

CHAPTER 4

THE IMPACT OF HEALTH EXPENDITURES ON ECONOMIC GROWTH IN TURKEY

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Introduction

Living in a healthy way is the most basic right of all people. The absence of a disease does not mean that the person is healthy, the person must feel good socially, spiritually and physically as a whole. All services provided by health professionals and auxiliary personnel to meet the health care demand of individuals are health services. Expenditures made to meet the demand for health services can be defined as health expenditures. With the increase in the population of the country, the demand for health services is increasing day by day. The increase in the demand for health services is directly related to the structure of the population. If the structure of the population changes and the proportion of the elderly population increases, there will be a serious increase in the demand for health services because elderly people will experience more health problems. With the increase in demand for health services, the share of health expenditures in Gross Domestic Product (GDP) is also increasing. Health expenditures are also an important indicator of a country's level of development. The high share of health expenditures in

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gross domestic product in developed countries is a result of the importance given to health expenditures by developed countries. Because health expenditures are an important item for the productivity of human capital. The role of human capital in economic growth is quite large. Health is an important part of human capital. The fact that the human resources required for production are healthy will cause an increase in the amount of production. Namely: If individuals with health problems cannot work, there will be a loss of labor; After these individuals return to work, there will be losses in their performance. For this reason, the amount of production will be adversely affected. For this reason, healthy individuals are needed to eliminate the negativities to be experienced in economic growth. In this context, the study examines why health expenditures are important for economic growth and social welfare. In the study, qualitative and quantitative research methods were evaluated by using health expenditure figures in Turkey.

1. Definition and Importance of Health Services

All services provided to protect and improve the health of individuals and communities can be defined as health services. The purpose of health services is to take preventive measures to prevent the disease before it starts; If the disease has started, it is to reach healthy generations by providing diagnosis, treatment and rehabilitative services (Kılıç, 2017: 5). Health is the most fundamental right of individuals and societies to sustain their lives. Health services are of great importance as they have a direct impact on a person's health. In order to improve the level of health, health services should be at an adequate level. Since the health level is an indicator of development within the countries, this issue is also of great importance for the states. This situation also explains the reason for the increase in health expenditures of countries over the years.

1.1. Classification of Health Services

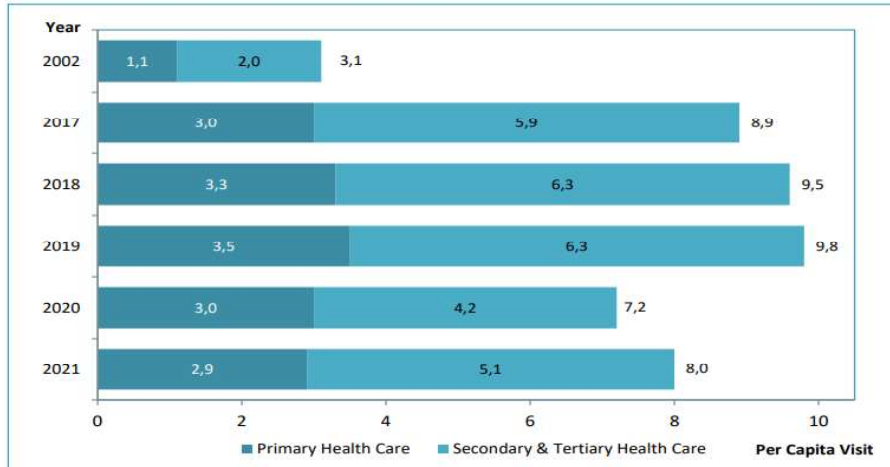
It is very important for the person to have access to health services in order to live a good life spiritually, physically and socially. Health services are handled in three main groups as preventive health services, therapeutic health services and rehabilitative health services. Preventive health services include measures taken to prevent the disease before it starts. It is an

important type of service because of its positive externality. Although the benefit for the person is high, the social benefit is also important. It is divided into two as preventive health services for the person and preventive health services for the environment. Preventive health services for the person include services provided to people such as vaccination, birth control, health education. The best example is vaccination. Preventive health services have the effect of reducing health expenditures as they eliminate the cost of treatment. Preventive health services for the environment are related to the removal of environmental factors that will adversely affect health. Clean air space deals with environmental factors such as the cleanliness of drinking water. Again, preventive health services for the environment have a high externality as well as preventive health services (Çoban, 2009: 16-17).

Therapeutic health services include diagnosis and treatment services provided after the disease has appeared. All outpatient and inpatient treatments are covered by therapeutic health care and consist of three steps: first, second and third. Primary health care; It covers outpatient clinics, family health centers, clinics or home health services that do not have inpatient treatment. Secondary health care services, on the other hand, include the services provided in health institutions providing inpatient treatment in cases where primary health care services are not sufficient and require inpatient treatment. Examples include hospitals. Tertiary health care services include services provided in institutions where expertise and high technology are used when primary and secondary health care is not sufficient. Examples include university hospitals and mental and nervous diseases hospitals (Usta, 2018: 10-11).

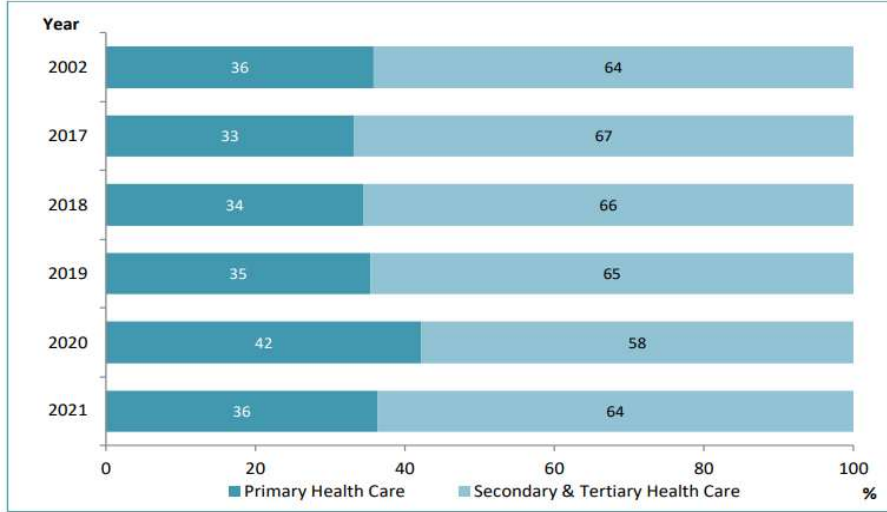
Patients should first apply to the health care provider providing primary care services. If deemed necessary by the physician, the patient should be referred to the hospital. Due to this function, primary health care services act as filters. However, due to the fact that the society is not aware of this issue, primary health care services cannot perform this function adequately (Özkara, 2006: 77).

Table 1 shows the number of applications to the physician per person according to years and scope of service. While the number of physician applications per person was 3.1 in 2002, it increased to 8 in 2021. This increase again leads to an increase in the demand for health services.

Table 1. Number of Physician Referrals by Year and Service Scope, All Sectors

Source: Turkish Ministry of Health, Yearbook of Health Statistics, 2021

Table 2 shows the rates of the number of applications to the physician per person. While 36% of the applications per person were made to primary health care services in 2002, this rate remained stable in 2021 and was again 36%. When One consider the number of applications per person to secondary and tertiary health services, it is seen that this rate, which was 64% in 2002, is 64% in 2021. These rates show that the demand for secondary and tertiary health care is greater than the demand for primary health care. Secondary and tertiary health care services are more costly than primary health care because they are services that require more expertise and technology. The fact that people prefer this direction also increases health expenditures.

Table 2. Ratio of Number of Physician Referrals Per Person by Years and Service Scope (%), All Sectors

Source: Ministry of Health, Yearbook of Health Statistics, 2021

Rehabilitative health services, on the other hand, are the whole of the services provided to eliminate the dependence of people who have mental and physical health problems while continuing their lives. It is a type of service that is difficult and the results of which can be seen in the long term. It is examined under two headings as medical rehabilitation and social rehabilitation. When applying medical rehabilitation services, assistive devices such as glasses and hearing aids that the person should use for a long time may be needed. Social rehabilitation, on the other hand, is all the services provided to accelerate the adaptation process of the person to social life after illness or disability (Alp, 2016: 8-9).

2. Health Expenditures and Key Indicators

According to the definition of the World Health Organization (1948), health is not only the absence of disease or disability. In order for a person to be healthy, he must be in complete well-being socially, physically and spiritually. All the expenditures necessary for the protection and improvement of health are called health expenditures. Being healthy is the most basic right of individuals and societies and states are obliged to ensure this. However, health is one of the most important development indicators of

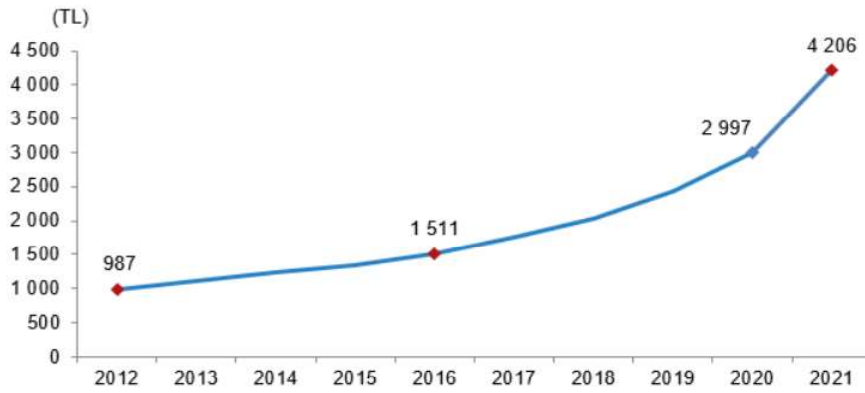
states. The share of countries allocated from their gross domestic product to health expenditures also shows their level of development. Because a healthy society means a healthy workforce. The productivity of a healthy workforce is much higher than that of an unhealthy workforce. Since the productivity of a healthy labor force will be high, it will cause an increase in the production of goods and services. Due to its positive contribution to human capital, health is an effective indicator on economic growth (Albayrak, 2019: 14). The share of health expenditures in the gross domestic product is as important as its type. The cost of preventive health services is lower than the cost of therapeutic health services. Because high technology and expertise are required for treatment. However, since the purpose of preventive health services is to eliminate the risks that do not yet affect health, there will be no treatment cost, and the disease will be prevented before it occurs. For this reason, the share of preventive health expenditures in the health expenditures of developed countries is also larger.

2.1. Factors Affecting Health Expenditures

There is a positive relationship between health expenditures and the development levels of countries. As the level of development of countries increases, the share of GDP allocated to health expenditures increases. Whether countries are in the category of developed countries or developing countries, the factors affecting the increase in health expenditures are common. These factors affecting health expenditures; per capita income, population and structure of the population, education level, technological developments, urbanization, change of social value judgments, irrational behaviors in health services, widespread use of health insurance. Individuals' demand for health care is on the rise as their income increases. This means that health expenditures increase with the increase in income. This effect is mostly seen in cases where the service fee is not covered by private health insurance or the state and the payment is made directly out of pocket. However, this does not mean that the person whose income increases will want to have surgery when there is no health problem. The demand for relatively higher priced services such as aesthetic operations and dental health, which will increase the living standards of people with increasing incomes, will increase (Güvenek, 2015: 21-22).

GDP per capita, which was 18,927 Turkish Liras at current prices in 2012, increased by 353% to 85,672 Turkish Liras in 2021 (TUİK). The change in health expenditures in the face of this increase in per capita income is shown in Chart 1. Health expenditure per person, which was 987 TL in 2012, reached the highest level with 326% growth in 2021 and amounted to 4,206 TL. These data reveal the positive relationship between per capita income and per capita health expenditure.

Chart 1. Health Expenditure Per Capita, 2012-2021



Source: TurkStat, Health Expenditure Statistics, 2021

Another factor that is effective in health expenditures is the population and the structure of the population. Since the application to health services will increase with the increase in population, an increase in health expenditures is expected. The change in the structure of the population and the increase in the share of the elderly population in the population also cause an increase in health expenditures. The education status of the country also affects health expenditures. Education and health are the two most important elements for human capital. They directly affect each other. Educated people will be more aware of health, have the necessary controls, spend on preventive measures and improve the quality of life. The quality of life of these people with high levels of education will also increase in their performance and naturally their incomes will increase. These people, whose income increases, will be able to allocate more share to health expenditures. Health and education, the two most important elements of human capital, support and nourish each other in this way. High-tech devices and materials are often needed to meet health services. For the production of this

technology, experts are needed. Both the production of technology and the supply of experts who will produce and use this technology, routine maintenance of these devices and materials cause high costs. This again leads to an increase in health expenditures. Urbanization, on the other hand, will increase the population in the relevant region due to the fact that it causes migration and thus will cause an increase in health expenditures along with population increase. At the same time, since health services will be provided with higher technology and more personnel in the region where urbanization is experienced, patients from the less developed surrounding provinces and districts will come to these regions for treatment. This intensity will cause an increase in health expenditures. The change in social value judgments over the years also increases health expenditures. With the increase in the level of education, people's desire to live longer and with better quality increases. This results in some services that were previously called luxury to be considered as a necessity and not a luxury anymore. For example, while check-up was previously seen as a luxury or unnecessary health service because of lower public awareness, with the increase in public awareness and the increase in people's desire to extend their life spans, people have started to consider it as an ordinary health service, not a luxury. People can sometimes exhibit irrational behaviors when it comes to health. After the rational behavior they exhibit in many goods and services, people may exhibit irrational behavior by reacting emotionally when it comes to the health of themselves or their relatives. For example, since they want to be under supervision in cases where the physician does not need inpatient treatment, they can request inpatient treatment even though there is no need, or they can have the same examination done more than once to make sure that a diagnosis is made, resulting in an increase in health expenditures (İzgi, 2019: 14-17). Being insured in health services also causes an increase in health expenditures. Because the service fee will be covered by the insurance, the person requesting the service will be less sensitive to the service price, which increases the demand (Güvenek, 2015: 25).

2.2. Key Indicators of Health Expenditure

Total Health Expenditure (THE): Total health expenditure refers to all health expenditures made in the public and private sectors. In 2021, it increased by 42% compared to the previous year and amounted to 353.9 billion TL.

Health expenditure per capita: As can be seen in Chart 1, the increase in per capita health expenditure in Turkey between 2012-2021 is striking. In 2021, health expenditure per person reached the highest level as 4,206 TL. Per capita health expenditure, which was 2,997 TL in 2020, increased by 40% in 2021 and amounted to 4,206 TL.

Ratio of total health expenditure to gross domestic product: The ratio of total health expenditure to gross domestic product was 5.0% in 2020 and 4.9% in 2021.

Ratio of current health expenditure to gross domestic product: While the ratio of current health expenditure to gross domestic product was 4.6% in 2020, it was again 4.6% in 2021.

Ratio of general government health expenditure to total health expenditure: While the ratio of general government health expenditure to total health expenditure was 79.2% in 2020, it was 79.2% in 2021.

Ratio of private sector health expenditure to total health expenditure: While the ratio of private sector health expenditure to total health expenditure was 20.8% in 2020, it was again 20.8% in 2021.

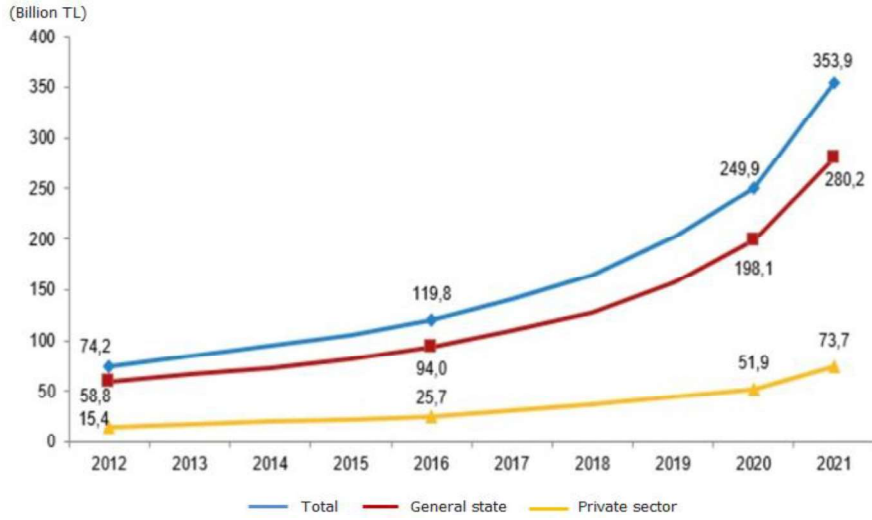
Ratio of household out-of-pocket health expenditure to total health expenditure: The ratio of household out-of-pocket health expenditure to total health expenditure was 15.9% in 2021 while it was 16.0% in 2020.

3. The Relationship Between Health Expenditures and Economic Growth in Turkey

Since health expenditures are one of the indicators of the level of development of countries, countries tend to increase their health expenditures. When the TURKSTAT data is analyzed, as seen in Chart 2, there is a jump in health expenditures in Turkey as of 2020. In 2021, the highest health expenditure was realized. Expenditures, which were 249.9 billion in 2020, increased by 41.62% to 353.9 billion in 2021. The expenditure of the public sector, which was 198.1 billion in 2020, increased by 41.44% to 280.2 billion in 2021. The increase in the health expenditures of the private sector is slightly more than the increase in the overall total, from 51.9 billion in 2020 to 73.7 billion in 2021. In 2020, 79.2% of total health expenditures belong to the public sector and 20.8% to the private

sector. In 2021, the share of the public and private sectors in health expenditures is the same as in 2020.

Chart 2. 2012-2021 Health Expenditures



Source: TurkStat, Health Expenditure Statistics, 2021

General state health expenditures consist of central state, local administrations and Social Security Institution (SSK) expenditures. The central state covers the health expenditures of all state institutions within the borders of the country and all the institutions that they control and finance. Ministry of Health, medical and dental faculties, military hospitals. It includes all expenses incurred by the Social Security Institution, SSK, Bağ-Kur, Pension Fund. These three institutions were merged in 2006. Local administrations refer to the health expenditures made by public institutions other than the central state and SGK.

As can be seen in Table 4, general government expenditures amounted to TL 198.1 billion in 2020 and 280.2 billion TL in 2021. The largest share of general government expenditures belongs to the Social Security Institution. While the share of the Social Security Institution in general government expenditures was 64% in 2020, it is 20% in 2021. The Social Security Institution is followed by the central state. The share of the central state in overall government expenditures increased from 35% in 2020 to 40% in 2021. The share of local administrations is quite low. The fact that as of

2010, most of the expenditures of local administrations have been transferred to the Social Security Institution is a factor in this.

Private sector spending; It covers the health expenditures made by households, insurance companies and other non-profit enterprises serving households (TURKSTAT, 2023) Households can be expressed as the direct payment of people for the health care they receive. Insurance companies refer to the expenses incurred by private insurance companies and bank funds. It refers to health care expenses incurred by other, nonprofit organizations and other businesses.

As seen in Table 3, private sector expenditures amounted to TL 51.9 billion in 2020 and TL 73.7 billion in 2021. The largest share of private sector expenditures belongs to household expenditures. While household expenditures accounted for 77% of private sector expenditures in 2020, this rate was 76% in 2021. The share of insurance companies in private sector expenditures increased from 12% in 2020 to 13% in 2021.

Table 3. Total Health Expenditure By General Government and Private Sector, 2020, 2021

	2020	Share (%)	2021	Share (%)
Total health expenditure	249.932	100,0	353.941	100,0
General government	198.062	79,2	280.220	79,2
Central government	68.927	27,6	111.180	31,4
Local government	1.632	0,7	1.975	0,6
Social Security Institution	127.504	51,0	167.065	47,2
Private sector	51.869	20,8	73.721	20,8
Households	40.105	16,0	56.342	15,9
Insurance companies	6.458	2,6	9.330	2,6
Other ⁽¹⁾	5.306	2,1	8.050	2,3

The numbers in the table may not add up due to rounding

Source: TurkStat, Health Expenditure Statistics, 2021

3.1. Quantitative Development of Health Services in Turkey

Along with the population shot, there has been an increase in the demand for health services in recent years. The most obvious indicator showing the increase in the demand for health services is the increase in the number of physician applications. As can be seen in Table 4, there is a significant increase in the number of physician applications in 2021 compared to 2002. Compared to 2002 and 2021, the total number of physician referrals increased by 223%. The number of physician referrals in institutions providing primary health care services increased by 228%, and the number of physician referrals in institutions providing secondary and tertiary health care services increased by 221%.

Table 4. Total Number of Physician Applications by Year and Institution Types, All Sectors

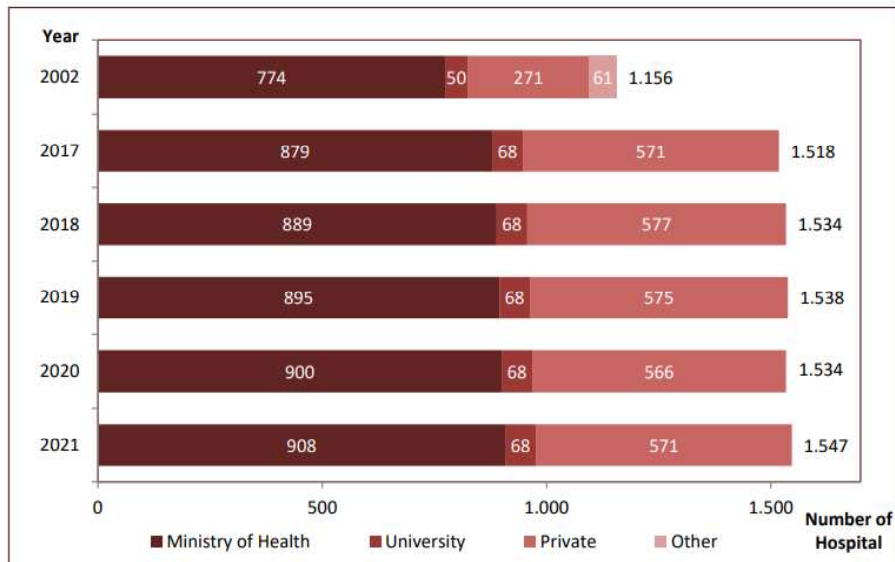
	2002	2017	2018	2019	2020	2021
Health Center	69.103.517	-	-	-	-	-
Family Medicine	-	228.098.527	258.436.607	278.043.149	247.273.830	239.053.780
Tuberculosis Control Dispensary	2.012.458	1.391.817	1.332.580	1.256.364	769.343	788.679
CEKUS Unit*	2.980.481	646.856	366.095	309.984	153.890	123.859
Other Examinations Made by CHCs*	-	4.496.425	4.821.348	3.959.746	1.767.606	1.826.891
Private Outpatient Clinics	731.132	501.993	539.593	629.221	435.764	598.356
E2-E3 Integrated District State Hospitals	-	3.356.809	3.577.348	3.903.402	2.719.502	3.133.755
Primary Health Care Facilities Total	74.827.588	238.492.427	269.073.571	288.101.866	253.119.935	245.525.320
Specialty Medical Centers	9.824.802	18.912.829	19.055.722	18.298.592	14.527.627	15.672.466
Hospitals**	124.313.659	461.519.553	494.385.911	506.503.164	332.613.569	414.454.404
Ministry of Health	109.793.128	350.347.005	377.045.707	387.622.848	239.981.820	305.040.174
University	8.823.361	38.963.933	42.665.139	46.211.148	31.725.506	40.102.992
Private	5.697.170	72.208.615	74.675.065	72.669.168	60.906.243	69.311.238
Secondary and Tertiary Health Care Total	134.138.461	480.432.382	513.441.633	524.801.756	347.141.196	430.126.870
Total	208.966.049	718.924.809	782.515.204	812.903.622	600.261.131	675.652.190

Source: Ministry of Health, Yearbook of Health Statistics, 2021

Demand in healthcare is uncertain. Since the health problems to be experienced cannot be predicted in advance, it is not possible to predict

when and how much the demand for health services will increase. Since the supply of health also requires the presence of specialists, long training processes are needed. For this reason, it is not possible to respond immediately to the increasing demand for health services and there is an imbalance between supply and demand (Güvenek, 2015: 14-15). For this reason, it is important to analyze the factors affecting the demand for health services well and to make advance plans for health supply in order to minimize this imbalance. The main indicator of health supply is the increase in the number of hospitals and the number of hospital beds. The change in health supply over the years is examined in Table 5. Table 5 shows the increase in the number of hospitals by year and sector. The number of hospitals increased from 1,156 in 2002 to 1,547 in 2021, an increase of 34%. While there were 50 university hospitals in 2002, it increased to 68 hospitals in 2021 and increased by 36%. While there were 271 private hospitals in 2002, this number increased to 571 in 2021, an increase of 111%. Other hospitals affiliated to the Ministry of Health increased from 774 in 2002 to 908 in 2021, with a growth of 17%. While the share of the number of private hospitals in the total number of hospitals was 23% in 2002, this rate increased to 37% in 2021.

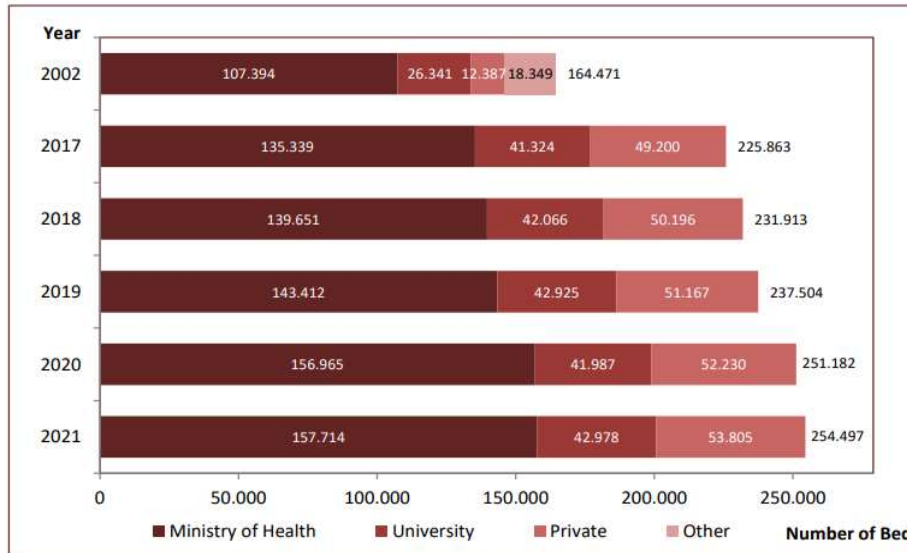
Table 5. Number of Hospitals by Year and Sector



Source: Ministry of Health, Yearbook of Health Statistics, 2021

Another indicator that gives information about the health supply is the number of beds. As can be seen in Table 6, the total number of hospital beds increased from 164,471 in 2002 to 254,497 in 2021, an increase of 55%. The number of beds belonging to university hospitals increased from 26,341 in 2002 to 42,978 in 2021, increasing by 63%. In connection with the increase in the number of private hospitals, the increase in the number of beds occurred mostly in private hospitals. While the number of private hospital beds was 12,387 in 2002, it increased to 53,805 in 2021 with an increase of 334%. The number of beds in other hospitals affiliated to the Ministry of Health increased from 107,394 in 2002 to 157,714 in 2021 with an increase of 47%.

Table 6. Number of Hospital Beds by Year and Sector



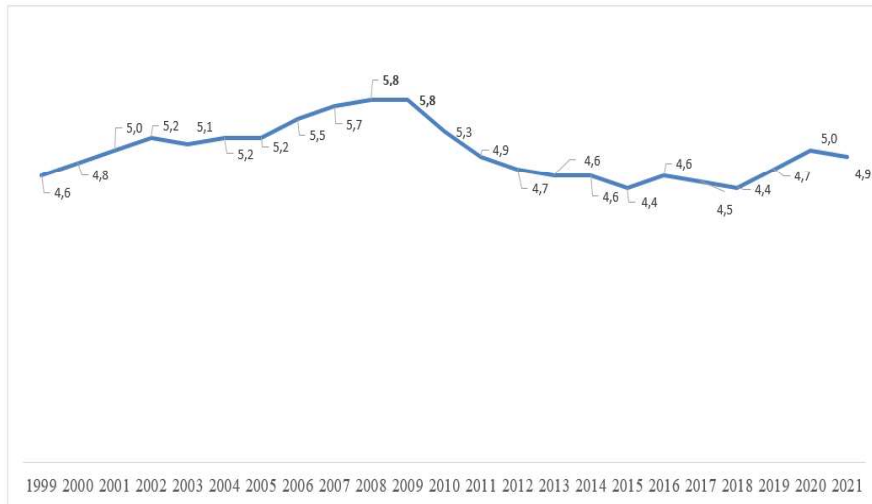
Source: Ministry of Health, Yearbook of Health Statistics, 2021

3.2. A Look at the Relationship Between Health Expenditures and Economic Growth in Turkey

The basis of the relationship between health expenditure and economic growth is that health increases productivity over manpower. The contribution of healthy manpower resources with increased productivity to production output will be greater. The two most important elements of human capital that have an impact on economic growth are education and health. Health and education have a two-way relationship with each other.

Healthy individuals have the chance to receive higher quality education. However, the physical, social and mental conditions necessary for unhealthy individuals to receive adequate education are not suitable. In the same way, educated individuals are more demanding about health services that will increase the quality of life because they are more conscious about health, and they can access these services with the high income they receive as the educational output they receive. For this reason, health is an important element for the improvement of human capital. For this reason, a positive change in economic growth is expected with the improvement of health. Since economic growth is the determining factor on the level of development of countries, it is seen that the share of developed countries in health expenditures is also larger. Another conclusion to be reached from this point of view is that a country should give more importance to health expenditures in order to achieve its economic growth and development goal (Özavcı, 2019: 53-54). This positive effect of health expenditures on economic growth is explained in the literature by the health-based growth hypothesis. This hypothesis sees health expenditures as a productive capital (Salman, 2017: 68). According to the level of development of countries, the share of GDP allocated to health expenditures is increasing. Turkey's share of health expenditures in GDP in 1999-2021 is shown in Chart 3.

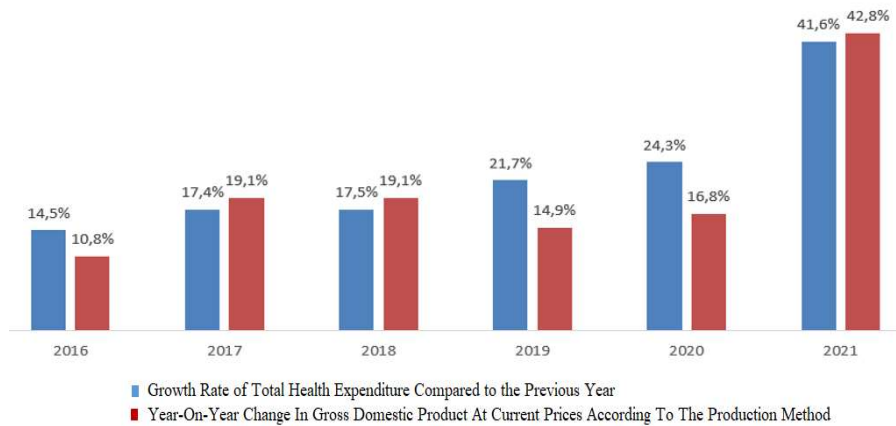
Chart 3. Ratio of Total Health Expenditure to Gross Domestic Product (%), 1999-2021



Source: TurkStat, Health Expenditure Statistics, 2021

The share of total health expenditures in GDP is an important indicator. As can be seen in Chart 3, the highest rate in Turkey was reached in 2008-2009 with 5.8%. When we look at the average of 11 years covering the years 2000-2010, the rate is 5.3. When we look at the average of the second 11 years covering the years 2011-2021, the rate has decreased to 4.7. While the rate was 5.0 in 2020, it was 4.9 in 2021. While the share of health expenditures in GDP is expected to grow, this cannot be said to be the case for Turkey. For economic growth and improvement in human capital, it is of great importance for countries to examine health expenditures in detail and to ensure their increase with efficient use. Because, without a doubt, one of the most fundamental goals of every state is to ensure economic growth. The most basic indicator of countries' economic growth is the growth in their gross domestic product. Turkey's economic growth performance in 2016-2021 is shown in Chart 4. According to the production method, when looking at GDP at current prices, it is seen that the highest growth rate was reached in 2021 with an increase of 42.8%. This increase is a serious increase when we look at the growth rates of previous years. When we look at the increase in total health expenditures, it reached the highest level in 2021 in parallel with economic growth and grew by 41.6%.

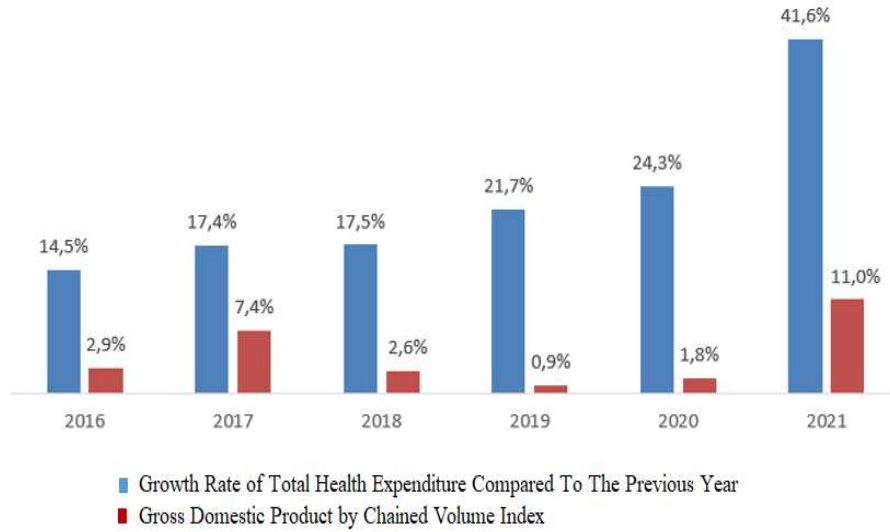
Chart 4. Growth Rate of Total Health Expenditure Compared to the Previous Year and Change in Gross Domestic Product at Current Prices by Production Method Compared to the Previous Year



Source: Created by the author using TURKSTAT data

However, since gross domestic product at current prices according to the method of production is not adjusted for the effect of inflation, it is not very suitable for making accurate inferences about the amount of production. At this point, it will be healthier to make an assessment by looking at the gross domestic product according to the chained volume index calculated by adjusting for the effect of inflation. In Chart 5, the chained volume index for the years 2016-2021 and the percentage change in GDP compared to the previous year and the percentage change in health expenditures in the same years are examined.

Chart 5. Growth Rate of Total Health Expenditure Compared to Previous Year and Gross Domestic Product with Chained Volume Index



Source: Created by the author using TURKSTAT data

As can be seen in Chart 5, there is a positive relationship between the chained volume index and gross domestic product and health expenditures. Both indicators showed a positive increase between 2016 and 2021 examined. Again, the highest increase rate was experienced in 2021.

Conclusion

Health is the most basic right of all individuals and it is also an important indicator that gives an idea about the development levels of countries. For this reason, the health expenditures of the countries follow an increasing

course. Due to the positive effects of health expenditures on human capital, its impact on economic growth is inevitable. Health is highly decisive on the productivity of the labor factor, which is the main source of production. Working individuals need to be healthy in order to increase their performance and increase the amount of goods and services they produce. Healthy societies are needed to increase the amount of goods and services produced, to increase income and to achieve economic growth. In other words, healthy people will work harder and increase their income by using their high potential; Therefore, the unconsumed part of their income will contribute to economic growth with the investment they make from their savings.

Due to these positive effects, the share of countries from their gross domestic product for health expenditures is increasing day by day. In order to have an idea about Turkey's performance in this regard, the share of its gross domestic product to health expenditures between 1999-2021 was examined. In 2008 and 2009, the highest level was reached with a share of 5.8%, and then it followed a decreasing course. In 2021, the rate was 4.9%. Developed countries are increasing this rate every year. Therefore, in order to improve this important indicator, the share of gross domestic product allocated for health expenditures should be increased.

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