Since accession negotiations began in 2005, Turkey has begun to align its healthcare policy with that of the EU. New pricing regulation introduced in August 2007 has brought more clarity but transparency is still an issue.

FOCUS ON TURKEY

ARA:

780,580 sq km

POPULATION:

73,193,000 (WHO, 2005)

LIFE EXPECTANCY:

69 years (men) 73.6 years (women) (WHO, 2005)

GNI PER CAPITA:

$8,420 (WHO, 2005)

TOTAL EXPENDITURE ON HEALTH PER CAPITA:

$557 (WHO, 2005)

TOTAL EXPENDITURE ON HEALTH AS % OF GDP:

7.7 (WHO, 2005)
INTRODUCTION

Geographically, Europe and Asia meet at Turkey, an agricultural country with a population of 73 million. Turkey can be divided into three large regions: the Black Sea region, central and eastern region, and the Mediterranean region. The central and eastern region is the most developed, with the largest cities and the most industrial activity. The Mediterranean region is the most rural, with the highest proportion of agricultural land. The Black Sea region is介于两者之间，既有城市也有乡村。

Turkey is a member of the Organisation for Economic Co-operation and Development (OECD) and the World Trade Organisation (WTO). It is also a member of the European Union (EU) and the North Atlantic Treaty Organisation (NATO). Turkey is a candidate for EU membership. The country is divided into 81 provinces, which are further divided into districts and villages. The three largest provinces are Istanbul, Ankara, and Izmir, which together account for 40% of the country's population.

Pharmaceutical Market

The Turkish pharmaceutical market is growing rapidly. Drug sales in 2003 stood at $6.6 billion, increasing to $11.1 billion in 2010. By 2020 Turkey will be among the top 10 countries in the world in terms of pharmaceutical sales.

HEALTHCARE SYSTEM

Turkey's Ministry of Health (MoH) is the main statutory health insurance system. The MoH is responsible for the provision of primary, whole population-based system. Provincial Insurance Schemes (CHS) are responsible for all health activities within their provinces. In 2010, Turkey's total health expenditure was €22,998 million, €29 per capita in public health and accessibility. The country is behind EU member states far behind central and eastern European (CEE) countries. In 2005, Turkey's total expenditure was €22,998 million, €29 per capita in public health and accessibility. The country is behind EU member states far behind central and eastern European (CEE) countries.

The changing healthcare climate is also due to the Turkish government's efforts to improve health and access to healthcare. In 2003, the government introduced a new health plan to improve access to healthcare. The plan includes the creation of new hospitals, the expansion of existing hospitals, and the training of new doctors. In 2005, the government approved the new health plan, which includes the creation of new hospitals, the expansion of existing hospitals, and the training of new doctors. In 2005, the government approved the new health plan, which includes the creation of new hospitals, the expansion of existing hospitals, and the training of new doctors.

FUNCTION

The health sector is managed by the Ministry of Health (MoH). The MoH is responsible for the provision of primary and secondary health care. The MoH also manages the health insurance system, which covers all citizens. The MoH is divided into central and regional units. The central unit is responsible for the coordination and supervision of health services, while the regional units are responsible for the delivery of health services.

The health insurance system is financed through a combination of contributions from the government, employers, and individuals. The government contribution is 72.8% of the total contribution. The employer contribution is 14.2% of the total contribution. The individual contribution is 14.2% of the total contribution.

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FOCUS ON TURKEY

PHARMACEUTICAL MARKETING IN EUROPE

Pricing and Reimbursement System

Pharmaceutical policy is governed by a number of authorities. Pricing, the activity of defining, marketing, and retailing drugs and medical devices, is determined by the Ministry of Health (MoH). The Pharmaceutical Pricing and Reimbursement Commission (GDPP) sets the ex-factory price of each drug. It is often the price of the lowest reference price in a country which has been approved by the GDPP. The prices then passed on to wholesalers, pharmacy mark-ups and VAT are added later. Price determination methods are by statutory pricing and price setting procedures. The General Director of the GDPP decides the prices for the most common pharmaceuticals, in addition to a regulatory body responsible for prices for exceptional and innovative drugs. The Institute of Pharmacoeconomics, responsible for prices, provides generic drug prices.

Recent Pricing and Reimbursement Reforms

The MoH has sole responsibility for pricing. The GDPP has the power to set prices. The Commission determines the price of each drug in the country. The price range of each drug depends on its type of drug, its production cost, and the quality of the drug. The reference price is the lowest price of a drug in the reference countries, which are: France, Spain, Italy, Austria, Germany, and Greece. A pharmaceutical company may not propose its price, which should be above the lowest price in these reference countries. The price is therefore determined by the reference price level. The AIFD, the Italian Association of Research-based Pharmaceutical Companies, believes that the price increase is not justified. The AIFD has also reminded the government of the importance of the price reference system, which determines the price of each drug in Italy.

The new regulation retains this article, which is still applicable. Fortunately, the new regulation brings interesting topics and useful information. One of the most important is the regulation of the reference price. The MoH will announce the five countries with the lowest reference prices every year. The lowest reference price is the one in Italy. The reference price will be the lowest price of the product in all the reference countries, including those in the EU. The reference price will be the lowest price of the product in all the reference countries, including those in the EU. The reference price will be the lowest price of the product in all the reference countries, including those in the EU.

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MARKET ACCESS

Turkey is a key player in the region for its size and geographical location. However, despite its growth potential, it has yet to realize its full economic potential due to several factors. One of the most significant is the absence of a robust and transparent regulatory framework for the pharmaceutical industry. The lack of such a framework has led to a number of challenges for companies looking to enter the Turkish market.

In recent years, the government has taken steps to improve the regulatory environment for the pharmaceutical industry. These include the adoption of new laws and regulations that aim to align the Turkish regulatory framework with the European Union (EU) acquis. The government has also taken measures to address the issues related to intellectual property rights, counterfeit drugs, and the pricing of medicinal products.

Despite these efforts, there are still challenges that need to be addressed. For example, the pricing of medicinal products remains a significant issue, and there is a need for better alignment with the EU pricing frameworks. In addition, the reimbursement system is complex and lacks transparency, which can lead to inefficiencies and delays in the access to innovative treatments.

There is also a need for better communication and collaboration between the government, the pharmaceutical industry, and stakeholders such as patients, healthcare providers, and civil society organizations. This would help ensure that the regulatory framework is effective and meets the needs of all stakeholders.

In conclusion, while there have been some improvements in the regulatory framework for the pharmaceutical industry in Turkey, there is still room for further development. The government should continue to take steps to improve the regulatory environment, while ensuring that the needs of all stakeholders are taken into account. A sustainable and transparent regulatory framework is essential for the growth and development of the pharmaceutical industry in Turkey.

MARKETING

The marketing of medicinal products in Turkey is regulated by the Ministry of Health, which is responsible for ensuring compliance with the relevant laws and regulations. The marketing of medicinal products includes the promotion, advertising, and distribution of these products.

Companies looking to market medicinal products in Turkey need to comply with the relevant regulations, which include the preparation of promotional materials, the provision of information to healthcare professionals, and the use of advertising that is appropriate and in accordance with the guidelines set by the Ministry of Health.

In addition to compliance with the regulations, companies also need to consider the cultural and social context of the Turkish market. This includes understanding the preferences and needs of patients, healthcare providers, and the healthcare system. Companies can use this information to develop marketing strategies that are tailored to the Turkish market and that are effective in generating interest in their products.

In conclusion, the marketing of medicinal products in Turkey requires a comprehensive approach that takes into account the regulatory requirements and the cultural context of the market. Companies need to be prepared to adapt their marketing strategies as the market evolves and new challenges arise.

MARKETING TRENDS

Turkey is a rapidly growing market with a large and diverse population. The market is characterized by a high level of innovation and a strong focus on quality and safety. Companies looking to market medicinal products in Turkey should consider the following trends:

1. Increasing demand for innovative treatments: The Turkish market is increasingly focused on innovative treatments, which can provide companies with opportunities to introduce new products.

2. Growing focus on quality and safety: The Turkish market places a high emphasis on quality and safety, which can be an advantage for companies that have strong track records in these areas.

3. Rising importance of patient satisfaction: Patient satisfaction is becoming an increasingly important factor in the success of medicinal products in Turkey.

4. Increasing importance of technology: The use of technology in the marketing of medicinal products is becoming more important, as companies look for ways to reach patients more effectively.

5. Growing importance of social media: Social media is becoming an increasingly important platform for the marketing of medicinal products in Turkey.

In conclusion, the marketing of medicinal products in Turkey is characterized by a focus on innovation, quality, safety, and patient satisfaction. Companies need to be prepared to adapt their marketing strategies to these trends in order to be successful in the Turkish market.
MARKETING CONTINUES

In the previous issue of Pharmacutical Marketing Europe the trend figure 2 and Figure 3 were incorrect. The corrected figures are shown below.

**TABLE 1: RETAIL PHARMA MARKET 2006**

<table>
<thead>
<tr>
<th>Category</th>
<th>2005</th>
<th>2006</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>generics (retail)</td>
<td>74.2%</td>
<td>71.2%</td>
<td>-3.0%</td>
</tr>
<tr>
<td>branded hospital</td>
<td>13.5%</td>
<td>13.9%</td>
<td>+0.4%</td>
</tr>
<tr>
<td>branded retail</td>
<td>3.5%</td>
<td>3.7%</td>
<td>+0.2%</td>
</tr>
<tr>
<td>OTC</td>
<td>19.8%</td>
<td>21.6%</td>
<td>+1.8%</td>
</tr>
<tr>
<td>branded service</td>
<td>12.7%</td>
<td>13.2%</td>
<td>+0.5%</td>
</tr>
<tr>
<td>Prescription class A (fully reimbursed by SSK)</td>
<td>35.6%</td>
<td>38.9%</td>
<td>+3.3%</td>
</tr>
<tr>
<td>Prescription class B (50% reimbursed by SSK)</td>
<td>48.2%</td>
<td>44.8%</td>
<td>-3.4%</td>
</tr>
<tr>
<td>Prescription class C (non-reimbursed)</td>
<td>16.2%</td>
<td>16.3%</td>
<td>+0.1%</td>
</tr>
</tbody>
</table>

**FIGURE 3: PHARMA MARKET 2006**

- Generics (retail + hospital): 71.2% (vs 2005)
- Branded (retail + hospital): 28.8% (vs 2005)
- OTC: 21.6% (vs 2005)
- Prescription class A (fully reimbursed by SSK): 38.9% (vs 2005)
- Prescription class B (50% reimbursed by SSK): 44.8% (vs 2005)
- Prescription class C (non-reimbursed): 21.6% (vs 2005)

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