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Universal Health Coverage and Health Laws

Amir Attaran\*

Alexander Capron†

\*University of Ottawa, aattaran@uottawa.ca

†acapron@law.usc.edu

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# Universal Health Coverage and Health Laws

Amir Attaran and Alexander Capron

## **Abstract**

Rifat Atun and colleagues (July 6, p 65)<sup>1</sup> described the development of universal health coverage in Turkey. Yet a transcendent point in Turkey's achievement is easily overlooked: all the foundational reforms of the health system that made universal health coverage possible were changes prescribed by law. Simply put, law reform preceded health reform, which would have been impossible without it.

## Universal health coverage and health laws

Rifat Atun and colleagues (July 6, p 65)<sup>1</sup> described the development of universal health coverage in Turkey. Yet a transcendent point in Turkey's achievement is easily overlooked: all the foundational reforms of the health system that made universal health coverage possible were changes prescribed by law. Simply put, law reform preceded health reform, which would have been impossible without it.

Atun and colleagues acknowledged that "between 1987 and 2002, attempts at streamlining the role [of the Ministry of Health] faltered" when the president of the country vetoed the Law on Public Administration that underpinned the framework.<sup>1</sup> This and other legal impediments summarised in the article made universal health coverage unattainable in that period. Interestingly, the authors dated the dawn of Turkey's Health Transformation Program to a Ministry of Health decree on the first day of a new government in 2002, followed by the Directive on Patient Rights in 2003 and many subsequent laws. They rightly attributed dramatic improvements in health outcomes and equity to this project of systematic law reform.

In Turkey and elsewhere, law reform is an essential precondition for restructuring of the health-care system, especially for universal health coverage. For example, health insurance is a legal contract between insurer and beneficiary; laws are required for it to be created. Unfortunately, no global library of laws relevant to universal health coverage exists, meaning that every parliament that legislates health-system reforms must reinvent the wheel rather than build on the legal best practices of other countries. Such an ad-hoc, evidence-free approach would be

intolerable in any other area of medical or public health practice, but is the norm for health legislation.

Regrettably, WHO has contributed to this problem. WHO has quietly abandoned its International Digest of Health Legislation, a collection of health laws that began in 1948. The website has been "temporarily" unavailable for months,<sup>2</sup> which is probably permanent, considering that in recent years WHO did little to update the contents or improve its usability.

For more countries to follow Turkey's example, they will need to embrace the use of health law to expand universal health coverage. We call on WHO to renew its collection of health laws and to provide targeted advice on legal best practices to attain universal health coverage—tasks for which it has the express duty under the WHO Constitution, and which it has lamentably neglected.

We declare that we have no conflicts of interest.

\*Amir Attaran, Alexander M Capron  
aattaran@uottawa.ca

Faculties of Law and Medicine, University of Ottawa, Ottawa, ON K1N 6N5, Canada (AA); and University of Southern California, Los Angeles, CA, USA (AMC)

- 1 Atun R, Aydin S, Chakraborty S, et al. Universal health coverage in Turkey: enhancement of equity. *Lancet* 2013; **382**: 65–99.
- 2 International Digest of Health Legislation (IDHL). <http://www.who.int/idhl-rils/index.cfm> (accessed Dec 10, 2013).

## Health-care reform in Turkey: far from perfect

In their report, Rifat Atun and colleagues<sup>1</sup> described a perfect health-care system without any pitfalls. Turkey has indeed made some important changes in its health-care system in the past 10 years, the cornerstones being the establishment of a family physician-based system for primary health care, a mandatory health insurance fund based on payroll tax run by the Social Security Institution (SSI), and the development of state-private sector partnership for hospital management.

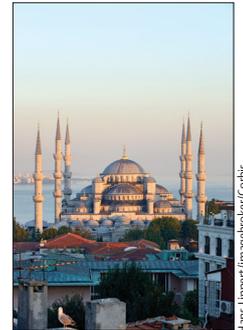
However, important issues have been overlooked.

Health care in Turkey is being privatised. This can have particular advantages, such as effective and timely implementation of new technologies and better quality health care in addition to decreasing the burden on the general budget; but overall health spending and the size of the population unable to receive health care increase, while premiums required for health care rise.

With an unemployment rate higher than 13% and an estimated 50% of the working population not registered to pay tax, a problem obviously exists in financing the health-care system through the SSI: at present, the premiums collected can only support less than half of the SSI spending.<sup>2</sup> As a result, copayments, complementary health insurance, and out-of-pocket spending are increasing.

Moreover, the infant mortality rate in Turkey has been decreasing constantly (from 40.3 per 1000 livebirths in 1993 to 16.3 in 2008), and life expectancy has been increasing steadily since 1978, and therefore cannot be totally attributed to the Health Transformation Program (HTP).

Patients' satisfaction increased with HTP, mainly because access to health care and drugs increased. However, the number of visits to the doctor increased from 3.2 per year in 2002 to 8.2 in 2011.<sup>3</sup> This figure is higher than the Organisation for Economic Co-operation and Development average. With the implementation of fee-for-service, physicians see large numbers of patients and the time given to each patient is about 5–10 min.<sup>4</sup> According to the Turkish Surgical Association, the number of unnecessary operations and radiological investigations have increased, and due to the high workload, time spent for education decreased after HTP implementation.<sup>4</sup> Medical students increased from 5253 in 2003 to 8438 in 2010, and the



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