



THE NEW BURDENS BROUGHT BY OUR AGING POPULATION TO THE HEALTH SYSTEM

HEALTH SERVICE
DELIVERY REPORT
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HEALTH PLATFORM

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HEALTH SERVICE DELIVERY

10 APRIL 2026, FRIDAY

PLACE

Istanbul Beykent University



FOREWORD

Prof. Dr. Sabahattin AYDIN
TÜSAP Executive Board Chair

THE PROGRESSIVE AGING OF THE POPULATION IS AN ISSUE THAT REQUIRES URGENT MEASURES

We determined the main title of today's vision meeting as "The New Burdens Brought by Our Aging Population to the Health System." However, when we look at the issue from a broader perspective, we see that the aging of the population and our efforts as healthcare professionals to solve these problems are, in a sense, limited to efforts aimed at eliminating symptoms or carrying out rehabilitation work that has now reached the third stage. The essential and vital questions we must ask here are the following: How can we stop this trend? Where were we late? While boasting for years about our "young population," why were we unable to make use of the unique "window of opportunity" before us? There are sectors other than health that must answer these questions and take measures.

Throughout the history of our Republic, we discussed antinatalist population policies. In fact, ten or fifteen years ago, when our President mentioned three children at weddings, a certain segment preferred to perceive this issue as a personal wish rather than a strategic necessity. At least the general public had difficulty accepting how dramatically the situation was approaching us. Because we were constantly under the pressure of policies that imposed on us the idea that the population should decrease and that there should not be many children.

Our President had an expression that had almost become a tongue twister: "One is lonely, two are rivals, three bring balance and abundance. For the rest, Allah is generous." He has not been saying this recently. Because at the point we have reached, the dramatic decline in the fertility rate and the rapid aging of the population are no longer a matter of debate, but an issue on which we have reached consensus and for which we are urgently seeking measures. In short, these statements, which years

ago were seen as a “fantasy” or a “wish,” have today become Türkiye’s harshest social reality. We have come to realize this.

The words expressed by Peter Costello, Australia’s Federal Treasurer, during budget negotiations in 2004 — “Three children are necessary. You will have one for yourself, one for your spouse, and one for your state.” — are proof that the picture we face today was foreseen from those days. We heard these warnings at the time, but we were late in perceiving them.

While taking pride in extending life expectancy at birth, we have actually realized that new generations are not being raised.

At the point we have reached today, we can produce solutions for the health and rehabilitation problems of the elderly population, establish care insurance systems, and discuss home care and palliative care policies. However, we must accept that these efforts will only eliminate one part of the issue. I would like to underline that there is a need to implement much more comprehensive and system-based reforms that can return Türkiye to the demographic window of opportunity. Therefore, what we will be discussing here is a narrow part of the issue.

Our keynote speaker today is Assoc. Prof. Dr. Erdoğan Öz, Acting General Director of Public Health from the Ministry of Health. Our Ministry of Health is making some rapid arrangements regarding the issue. Since we have found such a distinguished group gathered here, we requested that these arrangements be briefly explained. More precisely, our Ministry also conveyed its intention and wish to us. Therefore, Uzm. Dr. Sacit Türüdü, Deputy General Director of Health Services, will inform us about these arrangements. Afterwards, as is customary in our vision meetings, we will proceed to the workshop under the moderation of Hüseyin Çelik.

On this occasion, I would like to thank and extend my respects to Prof. Dr. Volkan Öngel, Rector of Beykent University, and its esteemed administrators for hosting us, to our supporting stakeholders as in every meeting, and very specially to you, the participants.





PRESENTATION

Prof. Dr. Volkan ÖNGEL

Rector of Istanbul Beykent University

WE CLEARLY SEE THAT OUR COUNTRY IS ON THE THRESHOLD OF DEMOGRAPHIC CHANGE AND TRANSFORMATION

Esteemed board members and distinguished leaders of the health sector. First of all, I would like to begin my remarks by stating that we are greatly honored to host you at Istanbul Beykent University on the occasion of this 46th vision meeting, organized in the 10th year of the TUSAP Health Platform. Today, we have come together here to discuss a vital issue: the new burdens that our aging population will bring to the health system.

As our Minister also mentioned, our country is now in a position where it is seriously struggling to preserve its dynamic population structure. We now clearly know and see through data that our country is on the threshold of demographic change and transformation. This situation shows us a reality in health service delivery that necessitates not only an increase in capacity, but also a change in model, bringing with it new service requirements. Therefore, as TUSAP, it is truly an honor to host a platform that, since its establishment in 2016, has contributed solutions and strong intellectual input to the problems in the sector through common wisdom, with 45 meetings held and 45 reports published to date. We are speaking of a platform that has brought many strategic issues to the table so far, such as sustainability, value-based health, and domestic production. But today, the point we have reached, as our Minister frequently emphasizes, is one that can be resolved through innovative approaches and strong cooperation with the motto of health that protects, develops, and produces. I believe that with the contributions of all policymakers, academics, and sector representatives among us today, we will find ways to provide higher-quality and more sustainable services to our aging population. I would like to express my thanks and respects to each of you individually for your participation. I wish the meeting to be productive.





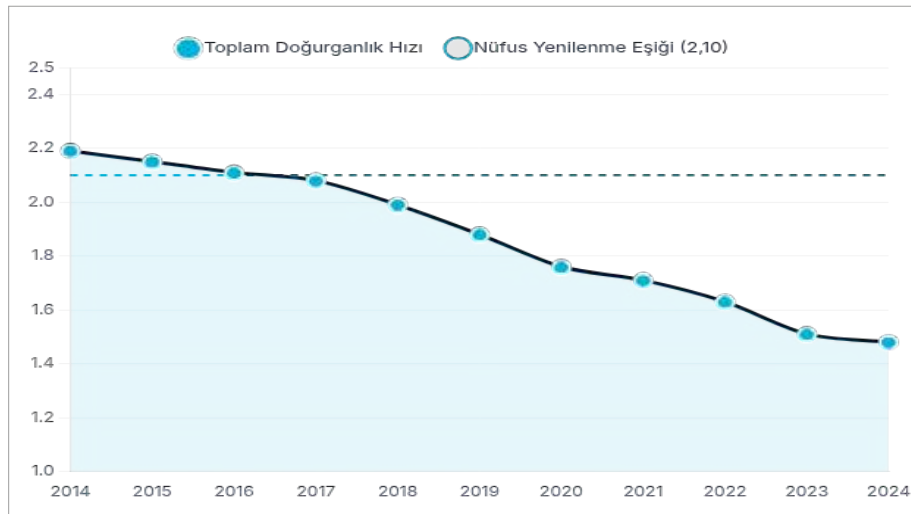
KEYNOTE SPEAKER

Assoc. Prof. Dr. Erdoğan Öz

Acting General Director of Public Health, Ministry of Health

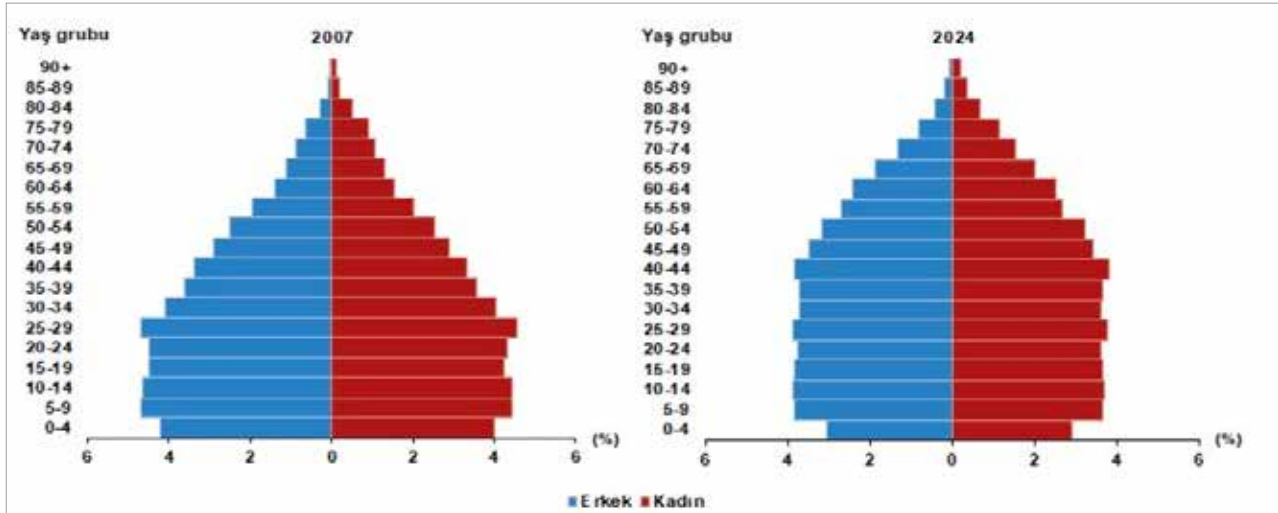
IN 2080, ONE OUT OF EVERY THREE PEOPLE LIVING IN OUR COUNTRY WILL BE 65 YEARS OF AGE OR OLDER

When we look at the total fertility rate in Türkiye, there is a sharp decline. Since Türkiye's total fertility rate is below 2.10, the population has fallen below the replacement rate. For this reason, it is projected that the fertility rate, which is currently 1.48, will decline further.



This situation shows that a troubled process has begun. The child and young population is gradually decreasing. The proportion of the elderly population has increased by 20% in the last five years, reaching 11.1% in 2025. We are now a country with an “elderly population”; Türkiye has become a country classified among “very old countries.” It is seen that the proportion of the elderly population will continue to increase with this momentum. If we look at the population pyramid, when the years 2007 and 2024 are compared, it is clearly seen that Türkiye has moved from being a country with a dense young population to a country where the elderly population is increasing.

Türkiye Population Pyramid, 2007-2024



Life Expectancy Will Be 78

It is estimated that the rapidly increasing proportion of the elderly population will exceed the population ratio of the 0-14 age group before 2040. In 2080, it is projected that one out of every three people living in our country will be 65 years of age or older. Life expectancy in Türkiye is seen as an average of 75 years for men, 80 years for women, and 78 years in the overall average of both sexes. For the same period, healthy life expectancy at birth was recorded as 57.6 years. According to current data, a person who reaches the age of 65 is expected to live an average of 18 more years.

Although our population ratios show similarities with the United States of America, their healthy life expectancy is 63 years. This situation shows how critical it is for us to increase healthy life expectancy along with the increase in the elderly population.

Türkiye is in fact a country capable of achieving major transformations in a very short period of time. Indeed, while the prevalence of chronic disease risk factors by age groups was 42% in 2017, this rate has today declined to around 32%. For the 45-69 age group, although there has been a decrease from 65% to 61%, it is still possible to say that this rate remains high. The most critical finding here is that three out of every five people in the 45-69 age range have risk factors for at least three chronic diseases.

Chronic Diseases and Risk Factors

There are modifiable and non-modifiable risk factors in health. Tobacco and tobacco product use, obesity, insufficient physical activity, unhealthy nutrition, high cholesterol, alcohol use, hypertension,



and diabetes can be listed among modifiable factors, while age, sex, and race are non-modifiable risk factors. The multimorbidity rate over the age of 65 is at the level of 54.7%; in other words, more than one chronic disease is expected to be seen in one out of every two people in this age group.

While the share of chronic diseases in deaths in Türkiye is 72%, this rate is around 63% worldwide. In light of these data, it can be said that Türkiye is a country that can act quite successfully in acute situations such as the COVID-19 pandemic and earthquakes, but that it still has a way to go in the management of chronic diseases. Indeed, 80% of premature deaths due to chronic disease are caused respectively by cardiovascular diseases, cancer, chronic respiratory diseases, and diabetes.

Impact on the Health System and Economic Cost

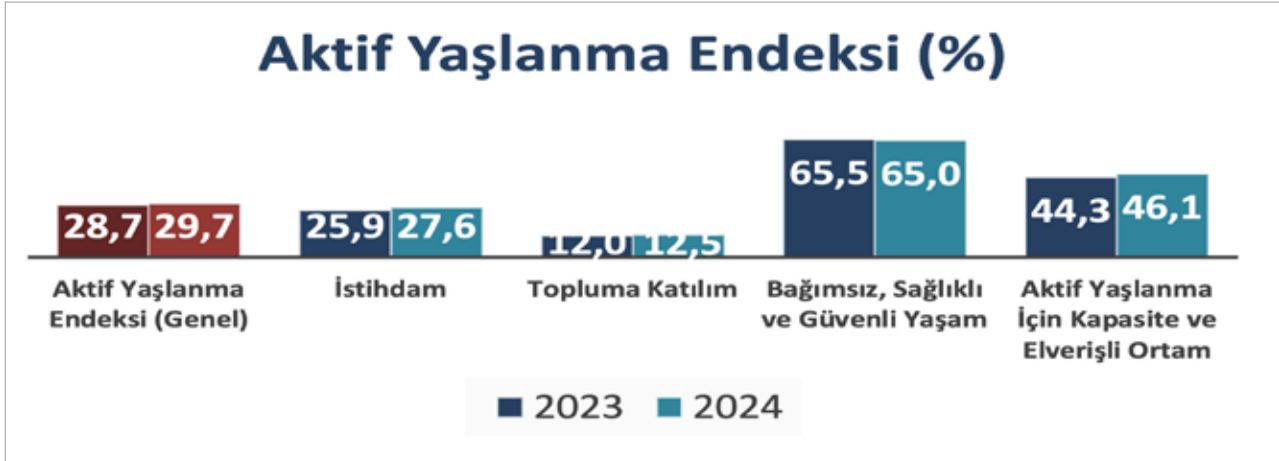
When the impact of age on health expenditures is examined, multimorbidity increasing with age also causes costs to rise. Each chronic disease added to the picture with advancing age leads to the use of an average of 8 more boxes of medicine per year. Each additional chronic condition increases the number of medicines, adverse drug reactions, and medical expenditures by approximately twofold. In addition, each additional chronic condition increases the need for physicians by 51%; multimorbidity increases annual health costs by between 80% and 300%. While an average of 9.3% of gross domestic product is allocated to health in OECD countries, this rate in Türkiye has risen from 4.6% to 5.3%.

The ratio of public health expenditures to Gross Domestic Product (GDP) is expected to increase by an average of another 1.5 points by 2045. The main reasons for this increase are developments in health technologies, the increase in society's expectations of services, and the rapidly aging population. Per capita health expenditures and annual real growth in GDP also support this process.

In summary, our country has entered the class of “very old” countries whose population is rapidly aging. Three out of every five people aged 65 and over have three or more risk factors. The main cause of disability and premature deaths in our country is chronic diseases. With advancing age, the prevalence of chronic diseases and multimorbidity increases; four out of every five people aged 65 and over live with at least one chronic disease. This situation leads to an exponential increase in health expenditures.

Active Aging and Future Strategies

At this point, the concept of the “Active Aging Index” (AAI) gains importance. Developed to determine how effectively and productively older individuals spend the aging process, the AAI is calculated according to four main components and twenty-two indicators. Individuals are scored between 0 and 100 based on the criteria of participation in employment, participation in social life, capacity for independent/healthy/safe living, and enabling environment. Higher values in the index indicate that individuals experience a higher-quality aging process. When we look at Türkiye's active aging index data, although a change is observed in 2023 and 2024, it is seen that these values are still below the European Union average of 36.8.



Reflections of the Aging Population on the Health System

When the reflections of the aging population on the health system are examined, it is seen that the clinical burden turns into a service delivery burden, which ultimately turns into a system burden. The main components of this process can be classified as follows:

1. Clinical Burden

- Increase in chronic diseases and multimorbidity,
- Increase in polypharmacy and the need for medication management,
- Increases in the risk of dementia, depression, loneliness, social isolation, and falls are the main elements of the clinical burden.

2. Service Delivery Burden

These increases in the clinical burden lead to the following consequences in service delivery:

- More frequent use of health services,
- Longer hospital stays and more complex care processes,
- Increased need for home healthcare, long-term care, and rehabilitation services.

3. System Burden

The pressure on the system is felt primarily in terms of human resources and financial sustainability:

- Increase in the need for health personnel,
- Increase in the need for care capacity,
- Increasing financial pressure and the resulting economic burden.

As a result, due to these fundamental parameters, risk factors need to be addressed in a determined manner. Otherwise, it is anticipated that serious difficulties may be experienced in meeting the need for specialized health services such as palliative care in the coming period.



Health in All Policies Approach

The necessity of active and healthy life design and combating risk factors is clearly seen. The 20% increase in the elderly population over the last five years brings with it a serious chronic disease burden and care need. The key to success in this process is the adoption of the “health in all policies” approach.

When the main determinants of health are examined, it is seen that the impact of health services on individual health is more limited than assumed. The distribution of the factors determining health is as follows:

- **Socioeconomic Factors (40%):** Education level, employment status, family support, and income level.
- **Individual Health Behaviors (30%):** Tobacco and alcohol use, dietary habits, physical activity, and sexual health.
- **Health Services (20%):** Access to treatment services and service quality.
- **Physical Environment (10%):** Housing quality, air pollution, and environmental factors.

The relationship between education level and life expectancy is striking. It is projected that individuals with an education level below secondary education live an average of 5 years less than higher education graduates. This situation reveals the direct impact of education on employment opportunities, lifestyle, and health literacy.

Social Prescribing Comes to the Fore

In this context, the “social prescribing” approach comes to the fore. Social prescribing is the referral of individuals by healthcare professionals to non-clinical, community-based services to support their well-being. For example, instead of applying only drug treatment to an elderly individual showing symptoms of depression caused by loneliness, recommending participation in activities or community gatherings where they can socialize is a much more effective approach. Encouraging elderly individuals to participate in the workforce, even for short periods, will both increase the individual’s self-confidence and prevent loneliness, and also provide a partial contribution to the system.

Social prescriptions organized within Healthy Life Centers (HLCs) include preventive activities such as dietitian consultations, nature walks, and use of sports facilities. Our main priority is the understanding of “preventive health,” which aims to prevent diseases before they occur. As our Minister has also stated, the main duty of our institution is to ensure that people do not become ill; in other words, to be not a “ministry of disease,” but truly a “Ministry of Health.”

Geriatric Approach Strategy

Early identification and prevention of risk factors during the development stage of diseases is of critical importance. Encouraging lifestyle changes and early diagnosis-treatment approaches significantly reduce complications. In the advanced stages of the disease, the individual’s quality of life is improved through palliative care services. In this context, the geriatric approach has gained strategic importance today, and these services are provided at the highest level in our geriatric outpatient clinics. Our areas of development in this process are as follows:



1. Geriatrics

- Increasing service capacity,
- Increasing the number of centers,
- Increasing the number and qualifications of relevant personnel,
- Completing guidance and referral processes for lifestyle change.

2. Home Care - Home Healthcare

- Increasing access to services with an innovative perspective, including remote health, the use of health technologies, etc.
- Increasing service capacity.

3. Palliative Care

- Standardizing and improving the service quality of centers,
- Strengthening coordinated service delivery with a holistic perspective.

4. Long-Term Care

- Strengthening coordinated service delivery with a holistic perspective,
- Increasing the number of centers.

Priority Five Service Areas

With an innovative perspective, it is of great importance that home healthcare services are provided on-site and supported by remote access technologies. Strengthening coordinated service delivery with a holistic approach and bringing the person together with healthcare services on-site, that is, in their own living environment, is our main objective. In particular, the following five service areas should be developed as priorities:



1. Care of individuals with intellectual disabilities,
2. Combating neglect and abuse,
3. Combating social isolation,
4. Combating loneliness and depression,
5. Elderly employee health services.

“Long and Healthy Life for Everyone” Vision

In our healthy aging policies, the vision of “long and healthy life for everyone” has been adopted. The fundamental stage in achieving this vision is to fulfill the requirements of active and healthy aging. Within the scope of service integration, strategic action plans aimed at developing specialized health services for elderly health in coordination with social care and support services are being resolutely continued.

In order to increase elderly individuals’ access to digital services, strategic activities are proposed to make maximum use of information technologies. Today, Türkiye has a digital health system that sets an example for the world. This system, which has been developed for more than twenty years within our Ministry of Health with the support of our Minister Şuayıp Birinci and our officials who served in previous periods, attracts the attention of the whole world. It is projected that our existing infrastructure will be carried to a much more advanced level by being integrated with digitalization and remote access opportunities.

The main measures included within the scope of the 12th Development Plan can be summarized as follows:

- Increasing the capacity and quality of protective, preventive, and therapeutic health services for active aging and elderly health,
- Establishing an elderly care model that brings together health and social services through inter-institutional coordination,
- Facilitating elderly individuals’ access to health services by increasing the number of geriatric and palliative care centers,
- Developing health technologies for elderly individuals, and with this digitalization and integration, further increasing the health technologies that elderly individuals will use,
- Developing tele-care and tele-health applications and equipment and integrating them into the system.

In line with the Ministry of Health Strategic Plan, it is critical that Healthy Aging Centers, home healthcare, and palliative care services are carried out in cooperation with social care and support areas. The infrastructure of these services must be strengthened, service standards must be developed, and ease of access must be prioritized. In particular, providing the service directly in the individual’s home and on-site through remote video consultation technologies is one of the most important building blocks of the future health vision.

The main objectives of the Türkiye Healthy Aging Action Plan and Implementation Program can be listed as follows:

- Determining and implementing healthy aging strategies,
- Taking protective and preventive measures,
- Ensuring that elderly individuals have easy and free access to health services, and providing early diagnosis and treatment of diseases,
- Increasing the quality of life of elderly individuals through the medical service to be provided.

“Health Literacy” Awareness

This action plan shows that the Ministry of Health has a comprehensive roadmap centered on elderly welfare. The priority activities in the implementation program emphasize the importance of preventing diseases before they occur with an awareness of “health literacy”:

- Developing exercise, physical activity, and rehabilitation services,
- Strengthening home healthcare services,
- Making plans on issues such as neuropsychiatric diseases, disability, abuse, and violence,
- Carrying out diagnosis, treatment, and monitoring services for elderly individuals and supporting educational activities.

Healthy Life Centers and Family Health Centers

Today, Healthy Life Centers (SHM) and Family Health Centers provide services to our citizens through 345 centers across 17 different areas. These centers employ psychologists, social workers, child development specialists, dietitians, and physiotherapists. SHMs provide services not only to older adults but also to children and young people. Psychosocial support, smoking cessation clinics, nutritional counseling, and healthy life academies are among these services. In addition, cancer screenings are carried out through KETEM units; and, through pregnancy schools, processes are conducted to encourage normal delivery and to provide postnatal follow-up.

According to 2025 statistics, the scope of services provided in SHMs is as follows:

- **893 thousand** people received nutritional counseling,
- **552 thousand** people received physical activity counseling,
- **278 thousand** people received psychological counseling,
- **173 thousand** citizens received smoking cessation services,
- **106 thousand** citizens received social service support.

A significant proportion of the 1,500 smoking cessation clinics across the country operate within SHMs. The free medication support used in smoking cessation treatment will be increased from one category to three categories, and nicotine patches will continue to be provided free of charge to the public through our outpatient clinics.

Integration Between Levels of Care and the Referral Chain in the Health System

Family health centers constitute the primary care level and cornerstone of our health system. Today, general health services, chronic disease management, and elderly care processes have been brought

Disease Management Platform

The Disease Management Platform (HYP), the most important follow-up component in family medicine, is a web-based software developed by our Ministry to ensure that screening and monitoring activities for chronic diseases can be managed on time, effectively, and in accordance with standards. The main features of this platform are as follows:

Standardization: It ensures that screenings, follow-ups, and examinations carried out by family physicians are standardized from a single center within the framework of scientific guidelines prepared by relevant academics.

Comprehensive Assessment: The follow-up of chronic diseases that cause the highest levels of disability and premature death in our country, as well as multidimensional elderly assessment, is carried out through this platform.

Expanding Screening Modules: In addition to hypertension, obesity, diabetes, and cardiovascular risk assessment, follow-ups for coronary artery disease, chronic kidney disease, stroke, asthma, and COPD have also been included in the system.

Advantages of Early Diagnosis and Quality Life

Thanks to the HYP application, the following gains are achieved in the health system:

- Being able to follow individuals who come to family health centers starting from a very early period,
- Being able to carry out follow-ups after childhood as well,
- Establishing early diagnosis through the system,
- Reducing the burden on the system,
- Strengthening individuals' health structure,
- Maintaining a quality life.

2025 Screening and Monitoring Statistics

The impact created by the system in the field is clearly seen when looking at 2025 data:

More than 32 million people: Screened for obesity, diabetes, hypertension, and cardiovascular risk.

13.9 million people: Taken under active monitoring, and more than 37 million follow-ups were carried out during this process.

Autism Screening: Autism has also been added to the screening protocols.

It is projected that with the further strengthening of the platform's infrastructure in the upcoming period, these figures and the variety of diseases followed will increase.

Elderly Health Monitoring Protocols and Intelligent Follow-up System

The health status of individuals aged 65 and over is subjected to a comprehensive assessment process in family medicine units. This process is built on a monitoring calendar customized according to the individual's current condition.



Regular Monitoring: As a result of the initial assessment, individuals whose all parameters are within normal ranges are monitored once a year within the scope of preventive health services.

Close Follow-up: Individuals for whom any negative finding is detected in any parameter during the assessment are monitored every six months.

Dynamic Decision Mechanism: The systemic infrastructure automatically determines the individual's follow-up frequency according to the number and severity of the detected negative findings, and directly reflects this information on the family physician's working screen.

Multidimensional Elderly Assessment

With the new Family Medicine Unit software developed by the Ministry of Health and planned to be put into service at full capacity within approximately one year, a standard follow-up system will be established across Türkiye. Thanks to this digital transformation:

- The family physician and family health worker will be able to see through the system, at the start of working hours, which chronic condition of which patient they will follow, which tests need to be performed, and when the patient should be called.
- Citizens who do not attend their appointments will be reached by phone or, when necessary, through home visits, thereby maintaining the continuity of healthcare services.
- The family medicine system monitors service quality by being conducted through both positive and negative performance criteria depending on the effectiveness of these screenings and follow-ups.

Results and Objectives

This standardization aims to protect the health structure of the elderly population, reduce the unnecessary burden on the system, and extend quality life expectancy by making follow-ups personalized, data-based, and time-oriented.

2025 Field Data and Achievements in Preventive Health Services

Türkiye's digitalization and field practices in primary healthcare services continue to produce concrete and measurable outputs as of 2025. Through monitoring and screening programs, the health map of society is being revealed more clearly.

In 2025, more than 4 million elderly follow-ups were carried out. As a result of these screenings, important risk factors directly affecting the quality of life of the elderly population were identified:

Risk of Sarcopenia, Muscle Loss: Identified in 705 thousand people.

Nutritional Status: Many geriatric syndromes, particularly the risk of malnutrition, were detected.

Rational Use of Medicines

As of November 2024, the Rational Use of Medicines Practice was launched in family medicine, based on the appropriateness of the medicine for the indication, its dose, duration, and cost-effectiveness. Gastric protectors, PPIs, analgesic anti-inflammatory medicines, and antibiotics are closely monitored. Physicians' prescribing habits are compared both with their own past data and with other provinces. Physicians who keep unnecessary medicine use below certain levels are supported with incentive payments. Thus, the aim is both to achieve savings in public finances and to ensure effectiveness by minimizing the risks of side effects and resistance of medicines on the body.

National Cancer Screening Program

Early diagnosis, the most critical stage in the fight against cancer, has gained a large-scale operational structure in primary care.

- More than 15 million citizens were reached, and 7.7 million people underwent free screening.
- As a result of screenings, 276 thousand risky findings were detected, and 28 thousand people were diagnosed with cancer and their treatment processes were initiated.
- Reminder SMS messages were sent to 39 million people, increasing awareness of screening.

Cancer screening programs are carried out completely free of charge within the framework of age ranges and periods specifically determined for the target population. The data reached and implementation principles within this scope are as follows:

Breast Cancer Screening

All women between the ages of 40 and 69 are invited to the free screening program every two years. As a result of these efforts, 2.20 million women were reached.

Cervical Cancer Screening

This program, covering individuals in the 30-65 age group, includes check-ups performed every five years. Across society, 1.75 million people were reached and the opportunity for early diagnosis was provided.

Colorectal Cancer Screening

This screening program, implemented for citizens between the ages of 50 and 70, is repeated every two years. In this field, healthcare services were delivered to 3.75 million people.



KEYNOTE SPEAKER

Specialist Dr. Sacit TÜRÜDÜ
Deputy General Director of Health Services

THE HOME HEALTHCARE SYSTEM IS THE MAIN ARCHITECTURE OF THE HEALTH SYSTEM OF THE FUTURE

The extension of life expectancy in our country, with an average of 78.1 years for women and men, is an indicator of the success achieved by our health system. However, this achievement also brings with it the spread of chronic diseases such as hypertension and diabetes along with the increase in the elderly population.

In the current situation, this picture leads to an increase in hospital bed occupancy rates, longer lengths of stay, and intense pressure on the system due to repeated admissions.

Transition from the Acute Model to Chronic Disease Management

This picture also leads us to question the sustainability of the structure of our health system, which has been designed predominantly as hospital-centered. The existing system was established more according to the acute disease model, but the need now is chronic disease management. The fundamental need of the elderly population is long-term chronic disease management rather than acute intervention. At this point, our main strategy should be not to bring the patient to the hospital, but to manage the disease where the patient lives, that is, in their own living environment.

In the projection study conducted, according to TÜİK, the population is expected to exceed 93 million in 2050. The population over the age of 65, which is approximately 9.5 million in 2025 and constitutes 11.1%, is projected to increase rapidly in 2040 and 2050 and reach 21.6 million. Although, with our

current rate of 11.1%, we are below the OECD average of 18.6%, our pace of aging shows that this gap will close rapidly.

Number of Applications and the Burden on the System

The annual number of applications made to hospitals in our country is considerably above international averages. While the annual average number of hospital applications per person in OECD countries is 6.7, this figure has reached 12.8 in Türkiye. This situation leaves the health system under a heavy workload. For elderly patients in need of chronic care, it has become a necessity to focus on home-oriented solutions rather than hospital-oriented solutions. At the center of this solution is the development of home healthcare services. There are currently approximately 1 million 730 thousand patients registered in the system, and 4.5 million visits were carried out in the past year. It is projected that the number of patients in need of home healthcare services will reach 10 million in 2050.

Home-Based Solution Model in Health Services

In today's health system, especially in the context of elderly and chronic patient management, the greatest obstacle encountered is the vicious cycle in which hospitals are at the center. In order to break this picture, carrying the service to the patient's living environment instead of building "more hospital buildings" is a strategic necessity. This cycle consists of:

- Emergency applications,
- Long hospital stays and infection risk,
- Functional declines caused by immobility,
- Early readmissions, four hospitalizations in one year.

With the home care model in the health system, clinical, operational, and economic advantages will be achieved. A more efficient picture will emerge through limited emergency applications, preservation of the patient's independence, stabilization at home and on-site treatments, and early detection of complications. Why do we say home healthcare service or home-based healthcare service? Because:

- Clinically, it reduces hospital infections.
- Functional losses decrease.
- Quality of life improves.
- Bed costs decrease.
- Unnecessary hospitalizations decrease and hospitals are relieved.
- Existing health personnel can also be used more efficiently.

Home-Based Health Services

Solving these problems by building more hospitals is both more costly and a method with low sustainability; therefore, our main objective is to deliver every possible stage of diagnosis and treatment to the patient's home.

In home-based health services, home healthcare and home care services, remote monitoring, telehealth, family medicine, and community-based care are grouped together. These services constitute a model that makes it possible for the patient to receive holistic care in their own environment. This system has benefits in terms of financing and also enables the person to feel better. In addition, caregivers are relieved of difficulties such as taking the patient to and from the hospital, and the patient does not become separated from society or from their own environment.

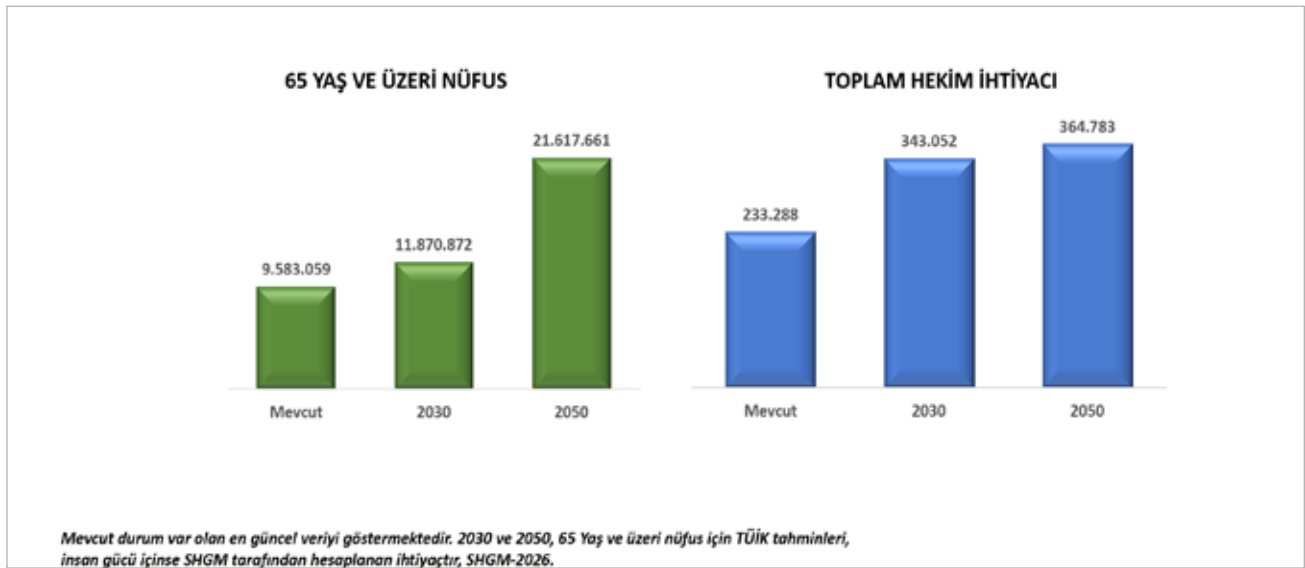


Multidisciplinary Approach in Home Healthcare Services

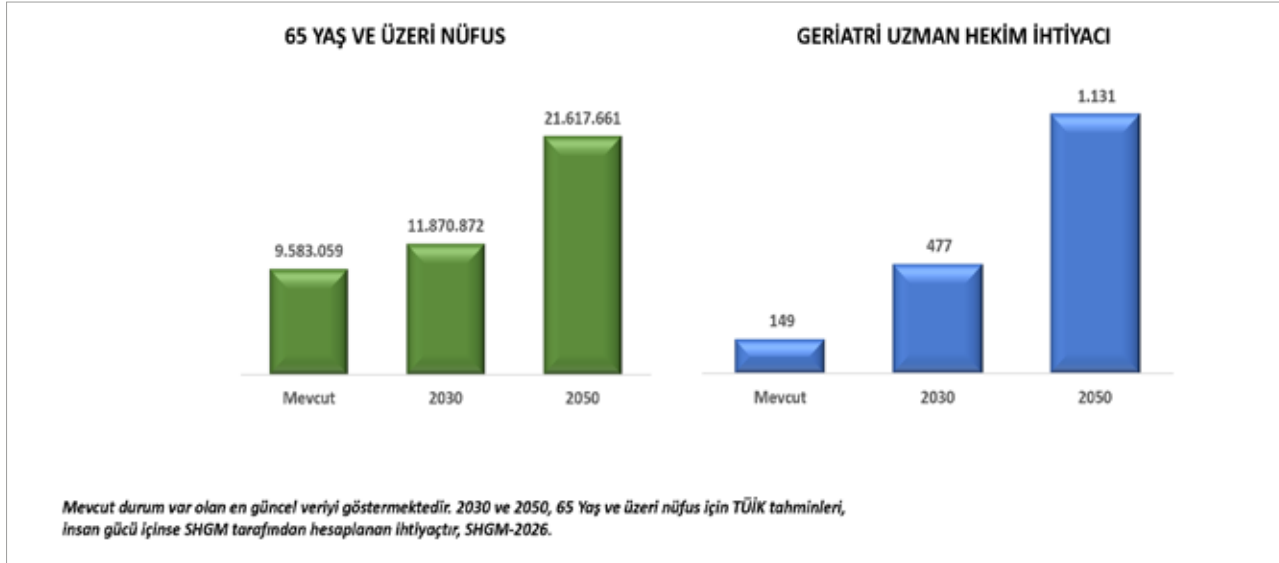
One of the most valuable technological instruments we have in the process of managing health services from home is remote health services. Through the legislative work carried out by our Ministry, we plan to fully integrate our family physicians into home healthcare services as well. This digital and on-site service transformation not only increases accessibility, but also offers a significant economic advantage. OECD data show that managing treatments at home instead of through inpatient treatment provides a cost saving of approximately 20% to 30%. Currently, our country has a little over 233 thousand specialist teams and nearly 1.5 million total health personnel. In home healthcare services, home care nurses, elderly care technicians, physiotherapists, occupational therapists, social workers, family physicians, and home healthcare physicians take part.

Physician Need Projection

Our elderly population is expected to reach 21 million in 2050. This increase means that demand for geriatric care and chronic disease management in particular will grow exponentially. In line with the increasing elderly population and changing health needs, it is projected that our current number of physicians will need to reach 364 thousand in 2050.



The table shows, as an example, the need for geriatric specialist training. There are currently 149 geriatric specialists. It is estimated that this need will rise to 1,131 in 2050.



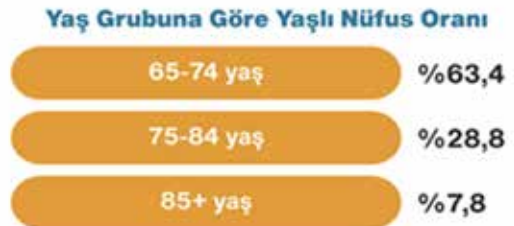
Sustainable Health System and Social Structure

Our fundamental vision for the future of our health system is to provide the right service in the right place, that is, in the living environment where the patient is located. The only way to sustain this success economically and operationally will be possible by shifting the center of gravity of health services from hospitals to homes.

Demographic Structure and the Reality of Elderly Individuals Living Alone

Household statistics in Türkiye demonstrate with striking data why this transformation should particularly focus on “on-site care.” In our country, at least one elderly individual lives in 25.3% of households. This shows that approximately 6 million households directly need elderly health services. Approximately 1 million 750 thousand of these households with at least one elderly individual consist of elderly people living alone. Three out of every four patients living alone are women, and one is a man.

As a result, the home healthcare system is not an alternative offered to hospitals or an addition to social services; on the contrary, this model is the main architecture of the health system of the future. Population aging is not a crisis, but a result of our achievements in health service delivery. Making this achievement sustainable is possible by shifting the center of care from the hospital to the home.







MODERATOR

Hüseyin ÇELİK

Retired Deputy Undersecretary of the Ministry of Health

METHODOLOGY

In this study conducted within the scope of the 46th TÜSAP Vision Meeting, questions aimed at taking the pulse of the agenda were asked under the title **“The New Burdens Brought by Our Aging Population to the Health System.”** The data were collected through a digital survey form from more than 70 senior participants consisting of public administrators, university hospital administrators, private sector executives, NGO executives, and sector stakeholders. While multiple-choice question types were included in the survey structure, some questions also allowed participants to select more than one option. Unlike other meetings, participants were given the opportunity to convey their original views through free text.

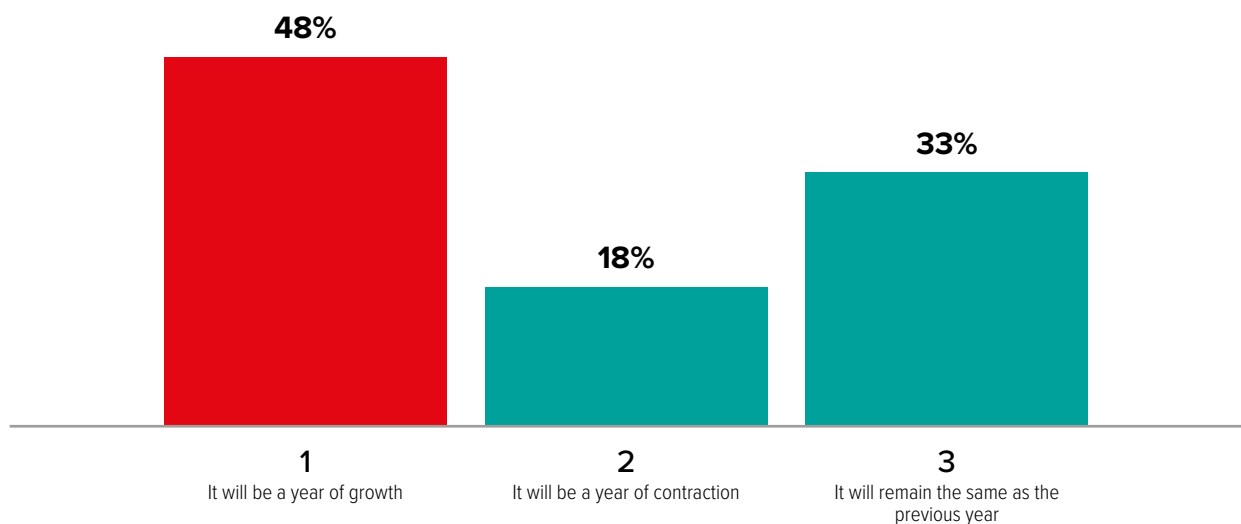


GROWTH IS EXPECTED IN THE HEALTH SECTOR IN 2026

The first question of the survey aimed to measure sectoral expectations. In this question addressed to participants, the opportunity to select one or two options was provided. When the results were examined, it was seen that a majority of 48% expected growth. While 33% thought that it would remain the same as the previous year, the rate of those expecting contraction remained at 18%.

1. What is your forecast for the health sector in Türkiye for 2026?

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

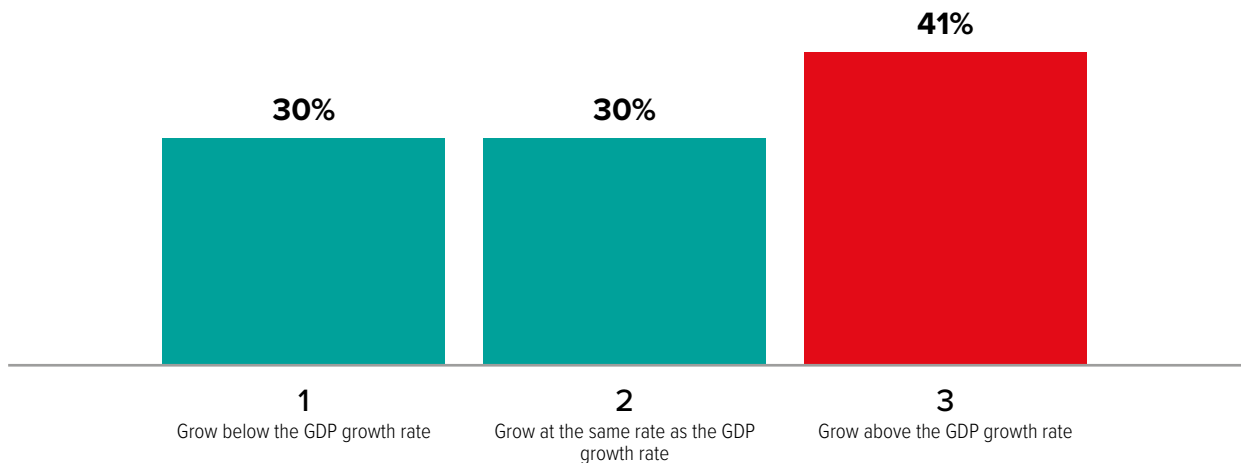


HEALTH INVESTMENTS WILL PROGRESS ABOVE THE GDP GROWTH RATE

With the second question, participants' expectations regarding health investment forecasts in Türkiye over the next five years were analyzed. In this question addressed to participants, the opportunity to select one or two options was provided. According to the findings obtained, 41% of the participants foresee that health investments will progress above the GDP growth rate. Those who think that investments will grow in parallel with the GDP growth rate and those who think that they will grow below this rate appear equal, each with a rate of 30%.

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

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



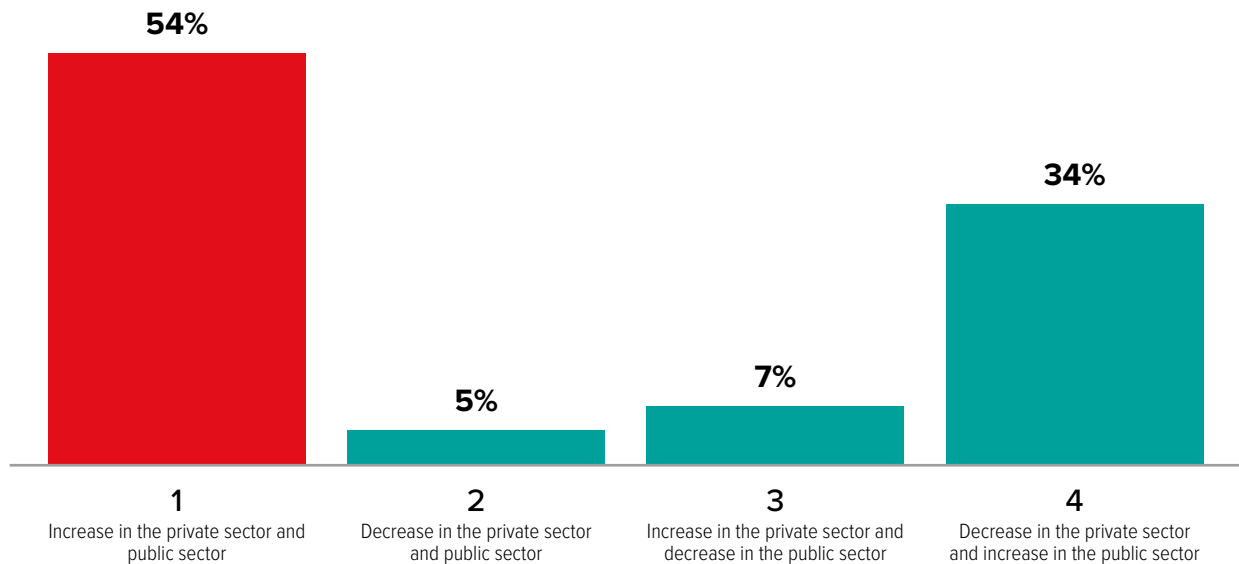


INVESTMENTS WILL INCREASE SIMULTANEOUSLY IN THE PUBLIC AND PRIVATE SECTORS

The course of health investments in the public and private sectors over the next 5 years was examined. 54% of the participants foresee that investments will increase simultaneously in both the private and public sectors. 34% of the participants expect a decrease in the private sector and an increase in the public sector. While the rate of those who think that investments will decrease in both sectors remained at 5%, the rate of those who foresee an increase in the private sector and a decrease in the public sector remained at 7%.

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

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

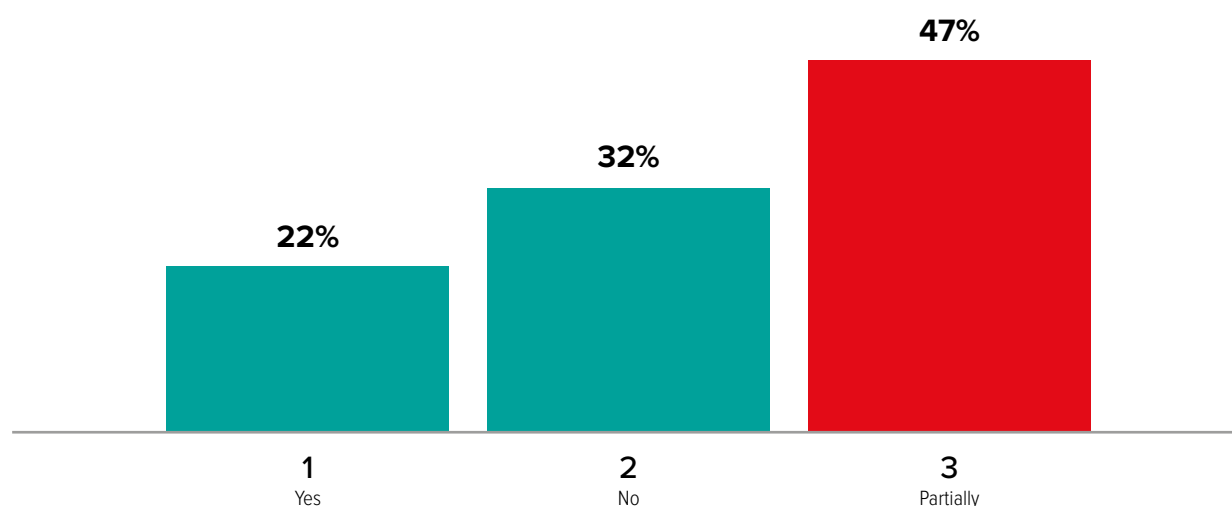


A PROACTIVE APPROACH IN THE MANAGEMENT OF ELDERLY HEALTH SERVICES

In the fourth question of the study, a response was sought as to whether current policies are being carried out with a “proactive” approach. The highest participation was concentrated in the “Partially” option, with 47%. The 32% share of those who answered “No” is higher than the rate of those who said “Yes.”

4. Are necessary and sufficient policies and practices being carried out with a proactive approach in the management of elderly health services in our country?

1. Yes
2. No
3. Partially



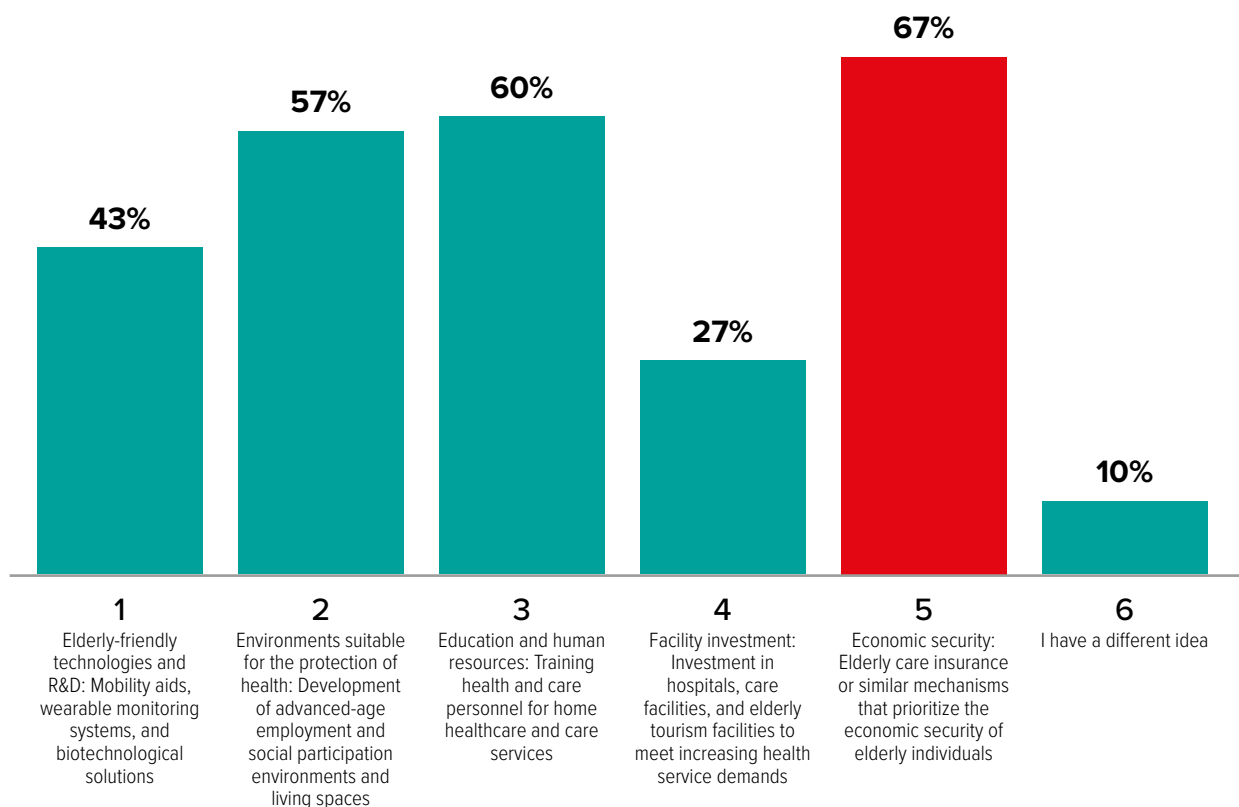


ECONOMIC SECURITY SHOULD BE PRIORITIZED

In the fifth question of the survey, it was asked which areas should be prioritized in order to meet the health needs of the aging population. Participants were given the opportunity to select up to three options. 67% of the participants focused on the “Economic Security” option. The 60% segment ranking second drew attention to “Education and Human Resources.” The option receiving the lowest score was facility investment. Participants with different ideas remained at a rate of 10%.

5. In our country, which areas should be focused on first in order to meet the health needs of the increasingly aging population?

1. Elderly-friendly technologies and R&D: Mobility aids, wearable monitoring systems, and biotechnological solutions
2. Environments suitable for the protection of health: Development of advanced-age employment and social participation environments and living spaces
3. Education and human resources: Training health and care personnel for home healthcare and care services
4. Facility investment: Investment in hospitals, care facilities, and elderly tourism facilities to meet increasing health service demands
5. Economic security: Elderly care insurance or similar mechanisms that prioritize the economic security of elderly individuals
6. I have a different idea

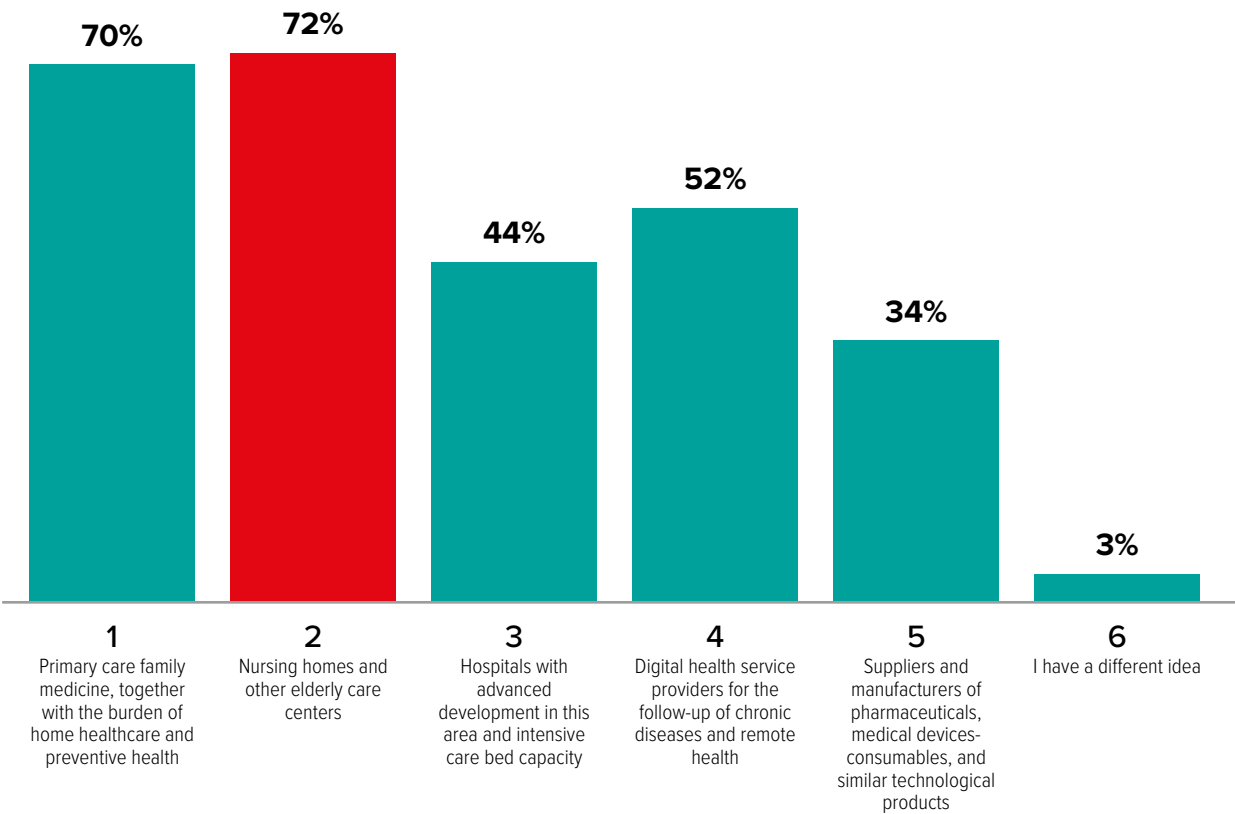


THE BURDEN WILL INCREASE MOST ON CARE CENTERS AND FAMILY MEDICINE CENTERS

In the sixth question of the survey, it was asked in which component of the health system the burden brought by the aging population would be felt more intensely. Participants were given the opportunity to select up to three options. The great majority of participants foresee that the burden will be concentrated most on Nursing Homes and Care Centers (72%) and Primary Care Family Medicine (70%). 52% of participants stated that the burden on digital health service providers for the follow-up of chronic diseases will increase.

6. With the aging population, which healthcare service provider will experience a greater increase in burden?

- 1. Primary care family medicine, together with the burden of home healthcare and preventive health
- 2. Nursing homes and other elderly care centers
- 3. Hospitals with advanced development in this area and intensive care bed capacity
- 4. Digital health service providers for the follow-up of chronic diseases and remote health
- 5. Suppliers and manufacturers of pharmaceuticals, medical devices-consumables, and similar technological products
- 6. I have a different idea





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

WE WILL BE THE ONES TO FACE THE FIRST NEGATIVE EFFECTS OF THE SITUATION

What surprised me was the answers to the fifth and sixth questions. In the fifth question, the need for nursing homes and elderly care centers had fallen to the lower ranks. But in the sixth question, there is an assessment that the burden on nursing homes and other elderly care centers will increase. We have made the initial investment insufficiently, because while the OECD average is 41 elderly care beds per thousand people, in Türkiye this number remains limited to 9.3. This points to a capacity that is less than even one-fourth of the average.

Here, in fact, we are talking entirely about our own future. No one feels like an elderly individual in need of help, but the inevitable picture awaits us. In other words, we will be the ones to face the first negative effects. Because the age difference between us and our parents is relatively smaller. At present, our fathers, who have experienced their economic freedom, are taking care of our grandfathers. But we will not be like that. Because there is an age difference of more than 35 years between us and our children. The times when we become elderly and dependent on another person will coincide with periods when our children are newly trying to gain their economic freedom and are dealing with their own child, nursery, and success in working life. For this reason, I think we need to focus more on this issue beyond all sectoral priorities.

No View, Invention, or Technology Without an Economy Can Survive

While it was stated that elderly care is the area for which we are least prepared, it was expressed that elderly care centers cannot be sustained without hospital support. It was stated that serious resources should be allocated by the state for a service worthy of the dignity of older adults, located within the city and surrounded by green areas; and that cash incentives, low-interest loans, and land allocation should also be provided.

It was underlined that this situation should be embraced by the private sector; and it was stated that due to the weight of the service, this burden cannot be carried by the public sector. It was emphasized that foundations receiving donations or the incentivized private sector could overcome this task. While it was recalled that elderly care is an area without an economy, it was reiterated that no view, invention, or technology without an economy can survive.

Personnel Shortage Is the Most Urgent Problem

Attention was drawn to the fact that aging is not only Türkiye's problem, but a common problem of the entire world. It was stated that the country is aging rapidly, but that this process is being experienced in a relatively unhealthy manner.

It was underlined that home healthcare services have been launched, but elderly care insurance and the number of geriatric specialists are still insufficient. It was stated that another issue that needs to be worked on is the data infrastructure, and that this structure should be made more adequate.

Referring to the shortage of trained human resources, especially geriatric nursing, it was emphasized that the personnel gap is the most urgent problem. Recalling the issue of economic security, a warning was made that sustainability cannot be ensured without establishing a solid insurance model. It was stated that the burden of family medicine will increase significantly, and it was emphasized that chronic disease management will be concentrated in primary care.

Coordination and Specialization in Home Care Services

It was stated that prioritizing home care in elderly care is a more economical approach. Emphasizing the lack of awareness in society on this issue, it was noted that citizens do not know which authorities to apply to. If home care is to be developed, the need for a disciplined, multi-centered system in which many public institutions act jointly was highlighted.





It was shared that municipalities provide services in this area, that solidarity continues through the culture of neighborhood relations, and that civil society organizations also play an active role in elderly care. It was noted that elderly individuals with good economic status do not have problems receiving services; however, attention was drawn to the existence of elderly individuals who experience economic difficulties because they do not have the opportunity to work.

It was stated that various ministries have work related to elderly care, but that these efforts are disconnected from one another, and the need for institutional coordination was emphasized. It was pointed out that in home care planning, not only physicians and nurses, but also professionals such as physiotherapists, occupational therapists, and nutrition specialists should be made part of the system, and that private healthcare service providers should be included in the process.

Private Insurance System Will Also Be Supportive

When the private and complementary health insurance rates of a private hospital were shared, it was stated that, within three months, only 1.4% of total applications over the age of 55 had private or complementary health insurance. It was emphasized that an assessment should be made in this respect and state incentives should be provided; and that, in addition to social security, the inclusion of a private insurance system in the process would be highly supportive.

Elderly Care Insurance Is on the State's Agenda

While it was stated that elderly care insurance had been submitted to the 12th Development Plan, it was explained that the outcomes regarding the process were being awaited. It was noted that Western countries have significant experience regarding the aging population, that these experiences are continuously developed, and that they are restructured according to current needs. It was shared that in countries such as Switzerland and Sweden, where average life expectancy approaches 100 years, methods different from classical nursing home and care home models are applied.

It was stated that the categorization of elderly individuals according to their age and health status is carried out with sensitivity. It was explained that the elderly individual is first enabled to transition from their own home to a new residence that has a shared living area but offers a private room and nursing support. After a certain decline is observed in the individual's mental and physical activities, it was stated that a second spatial change is made to a place where more support can be received. It was said that during this process, meetings, concerts, and joint activities that will keep the elderly individual within society continue. It was explained that the person evaluates the options through which they can complete their life together with a social counselor; that in return, social security or sufficient salary income must be available; and that in cases where income is insufficient, this need is met by the state.

It was suggested that prioritizing home care services could reduce costs. Recalling society's tradition of taking care of elders, it was stated that projects that will support this characteristic should be carried out.



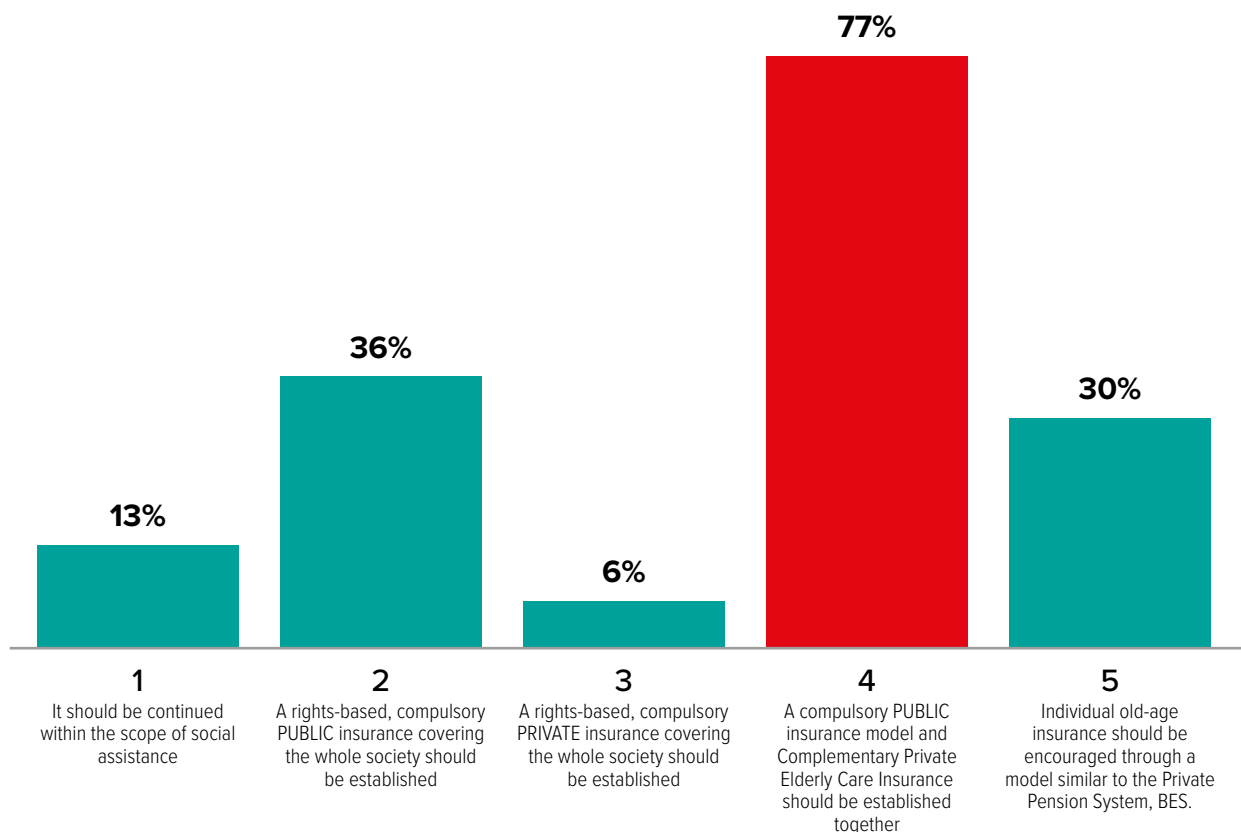


INCLUSIVE INSURANCE SOLUTIONS CAME TO THE FORE

In the seventh question of the survey, participants were asked to make a financing assessment. It shows that the great majority of participants support inclusive solutions. A large majority of 77% support designing “Compulsory Public Insurance” and “Complementary Private Elderly Care Insurance” together. The rate of those supporting only public insurance, 36%, is considerably higher compared to those supporting only private insurance, 6%.

7. How should the increasing health service financing burden of the aging population in Türkiye be met?

1. It should be continued within the scope of social assistance
2. A rights-based, compulsory PUBLIC insurance covering the whole society should be established
3. A rights-based, compulsory PRIVATE insurance covering the whole society should be established
4. A compulsory PUBLIC insurance model and Complementary Private Elderly Care Insurance should be established together
5. Individual old-age insurance should be encouraged through a model similar to the Private Pension System, BES.

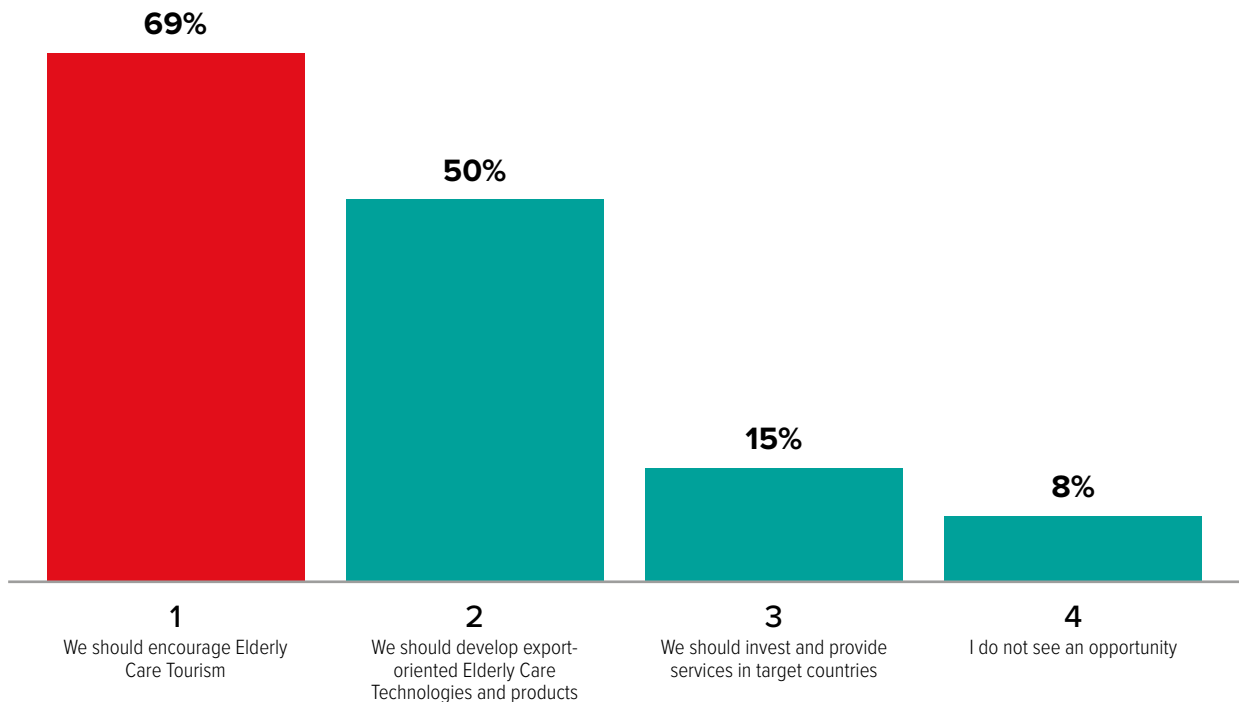


THE GREAT OPPORTUNITY IS IN ELDERLY CARE TOURISM

It reveals that a large portion of participants see elderly care tourism as a serious export and tourism potential for Türkiye. 69% of participants see the greatest opportunity in Elderly Care Tourism. With a rate of 50%, the development of export-oriented elderly care technologies and products stands out as the second most important opportunity. The rate of those saying “I do not see an opportunity” remained at a very low level of 8%.

8. How can we turn the further aging of developed countries around the world, together with our country, into an opportunity?

1. We should encourage Elderly Care Tourism
2. We should develop export-oriented Elderly Care Technologies and products
3. We should invest and provide services in target countries
4. I do not see an opportunity



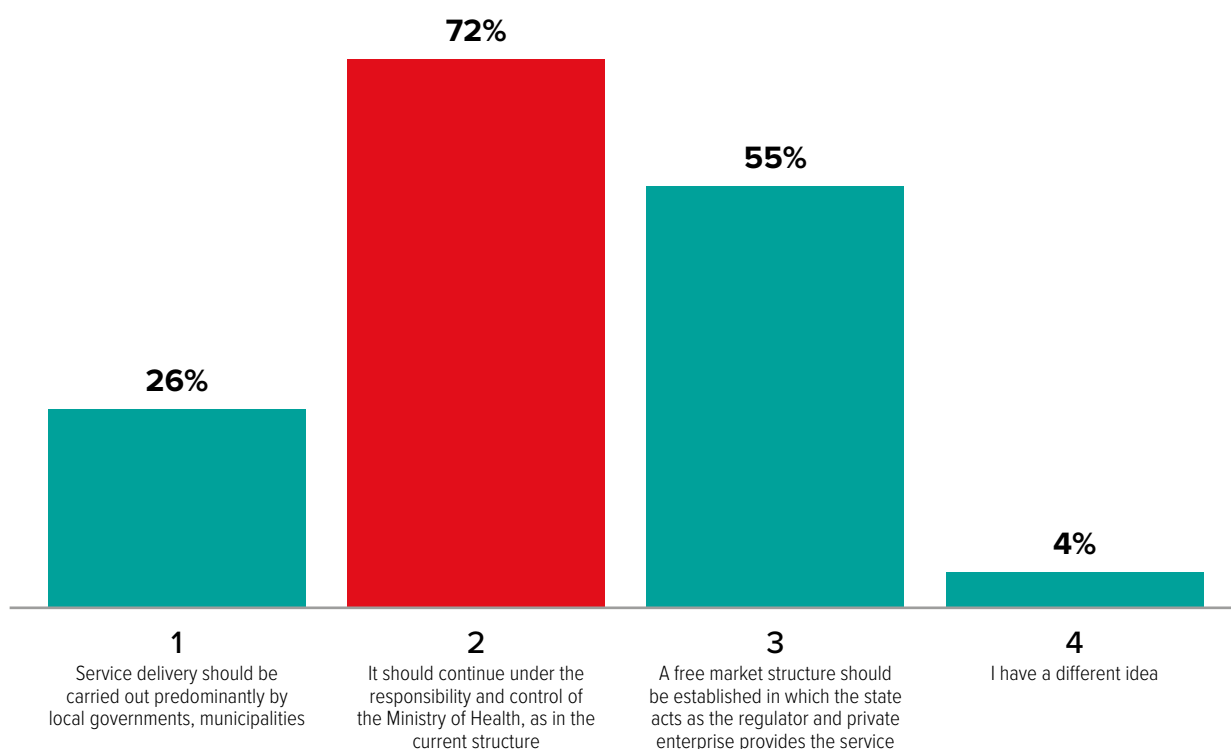


STATE OVERSIGHT IS AN INDISPENSABLE ELEMENT IN ELDERLY HEALTH MANAGEMENT

In the ninth question, the role of service providers in elderly care services was submitted for evaluation. 72% of participants stated that services should continue under the responsibility and control of the Ministry of Health. More than half of the participants, 55%, point to a structure in which the state acts as the regulator and private enterprise provides the service. The idea of carrying out the service through municipalities remained at 26%.

9. What should be the role of central government, local governments, and private enterprise in elderly health services?

1. Service delivery should be carried out predominantly by local governments, municipalities
2. It should continue under the responsibility and control of the Ministry of Health, as in the current structure
3. A free market structure should be established in which the state acts as the regulator and private enterprise provides the service
4. I have a different idea



INCENTIVES SHOULD BE PROVIDED FOR INVESTMENTS TO BE MADE BY THE PRIVATE SECTOR

It was emphasized that the regulator of every issue involving health must necessarily be the Ministry of Health. While municipalities were stated to be a very important resource for this work, it was proposed that public resources should be allocated for this purpose and incentives should be provided to municipalities.

It was recalled that everywhere in the world, at least 10% of individuals in society, and 20% in societies with higher levels of welfare, do not need resources to be provided by the state. It was stated that regardless of whether the work is carried out by a foundation, private institution, or municipality, if it is not financed by the public sector, it must generate profit. If the service is not to be financed by the public sector, it was emphasized that it would be beneficial at least to seriously incentivize the investments that the private sector will make in this area for a certain period. In this way, it was suggested that the burden created by at least 10% of society in Türkiye could be removed from the public sector.

HOME HEALTHCARE SERVICES SHOULD BE STRENGTHENED WITH A HUMANE APPROACH

The question “Can we, as Türkiye, turn elderly care tourism into an opportunity?” was answered by stating that this process could be commercialized based on our country’s strong culture that focuses on solidarity with the elderly. It was emphasized that elderly people coming from abroad could be enabled to receive high-quality care services in the final stages of their lives, and that this model could be transformed into a strategic service area that would bring high added value to the country.

It was explained that municipalities should play an active role in elderly care, as this duty is assigned to municipalities under local government legislation. It was stated that because this responsibility could not be fully fulfilled, the Ministry of Health became involved in the process, but that this intervention could meet only part of the need. It was expressed that home healthcare teams meet the medical needs of the elderly, but remain insufficient in meeting daily living needs.

For example, it was stated that the medicines of individuals with mobility limitations are regulated or, when necessary, their catheters are changed, but their basic hygiene needs cannot be fully met. For this reason, it was underlined that home care should not be seen only as “healthcare,” and that the dimension of a “humane approach” must also be added to the process.

THERE ARE DIFFERENT BUSINESS OPPORTUNITIES IN ELDERLY CARE

It was recalled that healthcare services are provided, but meals cannot be delivered to individuals’ homes. Attention was drawn to the fact that a business model in which diet menus appropriate for diseases are delivered to homes stands before us as an important area of opportunity. In addition to these, it was emphasized that municipalities should be a supportive part of the system in home-based elderly care.



YOUNG PEOPLE DO NOT WANT TO WORK IN ELDERLY CARE

It was stated that serious human resources problems are experienced in institutional care structures such as nursing homes and care homes, especially in centers managed by the private sector. It was shared that young people are not willing to work in the field of elderly care; and that in studies conducted, resignation rates due to not preferring the job are at the level of 4.5%.

While it was stated that geriatrics is one of the least preferred fields in the nursing branch, it was expressed that the reason for this situation is the heavy burden of elderly care and the mental and physical effects of this process on caregivers and health professionals. It was suggested that human resources planning should definitely be taken into account when forming future-oriented policies.

LONELINESS MANAGEMENT: A CRITICAL HEADING THAT SHOULD COME TO THE FORE

It was stated that Türkiye has begun to face the issue of elderly care over approximately the last ten years; however, there are countries that have been dealing with this issue for twenty to thirty years. Within this scope, Germany and Japan were described as good examples in terms of experience.

It was stated that one of the issues that should be especially emphasized in elderly health services is “loneliness management.” It was recalled that the negative impact of loneliness on health has a level of harm equivalent to smoking fifteen or sixteen cigarettes a day.

THE AIM IS TO PROVIDE A HIGHER-QUALITY LIFE WITH EXISTING RESOURCES

Within the scope of the workshop, Assoc. Prof. Dr. Erdoğan ÖZ, Acting Director General of Public Health at the Ministry of Health, was asked a question regarding innovative solution proposals that would both provide economic gains from a public health perspective and increase the quality of services offered to citizens, with an emphasis on Türkiye’s need for resources. Öz made the following evaluations in response to the question:

With the study intended to be carried out, it is aimed to identify individuals’ chronic conditions before they deepen, through early diagnosis methods, and to increase health literacy in society through Healthy Life Centers and Family Health Centers. It was stated that these objectives could be achieved even without providing an additional financial resource; and it was emphasized that diagnosing diseases in advance facilitates treatment processes and paves the way for providing a higher-quality life with the existing budget.

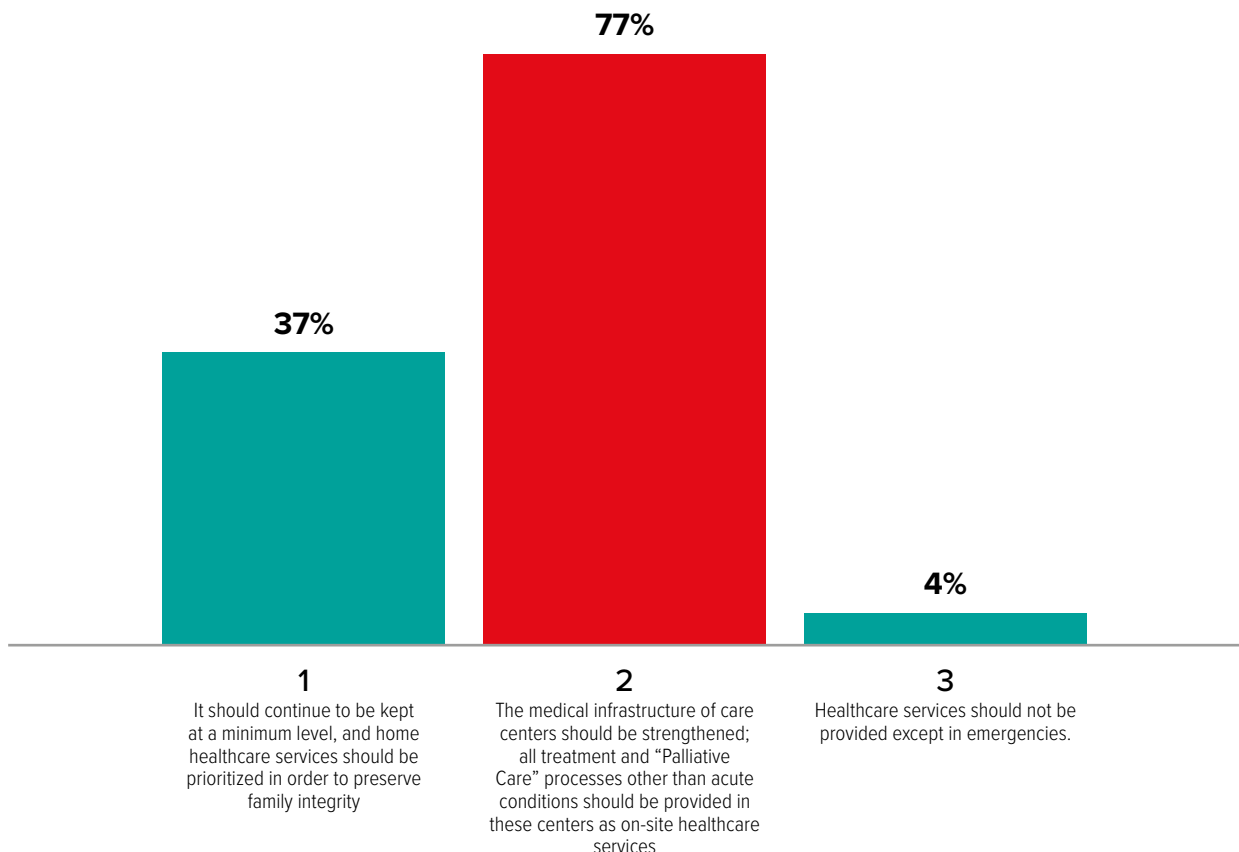
Through this strategy, it is aimed to increase citizens’ level of health, keep hospitalization rates under control, reduce treatment side effects, and prevent unnecessary medicine use. It was also reported that a much more sensitive approach is being adopted regarding which areas existing resources will be allocated to.

ON-SITE HEALTHCARE SERVICES COME TO THE FORE IN CARE CENTERS

The survey results clearly show that participants want to position elderly care centers as “on-site health practice centers.” 77% of participants support strengthening the medical infrastructure of care centers and providing all treatment processes other than acute conditions, as well as “Palliative Care” processes, in these centers as on-site healthcare services. The participant group at a rate of 37% advocates prioritizing home healthcare services in order to preserve family integrity. The rate of those saying “healthcare services should not be provided except in emergencies” remained at a very low level of 4%.

10. What should be the scope of healthcare services provided in elderly care centers and nursing homes?

1. It should continue to be kept at a minimum level, and home healthcare services should be prioritized in order to preserve family integrity
2. The medical infrastructure of care centers should be strengthened; all treatment and “Palliative Care” processes other than acute conditions should be provided in these centers as on-site healthcare services
3. Healthcare services should not be provided except in emergencies.



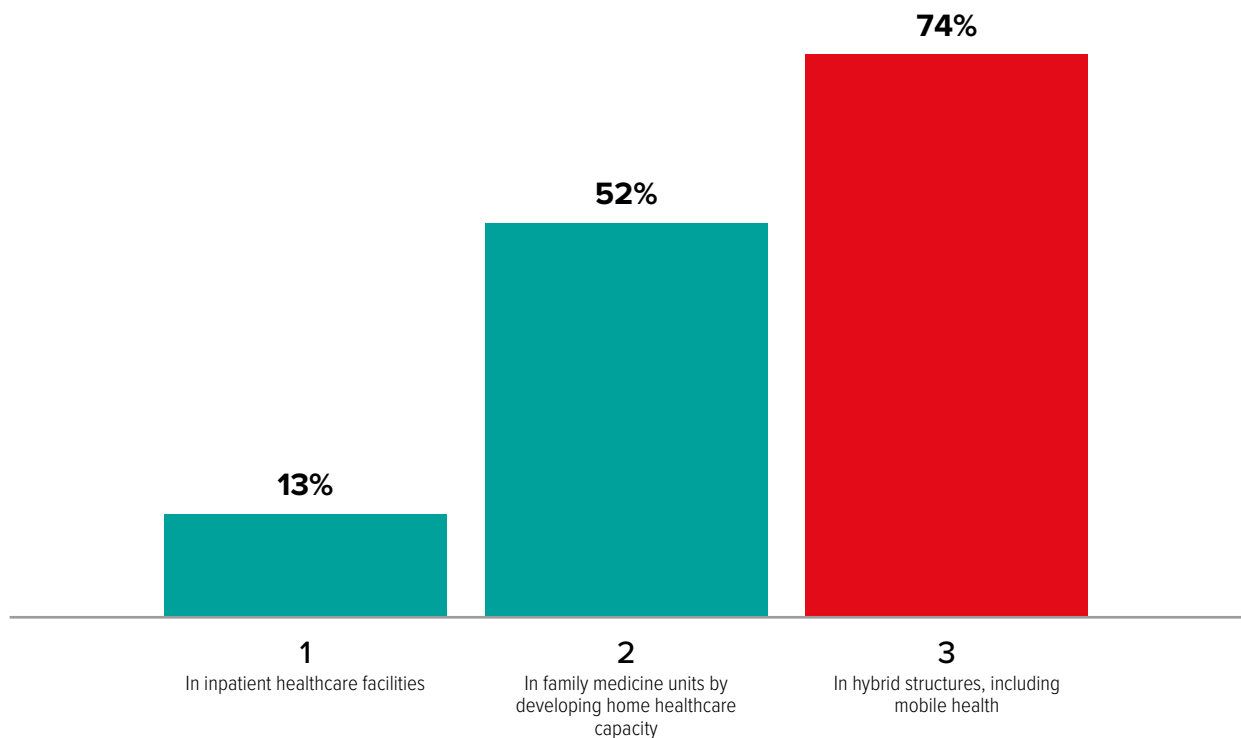


TECHNOLOGY-SUPPORTED METHODS ARE PREFERRED

The survey results show that participants prefer technology-supported methods much more. 74% of participants support providing services in hybrid structures that also include mobile health solutions. With 52% of the votes, developing family medicine units and home healthcare capacity stands out as the second strong option. The rate of those who think that the service should be provided predominantly in inpatient healthcare facilities remained at 13%.

11. In which of the following units should elderly health services predominantly be provided?

1. In inpatient healthcare facilities
2. In family medicine units by developing home healthcare capacity
3. In hybrid structures, including mobile health.

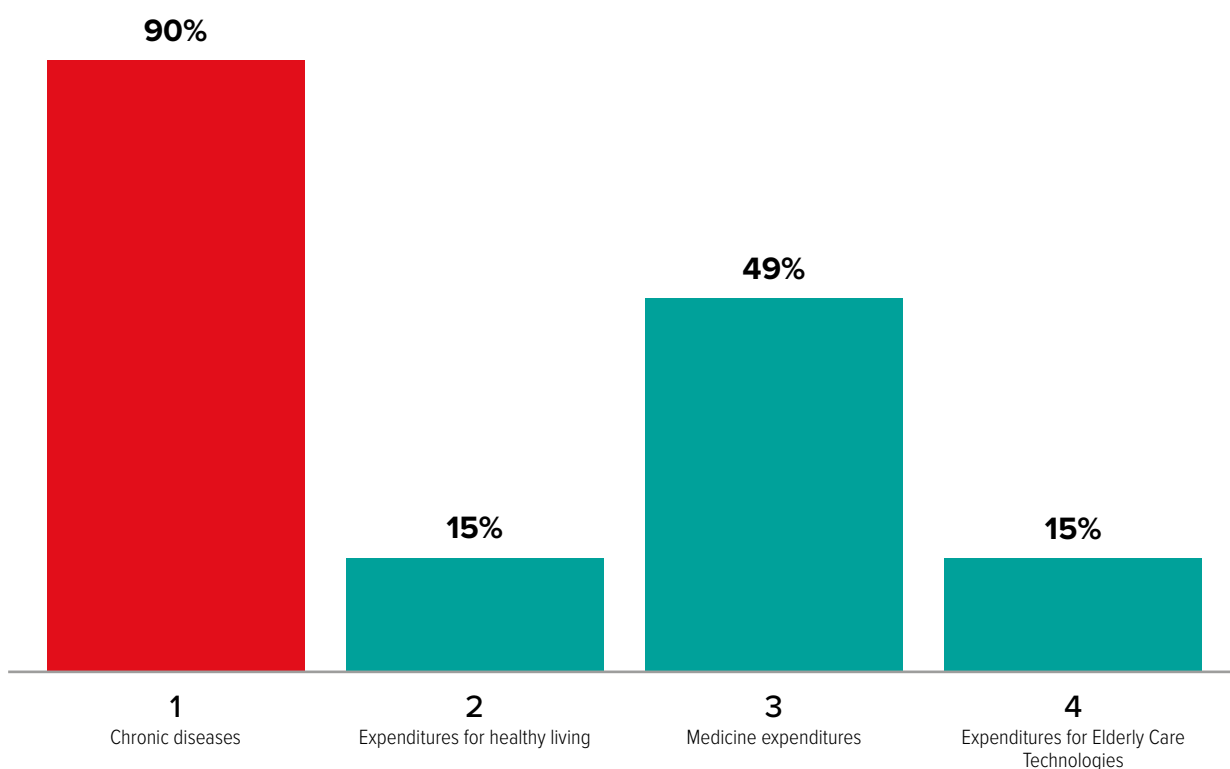


CHRONIC DISEASES: THE CENTER OF THE FINANCIAL BURDEN

In the twelfth question, 90% of participants expect expenditures to increase the most under the heading of chronic diseases. Nearly half of the participants, 49%, consider medicine expenditures to be the second important cost item. The headings of healthy living expenditures, 15%, and elderly care technologies, 15%, received the same rate of votes.

12. Under which heading do you expect health expenditures for elderly individuals to increase the most?

1. Chronic diseases
2. Expenditures for healthy living
3. Medicine expenditures
4. Expenditures for Elderly Care Technologies





CHRONIC DISEASES WILL INCREASE COSTS

It was stated that the prevalence of chronic diseases will also increase with the aging population. While it was noted that preventive health services are at the forefront in protecting health, it was emphasized that the treatment scopes of tertiary healthcare services should be expanded.

It was recalled that as age advances, increases are observed particularly in cardiovascular diseases and cancer cases, and attention was drawn to the high treatment costs of these diseases. With the spread of chronic diseases, it was projected that the cost burden on tertiary healthcare institutions will also increase.

REMOTE HEALTHCARE SERVICE MANAGEMENT INFRASTRUCTURE SHOULD BE CONSIDERED IN ALL ITS DIMENSIONS

It was stated that establishing a monitoring and evaluation mechanism that will manage the system holistically, particularly chronic diseases, is a necessity. While it was noted that the infrastructure of remote healthcare service management should be designed in all its dimensions, it was emphasized that a model supported by remote health management and integrated with wearable technologies should be implemented.

Based on TÜİK data, attention was drawn to the fact that there is a “period of life with disease” extending over approximately 25 years in our country. It was strongly emphasized that social awareness should be created and health literacy should be increased so that elderly individuals can manage this process in a qualified manner until the end of the period in which they are self-sufficient.

THE MOST DISCUSSED ISSUE IN THE WORLD IS SUSTAINABILITY

It was stated that a public-based insurance system should form the basis of the financing structure. While it was noted that local governments should be at the center of service delivery, it was proposed that an integrated policy with a public perspective and focused on local governments should be established, especially in home care and home healthcare services.

It was recalled that the most discussed issue worldwide is “sustainability,” and it was emphasized that telehealth and telemedicine applications are becoming increasingly important. Referring to a technological device developed within a private company, details were shared regarding a working model that enables the remote monitoring of patients’ basic vital parameters from the home environment through this equipment.

A UNIQUE “TURKISH MODEL” SHOULD BE ESTABLISHED

Although examples were given from models in Europe, it was emphasized that the Turkish nation has an advantageous position in terms of its culture of respect for and taking care of the elderly.

While it was stated that a greater share of the budget should be allocated to preventive health services in order to protect against diseases, the importance of using the right technology in elderly care was explained with concrete examples. As a result, it was recommended that the Ministry of Health, leaders of the medical sector, and local government officials come together to establish a unique “Turkish Model.”

ARTIFICIAL INTELLIGENCE SHOULD BE PART OF THE PROCESS

It was stated that there are many digital initiatives in our country. While it was expressed that start-ups should be supported in planning processes, the importance of including artificial intelligence, wearable technologies, and other digital solutions as stakeholders in every step to be taken was emphasized.

PARTICIPANT VIEWS ON FOLLOW-UP AND TREATMENT PROCESSES

In the thirteenth question of the workshop, unlike the practices in other meetings, an open survey method was adopted. In this section, instead of presenting participants with fixed options, they were given the opportunity to express their views through free text.

13. With increasing aging, what kinds of problems may be encountered in the follow-up and treatment of chronic diseases?

The prominent views of the participants were grouped under the following themes:

Spatial Transformation: With an emphasis on protective and health-promoting services, the necessity of green areas, hobby centers, and social interaction spaces aimed at preserving the physical and cognitive capacities of individuals especially over the age of 60 was highlighted in order to prevent the development of chronic diseases.

Inadequacies in Information Channels: It was recalled that citizens do not have a sufficient level of information about public and private sector services offered for the aging population. It was determined that the shortage of both professional and semi-professional workforce in the follow-up of processes is at a critical level.



Need for a Roadmap: The necessity of strengthening channels that will facilitate access to both the patient and the necessary treatment mechanisms was emphasized. It was assessed that integrating elderly follow-up data into digital systems will play a key role in the prevention and early diagnosis of diseases.

Sustainability of the System and Supply Chain: It was assessed that current uncertainties in the ICD-10 coding system will lead to deviations in calculating real costs. With the increasing burden on the health system, the risk of being unable to manage both access to medicines and demand for clinical treatment processes was emphasized.

Artificial Intelligence Integration: It was assessed that the failure to integrate artificial intelligence-based technologies into the system is a fundamental risk factor. Otherwise, it was stated that workforce and technical infrastructure problems would be encountered.

Accessibility to Wearable Technologies: The necessity of training competent personnel in order to increase service quality in the elderly care and health services sector was recalled. It was emphasized that wearable devices should be offered at affordable prices accessible to all segments of society. A recommendation was made to attract foreign-based elderly care funds to nursing home investments in Türkiye. The revenues to be obtained from these investments were projected as a solution for meeting the care and health needs of the population in old age.

Cognitive Risk Management: It was projected that the management of cognitive disorders will become difficult in elderly individuals living alone and lacking regular follow-up.

Comorbidity-Focused Approach: It was projected that, with the aging process, the main pressure on the health system will arise from the burden of comorbidity rather than from chronic diseases.

Strategic Priority of Preventive Services: It was projected that the exponential increase in health expenditures will cause costs to reach a level that cannot be met within the framework of current financing models. It was stated that preventive health practices should be increased in order to eliminate this risk.

Lack of Coordination Between Branches: It was recalled that the phenomenon of polypharmacy and the fragmented follow-up system are major problems. It was stated that in cases where clinical coordination between physicians cannot be ensured, treatment overlaps and side effects are inevitable.

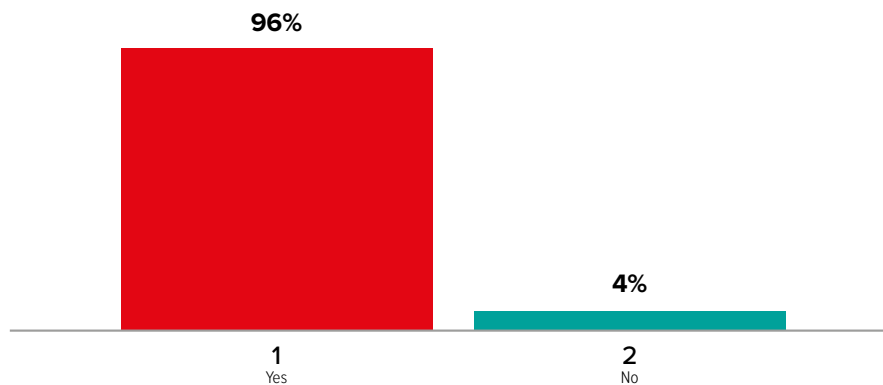
Financing Insufficiency: It was projected that the qualified human resources to meet the care and health needs of the elderly population, as well as the existing financial resources for covering this service, will remain insufficient.

SATISFACTION WITH THE MEETING IS QUITE CLEAR

In the final question of the survey, titled “Did you find the meeting successful?”, it is seen that almost all participants expressed a positive opinion. 98% of participants stated that they found the meeting successful. The rate of those who found the meeting unsuccessful remained at 4%. The total of the percentages reaches 102%. This is due to participants being able to select more than one option.

Did you find this meeting successful?

1. Yes
2. No

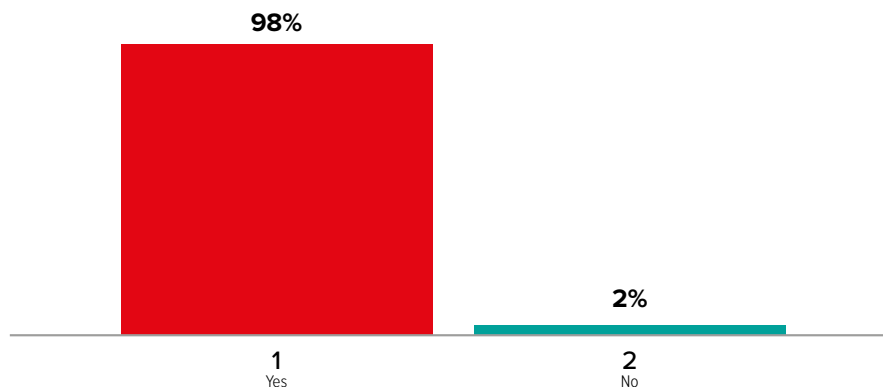


THERE IS CONSENSUS ON THE PRODUCTIVITY OF THE MEETINGS

The final data of the survey reveals the value and necessity of TÜSAP meetings for the participant audience. 98% of participants stated that they found TÜSAP meetings useful. The rate of those who did not find them useful remained at only 2%.

Do you find TÜSAP meetings useful?

1. Yes
2. No





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

TÜRKİYE'S ELDERLY CARE INFRASTRUCTURE AND FINANCIAL SUSTAINABILITY

As the Ministry of Health, we do not want to be involved in any stage of the elderly care process. Let me also explain how this issue came onto the agenda: Our intensive care occupancy rates approached the level of 30%. In intensive care units, there are actually patients who should be admitted to palliative care centers and who need long-term care.

We discussed this situation with both the Ministry of Family and Social Services and the Ministry of Treasury and Finance. We conveyed that the existing system actually leads to much higher costs for this patient group. We received feedback from the relevant ministries in order to develop an approach that will ensure that individuals requiring long-term, even inpatient care, are cared for without becoming disconnected from the health system.

In fact, the Ministry of Family and Social Services is not distant from this issue. To the Ministry of Treasury and Finance, we made the following proposal: In the current system, you allocate us a serious budget; give part of this resource directly as support to the relatives of patients who are able to care for their patients at home. Direct another part to palliative care centers or general care centers; even, if necessary, professionalize this care service by making payments to third parties. In this way, you can pave the way for a new sector in this field.

We face serious pressure from families during hospital care processes. We encounter requests such as “They have abandoned my patient to death” or “Please do not discharge our patient from here.” We also proposed that care centers be established within hospital campuses or immediately adjacent to them. When the issue of caring for individuals who are unable to meet their own needs came onto the agenda, we became involved in this process and brought the issue to the agenda of both the Ministry of Treasury and Finance and the Ministry of Family and Social Services.

As we also see in the survey results, the Ministry of Family and Social Services, the Ministry of Health, and municipalities acting together stands out as a general expectation. The main reason why we, as the Ministry of Health, are involved in this process is very clear: Today, 63% of total health expenditures in Türkiye are generated by the population over the age of 65 alone. When we examine this picture, we foresee that approximately 5 million people who will need long-term care will emerge within the next 25 years.

When we look at the example of France, we see that approximately 10 million people define themselves as “family caregivers.” Approximately 4-5 million of this group personally provide support for elderly care. Some of these people are family relatives, while some are in neither a fully voluntary nor a professional status. This situation actually shows that we have a serious employment problem ahead of us. Training these people, finding the right profiles, and bringing them together with elderly individuals in need of care requires a major preparation in itself.

In fact, one aspect of the issue is not directly related to health. However, because the elderly population applies to health services very frequently, we make this issue our own concern. Our attempt to enter this field should be evaluated only through our high sense of responsibility; otherwise, we are already struggling to make existing resources sufficient. The main reason why we are bringing this issue onto the agenda now is to reduce the burden on our intensive care units and to manage the process through palliative care centers.

While in OECD countries there are 41 elderly care beds per 1,000 people, this rate in Türkiye is only at the level of 9.3. In other words, we are facing a serious deprivation. We are forced to care for people who should be referred to care centers as if they were patients in hospitals. In the face of this intense need for care services, the inadequacy of our existing possibilities rightly concerns us.

In old age, people need not only health services, but every area of life. Some countries are developing new projects by building nursing homes and elderly care homes near the areas where students receive education. In this way, they aim to increase intergenerational contact; because elderly individuals truly need conversation and close attention.

This issue is not the responsibility of the Ministry of Health alone, nor of the Ministry of Family and Social Services alone, nor of local governments alone. We need to act together with all layers of society, demonstrate solidarity, and establish a strong sector in this field.

We must prepare for the future; but who needs to prepare most for this process? First of all, those who will make projections regarding this country's financial future must assume this responsibility. It is a necessity for economists to prepare according to this picture, develop strategies, and plan their investments accordingly. In addition, they need to encourage a broad segment by directing new entrepreneurs and investors to this field.

PARTICIPANT VIEWS

Public Support Is Essential

It was emphasized that the high infrastructure costs and long-term return period required by elderly care and nursing home investments make it seriously difficult for the private sector to enter this field unless public support is provided.

An Adult Vaccination System Should Be Established

It was stated that Türkiye is facing a rapidly aging population structure without having moved out of the middle-income range; and it was expressed that it faces the risk of losing this window of opportunity. Attention was drawn to the impossibility of finding production and labor force in a structure where the young population is decreasing.

It was said that not only is the population aging, but the most qualified young minds are also being lost abroad. While on the one hand there is a loss of qualified labor force, on the other hand a very serious retirement burden is being carried; and it was underlined that although this is a global problem, for us it is dragging the process to a financially unmanageable and unsustainable point.

A recommendation was made to establish an adult vaccination system in order to better prepare the population corresponding to 7.5% for old age.



CLOSING REMARKS

Prof. Dr. Sabahattin AYDIN
TUSAP Executive Board Chair

WE NEED TO DEVELOP A POLICY WITH A MULTIFACTORIAL SYSTEM PERSPECTIVE

There is serious concern regarding human resources in the field of elderly care. People do not want to work in elderly care, and students who graduate from elderly care departments also do not want to work in this field. These departments, which were opened in universities upon recognizing a technical need, have begun to close when they have no practical value. In fact, while seeking solutions regarding these issues, we need to include partners such as health, sociology, and medical anthropology in the process and develop solutions and a policy with a multifactorial system perspective.

Since the early 2000s, we have taken pride in the success of the Health Transformation Program and achieved great success in health. Among OECD countries, we became the country that achieved the greatest success with the lowest health expenditure. But the reason for our success was that we made that low expenditure for a young population.

We reduced maternal and infant mortality rates from figures in the 30s to figures around 7. When the fertility rate fell from 3% to 1.4%, the denominator also decreased. Therefore, our reduction of infant deaths, neonatal deaths, and under-five deaths is related not only to the success of the system, but also to the fact that the formula itself is changing. The same applies to maternal deaths. Indeed, maternal mortality is very low in our western provinces because the proportion of women giving birth is low.

Finally, I would like to say this: No matter how much we base ourselves on examples of practices in other countries, the person who will care best for an elderly individual is the person closest to them. Because the elderly individual needs to be touched. We have to produce solutions within this framework. Undoubtedly, we will try many alternatives; however, we must always find a way to capture this human contact.

Thank you very much for your participation. I hope it has been a useful meeting. This year, we will continue to address the issue of aging as much as we can on the basis of pharmaceuticals, technology, and digitalization. I would like to thank all participants very much for their patience, contributions, and for sharing their views with us. Finally, together with our supporting stakeholders, I would also like to thank Beykent University for this hosting.

SUPPORT
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PARTICIPANT PROFILE

The 46th TÜSAP Vision Meeting was held under the theme of “**The New Burdens Brought by Our Aging Population to the Health System,**” with the participation of senior executives from all components of the health sector. Of more than 100 invited participants, approximately 32% consisted of representatives of public institutions, 30% of universities, 17% of NGOs and sector associations, and 21% of representatives of private sector organizations.

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

2026 EVENTS



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