

Health policies in republican Turkey

Responsables

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Résumé de l'atelier

In 2003, Turkey's healthcare system underwent a major reform, called "Health Transformation," prepared and implemented under the leadership of the Justice and Development Party (AKP) and the World Bank. This reform changed the financing, delivery, and regulation of health services (Agartan 2012; Yılmaz 2017) by adopting a pro-market approach to address problems of access to healthcare services, seen as the remnants of an unequal and corporatist past (Buğra and Keyder 2006; Günal 2008).

The AKP came to power after the 2002 general election. The AKP pledged democratisation and the improvement of the economic conditions after political and economic instability in the 1990s. In 1999, under the supervision of the World Bank and the International Monetary Fund, Turkey initiated a privatisation process in sectors such as environment, health, and education, supported and implemented mainly by the AKP. Also, the introduction of social policies, particularly in healthcare, contributed to the electoral support for the AKP during its first terms of office (Buğra and Keyder 2006). Beyond the elections, the government consolidated its power and gradually suppressed any opposition, in a context of personalisation of power and extreme penetration into institutions (Massicard 2014; Bozarslan 2021). The "health transformation" that we aim to study takes place in this context.

Social science and economics researchers have studied this transformation, in particular the effect of health policies on the electoral success of the AKP, the evolution of institutions and welfare state, and changes in the financing of health services (Agartan, 2012, 2016; Vural, 2017; Yılmaz, 2017, 2022). The effects of reform in public, private, and public-private partnership hospitals have also been analysed, in terms of access to healthcare services; infrastructure or environment of hospitals; transformation of work organisation, working conditions, and professional practices of doctors and other employees, particularly following the introduction of New Public Management (Ulutas, 2011; Pala, 2018; Agartan and Kuhlmann 2019).

Through this panel, we aim to extend and deepen these reflections by investigating the role of the state and the private in health services, gender and class inequalities, and care. The objective of the panel is to understand the 2003 reform and its repercussions through the study of 20th- and 21st-century Turkey. Contributions that shift the focus from AKP governance to other periods are welcome, as are those that shed light on the study of the health system in Turkey by comparing it with other cases.

This proposed panel aims to offer an interdisciplinary dialogue on health, at the intersection of sociology, political science, economics, anthropology, history, and geography. Qualitative or quantitative empirical methodology will be appreciated.

Le système de santé en Turquie a connu en 2003 une réforme majeure, appelée « Transformation de la santé », préparée et appliquée sous la direction du Parti de la justice et du développement (AKP) et de la Banque mondiale. Cette réforme modifie le financement, la prestation et la régulation des services de santé (Agartan, 2012; Yilmaz, 2017) en adoptant une approche pro-marché pour résoudre les problèmes d'accès aux soins, considérés comme des reflets d'un passé inégalitaire et corporatiste (Buğra et Keyder, 2006; Günal, 2008).

Après les élections générales de 2002, l'AKP arrive au pouvoir. Le parti promet démocratisation et amélioration des conditions économiques après une décennie 1990 marquée par l'instabilité politico-économique. Sous la supervision de la Banque mondiale et du Fonds monétaire international, la Turquie entame, dès 1999, un processus de privatisation de secteurs tels que l'environnement, la santé et l'éducation, soutenu et mis en place principalement par l'AKP. La mise en place de politiques sociales, notamment dans le domaine de la santé, contribue néanmoins au soutien électoral de l'AKP durant ses premiers mandats (Buğra et Keyder, 2006). Au-delà des élections, le gouvernement consolide son pouvoir et réprime progressivement toute opposition, dans un contexte de personnalisation du pouvoir et de pénétration extrême des institutions (Massicard, 2014; Bozarslan, 2021). C'est dans ce contexte que se constitue la « Transformation de la santé » que nous étudierons.

La recherche en sciences sociales et économiques a étudié cette transformation, notamment l'effet de ces politiques de santé sur le succès électoral de l'AKP, l'évolution des institutions ou de l'État social, ainsi que les changements dans le financement des services de santé (Agartan, 2012, 2016; Vural, 2017; Yilmaz, 2017, 2022). Les effets de la réforme dans les hôpitaux publics, privés et ceux en partenariat public-privé sont également analysés, à travers l'accès aux soins; l'infrastructure ou l'environnement des hôpitaux; la transformation de l'organisation du travail, les conditions de travail et les pratiques professionnelles des médecins et autres employés, notamment suite à l'introduction du New Public Management (Ulutas, 2011; Pala, 2018; Agartan et Kuhlmann, 2019).

À travers cet atelier, nous souhaitons prolonger et approfondir ces réflexions en étudiant le rôle de l'État et du privé dans les services de santé, les inégalités de genre et de classe, ainsi que le *care*. L'atelier vise à comprendre la réforme de 2003 et ses répercussions à travers un regard sur la Turquie des xx^e et xxi^e siècles. Les contributions décentrant le regard de la gouvernance de l'AKP au profit d'autres périodes sont les bienvenues, tout comme celles qui permettraient d'éclairer l'étude du système de santé en Turquie par la comparaison avec d'autres cas.

Cette proposition d'atelier entend proposer un dialogue interdisciplinaire autour de la santé, au croisement de la sociologie, de la science politique, de l'économie, de l'anthropologie, de l'histoire et de la géographie. La méthodologie empirique qualitative ou quantitative sera appréciée.

Programme

Yağız Alp Tangün

On the path to another health system: Transdisciplinary study on health systems

Burcu Pehlivan (Rutgers University)

Diminish, marginalize, erase: Abortion provision in state healthcare system in Turkey

Selen Göbelez (Centre Norbert Elias, EHESS)

Health reform and the commodification of childbirth in contemporary Turkey

Nazlı Özekici (Beykoz University)

In the shadow of neoliberal authoritarianism and populism: Physician immigration from Türkiye

Yağız Alp Tangün

On the path to another health system: Transdisciplinary study on health systems

The Health Transformation Program (HTP) implemented in Turkey has extended the results of neoliberal dispossession and privatization policies into the spatial realm. The current healthcare system has faced significant spatial challenges, particularly in the post-pandemic and post-earthquake periods. These challenges include poor site selection and planning decisions, design faults, substandard construction quality, working conditions of healthcare professionals, the closure of hospitals, and the use of public funds to meet the needs of the capital class. This fact intertwines health and urban policies, highlighting the need to examine access to healthcare across multiple layers. In contrast, demanding “another healthcare system” entails not only exposing the issues of the current system but also providing solutions.

The methodological foundation of such a study, collaboratively prepared with the Another Workshop group, aims to transcend disciplinary boundaries, eliminate hierarchies between areas of expertise, and advocate for collective knowledge production. The workshop proposes the transparent sharing of public data and the application of collaborative working methods on shared agendas.

This phase of the study focuses on the public-private partnership model, specifically city hospitals, to generate knowledge for demanding another healthcare system. The aim is to collect data on hospital projects and make the spatial production relationships more comprehensible. The influence of global finance capital on Turkey’s healthcare system and its relationship with space have been made legible through a visual-methodological language. The proposed methodological approach both signals a critique of hierarchical knowledge production in academia and points to more participatory knowledge creation practices.

Burcu Pehlivan

Diminish, marginalize, erase: Abortion provision in state healthcare system in Turkey

“Sometimes I preferred to be never born, rather than being born as a woman in this country,” Zeynep said. We both stood at the entrance of the clinic, waiting for nurses to call out her name to start the operation. “You should have heard all the other women here [in the waiting room],” she continued, “Do not kill it, they said. You see, they all came after a miscarriage. Me... I was the only one came for an induced one [abortion]. I know that I am taking its right to live... But I already have two kids, and I have recently started working. I can’t have another one...”

Zeynep’s words and guilt were the ways in which anti-abortionist discourses of the Turkish state played out in the septic unit, where I witnessed her abortion process. After the AKP government launched Health Transformation Program (HTP), state clinics closed down “family planning units” where women used to walk-in and request to end unwanted pregnancies from the state clinicians. Today, women receive abortion care only in the septic with all the other women who came after miscarriage, only if she finds an obstetric specialist that volunteers for the operation. How has HTP diminished abortion spaces in state healthcare system, and marked patients like Zeynep who demands to end unwanted pregnancies among all the other patients? Based on fifteen months of fieldwork in state maternity clinic in Istanbul, this paper explores the pronatalist state reforms in the healthcare system that stigmatizes women as they contend with the medical patriarchy. The paper also considers the ambivalence of abortion practices in public hospitals, and the uncertainty of obstetric specialists in providing this service.

Selen Göbelez

Health reform and the commodification of childbirth in contemporary Turkey

The Justice and Development Party government has been the primary actor of neoliberalism's implementation since the early 2000s. The trend of neoliberal adjustments has reached unprecedented levels, with the privatization and commodification of public services such as education and healthcare. One of the key elements of the Health Transformation Program, introduced in 2003, as part of the global neoliberal restructuring adjustment programs, was reducing personnel expenditures within healthcare and social security resources in the name of "maximum efficiency." Performance-based remuneration payments were implemented, which not only fostered competition among healthcare workers but also prioritized quantity over quality in the relationship between healthcare staff and patients. These performance incentives have had a significant impact on childbirth practices. Indeed, as a result of the neoliberal shift, childbirth has undergone a paradigmatic change, now being viewed as an "economic affair."

The cesarean section delivery rate in Turkey is currently the highest among OECD countries: the percentage of births by c-section, which was 21% in 2002, has risen to 62.8% by 2023. Despite recent measures under the "anti-cesarean law" of 2012, these high rates have not been reduced at the national level. The reduction in c-section operations in public hospitals has been offset by an increase in private sector.

This presentation examines the commercialization of childbirth practices, considering the perspectives of mothers, doctors, midwives, and doulas. The qualitative research is based on semi-structured, in-depth interviews with 40 mothers who gave birth in private and public hospitals or at home, via vaginal delivery or c-section, over the past thirty years. Their ages at first birth ranged from 16 to 40, spanning various social classes and educational levels, from illiterate individuals to PhD graduates, and encompassing a wide array of socio-professional categories.

Nazlı Özekici

In the shadow of neoliberal authoritarianism and populism: Physician immigration from Türkiye

This study investigates the effects of neoliberal authoritarianism and populism on physician emigration from Turkey. Using in-depth interviews with 35 physicians of various genders, specialties, and professional titles, the study investigates the underlying motivations pushing medical professionals to leave the country. The findings suggest two main reasons for physician emigration. The first concerns the restructuring of the healthcare system under neoliberal authoritarian policies and populist government, which have eroded working conditions, autonomy, and trust in the system. The second, broader element concerns the overarching forms of neoliberal authoritarianism and populism, such as political regime transitions, the degradation of democratic standards, and rising sociopolitical instability. Together, these dynamics highlight the role of healthcare and political governance in affecting migration decisions, as well as the issues that physicians face in an increasingly authoritarian and populist environment. This study adds to the burgeoning literature on skilled migration by contextualizing the specific experiences of healthcare professionals in Turkey during global and local political-economic transitions.