this disease will exist by becoming endemic in the coming years, and that these vaccines will have a large share in the market even if they are not of this size.

## **EVEN IF THE INSURANCE INDUSTRY APPEARS TO BE WINNING IN THE SHORT TERM, THERE MAY BE DIFFERENT RESULTS IN THE LONG TERM**

It was stated that the health insurance industry kept all of the premiums in the safe due to the cessation of all other health services due to COVID-19, and the insurance industry also gained from this process. On the other hand, it was said that some opinions might be contradictory when they are not categorized as short and long-term. When the long-term burdens of chronic diseases, the side effects of COVID, and the burden of many diseases are mentioned, the burden of health insurance may have decreased for today. Still, a different result will emerge when it is spread over the long term.

## **THE INSURANCE INDUSTRY DID ITS PART DURING THE PANDEMIC PROCESS**

It was stated that, in March, when COVID started to be seen in Turkey, the pandemic was an exception in 85 percent of insurance companies offering coverage and that, however, with the onset of the pandemic, all insurance companies declared that they would pay the treatment expenses caused by COVID and that due to a disease for which they are not currently receiving a premium, 85 percent of them paid 228 million TL of damage only for COVID, although it is not included in the coverage.

It was said that in the private health insurance segment, which also includes A+ hospitals, there are 7.9 billion TL of damage payment and approximately 2.9 million insured. The average before COVID was stated to be 2644 TL; however, the average for the damages paid during this period increased by about four times to 10102 TL per patient. In the same way, it was emphasized that the number of supplementary health insurance has doubled, so that the insurance companies have done their part both due to the reflection of their deferred costs in the future processes and by paying an un-included coverage.

## **THE NUMBER OF POLICIES INCREASED WITH TRUST IN PRIVATE HEALTH INSURANCE**

It was said that the time for SSI to take the COVID into payment during the pandemic process is April 4, 2020, and the time for the private insurance sector to put it under coverage is the 3rd week of March 2020. It was emphasized that private insurance covered a disease that was not covered before the SSI and implemented prepayment methods to support private health service providers. It was noted that, in terms of insurance companies, regarding the postponed health services, the number of surgeries in September and October 2020, when the pandemic decreased a little more, increased by 25-30 percent compared to September and October of the previous year. It was stated that the insurance sector was not in a profitable position, as they were in a position to pay the compensation of the postponed health expenses in addition to paying the pandemic; however, there was an increase in the number of policies. It was noted that as of March 2021, the SHI (Supplementary Health Insurance) increased gradually towards 1 million 600, and it was stated that the insurance companies' payment for the pandemic may have been effective in the increase in this number.

## **THE HIGHEST COST OF HEALTHCARE PROVIDERS IS THE COST OF IDLE TIME**

It was said that insurance companies that make payments even though they are not included in the coverage in the pandemic have increased their reputation and will be lucky for a few years; it was also noted that, however, if the doctor is not visited when the problem is small, and if the doctor is visited when the problem grows, the costs will increase at that rate, so they will pay back almost all of these profits in the following years.&nbsp;It was stated that the highest cost of healthcare providers is the cost of idle time and there are many gaps in areas other than COVID in the pandemic, and that although some of the staff are within the scope of short-time working, most of these burdens are felt on the private sector, and that some costs are incurred as the private sector, the turnover of private hospitals above a certain size are related to health tourism and that health tourism patients decreased in this process and this cost was also covered. In addition, it was emphasized that the private health sector could not receive sufficient resources from the government, that its survival has strategic importance in the next disasters, and that hospitals were fighting like barracks, and health workers were fighting like soldiers during the pandemic process.



## **HOW DOES REMOVING THE PATENT RIGHT OF THE MANUFACTURER AFFECT FUTURE VACCINE INVESTMENTS?**

It was said that the vaccine patent was discussed in a populist way in the world, vaccine patents can be taken away from these companies by saying that "if this pandemic is the last disaster, the world's interest is greater than the interest of 6-7 companies," and may get anyone produce the vaccine. It was also expressed that, however, even though patents are granted, it is difficult to produce a vaccine, and that it is also necessary not to block the way of those who will produce vaccines and invest in vaccines by taking away the patent from the manufacturer, and that countries that can monetize 1 trillion Dollars or Euros when they are in trouble can come together and overcome the problem by either purchasing these patents or making unlimited production with these patents and that even talking about these issues in front of those who develop vaccine technologies is a great threat.

## **HEALTH TOURISM SHOULD BE COMPLETELY IN THE DYNAMIC OF THE PRIVATE SECTOR**

It was noted that health tourism should be completely in the dynamics of the private sector and that the public should supervise the work done under fair competition conditions, should perform planning-coordination and inspection duties, and that any other arrangement would seriously harm the industry.

## **TURKEY GAVE A GOOD REACTION TO THE PANDEMIC**

It was stated that the pharmaceutical industry was also affected by the pandemic as a result of situations such as postponed diseases and the absence of polyclinics, but the expenses decreased in this process, and it was also said that the state support to the factories and the support to the representatives with short-time working would continue for a while. Although a process that even the doctors who are the teachers of the teachers was not able to foresee is being currently experienced due to the pandemic, and there are confusions such as informing the physicians from their point of view or manipulations in the number of tests, and even the private health sector sometimes thinks differently in terms of legislation, the situation in Turkey is said to be well managed and well reacted.

## **THE APPROACH TO VACCINE PATENTS IS DIFFERENT GLOBALLY**

It was noted that, drugs and treatments used for the treatment of human health are managed with strict patents and that these are commercial elements, but the approach to vaccine patents is different globally, is a known fact. It was stated that the reason for this was that the medicine remained within the scope of the treatment services and the vaccine was within the scope of public health, and it was also stated that it was due to the neoliberal view, "let the treatment services be privatized, but public health remains in the government" approach. The fact that this double standard will lead to a discussion on whether vaccines or drugs are important for human health was noted.

## **THE GOVERNMENT SHOULD FIRST MEET THE EXPECTATIONS OF ITS CITIZENS**

It was stated that it is unfair for a country to carry out health tourism with the help of public resources and to take foreign patients without fully meeting the expectations of its people, for example, while giving an MR appointment to the citizen six months later. It was said that even if the public has an excuse that they will invest in health with the money obtained from this, it is against the logic of public health services that they cannot adequately respond to the expected services at that moment and make money by opening a service portion to foreigners and that the fancy words about earning foreign currency to the country could not make up for this injustice. It was stated that the private sector should try to increase its piece of the world pie by making health tourism with its entrepreneurial aspect.

## **EVEN IF PATENTS ARE REMOVED, 11 BILLION VACCINE DOSES CANNOT BE MANUFACTURED TOMORROW**

It was stated that before the pandemic, the world's vaccine production capacity was 3.5 billion doses, and this is expected to reach 11 billion doses by the end of 2021, which is an incredible success noted with an incredible speed. To increase the capacity, the difficulty of finding a facility that can produce with technology transfer and making this transfer was mentioned. It was said that while a technology transfer would normally take 24 months, it was actually reduced to a short period of 6-8 months, and it should be considered that this is a complex process. Creating a feeling that 11 billion doses can be produced immediately by removing the patents was stated to be a populist approach. The fact that, as far as reported in the press, 280 inputs were needed to produce the Pfizer-BioNTech vaccine, these inputs came from 19 countries, and as of the moment these patents were obtained, nothing to be done on paper would change anything unless the issue of coordinating all these was resolved, was expressed.

## **LOCAL AND EQUIVALENT PRODUCTION MUST ALWAYS BE SUPPORTED**

During the pandemic process, the prediction of private sector investments to decrease due to the economic difficulties of private hospitals, medical devices, and pharmaceutical manufacturers were shared. It was stated that local pharmaceutical companies, especially equivalent drug manufacturers, are trying to contribute exceedingly to the process without making a profit, and even when the need for over-produced equivalent drugs due to certain concerns decreases, these drugs create an additional financial burden as an excess stock for companies. It was stated that domestic vaccines had come a long way, and therefore the arrival of the Pfizer-BioNTech vaccine has accelerated with the concern of filling the market before these vaccines arrive.



## **VACCINE IS A STRATEGIC AND POLITICAL PRODUCT**

It was stated that the opinion about whether vaccines should be public property or not would be the subjective approach of the person from where he/she looks at the world. A statement as "If you are putting accessibility and equity in healthcare to the fore, vaccines should be public property, but if you emphasize quality and put accessibility and equity in the background, vaccines should not be considered public property, and patent rights of companies should be protected." was expressed. It was stated that 1.5 billion doses of vaccines have been made in the world to date, and 84% of them are made in countries with a high level of development and 0.5% in underdeveloped countries. It was expressed that the production of 11 billion vaccine doses means that vaccines cannot be sent to underdeveloped countries, whether money is available or monetized. The fact that as vaccines are a strategic and political product, there is a problem in the supply of vaccines in Turkey was said.

## **VACCINES SHOULD BE DISTRIBUTED BY GOVERNMENT**

It was stated that both the private sector and public health professionals agreed on the fact that the vaccine should be public property; however, it was pointed out that the governments should purchase the patents and the vaccines should not be distributed by the private sector, and this should not mean that the government seizes the patents.

## **COVAX HAS A 3 BILLION DOSE VACCINE AGREEMENT**

Emphasizing that the World Health Organization is trying to distribute cheap and easy-to-make vaccines, approximately 3 billion doses of vaccine agreements made by COVAX, especially AstraZeneca, with companies in India and South Korea were mentioned. It was said that since March, vaccines had been sent to Africa and underdeveloped countries through WHO, UNICEF, and GAVI.

## **THE BIGGEST PROBLEM IN THE FUTURE WILL BE HEALTH EXPENDITURES THAT CANNOT BE MEASURED**

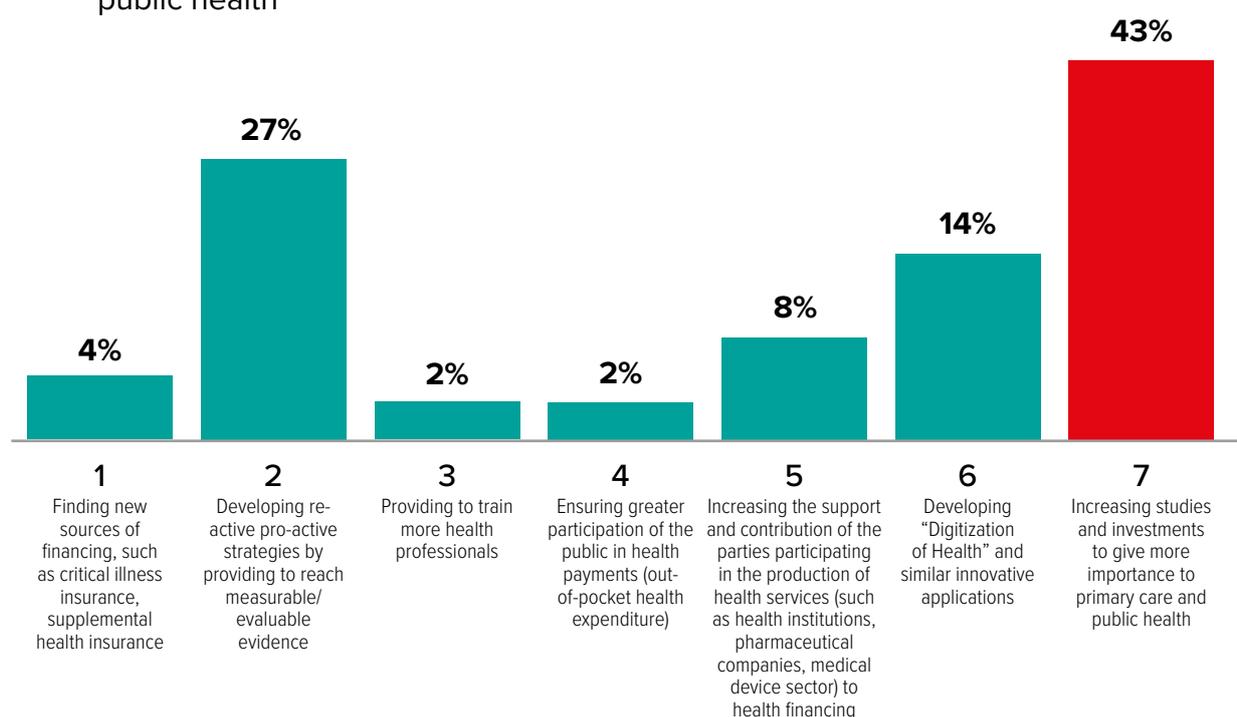
It was stated that the March-April period in 2020 and 2021 was different and that in 2020, the private sector and the government were programmed to fight an unknown pandemic, acting amateurishly and together, without thinking about the next day or its economic processes, however, became professional with the intention of not experiencing economic difficulties in the November-December period and the experience of the first wave. It was noted that those who are not from the health sector in the society started to spend on health, and the biggest problem in the future would be health expenditures that cannot be measured in this period when informality and out-of-pocket payments increase.

# THE PRIMARY NEED FOR A SUSTAINABLE HEALTH SYSTEM IS TO INCREASE PRIMARY CARE AND PUBLIC HEALTH INVESTMENTS

Asked what is the primary need for a sustainable health system after COVID-19, 43% of the participants stated that it is necessary to increase studies and investments to give more importance to primary care and public health, and 27% marked the option that re-active/pro-active strategies should be developed by providing to reach measurable/evaluable evidence. While the ratio of the participants thinking that "digitalization of health" and similar innovative applications should be developed was 14%, 8% of the participants marked the option that the parties participating in the production of healthcare services (such as health institutions, pharmaceutical companies, medical device industry) should increase their support and contribution to health financing.

## The primary need for a sustainable health system after COVID-19;

1. Finding new sources of financing, such as critical illness insurance, supplemental health insurance
2. Developing re-active pro-active strategies by providing to reach measurable/evaluable evidence
3. Providing to train more health professionals
4. Ensuring greater participation of the public in health payments (out-of-pocket health expenditure)
5. Increasing the support and contribution of the parties participating in the production of health services (such as health institutions, pharmaceutical companies, medical device sector) to health financing.
6. Developing "Digitization of Health" and similar innovative applications
7. Increasing studies and investments to give more importance to primary care and public health



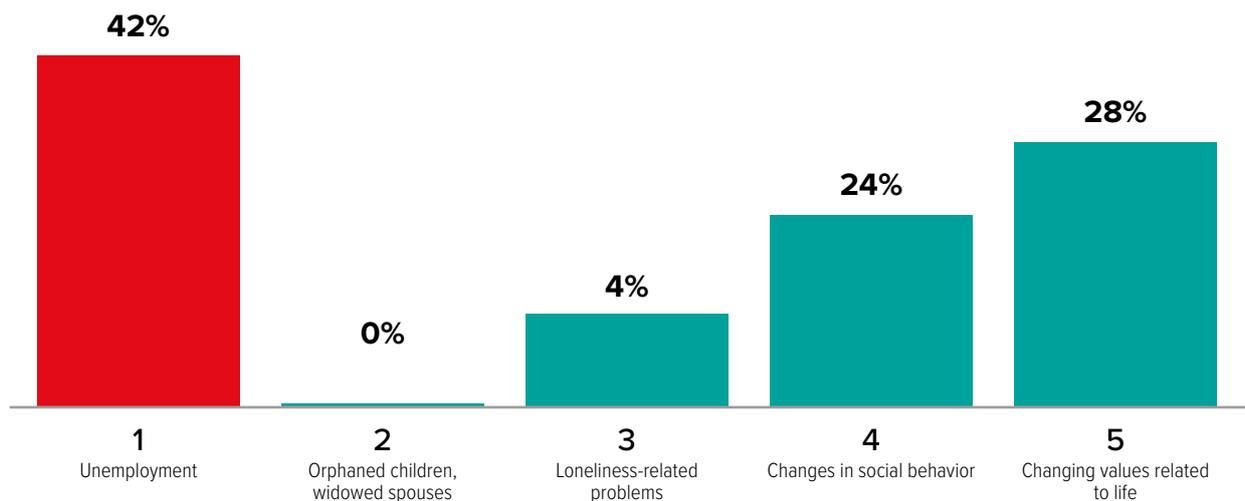


## UNEMPLOYMENT WILL BE A DEEP SOCIOLOGICAL PROBLEM AFTER COVID-19

Asked which sociological problem will affect the society more after COVID-19, 42% of the participants marked the option of unemployment, 28% "change of values related to life," and 24% "change in social behavior."

### Which sociological problem will affect society more after COVID-19?

1. Unemployment
2. Orphaned children, widowed spouses
3. Loneliness-related problems
4. Changes in social behavior
5. Changing values related to life

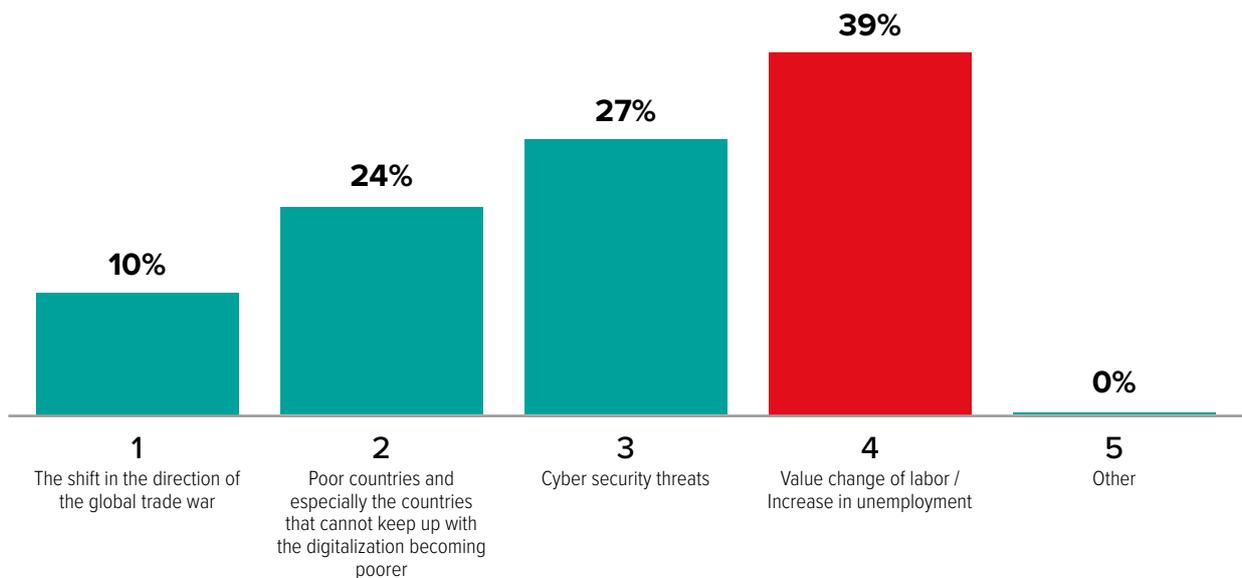


# DIGITALIZATION IS A THREAT IN THE VALUE CHANGE OF UNEMPLOYMENT AND LABOR

Asked for their predictions about the threats to be brought by the rapidly increasing digitalization with COVID-19, 39% of the participants marked the option of "value change of labor/increase in unemployment," 27% "cyber security threats," and 24% "poor countries and especially the countries that cannot keep up with the digitalization become poorer."

## Threats of rapidly increasing digitalization along with COVID-19?

1. The shift in the direction of the global trade war
2. Poor countries and especially the countries that cannot keep up with the digitalization becoming poorer
3. Cyber security threats
4. Value change of labor / Increase in unemployment
5. Other



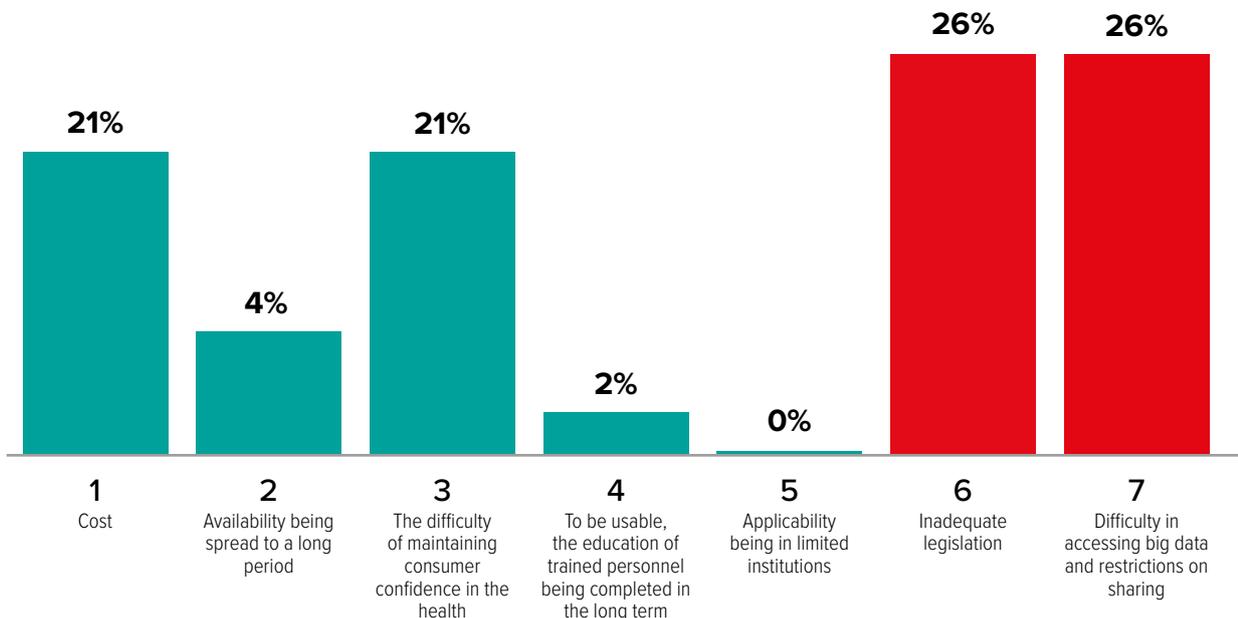


## THERE ARE A LOT OF FACTORS THAT MAKE THE USABILITY OF HEALTHCARE TECHNOLOGIES DIFFICULT

Asked to mark the closest option about what is the primary factor that makes it difficult to use more artificial intelligence applications and wearable (mobile) health technologies after COVID-19; 26% of the participants marked the option of "inadequate legislation" and "difficulty in accessing big data and restrictions on sharing"; 21% marked the option of "cost" and "difficulty of maintaining consumer confidence in health."

**The primary factor that makes it difficult to use more artificial intelligence applications and wearable (mobile) health technologies after COVID-19; (Mark the option closest to you)**

1. Cost
2. Availability being spread to a long period
3. The difficulty of maintaining consumer confidence in the health
4. To be usable, the education of trained personnel being completed in the long term
5. Applicability being in limited institutions
6. Inadequate legislation
7. Difficulty in accessing big data and restrictions on sharing



## **ISSUES LIKE DIGITALIZATION AND ARTIFICIAL INTELLIGENCE ARE IMPORTANT FOR TURKEY**

It was stated that one of the most striking effects of COVID-19 is rapid digitalization, and digitalization is gaining momentum. At this point, it was said that the poor countries and especially the countries that cannot keep up with the digitalization epidemic are becoming poorer and poorer and that the value of muscle power, workforce, and manpower has decreased in the new period, and there will be no need for countries that cannot keep up with digitalization and that issues such as digitalization and artificial intelligence are important for Turkey.

## **FOR THE FUTURE OF THE INDUSTRY, FOCUS ON ARTIFICIAL INTELLIGENCE IS NEEDED**

It has been said that the future of the sector must focus too much on relevant artificial intelligence, that structures such as Amazon and Google, which are not considered in the global health sector, are entering the health sector with artificial intelligence, and that while artificial intelligence for the health sector is still in the discussion stage, it is necessary to carefully monitor the fact that those who have never been in the sector are becoming a player for the sector.



## HEALTH DATA IN TURKEY HAS BEEN COLLECTED IN A CENTRAL SYSTEM INSOFAR AS NEVER DID IN ANY COUNTRY

**Dr. Şuayip BİRİNCİ** / RoT Ministry of Health, Deputy Minister

I agree with the idea that artificial intelligence will move to a different point in the future, and that will be a partner in many people's businesses. Although not as much as the doctor, it can be trusted until the stage that reaches the doctor; In order to increase the value, it is necessary to increase the consumer side. With applications like shared responsibility in the use of vehicles that are made with artificial intelligence, the side that we are approaching in terms of legislation is very different than the side that we will approach in the future. When we look at in terms of aspects such as "who will share this responsibility" or "are we going to treat artificial intelligence tools as a preliminary consultation," our options and problems increase. I don't think there is a problem such as not being able to access big data. There are so many packages in the world, and these packages are sold or shared everywhere. Countries that really classify their data have also started offering anonymous data packages to people. We also share data with those who are seriously willing and project-oriented.

I think that artificial intelligence will first be used as tools that help health professionals, assist them and facilitate their work, and enable faster diagnosis and treatment; however, on the other hand, I think that trust-building alone can happen in the very long term.

To talk about "inadequate legislation," "difficulty in accessing big data," and "restrictions on sharing,"; the inadequacy of legislation is not only a problem of Turkey but also of many countries around the world. Here is something else. Artificial intelligence applications increase administrative power in the world. This is the case in every industry. Naturally, that country will become advantageous when it increases its administrative power. Something different will happen in the health industry. I think it will trigger unemployment problems. Countries that are powerful and able to access these services with money will develop more as they digitalize. In the future, there will be bigger problems in the health presentation anyway. Everyone agrees that respect for physicians has increased during the pandemic period; however, the rate of choosing the profession of medicine among young people did not increase. It will be seen that young people who think that taking responsibility is a factor that restricts freedom prefer this profession less. Naturally, artificial intelligence tools will start to become much more effective. To look in terms of legislation, legislation will never be adequate. Because every day, you confront something new, and that's why you start to act obsessively. Many countries are doing the same. It is said that the USA offers big data to people. They started creating small, representative packages and giving them away, even though anonymously. About the issue of restriction in the access to big data, although health data is collected in the central system in Turkey insofar as in no other country, there is a concern about it.

## LEGISLATION WILL NEVER BE ADEQUATE

**Prof. Dr. Sabahattin AYDIN** / RoT Ministry of Health, Deputy Minister

Regarding the lack of legislation, legislation will never be adequate, and there will always be complaints about it. Because the new situations that arise with artificial intelligence, machine learning, and telemedicine are issues that cannot be responded within our current legal system and constitutional provisions. Malpractice, patient privacy, and data security need to be reconsidered and defined. Therefore, the new legislations will be protectionist and armored legislations. After the general understandings of the legal system change, these sub-legislations will be able to expand a little more. Those waiting for legislation should not expect that they will have the way paved in this field. Yes, the legislation will come out soon, but it naturally has to be limited as it will put forward the points that will not conflict with the current legal order.

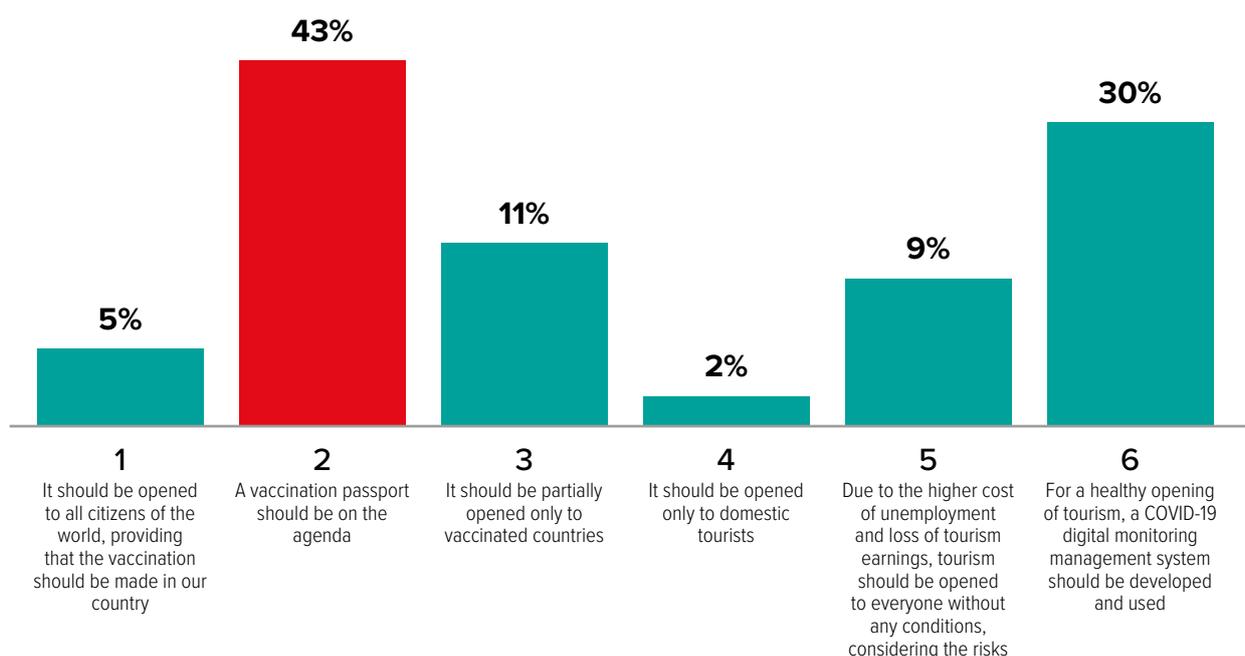


## THE VACCINE PASSPORT SHOULD BE PUT ON THE AGENDA FOR 2021 SUMMER TOURISM

Asked how tourism should be opened in the summer of 2021 during the COVID-19 period, 43% of the participants marked the option that the vaccination passport should be on the agenda, 30% marked the option that to open tourism in a healthy way, the COVID-19 digital monitoring management system should be developed and used, 11% marked the option that tourism should be partially opened to vaccinated countries only, 9% marked the option that due to unemployment and higher costs of losing tourism earnings, it is necessary to open tourism to everyone without any conditions, taking risks into account.

### How should tourism be opened in the summer of 2021 during the COVID-19 period?

1. It should be opened to all citizens of the world, providing that the vaccination should be made in our country.
2. A vaccination passport should be on the agenda
3. It should be partially opened only to vaccinated countries
4. It should be opened only to domestic tourists
5. Due to the higher cost of unemployment and loss of tourism earnings, tourism should be opened to everyone without any conditions, considering the risks.
6. For a healthy opening of tourism, a COVID-19 digital monitoring management system should be developed and used.

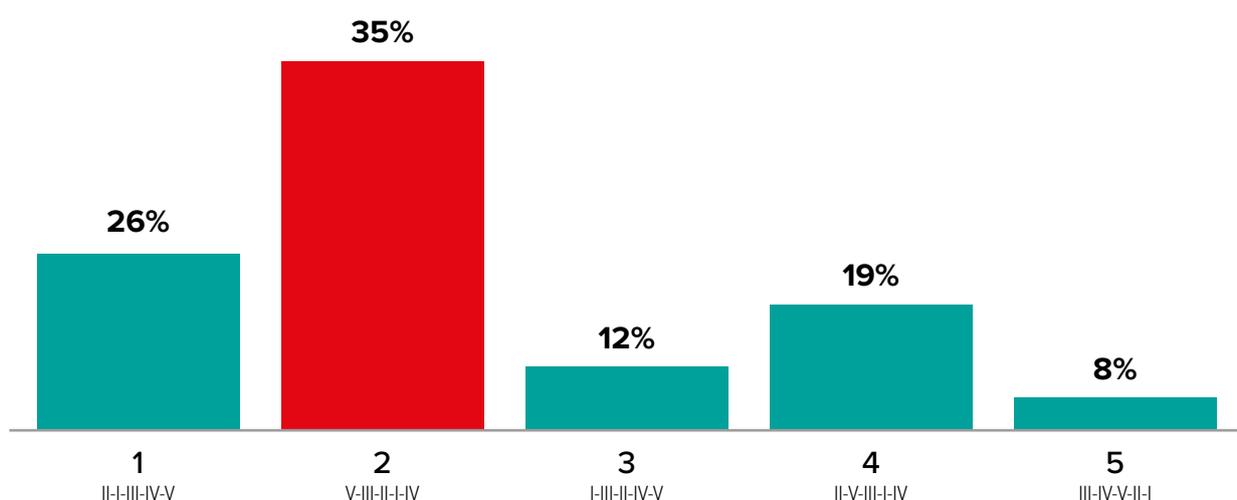


## DETERMINING THE COSTS OF PREVENTIVE MEDICINE SERVICES IS IMPORTANT IN DETERMINING RISKS AND STRATEGIES

Asked to prioritize the studies primarily needed to determine the current situation and strategy against new risks in health, 35% of the participants made the ranking as determining the costs of preventive medicine services, determining the service costs of health institutions, determining disease prevalence-incidence studies, determining the economic burden of diseases on the country, and finally, the economic evaluation of health technologies.

### Studies are primarily needed to determine the current situation and strategy against new risks in health

- I. Determining the economic burden of diseases on the country
- II. Determining the disease prevalence-incidence studies
- III. Determining the service costs of health institutions
- IV. An economic evaluation of health technologies
- V. Determining the costs of preventive medicine services





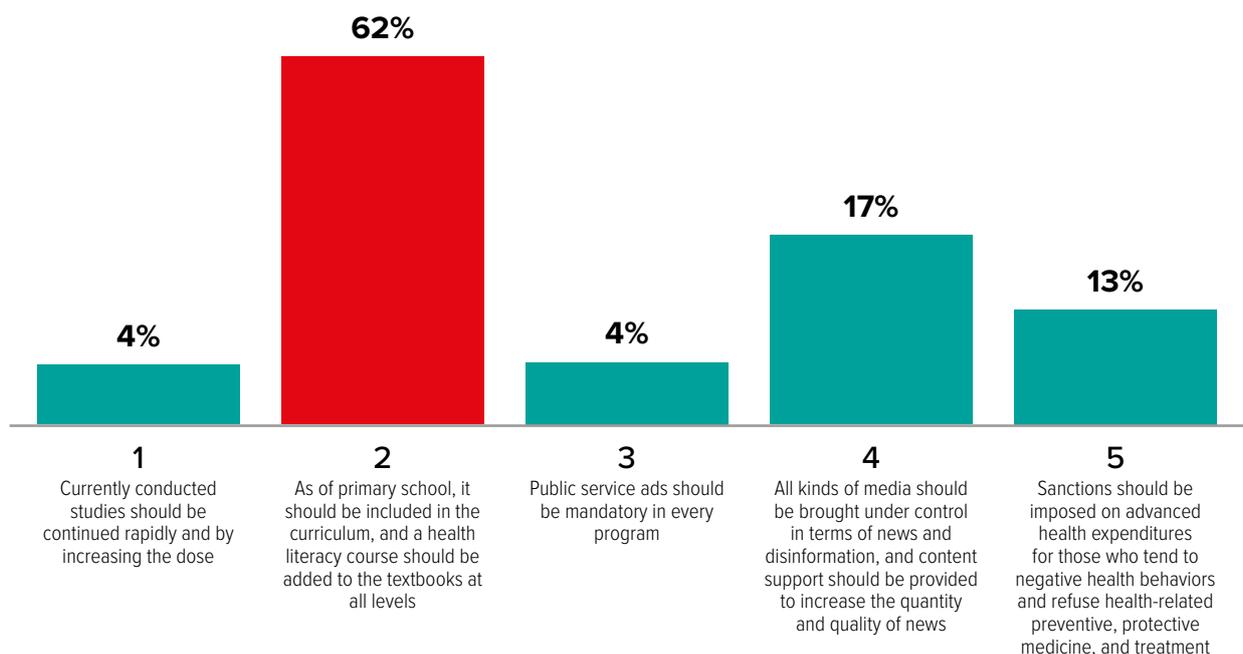
## HEALTH LITERACY MUST BE INCLUDED IN THE CURRICULUM, AS OF PRIMARY SCHOOL

Asked to mark the closest option on what should be done first to increase the health literacy of the public and to create awareness against the possibility of new risks for Turkey, 62% of the participants marked the option that health literacy should be included in the curriculum, as of primary school and that a health literacy course should be added to the textbooks at all levels. This option was followed by "all types of media should be brought under control in terms of news and information pollution, and content support should be provided to increase the quantity and quality of news" with 17 percent and "sanctions should be applied to higher health spending for those who tend to engage in negative health behaviors and reject health-related prevention, protection, and treatment measures" options.

### Against the possibility of new risks for Turkey, what should be done to increase the people's health literacy and raise awareness?

(Mark the option closest to you)

1. Currently conducted studies should be continued rapidly and by increasing the dose.
2. As of primary school, it should be included in the curriculum, and a health literacy course should be added to the textbooks at all levels.
3. Public service ads should be mandatory in every program
4. All kinds of media should be brought under control in terms of news and disinformation, and content support should be provided to increase the quantity and quality of news.
5. Sanctions should be imposed on advanced health expenditures for those who tend to negative health behaviors and refuse health-related preventive, protective medicine, and treatment



## PROFESSIONAL ASSOCIATIONS SHOULD AVOID COMMENTS THAT HAVE NO MEDICAL BASIS

It was stated that professional associations should avoid comments that have no medical basis, and it was said that creating a perception change in society without relying on data is an occupational crime.

### FIGHTING DISINFORMATION IS MORE TIRESOME THAN COVID

**Prof. Dr. Sabahattin AYDIN** / RoT Ministry of Health, Deputy Minister

In the fight against COVID, aside from the virus, the burden on us has been the burden of fighting misinformation. The misinterpretation of shared data and the serious struggle to correct the comments made by people who are not specialists on TV are tiring us more than dealing with the virus. So much so that we have come to the point of "should we develop a defense method by not giving any answers to those who make some wrong comments or make false claims." We have come to the point of ignoring some politicians, columnists, or the press anymore and not responding no matter what they say. Especially in the struggles that need to be done as all together, the emergence of different voices from different foci whose purpose is to prevent this struggle is seriously tiring you more than your main job. In this respect, I will believe that we have achieved great success in fighting against misinformation and disinformation if we successfully fight against the COVID pandemic as a country and if we can acquit ourselves well.

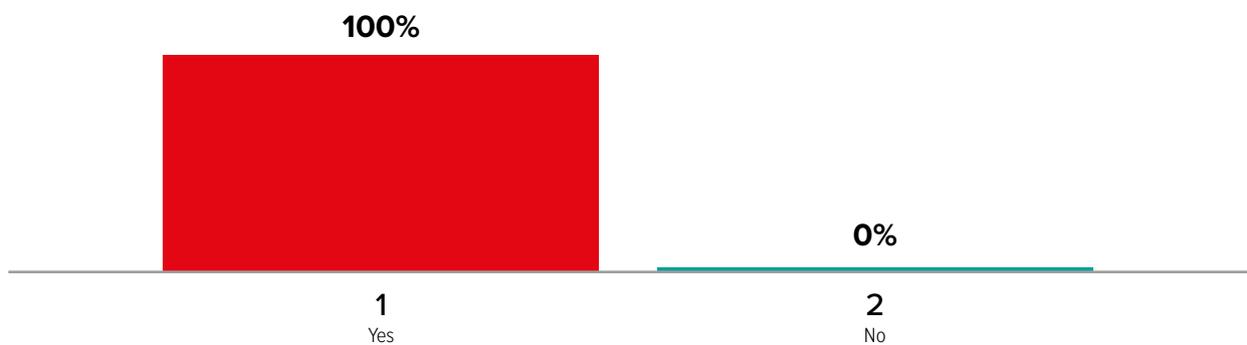


## TÜSAP MEETINGS ARE DEEMED SUCCESSFUL

All of the participants, who were asked for their opinions about the TÜSAP Meetings, deemed the meetings successful and beneficial, while 77% of the participants stated that they preferred it to be held in a hybrid format consisting of video conference and meeting place.

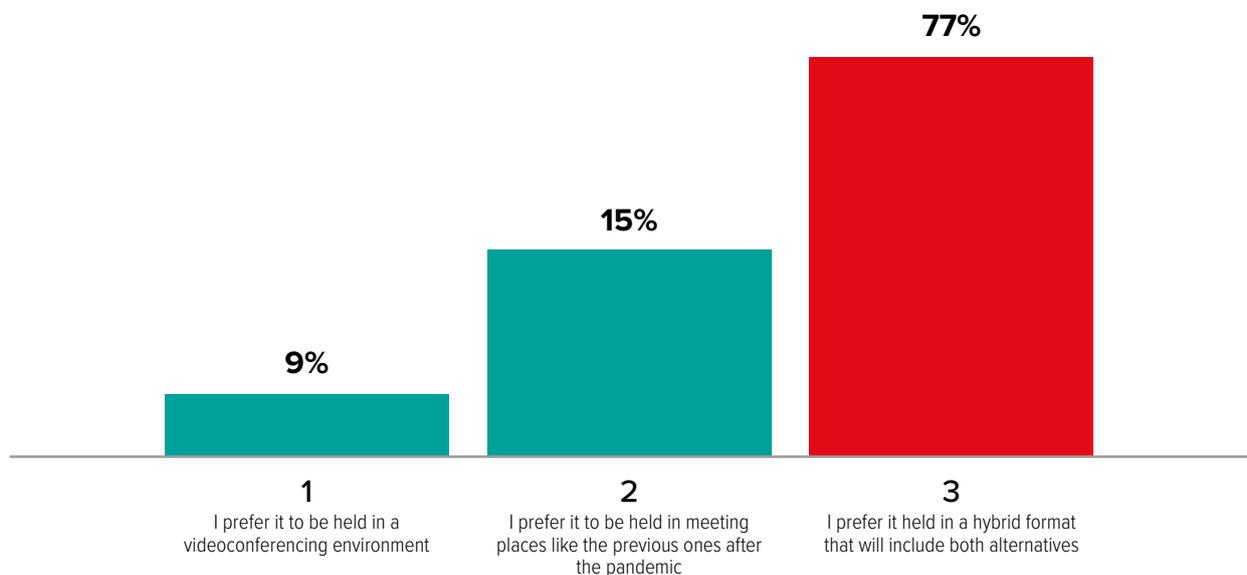
### Did you deem this meeting successful?

1. Yes
2. No



### For TÜSAP meetings;

1. I prefer it to be held in a videoconferencing environment
2. I prefer it to be held in meeting places like the previous ones after the pandemic
3. I prefer it held in a hybrid format that will include both alternatives



## THE LIST OF THE PARTICIPANTS

**Ahmet Oğuz SARICA**, Advisor to the Minister of Health  
**Ahu UYSAL GÜNEY**, Eczacıbaşı İlaç Pazarlama, Market Access Manager  
**Ayhan ÖZTÜRK**, President of ARTED, Vice President Turkey, West Asia and LEVANT  
**Bahadır KURAN**, Atabay Pharmaceuticals, and Chemicals, Director of Official Relations  
**Barbaros EROĞLU**, GE Healthcare, Director of Corporate Solutions  
**Başak YILMAZ**, Janssen Turkey, Director of Foreign Relations  
**Beşir Kemal ŞAHİN**, Secretary-General of TÜSAP  
**Demet RUSS**, Janssen Turkey, General Manager  
**Doğan TAŞKENT**, Atabay Pharmaceuticals and Chemicals, Member of the Board  
**Dr. Kağan KARAKAYA**, Advisor to the Minister of Health  
**Dr. Mahmut TOKAÇ**, Executive President of İVEK Foundation  
**Dr. Mehmet ALTUĞ**, President of Private Hospitals Platform  
**Dr. Osman COŞKUN**, Member of Presidency Science Technology and Innovation Policy Board  
**Dr. Lect. Yemliha YILDIZ**, İstinye University, Director of VSOHS  
**Dr. Reşat BAHAT**, Chairman of the Board of OHSAD  
**Dr. Salih Kenan ŞAHİN**, Chairman of the Board of USHAŞ  
**Dr. Sema RAMAZANOĞLU**, Member of the Presidency Health and Food Policies Board  
**Dr. Seyit KARACA**, TOBB, President of Health Sector Assembly  
**Dr. Sinan KORUKLUOĞLU**, Advisor to the Minister of Health  
**Dr. Şuayip BİRİNCİ**, RoT Ministry of Health, Deputy Minister  
**Dr. Ümit DERELİ**, Secretary-General of AIFD  
**Feyzullah AKBEN**, TÜSAP Member of Executive Board  
**Halim ÖZÇEVİK**, İstanbul Provincial Health Directorate, Head of Personnel Services,  
**Halit Tanju BESLER**, Vice Rector of İstinye University  
**Harun Türker KARA**, Advisor to the Minister of Health  
**Hüseyin ÇELİK**, Ret. Deputy Undersecretary of the Ministry of Health  
**İsmail ÖZTÜRK**, İstanbul Provincial Health Directorate, Deputy Head of Personnel Services  
**Kemal YAZ**, Chairman of TİMDEF  
**Metin DEMİR**, SEIS Chairman of the Board  
**Mustafa Aydın KÜÇÜK**, Eczacıbaşı Monrol, General Manager  
**Mücahit YİNANÇ**, Vice President of İVEK  
**Müge SATIR**, Eczacıbaşı İlaç Pazarlama, General Manager  
**Numan BALKİ**, TİSD Board Member  
**Nüket KÜÇÜKEL EZBERCİ**, Member of the Presidency Health and Food Policies Board  
**Surg. Dr. Sami TÜRKOĞLU**, Secretary General of TİSD  
**Özlem GÜLEÇ**, TUSEB Head of Foreign Relations Department  
**Prof. Dr. Abdullah OLGUN**, İstinye University, Dean of Faculty of Pharmacy  
**Prof. Dr. Burak Ömür ÇAKIR**, Beykent University, Dean of Faculty of Medicine  
**Prof. Dr. Engin ULUKAYA**, İstinye University, Dean of Faculty of Health Sciences  
**Prof. Dr. Fatma ETİ ASLAN**, Bahçeşehir University, Dean of Faculty of Health Sciences  
**Prof. Dr. Hakan GÜNDÜZ**, Marmara University, Dean of Faculty of Medicine



**Prof. Dr. Haluk ÖZSARI**, İstanbul University Cerrahpaşa Lecturer, General Secretary of the University Hospitals Association  
**Prof. Dr. Hamdi AKAN**, President of Clinical Research Association  
**Prof. Dr. Haydar SUR**, Üsküdar University, Dean of Faculty of Medicine  
**Prof. Dr. İlhan SATMAN**, President of TÜSEB, Turkey Public Health, and Chronic Diseases Institute  
**Prof. Dr. İsmet TAMER**, İstinye University, Dean of Faculty of Health Sciences  
**Prof. Dr. Kemal MEMİŞOĞLU**, İstanbul Provincial Health Director  
**Prof. Dr. M. İ. Safa KAPICIOĞLU**, Deputy Chairman of YÖK  
**Prof. Dr. Melih BULUT**, Academician  
**Prof. Dr. Mustafa TAŞDEMİR**, MoH Health Promotion, General Manager  
**Prof. Dr. Naim KADIOĞLU**, London North West University  
**Prof. Dr. Nevzat TARHAN**, Üsküdar University, Rector  
**Prof. Dr. Osman HAYRAN**, MEDIPOL University, Lecturer  
**Prof. Dr. Rümeyza KAZANCIOĞLU**, Rector of Bezmialem Foundation University  
**Prof. Dr. Sabahattin AYDIN**, RoT Ministry of Health, Deputy Minister  
**Prof. Dr. Selim NALBANT**, Maltepe University, Dean of Faculty of Medicine  
**Prof. Dr. Sina ERCAN**, Yeditepe University, Dean of Faculty of Medicine  
**Prof. Dr. Teyfik DEMİR**, Advisor to the Minister of Health  
**Prof. Dr. Toker ERGÜDER**, Program Manager of the World Health Organization Turkey Office  
**Prof. Dr. Zeliha Koçak TUFAN**, Member of YÖK  
**Prof. Dr. Mustafa Ayberk KURT**, İstinye University, Dean of Faculty of Medicine  
**Savaş MALKOÇ**, IEIS, General Secretary  
**Serdal ZELYURT**, İstanbul Provincial Health Directorate, Deputy Head of Support Services  
**Sermet Gün ERDEM**, President of SASDER  
**Sevgi ÖKTEN**, Abbott, Director of Global Public Affairs  
**Sevgi UNAN**, Coordinator of Turkish Insurance Association  
**Şebnem GİRGIN**, General Manager of Gilead  
**T. Ufuk EREN**, TÜSAP Executive Board Member  
**Toros ŞAHİN**, Gilead, Market Access and Corporate Affairs Director  
**Yelda Ulu COLIN**, Abbott, General Manager  
**Zeynep ATABAY TAŞKENT**, Atabay Pharmaceuticals and Chemicals, Vice Chairman of the Board

\* Name is alphabetical list.

SUPPORT  
PARTNERS





## TÜSAP EXECUTIVE BOARD

- Prof. Dr. Sabahattin AYDIN** / RoT Ministry of Health, Deputy Minister (President)  
**Dr. Şuayip BİRİNCİ** / RoT Ministry of Health, Deputy Minister  
**Surg. Dr. Reşat BAHAT** / OHSAD, Chairman  
**Prof. Dr. Haluk ÖZSARI** / Association of University Hospitals Union, General Secretary  
**Turgay Ufuk EREN** / Volitan Global CEO  
**Feyzullah AKBEN** / Ajansfa, Chairman of the Executive Board  
**Prof. Dr. Teyfik DEMİR** / TOBB University of Technology  
**Savaş MALKOÇ** / IEIS, General Secretary  
**Prof. Dr. Kemal MEMİŞOĞLU** / Istanbul Provincial Health Director

## SECRETARIAT

- Beşir Kemal ŞAHİN** / SATUR, CEO

TÜSAP Vision meetings are held every year under four main headings: 'Health Technologies,' 'Health Service Delivery,' 'Pharmaceuticals and Pharmacy,' and 'Health Financing.' After these meetings, a general evaluation of the TÜSAP Health Summit and the meeting reports is made, and future projections in health are determined. The meetings are held only with the participation of the invitees, and invitations are sent to the relevant parties before the meeting. Organizational information about TÜSAP Vision Meetings and TÜSAP Summit planned to be held four times a year synchronously can be found at [www.tusap.org](http://www.tusap.org).

## ABOUT TÜSAP

In rapidly changing conditions, sector stakeholders need to act with a common mind to use limited resources efficiently for a sustainable and high-quality health system and to produce permanent solutions to problems.

The TÜSAP Health Platform, which the pioneer founded thought leaders of the industry who came together with this idea, aims to have vision discussions based on the industry's current state and produce quality information that will affect the future of the industry.

Ensuring the sustainability of health services, value-based health care systems, increase of quality, high value-added production of the domestic medical and pharmaceutical industry, ever-developing health service delivery in our country, public health applications, and health financing are listed as the important agenda topics of TÜSAP's regular activities.

In these events held under the name of TÜSAP Vision Meetings in Health, middle and senior managers of the government, civil society, and private sector have the opportunity to share their views on the agenda directly with other participants. These views are shared with the participants themselves, the media, and the public opinion through special reports prepared after each event.

Held four times a year, in these meetings, the studies are re-evaluated with wider participation at the special event called "Health Platform Summit" held at the end of each year and presented directly to the sector's representatives and other relevant institutions.

For more information and participation in events, you can visit [www.tusap.org](http://www.tusap.org).

HEALTH SECTOR LEADERS  
OF TURKEY COME TOGETHER  
FOR SUSTAINABLE HEALTH

# VISION MEETINGS

2021 EVENTS

HEALTHCARE  
PRESENTATION

PHARMACEUTICAL  
AND PHARMACY

HEALTH  
TECHNOLOGIES

HEALTH  
FINANCING



## HEALTH PLATFORM SUMMIT

### CONTACT

Executive Committee Secretariat

**Satur**<sup>®</sup>

Kore Şehitleri Cad. Yonca Apt. A Blok No:1/5  
Zincirlikuyu / Şişli / İstanbul - TURKEY  
Phone: +90212 272 61 06 Fax: +90212 272 61 07  
bilgi@tusap.org

[www.tusap.org](http://www.tusap.org)