



THE ROLE OF INSURANCE IN THE DEVELOPMENT OF THE PREVENTIVE HEALTH INDUSTRY

HEALTH FINANCING
REPORT
(23 May 2025)

www.tusap.org

TUSAP
HEALTH PLATFORM

SAĞLIK FİNANSMANI RAPORU

23 Mayıs 2025

ISBN: 978-605-4123-80-3

TÜSAP EXECUTIVE BOARD

Prof. Dr. Kemal MEMİŞOĞLU / Minister of Health of the Republic of Türkiye
Assoc. Prof. Dr. Şuayıp BİRİNCİ / Deputy Minister of the Ministry of Health of the Republic of Türkiye
Prof. Dr. Sabahattin AYDIN / Former Deputy Minister of the Ministry of Health
Op. Dr. Reşat BAHAT / President of OHSAD
Prof. Dr. Haluk ÖZSARİ / Secretary General of the Association of University Hospitals
Assoc. Prof. Dr. Abdullah Emre GÜNER / Istanbul Provincial Health Director
T. Ufuk EREN / CEO of Volitan Global
Feyzullah AKBEN / Chairman of the Board of SATUR
Savaş MALKOÇ / Secretary General of İEİS

PUBLICATION COORDINATOR

Feyzullah AKBEN

EDITORIAL SERVICES

Funda ÇAMÖZÜ

SECTOR COMMUNICATIONS COORDINATOR

Hazal AKBABA

ORGANIZATION VISITOR RELATIONS

Ece KOŞAR

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 42nd MEETING



HEALTH FINANCING

FRIDAY, 23 MAY 2025

PLACE

Atlas University



FOREWORD

Prof. Dr. Sabahattin AYDIN

Chairman of the TÜSAP Executive Board

INSTEAD OF A REACTIVE SYSTEM, WE NOW NEED A PROACTIVE SYSTEM

I would like to share with you my great pleasure in being together at the second TÜSAP meeting of our ninth year, and our 42nd meeting in total. Our main theme today is “Health Financing.”

Last year, we held a meeting in this venue once again. I would like to express my gratitude to the esteemed Chairman of the Board of Trustees and the Rectorate of Atlas University for hosting us once more. Among the 42 meetings organized by TÜSAP, that was the only meeting I was unable to attend. I also hope that this speech will be accepted as an apology in this regard.

At our previous meeting, we approached the subject from the perspective of healthcare services under the title “The Role of the Referral System in the Development of the Preventive Health Industry.” Today, within the same framework, we wish to address the financing dimension.

The health industry, as a community of stakeholders of which we are also a part, is an area on which I believe it would exceed our place to make sweeping statements. Nevertheless, there is one point I would like to draw attention to: Although our industry comprehensively includes preventive-protective services, diagnosis-treatment, and rehabilitation services, it often focuses only on diagnosis and treatment services. This is a reality that we have long emphasized and often criticized.

Of course, there are many reasons for this preference. Demand is concentrated there, and the economic cycle operates there. The industry naturally turns toward areas where attraction is greatest. For this reason, we often hear the term “disease industry” being used instead of “health industry.” In fact, this term is not scientific; it expresses a critical perspective. In other words, it criticizes the reactive attitude toward diseases. This definition points to an economic structure that undermines health, increases the burden of disease, ignores risk factors, and exploits healthcare demand.

Our purpose in persistently promoting the concept of the “preventive health industry” is to seek a way out of this cycle into which we have unknowingly been drawn. I hope it will be understood in this way.

So, what do we mean by the preventive health industry? We mean an ecosystem encompassing all services, technologies, products, policies, and systems aimed at prevention, protection, reducing risk factors, and strengthening community health resilience rather than treatment. For this reason, we envision such an ecosystem and bring to our agenda the topics necessary for establishing its infrastructure.

Today, I would especially like to emphasize that instead of a reactive system, we now need a proactive system. Unless we move forward with this perspective, it becomes inevitable that we approach problems only from an outcome-oriented perspective. Yet we must act before disease develops, not after it has already occurred.

In line with this objective, we must seriously focus on incentive mechanisms that will foster the industry and generate demand. Perhaps today's discussions will open new doors for us in this regard.

Ultimately, without establishing a preventive health economy, it does not appear easy to motivate the preventive health industry. For this reason, I find today's meeting, centered on the theme of financing, highly meaningful.

Today, we are honored by the presence of two distinguished speakers who have kindly accepted our invitation to join us.

Representing the public insurance sector, Mr. Uğur Ecevit, Vice President of the Social Security Institution (SGK), is with us. He is a distinguished figure with an in-depth understanding of the institution, who has played an active role in the strategic transformation of our public insurance system and has made significant contributions to this field through his managerial vision.

Representing the private insurance sector, Mr. Gökhan Gürcan, Chairman of the Board of Bupa Türkiye, is also with us. Mr. Gürcan is a visionary colleague who has made valuable contributions to this field not only through his experience in insurance but also through his intellectual perspective.

I believe that these two distinguished speakers, under the moderation of Prof. Dr. Haluk Özşarı, will provide us with valuable new perspectives.

I would also like to extend my special thanks to Dr. Yusuf Elgörmüş, the esteemed Chairman of the Board of Trustees of Atlas University, for hosting us in this excellent venue, and to the esteemed Rector, Prof. Dr. Ersoy Karabıçak, who consistently follows our meetings with great interest.

As with every one of our meetings, we are supported today by our valued stakeholders.

I would also like to express my gratitude to the Association of Research-Based Pharmaceutical Companies (AIFD), the Pharmaceutical Manufacturers Association of Türkiye (IEIS), the Turkish Pharmaceutical Manufacturers Association (TISD), Roche, Yerkı, IQVIA, Biogen, UCB, Meditel, One Dose, Bayer, and AstraZeneca.

I wish you all a productive and fruitful meeting, and I extend my sincere respects to you all.



PANEL

MODERATOR:



Prof. Dr. Haluk ÖZSARI
Faculty Member, Istanbul University-Cerrahpaşa

SPEAKERS:



Uğur ECEVİT
Vice President, Social Security
Institution (SGK)



Gökhan GÜRCAN
Chairman of the Board,
Bupa Türkiye

Moderator: Prof. Dr. Haluk ÖZSARI
Faculty Member, Istanbul University-Cerrahpaşa

Dear TÜSAP friends, in fact, it would also be possible to call you TÜSAP regulars. Indeed, when I look around, I see that although some names have changed since 2016, the core structure has remained intact. Together with the Chairman of our Executive Board, we determined the theme for 2025 as “Preventive Healthcare Services and the Preventive Health Industry.” At our previous meeting, a topic within this framework was addressed. Today, we will discuss with you the role of insurance in the development of the preventive health industry from the perspective of health financing.

Today, we have two highly distinguished guests with us: one from the public sector and the other from the private sector. Both hold leadership positions in their respective fields. One represents the public institution responsible for insurance, while the other represents an international health insurance company. With your permission, this time I would like to make a positive distinction in reverse and first give the floor to the private sector.

Gökhan GÜRCAN
Chairman of the Board, Bupa Türkiye

Bupa Türkiye is not merely an insurance company; it is an organization operating in various fields of integrated healthcare, including digital health, home care, and workplace health services, with the objective of investing in Türkiye. I have been working in the insurance sector since 1996. My journey, which began at Allianz, continued through significant milestones such as Ergo Holding and Acıbadem Sigorta. In 2018, we transferred Acıbadem Sigorta to Bupa, one of the world's largest integrated healthcare organizations.

Bupa is the abbreviation of British United Provident Association. It has no shareholder structure; much like OYAK, it is an organization composed of member funds. Its primary objective is to help people live healthier, happier, and longer lives while creating a better world. In other words, it reinvests the profits it earns back into healthcare services rather than other sectors. We always talk about health; we always talk about wellness.

Prof. Dr. Haluk ÖZSARI:

This emphasis on “always health, always wellness” is extremely impressive. Of course, we will also hear the perspective of the Social Security Institution. Mr. Uğur, could you tell us a little about yourself as well?

Uğur ECEVİT
Vice President, Social Security Institution (SGK)

I am very pleased to be here before such a distinguished audience. The topic is also extremely important: “The Role of Insurance in the Development of the Preventive Health Industry.”

Allow me to briefly introduce myself. I graduated from the Faculty of Political Sciences at Istanbul University. I completed my master's degree in International Economics and Finance in the United Kingdom. I began my career in 1998–1999 as an Assistant Inspector at the Social Insurance Institution (SSK). I subsequently served as an advisor and deputy undersecretary in various ministries. I also served as Chief Commercial Counsellor in Brussels. For the past two and a half years, I have served as Chairman of the Inspection Board at the Social Security Institution, and for the past six months, I have been serving as Vice President responsible for the General Health Insurance (GSS) system and as a Member of the Board.

This topic particularly excites me because it encompasses many components, including industry, financing, and the public dimension of the insurance system. The industry side includes research and development, market size, innovation, product development, and export potential. On the other hand, health financing is critical from our perspective. As the Social Security Institution, we made approximately TRY 980 billion in healthcare expenditures last year. This is an enormous figure within the scope of the General Health Insurance (GSS) system. I will also touch upon the legal framework and further details shortly.



Prof. Dr. Haluk ÖZSARI:

Have you noticed that both of our speakers have a connection to the United Kingdom? One represents a British company, while the other completed a master's degree in this field in the United Kingdom. Let us see how the British school of thought has been reflected in this subject.

The topic is the preventive health industry. However, if you wish, let us discuss it in three stages. The first stage is preventive healthcare. What are your institutions currently doing regarding preventive healthcare services, and what are you planning to do? Let us begin with Mr. Gökhan.

Gökhan GÜRCAN:

First of all, preventive healthcare needs to be understood correctly from a conceptual perspective. This issue requires a change in public perception and coordinated action among stakeholders. At present, stakeholders within the healthcare system are moving in different directions. We need to discuss how this structure can be brought together in a way that creates shared value.

As for what we are doing, we contribute to this field both consciously and unconsciously. The inpatient and outpatient treatment, laboratory, and imaging benefits included in our policies are actually part of the preventive healthcare process. This is because many diseases can be identified during diagnosis and screening processes and prevented before they progress.

For example, a blood test may reveal not only an existing complaint but also other potential risks. In this way, preventive measures can be taken before a disease develops. In other words, we unknowingly finance these stages.

As for the practices we implement intentionally, we include screening services such as colonoscopy, PSA testing, and mammography in our policies for certain age groups. In our group policies, we also cover many preventive healthcare services included in the national immunization schedule.

Prof. Dr. Haluk ÖZSARI:

That is truly an excellent observation: "There are things we do consciously and unconsciously." You mentioned practices included in insurance policies that support preventive healthcare, even if they were not originally planned for that purpose. Mr. Uğur, what is the situation on your side? Does the Social Security Institution (SGK) also adopt a similar approach?

Uğur ECEVİT:

Our situation is as follows: we provide health insurance coverage for 85 million people without making any distinction. Within the scope of the General Health Insurance (GSS) system, we have implemented a practice that has very few equivalents in the world. Today, whenever a citizen covered by the GSS applies to a hospital or an outpatient clinic, they are able to benefit from all treatment services. As the Social Security Institution (SGK), we cover all expenditures that meet the required conditions and comply with the Health Implementation Communiqué (SUT). Since we are a public institution, it is not possible for us to make any distinction.

I would also like to mention the legal basis of this matter. Article 63 of Law No. 5510 assigns the SGK responsibility for financing preventive healthcare services provided to individuals, regardless of whether they are ill, as well as services provided within the scope of combating addiction. Furthermore, Article 357 of the 12th Development Plan covering the 2024–2028 period states that “the perception of

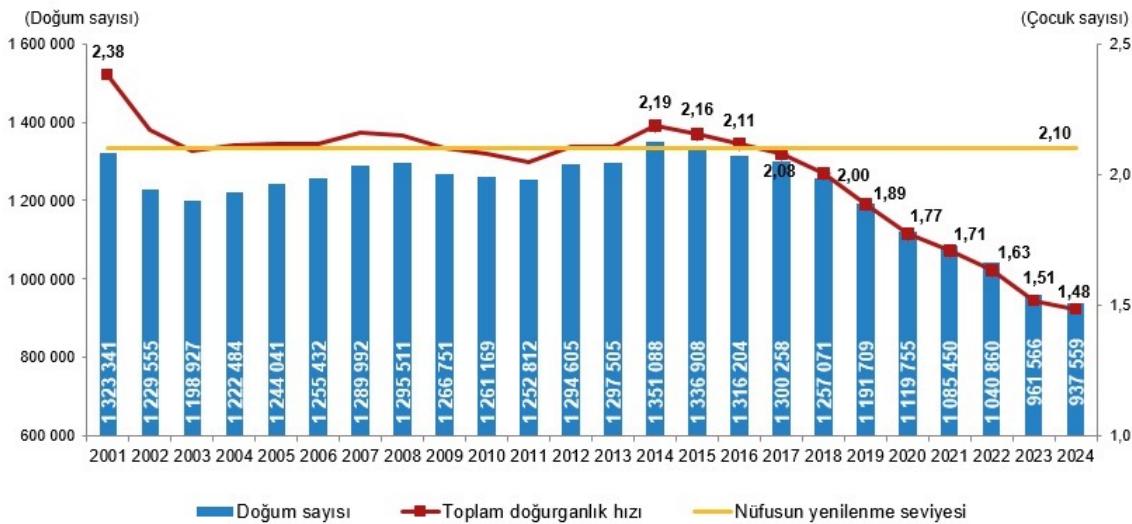
personalized, preventive, and digitally based healthcare services within the health system will be strengthened.” The Presidential Annual Programme also states that “data-driven disease prediction systems and early diagnosis algorithms will be expanded.” In addition, the Türkiye Century Vision Document includes the objective that “a healthy living strategy centered on citizens and integrated with digital intelligence will be developed.” In light of all these documents, I can confidently say that preventive healthcare services occupy an important place within the practices of the SGK.

Of course, we are not alone in this field; our most important stakeholder is naturally the Ministry of Health. Before coming here, we also reviewed examples from around the world and across Europe. Preventive healthcare is not limited to medicine; it is a multidimensional field encompassing finance, technology, education, insurance, and social aspects. However, the consequences of shortcomings or inadequate measures taken by other institutions ultimately emerge as costs that the SGK has to bear. From food safety and products containing azo dyes to air pollution and emission levels, the cost of negligence in many different areas is ultimately reflected in the SGK. Therefore, we must ensure sustainability, and we attach great importance to this issue from this perspective as well.

Before coming here, I also met with our former Minister of Labour and Social Security, Prof. Dr. Vedat Işıkhan. He also emphasized the importance of this subject and conveyed his greetings to you. I will also submit the outcome report of this meeting to him. The opinions and contributions we obtain here are extremely valuable to us. Furthermore, according to the World Health Organization, every one dollar invested in preventive healthcare services prevents seven dollars in future treatment costs. As a public institution, we are committed to closely monitoring these processes and will continue to do so.

Prof. Dr. Haluk ÖZSARI:

It appears that both the private sector and the public health insurance system attach importance to preventive healthcare services. As a private sector organization, do you have a specific priority target group? For example, do you offer insurance policies specifically designed for women's health? Do you differentiate between risk groups?



In addition, according to the fertility rate data for 2001–2024 recently published by the Turkish Statistical Institute (TurkStat), the rate has declined from 2.38 to 1.48. We are now well below the population replacement level of 2.10. Only a few provinces remain above this threshold. For example, Şanlıurfa is above 3.0. In light of this picture, as a private sector organization, do you have a target group that takes this decline into account?



Gökhan GÜRCAN:

At this point, we need to take a broader view of the issue. The real question is whether we are actually providing preventive healthcare services, or whether we merely identify what is needed and stop there. This is an important distinction.

For example, one of our current target groups consists of individuals with chronic diseases. We have a chronic disease management program, which we provide free of charge. Our work focuses primarily on patients with diabetes, as well as cardiovascular conditions. We developed this program together with companies such as Roche and Albert Health, and it was first implemented in Türkiye. Within this framework, we identified individuals with chronic diseases as a target group. Yes, these individuals are already patients, but our objective is to preserve their current state of health. If a person with diabetes does not maintain an appropriate lifestyle, the resulting health problems can impose significant burdens on both the financial system and on the individual and their family.

At this point, we are referring to action-oriented preventive healthcare. The other dimension is the need for preventive healthcare at the diagnostic stage. Within this framework, we offer check-up programs, health coaching, psychological counseling, and telemedicine services. However, once a diagnosis has been made, action must follow: dietary habits should be changed, physical activity should be increased, and psychological well-being should be supported. In fact, preventive healthcare lies within these actions. It should not end with diagnosis alone. Therefore, these two dimensions need to be considered separately.

At present, we have identified individuals with chronic diseases as our experimental target group, and we have achieved positive results. We also have initiatives in the field of psychological support. However, identifying target groups in a broader sense requires a wider perspective. The preventive healthcare needs of a 20-year-old individual, a 40-year-old woman, a 50-year-old man, and a 75-year-old individual are all different. Therefore, the target group is everywhere, and at the center of this effort is the individual.

We are currently implementing an "Integrated Health Management" project. Through this initiative, we believe we will create significant added value for public health. In this project, we have placed women at the center because of their educational and preventive role in the transformation of society. Within this framework, for example, we have launched a program focusing on "mothers of students preparing for examinations." By narrowing the target group in this way, we are creating more specialized areas for intervention.

More broadly, we structure our methodology around "personas." We have identified 15 different health journeys from the perspective of healthy living, and for each one we offer different target groups, different needs, and different sets of services and products. As we often say, there are no diseases—there are patients. Accordingly, we strive to define each "persona" accurately and provide services tailored to its specific needs.

Prof. Dr. Haluk ÖZSARI:

As Mr. Gökhan emphasized, the primary objective is to preserve an individual's level of health and, if possible, improve it. Mr. Ecevit, Mr. Gökhan says that the private sector has begun to embrace preventive healthcare services. What is the public sector doing in this regard? Do you identify target groups based on disease burden, or do you determine your target groups after segmentation?

In addition, our population is aging rapidly. How do you assess this process? Does the growth of the aging population impose additional responsibilities on your institution?



Uğur ECEVİT:

I have participated in meetings on this subject chaired by our Vice President. Our government is aware of this rapid aging process and is taking the necessary measures. For example, as the Social Security Institution (SGK), our expenditures on adult incontinence products for elderly patients have now exceeded our expenditures on diapers for children. As the public health insurer, we guide the system through our reimbursement policies, and we do this through the Health Implementation Communiqué (SUT).

The financing of many preventive services, such as influenza vaccination and genetic screening, is also provided by the SGK. It is difficult to distinguish these services separately, but we have approximately TRY 3 billion in direct preventive healthcare expenditures.

In addition, we are transitioning to an artificial intelligence-based system for data-driven risk analytics. This is an important step for both insurance and risk analysis. Establishing integrated systems with the private sector is also on our agenda. However, unlike the private sector, we cannot select target individuals or insurance policies. Constitutionally, we are obliged to ensure access to healthcare services for everyone.

There is also another issue we need to question. Ultimately, the social security system belongs to all of us. We are all both stakeholders in this system and recipients of its services. This institution belongs to all of us. Therefore, the sustainability of the system is of utmost importance.

As an institution, we also engage in self-assessment. For example, we do not apply any form of positive discrimination in premium collection. However, should lower premium rates be applied to individuals who take good care of themselves and maintain healthy lifestyle habits? This is something we need to discuss. An individual who has never smoked, pays attention to nutrition, and does not suffer from obesity places a lower burden on the healthcare system. Should that individual pay the same premium as those whose healthcare costs are significantly higher? How fair is it for healthy individuals to bear the costs generated by others?



Prof. Dr. Haluk ÖZSARI:

So, are you considering providing incentives for these healthy individuals? Would these incentives take the form of rewards or penalties?

Uğur ECEVİT:

It is not appropriate to view the state solely as a punitive authority; the state also has reward mechanisms. However, these need to be communicated properly. Within the framework of sustainability, it is clear that the mistakes of certain individuals should not be borne by the entire system.

Unlike private insurance, we are bound by the principle of the social state, and we cannot think solely in terms of costs. However, we need to work on introducing certain flexibilities. If we can protect people before they become ill, healthcare expenditures—and consequently our costs as the SGK—will decrease. For example, preventive healthcare professionals such as health coaches and dietitians may need to become more widespread in hospitals. How these services will be evaluated within the scope of the Health Implementation Communiqué (SUT) is also likely to become part of our future agenda.

Prof. Dr. Haluk ÖZSARI:

Mr. Ecevit stated that they are planning reward mechanisms for individuals who maintain their health. Mr. Gökhan, do you have a similar practice in private health insurance? How do you reward healthy individuals?

Gökhan GÜRCAN:

As our Chairman also pointed out, rather than providing direct rewards, it appears more feasible to proceed through indirect incentive mechanisms. For example, the tax burden on harmful habits such as smoking could be increased to create a deterrent effect. The resulting tax revenues could then be directed toward areas that promote healthy living. As demonstrated by the example of the United Kingdom, when access to cigarettes is made more difficult both economically and physically, behavioral change can be achieved. This offers a new perspective on the balance between rewards and penalties.

Although private health insurance policies include benefits related to preventive healthcare services, the complexity of policy coverage and the tendency toward rising costs make them increasingly difficult for society to understand. Even highly knowledgeable individuals, such as those present here today, may not fully understand their own health insurance policies. This indicates that the system needs to be simplified. Simplifying basic coverage packages would both reduce costs and make it easier for citizens to adapt to the system.

If we want to reward preventive healthcare services, we need to consider ways of financing these areas directly. For example, nutrition, physical activity, and lifestyle changes fall outside the traditional structure of the healthcare system. Access to information has now become much easier through digital tools and artificial intelligence. By asking ChatGPT your questions, you can instantly obtain information about nutrition, exercise, or drug interactions. Therefore, the value in healthcare services no longer lies in simply providing information; it lies in supporting healthy lifestyle behaviors and making them sustainable. It lies in financing physical activity.

At this point, the following questions become important:

- How do we finance healthy lifestyle habits?
- For example, who will cover the cost of an individual who needs Pilates?

- If we finance these services, to what extent can private health insurance premiums be reduced?

Suppose I offer these services as a package and charge an annual fee of TRY 100,000. The individual pays both health insurance premiums and allocates an additional budget for these preventive healthcare services. Naturally, the following question arises: “I am making such an investment; can you offer me a discount on my private health insurance?”

At this point, we enter an entirely different systemic discussion because actuarial calculations change completely. These calculations create a structure in which low-risk individuals balance high-risk individuals, high-risk individuals balance low-risk individuals, while those in the middle become indistinct within the system. In other words, there is a system sustained by the contributions of healthy individuals, yet those individuals receive no direct return.

For this reason, we argue that preventive healthcare services should become a matter of state policy. There is broad social and sectoral consensus on this issue; we do not see anyone opposing this idea. This is because we are discussing a strategy that will reduce not only the burden on individuals but also the burden on the public system. From the perspective of the sustainability of the healthcare system, this approach is no longer a choice but a necessity.

The current structure creates a system in which the costs generated by healthy and unhealthy individuals are pooled together, resulting in an average. Yet we all agree that preventive healthcare should become a matter of state policy. Demographic data clearly show that Türkiye is aging rapidly. Even if current treatment approaches remain unchanged, the demand for healthcare services will increase substantially over the coming years solely because of the increase in the average age of the population:

- Within 4 years, the elderly population will increase by 10%.
- Within 16 years, it will increase by 57%.
- Within 70 years, it will increase by 117%.

This is simply the result of population aging. Moreover, unhealthy aging generates additional costs. Today, individuals spend money on preventive healthcare, yet most of these expenditures remain outside the healthcare system. Services such as nutrition, exercise, and digital health applications are not integrated into the healthcare system. Therefore, the question we need to ask is: Who will finance these services?

Individuals who participate in the preventive healthcare system should primarily receive support from the state. This is because, through their healthy lifestyle choices, these individuals provide a significant long-term cost advantage to the public sector. Consequently, behaviors that reduce the healthcare burden on the state should be encouraged.

Today, within the scope of private health insurance, the premiums paid to the Social Security Institution (SGK) by individuals who actively manage their health are used to finance the healthcare expenditures of other beneficiaries within the social security system. This is a consequence of the state's principle of equitable sharing, and we do not object to it. However, the following question must be asked: How should an individual who makes personal expenditures to protect their health, invests in physical activity, and manages their health through informed choices be rewarded for these efforts?

At this point, we propose a state-supported structure similar to the private pension system. Just as the state provides contributions to encourage savings under the private pension system, similar support could also be provided for preventive healthcare expenditures. Such a system would both increase individuals' motivation to lead healthier lives and make a significant contribution to the sustainability of the healthcare system.

Prof. Dr. Haluk ÖZSARI:

Mr. Ecevit suggested that, from an insurance perspective, success could be achieved if we could develop preventive healthcare insurance policies (basic coverage packages) in partnership with the state. Mr. Gökhan, to what extent do you agree with this proposition? If you do agree, what measures could be taken?



Uğur ECEVİT:

These proposals require detailed consideration. They are not issues that can be addressed with immediate responses. Ultimately, we are responsible not only for the General Health Insurance (GSS) coverage of our 85 million citizens in Türkiye, but also for individuals working abroad and those who have retired from Türkiye. Therefore, this issue concerns not only the SGK, but also the Ministry of Health, as well as other policymaking institutions and organizations.

However, we generally know that every investment made in preventive healthcare reduces the SGK's healthcare expenditure burden. At this point, rather than making definitive statements such as "only the public sector should do this" or "it must be done jointly," we need to discuss all possible options. Our responsibility will be to convey the knowledge we gain from these discussions to the relevant authorities.

Prof. Dr. Haluk ÖZSARI:

Mr. Ecevit, would you include this topic in the report you will submit to the Minister? It would at least provide a set of main headings outlining areas where cooperation could be established. Perhaps at a future meeting, Mr. Gökhan or representatives of other private health insurance companies could come to you with concrete proposals, giving you the opportunity to evaluate them.

Uğur ECEVİT:

That is certainly possible. In any case, I will present this issue to our Minister. If you wish, you may also raise this request separately so that it can be conveyed to the Minister.

Today, we all make certain expenditures to maintain our health. For example, we follow nutrition programs, take vitamin supplements, and purchase memberships at gyms or Pilates studios to stay physically active. All of these activities indirectly reduce the burden on both the public healthcare system and private insurance companies.

Prof. Dr. Haluk ÖZSARI:

Then why are we unable to deduct these expenditures from our income tax returns? For example, if I pay TRY 10,000 per year for a gym membership, why should I not be able to deduct that amount from my taxable income?

Uğur ECEVİT:

If an individual participates in such programs, that individual should be rewarded. This is because such a person is both a conscientious insured individual and someone who reduces the long-term costs of the healthcare system.

Prof. Dr. Haluk ÖZSARI:

Since no money would come directly out of the SGK's pocket, I imagine the SGK would welcome such an idea. But they would probably refer it to the Ministry of Treasury and Finance. In fact, the practice in Germany is very similar. There, if a person can document that they regularly attend a gym, they may receive a reduction in their health insurance premium. Moreover, this practice has been in place for years; it is nothing new.

Gökhan GÜRCAN:

This is the other side of the issue. After all, we make these expenditures using our net income after taxes. Our tax burden is high; we may be subject to income tax rates of 30–40 percent. Contributing to the public sector is, of course, the responsibility of all of us. However, when we consider how much gross income we need to earn in order to purchase a product or service, the burden we bear becomes much clearer.

Yes, our country has limited natural resources; we do not have abundant oil or natural gas. Therefore, taxation is the government's primary source of revenue. However, citizens should also receive recognition for the contributions they make toward reducing the burden on the public sector.

If an individual spends money on gym memberships, vitamin supplements, nutritional supplements, or alternative therapies in order to maintain good health, these expenditures should also be deductible from their income tax return. If that is the case, why should we not exempt such expenditures from income tax on the grounds that they reduce the burden on both the public healthcare system and private health insurance?

On the other hand, private insurance companies can act more flexibly than the public sector in implementing such incentive mechanisms. We are currently working on new products based on the concept of "Integrated Health Management." Within this framework, we aim to offer premium discounts to individuals who participate in preventive healthcare programs.

In other words, if you participate in these programs, your insurance premium will be reduced because you are a conscientious insured individual. Of course, one day you may have an accident or suffer from a serious illness, and we may have to make very substantial payments on your behalf. However, that does not mean you are an irresponsible citizen.

From the perspective of behavioral economics, rewarding positive behavior is fundamental. Therefore, I believe that individuals who participate in the preventive healthcare system should be encouraged through private health insurance.

However, this raises another question: How are we going to monitor all of this? How can we know whether the recommended behaviors have actually been followed? Unfortunately, we have a culture in which systems are vulnerable to abuse.

For example, someone might submit an invoice issued by a food company where their spouse works under their own name in order to claim an income tax deduction. In that case, we would need to establish a data management system capable of controlling such practices.

For these types of incentive mechanisms to function effectively, a system based on the principles of data management, data interoperability, and data integrity must be established. We need digital infrastructures that enable us to verify both that the expenditure was actually made and that it was made for health-related purposes. If we can establish these mechanisms properly, both incentive systems and discount mechanisms can operate in a secure and sustainable manner.

Prof. Dr. Haluk ÖZSARI:

You have quite a large dataset at your disposal; almost everything is available. At this point, I would like to bring the subject to the preventive health industry. Based on these data and by analyzing them, are you considering developing an incentive mechanism? For example, do you aim to provide support in areas such as early diagnosis, disease detection, or diagnostic tools for the advance identification of risks? From the perspective of public insurance, do you have a viewpoint regarding the preventive health industry?

Any goods, services, or medical interventions offered for the purpose of protecting and improving individuals' health fall within the concept of "preventive healthcare." From this perspective, is it possible to use social health insurance as a key or an incentive tool within the preventive health industry?



Uğur ECEVİT:

That is indeed an important question. First of all, we need to discuss whether we should use this field and, if so, how we should use it.

As you have also pointed out, the Social Security Institution (SGK) possesses one of the largest data repositories in Türkiye. Together with the Ministry of Health, we manage these data effectively through the integrated e-Nabız and MEDULA systems. In addition, under the 180 services we provide through e-Government (e-Devlet), 60 percent of users both complete their transactions and access their health data. In other words, we have an enormous data infrastructure that encompasses the healthcare system. In fact, certain portions of these data are also shared with private health insurance companies.

What are we doing in the field of preventive healthcare? Although we do not currently have mechanisms specifically designed to promote an industry directly, we include certain areas where we anticipate a potential disease burden in our reimbursement list. For example, under the Expanded Immunization Program, we reimburse a variety of vaccines. We already cover numerous interventions under the Health Implementation Communiqué (SUT), including hepatitis vaccines, prenatal diagnostic tests for genetic diseases, and circumcision procedures.

Developing an incentive mechanism in this field in the future will require not only administrative planning but also policy changes and legislative amendments. Once the outcomes of these meetings and studies become clearer, it will be possible for us to shape the process together with senior management through the information and evaluations that we submit to our Minister.

As I mentioned earlier, Article 63 of Law No. 5510 may be considered within this framework. In addition, the 2024–2028 Development Plan includes the objective of "strengthening the infrastructure for personalized, preventive, and digitally based healthcare services." The Presidential Annual Programme envisages "the expansion of data-driven disease prediction systems and early diagnosis algorithms." The Türkiye Century Vision Document also explicitly sets forth the objective of "developing healthy living processes centered on citizens and integrated with digital intelligence."

In other words, this issue is not only a priority for the SGK or the Ministry of Labour and Social Security; it is also a priority reflected in the state's highest-level policy documents. Our responsibility is to convey the knowledge acquired here to our Minister and, within this framework, ensure that the issue is discussed by the relevant institutions.

For example, the proposal made a moment ago regarding the Ministry of Treasury and Finance is quite rational. The idea of rewarding individuals who take care of their own health and implement preventive measures for themselves is an approach that also has examples in Europe. Developing such proposals will take time because they are not reforms that can be implemented overnight. Nevertheless, they are extremely valuable in terms of developing a long-term perspective.

Prof. Dr. Haluk ÖZSARI:

The Ministry of Treasury and Finance generally approaches any proposal that could reduce tax revenues with caution at first. It says, "Let me think about it," and then, if at all, accepts it only to a certain extent. In this process, to what extent can you advocate for such an approach in your capacity as Vice President of the SGK? What is the most effective tool at your disposal?

Uğur ECEVİT:

As you already know, you are one of the people who understands the SGK's reimbursement system best. We do not make our decisions on our own. Reimbursement decisions are made jointly with

representatives from the Ministry of Treasury and Finance, the Ministry of Health, the Union of Chambers and Commodity Exchanges of Türkiye (TOBB), the Council of Higher Education (YÖK), and other stakeholders. In other words, we collectively assess issues such as the financial structure of the system and the balance of the general budget.

In this context, the reports prepared by our academics in the field of healthcare are extremely important to us. However, it is not easy to make a clear and rapid decision or issue a unilateral statement on a matter of this nature.

As I mentioned at the beginning of my remarks, we are an institution that incurred healthcare expenditures of TRY 980 billion in 2024. This figure is expected to reach TRY 1.2 trillion in 2025. Consequently, the cost of neglecting preventive healthcare services is ultimately borne by the SGK, and this burden is reflected in the national budget. General Health Insurance (GSS) premiums cover a substantial portion of these expenditures, but at the current stage, the sustainability of the system is becoming increasingly challenging.

Let me illustrate this with an example. During my tenure as Chairman of the Inspection Board, reports from certain regions revealed attempts to exploit expensive medicines and medical procedures. Some individuals systematically attempted to abuse the SGK's reimbursement system.

To give a more concrete example, if a medicine is not included on our reimbursement list, a citizen who needs that medicine may have to obtain it at a cost of approximately EUR 160,000 per year. Once that medicine is included in the reimbursement list, it may account for as much as 10 percent of the SGK's total expenditures. This is precisely why preventive healthcare services are of such great importance. Had we been able to prevent such diseases at a more fundamental level, we would be facing a very different financial picture today.

From this perspective, prevention is an absolute priority. As the SGK, we have implemented various initiatives in this field in the past. Our Ministry of Health also has highly valuable programs, and we will continue to work together on these efforts.

However, I would also like to draw attention to another point. For example, the SGK ultimately bears the consequences of azo dyes being available on the market. This concerns the Ministry of Industry because it relates to product safety. Air pollution falls under the responsibility of the Ministry of Environment, while food-related issues concern the Ministry of Agriculture. In some cases, certain issues may even fall within the responsibilities of the Ministry of Interior.

In other words, this is a multidimensional issue. That is why I have taken this meeting seriously from the very beginning and regard it as part of the process of developing a national policy. We must move forward in this field through collective wisdom and cooperation.

Prof. Dr. Haluk ÖZSARI:

Mr. Ecevit pointed out that there are numerous stakeholders within the ecosystem, particularly on the public side, where the institutional landscape is especially complex.

Mr. Gökhan, as a representative of the private sector operating within such a multi-stakeholder environment, do you have any concrete proposals? Particularly regarding areas such as early diagnostic tools... For example, do you have a short list of measures that would make you say, "If these were implemented, they would provide significant support for us"? What recommendations would you make to the public sector?

Gökhan GÜRCAN:

In fact, rather than saying this is directed only to the public sector, it would be more accurate to say it is directed to all stakeholders. Because this is an ecosystem. We are talking about a human-centered structure, yet every stakeholder has its own objectives and direction. In other words, we all place people at the center, but we are pulling in different directions. Although it may seem that we are all saying the same things, because of these differences in direction, it is debatable how coherently we



deliver the service that truly matters—the service required for people to live healthy, long, and happy lives. The extent to which we act in harmony with one another, or disrupt the balance of the system, is a serious question.

A similar situation exists when we talk about preventive healthcare. Initially, this approach is often met with resistance because it takes time to see its impact and the chain reactions it creates within the system. It is like a domino effect. The first domino falls, but it takes time to understand what will happen ten dominoes later. For this reason, we must demonstrate the societal benefits generated by preventive healthcare. In my opinion, the most important of these is its psychological benefit—the benefit that comes through people's happiness.

The public sector has a major role to play here. At the same time, however, there is an inherent conflict between service providers and payers. Service providers naturally seek to increase their revenues, whereas we, as payers, take actions that reduce those revenues. This creates a contradiction. Of course, our objective is not to reduce providers' revenues, but the actions we take produce that outcome, creating friction within the system.

As I said at the beginning of my remarks, what is important is to create value and ensure that this value is shared fairly among all of us. For example, we still reimburse based on procedures performed. Why do we not reimburse based on healing? Why do we not develop an outcome-based multiplier focused on recovery? I often ask my colleagues: A patient visits a hospital and then, within fifteen days, consults a second, third, or even fourth physician. Why? Because the patient remains uncertain. If that is the case, why do we not reward those who achieve recovery, make the correct diagnosis, and provide effective treatment?

Why do we evaluate physicians, medical centers, or hospitals solely on the basis of the number of procedures they perform? Why do we not develop the concept of a "healing rating"? Why do we not provide performance bonuses based on successful outcomes?

If we truly want to create a "stakeholder economy," we need to reward the structures and individuals that create value on the basis of that value. Achieving this requires structural transformation.

At present, we reimburse based on frequency. As I often say, this system has created an industry that profits from its own mistakes. We have built a structure that generates income from errors. We need to change this. As payers, we already bear the cost. Whatever we pay is ultimately reflected back to the insured because we manage a common pool. If the water in that pool is polluted, then the water poured into the glass will also be polluted. The important thing is to keep the pool clean.

That is why it is so important to establish clear diagnostic and treatment mechanisms. For example, in the treatment of lung cancer, we should be able to say, "I am prepared to pay TRY 500,000 for this course of treatment." This amount can be determined on the basis of averages, evidence-based protocols, and standard deviations. The objective should be to focus on healing. Once that happens, the system begins to operate according to an entirely different set of principles.

I am speaking here not merely as the representative of an insurance company, but from the perspective of the national interest. This system must be redesigned, and all of us must shoulder this responsibility equally.

Prof. Dr. Haluk ÖZSARI:

Mr. Gökhan spoke about being outcome-oriented. He also suggested that we should measure outcomes by tracking data such as who received care and how many times they received it. Here, we have three members of the Board of Directors of the Value-Based Healthcare Association. Let us consider this issue from that perspective. I know this is also an area that you consider important. The General Directorate of General Health Insurance is likewise carrying out studies in this field.

QUESTIONS AND ANSWERS BASED ON PARTICIPANT VIEWS

DISTINGUISHING LEVELS OF PREVENTION AND THE ROLE OF DIGITAL HEALTH

It was stated that, for preventive healthcare services to be delivered effectively, the concepts of primary, secondary, and tertiary prevention must be clearly distinguished. In primary prevention, emphasis was placed on the importance of preventive approaches targeting both individuals and their environment. Vaccination was highlighted as a fundamental tool in this process. It was noted that vaccines are provided free of charge in Türkiye and that healthcare is a constitutional right, with the SGK playing a significant supportive role in this area.

With regard to secondary prevention, it was explained that the disease is already present, but the objective is to prevent complications through early diagnosis. In tertiary prevention, it was stated that the disease has already developed, but the aim is to reduce complications in order to preserve the individual's quality of life. It was anticipated that digital health applications would be used more extensively by both the public and private sectors across all three levels of prevention in the coming period.

THE ROLE OF PERSONAL RESPONSIBILITY IN PREVENTIVE HEALTHCARE

It was emphasized that personal responsibility is of critical importance in preventive healthcare services. It was noted that this responsibility encompasses a broad range of behaviors, including healthy nutrition, regular physical activity, timely vaccination, and the management of chronic diseases, and that it should be supported through health education beginning in childhood and continuing throughout life.

DRG IMPLEMENTATION IN CHRONIC AND COMMUNICABLE DISEASES

It was stated that the Ministry of Health prepares clinical guidelines for the diagnosis and treatment of chronic and communicable diseases. Taking these guidelines into account, it was proposed that Türkiye-specific Diagnosis-Related Group (DRG) models could also be developed within private insurance systems.

EXPANDING THE SCOPE OF ADULT IMMUNIZATION

Within the framework of this meeting, which reflected a changing perspective on preventive healthcare, it was emphasized that immunization is the first intervention that comes to mind when preventive healthcare is discussed. It was stated that, following access to safe drinking water, immunization is regarded as the most cost-effective public health intervention, and that world-class services are provided in pediatric immunization, resulting in high vaccination coverage rates.

However, it was also emphasized that there remains a significant gap in adult immunization, highlighting the need for plans to expand its scope. In particular, it was stated that prioritizing vulnerable groups—such as individuals with chronic diseases and the elderly—through a risk-based approach would enhance the effectiveness of preventive healthcare services. It was further emphasized that improvements in this area would provide substantial benefits for the sustainability of both the healthcare system and the social security system.



PREVENTIVE AND PROTECTIVE MENTAL HEALTH SERVICES

Although mental health is a subcomponent of preventive healthcare, it was emphasized that it is an area of growing importance. In this context, it was highlighted that the Community Mental Health Centers established by the government since approximately 2011 have assumed a significant role.

It was stated that these centers not only serve as an alternative to long-term hospitalization but also provide supportive services that enhance individuals' participation in daily life, strengthen their social functioning, and improve their communication skills.

It was also noted that greater attention should be given to the role of mental health within the scope of private health insurance, the nature of the services currently provided, and the prioritization and planning of this field.

Question: Do you have any plans to expand the scope of adult immunization?

Gökhan GÜRCAN: From the perspective of individual, private, and complementary health insurance, although adult vaccines are generally not included within standard coverage, there is a very strong demand for these services under group health insurance policies. We already offer group policies that include this service.

In addition, we are carrying out another initiative. Speaking specifically about the Bupa Group of Companies, I should emphasize that we do not view health insurance merely as a financial instrument; rather, we embrace the concept of being a partner in helping people lead healthy and happy lives. We divide this approach into two components: the risk partner and the wellness partner. The risk partner represents the traditional insurance model, while the wellness partner is positioned as a supporter of healthy and happy living.

This approach can be integrated into insurance, but its implementation is quite challenging. Because of concepts such as benefit schedules, it evolves into a different structure. Therefore, we are developing it as a separate product family.



From this perspective, however, this is not something that our insurance company can accomplish on its own. Frankly speaking, in order to establish this integrated healthcare journey, I would need to create approximately twelve companies; so far, we have established six. This is because each one requires different licenses, authorizations, and operating permits.

In conclusion, we have ongoing projects within the framework of the wellness partner approach. The key issue here is to bring together the customer and the service at the right price point and within the right commercial structure. Accordingly, this is currently one of the issues on our agenda.

Question: What is the role and positioning of mental health within private health insurance, and what services are provided in this field?

Gökhan GÜRCAN: From the perspective of mental health, as I mentioned in my remarks, we provide digital psychological support services to all of our insured members. We also have a global initiative called "Harmonya," under the brand name "Mind Plays."

This year, we had planned to establish 200 mental health clinics. However, we have been unable to achieve this goal in Türkiye because the concept of "clinical psychology" has taken on a different dimension under the revised regulations. Although Türkiye is in an excellent position to implement such a model, it is not possible for us to do so without bypassing the existing system.

Unfortunately, there is a significant gap between what is de jure (legal) and what is de facto (practical). In every meeting I have had with ministers, I have made the following request: "Please either align our regulations with reality or establish new regulations that reflect reality."

Institutional organizations such as ours, insurance companies, and companies affiliated with large corporate groups cannot operate outside the system. Even if the law were to permit it, our own internal policies would not.

Mental health is one of the areas to which we attach the greatest importance. In the preventive healthcare journey, we regard psychological health and happiness as the starting point.

For this reason, we intend to expand the services we currently provide digitally by also delivering them through clinics once the appropriate conditions are established, and to develop reimbursement mechanisms for these services. As I mentioned earlier, approximately three of the fifteen customer journeys that we have designed for different customer "personas" relate directly to this field.

Uğur ECEVİT: With regard to mental health, there is little need for us to comment further when we are joined by distinguished experts in the field.

On the other hand, we place preventive healthcare at the center of all our care processes for older adults. As I mentioned at the beginning of the panel, we have a rapidly aging population. From the perspective of sustainability, this issue must be approached holistically because the measures taken in relation to aging directly affect every other component of the healthcare system.

When we speak of healthy living, we are referring not only to the Ministry of Health but also to a multi-stakeholder structure that includes the Ministry of Treasury and Finance, the Ministry of Environment, Urbanization and Climate Change, and the Ministry of Agriculture and Forestry. Therefore, a multidisciplinary approach is essential.

THE STRATEGIC IMPORTANCE OF A PREVENTIVE APPROACH TO MENTAL HEALTH

Attention was drawn to the importance of mental health. Reflecting the speaker's visionary approach, it was emphasized that primary, secondary, and tertiary prevention should each be addressed separately. In this context, the example of the renowned cardiac surgeon Michael DeBakey was shared. It was noted that DeBakey's book *How Not to Become a Heart Patient*, written at the age of 90, sold 1.5 million copies in the United States. In an interview, he reportedly said, "Had I written this book at the age of 35 instead of 90, I could have prevented many people



from becoming heart patients." It was stated that this example should also be considered from a similar perspective in the field of mental health.

It was further noted that, in developed countries, two main types of insurance policies have been developed to encourage individuals to adopt healthy lifestyles. The first consists of insurance packages that promote healthy living, while the second comprises "longevity" projects aimed at supporting long and healthy lives. Through these initiatives, individuals are encouraged to learn the principles of healthy aging from an early age and to develop lifelong healthy living habits.

THE MISALIGNMENT BETWEEN REGULATIONS AND REALITY IN PREVENTIVE HEALTHCARE POLICIES

Participants stated that the current regulatory framework in Türkiye does not fully align with existing realities in this field and that policy-making is sometimes influenced by popular approaches. However, it was emphasized that, if the issue is communicated effectively, the necessary regulatory changes can be introduced and the preventive healthcare approach can also be further developed within the insurance system.

Finally, participants concluded by posing the question, "Are healthy living insurance policies less important than pension policies?" and emphasized that the significance of this field deserves renewed consideration.

Assoc. Prof. Dr. Şuayıp BİRİNCİ

What are your views on the misalignment between legislation and reality?

There are significant differences between the public and private sectors in insurance. For example, Bupa Insurance can say to its insured members: "There is such-and-such a program. You may have this medication prescribed by this specialist, but not by another." It does not approve or reimburse medications prescribed by a general practitioner at the primary care level. However, if the same patient obtains that medication at the secondary care level, the insurance company has to pay much more. Once it realizes this, it immediately changes course and says, "All right, let it be prescribed by the family physician," because the overall cost increases. This behavior is rational and cost-oriented from an insurance perspective.

We once experienced the following situation: "This eye drop is being prescribed far too often because everyone is looking at the tablets. It has a significant cost—TRY 100 per bottle. From now on, only ophthalmologists may prescribe it." However, the result was that we ended up spending four times more. People had to go to hospitals, the appointment system became congested because everyone wanted quick access, and overall costs increased.

Healthy aging is a process whose effects emerge over the long term. I agree with the comments regarding smoking, but let me ask you another question: Which private insurance company could genuinely become involved in this process? I am genuinely curious. Because insuring healthy aging and long-term behaviors related to old age is not an area that private insurance can realistically undertake. We must acknowledge this openly.

For example, there are suggestions such as, "Should we charge higher co-payments to smokers?" or "Should we impose higher taxes on tobacco products and spend that revenue on health?" Let me offer you another piece of data: At present, 30 percent of adolescent obesity is attributable to sugar-sweetened beverages. Soft drinks sold in Türkiye contain approximately two and a half times as much sugar as those in many other countries. All reports show that reducing sugar content by 10 percent leads to a 4 percent reduction in obesity.

In other words, theoretically, more than 30 percent of obesity is attributable to sugar-sweetened beverages. So, what would we say if we proposed imposing taxes based on the sugar content of carbonated and non-carbonated beverages because they make people ill?

Consider this: The projected cost of obesity to this country over the next 30 years is TRY 11.2 trillion. The cost for this year alone is TRY 370 billion. The cost of smoking is approximately TRY 145 billion. Looking at these figures, would Bupa Insurance really say, "If you do not change your behavior, we will penalize you"? After all, those costs materialize over a 30-year period, and nobody knows whether that person will still be insured by the same company even one year later.

The priorities of private insurance and those of the public sector are fundamentally different. That is why the state must assume responsibility for this strategic approach. As in the example of the eye drops, we discussed the issue with the insurance system at the primary care level and demonstrated the costs. We said, "Because you require these medicines to be prescribed only at the secondary care level, you are actually paying more." As a result, permission was granted for 110 medicines to be prescribed at the primary care level.

We also have internal medicine professors here. Even some types of insulin cannot be prescribed by internists. This is the result of an insurance-based approach, with public insurance making the decision. However, I believe the issues are not being viewed holistically and that everyone is acting primarily from the perspective of profitability. I am sure that someone from the Ministry of Treasury and Finance has told the Director General of General Health Insurance, "You are spending too much money; reduce the costs." In response, certain medicines have been restricted, other services reduced... At one point, even the prescription of a scabies medication at the primary care level was prohibited because it was considered too expensive. If you focus solely on price, you ultimately end up spending even more. That is why a strategic perspective is essential.

The long-term costs arising from unhealthy behaviors or from moving away from preventive healthcare services cannot be calculated solely through the logic of private insurance. Even if they are calculated, they do not become financial priorities. For example, we conduct health screening programs for older adults. We have completed 20 million out of a planned 55 million screenings. Some individuals do not want to participate. In fact, we observe greater resistance among individuals with higher social and intellectual status.

Could private insurance say, "If you comply with the Ministry of Health's screening program and screening algorithm, I will reduce the cost of your policy by this much"? If it could, then private insurance would become a system that invests in the future while still pursuing today's profitability. This is because it is a truly long-term approach, yet its benefits are realized early, as diseases are detected at an earlier stage.

Let me share another striking figure with you. During six-month screening programs, 12 percent of every 100 individuals were found to have a high cardiovascular risk. Previously undiagnosed diabetes was detected in 4.9 percent of participants. A considerable number of cancer cases were also identified. In effect, the system identifies its own cases.

The SGK can also confirm this: although we achieved savings of TRY 9 trillion on medicines, hospital admissions initially increased. The screening results tell patients: "You also need this test. You need to monitor this condition. You should consult this specialist." Consequently, costs increased at the beginning of the process. Our goal was to screen 60 percent of Türkiye within one year, identify everyone over the age of 40, and complete this process.

These are precisely the kinds of approaches that private insurance should also embrace. Alternatively, the public and private insurance sectors could jointly introduce new legislation and adopt similar priorities.

Does private insurance have a role to play in psychiatry? Yes, it does. You pay your premiums, and



if you become ill, you are protected from financial hardship. The assurance that you will not have to pay out of pocket reduces anxiety for the individual.

For this reason, we need to address the issue from multiple perspectives. We cannot focus solely on today's profits. Ultimately, twenty years from now, 60 percent of the people in this room will be dependent on someone else for their daily lives. This will increase the loss of workforce across the country, and individuals may no longer be able to find someone to care for them.

This is why we must transform the insurance system into a hybrid model. Otherwise, no one will be able to bear this burden.

Neither the public sector nor individuals alone can be the sole driver of the solution. There are many problems of which individuals are not yet even aware. People are being exposed to harmful conditions without realizing it, and then we expect the healthcare system to repair the damage.

This is precisely why the "One Health" approach is so valuable. I believe that anyone who acts contrary to this approach should be subject to taxes that strengthen the insurance system's funding.

Gökhan GÜRCAN: I was very pleased with the remarks shared by our Minister. As I have tried to emphasize throughout my presentation, this is a stakeholder economy. It is not possible to develop solutions through a single actor alone. What we need is a value-based approach, and we must act together. I have been trying to draw attention to the same point using different expressions and different terminology. In fact, this may be interesting, but I was also considering using the example of sugary products. However, I refrained from doing so, thinking that I might "step on some toes," and limited myself to the example of smoking. Since you have raised the issue, I can now say it openly: yes, part of the value generated from products such as sugary foods should be allocated as funding for the healthcare system.

Assoc. Prof. Dr. Şuayıp BİRİNCİ: You could also include buses that carry standing passengers, as well as the municipalities that permit this practice, within the same scope. Standing during frequent stop-and-go journeys contributes to postural disorders. If we begin addressing issues such as these, the discussion will move in a very different direction.

SHARED RESPONSIBILITY IN PREVENTIVE HEALTHCARE: FOOD SAFETY SHOULD ALSO BE ON THE AGENDA

Participants questioned whether preventive healthcare is solely the responsibility of the Ministry of Health. Referring to the Minister's remarks, it was observed that, "We no longer know where or what we are eating and drinking; it seems that we are being exposed to harmful substances in almost everything."

For example, it was stated that ice cream products purchased for children often contain no milk, whereas the same products are marketed with very different ingredients in other countries. In this context, it was emphasized that responsibility for food safety does not rest solely with the Ministry of Health and that other public institutions responsible for food and agriculture should also be involved in the process.

It was further stated that, "Instead of draining the swamp, we are still discussing how to kill the mosquitoes," emphasizing that as long as the underlying problem of unhealthy food production continues, merely publishing weekly lists of companies responsible for food safety violations does not contribute to prevention.

Within this framework, it was suggested that officials from the Ministry of Agriculture and Forestry—particularly representatives of the General Directorate of Food and Control—should also be invited to participate in future meetings.



METHODOLOGY

At the 42nd TÜSAP Vision Meeting, opinion leaders representing the healthcare sector were asked a series of questions related to the theme, **"The Role of Insurance in the Development of the Preventive Health Industry."** The outcome charts were prepared on the basis of the responses provided by more than 80 senior executives representing the public sector, non-governmental organizations (NGOs), the private sector, and universities during a panel featuring two speakers representing the public and private sectors. These findings were subsequently interpreted and discussed by the participants themselves.

NGO representatives accounted for 19% of the participants, while public sector executives represented 31%. Private sector executives comprised 22% of the participants, and universities specializing in healthcare accounted for the remaining 28%.

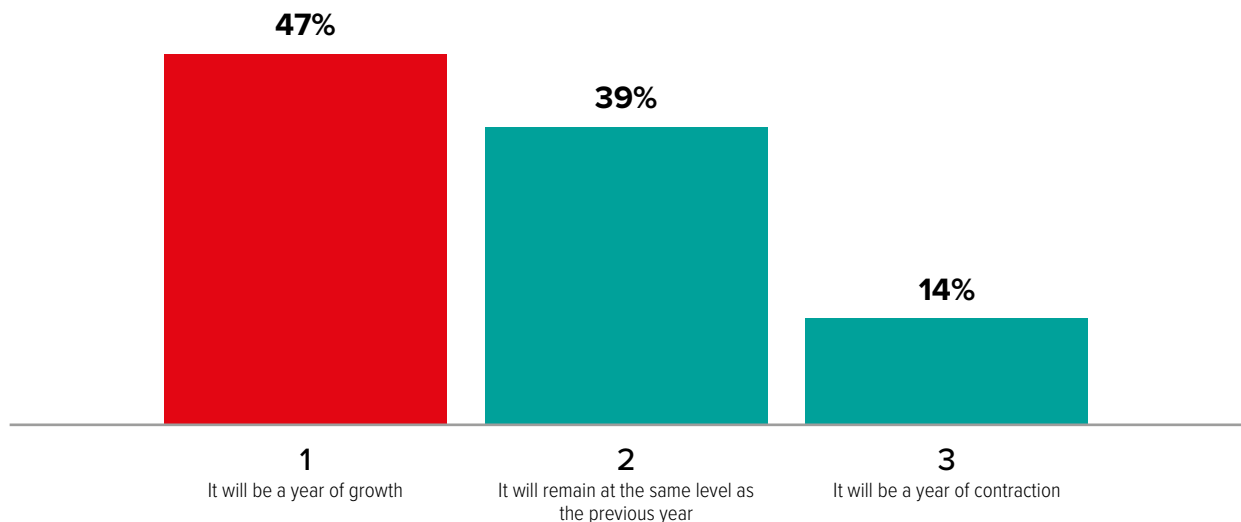


EXPECTATIONS OF GROWTH IN THE HEALTHCARE SECTOR STAND OUT FOR 2025

When expectations for the healthcare sector in 2025 were evaluated, 47% of participants anticipated that the year would be one of growth for the sector. Meanwhile, 39% believed that the sector would remain at the same level as the previous year, while 14% expected 2025 to be a year of contraction.

1. What is your forecast for Türkiye's healthcare sector in 2025?

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

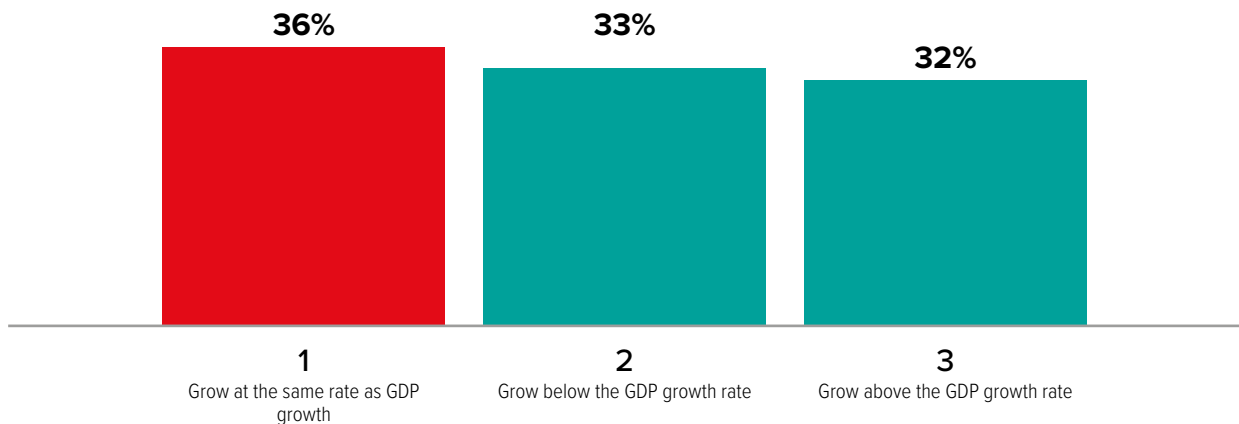


HEALTH INVESTMENTS ARE EXPECTED TO PROGRESS IN PARALLEL WITH GDP GROWTH

When participants' expectations regarding health investments over the next 5 years were evaluated, 36% anticipated that investments would increase at the same rate as GDP growth. Meanwhile, 33% stated that health investments would grow below the GDP growth rate, while 32% indicated that these investments would increase above economic growth.

2. For Türkiye, over the next 5 years, health investments will:

1. Grow at the same rate as GDP growth
2. Grow below the GDP growth rate
3. Grow above the GDP growth rate



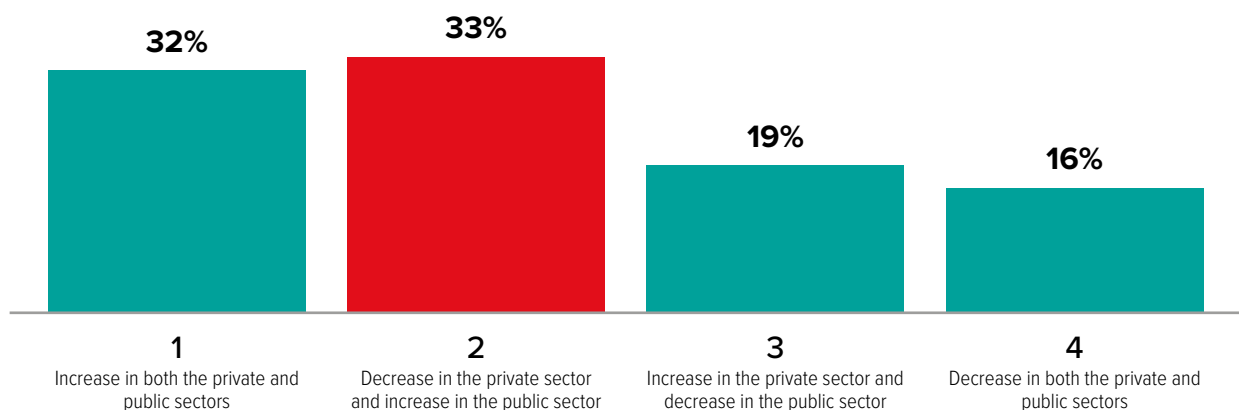


EXPECTATIONS OF INCREASED PUBLIC HEALTH INVESTMENTS OUTPACE THOSE FOR THE PRIVATE SECTOR

When participants' expectations regarding health investments over the next five years were examined, 33% anticipated an increase in public sector investments alongside a decline in private sector investments. Meanwhile, 32% stated that investments would increase in both the public and private sectors, 19% expected an increase only in the private sector and a decline in the public sector, while 16% anticipated a decrease in investments in both sectors.

3. For Türkiye, over the next five years, health investments will:

1. Increase in both the private and public sectors
2. Decrease in the private sector and increase in the public sector
3. Increase in the private sector and decrease in the public sector
4. Decrease in both the private and public sectors

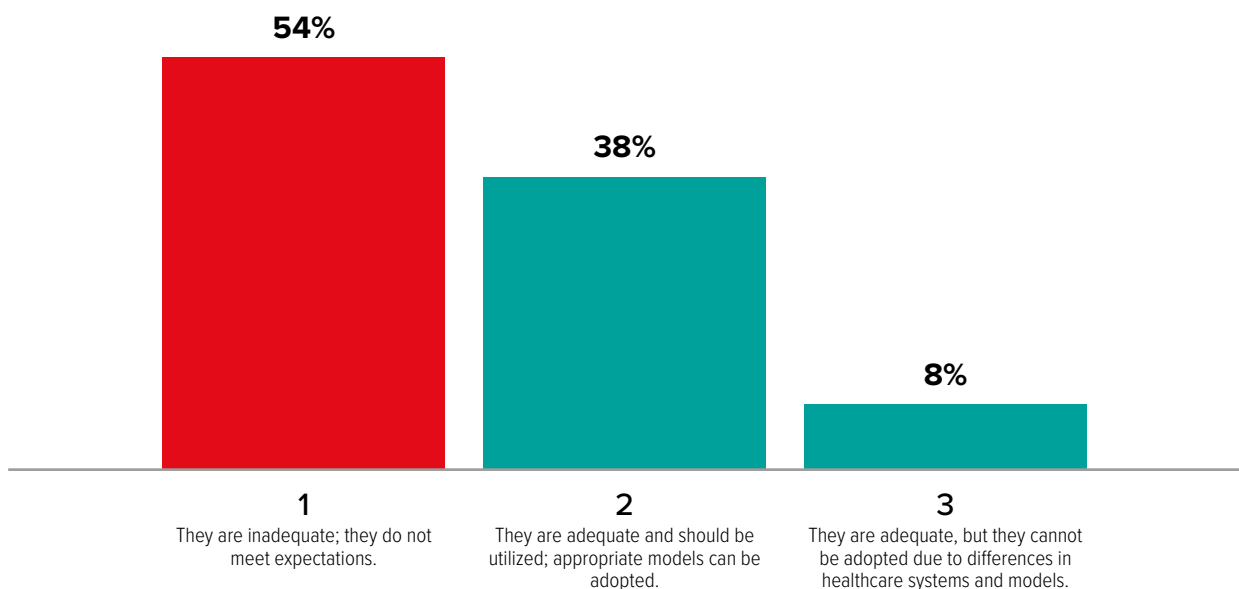


A CRITICAL PERSPECTIVE PREVAILS TOWARD GLOBAL PRACTICES IN PREVENTIVE HEALTHCARE SERVICES

In evaluating global experience with preventive healthcare services, 54% of participants stated that current practices are inadequate and fail to meet expectations. Meanwhile, 38% indicated that appropriate models should be identified and adapted where suitable, while 8% believed that existing practices are adequate but cannot be implemented in the same way in Türkiye due to differences in healthcare systems and models.

4. How do you evaluate global experience with preventive healthcare services?

1. They are inadequate; they do not meet expectations.
2. They are adequate and should be utilized; appropriate models can be adopted.
3. They are adequate, but they cannot be adopted due to differences in healthcare systems and models.



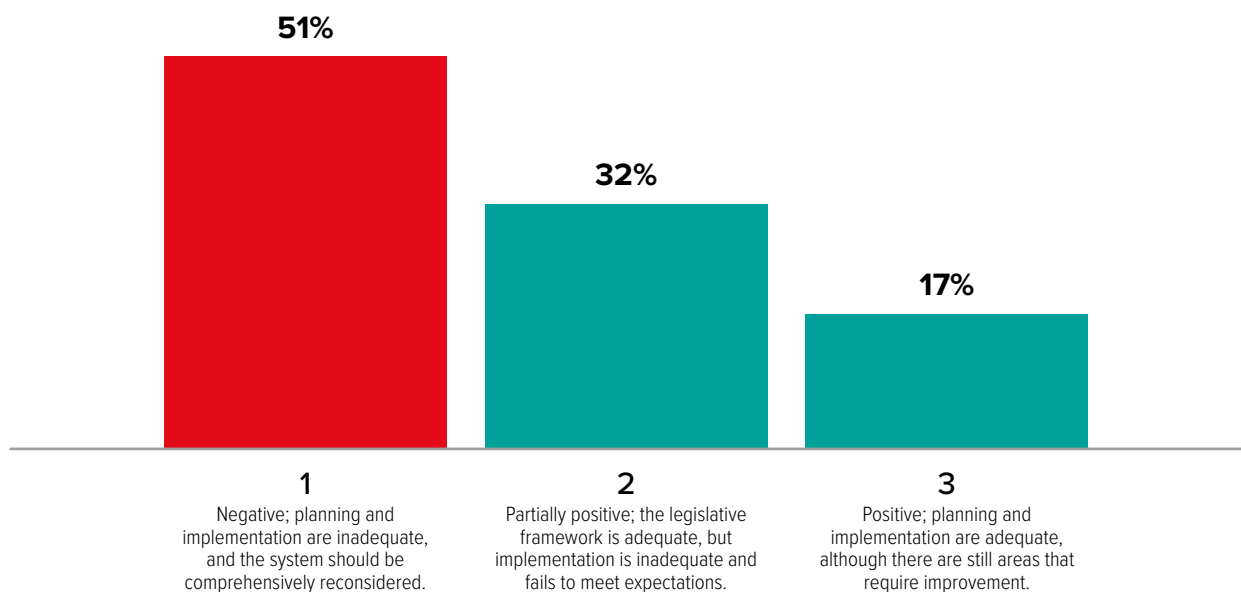


A CRITICAL PERSPECTIVE DOMINATES VIEWS ON PREVENTIVE HEALTHCARE SERVICES IN TÜRKİYE

In participants' evaluations of preventive healthcare services in Türkiye, 51% stated that current planning and implementation are inadequate and that the system should be comprehensively reconsidered. Meanwhile, 32% indicated that the legislative framework is sufficient but that implementation falls short of expectations, while 17% presented an overall positive assessment, noting that although the system performs adequately, there are still areas requiring further improvement.

5. How do you evaluate preventive healthcare services in Türkiye?

1. Negative; planning and implementation are inadequate, and the system should be comprehensively reconsidered.
2. Partially positive; the legislative framework is adequate, but implementation is inadequate and fails to meet expectations.
3. Positive; planning and implementation are adequate, although there are still areas that require improvement.

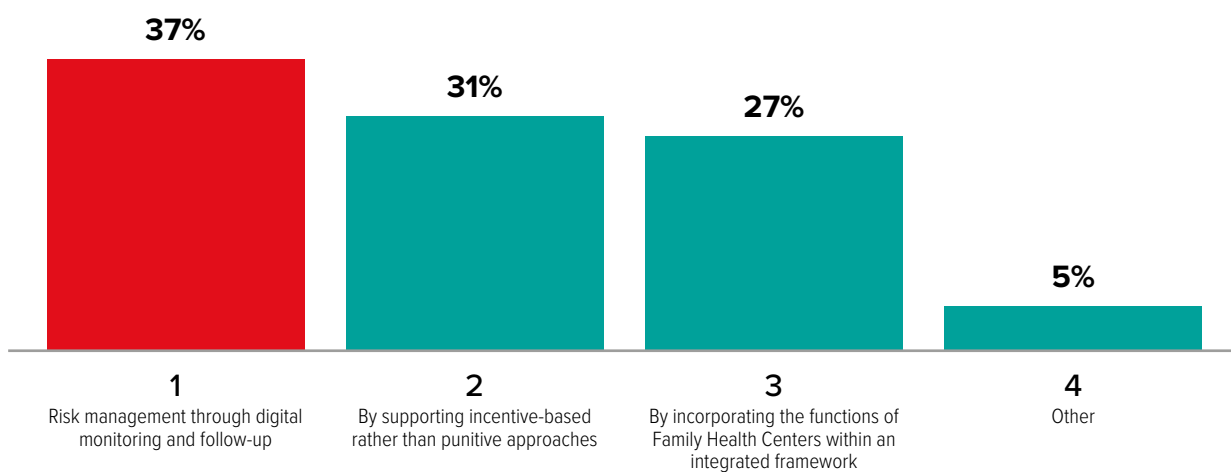


THE ROLE OF HEALTH INSURANCE IN ADVANCING PREVENTIVE HEALTHCARE SERVICES REMAINS A SUBJECT OF DISCUSSION

According to the participants, health insurance can play a more effective role in advancing preventive healthcare services, particularly by enabling risk management through digital monitoring and follow-up systems (37%). Meanwhile, 31% stated that insurance should be supported through incentive-based rather than punitive approaches. A further 27% believed that Family Health Centers should be incorporated into the system through an integrated approach. The remaining 5% of participants expressed other views.

6. Through which approaches can health insurance play a more effective role in advancing preventive healthcare services?

1. Risk management through digital monitoring and follow-up
2. By supporting incentive-based rather than punitive approaches
3. By incorporating the functions of Family Health Centers within an integrated framework
4. Other



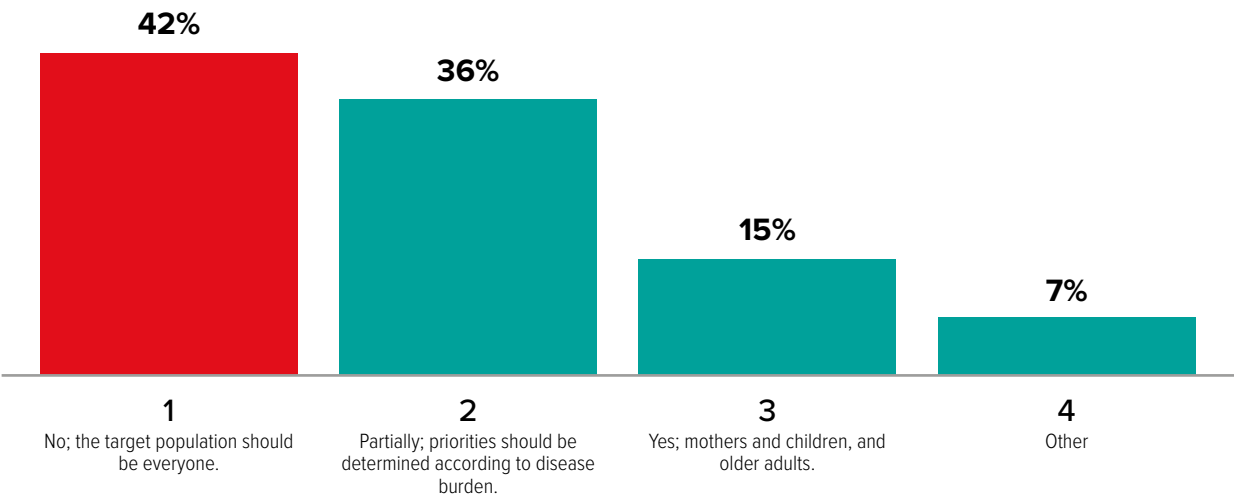


IN PREVENTIVE HEALTHCARE SERVICES, THE TARGET POPULATION SHOULD BE THE ENTIRE SOCIETY, WITH PRIORITIZATION BASED ON DISEASE BURDEN

When participants' views on identifying target populations for preventive healthcare services through insurance were examined, 42% argued that the target population should encompass the entire society. Meanwhile, 36% stated that priorities could be determined according to disease burden, while 15% believed that mothers and children, as well as older adults, should be specifically targeted. The remaining 7% of participants expressed other views.

7. Can target populations be identified for preventive healthcare services through insurance?

- 1. No; the target population should be everyone.
- 2. Partially; priorities should be determined according to disease burden.
- 3. Yes; mothers and children, and older adults.
- 4. Other.

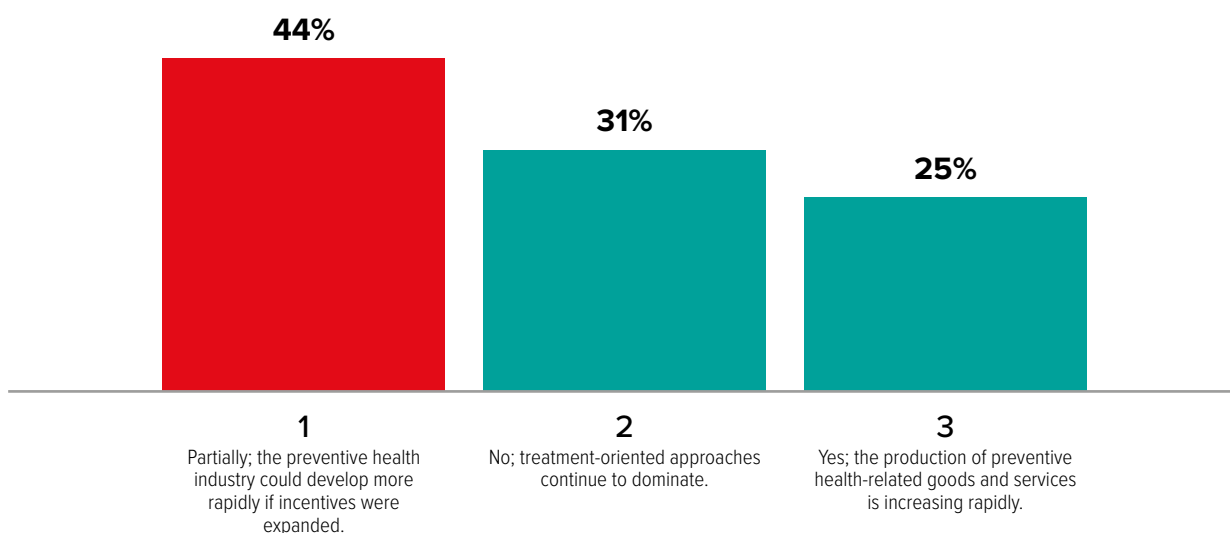


THE PREVENTIVE HEALTH INDUSTRY HAS NOT YET REACHED THE EXPECTED LEVEL

According to participants' assessments of the development of the preventive health industry worldwide, 44% stated that the industry could develop more rapidly if supported by stronger incentive mechanisms. Meanwhile, 31% indicated that treatment-oriented approaches continue to dominate global healthcare systems, while 25% believed that the production of preventive health-related goods and services is increasing rapidly and that the industry has already begun to take shape.

8. Has the preventive health industry emerged globally?

1. Partially; the preventive health industry could develop more rapidly if incentives were expanded.
2. No; treatment-oriented approaches continue to dominate.
3. Yes; the production of preventive health-related goods and services is increasing rapidly.





THE IMPORTANCE OF A PERSONALIZED APPROACH IN PREVENTIVE HEALTHCARE SERVICES

It was emphasized that preventive healthcare services should be supported not only through general public health measures but also through personalized healthcare practices. In this context, attention was drawn to the importance of considering genetic differences in individual health management. For example, it was noted that genetic test results may recommend that certain individuals consume foods such as parsley, green apples, or turmeric, highlighting that it is not possible for every individual to follow standardized health recommendations. It was therefore stated that personalized health recommendations can only be developed through complex biochemical analyses and genetic testing.

However, it was also pointed out that, due to the high costs of such analyses, they are not currently covered adequately by either social security systems or private insurance. For this reason, the sustainability and effectiveness of general public health measures covering the entire population were emphasized. Nevertheless, it was also noted that individuals with a high level of health awareness are often able to recognize, through their own observations, behavioral patterns that are later confirmed by genetic test results.

LARGE-SCALE PREVENTIVE PRACTICES THROUGH INTER-INSTITUTIONAL COLLABORATION

It was stated that the effectiveness of preventive healthcare services depends not only on health authorities but also on the active involvement of other public institutions. In this regard, the Ministry of Health's campaign to combat obesity was regarded as a meaningful initiative. It was also emphasized that previous restrictions on tobacco use had been important, although these measures have gradually been relaxed over time.

Furthermore, it was noted that the Ministry of Environment, Urbanization and Climate Change has a critical role in developing walking trails and healthy living spaces, while the Ministry of National Education plays an equally important role in instilling health awareness in children from the preschool years onward. When considered collectively, these measures demonstrate that preventive healthcare services should be addressed not only at the individual level but also within a multi-stakeholder institutional framework.

KİŞİSELLEŞTİRİLMİŞ SAĞLIK UYGULAMALARI İÇİN TEST ERİŞİMİ GÜNDEME GELDİ

Attention was drawn to the high costs associated with the complex biochemical analyses and genetic tests required to support healthy living, anti-aging, and longevity goals. It was emphasized that such tests should be considered not only in response to individual demand but also as an integral component of preventive healthcare policies. In this context, it was suggested that consideration should be given to establishing a system that would provide access to these services, if not for the entire population, then at least for specific target groups.

LESSONS LEARNED FROM GENETIC TEST-BASED PILOT PROJECTS IN PREVENTIVE HEALTHCARE

It was shared that a pilot project involving approximately 2,000 participants had been launched in the United Kingdom and Spain based on genetic testing. It was explained that the project had been designed from a preventive healthcare perspective to help prevent future compensation claims while providing individuals with lifestyle-oriented recommendations. Although these initiatives have been implemented internationally, participants expressed the hope that similar models could be adapted to Türkiye and developed within the framework of insurance policies.

EMPHASIS ON TARGET POPULATIONS AND PRIORITIZATION IN PREVENTIVE HEALTHCARE

It was emphasized that risk groups in preventive healthcare services should be identified on a scientific basis through commissions composed of the appropriate medical specialties. Rather than considering the entire population as the target group, participants stressed the importance of defining appropriate target populations in order to ensure the effective use of limited resources and workforce capacity.

It was stated that comprehensive action plans addressing specific health challenges in Türkiye—particularly obesity and diabetes—should be reviewed. Participants also emphasized that the concepts of primary, secondary, and tertiary prevention should be clearly defined and that preventive healthcare services should be structured accordingly.

The discussion also addressed vaccination, emphasizing that adult immunization has not yet been given sufficient priority either globally or in Türkiye. Taking into account the economic burden that obesity and diabetes impose on the country, participants noted that priorities and target populations in these areas should be redefined within the framework of preventive healthcare measures.

ROLE DISTRIBUTION AND INCENTIVE MECHANISMS IN PREVENTIVE HEALTHCARE SERVICES

It was stated that preventive healthcare services should not be delivered solely through physicians, but that nurses and other allied health professionals could also play an active role in this process. Participants emphasized the need to broaden the scope of preventive healthcare services.

It was further noted that although healthcare services in Türkiye are largely provided free of charge, there should be a distinction between individuals who make use of preventive healthcare services and those who do not. A model was proposed under which individuals who participate in preventive healthcare services would be entitled to receive future treatments free of charge, whereas those who choose not to participate would be required to pay a certain fee.

It was emphasized that various incentive mechanisms could be implemented to encourage participation in this system. For example, individuals who visit their family physician once a year or regularly share their health data online in a specified format could receive these services free of charge. Otherwise, partial cost-sharing could be introduced, thereby encouraging individuals to make greater use of preventive healthcare services.



AS THE MINISTRY OF HEALTH, WE HAVE TAKEN STEPS TOWARD PREVENTIVE HEALTHCARE SERVICES

Assoc. Prof. Dr. Şuayıp BİRİNCİ

As the Ministry of Health, I would like to share with you some of the steps we have taken toward preventive healthcare services. First of all, we have currently introduced performance criteria for both physicians and nurses at the primary care level, that is, within the Family Medicine system. We have structured this performance system directly around preventive healthcare responsibility.

Secondly, in the previous period, we conducted a screening, and as a result of this screening, we identified 3.5 million new cases, that is, patients who had not previously been diagnosed. With these patients being placed under follow-up, and some of them even entering the chronic patient category, there was a significant increase in hospital admission rates. This increase led to a situation that challenged our performance principles. For this reason, we revised the system.

Now, if there is a patient being followed due to a chronic disease and this person goes to the hospital for this reason, the physician can obtain a priority appointment for this patient. In addition, if the physician is required to reduce the hospital admission rate compared to the previous year, these patients are excluded from this calculation. In other words, neither the physician is put at a disadvantage nor does the patient have difficulty moving through the system.

In fact, we have integrated almost everything related to preventive healthcare into the performance system. Every element at the primary care level has been included in this scope. Of course, at this point, we receive feedback from family physicians such as: “I call the patient once a year or once every six months, but if the patient does not come, there is no sanction. Shouldn’t you take a step on this issue?”

However, telling citizens that “you will be penalized because you did not come” is a highly sensitive issue from an ethical perspective. For this reason, we are working on developing a more positive model. For example, in our discussions with the SGK, we are preparing a model to see whether we can reduce the co-payment of individuals who attend regular check-ups by using the co-payment system. We have also examined its budget: how much revenue the SGK obtains from co-payments, how much loss we would incur if we implemented this model, and how it could be applied without bringing an additional cost to citizens — we are evaluating all of these. We are currently working on a formula that will not require any out-of-pocket payment, and we will propose this model to the SGK.

When taking such steps, you have to think in 360 degrees. For example, we previously introduced a co-payment practice and achieved a 16% reduction in applications. However, we could not sustain it afterward for various reasons. Therefore, every step requires detailed analysis.

When we evaluate all of these together, we postpone some steps to other times. But do not worry, those steps will also be implemented over time. We manage this process entirely through numbers and statistics. For example, despite a higher number of applications, we reduced the total application rate for chronic diseases. We achieved a 54% reduction in outpatient antibiotic prescriptions. Yes, hospital admissions increased by 11%, but mortality, that is, the death rate, did not increase, and lengths of stay did not become longer. This reduction in antibiotic use is an important

success achieved at the primary care level. In other words, when properly planned, the system truly delivers good results.

These outcomes are now accepted by many segments of society. Recently, our Vice President, Mr. Cevdet Yılmaz, also presented a similar picture and stated that we are moving in the right direction. He also stated that we are preparing for a better insurance system. In this regard, we are in much closer cooperation with the SGK.

Prof. Dr. Haluk ÖZSARI

Now, I would also like to share a question that I am frequently asked: "Are you considering allocating at least a portion of the savings achieved by the SGK to preventive healthcare services?" Last year, the Director General of General Health Insurance was the speaker here, and I asked him this very question directly.

Assoc. Prof. Dr. Şuayip BİRİNCİ

We have reached an agreement with the Ministry of Treasury and Finance on this matter. From now on, 80 out of every 100 Turkish lira of these savings will be allocated to the Ministry of Health. We, in turn, will direct these resources specifically toward healthcare services. Mr. Mehmet Şimşek has given us his commitment on this issue. In addition, by reducing the cost per service frequency, we aim to make this system more sustainable.

AN INDIVIDUALIZED APPROACH TO PREVENTIVE HEALTHCARE AND THE INADEQUACY OF THE CURRENT SYSTEM

It was emphasized that the concept of preventive healthcare should be addressed from two main perspectives: the societal level and the individual level. While it was noted that preventive healthcare initiatives at the societal level are organized more effectively through public institutions, significant shortcomings remain with respect to what should be done at the individual level. One of the main reasons identified for this deficiency is the lack of knowledge among individuals regarding how to maintain a healthy lifestyle. It was emphasized that healthy living should be supported not only by physicians but also through a broader ecosystem that includes physiotherapists, dietitians, nurses, and other healthcare professionals.

THE NEED FOR NEW PROFESSIONAL CADRES AND A NEW EDUCATIONAL CULTURE

It was stated that the current healthcare system is predominantly shaped by a treatment-oriented approach, whereas this perspective is insufficient for preventive healthcare. Participants emphasized the need for a new human resource model, a new academic approach, and a new educational culture. It was further noted that proper nutrition and physical activity are the fundamental determinants of healthy living and that a system capable of motivating, guiding, and encouraging individuals in these areas should be established.

THE NEED FOR A SCIENTIFIC FOUNDATION AND STRUCTURAL REFORM

It was emphasized that the development of preventive healthcare requires not only individual efforts but also a structural foundation capable of supporting scientific research. Attention was drawn to the fact that the global wellness economy has exceeded USD 6 trillion and that specialized medical



schools have been established in this field, along with distinct professional disciplines such as naturopathy, osteopathy, and chiropractic. It was stated that, without establishing similar academic structures in Türkiye, it would not be possible to achieve lasting progress in this field.

MINISTRY POLICIES AND REGULATORY CONSTRAINTS

It was stated that physicians wishing to work in this field face various administrative and regulatory obstacles. Participants noted that the Ministry of Health does not currently have a development policy specifically for this area and that existing regulations have narrowed its scope. In particular, it was pointed out that opportunities for physicians to work alongside physiotherapists, dietitians, and nurses in private practices have been restricted, and that the shared practice model has also been limited. It was emphasized that these restrictions have reduced the scope of practice for healthcare professionals working in preventive healthcare.

THE LACK OF INCENTIVE MECHANISMS

It was stated that simple yet effective incentive mechanisms should be developed for organizations operating in the field of preventive healthcare. Participants emphasized the need to establish clear regulations for individuals and institutions working in this field and to support initiatives operating in this area. However, it was stressed that meaningful progress cannot be achieved through aspirations alone without first establishing these support mechanisms.

THE FINANCING AND INSURANCE APPROACH NEEDS TO BE RECONSIDERED

It was acknowledged that the importance of preventive healthcare and healthy living practices is widely recognized; however, current bureaucratic priorities are largely focused on reducing outpatient clinic visits. It was noted that unless demand for healthcare services is effectively managed, it becomes difficult to demonstrate the success of the healthcare system. For this reason, reducing the burden on primary healthcare services has been identified as a priority. In this context, it was shared that regulatory efforts are underway to allow family physicians to provide phytotherapy and traditional medicine practices. It was also emphasized that, alongside the priorities of insured individuals, public institutions may have their own distinct policy priorities.

REDUCING OUTPATIENT CLINIC VISITS IS A PRIMARY OBJECTIVE

It was acknowledged that the importance of preventive healthcare and healthy living practices is widely recognized; however, current bureaucratic priorities are largely focused on reducing outpatient clinic visits. It was noted that unless demand for healthcare services is effectively managed, it becomes difficult to demonstrate the success of the healthcare system. For this reason, reducing the burden on primary healthcare services has been identified as a priority. In this context, it was shared that regulatory efforts are underway to allow family physicians to provide phytotherapy and traditional medicine practices. It was also emphasized that, alongside the priorities of insured individuals, public institutions may have their own distinct policy priorities.



THE NURSING WORKFORCE IS UNDERUTILIZED IN PRIMARY HEALTHCARE SERVICES

It was emphasized that preventive healthcare services are intended not only to prevent disease but also to promote and maintain individuals' health. In this context, it was noted that, worldwide, qualified nurses constitute the primary workforce in primary healthcare services and that, in successful healthcare systems, nurses are utilized effectively in the right place and at the right time. It was stated that Türkiye has approximately 240,000 nurses; however, 90% of them are employed in curative healthcare services, while only around 6,000 nurses work in primary healthcare services. In addition to the limited number of nurses in this field, it was also pointed out that their roles and responsibilities have not yet been adequately defined. It was emphasized that, if the healthcare workforce were utilized more effectively, the goal of achieving "health for all" through primary healthcare services would become much more attainable.

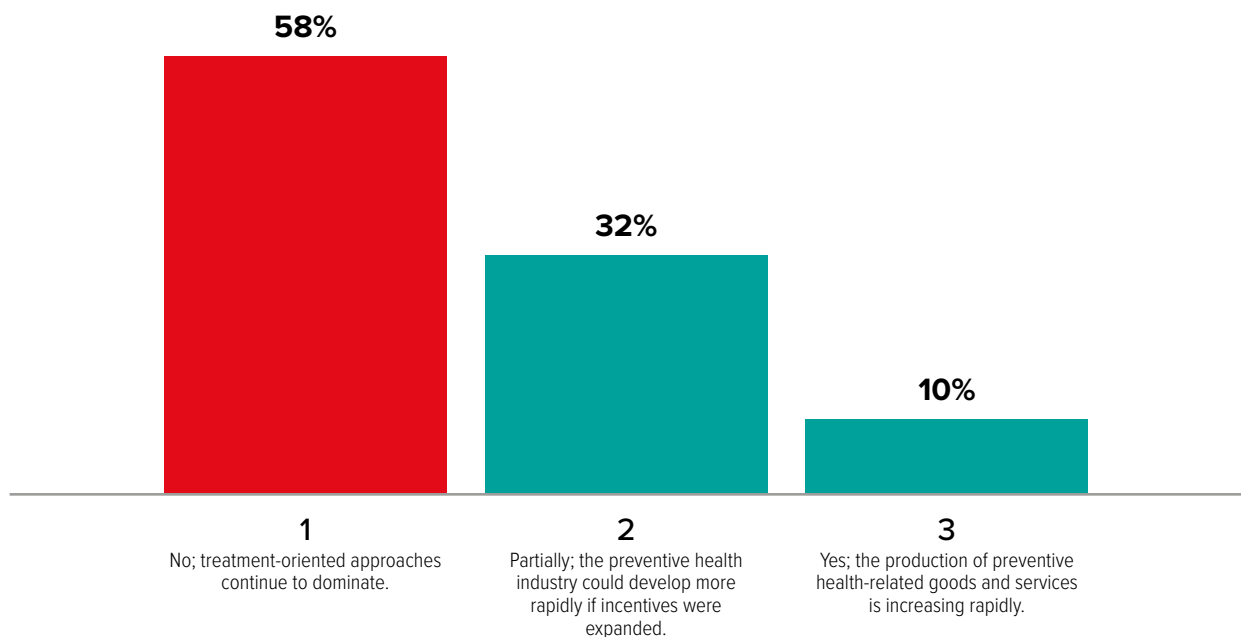


THE PREVENTIVE HEALTH INDUSTRY IN TÜRKİYE IS STILL IN THE DEVELOPMENT PHASE

According to participants' assessments of the current state of the preventive health industry in Türkiye, 58% stated that the healthcare system continues to be predominantly treatment-oriented. Meanwhile, 32% indicated that the preventive health industry could develop more rapidly if supported by stronger incentive mechanisms, while only 10% believed that the production of preventive health-related goods and services is increasing rapidly and that the industry has begun to emerge.

9. Has the preventive health industry emerged in Türkiye?

1. No; treatment-oriented approaches continue to dominate.
2. Partially; the preventive health industry could develop more rapidly if incentives were expanded.
3. Yes; the production of preventive health-related goods and services is increasing rapidly.

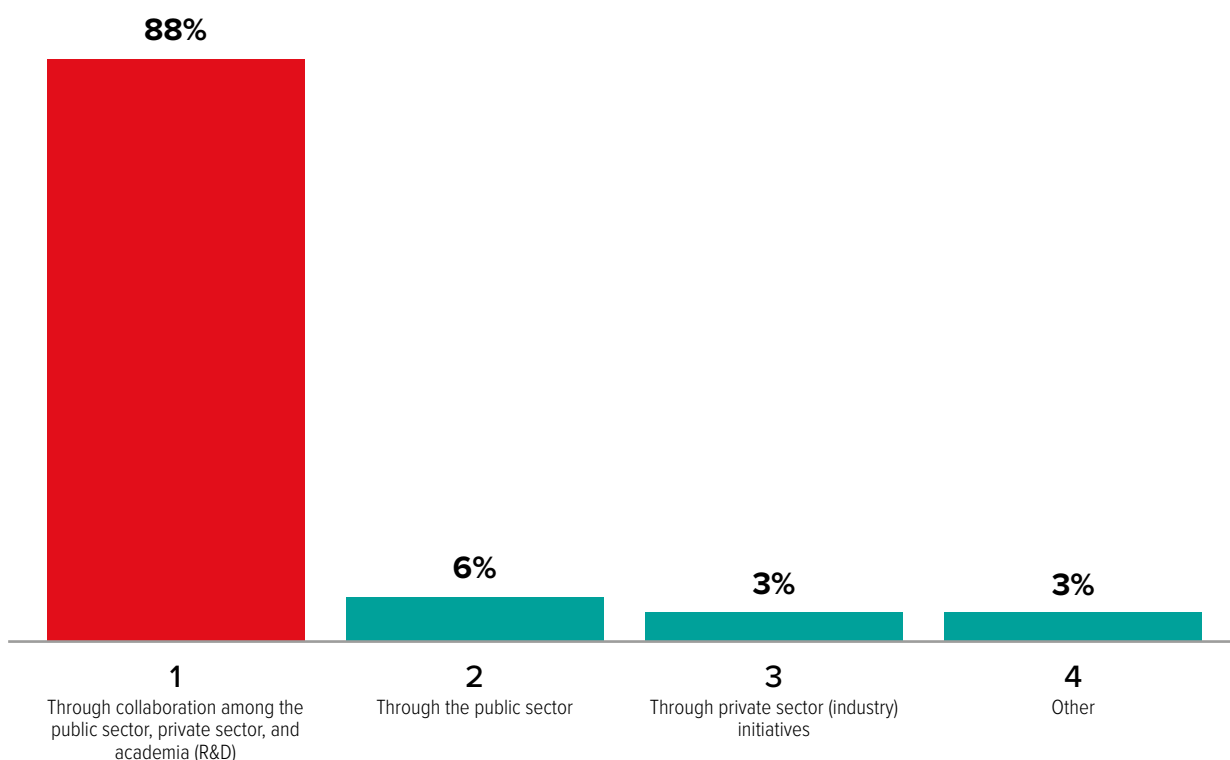


A PARTNERSHIP MODEL EMERGES AS THE PREFERRED APPROACH FOR ADVANCING THE PREVENTIVE HEALTH INDUSTRY

When participants were asked how the preventive health industry should be promoted, the overwhelming majority (88%) stated that collaboration among the public sector, private sector, and academia should be pursued jointly. Only 6% believed that the process should be led solely by the public sector, while 3% stated that it should be driven exclusively by private sector priorities. The remaining 3% of participants expressed other views.

10. How can the preventive health industry be promoted?

1. Through collaboration among the public sector, private sector, and academia (R&D)
2. Through the public sector
3. Through private sector (industry) initiatives
4. Other



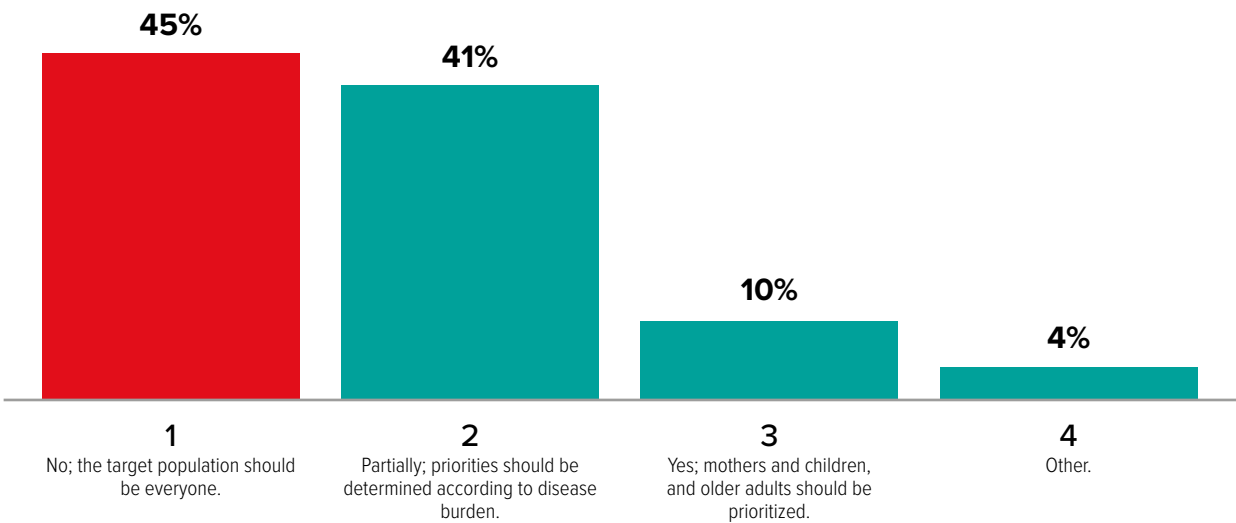


A BROADLY INCLUSIVE APPROACH DOMINATES VIEWS ON DEFINING TARGET POPULATIONS IN PREVENTIVE HEALTHCARE

When participants' views on defining target populations for the preventive health industry through insurance were examined, 45% stated that the target population should encompass the entire society. Meanwhile, 41% believed that priority groups could be identified according to disease burden. On the other hand, 10% argued that mothers and children, as well as older adults, should be the primary target groups, while the remaining 4% expressed other views.

11. Should target populations be identified for the preventive health industry through insurance?

- 1. No; the target population should be everyone.
- 2. Partially; priorities should be determined according to disease burden.
- 3. Yes; mothers and children, and older adults should be prioritized.
- 4. Other.

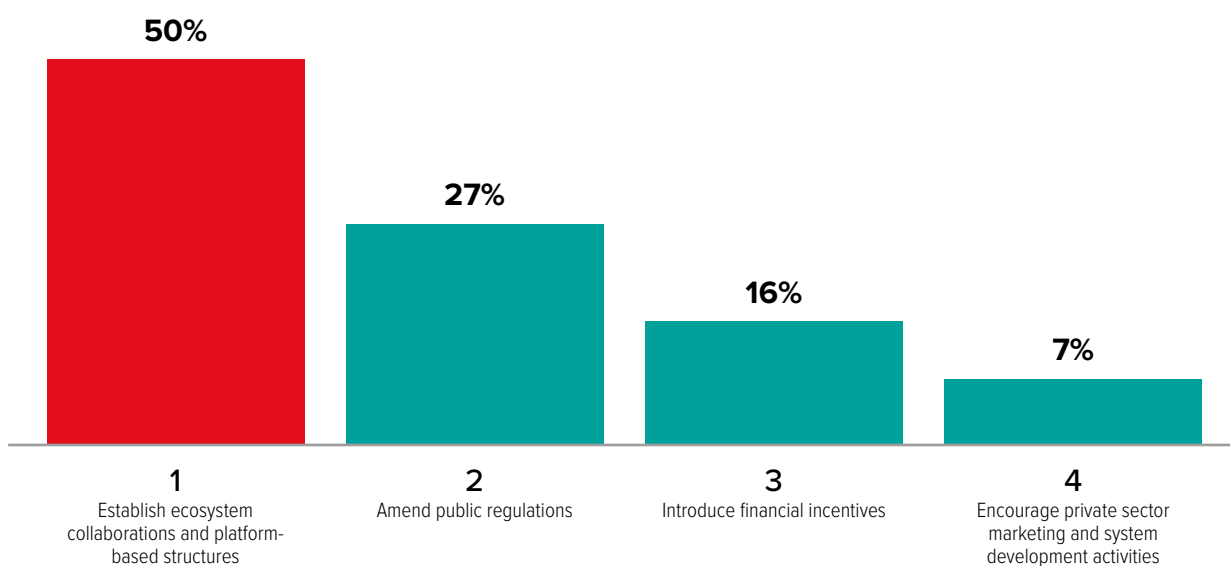


ECOSYSTEM COLLABORATION AND PLATFORM-BASED STRUCTURES ARE THE TOP PRIORITY FOR ADVANCING THE PREVENTIVE HEALTH INDUSTRY

When asked what the first priority should be for advancing the preventive health industry, 50% of participants stated that establishing ecosystem collaborations and platform-based structures should be the primary focus. Meanwhile, 27% argued that amendments to public regulations are needed, while 16% considered the implementation of financial incentives to be necessary. Only 7% believed that encouraging private sector marketing and system development activities should be the priority.

12. What should be the first priority for advancing the preventive health industry?

1. Establish ecosystem collaborations and platform-based structures
2. Amend public regulations
3. Introduce financial incentives
4. Encourage private sector marketing and system development activities





A CULTURE OF INTEROPERABILITY

It was stated that interoperability is not merely a technical issue but also requires a cultural transformation. It was emphasized that achieving integration within the healthcare system depends not only on technological infrastructure but also on the development of ecosystem collaborations and platform-based structures.

THE FOUNDATIONS OF PREVENTIVE HEALTHCARE SHOULD BE LAID IN CHILDHOOD

It was emphasized that, for the long-term benefits of preventive healthcare to become embedded within society, the process must begin during childhood. In this context, particular attention was drawn to the crucial roles of mothers, preschool teachers, and primary school teachers. It was noted that fundamental health behaviors, such as tooth brushing and personal hygiene, are learned during childhood and that individuals' long-term health habits are shaped during this period. It was therefore emphasized that the greatest investment should be made during these early years.

THE RISING NUMBER OF OBESE YOUNG PEOPLE

It was noted that, by 2030, the number of obese young people worldwide is projected to reach 64 million. Considering that Türkiye accounts for approximately 1% of the world's population, it was estimated that the country could face around 464,000 obese young individuals. It was further stated that Türkiye's prevalence exceeds the global average and that obesity remains one of the primary causes of chronic diseases. Participants emphasized that this trend represents a serious public health risk.

THE IMPORTANCE OF EMPLOYEE HEALTH IN CORPORATE PROGRAMS

It was stated that preventive healthcare programs are important not only from a health perspective but also in terms of organizational loyalty and productivity. Participants noted that international studies have shown that the factor with the greatest influence on employees' commitment to their organizations is the organization's contribution to employee health. It was suggested that similar findings would likely emerge if a comparable survey were conducted in Türkiye. Accordingly, programs that prioritize employee health should be regarded—regardless of whether they are implemented in the public or private sector—as an institutional approach that both strengthens human capital and provides financial benefits. It was also emphasized that such programs can be provided free of charge.

CONCERNS REGARDING THE SUSTAINABILITY OF THE INSURANCE SYSTEM

It was stated that private health insurance in Türkiye has a relatively low penetration rate compared with global averages, with insurance coverage remaining at approximately 2.2%. Although a modest increase has been observed in Complementary Health Insurance (CHI), the overall trend was described as being in decline. It was also noted that individuals who contribute to the social security system simultaneously pay premiums for private health insurance, and uncertainty remains regarding how the active-to-passive insured ratio will evolve in the future.

INDIVIDUAL CONCERNS ABOUT FINANCIAL SUSTAINABILITY

It was emphasized that increasing life expectancy has led to growing demand for healthcare services and that financing acute complications represents a significant financial burden. This situation has heightened individuals' concerns about the long-term sustainability of the insurance system. It was noted that even public sector employees are required to allocate a considerable portion of their salaries to private health insurance premiums, yet many remain uncertain about whether this is financially sustainable. It was further stated that many policyholders share similar concerns.

THE NEED FOR ACTUARIALLY SOUND INSURANCE POLICIES

It was stated that insurance fundamentally operates on actuarial science and therefore requires mathematical sustainability. Participants emphasized the importance of clearly identifying risks and involving policymakers in the process, while highlighting the need to approach this issue with a sense of social responsibility.

THE IMPACT OF BEHAVIOR-BASED INCENTIVES

It was stated that behavioral factors play a decisive role in claims and loss management within insurance practice, and that out-of-pocket payment systems constitute an important component of this process. It was also noted that, although increasing co-payments is not considered feasible—particularly in light of the challenges experienced in emergency department triage systems—efforts are being made to implement positive examples such as Healthy Living Centers.

For example, it was suggested that primary healthcare services could be integrated with private insurance systems, allowing individuals who reduce their body mass index to benefit from incentives such as premium discounts. It was emphasized that such preventive and management-oriented approaches help individuals maintain their health, reduce the risk of complications, and thereby contribute to the long-term sustainability of the system. In this context, the importance of reward and incentive mechanisms was underscored.



THE NEED FOR REGULATORY REFORM

Drawing on past experience, it was explained through examples why insurance companies are reluctant to assume certain risks. It was stated that Türkiye's current regulatory framework—owing to general and special policy conditions as well as reinsurance processes—makes policy development more difficult. Therefore, participants emphasized the need for regulatory-level modeling and the implementation of certain immediate measures to ensure long-term sustainability.

PREMIUM CATASTROPHE AND CATASTROPHIC HEALTH EXPENDITURE

It was noted that the term premium catastrophe is not commonly used; however, it refers to an important concept in the context of healthcare expenditures. Participants explained that, in the literature, the concept of catastrophe is used to describe catastrophic health expenditure. Accordingly, when more than 40% of a household's income—excluding essential food expenditures—is spent out of pocket on healthcare, it is defined as catastrophic health expenditure.

Considering the aging population, it was emphasized that such catastrophic expenditures are likely to increase in the future. For this reason, it was stated that the potential impact of a premium catastrophe should also be taken into account.

HOME HEALTHCARE SERVICES AS A FUNDAMENTAL COMPONENT OF A SUSTAINABLE HEALTHCARE SYSTEM

It was stated that the need for structural and institutional transformation in preventive healthcare is becoming increasingly evident. Although numerous tools and methods exist within preventive medicine, participants emphasized that further progress in this field should be addressed through greater professionalization and systematization. Based on current demographic indicators, it was noted that approximately 9 million people aged 65 and over live in Türkiye and that the country has more than 50 million chronic disease cases. It was emphasized that these individuals represent not only today's older population but also the patient profile of the future.

THE LACK OF AN INSTITUTIONAL INFRASTRUCTURE FOR HOME CARE

It was emphasized that the management of chronic diseases should be supported not only through healthcare institutions but also through home care and follow-up services. It was noted that the current system in Türkiye often forces citizens to undertake long and difficult journeys, leaving individuals to find solutions on their own. Therefore, participants stressed that, beyond individual and societal awareness, there is also a need to strengthen awareness and responsibility at the public institutional level.

INTERNATIONAL COMPARISONS: TÜRKİYE IS FALLING BEHIND

Drawing on international examples, it was noted that home healthcare and home care services have become an integral component of healthcare systems in many countries. It was shared that there are:

- 30,000 home care centers in the United States,
- 17,000 in Germany,
- 18,000 in the United Kingdom,

and that the market value of home care services in these countries exceeds USD 100 billion. By contrast, it was stated that Türkiye has only 25 home care centers and that these services are largely provided through the informal sector.

ONLY A VERY SMALL SHARE OF SGK EXPENDITURE IS ALLOCATED TO HOME CARE

It was stated that of the SGK's annual expenditure of approximately TRY 1 trillion:

- 67% is allocated to public and university hospitals,
- 7% to private hospitals,
- 30% to pharmacies.

However, only 3–5% of this budget is allocated to home care services. It was emphasized that, with 10,000 home care centers and a workforce of 100,000 qualified professionals, millions of patients with chronic diseases and individuals who are bedridden could be monitored in their homes through digital solutions.

CAN THE SYSTEM GAIN NEW PRODUCTS AND EMPLOYMENT OPPORTUNITIES?

To ensure the sustainability of the system from both healthcare and economic perspectives, the following questions were raised:

- Can home nursing, home physician services, diagnostic imaging services, and digital solutions be included within SGK coverage?
- Can the government generate tax revenue through these services?
- Can these fields create employment opportunities for thousands of people?
- Can private health insurance and complementary health insurance develop new products for this area?

AN OPPORTUNITY FOR TÜRKİYE TO TRANSITION TO THE SILVER ECONOMY

Within the framework of the Silver Economy, which is expected to reach a global value of USD 14–15 trillion, it was emphasized that it is critical for Türkiye to transform home healthcare services into an integrated model. It was also noted that, alongside the country's ambitions in senior tourism and health tourism, meeting domestic healthcare needs should remain the foremost priority.



THE NEED FOR PUBLIC AWARENESS AND COLLABORATIVE POLICY DESIGN

It was emphasized that models aimed at ensuring financial sustainability are of critical importance not only for older adults and patients but also for the future of society as a whole. Participants stated that it is possible to build a system that serves individuals throughout every stage of life and that such a system can only be achieved through collective wisdom and inter-institutional collaboration. It was further suggested that, just as Türkiye has served as a global model in healthcare over the years, it could once again become an international example through the development of a new model.

A COLLECTIVE APPROACH TO THE CHALLENGES OF ELDER CARE

It was emphasized that the care needs arising in old age should be addressed not merely as an individual concern but as a societal issue. Participants noted that, in the future, family members are likely to face increasing difficulties in caring for their elderly relatives. It was stressed that such a situation is not sustainable for either individuals or the healthcare system.

It was also stated that, although Türkiye possesses a strong human resource base, it continues to face structural shortcomings in education, institutional capacity, and the development of financial solutions. Participants emphasized that these deficiencies can be overcome through a collective approach and that models for elderly care can be developed through collaboration among the public sector, private sector, and society.

Drawing on many years of field experience, it was further emphasized that there is a need to establish a comprehensive and sustainable system covering every stage of life. Such a system, it was stated, could generate significant social benefits while also becoming financially sustainable if properly designed.

IS THE INCLUSION OF HOME CARE SERVICES WITHIN SGK REIMBURSEMENT UNDER CONSIDERATION?

It was stated that the question of whether home care services should be included within the reimbursement scope of the Social Security Institution (SGK) extends beyond healthcare service delivery and requires a multi-stakeholder evaluation that also takes financial sustainability into account. In this context, it was noted that new service models such as home care are being considered in coordination with relevant public institutions, particularly the Ministry of Treasury and Finance.

Although no concrete reimbursement model or implementation timeline has yet been established, participants expressed the view that taking steps in this area over the medium term is inevitable. It was emphasized that, while developments will become clearer over time, it is highly likely that this service model will eventually become part of the healthcare system.

HOME CARE COVERAGE EXISTS IN THE PRIVATE INSURANCE SECTOR, BUT IS IT SUFFICIENT?

It was stated that home care services are covered under private health insurance policies; however, the existing coverage is generally limited. As noted in the discussion, "Coverage exists, but whether it is sufficient is a separate issue. It is generally provided within certain limits," emphasizing the restricted scope of these benefits.

A NEW DIRECTION: SELF-CARE AND THE PHYGITAL MODEL

It was stated that the private healthcare sector is embracing a new approach to healthcare delivery and is progressing accordingly. Under this approach, primary healthcare services are combined with self-care applications that enable individuals to monitor their own health, creating a phygital (physical + digital) model.

Within this model, digital infrastructure is integrated with the physical delivery of home healthcare services, enabling individuals to receive the support they need through both remote monitoring and direct in-home care. It was anticipated that this approach will play a defining role in the future transformation of service delivery models within the private healthcare sector.

HOME CARE AND LONG-TERM CARE: TWO DISTINCT YET COMPLEMENTARY SERVICE AREAS

It was stated that, although home care services and long-term care services are often discussed under the same heading, they actually address different needs. Participants emphasized the distinction between these two service areas, noting that the issue has two separate dimensions: home care services on the one hand and long-term care on the other. It was also pointed out that this distinction is clearly recognized internationally and that dedicated insurance products have been developed specifically for long-term care.

LONG-TERM CARE INSURANCE IS NOW ON TÜRKİYE'S AGENDA

It was emphasized that, based on international experience, long-term care insurance becomes inevitable in countries where the proportion of the elderly population exceeds 11%. It was noted that Türkiye has now reached a similar threshold and that the need for long-term care has become an established item on the national agenda.

In this context, it was stated that the model developed by the Insurance Association of Türkiye serves as a complementary mechanism to public healthcare services. Drawing on international examples, participants emphasized that the proposed structure is based on public-private collaboration and that the insurance sector possesses the necessary preparedness to implement such a model.



EXPECTATIONS OF AN SGK REIMBURSEMENT MODEL COULD STIMULATE PRIVATE SECTOR INVESTMENT

Although the financial constraints and operational challenges faced by the public sector are well recognized, it was emphasized that establishing a system in Türkiye similar to those implemented internationally would not be particularly difficult. It was stated that investments in this field are viewed by the private sector as both long-term and profitable, and that Türkiye possesses significant market potential in this area.

THE TURKISH MARKET IS AN ATTRACTIVE OPPORTUNITY FOR INVESTORS

It was stated that partnership and sales negotiations are being conducted with institutions in many countries and that Türkiye's attractiveness in this field has also been recognized by international investors. Participants emphasized that even the public expectation of a future reimbursement model could be sufficient to stimulate private sector investment.

PUBLIC OVERSIGHT AND ALIGNMENT WITH INTERNATIONAL ACCREDITATION ARE ACHIEVABLE

It was emphasized that expectations regarding the introduction of an SGK reimbursement system within the next three to five years could encourage greater investment across the sector during this period. It was further stated that, if this process is managed under public oversight and in accordance with international accreditation standards, the private sector would be willing to wait for reimbursement within the framework of a long-term strategy. In this regard, participants stressed that the issue should be approached not primarily as a matter of allocating financial resources but rather through sound project planning.

THE PUBLIC APPROACH TO HOME HEALTHCARE: SGK DOES NOT PROVIDE REIMBURSEMENT, BUT THE MINISTRY DELIVERS THE SERVICE

It was stated that home healthcare services are not yet reimbursed by the Social Security Institution (SGK), although such services are currently provided by the Ministry of Health. It was emphasized that the existing model differs from what would ideally be considered a comprehensive home care service. Nevertheless, participants reached a broad consensus that a premium-based system for elderly care and rehabilitation insurance should be introduced.

Attention was also drawn to projections indicating that approximately 60% of the population may become dependent on care over the next 25 years. It was emphasized that the current capacity for elderly care is insufficient to meet this anticipated demand. Participants noted that Türkiye has not yet achieved an adequate number of beds for elderly care and rehabilitation nationwide and that a similar shortage also exists across Europe, where approximately 500,000 additional beds are expected to be needed within the next five years. Therefore, it was stressed that measures must be taken in this field regardless of whether the sector expands on its own.

REMOTE HEALTHCARE INFRASTRUCTURE: THE ADVANTAGES PROVIDED BY THE 2022 REGULATION

It was stated that Türkiye had proactively introduced certain regulatory arrangements in advance, and in this context, attention was drawn to the significance of the Regulation on the Remote Delivery of Healthcare Services, published in 2022. It was noted that this regulation enabled the establishment of a remote patient monitoring infrastructure for the 1,540 hospitals currently operating within the public healthcare system, thereby providing a significant advantage.

It was further stated that, under the same regulation, private healthcare institutions have also begun supporting the public sector, strengthening public-private collaboration. In particular, it was noted that plans to provide basic healthcare services remotely under private health insurance schemes have been implemented with relative ease.

INSURANCE POLICIES FOR CHRONIC DISEASE MANAGEMENT AND COST CONCERNS

However, it was stated that challenges have arisen in incorporating these services into insurance policies. It was noted that reflecting the costs associated with the ongoing monitoring of individuals diagnosed with chronic diseases in insurance policies has created concerns among insured individuals.

In this context, emphasis was placed on the definition of preventive healthcare services, highlighting the importance of preventing complications after a disease has developed. It was pointed out that, although treatment services are available for common chronic conditions such as diabetes, hypertension, and cardiovascular diseases, effective follow-up services remain insufficient. As a result, disease management continues to be limited.

It was further stated that the public and private sectors should work together more closely in this area in the coming period. It was also suggested that private health insurers may have begun reassessing their monitoring and follow-up processes for chronic disease management.

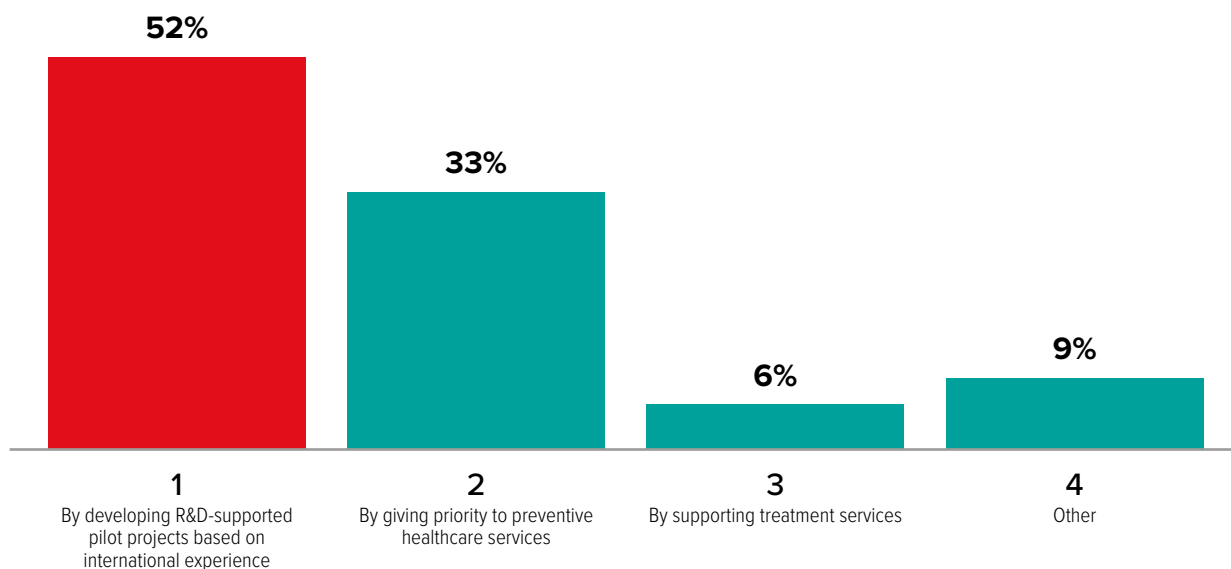


R&D-DRIVEN PILOT IMPLEMENTATIONS EMERGE AS THE PREFERRED APPROACH FOR SUPPORTING PREVENTIVE HEALTHCARE SERVICES

According to the participants' views on how preventive healthcare services can be supported through health insurance, 52% stated that R&D-supported pilot projects, developed by drawing on international experience, are needed. Meanwhile, 33% believed that preventive healthcare services should be given priority within health insurance schemes. A further 6% expressed the view that support should remain limited to treatment services, while 9% offered other suggestions.

13. How can health insurance better support preventive healthcare services?

1. By developing R&D-supported pilot projects based on international experience
2. By giving priority to preventive healthcare services
3. By supporting treatment services
4. Other

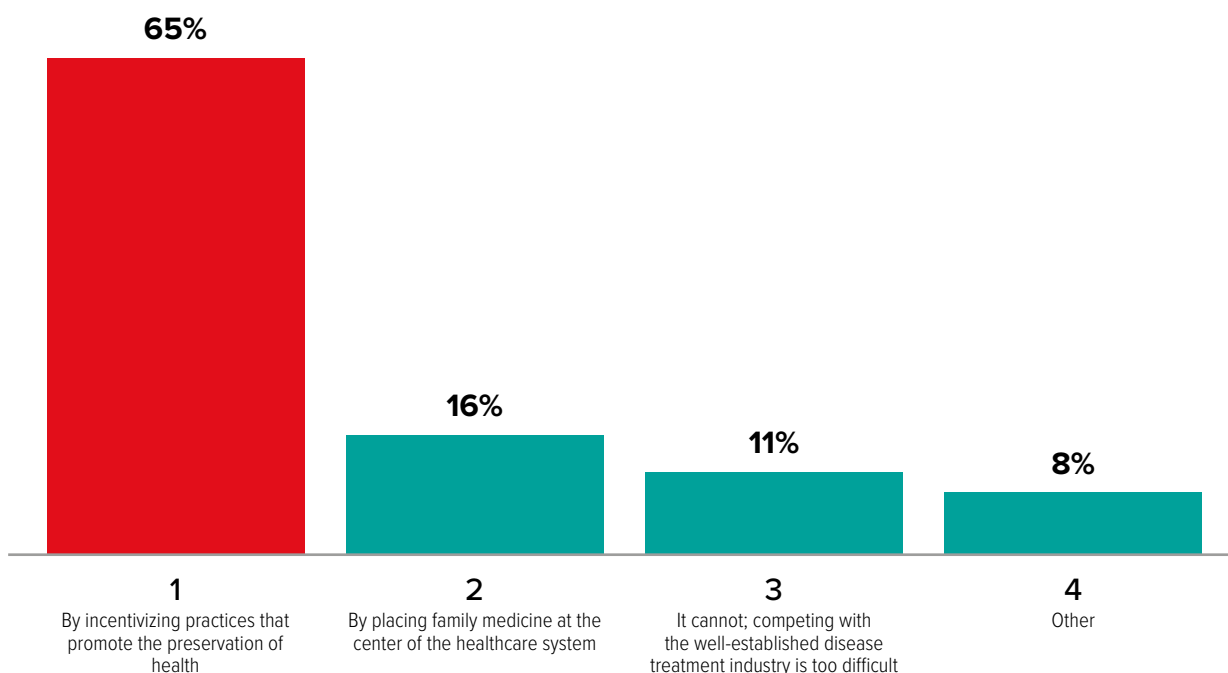


INSURANCE CAN CONTRIBUTE TO CULTURAL CHANGE THROUGH INCENTIVES THAT PROMOTE HEALTHY LIVING

According to the participants' views on how health insurance can influence the habits and culture of healthcare users, 65% stated that such a transformation can be achieved by incentivizing practices that promote the preservation of health. Meanwhile, 16% believed that placing family medicine at the center of the healthcare system would be an effective approach. A further 11% argued that such a transformation would not be possible due to the difficulty of competing with the well-established disease treatment industry, while 8% expressed other views.

14. How can health insurance change the habits and culture of healthcare users?

1. By incentivizing practices that promote the preservation of health
2. By placing family medicine at the center of the healthcare system
3. It cannot; competing with the well-established disease treatment industry is too difficult
4. Other



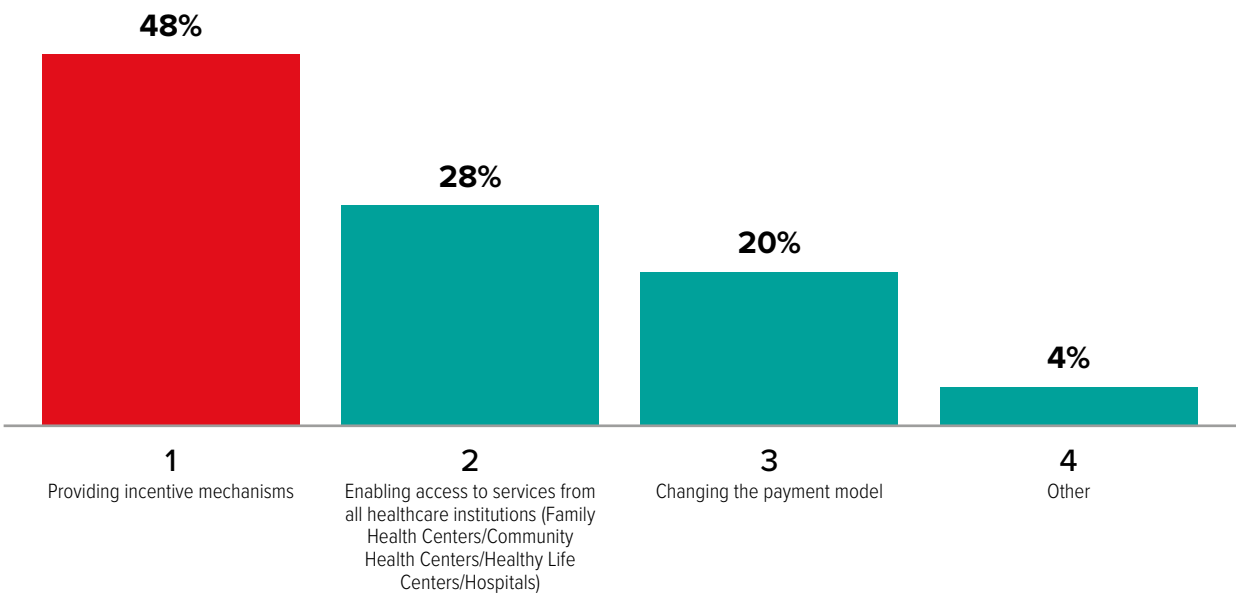


INCENTIVE MECHANISMS EMERGE AS THE PRIMARY ROLE OF HEALTH INSURANCE IN ADVANCING THE PREVENTIVE HEALTH INDUSTRY

According to the participants' views on the most effective role of health insurance in advancing the preventive health industry, 48% stated that establishing incentive mechanisms should be the top priority. Meanwhile, 28% believed that enabling access to services from all healthcare institutions—including Family Health Centers (FHCs), Community Health Centers (CHCs), Healthy Life Centers, and hospitals—would be an effective approach. A further 20% proposed changing payment models, while 4% suggested other methods.

15. Which approach would be most effective for health insurance in advancing the preventive health industry?

- 1. Providing incentive mechanisms
- 2. Enabling access to services from all healthcare institutions (Family Health Centers/Community Health Centers/Healthy Life Centers/Hospitals)
- 3. Changing the payment model
- 4. Other

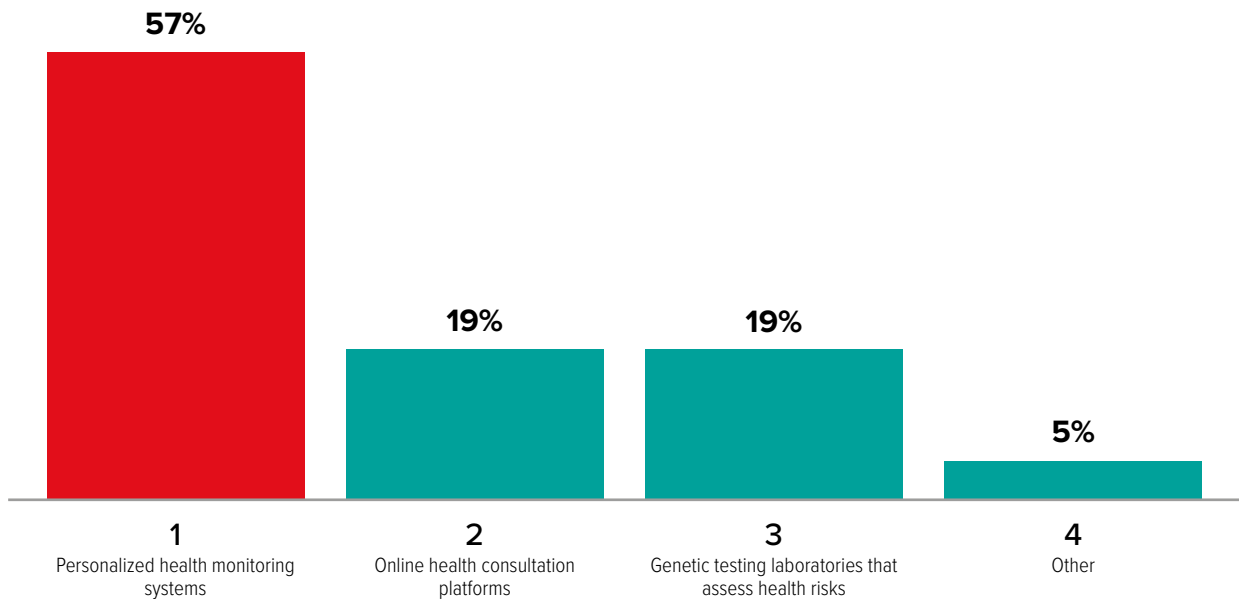


PERSONALIZED HEALTH MONITORING SYSTEMS ARE EXPECTED TO BE AT THE FOREFRONT IN THE NEAR FUTURE

When participants were asked how the preventive health industry and health insurance are likely to evolve in the near future, 57% predicted that personalized health monitoring systems would become the leading area of development. Online health consultation platforms, with 19%, and genetic testing laboratories that assess health risks, also with 19%, emerged as the other prominent areas. The remaining 5% believed that other areas of development would have a greater impact.

16. How are the preventive health industry and health insurance likely to evolve in the near future?

1. Personalized health monitoring systems
2. Online health consultation platforms
3. Genetic testing laboratories that assess health risks
4. Other



REIMBURSEMENT PROCESSES FOR PERSONALIZED HEALTH MONITORING SYSTEMS AND ONLINE HEALTH CONSULTATION SERVICES

It was stated that the reimbursement processes for services provided through personalized health monitoring systems and online health consultation platforms constitute a multi-stakeholder process involving not only the Social Security Institution (SGK), but also the Ministry of Health and the Ministry of Treasury and Finance.

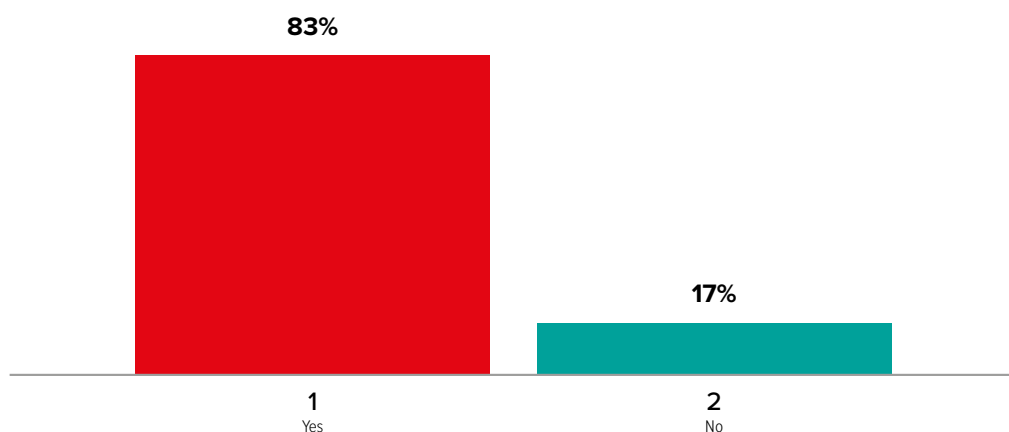


HIGH LEVEL OF SATISFACTION WITH TÜSAP MEETINGS

The vast majority of participants stated that they considered the meeting successful. While 83% reported that the meeting was successful, 17% expressed different views. Furthermore, when evaluating the overall value of TÜSAP meetings, an overwhelming 98% of participants stated that they found these meetings beneficial, with only 2% indicating otherwise.

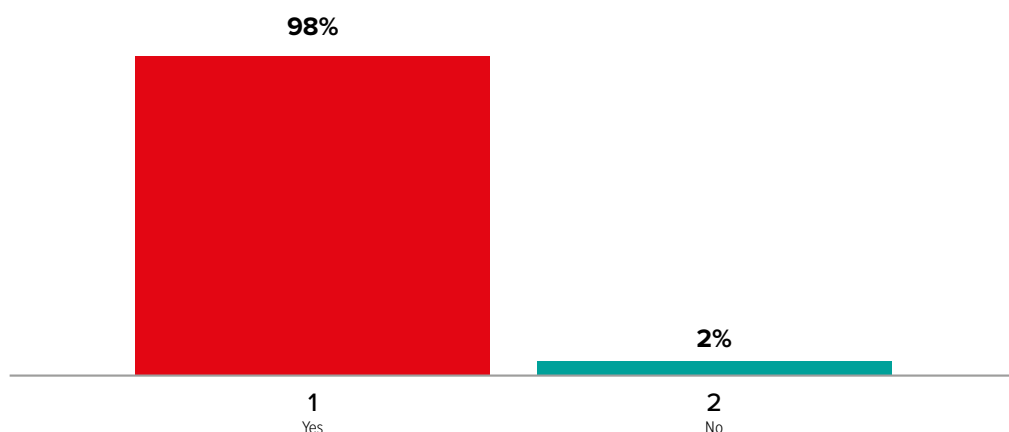
Did you find this meeting successful?

1. Yes
2. No



Do you find TÜSAP meetings beneficial?

1. Yes
2. No



SUPPORT
PARTNERS



Bayer





CLOSING REMARKS

Assoc. Prof. Dr. Dr. Şuayip BİRİNCİ
Deputy Minister of Health

PREVENTIVE HEALTH IS THE RESPONSIBILITY OF EVERYONE AND OF ALL INSTITUTIONS

"No matter what we do, we still face challenges in convincing the sector while building preventive health as an industry. In fact, we have discussed this many times before. However, one thing is certain: this is neither an issue that the insurance sector nor any other stakeholder can solve alone. Curative health insurance concerns the individual; its impact is limited and it covers only a relatively small number of people. Even when public services are included, the focus remains on individuals who are already ill. Preventive health, however, is the responsibility of everyone and of all institutions.

Every factor that threatens health must become part of this process. This can only be achieved through a holistic approach. I believe that all of us, as participants, should continue to contribute to this field and take responsibility beyond these meetings.

Of course, we are not developing public policy directly here; however, our intellectual preparation and our way of thinking are shaped in this environment. As physicians, we all know that many things people believe do not affect them actually do. What we are experiencing here is, in a sense, a process of fermentation; we are becoming 'infected' in a positive way. We are spreading good ideas to one another, and those ideas lead to positive outcomes. For example, while discussing policy, there are times when Professor Sebahattin and I simultaneously say, 'This is how the sector would view this issue.' Those moments of intellectual alignment stem from the knowledge and perspectives we have gained here.

I would like to thank you all in advance for the value you have brought to us. I sincerely hope that we, in turn, can transform your contributions into public policies through our work within the public administration. That is what is truly valuable. We also hope that you will continue to support us after this process and keep us informed of future developments. We will remain deeply grateful for your continued contributions."

Thank you for your valuable contributions and participation.





TÜSAP EXECUTIVE BOARD

Prof. Dr. Kemal MEMİŞOĞLU, Minister of Health of the Republic of Türkiye

Assoc. Prof. Dr. Şuayıp BİRİNCİ, Deputy Minister of the Ministry of Health of the Republic of Türkiye

Prof. Dr. Sabahattin AYDIN, Former Deputy Minister of the Ministry of Health of the Republic of Türkiye (Chair)

Op. Dr. Reşat BAHAT, President of OHSAD

Prof. Dr. Haluk ÖZSARI, Secretary General of the Association of University Hospitals

Assoc. Prof. Dr. Abdullah Emre GÜNER, Istanbul Provincial Health Director

T. Ufuk EREN, CEO of Volitan Global

Feyzullah AKBEN, Chairman of the Board of Satur

Savaş MALKOÇ, Secretary General of İEİS

PARTICIPANT PROFILE

At the 42nd TÜSAP Vision Meeting, held under the theme "The Role of Insurance in Advancing the Preventive Health Industry," thought leaders representing the healthcare sector were asked a series of questions related to the meeting agenda. The event was organized as a panel featuring two speakers representing the public and private sectors. More than 80 senior executives representing the public sector, NGOs, the private sector, and universities participated, and the survey results prepared from their responses were subsequently interpreted by the participants themselves.

Among the participants, 19% represented non-governmental organizations (NGOs), 31% were public sector executives, 22% were private sector executives, and 28% represented universities specializing in the field of healthcare.

TÜSAP Vision Meetings are held every year under 4 main headings: "Health Technologies," "Healthcare Service Delivery," "Pharmaceuticals and Pharmacy," and "Health Financing." Following these meetings, the meeting reports are generally evaluated through the TÜSAP Health Summit, and future projections in health are determined. The meetings are held only with the participation of invitees, and invitations are sent to relevant persons before the meeting. Corporate information about the TÜSAP Vision Meetings and the TÜSAP Summit, which are planned to be held simultaneously 4 times a year, can be accessed at www.tusap.org.

ABOUT TÜSAP

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

Founded by the leading opinion leaders of the sector who came together with this idea, the TÜSAP Health Platform aims to hold vision discussions based on the current state of the sector and to produce qualified information that will affect the future of the sector.

Ensuring sustainability in healthcare service delivery, the value-based health system, increasing quality, the transition of the domestic medical and pharmaceutical industry to high value-added production, the steadily developing healthcare service delivery in our country, public health practices, and health financing are listed as important agenda items of the events that TÜSAP will regularly organize.

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

The work carried out in these meetings, which are held four times a year, is re-evaluated with broader participation at the special event titled “Health Platform Summit” held at the end of each year, and is presented directly to representatives of the sector and other relevant institutions.

For more detailed information and participation in events, you can visit www.tusap.org.

HEALTH SECTOR LEADERS
OF TURKEY COME TOGETHER
FOR SUSTAINABLE HEALTH

VISION MEETINGS

2024 EVENTS



HEALTH PLATFORM SUMMIT

CONTACT

Executive Committee Secretariat

Satur®

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

ISBN: 978-605-4123-80-3